Section 1

Overview Of The Safe Child Program

The Safe Child Program is a comprehensive personal safety training program which utilizes a uniquely effective combination of videotape, classroom role-playing and parental participation to enable children to:

- prevent sexual, emotional and physical abuse,
- prevent abuse and abduction by strangers and, in the K-3 Program,
- ensure safety in self care.

The Safe Child Approach

Historically, there have been many different approaches to teaching personal safety to children. The Safe Child Program is noted for:

- teaching personal safety to children in a way that makes sense to them;
- integrating the training with other life skills including making choices, thinking for yourself, communicating effectively, behaving responsibly and understanding when help is needed and how to get it;
- teaching concepts and behaviors that reduce childrens' risk to abuse without jeopardizing their sense of security and trust; and
- the broad base of research and evaluation which underlies the Program.

History

The Safe Child Program was created in 1980 by Dr.Sherryll Kraizer. Prior to its introduction in this curriculum form, it was presented to over 1/2 million children in North America as the "Children Need To Know Personal Safety Training Program" and the "I Can Safety Plan," which was co-sponsored by the National PTA. The Program was featured in the Emmy-award winning television program "Saying No To Strangers" and in *The Safe Child Book*, written by Dr. Kraizer.

This edition of the Safe Child Program has been updated, revised and repackaged based on the feedback of teachers, parents and children across North America.

The Safe Child Program is conducted in three phases on an annual basis.

Teacher Training

The basic concepts of the Program are presented in the Teacher/Parent videotapes. These are an integral part of the Teacher Training. They are supplemented by the information called for in the Teacher Training Outlines which are designed to enable teachers to easily and successfully present the Program.

The purpose of the Teacher Training is to:

- give teachers a basic understanding of child sexual, emotional and physical abuse;
- provide specific personal safety training skills, techniques and examples to use with the children;
- encourage teachers to portray the world to the children as a basically positive place;
- enable teachers to utilize the Curriculum easily and successfully; and
- enable teachers to recognize and report abuse, and to intervene in a way that aids their recovery and prevents further abuse.

It should be noted that personnel in a school, other than teachers and administrators, have a role to play in supporting this Program and should, whenever possible, be included in the training. To give you an example of how important this can be, we know that children sometimes report that they have been abused to the school secretary — who is often the person children know and feel most comfortable with outside the classroom. Recognizing this, it is valuable for the school secretary to be familiar with the Program and with the information regarding disclosure and reporting.

Another example concerns children who visit the school nurse on a daily basis. Children who are being abused often think "it" shows — that grownups can see what's happening to them just by looking. Some children go to the nurse every single day, hoping the nurse will see what is wrong. By including the school nurse, as well as other specialized personnel, schools can increase the support network available to the child.

Parent Seminar

Parents who are informed about the content and approach of The Safe Child Program will be more supportive. This is accomplished through a Parent Seminar which includes the Teacher/Parent videotape, supplemented with material outlined in the Parent Seminar Outline. For those parents who do not attend the Parent Seminar, but who later have questions about the Program, the best response is to invite them to watch the Teacher/Parent videotape, then ask any questions they may still have.

The purpose of the Parent Seminar is to:

- inform parents about the issues of personal safety for children;
- show parents exactly how the prevention skills are taught;
- enable parents to continue to reinforce and build the techniques with their children without fostering the idea that the world is a place where the people children love and trust the most might hurt them; and
- help parents to recognize children who need assistance and to intervene on their behalf in a way that aids their recovery and prevents further abuse.

Children's Program

The children's Program is designed to be used year after year. Children beginning in the preschool level will continue to benefit through third grade. The K-3 Program reinforces and builds childrens' skills from year to year.

The Program Components broken down by year are:

Preschool Program

Unit 1: Your Body Belongs To You
5 Sessions: 15-20 minutes each
Unit 2: All about Strangers
5 sessions: 15-20 minutes each

K-3 Program

Kindergarten

Unit 1: It's Your Body
5 sessions: 15-20 minutes each
Unit 2: Strangers Aren't Bad, They're Just Strangers
5 sessions: 15-20 minutes each

First Grade:

Speak Up For Yourself
5 sessions: 20-25 minutes each
(day 5 slightly longer)

Second Grade:

The Choice Is Yours
5 sessions: 25-30 minutes each

Third Grade

Being Your Own Best Friend
5 sessions: 25-30 minutes each

The Safe Child Program As A Part Of The Ongoing School Curriculum

One of the biggest problems encountered with programs to prevent child abuse is the failure to continue the program after the first year or two. The Committee for Children evaluated the re-usage rate of the Talking About Touch Curriculum and found that only 30% of the schools reported "active, thorough, ongoing implementation." They surveyed the reasons why schools were not providing ongoing prevention education. The responses fell into five categories:

"1. a person to oversee ongoing implementation was never appointed or was ineffective;
2. there was no organization or structure created for monitoring and accountability;
3. there was high teacher turnover and lack of training for new teachers ...;
4. there was a lack of awareness that the materials existed, or teachers were uncomfortable using them;
5. class time was too limited to allow for [the]... curriculum."

This is a problem that must be addressed head-on!

Child abuse effects at least one in every four of our children. It is associated with every category of behavioral difficulty we see in the schools including: low self-esteem, truancy, delinquency, substance abuse, etc. Prevention of child abuse is not just another add-on to the curriculum. Preventing child abuse lies at the heart of enabling at least one fourth of our children to reach their full potential, not to mention the fact that the effects of child abuse continue to demand a higher and higher percentage of the resources available to the schools.

Teaching children to prevent abuse is as fundamental as teaching children to learn. Committing the resources of the district to invest in the Program is a waste if the Program does not make its way into the curriculum of every child, every year. Consistent with this, schools should incorporate into the implementation plan for the Program—in the very first year—a way to ensure that the Program will continue to be used year after year and that new teachers will be brought "on-line" through the Parent/Teacher videotape and accompanying manual.

Community Participation And Other Prevention Resources

Many communities have groups which provide prevention services. This may range from the police department to community service groups. Using The Safe Child Program and then following up with an existing community program can be a powerful combination. While the children get the prevention training from The Safe Child Program, they are not introduced through the Program to local resource people. Visiting programs can provide an important link to local resources as well as providing reinforcement for the basic prevention messages. As long as the content of the community program does not frighten the children or confuse them by teaching material which is clearly contradictory to the aims of The Safe Child Program, they can be an important enhancement to this Curriculum.

The same is true of many of the videotape and film materials which may be in the school library or resource center. There are excellent materials which will effectively complement this Curriculum and which should be used at other times of the year to reinforce and continue the prevention message. Once again, teachers should preview the material to determine its consistency with the Safe Child Program before making it available to the children.

How To Use This Manual

Since teachers and parents share many of the same concerns about child abuse, this manual was designed to serve the needs of both. It provides basic information about the problem of child abuse, prevention, intervention and recovery, and an extensive appendix. Teacher Training and Parent Seminar outlines in the Implementation Guide refer to specific sections of this manual where you will find detailed content material, discussion and commonly asked questions and answers.

Section 2

The Problem Of Child Abuse And Neglect

Social Impact Of Child Abuse

It is important to understand how truly disruptive child abuse and neglect is to our society. Not only are almost 3 million children reported as mistreated each year (Daro, 1993), but the results of that maltreatment carry forward in consistently destructive ways.

Consider the following:

- 85-90% of all abusers were themselves abused as children (Groth)
- 80% of all runaways are related to child abuse (Denver Police Dept.)
- 95% of all prostitutes were abused as children (Conte)
- 80% of substance abusers report having been abused as children (Daro)

Finding ways to prevent abuse, to intervene and treat both victims and offenders, is not just an issue of the current abuse problem, but a necessary investment in our society for generations to come.

Sexual Abuse

Sexual abuse is any sexual contact with a child or the use of a child for the sexual gratification of someone else. The perpetrator is usually someone several years older than the child. Sexual abuse may include exposing private parts to the child or asking the child to expose him or herself, fondling of the genitals or requests for the child to do so, oral sex and penetration.

The vast majority of sexual abuse falls in the range of fondling. Only about 10% of sexual abuse involves physical violence or physical damage to the child, making sexual abuse particularly difficult to detect.

Definition Of Incest

Incest is sexual abuse which occurs between family or extended family members including fathers, mothers, siblings, aunts, uncles, cousins, adoptive and step relations and live-in household members.

Incidence Of Sexual Abuse

Statistics vary widely as to the incidence of child abuse. It is generally agreed, however, that at least 1 in 4 girls and 1 in every 6-10 boys is sexually abused by age 18. It is also believed that the rate of abuse is substantially higher for boys than is reported.

The other essential statistic is that 85-90% of all sexual abuse occurs not with a stranger but with someone the child knows and trusts. This is at the heart of why children must learn skills to protect themselves. Since we can't tell who perpetrators may be, the first line of defense is preparing children to act for themselves when adults are unable to protect them.

Additional statistics are provided in the fact sheets in the Appendix.

Profile Of Abusers

Child abuse occurs in all socioeconomic, racial, ethnic and religious groups. While most perpetrators are men, more and more women are being identified as perpetrators. Abusers can be anyone: family, friends, neighbors, sometimes strangers. As described by the National Committee for the Prevention of Child Abuse, "It is a sad irony that many abusers genuinely love their children, but they find themselves caught in life situations beyond their control and they do not know how to cope. They are often isolated from friends and family and may have no one to give them emotional support. They may not like themselves and may not know how to get their emotional needs met."

How Offenders Engage Children

The techniques of The Safe Child Program will make more sense if you understand how abuse begins. One of the most important things to know about offenders is that the vast majority of them were abused as children. They are often reenacting what was done to them and may choose children the same age as they were when their own abuse began. Many of them tell themselves that they aren't doing anything wrong, that they aren't hurting the children and that they genuinely care about the children they abuse.

Friendship, trust and bribery are the most common tools of the child abuser. Abusers take their time to get to know children and to develop a relationship with them. At some point they begin to test the limits. They might, for example, stick a hand up the child's shirt while wrestling or playing. This is not in and of itself abusive, but it is outside the limits of usual play. By testing the child's reaction, the offender has an opportunity to find out if the child will resist.

When children resist, offenders often respond with, "Don't you like me? Don't you want to be my friend?" They are using their relationship with the child to get the child to go along. Combined with the greater power, knowledge and experience of the offender, this coercion tips the balance against the child, and many children give in.

If, on the other hand, the child is able to consistently and firmly refuse to be touched, the offender is likely to move on to a more compliant child. Part of the reason for this is that the offender wants the acceptance and "seeming" participation of the child. If the child refuses to give that, the offender's needs aren't met and the child has a better chance of being left alone.

Why Children Let It Continue

Being smaller and more trusting, children often "buy" the assurances of their "friend" and allow the abusive activity to continue. This encourages the offender and the abuse quickly escalates. Once this happens, it is very difficult for children to stop the abuse for several reasons:

- guilt always accompanies sexual abuse, children think what happened is their fault;
- children, in spite of the abuse, continue to value the relationship they have with the abuser and are afraid they will lose the relationship if they tell;
- children are afraid they won't be believed if they tell; and
- children are afraid of the trouble they will cause if they tell, especially if the offender is a family member or close friend.

Why Sexual Abuse Is So Damaging To Children

The majority of sexual abuse by people known to the child involves no actual physical injury to the child. The real damage to children comes from the violation of a relationship that the child valued. The damage is emotional, involving issues of trust and, subsequently, the child's own self-esteem.

The Truth About False Reports

Children virtually never lie about child abuse except to deny that it happened. If a child can tell you what happened, you must believe that it did, in fact, happen. This does not mean that children do not misinterpret or misreport events. However, because children generally don't have access to this kind of information, it's not possible for them to "make-up" or "fantasize" sexual abuse. Children who can talk about their abuse in detail have experienced it.

Unfounded vs. Unsubstantiated Cases

Substantial confusion has been created by discussion in the media of "false" reports. The distinction that is virtually never made is the difference between unfounded and unsubstantiated reports. In order for a case to be substantiated, many things may be required by state law, including the date, time and place of the incident and corroborating evidence. Obviously, very young children have difficulty providing the date, time and place of an abuse incident and, since usually only the child and the perpetrator are present and there is no physical injury, corroborating evidence may be lacking.

This does not mean that the abuse did not take place, only that there was insufficient evidence to corroborate the charge. Thus it is more accurate to describe these cases as "unsubstantiated" rather than "unfounded" or "false."

Emotional Abuse

Emotional abuse is a pattern of behavior that attacks a child's sense of self-worth and emotional development. Emotional abuse includes excessive, aggressive or unreasonable demands, constant belittling, criticizing, insulting, rejecting and teasing. Emotional abuse also includes failure to provide the psychological and emotional nurturance a child needs to develop fully. Among other things, this can include withholding love and emotional support. The Safe Child Program discusses the ways people sometimes treat children that make them feel badly about themselves. If something like this happens over a period of time, and the child is beginning to believe he or she is bad, that's too much and the child is encouraged to talk to someone about what is happening.

Physical Abuse

Nonaccidental physical injury inflicted by someone responsible for a child is considered abuse if the individual creates, or allows to be created, situations whereby the child is likely to be at risk. This may include beatings, burns, biting, strangulation, scalding or other treatment resulting in bruises, welts, broken bones, scars or serious internal injury.

The Safe Child Program says to children, "If someone hits you so hard, or punishes you in a way that leaves bruises or marks that are there the next day, that is too much and you should tell someone."

Section 3

Prevention Of Sexual, Emotional And Physical Abuse

Prevention At The Level Of The Child

The basic principles of The Safe Child Program are developed from the point of view that children can make judgements, that they can speak up for themselves, and that they can take some responsibility for their own well-being. The skills children need to protect themselves develop gradually between the ages of two and six. This has been shown to be the optimum age to begin prevention training.

It is important to recognize that the Program is designed to talk to children without increasing their level of fear or anxiety. Children, like adults, are directly affected by their perception of well-being in their environment. If we talk to them in a way that makes them feel more fearful or insecure, we have, in a sense, committed our own form of abuse. The ability to perceive themselves as capable and responsible is fundamental to personal safety for children.

Remember: **Fear doesn't keep children safe — training does!**

Talking To Children About Prevention

Children are the first line of defense against abuse. The Safe Child Program teaches skills which will reduce their level of vulnerability. It teaches them to speak up for themselves, to ask for help when they need it, and to keep asking until they get it.

The Safe Child Program teaches without talking about abuse. Children don't need to be told what abuse is, who offenders are, how they operate, what they do or why. They don't need to be told that the people they love might hurt them. Rather, children are given prevention skills which are positive and concrete, which enable them to intervene for themselves when they are in a potentially abusive situation.

Why Prevention At The Level Of The Child Works

Recognizing that adults are not present to prevent most abuse, children must be prepared to stop abuse before it starts, or to get help quickly if it occurs. This can happen quite simply when parents and teachers build on the developmental skills children are already learning. These include:

1. **A sense of appropriate and inappropriate touch**

Children gradually learn what kind of touch to expect from different groups of people. It may be customary for mom or dad to check their teeth after brushing, but it would be unusual to have a store clerk ask to check their teeth. Children readily accept hugs and kisses from some people they know and then may respond differently to the same affection with someone else. This natural preference should be supported.

2. **A clear idea about what they like and don't like**

Children know very early in life what they like and don't like, and they fully explore their ability to express those feelings during the preschool period. At the same time, children are learning to be polite and not to say "no" to adults. Enabling children to protect themselves includes teaching them that it is sometimes okay to say "no."

3. **Recognizing and learning to respect their instinct**

Children often "sense" that something is wrong before abuse actually occurs. When children learn to listen to their "inner voice," and to speak up, they have a chance to stop abuse before it begins. Teaching children to trust and listen to their "inner alarm system" is one of the most important aspects of prevention.

Building upon a child's natural protective skills is different from trying to monitor touching for children. We don't need to jeopardize the spontaneity of affection — which enriches all our lives — in order to prevent child abuse. Rather, we need to give children the ability to communicate effectively about unwanted touch.

Specific Prevention Concepts And Techniques

1. **"Your body belongs to you. You have a right to say who touches you and how."** Teaching children to recognize and listen to their own sense of comfort or discomfort, to respect their own inner voice, gives them a basis for expressing themselves. Children do not need a list of ways in which they might be abused in order to learn prevention skills. They only need permission — and the skills — to speak up when **they** feel uncomfortable with touch.

What the Program asks of adults is only that they recognize and respect children's verbal and nonverbal expressions about being touched. This means giving them permission to say "Please don't do that, I don't like it." For example, some kinds of touch that children may not like include: pinching their cheeks, playing with their hair, patting their heads or bottoms. It is not rude for children to tell us they don't like it when we do such things; it is an important part of prevention training.

2. **You have permission to say "no" to an adult when you are uncomfortable with what is happening or think it is wrong."**
Children tend to be afraid to say "no" to adults. That's partly because adults so often ask for blind obedience from children. For example, blind obedience is when parents leave a child with a sitter and say, "Now do everything the sitter says." What if the child's sitter suggests a ride in the car with a group of the sitter's friends? Most parents would want their child to say "no." Even if the sitter threatened the child, they'd still want their child to refuse to go and to call someone, like a neighbor or other family member, and tell them what was happening.

One of the ways to teach children that it's all right to think about what they are asked to do is to play games, asking "What if...?" questions such as:

"What if the teacher asked you to cut little holes in your shirt and paste them on a piece of paper for art? Would you do that?"
"What if the sitter asked you to get something out of the oven and it was hot? Would you do that?"
"What if a policeman told you to get in his car and take a ride with him? Would you do that?"

By using "silly" examples, children learn that they can say "no," if they are asked to do something their parents wouldn't want them to do, that might hurt them, or that they know they shouldn't do.

3. **The power of "I'm going to tell"**

Once we recognize that the vast majority of child abusers are known to the child, and that seeming compliance on the part of the child is a necessary ingredient to the successful completion of the abuse, we have the key to one of the most powerful prevention tools.

"I'm going to tell" is one way for children to get themselves out of a difficult situation and/or to avoid sexual abuse. Children need to be taught to say "I'm going to tell" anytime they have asked someone to stop what they are doing and their request was ignored.

Children also need to be taught to tell their parents or someone they trust **anytime** they have had to say "I'm going to tell" in order to get someone to stop touching them.

Parents and teachers often ask if saying "I'm going to tell" increases the likelihood that the child will be hurt? The answer is "usually not," for two reasons. First, offenders who are known to the child are not generally motivated by violence. They want to believe that children go along willingly. They are looking for nonjudgmental acceptance and affection. Secondly, injuring the child increases the likelihood of discovery. Bribery, coercion, intimidation and secrecy are far more effective than physical injury.

4. **The No More Secrets Rule**

If parents agree that there will be no more secrets in their family and their children are trained to respond to all requests for secrecy with "No, I'm going to tell," they have a built-in deterrent to the offender who requires secrecy.

This rule, and the correct response, can be taught as early as age three. It is invaluable because offenders often test a child's willingness to participate by asking for secrecy. As children get older, making a game of all the ways they can be asked to keep a secret without using the word "secret" prepares them for other approaches offenders might use.

Preschoolers should follow the rule without exception. In fact, by age four, most children understand the rule so clearly that they can share it with others. For example, what if grandpa said, "I bought a present for your mom and I'll show it to you if you keep it a secret." Most four year olds could answer, "That's not a secret it's a surprise, and I won't tell because it would spoil the surprise." Once children are six or seven, the rule can be modified to "not keeping secrets with older children or adults."

It's important to note that privacy is not the same as secrecy. Privacy means you can be by yourself or keep something to yourself. Secrecy means you're bound not to tell. Privacy respects individual needs and the family's personal life. Secrecy creates shame in sexual abuse. It's important that children know the difference.

It is the **request** for secrecy that is important. Touching should never have to be a secret and children should tell **anytime** someone tries to make touching a secret.

5. **Prevention of incest**

This is unquestionably the most difficult area for parents to deal with. It is unthinkable that someone who is a part of the family would violate a child's trust and love in this way. Nevertheless, about a third of all sexual abuse happens with a family member and parents need to know that children almost never lie about it.

The statistics also tell us that children are at much greater risk with stepparents and boyfriends than with their natural fathers. Single mothers should be aware of this very difficult problem. Boyfriends and stepfathers hold an important position with children. Since children want their mothers to be happy, the abuser can be very persuasive and coercive, telling the child that they'll leave, which will make their mother sad, if the child doesn't cooperate. Children go along rather than create upheaval. They don't want to be responsible for breaking up their mother's relationship. Single mothers should talk to their children about what they would do if a boyfriend asked them to do something they know they shouldn't do.

Parents should talk about the difference between respect and blind obedience. They should let their children know that they will never stop loving them, and that they are available to talk about things which concern their children, no matter how awkward or uncomfortable it might feel.

In the process of teaching the prevention techniques described, be sure children know they apply to **everyone**. This does not mean talking about anything in particular, frightening children or doing anything to interfere with healthy relationships. It simply means letting children know where you stand and giving them special encouragement to tell someone they trust about any concerns or problems they might have.

6. **Prevention of emotional abuse**

Prevention of emotional abuse begins by discussing words that hurt. The Program includes specific techniques which help children to cope with emotional abuse including: internal thought overrides, talking with others about what is happening, and avoiding confrontations which are sure to bring more of the same.

Children need to know that grownups can get help for their problems and that it is all right to ask for help, both for themselves and for their parents. In addition, the children learn to develop resources outside the immediate family for support and assistance.

7. **Prevention of physical abuse**

Children know that parents have bad days, that they have problems and that sometimes they take their problems out on their kids. This doesn't make them bad people. At the same time, children should know that there are limits to acceptable behavior.

Children need to know that any hitting or punishment that leaves marks that are there the next day, or that leave bruises or injuries, are not okay. They need to tell someone.

Equally important, children need to know that this type of treatment is never deserved or "their fault." Children tend to think that they cause the things that happen to them. This belief is part of what keeps them from telling.

8. **Prevention of neglect**

This is a much tougher issue because children who are neglected often know nothing else and have no sense of what a "normal" childhood is like. Other children, however, usually know quite well who the neglected child is. They should learn that being part of a community, being a caring, compassionate human being, means including others and helping when they can. Children can learn to speak up on behalf of other children.

Questions Parents Commonly Ask

Q **Is prevention of child abuse really the responsibility of the schools?**

A The problem belongs to all of us. As teachers and school personnel, we have a responsibility to teach prevention of child abuse skills to children. As parents, we want to enable our children to keep themselves safe without creating fear or anxiety. If children get consistent prevention messages from all the important people in their lives, we maximize the opportunity to have children grow up without experiencing abuse.

We also have to face the reality that some children are abused by people in their own family. We cannot count on these families to provide prevention messages. Providing prevention education through the schools gives us the ability to reach all children.

Q **Please explain again the difference between teaching prevention and teaching about child abuse.**

A The Safe Child Program teaches prevention of child abuse. It does not teach about child abuse. This is an important distinction because prevention happens before abuse gets started. After abuse begins, intervention and treatment are needed, not prevention. So prevention does not, by definition, require children to be knowledgeable about who perpetrators are, what they do or why.

An even larger issue related to this is that we don't really know what the impact on young children is when they are told, "This is what sexual abuse is, this is what they do to you, and the person most likely to do it is someone you love and trust." As long as there is a question about how children react to this message, we must teach prevention without giving children more information than they need.

Q If you don't tell children about sexual abuse, how do you get the point across?

A Prevention of child abuse happens before "bad touch" begins, soThe Safe Child Program talks about touch that children might not like such as pinching their cheeks, bear hugs and tickling. Children know when touch makes them uncomfortable, so the Program works with everyday examples to give children permission to speak up. Since most abuse begins with small tests of a child's willingness to go along, The Safe Child Program enables children to speak up, to move away and to tell someone about what happened, long before the abuse begins.

Q What did Kraizer mean when she said "What we say to children and how we say it matters?"

A Children do not always understand the meaning behind adult messages. Often what we say is not interpreted the way we intended for it to be interpreted or heard. Nowhere is this more true than with safety issues. In order to ensure clarity of intention, The Safe Child Program is scripted and highly structured.

By using the videotape to introduce all new materials to the children, the integrity of the initial message children receive is assured. The importance of this is particularly clear in a story that Kraizer tells about a kindergartner who participated in a program which used the concepts of "good" and "bad" touch and private parts to teach prevention. Following the program, one kindergarten boy turned around and told his father, who had patted him on the bottom on his way to bed, "My teacher told me that's my private part and no one can touch me there, not even my mom and dad." While the child's interpretation of what he was told was not what the teacher intended, it is what she said.

The Safe Child Program avoids these kinds of misunderstandings by not labeling touch as good or bad and by letting children decide what touch is okay with them and what is not.

Q **Why is the combination of videotape and role-play so important?**

A There is a big difference between a "concept" and a "skill." This is important to understand because stories, videotapes, coloring books, etc. only teach concepts. Concepts don't protect children.

The videotape in the Safe Child Program ensures the accuracy and tone of the initial introduction of the material. It teaches the children prevention techniques. Role-playing then takes the concepts and turns them into skills which children can actually use to protect themselves.

It's like the difference between understanding how to ride a bicycle and actually being able to ride a bicycle. The videotape presentation, when merged with role-play and classroom activities, enables the children to learn the skills in their muscles. This is ultimately what allows them to act when they are in a situation of risk.

Role-playing is also informative for parents. By actually walking children through what they might do in a given situation, parents can know what skills their children actually have. This will enable them to make more informed choices about the amount of freedom of movement their children can handle.

Q **How early can you begin teaching prevention?**

A Learning prevention skills can be a natural part of growing up, particularly if we build on the skills children are already learning. Between the ages of two and five, children are developing the capabilities which make the teaching of prevention skills possible.

Q What is the role of what Kraizer calls "life skills" in this Program?

A Although programs sometimes seem to get boiled down to simple slogans like, "Say No, Run and Tell," preventing child abuse really requires a wide range of complex skills which change as children get older. Among these are the ability to:

- think for yourself,
- speak up for yourself,
- communicate effectively,
- make choices and decisions,
- keep or break agreements responsibly,
- be assertive, and
- know when you need help and where to get it.

The larger frame of prevention education is the range of skills it takes to be an effective person. From the age of three on, the Program helps to create for children:

- a strong sense of self and competency,
- practice in a wide variety of situations,
- knowing when and where to get help, and
- knowing they will be believed and supported.

Q Why doesn't this program use "Good and Bad Touch?"

A Quite simply, because most offenders begin with what is generally considered to be "good" touch and, by the time they get to "bad" touch, it is too late for prevention. We want children to feel free to say how they feel about any touch, without labels of "good" and "bad" to confuse them.

Q **Does this mean I should be less affectionate with my children?**

A Absolutely not! Children need all the love and affection we can give them. The only thing the Program asks adults to do is give children permission to speak up, and then to respect their wishes when they do.

Q **How do children tell us that they're uncomfortable with someone?**

A Your children may say to you, "Never, ever let that babysitter come back." When you ask "Why not?" they may not be able to explain or specifically answer your question. We know that children sometimes intuitively sense that something is wrong and can't really describe what they feel. In other instances, children may be more direct and say something like, "He makes me feel creepy." These are part of your child's natural alarm system and should be respected.

Q **My child is naturally very affectionate. Will this program make her more wary?**

A Parents often express concern for children who are naturally affectionate, that it makes them more vulnerable to abuse. We do not **want or need** to take away their natural friendliness or affection. There is a significant difference between affection and abuse. When touching crosses over from one to the other, children sense the difference. At that moment, they can use the skills they've learned to speak up and stop what is happening.

Q **But we know abusers don't just stop because a child says "stop." How can young children be expected to stand up to someone they care about?**

A This is why role-playing is such an important part of the Program. When children learn to say no to any unwanted touch — and they actually practice saying "no" — it becomes easier for them. When they learn that it's important to ask for help **anytime** the person touching them doesn't stop, they are more able to ensure that the problem goes no further. This is important. If children wait to tell us until after "bad" touch has occurred, it is too late for prevention.

Q **I supervise my children pretty closely. Why do they need this Program?**

A We can't possibly be with our children all the time, so we have to give them the ability to think about the situations they find themselves in, to act effectively on their own behalf and to get help when they need it.

Q **What is the relationship of sexual abuse and sex education?**

A Prevention of sexual abuse training is not the same as sex education. However, being comfortable with one's body is important to a child's positive self-image and it can help reduce his or her vulnerability to exploitation and abuse.

Q **How do we know that this Program works to protect children?**

A This is the only program to date which has demonstrated that it changes children's behavior — that it actually reduces their risk to abuse. To measure prevention of sexual abuse

by people known to the child, children were given opportunities to demonstrate how they would handle uncomfortable touch, such as hugs or sitting too close. Before they participated in the Program, the children generally agreed to the hugs after a small amount of coercion, such as, "If you liked me, you would hug me..." After the Program, the children were able to say "no," to actually get up and move, and to tell someone if they were being pressured.



At what age are children most vulnerable?



Seven to nine year olds are the most vulnerable group for abuse. They have more freedom to come and go: walking to school, running errands, shopping alone, etc. At the same time, they often feel insecure about what to do in new situations. They may also be feeling that their parents don't understand them, are not listening, are not interested or might not believe them if they come to them with this type of problem.

These children also have the most distorted perceptions about what they can do to solve problems. Therefore, specific preparation through the "What if..." Game is essential.



Do children abuse one another?



When children are abused, they sometimes reenact what happened to them with other children. If this pattern is repeated by subsequent children, it can create a situation in which a number of them repeat sexual play that is both inappropriate and confusing. This is not so much a case of rampant sexual abuse as a situation requiring re-education of the children so they can find more appropriate ways to play with one another. In all cases, every effort should be made to discover the perpetrator who sexually abused the first child.



What about playing doctor?



Observing sexual play is one of the common ways we discover sexual abuse in young children. Normally, playing doctor is mutual and healthy exploration and play. It never includes one child victimizing another. If you come across suspicious play, the best thing to do is simply ask, "Who else plays that game with you?" Children will often tell you exactly where they learned the "game" and you can then pursue the real problem.

Section 3

THE PARENT SEMINAR

The second step in implementation of The Safe Child Program is the Parent Seminar. The Parent Seminar allows parents to understand and reinforce the skills learned in The Safe Child Program. Only through the parent training can the triangle — parents, teachers and children — be completed, enabling children to fully integrate the skills into their lives.

The Seminar is built around the Parent/Teacher Videotape and an outline is provided to conduct the Seminar. The best preparation for leading the Parent Seminar is familiarity with the Resource manual.

Select a person to lead the seminar who is comfortable with the Program and with the parent body. The key to parental participation is planning and numerous contacts with parents so they know what the program is and why it is important for them to come. The following steps have been shown to maximize parental participation: (also see Timeline, page 41)

Before the Parent Seminar:

- Send home "teaser" notes to alert parents they will be getting an important letter from the school. (see Samples 1a, 1b, 1c)

- Send letter from director or principal (preferably in the mail so the children don't read it on the way home) letting parents know about The Safe Child Program and the Parent Seminar. (see Sample 2)

- Send letter from Parents supporting the Program or send home another informational flier. (see Sample 3)

- Put up posters around the school announcing the seminar. (enlarge Sample 4)

- Establish phone committee and develop phone schedule. (see Phone Committee Guide - Sample 5)
- Send flier home with children. (see Sample 6)
- Call each parent inviting them to Parent Seminar.
- Reminder notice home with children. (see Sample 7)

At the Parent Seminar:

- To maximize attendance, provide childcare.
- Provide refreshments. This makes people feel more comfortable.
- Duplicate parent evaluation forms and have them available at the door as parents come in. (see sample in this section)
- Be sure videotape equipment is working and can be seen by everyone.
- Be sure temperature of the room is comfortable.
- Start and end on time.
- If you have parent handouts, have them available as parents leave.

Parent Seminar Timeline

1½ months before event:
- ❒ Plan location, date and time.
- ❒ Secure speaker.
- ❒ Plan audiovisual equipment needed (i.e. large screen video and cordless microphone) and person to operate it at the event.
- ❒ Send teaser fliers. (see Sample 1a & 1b)

1 month before event:
- ❒ Prepare bulletin article, letters, teasers, posters, and fliers.
- ❒ Identify parent coordinator at school to encourage parent participation.
- ❒ Submit to community calendars.
- ❒ Send Letter from School Director/Principal to parents, preferably in the mail. (see Sample 2)
- ❒ Establish phone committee.
- ❒ Plan refreshments.
- ❒ Plan setup arrangements.
- ❒ Arrange for cleanup.
- ❒ Make plans for baby-sitting services and room(s) for same.

3 weeks before event:
- ❒ Send letter from involved parents supporting program. (see Sample 3)
- ❒ Make posters for the school. (enlarge Sample 4)
- ❒ Send home flier announcing seminar.
- ❒ Plan on who will introduce speaker(s).
- ❒ Send out press release.
- ❒ Have volunteers provide refreshments.
- ❒ Assign ushers to welcome people and give handouts.

2 weeks before event:
- ❒ Put posters up around the school.
- ❒ Meet with phone committee to provide phone lists and procedures. (see Sample 5)

1 week before event:
- ❒ Send formal flier home with children. (see Sample 6, 7 or 8)

3 days before event:
- ❒ Phone committee calls each family to remind of upcoming event.

Day of the event:
- ❒ Reminder notice goes home with children. (see Sample 1c, 6, 7 or 8)
- ❒ Have volunteers arrive at appropriate time to make sure that all goes smoothly.

Suggestions For The Seminar Leader

It is helpful to give parents a brief verbal outline of what you will be covering during the Seminar. One of the things this accomplishes is preventing people from jumping ahead of you with questions.

You should not assume that parents are knowledgeable about the issues of child abuse just because there has been so much media coverage of the subject. Be sure to give them the basics in terms of definitions, statistics and how abuse happens before beginning to explain the Program.

Don't be shy about using funny stories and anecdotes from your own experience to make points. Prevention is the "upside" of the child abuse problem. There is nothing heavy or ominous about prevention. It is an opportunity to make a positive difference, and humor is an effective way to make people feel more at ease.

Give opportunities to ask questions after each section rather than encouraging people to jump in at any time. Repeat each question as it is asked so everyone knows what question you're answering. If a question is not within the scope of what you're covering, or is not appropriate for the entire group, you may suggest that you'd like to answer the question at the break.

If participants make comments which are inconsistent with what you know, or you simply disagree, you may say something like, "I tend to disagree with you..." or "We considered that approach, but felt..." or "What I have learned leads me to believe..." There are many approaches to any problem, but you do not want your Seminar to be sidetracked by a debate. Once again, you may suggest your willingness to discuss the comment or question further on a one-to-one basis.

If someone asks a question that you simply don't know the answer to—say so. If you are willing to find out the answer and get back to the person, say so. If not, do not make the offer.

Some participants may want to make lengthy comments or tell a long story—sometimes at every opportunity for questions. If they are not making a contribution to the purpose of the evening, gently interrupt saying something like, "I would really like to talk to you about that (or hear more about that) but we won't be able to finish on time if we don't move on." Also

remember that you can control this problem to some extent by simply not calling on the person again or by cutting off questions.

If you have someone hostile in the group, remember that most of the group is with you. Acknowledge the person's concerns without being patronizing. If the hostility is apparent at the beginning of the Seminar, you might request that the individual hear the presentation and then, if the concerns are not addressed, once again ask questions. Having someone hostile in a group can be extremely unnerving. Making frequent eye contact with the people in the group who are obviously supportive of you and avoiding eye contact with the hostile individual helps.

It is imperative that you keep track of your time as you go. Parents have sitters who expect them home. They will leave whether you are finished or not. If you are running short of time, acknowledge that the time is moving quickly and cut off questions. Look at your outline and decide what absolutely must be covered. Let parents know you will be available to answer questions after the meeting or at another time.

Even the most experienced presenters tend to be overly critical of their own presentations. Welcome feedback from participants, friends or associates who are at the Seminar. If you tend to invalidate their positive comments, you can use one of techniques we teach the children and teach yourself to say nothing but "thank you" when you receive a compliment.

A Message to The Group Leader About Personal Issues

Child abuse can be a difficult topic to think about, much less to talk about with a group of parents, teachers or children. It is important to acknowledge your feelings about the subject. It may be useful to notice if it is upsetting to you, if you want to stop listening, or if it seems hard to understand. These can be clues to your own emotions and personal experiences. As you talk with parents or children, your feelings, as well as your ideas, will affect what you say and do. The more you understand about your own feelings, the more effective you can be.

The rate of child abuse has been high for many generations. If you experienced abuse, whether you remember it or not, it may still have an effect on you. It is important to consider your own needs and feelings even as you consider the needs of other staff, children and families. If you do not feel able to present this material, ask someone you trust to work with you before you try to work with others.

Suggested Parent Seminar Outline

I. Introduction

A. Content of The Safe Child Program:

- prevention of child sexual, emotional and physical abuse
- prevention of abuse and abduction by strangers
- safety for children in self-care (K-3 only)

B. Three parts of Program:

- teacher training
- parent seminar
- children's program

C. Basic principles of The Safe Child Program:

- teach prevention consistent with needs and interests of child
- teach skills which reduce risk without fear or anxiety
- use videotape to ensure consistency of initial prevention message
- use classroom role-play to turn concepts into real skills
- integrate personal safety training with life skills

II. The problem of child abuse and neglect

A. Social impact of child abuse

- 85-90% of all abusers were themselves abused as children (Groth)
- 80% of all runaways are related to child abuse (Denver Police Dept.)
- 95% of all prostitutes were abused as children (Conte)

B. Definition of sexual abuse

Any sexual contact with a child or the use of a child for the sexual gratification of someone else, usually someone several years older than the child. May include exposing private parts, fondling of the genitals, oral sex and penetration.

Majority is fondling. Only 10% involves physical violence or physical damage to the child.

C. Facts about sexual abuse:

- 1 in 4 girls and 1 in every 6 boys is sexually abused by age 18.
- 85-90% of all sexual abuse occurs not with a stranger but with someone the child knows and trusts.

- child abuse occurs in all socioeconomic, racial, ethnic and religious groups.
- abusers can be anyone.
- most abusers were themselves abused as children.

D. How offenders engage children

Friendship, trust and bribery are the most common tools of the abuser.

Develop relationship, test limits, tickling, hand up shirt, hugs, back rubs, etc. (grooming)

Emotional coercion, "Don't you like me, love me, want to be my friend."

E. Prevention occurs at the first moments of testing — before abuse begins

F. Why children let it continue:

- guilt always accompanies sexual abuse, children think what happened is their fault;
- children, in spite of the abuse, continue to value the relationship they have with the abuser and are afraid they will lose the relationship if they tell;
- children are afraid they won't be believed if they tell; and
- children are afraid of the trouble they will cause if they tell, especially if the offender is a family member or close friend.

G. Why sexual abuse is so damaging to children

Violation of a valued relationship, issues of trust and self-esteem.

H. The truth about false reports

Children virtually never lie about child abuse except to deny that it happened. Children who can talk about their abuse in detail have experienced it.

III. Prevention of sexual, emotional and physical abuse

A. Overview

Children are first line of defense—no one else is there.

Fear doesn't keep children safe — training does!

Children are not told what abuse is, who offenders are, what they do.

B. Show videotape

Stop at Stranger Section

C. Specific prevention concepts and techniques: (provided here for convenience of group leader)

1. Your body belongs to you. You have a right to say who touches you and how.

2. You have permission to say "no" to an adult when you are uncomfortable with what is happening or think it is wrong.
3. The power of "I'm going to tell."
4. The No More Secrets Rule
5. Prevention of incest - same techniques apply
6. Prevention of emotional abuse - words that hurt
7. Prevention of physical abuse - bruises or long-lasting marks

D. Common questions:

If you don't tell children about sexual abuse, how do you get the point across? Prevention of child abuse happens before "bad touch" begins, giving children permission to speak up anytime touch is not okay.

Why is the combination of videotape and role-play so important? Difference between a "concept" and a "skill." Concepts don't protect children. Like the difference between understanding how to ride a bicycle and actually being able to ride a bicycle. Videotape merged with role-play and classroom activities, enables children to learn the skills in their muscles. This is what enables them to act when they are in a situation of risk.

Why doesn't this program use "Good and Bad Touch?" Because most offenders begin with what is generally considered to be "good" touch and, by the time they get to "bad" touch, it is too late for prevention.

Does this mean I should be less affectionate with my children? Absolutely not! The only thing the Program asks adults to do is give children permission to speak up, and then to respect their wishes.

How do we know that this Program works to protect children? This is the only program to date which has demonstrated that it changes children's behavior — that it actually reduces their risk to abuse. (see articles in Appendix)

Do children abuse one another? When children are abused, they sometimes reenact what happened with one another. This is not really abuse, but does require intervention , re-education and discovery of original perpetrator.

IV. When abuse is discovered

A. Disclosure

1. Children may report directly or obscurely.
2. Children may try to get help by suggesting someone else is being abused.
3. Children often try to tell with strings attached.

B. Responding to disclosure

1. You believe him/her and you're glad s/he told you.
2. S/he didn't do anything wrong.
3. You will do your best to see that s/he is not hurt again.
4. You will do everything you can to get help.
5. Do not promise the child that you will do anything specific.

C. Lying about abuse

Almost without exception children do not lie about abuse — except to deny that it happened. If a child can describe what happened, teachers and parents must believe that it did, in fact, occur.

D. Reporting procedures

Anyone may report a suspected case of child abuse or child maltreatment. The determination of the presence or absence of abuse is the responsibility of the investigating agency, not the person making the report.

Reporting most commonly occurs either through a hotline, social services agency, or the police. The national "Hotline" to report child abuse is: 1-800-422-4453. Provide state # or local # for your area.

E. Immunity from liability

"Anyone who makes a report in good faith has immunity from any liability, civil or criminal, that might otherwise result from such actions. This protection does not apply to acts of willful misconduct or gross negligence."

V. Treatment and resources

A. Degree of impact

1. Type and severity of the abuse
2. The relationship of the offender to the child
3. The duration of the abuse situation
4. The reaction of people after abuse is reported
5. Support available to the child which enables full recovery.

B. Need for treatment

Remember relationship between abuse and subsequent personal dysfunction, including substance abuse, delinquency, depression and low self-esteem. Appropriate treatment for an abused child maximizes the opportunity for that child to fully meet his/her potential.

Treatment for offenders, particularly important with adolescent abusers. Teenagers who abuse are beginning a lifelong pattern that can result in hundreds of children being victimized. Treatment is imperative.

VI. All about strangers

A. Traditional approach - "good guys and bad guys"
Creates confusion, fear and anxiety and lack of safety.

B. The Safe Child approach
Clarifies who strangers are, gives specific guidelines.

C. Resume videotape

D. Review: (provided here for convenience of group leader)

- A stranger is anyone you don't know
- Follow the rules anytime by yourself or with friends
- Rule Number 1 - Stay An Arm's Reach Away
- Rule Number 2 - Don't Talk To Strangers
- Rule Number 3 - Don't Take Things From Strangers - Not Even Your Own Things
- Rule Number 4 - Don't Go Anywhere With A Stranger
- The Code Word - (K-3 only)

E. Common questions:

What about kids "karate chop mentality"? Fantasies are natural and healthy, but should be tempered with a clear distinction between reality and make-believe. This is most easily accomplished by demonstration.

Won't kids pay more attention if they're a little scared? Scare tactics don't work. They overwhelm and paralyze children instead of reassuring and protecting them.

VII. Playing the "What if..." Game

A. Purpose of the "What if..." Game
Teaches thinking and problem-solving while establishing solutions to real problems

B. Kids ask the questions and provide the answers

C. Making exceptions to the rules
Specific permission to break the rules in unusual situations

D. Resources outside the family
Build resource lists for problems that might be hard to discuss with family

VIII. Self-care

A. Choices about self-care
B. Answering the telephone
C. Answering the door
D. Emergencies and resources for help

IX. Advocacy (only if time permits)

A. If you have experienced abuse which is affecting your relationship with your family or children, ask for help to stop the cycle.
B. Trust your instincts.
If you suspect a child is being mistreated, be an advocate for that child.
C. Speak up and let those who are trained to investigate make the final determination.
D. Report suspected abuse.
Realize that we are so reluctant to see abuse that when we finally admit to ourselves that there is a problem, it is usually very real and not just our imagination.
E. Speak up and offer to help family, neighbors and friends who are in trouble. Too often they cannot help themselves. If you're not in a position to help, talk to someone who is.
F. Be an advocate for every child.
Child abuse will only end by protecting one child at a time.
G. Every act of advocacy brings us closer to changing the overall level of damage and suffering.
H. Critical mass is created with many small acts.

IX. Conclusion

A. Implementation schedule
B. Handouts (see pages 72 -75)
C. Evaluation (see page 76)

Questions Parents Commonly Ask

Q Is prevention of child abuse really the responsibility of the schools?

A The problem belongs to all of us. As teachers and school personnel, we have a responsibility to teach prevention of child abuse skills to children. As parents, we want to enable our children to keep themselves safe without creating fear or anxiety. If children get consistent prevention messages from all the important people in their lives, we maximize the opportunity children have to grow up without experiencing abuse.

We also have to face the reality that some children are abused by people in their own family. We cannot count on these families to provide prevention messages. Providing prevention education through the schools gives us the ability to reach all children.

Q Please explain again the difference between teaching prevention and teaching about child abuse.

A The Safe Child Program teaches prevention of child abuse. It does not teach about child abuse. This is an important distinction because prevention happens before abuse gets started. After abuse begins, intervention and treatment are needed, not prevention. So prevention does not, by definition, require children to be knowledgeable about who perpetrators are, what they do or why.

An even larger issue related to this is the negative impact on children when we tell them: "This is what sexual abuse is, this is what they do to you, and the person most likely to do it is someone you love and trust." We know how to effectively teach prevention without creating this problem.



If you don't tell children about sexual abuse, how do you get the point across?



Prevention of child abuse happens before "bad touch" begins, soThe Safe Child Program talks about touch that children might not like such as pinching their cheeks, bear hugs and tickling. Children know when touch makes them uncomfortable, so the Program works with everyday examples to give children permission to speak up. Since most abuse begins with small tests of a child's willingness to go along, The Safe Child Program enables children to speak up, to move away and to tell someone about what happened, long before the abuse begins.



But we know abusers don't just stop because a child says "stop." How can young children be expected to stand up to someone they care about?



This is why role-playing is such an important part of the Program. When children learn to say no to any unwanted touch — and they actually practice saying "no" — it becomes easier for them. When they learn that it's important to ask for help **anytime** the person touching them doesn't stop, they are more able to ensure that the problem goes no further. This is important. If children wait to tell us until after "bad" touch has occurred, it is too late for prevention.



Many teachers are concerned that they might inadvertently frighten children or create misunderstanding about touch. How do you address this?



What teachers say and how they say it makes all the difference. The Safe Child Program enables teachers to use a powerful combination of Program expertise and materials and their relationship with the children to create the very best learning environment. The videotape introduces the initial concepts. It models for teachers how to talk about prevention without fear or anxiety. Immediately following this, teachers use classroom role-playing with the

children. This enables the children to comfortably and safely practice the skills, ask questions, and learn from the Program materials and their teacher who knows and cares about their individual needs.



What did Kraizer mean when she said "What we say to children and how we say it matters"?



Children do not always understand the meaning behind adult messages. Often what we say is not interpreted the way we intended for it to be interpreted or heard. Nowhere is this more true than with safety issues. In order to ensure clarity, The Safe Child Program is scripted and highly structured.

By using the videotape to introduce all new materials to the children, the integrity of the initial message children receive is assured. The importance of this is particularly clear in a story that Kraizer tells about a kindergartner who participated in a program which used the concepts of "good" and "bad" touch and private parts to teach prevention. Following the program, one kindergarten boy turned around and told his father, who had patted him on the bottom on his way to bed, "My teacher told me that's my private part and no one can touch me there, not even my mom and dad." While the child's interpretation of what he was told was not what the teacher intended, it is what she said.



How early can you begin teaching prevention?



Learning prevention skills can be a natural part of growing up, particularly if we build on the skills children are already learning. Between the ages of two and five, children are developing the capabilities which make the teaching of prevention skills possible.

Q **What is the role of what Kraizer calls "life skills" in this Program?**

A Although programs sometimes seem to get boiled down to simple slogans like, "Say No, Run and Tell," preventing child abuse really requires a wide range of complex skills which change as children get older. Among these are the ability to:

- think for yourself,
- speak up for yourself,
- communicate effectively,
- make choices and decisions,
- keep or break agreements responsibly,
- be assertive, and
- know when you need help and where to get it.

The larger frame of prevention education is the range of skills it takes to be an effective person. From the age of three on, the Program helps to create for children:

- a strong sense of self and competency,
- practice in a wide variety of situations,
- knowing when and where to get help, and
- knowing they will be believed and supported.

Q **Why doesn't this program use "Good and Bad Touch"?**

A Quite simply, because most offenders begin with what is generally considered to be "good" touch and, by the time they get to "bad" touch, it is too late for prevention. We want children to feel free to say how they feel about any touch, without labels of "good" and "bad" to confuse them.



Does this mean parents should be less affectionate with their children?



Absolutely not! Children need all the love and affection we can give them. The only thing the Program asks adults to do is give children permission to speak up, and then to respect their wishes when they do.



If a child is naturally very affectionate, will this program make her more wary?



Parents often express concern for children who are naturally affectionate, that it makes them more vulnerable to abuse. We do not **want or need** to take away their natural friendliness or affection. There is a significant difference between affection and abuse. When touching crosses over from one to the other, children sense the difference. At that moment, they can use the skills they've learned to speak up and stop what is happening.



Will parents support this Program?



Yes, because they are an integral part of the Program. The parent seminar helps parents understand what the issues are and gives them a clear sense of how to protect their children. After that, the take-home materials keep parents informed and give them opportunities to reinforce and continue the classroom activities.

Q **I supervise my children pretty closely. Why do they need this Program?**

A We can't possibly be with our children all the time, so we have to give them the ability to think about the situations they find themselves in, to act effectively on their own behalf and to get help when they need it.

Q **What is the relationship of sexual abuse and sex education?**

A Prevention of sexual abuse training is not the same as sex education. However, being comfortable with one's body is important to a child's positive self-image and it can help reduce his or her vulnerability to exploitation and abuse.

Q **How do we know that this Program works to protect children?**

A This is the only program to date which has demonstrated that it changes children's behavior—that it actually reduces their risk to abuse. To measure prevention of sexual abuse by people known to the child, children were given opportunities to demonstrate how they would handle uncomfortable touch, such as hugs or sitting too close. Before they participated in the Program, the children generally agreed to the hugs after a small amount of coercion, such as, "If you liked me, you would hug me..." After the Program, the children were able to say "no," to actually get up and move, and to tell someone if they were being pressured.

Q **What about the prevention of abuse and abduction by strangers?**

A Prior to participating in the Safe Child Program, 53% of the children in this evaluation demonstrated that they were willing to go with a stranger asking for help. After the Program, the children consistently refused to go with a stranger or to even talk with him. None of the children were anxious or afraid of the stranger they met, they just knew that they were by themselves and talking to the stranger or agreeing to help was against the rules. One of the important by-products of the Program is that children's self-esteem increases.

Q **At what age are children most vulnerable?**

A Seven to nine year olds are the most vulnerable group for abuse. They have more freedom to come and go: walking to school, running errands, shopping alone, etc. At the same time, they often feel insecure about what to do in new situations. They may also be feeling that their parents don't understand them, are not listening, are not interested or might not believe them if they come to them with this type of problem.

These children also have the most distorted perceptions about what they can do to solve problems. Therefore, specific preparation through the "What if..." Game is essential.

Q **Do children abuse one another?**

A When children are abused, they sometimes reenact what happened to them with other children. If this pattern is repeated by subsequent children, it can create a situation in which a number of them repeat sexual play that is both inappropriate and confusing. This is not so much a case of rampant sexual abuse as a situation requiring re-education of the children so they can find more appropriate ways to play with one another. In all cases, every effort should be made to discover the perpetrator who sexually abused the first child.

Q **What about playing doctor?**

A Observing sexual play is one of the common ways we discover sexual abuse in young children. Normally, playing doctor is mutual exploration and play. It never includes one child victimizing another. If you come across suspicious play, the best thing to do is simply ask, "Who else plays that game with you?" Children will often tell you exactly where they learned the "game" and you can then pursue the real problem.

Q **My child thinks he can handle anything by using karate.**

A We call this the "karate chop mentality," when children think they can "karate chop" their way to safety. While these fantasies are natural and healthy, they should be tempered with a clear distinction between reality and make-believe. This is most easily accomplished by demonstration.

Adults are bigger and stronger than children. When children believe they can keep themselves safe by physical power, simply demonstrating that it's not so is often the simplest thing to do. Safety comes from a real understanding of what works and what doesn't work. This is one of the most important distinctions children can learn.

Q **Won't my kids pay more attention if they're a little scared?**

A Scare tactics don't work. They tend to overwhelm and paralyze children instead of reassuring and protecting them. For example, warning children "Don't take candy from strangers because it might be poisoned,"is ineffective because children don't really understand. As a result, they either take things from strangers because they think "that a nice person wouldn't poison me," or they overreact and won't take anything from anyone.

We teach our children how to swim and how to cross the street without fear. We don't tell them horror stories about children who have been killed by careless drivers in order to ensure their safety on the streets. Instead, we deal with these potentially dangerous situations by giving children basic rules to follow. The Safe Child Program takes that same sensible approach to the prevention of child abuse.



What if I've already scared my children?



Prevention of abuse and prevention of abduction are delicate subjects to teach and you may feel that you've made mistakes. Don't be hard on yourself. Just let your children know that you have some new ideas and rules you'd like to discuss with them. Most children are astonishingly receptive to this simple and immediate approach.



How can I get myself to stop being so overly protective?



When you know, because you've played the games and talked about the rules, that your children can handle themselves in a wide variety of situations, you'll find it is easier for you to allow them more freedom of movement.



At what age can we leave children alone safely?



There is no answer to that question. It depends on your child, your living situation, available resources, etc. Some nine or ten year olds may be fine by themselves for short periods of time. Some 11 or 12 year olds don't feel comfortable being left alone. A child who does very well in 5th or 6th grade may become completely unreliable in adolescence. Care arrangements should be regularly reassessed and discussed.

Q **Don't we give our children lots of double messages?**

A Certainly. While the basic concepts seem pretty simple and straightforward, they can be confusing. For example:

- You're in the grocery store with your preschooler and a friend approaches. Your child immediately goes behind your legs. You urge him to come out and talk to your friend.
- Grandma comes over for dinner. When she's leaving she wants a kiss. Your child says "no." You suggest that grandma drove a long way, or that grandma loves her very much, or that grandma might not come next week if she doesn't get a kiss.
- You want a good night kiss. Your child says "no." You ask, "Don't you love me?" or "Are you mad at me?"
- A friend of the family has hugs and kisses for everyone after a long vacation. Your child resists and your response is, "You know we haven't seen her for a long time, you don't want to hurt her feelings."

In all of these situations, what we're saying to children is that the adult's feelings are more important than their own, that children should suppress their own feelings to please adults. Even if the message is unintended, it is what children hear. Part of supporting prevention is beginning to listen for the double messages we give children so we can learn to be more consistent.

Q **What did Kraizer mean when she referred to the "What if..." Game as a "window into your children's mind?"**

A Children ask "What if..." questions that reflect their own fears, concerns, anxieties and curiosities. Children are constantly exposed to reports of situations experienced by other people which they then apply to themselves. Children often translate incidents they hear about into "What if..." questions. For example, if they see a story about a missing or kidnapped child on the news, they might say, "What if I had been playing in my yard when that kidnapper came around?"



How do I introduce the "What if..." Game?



Usually, just participating in the Program will get kids started. If your children don't ask "What if..." questions, you can introduce the "What if..." game by saying, "What if the dog ran away?" or "What if mommy was in the shower and the phone rang?"

Then, once the "What if..." game is started, rather than answer the questions yourself, let your children find the answers independently. For example, in response to a younger child's "What if..." you could say something like:

"That's a really good question, what do you think?"
"Gee, I haven't thought about that, what do you think?"
"I have some ideas about that, but I'd really like to know what you think first."

For older children, you might respond with:

"I'd like to hear what you think about that."
"I don't really know exactly what I'd do, what do you think?"

Remember, it **is** a game. Avoid making an issue over any part of it or the value will be lost. The "What if..." game is not a confrontation. It is an opportunity to share ideas and initiate discussion.



How should I respond to "What if..." questions?



If you can resist the urge to answer and let your children answer the "What if..." question first, you will discover how they think, what their concerns are, how they solve problems, how they think the world works, and what they know and don't know about keeping themselves safe.

Adults answer children's questions, assuming that's why they asked. That isn't always true. When you give children all the answers, you deny them the opportunity to confront and resolve their own questions.



Do children ever use the "What if..." Game to tell about something that has happened?



Children frequently don't want to tell about something which has happened to them because they don't want to upset anyone. In the "What if..." Game, children can pretend it didn't happen—even though it did. Because it's only a "What if..," it's a bit like make-believe and some of the emotional sting is reduced. Essentially, your child can find out what you will do, how you will react and then decide whether or not s/he wants to tell you about what happened.



Isn't it easier with some questions just to say, "Oh, that will never happen to you?"



No. When you say this, your children hear, "Mom and Dad don't want to talk about it," which only increases their concern. Instead of dismissing the question, recognize it as an opportunity to turn the concern your child is expressing into something your child can be comfortable with.



Are there any "What if..." questions we should ask?



One essential "What if..." question is "What if something bad happens when you're doing something you know you shouldn't be doing. How would you tell me?"

Whatever their response, follow with, "If something like that happened, we'd want to know because we love you and want you to be safe." Suggest that you'd take care of the bad thing that happened and they could decide what the consequence would be for breaking the rules.

The importance of this cannot be overstated. It is natural for children to feel guilty and to be afraid they'll get in trouble if they tell. Children almost always feel that they are at fault when something bad happens. If they were misbehaving, they believe that's why something bad happened. The important thing is that they tell anyway.



What if my child keeps asking the same question over and over?



Occasionally, children get stuck and repeatedly ask the same question. Usually, the problem is simply that the real question, the source of the child's concern, is not being addressed. When this happens, the "What if..." should be broken down into smaller, more workable, pieces until you discover the real issue.

The most telling illustration of this problem involved a five year old who, after the fire department visited her school, kept asking "What if there was a fire in the house?" Her mother carefully discussed the safety procedures and drew fire escape routes which she tacked on the walls. All to no avail. The child continued to repeat her question.

When her mother began to break the question into smaller pieces and to ask questions like "If there was a fire in the house, what do you think would be the biggest problems?" or "What would be the hardest part?" it unleashed a flood of specific questions about what would happen to toys, blankets, school books and other treasures. After a few days her daughter relaxed, and the questions stopped. The initial question "What if there is a fire in the house?" had not been the real question. Only by getting to the real question was the child reassured.

Safe Child Parent Seminar Evaluation

Please provide us with your honest assessment of this seminar.Your input will assist us in improving the quality of program. Please explain below average or poor ratings. Use back if necessary.

5 = Very Good 4 = Above Average 3 = Average 2 = Below Average 1= Poor

CONTENT/TRAINER	RATING	COMMENTS
1. **Overall Impression** What was your overall impression of this seminar?		
2. **Organization** To what extent was the content well organized and easy to understand?		
3. **Trainer's Knowledge of Topic** How well did the trainer know and understand the concepts and issues of the topic?		
4. **Trainer's Responsiveness to Group** How well did the trainer relate to the group, answer questions and respond to concerns?		
5. **Teaching Strategies** Were the trainer's methods appropriate to the content? (e.g., lecture, discussion, exercises, audio-visuals, handouts)		
6. **Relationship of Training to Practice** How do you rate the potential for using the information and/or skills presented in your family?		

COMMENTS:

Please comment on anything else regarding the seminar that may help us improve the quality of future seminars.

Section 4

All About Strangers

Traditional Approach

Traditionally, we've taught children that there are good and bad strangers and that they need to watch out for the bad ones. Of course, this is as impossible for them as it is for us. While what has been said about strangers makes sense to adults, children consistently misinterpret what is said. This puts them at risk. Most children who are abducted are lured into a seemingly innocent situation with someone who acts like a "nice" person. They go willingly and, when they realize their mistake, it is often too late.

There is another, equally important, problem with this widespread misunderstanding about strangers. Children are afraid and that fear limits their lives. Children need to know who strangers really are. They need accurate information and specific guidelines which will limit their vulnerability while maintaining their ability to move about freely in their lives.

The Safe Child Approach

The Safe Child Program is designed to teach children about strangers without fostering the idea that the world is full of people who want to hurt them. Children are eager to learn to take care of themselves. It is a natural part of growing up. And, while adults are responsible for children when they are with them, children can and must be responsible for their own well-being when they are alone or with their friends. The Safe Child Program enables them to do this.

Overview of the Basic Concepts

- For children, a stranger is anyone they don't know.
- Children cannot tell the good guys from the bad guys.
- Children are the only ones who can be responsible for keeping themselves safe all the time.
- Children are responsible for taking care of themselves, not for taking care of adults. Adults who need assistance should go to another adult.
- Instinct is nature's way of talking to children—they should listen to that inner voice.

The four stranger rules for children to follow at all times when they are not with a caretaking adult are:

- Stay an arm's reach plus away from strangers.
- Don't talk to strangers.
- Don't take anything from strangers, not even your own things.
- Don't go anywhere with a stranger.

The Stranger Rules

Rule Number 1 - Stay An Arm's Reach Away

The first step to maximize the safety of children when they are not in the presence of a care-taking adult is to keep them out of the reach of people they don't know. This is accomplished through the Arm's Reach Rule. An arm's reach is the length of an adult's arm plus the distance reached when the adult bends over, plus a little bit more.

The reason children need to stay at this distance is **not** because the person might hurt them, but because they want to keep themselves safe, and the best way to do that is to stay out of reach. Staying an arm's reach away gives children the measure of safety they need and the ability to quickly get out of a situation if they need to. Staying an arm's reach away also signals to an offender that the child is not an easy target.

Older kids may feel embarrassed or think the Arm's Reach Rule is "babyish." They are much more aware of "how things look" and often hesitate to follow their instincts because they feel, "it would be awful if I was wrong and the stranger turned out to be a really nice person."

It's important to talk about this conflict with children and to share experiences we've had as adults, when we failed to do what our instincts advised, because we felt silly. For example, one question worth discussing with older children is, "Would it be embarrassing to keep backing up if the person kept approaching you?" It might be, but sometimes we have to make a choice between being embarrassed and being safe.

Rule Number 2 - Don't Talk To Strangers

This rule is an old one. It seems obvious and yet, for most children it is not. For example, if someone walked into the yard and said, "Hi, my names's _____, what's yours," most children would immediately answer. The reason is simply that we teach our children to be polite. We often, without thinking, ask them to say hello to total strangers. As a result, children think it is more important to be polite than to be safe. In order to change this, children need specific permission not to respond.

Keep in mind, this rule applies when they are alone or with their friends, not when they are with an adult. In fact, it is actually quite helpful for children to talk to strangers when adults are present. It is an opportunity for parents to teach appropriate behavior with adults and to deal with children's expressions of comfort or discomfort with the various people they meet. At the same time, when children are hesitant to talk to a stranger, even if that stranger is a friend of the family, they should be supported. Children need to experience adults trusting their instincts and personal preferences.

As children get older, the rules can gradually be relaxed to suit their abilities. For example, by age seven or eight, children may begin to feel they can say "hello" in response to a casual "hello" on the street. It is **not** okay for that "hello" to turn into a conversation, or a question-and-answer session.

By age nine or ten, children may be comfortable answering a request for directions from someone in a car. But they should still stay at least 10 feet away from the car and terminate the conversation if the person asks them to look at an address, draw a map, or do anything requiring them to come closer.

It is important to point out that children can stop being helpful at any point if they feel uncomfortable. This may seem rude and, perhaps, irrational, but they need to trust their own instinct and do whatever **they** feel they need to do for their own safety.

This may seem stringent, but how many times have we seen children instantly perk up at the sound of their name. They are completely disarmed, thinking that anyone who knows their name knows them. Too often children say, "He wasn't a stranger, he knew my name and he told me his name." Children can also be tricked into giving their names. One offender regularly started with "Hi Larry" to which children responded, "I'm not Larry, I'm _____."

It's important to talk to children about some of the ways a stranger might know their names. This might include reading it from their shirt, belt, books, bicycle tag, or hearing one of their friends, teachers or parents call them by name. If children hesitate to follow the rules because they are called by name, their level of safety decreases sharply. Knowing someone is more than exchanging names.

Parents can help solve this problem by avoiding the use of clothing, barrettes, lunch boxes, etc. with their children's names displayed on them. Clothing and other possessions should be labeled where the name will not be visible.

Schools should consider the potential problems caused by the use of name tags on field trips and the presence of parents, unfamiliar to the children, as trip helpers. One solution to this problem is the use of color or shape tags (bears, apples, birds) to be worn by children and leaders, bearing the name of the school. Anyone without a proper tag would be immediately recognized as separate from the group and the children would not be wearing their names on their tags.

Rule Number 3 - Don't Take Things From Strangers - Not Even Your Own Things

This rule also seems obvious. It is not, because children think that it means not taking stereotypical things like candy, toys, animals, etc. To make this rule meaningful, the examples must reflect everyday situations which occur when the child is without the supervision of a care-taking adult. When children are with an adult and are offered candy, samples or other treats, they should be taught to ask permission before taking anything. It is important to play the "What if..." Game using the childrens' favorite toys. For example, "What if a stranger walks into the yard, picks up one of your favorite toys and tries to hand it to you?"

When going through this "What if..." example, acknowledge how hard it is, but emphasize that the child is more important than the toy. One effective way to say this is, "If something happened to your doll, could we go to the store and buy a new one? Sure we could. If something happened to you, could we go to the store and buy another you? Of course not, that's silly. So as much as you love your doll, you're more important than she is." Once children understand this, it is easier for them not to take a favorite toy from a stranger, but to come and tell someone instead.

Seven to twelve year olds also need examples which simulate the ambivalence they might feel. For example: "What if you were doing your homework in the yard and someone you didn't know came into the yard and picked up your homework when you backed up." Remind the children, their homework is important, but not more important than they are.

Rule Number 4 - Don't Go Anywhere With A Stranger

Most children can recite the rule: "If you don't know, don't go," but the rule isn't useful if they think about it in a stereotypical way. It is important for children to have opportunities to see that they do not need to judge situations involving strangers by the rationality of the request any more than by the appearance of the stranger.

Some "What if..." examples which help teach this rule are:

"What if someone you didn't know came and said your dog had been hurt and you had to come right away?"
"What if a stranger showed up at the basketball game and said I'd had a flat tire and he was supposed to take you to the gas station to meet me."
"What if a neighbor, or someone else you know, came and said I'd told them to pick you up, but I hadn't said anything to you about it. Would you go?"

The Code Word

The code word is an agreement that parents can make with their children, six and up, which says: "If I ever send someone, other than who I said I would send, to pick you up, they will know the code word. If they don't know the code word, don't go with them, no matter what they tell you." The code word can be anything: a word or even a sentence.

Children love using the code word. It neutralizes any anxiety and uncertainty they may feel about going or not going with a stranger. The code word easily and safely puts children in charge of the situation. Once a code word is used, children may want to change it, that's fine. There is no limit to the number of code words.

Parents are sometimes careless about messages. For example, when a parent calls the school and leaves a message that is passed along by the 6th grade monitor to the teacher, and from the teacher to the child, a margin of safety is lost. Whenever possible, parents should give messages directly to their children. Permission via someone else should not be considered valid permission except in certain clearly defined cases.

For children who may be at higher risk for abduction (as in some custody cases) a code word can be used with the school. In this case, the child would never be released except to someone

having the code word. This system should be tested before relying on it, as some schools are lax about enforcement of such an agreement.
It is important that children know what they can expect from their parents. Otherwise, they take too much time to consider what a stranger is saying. This is time during which they could be in extreme danger. They need to be able to recognize immediately when an unusual situation is occurring and go for help.

Feeling Funny Inside

Above and beyond all the rules, especially for older children, instinct, "that funny feeling inside," is their most important friend. Once children are in a dangerous or compromised situation, instinct must guide their decisions about how to survive. For children, instinct is most simply defined this way: instinct is nature's way of talking to you and helping to keep you safe.

Children talk about instinct in lots of ways and it is difficult to define, even for adults. Basically, whatever description children give for where or how they feel their own instinct is fine. What is important is that they recognize it so they'll know how to "listen" to it.

What If They Get Me Anyway?

At some point, children may ask, "What if they get me anyway?" This possibility should not be discussed until it is broached by the children. At that point, talk about the role of instinct. Help them to understand that it is impossible to create a rule for what they should do in every situation. Only their understanding of what is happening and their assessment of what they should do — at that moment — can guide them. If they feel they should kick and scream and do everything in their power to get away, then that is exactly what they should do. If their instinct tells them to be quiet and compliant and look for a chance to sneak away or wait to be let go, that is also exactly what they should do.

Talk about how they might get in touch with someone who could help. Be certain each of the children knows where they live, what their full address and phone number are and how to dial long distance. Parents should let their children know that they would always want to know where their children are, no matter what someone said to the contrary.

Children Can Help Prevent Abuse And Abduction

As with sexual abuse by people known to the child, there are limits to the precautions parents can take to protect their children from abuse and abduction by strangers. Strangers approach children when they are alone or with a group of friends. For that reason, children must be prepared to take care of themselves when they're not with an adult who is taking care of them. Parents should limit their children's activities until they are sure their children can handle the freedom they are given.

The decisions parents make for their children should be based on what they know about their ability to follow the rules and their assessment of the child's maturity. But parents don't do this alone. Protecting children from abuse and abduction by strangers is a partnership between parents and children. If parents teach their children about strangers as positively and clearly as they teach them to cross the street, their children will not only have a healthier attitude about the world, they will also be safer.

Questions Parents Commonly Ask



My child thinks he can handle anything by using karate.



We call this the "karate chop mentality," when children think they can "karate chop" their way to safety. While these fantasies are natural and healthy, they should be tempered with a clear distinction between reality and make-believe. This is most easily accomplished by demonstration.

Adults are bigger and stronger than children. When children believe they can keep themselves safe by physical power, simply demonstrating that it's not so is often the simplest thing to do. Safety comes from a real understanding of what works and what doesn't work. This is one of the most important distinctions children can learn.



Won't my kids pay more attention if they're a little scared?



Scare tactics don't work. They tend to overwhelm and paralyze children instead of reassuring and protecting them. For example, warning children "Don't take candy from strangers because it might be poisoned," is a fearful thought that doesn't work because children don't really understand. As a result, they either take things from strangers because they think "that a nice person wouldn't poison me," or they overreact and won't take anything from anyone.

We teach our children how to swim and how to cross the street without fear. We don't tell them horror stories about children who have been killed by careless drivers in order to ensure their safety on the streets. Instead, we deal with these potentially dangerous situations by giving children basic rules to follow. The Safe Child Program takes that same sensible approach to the prevention of child abuse.

Q What if I've already scared my children?

A Prevention of abuse and prevention of abduction are delicate subjects to teach and you may feel that you've made mistakes. Don't be hard on yourself. Just let your children know that you have some new ideas and rules you'd like to discuss with them. Most children are astonishingly receptive to this simple and immediate approach.

Q How can I get myself to stop being so overly protective?

A When you know, because you've played the games and talked about the rules, that your children can handle themselves in a wide variety of situations, you'll find it is easier for you to allow them more freedom of movement.

Section 5

Children In Self Care

Parent's Choice

Leaving children to care for themselves is a controversial issue. The Safe Child Program does not make a case for or against it. The fact is, our studies found that 42% of children in grades K-3 are left to care for themselves at least occasionally. Those parents who leave their children alone should talk with them about the feelings and concerns they have when they're alone, even if only for a few minutes. Even those children who are never left alone may find themselves in a situation where mom is in the shower, or dad is in the back yard, when the telephone rings or someone comes to the door. All children need to be prepared to handle situations which may occur when they are unsupervised.

Expectations

Children, like adults, do better when they know what is expected of them. The "What if..." Game is a natural way to go over the wide range of things that come up when children are by themselves. They should know when their parents will be home, where they can be reached, whether they can have friends in, what snacks are permitted, when to do their homework, what TV they can watch, etc.

The "Staying Alone Checklist" the children bring home during the Program is a helpful guide to use in making sure children know their name, address and phone number. It can also be used to give them emergency numbers, to make sure they know how to make telephone calls, to establish basic rules and to set expectations.

Negotiating Groundrules

One of the greatest concerns for parents who leave their children alone is deciding what limits to set. Children are pressing for more freedom while parents are trying to hold the line for the sake of safety and structure. The process of negotiating the limits is an opportunity to discuss safety and personal responsibility.

One of the exercises provided for the children is called "Negotiating Privileges." This is a simple chart on which they may list the privilege desired on one side and the associated responsibilities on the other. Children are amazingly good at coming up with the responsibilities associated with a privilege. They can often articulate their parents concerns better than their parents can.

For example, children often want to be able to have friends over when they stay alone. In this situation — and many, many others as children get older — the "Negotiating Privileges" exercise can be a useful tool for looking carefully at the privileges children want, the responsibilities that go with them, and in agreeing on the limits. For example:

Privilege	**Responsibilities**
1. I want to be able to have a friend over after school, even if there's no adult here.	1. We won't talk on the phone too long. 2. We won't go outside the yard. 3. We'll watch little brother. 4. We'll do our homework.

Once the chart is complete, parent and child should discuss it. If the child feels s/he can meet the responsibilities, the parent may decide to grant the privilege for a test period. The beauty of this approach is that a child will sometimes look at the list and decide s/he doesn't want, or can't handle, the privilege just yet. Another benefit is that when a child is unable to meet the responsibilities, the privilege is withdrawn, and the child—not the parent—is responsible for the loss of the privilege.

Answering The Telephone

Parents frequently think their children know how to use the telephone, when they don't. When playing the "What if..." Game, children should actually demonstrate using the telephone. Parents can help children make a telephone book for themselves, putting the pictures of family and friends next to their numbers. For older children, understanding how telephones and long-distance services work may be appropriate. This seems obvious, but with new technology, adults often encounter telephones that are difficult to figure out.

Safe Telephone Procedures For General Calls

Generally speaking, children should answer the telephone when they're home alone. It is their parent's primary line of communication with them; it is frightening for children to sit and listen to the telephone ring and ring, not knowing who it might be; and finally, burglars often call first to find out if anyone's home. The exception is families who choose to screen calls with a telephone answering machine. In this case, children should know how to bypass the machine if a call comes in they need to take, such as a call from a parent.

Children should answer the telephone with "Hello," not with a first or last name, such as "This is Lisa" or "William's residence." Children should not give their name out or answer any questions over the phone unless they are talking to a family member or close family friend.

When children are home alone, they should say, "My mom is busy, may I take a message?" or "My dad is lying down, may I take a message?" If the caller suggests something else, children should say again, "May I take a message?" If the caller still refuses, children should hang up the phone. This is not rude. The telephone is for communicating, not playing games. If children cannot take messages, for whatever reason, they should ask the caller to call back at a specified time.

Special Calls

Prank calls - Whether they are silly ("Have you got Prince Albert in a can?") or threatening ("I'm following you,") children should hang up immediately. Prank callers need a response in order to "play their game." When they don't get it, they usually stop.

Repeated prank calls - Whether they are being made by children or adults, whether they are silly or threatening, if someone keeps calling and calling, especially if it's frightening, children should call a parent or an adult friend to help.
Sales calls - Interrupt and say "No, thank you," then hang up the phone. It is not rude for children to interrupt if the person calling is long-winded.

Survey calls - Say "No, thank you" and hang up the phone, even if the caller offers a free prize or money if the child will answer their questions.

Question calls - Say, "No, thank you" and hang up. Even if the caller says the child must answer their questions - it is not true. Children should know that no one has to answer questions over the phone. It is all right to hang up.

The key to safety with all telephone calls is assuring children that they are always in control with the telephone and that hanging up is always an acceptable way to handle a problem caller.

Answering The door

Children should **always** go to the door and answer it, but **not open** it, when they are home alone. Children who pretend they're not at home feel frightened and powerless. They are also in danger because burglars may knock first and then enter a home, believing no one is home.

The key message is: children **do not open** the door for **anyone** except a member of the family or a friend if they have permission. When children are home alone, they are responsible, first and foremost, for themselves. They do not need to be helpful to someone who comes to the door. It is important that children be comfortable saying "no," even to someone with a good story.

Safe Procedures For Answering The Door:

Children who are home alone should:

- always keep the house locked,
- always go to the door,
- say "Who is it?"
- not open the door for anyone except a member of the family or a friend, if they have permission.

Suggested responses for special situations include:

- if the person asks for their parents, children should say "My mother is in the shower" or "My father is on the telephone;"
- if the person has a delivery, children should have them leave it outside;
- if the delivery requires a signature, children can send them to a neighbor or have them come back later;
- if there has been an accident, an emergency or just a flat tire, and someone wants to use the phone, children should not open the door. Rather, they should offer to take the information and make the call for them;
- not allowing anyone other than designated family and friends into the house —for any reason.

Being Scared vs. Being Nervous

There is a significant difference between being really frightened and feeling increasingly nervous and jumpy. Parents should talk with their children about what frightens them; about how it feels to be jumpy versus how it feels to be really afraid. Children should know who to call when they're just nervous about hearing noises, and who to call when it's a real emergency.

Knowing Normal Noises

Knowing Normal Noises is one of the take home exercises. This exercise actually identifies the noises that are always around, but that children don't really hear until they begin feeling a little scared. To do this exercise, parents should sit down with their children and listen very carefully to the noises in and outside the house. They should write down all the noises they hear: the refrigerator motor, the heating system, a branch scrapping on the window, snow shifting on the roof, whatever. This exercise should be repeated from time to time because household noises change at different times of the year, and even different times of the day. When children know what the normal noises are, they won't get nervous or feel scared so easily.

Emergencies

Although we pay lip service to emergency preparedness, most families don't even have an emergency escape route for fires. Most parents don't discuss how to get out of the house if a burglar should enter. Most families don't have basic first aid supplies or training. Since the three most common emergency situations are fires, robberies and accidents, this lack of preparation creates a life-threatening situation for children—especially those who stay alone.

Conversations with children about how they handle basic emergencies reveal how distorted their ideas can be. For example, some common responses to "What if..." questions:

"What if there was a fire in your house?"

"I'd put it out."
"I'd run upstairs and put a wet towel under the door."
"I'd go in the bathroom, there's no wood in there."

"What if you couldn't get out of the house through a window? Would you open or break a window and climb out?"

"No way, my mom and dad would kill me. It would cost a lot of money to fix a big window."
"I don't think so, I might cut myself or get hurt."
"Nope, my mom and dad told me not to go outside, no matter what happens."

This is only one of the frightening examples of how literally children take what we say to them. It strikingly points out the need to structure personal safety training so children learn to think about the situations they're in, rather than blindly following the rules that apply to "safe" situations.

Children need to know what is expected in an emergency, who to call and how to make an emergency call. They need to know that all the rules are called off in a life threatening situation and that they have their parents permission to do whatever needs to be done at that moment to protect themselves and each other.

Resources For Help

The single greatest element cited by children who feel good about staying alone is the availability of their parents and other resource people. Knowing this, parents and employers should work together to make it easy for children to check-in — to establish a link so children can let someone know they're all right.

Having the option to call makes a tremendous difference in how children feel about being alone. If it's not possible for children to call mom or dad, someone else should be designated who will be available by telephone — someone who will take a few minutes to chat, someone your children will feel comfortable talking to about a problem.

Staying Alone Safely

Leaving school-age children by themselves, even for short periods of time, is a very personal choice. It can be a nurturing, satisfying and safe experience if it is planned, discussed and monitored conscientiously. Children who have siblings staying with them, neighbors who are willing to be a resource, and predetermined guidelines about chores, homework, television, recreation, etc. do better than children who are genuinely "on their own."

Parents who leave their children alone shouldn't waste time and energy feeling guilty. Rather, that energy should go into making it a safe and satisfying experience both physically and emotionally. Prevention and ongoing discussion are the bywords.

Questions Parents Commonly Ask



At what age can we leave children alone safely?



There is no answer to that question. It depends on your child, your living situation, available resources, etc. Some nine or ten year olds may be fine by themselves for short periods of time. Some 11 or 12 year olds don't feel comfortable being left alone. A child who does very well in 5th or 6th grade may become completely unreliable in adolescence. Care arrangements should be regularly reassessed and discussed.

Section 6

Playing The "What if..." Game

Purpose Of The "What if..." Game

Children have very few ways to get accurate and nonthreatening information about the fears and concerns they have. The "What if..." Game serves that purpose. It is a way for children to ask difficult, silly or irrational questions, and to get answers to those questions. It is also a way for them to tell someone about something they just can't bring themselves to tell any other way.

For parents, the "What if..." game is a "window into their child's mind" because the only questions children ask are those which reflect their own concerns. The "What if..." Game is also a good way for parents to establish family expectations and guidelines.

Getting Started

The "What if..." game has two parts. The first is child-directed and begins when the child asks a "What if..." question. Adults should resist the urge to answer their questions, saying something like, "That's a really good one, what do you think?" After finding out what the child's ideas are about handling the "What if...," it is appropriate to talk about other solutions or ideas. If the suggestions aren't satisfactory, you'll know because the "What if..." question will be asked again.

The parent-directed part of the "What if..." Game consists of questions parents initiate. It is important to pose "What if..." questions which teach children the desired skill without producing fear or anxiety.

It is relatively easy to address the most difficult issues with a nonthreatening or generic "What if...". In essence, children learn the general principles of prevention without an explicit discussion of their parents' concern. For example, "What if someone you didn't know stopped his car and asked you for directions?" is not frightening. "What if a tall man with a mustache, curly hair and cowboy boots stopped his red pick-up truck and tried to get you to

come talk to him." This example creates a strong visual image which can be frightening. It is also not as effective for teaching the generalized skill.

Making Exceptions To The Rules

Children are often unable to get themselves out of problem situations because they feel bound by everyday rules. Children need to have specific permission to make exceptions to any rule, if that will keep them safer or allow them to get out of a dangerous situation. Playing the "What if..." Game is one way to teach children when it is appropriate to make exceptions to the rules.

Resources Outside The Family

Because abuse so often happens in the immediate family, children need to have resources outside the family where they can go for assistance. Obviously, these resources should be established prior to the time they are needed.

One important "What if..." question is, "What if you had a problem and felt that you couldn't talk to mom or dad about it, who would you talk to?" It is important that you never **tell** your children specifically who they can or cannot trust. Parents should make a list with their children of all the people who love them and would be able to help them. This list might include parents, teachers, sitters, clergy, neighbors, etc. Parents should be certain their children know how to get in touch with these people. They should also state clearly that it would be all right to call one of these people if they had a special problem.

"What if..." Cards are provided throughout the Program to assist children and parents in playing the "What if..." Game and reinforcing the concepts and skills taught in the Program.

Questions Parents Commonly Ask



What did Kraizer mean when she referred to the "What if..." Game as a "window into your children's mind?"



Children ask "What if..." questions that reflect their own fears, concerns, anxieties and curiosities. Children are constantly exposed to reports of situations experienced by other people which they then apply to themselves. Children often translate incidents they hear about into "What if..." questions. For example, if they see a story about a missing or kidnapped child on the news, they might say, "What if I had been playing in my yard when that kidnapper came around?"



How do I introduce the "What if..." Game?



Usually, just participating in the Program will get kids started. If your children don't ask "What if..." questions, you can introduce the "What if..." game by saying, "What if the dog ran away?" or "What if mommy was in the shower and the phone rang?"

Then, once the "What if..." game is started, rather than answer the questions yourself, let your children find the answers independently. For example, in response to a younger child's "What if..." you could say something like:

"That's a really good question, what do you think?"
"Gee, I haven't thought about that, what do you think?"
"I have some ideas about that, but I'd really like to know what you think first."

For older children, you might respond with:

"I'd like to hear what you think about that."
"I don't really know exactly what I'd do, what do you think?"

Remember, it **is** a game. Avoid making an issue over any part of it or the value will be lost. The "What if..." game is not a confrontation. It is an opportunity to share ideas and initiate discussion.



How should I respond to "What if..." questions?



If you can resist the urge to answer and let your children answer the "What if..." question first, you will discover how they think, what their concerns are, how they solve problems, how they think the world works, and what they know and don't know about keeping themselves safe.

Adults answer children's questions, assuming that's why they asked. That isn't always true. When you give children all the answers, you deny them the opportunity to confront and resolve their own questions.



Do children ever use the "What if..." Game to tell about something that has happened?



Children frequently don't want to tell about something which has happened to them because they don't want to upset anyone. In the "What if..." Game, children can pretend it didn't happen — even though it did. Because it's only a "What if..," it's a bit like make-believe and some of the emotional sting is reduced. Essentially, your child can find out what you will do, how you will react and then decide whether or not s/he wants to tell you about what happened.



Isn't it easier with some questions just to say, "Oh, that will never happen to you?"



No. When you say this, your children hear, "Mom and Dad don't want to talk about it," which only increases their concern. Instead of dismissing the question, recognize it as an opportunity to turn the concern your child is expressing into something your child can be comfortable with.

Q **My child thinks he can handle anything by using karate.**

A We call this the "karate mentality." Kids believe they can "karate chop" their way to safety. While these fantasies are natural and healthy, they should be tempered with a clear distinction between reality and make-believe. This is most easily accomplished by demonstration.

Adults are bigger and stronger. If your children believe they can keep themselves safe by physical power, simply demonstrate that in real life, it's not so. Safety comes from a real understanding of what works and what doesn't work.

Q **Are there any "What if..." questions we should ask?**

A One essential "What if..." question is "What if something bad happens when you're doing something you know you shouldn't be doing. How would you tell me?"

Whatever their response, follow with, "If something like that happened, we'd want to know because we love you and want you to be safe." Suggest that you'd take care of the bad thing that happened and they could decide what the consequence would be for breaking the rules.

The importance of this cannot be overstated. It is natural for children to feel guilty and to be afraid they'll get in trouble if they tell. Children almost always feel that they are at fault when something bad happens. If they were misbehaving, they believe that's why something bad happened. The important thing is that they tell anyway.

Q **What if my child keeps asking the same question over and over?**

A Occasionally, children get stuck and repeatedly ask the same question. Usually, the problem is simply that the real question, the source of the child's concern, is not being addressed. When this happens, the "What if..." should be broken down into smaller, more workable, pieces until you discover the real issue.

The most telling illustration of this problem involved a five year old who, after the fire department visited her school, kept asking "What if there was a fire in the house?" Her mother carefully discussed the safety procedures and drew fire escape routes which she tacked on the walls. All to no avail. The child continued to repeat her question.

When her mother began to break the question into smaller pieces and to ask questions like "If there was a fire in the house, what do you think would be the biggest problems?" or "What would be the hardest part?" it unleashed a flood of specific questions about what would happen to toys, blankets, school books and other treasures. After a few days her daughter relaxed, and the questions stopped. The initial question "What if there is a fire in the house?" had not been the real question. Only by getting to the real question was the child reassured.



Don't we give our children lots of double messages?



Certainly. While the basic concepts seem pretty simple and straightforward, they can be confusing. For example:

- You're in the grocery store with your preschooler and a friend approaches. Your child immediately goes behind your legs. You urge him to come out and talk to your friend.
- Grandma comes over for dinner. When she's leaving she wants a kiss. Your child says "no." You suggest that grandma drove a long way, or that grandma loves her very much, or that grandma might not come next week if she doesn't get a kiss.
- You want a good night kiss. Your child says "no." You ask, "Don't you love me?" or "Are you mad at me?"
- A friend of the family has hugs and kisses for everyone after a long vacation. Your child resists and your response is, "You know we haven't seen her for a long time, you don't want to hurt her feelings."

In all of these situations, what we're saying to children is that the adult's feelings are more important than their own, that children should suppress their own feelings to please adults. Even if the message is unintended, it is what children hear. Part of supporting prevention is beginning to listen for the double messages we give children so we can learn to be more consistent.

Section 7

When Children Report Abuse

Suspecting Abuse

Children have a natural reluctance to disclosing that they have been or are being abused. This comes from three things:

1. they virtually always feel guilty — that it is their fault.
2. they may still care about the perpetrator and have ambivalence about the relationship or hurting the abuser, and
3. they may be concerned that they won't be believed.

As a result of these mixed up feelings, children may not make any effort to tell, or they may tell in ways that seem obvious to the child, but do not communicate clearly to adults. This happens, in part, because abused children often think "it" shows. They feel what has happened to them so intensely that they think adults must be able to see "it."

The signs of child abuse are listed fully in the Appendix, but, generally speaking, if there is a concern or a question, it should be pursued in favor of the child. We are so reticent to see abuse that, in our experience, by the time the conscious thought comes forward that the child may be being abused, there is a real cause for concern.

Disclosure

When children do report abuse, they may tell directly or obscurely. For example, they may say, "My brother hurts me at night," or "My uncle is ugly and mean." One of the things The Safe Child Program does is to teach children that we can't read their minds, that they need to communicate clearly and fully. At the same time, parents and teachers can learn to be better observers and to follow up with questions, such as "How does he hurt you?" or "What does he do that's mean?"

Children may try to get help by suggesting someone else is being abused. For example, "Someone is touching my friend in a bad way." or "What if someone said they wouldn't be my friend anymore if I told about something?" One response to such an indirect might be, "I'd like to help. Tell me more about what is happening."

Children often try to tell with strings attached. For example, "I have something really important to tell you, but you have to promise not to tell my mother." They know all too clearly that people will be upset by the disclosure and that something bad might happen. This is their way of trying to get help, to control the consequences of disclosure. It is important not to agree to secrecy but, rather, to reassure the child that you want to help and that you will only talk with people who will also try to help.

Follow-up questions after disclosure should be general, giving the child an opportunity to provide additional information. Keep in mind that proof of abuse is not necessary to make a report, only a reasonable suspicion. If you intend to make a report, it is appropriate to say to the child, "I know someone else who helps with problems like this. I'm going to talk to them and see what we can do."

Responding To Disclosure

It can take tremendous courage for a child to report abuse. When a child reports, the first priority is to remain calm and supportive of the child saying:

1. **you believe him/her and you're glad s/he told you;**
2. **s/he didn't do anything wrong;**
3. **you will do your best to see that s/he is not hurt again;**
4. **you will do everything you can to get help.**

Do not promise the child that you will do anything specific. You may not be able to keep that promise, and the child will not forget. Children who report sexual or physical abuse need to be examined by a doctor. Make the child a part of the process. If possible, find a physician the child knows, or one who is particularly experienced in abuse cases.

It is extremely rare for a child to disclose during a class or in a group setting. If this should happen, respond by saying, "What you're telling me is very important and I want to hear everything you have to say. But I want you to wait until we've finished here and we can talk by ourselves." As soon as you can, finish with the group activity, arrange to talk to the child privately and then follow-up as needed.

Always remember, you do not need proof of abuse or any of the actual details. Your responsibility is to report the abuse and to be supportive of the child following disclosure.

Supporting The Child Following Disclosure

Disclosure can bring a torrent of new people and situations. These may include social services, police, doctors, district attorneys. The child may be taken to a host of new places, asked to play with anatomically correct dolls, interviewed repeatedly and, in the case of incest, restricted from seeing a loved one. The child will probably feel singled out, different, and may regret disclosing the abuse. The child may be very angry with the person s/he told about the abuse and blame that person for all the things which have happened subsequently.

Support for the child following disclosure includes allowing the child to talk and to have whatever feelings s/he may be having. Do not try to take the feelings away by saying, "You shouldn't feel bad." The child does feel bad. It is also not helpful to try to make the child stop talking about what happened. While the child should be appropriate about it — that is, not talk about it in group settings in the classroom — one of the ways children process what happened to them is by talking about it.

If the child is misbehaving, channel the frustration or anger. Give the child opportunities to use the energy in other ways. If the child is acting out sexually, let the child know that you like him or her, but the behavior is not acceptable. If the child is talking about what happened inappropriately, let the child know what the proper time and place is for talking about what happened. It is important to be supportive and to acknowledge the child's experience, but it should not become an excuse for inappropriate behavior.

One of the most important things we can do for children who have been abused is to give them skills to prevent further abuse. If a child is known to have been abused, it may be appropriate to let them know privately that one of the goals of The Safe Child Program is to enable them to prevent further abuse.

Lying About Abuse

Almost without exception children do not lie about abuse—except to deny that it happened.

If a child can describe what happened, teachers and parents must believe that it did, in fact, occur. This does not mean that a child may not misinterpret or misreport an event. But children are so hesitant to report that, when they do, the report must be taken seriously.

Children who can talk about their abuse, in detail, have experienced it.

Reporting Abuse

The decision to report abuse is almost always difficult. It is important to remember that 85-90% of all sexual abuse, and virtually all physical and emotional abuse, involves someone known to the child. This means that the offender is usually also known in the community. Interpersonal relationships and community considerations frequently are a part of the hesitation people feel about reporting.

It can be easier to report if you keep in mind that all responsibility for the offense lies with the offender. Reporting protects the child, and may ultimately result in getting the offender professional help. A person who reports suspected abuse is not responsible for ruining the offenders life; that is solely the offender's responsibility. The person reporting is responsible only for serving the best interests of the child.

Reporting a case of abuse protects not only the child currently involved, but others as well. The average offender abuses over 70 children in his career of offending; many offenders abuse hundreds of children (Abel). This offense is probably not the first and, without intervention and treatment, it will not be the last.

Mandatory Reporting Law

All 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico and the Virgin Islands have mandatory reporting laws requiring certain individuals to report suspected child abuse or neglect. They are all similar in that they do not require the reporter to be certain that a child has been or is being abused, only to suspect that abuse has occurred.

A report is not an accusation or fact, it is a question, a possibility that is being raised for investigation. The term used in the law is usually something like, "reasonable cause to suspect" or "reason to believe." The list of individuals who are required by law to report suspected abuse is growing every year. The list includes: physicians, nurses, dentists, surgeons, pharmacists, psychologists, social workers, teachers, school administrators, foster care providers, day care staff and law enforcement officials. Essentially, anyone in a professional or official capacity involving children is a mandated reporter. In some states this also includes attorneys and clergy.

Reporting Procedures

Anyone may report a suspected case of child abuse or child maltreatment. It bears repeating that the law does not require certainty before reporting. Therefore, any suspected case, even when it seems difficult to show physical evidence of an offense, should be reported.

The protective services system is based on investigation and intervention. The sooner a case is reported, the better the chances of protecting the child and supporting the family. Use the indicators provided in the Appendix of this manual to determine whether there is a reasonable suspicion that a child is being abused or maltreated. Although these indicators can exist in situations where a child is not being abused, if a number of these indicators are evident, the report should be made. The determination of the presence or absence of abuse is the responsibility of the investigating agency, not the teacher or school administrator.

Reporting most commonly occurs either through a hotline, social services agency, or the police. The national "Hotline" to report child abuse is: 1-800-422-4453. In addition, most States have State-wide Hotlines. If not, reports can be made to the local Department of Social Services or Child Protective Services. It is important to know that some states require that all reports go through the state hotline and actually prohibit the local agency from taking reports which are not life threatening.

Most schools have a policy regarding reporting of suspected abuse. This should be a written policy which is clearly understand and made available to every member of the staff. This policy should include a standardized form for the written record of the report. This protects everyone involved. Whatever the policy, it should be kept in mind that reporting the suspicion to a superior does not remove the original obligation to report. Anyone making a report to a superior should request a copy of the written report so they can affirm that the report has been made.

Immunity From Liability

Reporting suspected abuse or maltreatment does not make a person legally liable. The Federal Child Abuse Prevention and Treatment Act provides "immunity for persons reporting instances of child abuse and neglect from prosecution under any state or local law arising out of such reporting. Anyone who makes a report in good faith has immunity from any liability, civil or criminal, that might otherwise result from such actions. This protection does not apply to acts of willful misconduct or gross negligence."

The law in almost all states imposes a criminal penalty for failure to report on individuals who are "mandated" reporters. Typical penalties range from 5 days to 1 year in jail and $100 - $1,000 fines. In addition, failure to report can expose the individual to civil liability for damages caused by the failure to report.

Interagency Cooperation And Communication

It would be unrealistic not to acknowledge that one of the greatest barriers to reporting is the concern that "things will only get worse." In a time of escalated reports and inadequate resources, this is a legitimate concern.

One successful strategy in some communities is a specific effort to foster interagency cooperation and communication. Invite your social services agency to come to the school district and discuss what happens when a report is made. Create a committee to plan for interagency cooperation. For example, the school may make a report and, at the same time, let the social services agency know exactly what psychological and social work services are available within the school system to support the child. School districts should look for ways to establish a non-adversarial relationship with the investigating agency so the best interests of children can be served.

Model School Reporting Policy

The Education Commission for the States in Education Policies and Practices Regarding ChildAbuse and Neglect and Recommendations for Policy Development (1976) suggests the following elements be included in a school reporting policy:

1. A brief rationale for reporting by school personnel.
2. The name and section numbers of the state reporting statute.
3. Mandated reporters by category and who is expected to make the actual report.
4. Reportable conditions as described by the state law.
5. Who the actual report is made to.
6. What information should be included in the report.
7. Expected professional conduct by school employees.
8. The exact language of the law defining abuse and neglect with clarifications and examples.
9. Method of reporting including telephone numbers, forms to be completed and time frames for making the report.
10. Explanation of immunity from civil and criminal prosecution.
11. Penalties for failure to report.
12. School board response for failure to report.
13. Guidelines concerning confidentiality of reports of suspected abuse or neglect.

A Note For Parents

With the increasing controversy over child reporting and testimony, you should attempt to record your child's report. You should firmly request that all interviews and therapeutic sessions be either audio or videotaped. This is the only way to maintain a clear record of what the child reported and whether or not the report was affected by the examiner's questioning.

Section 8

Treatment And Resources

Degree Of Impact

The degree of impact abuse has on a child is determined by several factors:

1. the type and severity of the abuse;
2. the relationship of the offender to the child;
3. the duration of the abuse situation;
4. the reaction of the people around the child after the abuse is reported; and
5. the support available to the child which enables full recovery.

Offender Responsibility

One of the most important factors contributing to a child's full recovery following abuse is making sure the child knows that the offender is responsible for what happened. Rarely can this be adequately communicated by a parent, as the child knows the parent has a vested interest. A professional—as an independent person—can facilitate the child's ability to resolve the many issues which arise around abuse.

It is not true that a child will forget if the adults do not talk about what happened or if the adults do not allow the child to talk about it. The incident is real and ever-present for the child, whether s/he talks about it or not. Getting assistance and support for the child to complete the process of recovery following abuse cannot be undervalued.

Need For Treatment

It is important to remember that there is a relationship between abuse and subsequent personal dysfunction, including substance abuse, delinquency, depression and low self-esteem. Providing appropriate treatment for an abused child maximizes the opportunity for that child to fully meet his/her potential.

Another area of concern is treatment for offenders. This is particularly important with adolescent abusers. Teenagers who abuse are beginning a lifelong pattern that can result in hundreds of children being victimized. Intervention at the earliest possible moment is paramount.

A multi-faceted, comprehensive approach to the treatment of abuse victims and perpetrators is the only way to stop the ongoing cycle of abuse. Not only must the emotional and/or physical trauma experienced by the child be dealt with, but the conditions which facilitate abusive behavior must be addressed as well. For example: the abusive parent who continues to feel overwhelmed by financial, housing and emotional difficulties will probably continue to be abusive if these stressers are not relieved. Only when the factors which enable abuse are dealt with comprehensively can we really begin to change the incidence of child abuse.

What You Can Do - Specific Suggestions

If you have experienced abuse which is effecting your relationship with your family or children, ask for help to stop the cycle.

Trust your instincts. If you suspect a child is being mistreated, be an advocate for that child. Speak up and let those who are trained to investigate make the final determination.

Report suspected abuse. Realize that we are so reluctant to see abuse that when we finally admit to ourselves that there is a problem, it is usually very real and not just our imagination.

Speak up and offer to help family, neighbors and friends who are in trouble. Too often they cannot help themselves. If you're not in a position to help, talk to someone who is.

Volunteer your time. Contribute what you can.

Be an advocate for every child. Child abuse will only end by protecting one child at a time. Every act of advocacy brings us closer to changing the overall level of damage and suffering. Critical mass is created with many small acts.

KNOW THAT YOU DO MAKE A DIFFERENCE.

Child Abuse & Neglect, Vol. 10, pp. 259-261, 1986
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0145-2134/86 $3.00 + .00
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BRIEF COMMUNICATION

RETHINKING PREVENTION

SHERRYLL KERNS KRAIZER

Director and President, Health Education Systems, Inc., Box GG, Palisades, NY 10964

PREVENTION PROGRAMS for children are very often created by well-meaning professionals as an isolated response to a specific problem without adequately considering or understanding the overall needs of children. They are created from concepts and beliefs that make sense to adults but which are consistently misunderstood by children. Often they are adaptations and interpretations of solid existing programs which look similar in their new form but which dramatically alter the desired effect.

Most prevention programs have evolved from a standard set of beliefs about children: Who they are, how they think, how they learn and what they need to know in order to be protected. As these programs, and derivations of derivations of these programs, have been implemented, there is a growing possibility that they may not be in the best interests of children, that children may be more fearful, mistrustful and insecure after these prevention programs are presented than before. There is a possibility that we are, in the name of prevention, taking away our children's right to feel safe and grow up viewing the world as a fundamentally nurturing place where people sometimes get hurt.

Most prevention programs claim they do not not want to frighten children, but then go on to point out that knowledge about abuse is necessary to prevention. In essence, children are being told: "Boys and girls, this is what sexual abuse is, this is what they do to you, and the person most likely to do it is someone you love and trust." While the message is said gently and covertly to avoid confrontation, still it is the message being given.

Danger stranger says watch out for strangers, scream and run. Missing children are ever present on milk cartons, grocery bags, posters, and television. Children, however, are left with no understanding about what happened to all those missing children and, more importantly, worry that it might happen to them. The missing children campaign is not invalid, but we have failed to take care of the needs of all children while trying to assist missing children.

Perhaps the basis upon which the majority of these programs are built is not correct. We need to rethink and challenge the assumptions, beliefs, and activities in this field.

Most prevention programs are built around the concepts of good and bad: good and bad touch, good and bad strangers, good and bad feelings. This approach fails to recognize several fundamental points. First, sexual abuse has its beginnings in what most of us would call "good" touch which progresses to "confusing" touch and finally to "bad" touch. Prevention occurs long before "bad" touch begins and information about "bad" touch is not a necessary part of prevention programs. Secondly, children are unable to reconcile "bad" touch occurring with "good" people, that is, people they love. This is the primary reason the research has consistently found that children do not learn that the people they love might hurt them. Researchers have responded to this finding by recommending that we reinforce this concept more firmly without recognizing that it is an unhealthy and irreconcilable idea for children. Finally, teaching about "bad" touch gives children information they simply do

not need and may increase the possibility, if not the probability, of misinterpretation and false reporting.

There is a vast gap between what teachers think they are saying and what children are hearing. For example, one kindergarten child had been through a prevention program that taught him about his private zones. That night, when his father swatted him on the bottom on his way up to bed, he turned to him and said, "Daddy, I'm sorry, but my teacher said that that's my private zone and you can't touch me there anymore." An affectionate swat on the bottom was not what the teacher had in mind, but it was what the child heard and interpreted her to mean.

What we say to children and how we say it does make a difference. Children are not adults. They do not think like adults and they do not need the same information as adults. Rather, they need adults to protect them and to teach them to protect themselves while preserving their right to be children with all the innocence, naivete and freedom we associate with that time of life.

Personal safety must be addressed in the context of the whole child. Programs must take into account the overall well-being of children and their developmental needs and abilities. Programs must be developmentally appropriate. While everyone agrees with this, the most cursory review of existing programs and materials makes it clear that they do not adequately provide for the differences among children of varying ages. At a minimum, programs should be adapted in two-year increments.

We must recognize how children learn. There is a massive difference for children between concept and action. A puppet show, movie, story book or game can teach concepts. But a concept never prevented child abuse. Children must learn these skills in their muscles. This means role-playing, walking through the techniques, practicing, discovering what works and what does not. This is what children will ultimately call on in a situation where prevention strategies are needed.

Children must continue to learn these skills and the needed adaptations as they get older. To implement a prevention program in one grade only is irresponsible. At the most callous level this fails to recognize the need for prevention from the earliest possible age. It also fails to recognize the obvious and well-accepted need for reinforcement and re-shaping of children's skills as they mature.

We need to give up the notion that being "responsible" for oneself is too great a burden for children. Responsible is defined in the *American Heritage Dictionary* as " . . . involving personal accountability or ability to act without guidance . . . capable of making moral or rational decisions on one's own . . . able to be trusted or depended upon; reliable." It does not mean to be at fault. The truth is children simply must be responsible for themselves when they are by themselves.

Additionally, being responsible does not create the guilt associated with sexual abuse. Children are egocentric and quite naturally see themselves as the center of the world and the cause in what happens to them, including abuse. This is a primary treatment issue: whether or not children are taught about being responsible for themselves.

We need to look at the degree to which our point of view and our language are consistent with our own upbringing and beliefs about strangers and abuse. Phrases such as "Beware of strangers," "Be a cautious kid," "Warn children about abuse," "It's a dangerous world," "Watch out for strangers," "A little fear couldn't hurt," come from adult stereotypes and consistently invade prevention efforts. This way of thinking and speaking fails to reflect what we now know about teaching children to feel safer in the world while acting in a way that makes them safer. While we are teaching children, we also need to start thinking in a manner that acknowledges the ability of children to think and act on their own behalf.

We need to recognize that prevention efforts can support or damage children in the most fundamental way, that they concern the message children get about the kind of world they are

growing up in and their role in it. We need to stop being cavalier about who teaches prevention. Training matters for those working at prevention as much as it does for people who teach, counsel and protect our children. The subtext of fear and paranoia spreading through our population of children comes directly from those who speak to children about prevention without adequate understanding or training in the basics of positive, effective prevention.

Children have a right to be safe. They have an equal right to grow up without being anxious or afraid that someone might abuse them. Our goal should be to support a generation of children who are competent, confident, capable of thinking for themselves, of speaking up for themselves, of making decisions and judgments and of knowing when they need help and where to get it.

Children should have a sense of their own capabilities. They should have assertiveness training, appropriate communication skills, positive self-image, and common sense rules for personal safety. Teaching of these basic life skills should be ongoing, consistent, and carefully balanced. This training should be presented in such a way that it does not interfere with normal healthy and positive development.

We need an appreciation and understanding of the needs of children. They are why we do this work. They deserve our best. We need to choose existing programs or create new ones that are truly excellent and that do the job that needs to be done fully and appropriately. To prevent abuse and abduction without sacrificing the very children we mean to protect, we need to diligently examine our beliefs, our attitudes, and our positions in order to create a new context from which to implement programs that work.

CHILD WELFARE
JOURNAL OF THE CHILD WELFARE LEAGUE OF AMERICA, INC.

SPECIAL REPORT

Programming for Preventing Sexual Abuse and Abduction: What Does It Mean When It Works?

SHERRYLL KERNS KRAIZER
GEORGE E. FRYER
MARILYN MILLER

Many kinds of educational programs and other approaches to teaching children about the dangers of sexual abuse and abduction by strangers can have the "side effect" of creating new anxieties in the children. The program described in this article is effective without introducing negative, anxiety-producing stories, examples, and other warnings.

As the missing children campaign gathered steam in the mid-'80s and messages about strangers surrounded children, sexual abuse and abduction prevention programs became widespread. It is now the prevailing opinion that the missing children statistics were substantially inflated, which has unfortunately dimimished the enthusiasm for addressing this problem with children in classrooms [Spitzer 1986; Hartmark 1986; Griego and Kilzer 1985; Gelman

et al. 1986; USA Today 1986]. What was created which has not been addressed, however, is a pervasive and insidious anxiety on the part of vast numbers of young children in this country, as reflected by a Roper survey [1986] that reported 76% of the children were "worried that they might be kidnapped." While it is known that the vast majority of abuse takes place at the hands of people known to the child, not strangers, this does not diminish the need to provide prevention training for children to prevent both the fear and the reality of abduction.

Ask any child what she thinks a stranger is. The most common answer for children of all ages in all parts of the country is some version of, "Strangers are people who kidnap you, poison you, cut off your head and you never see your mommy and daddy ever again." Many prevention programs have reinforced this mentality and fed into the existing fear children have that they might at any moment become a "milk-carton child." This has been justified in many circles with statements such as, "I'd rather have my children be afraid and safe."

More recently, consideration has been refocused on the whole child, and concern has been expressed that messages of this kind may be damaging to children, that children may be more afraid and anxious after prevention programs are presented than before, and that these programs may not be effective in teaching the desired prevention skills [Conte et al. 1985a, 1985b; Kraizer 1986; National Committee for the Prevention of Child Abuse 1986]. The National Committee for the Prevention of Child Abuse points to this as a key issue in their Guidelines for Child Sexual Abuse Prevention Programs. "Sexual abuse prevention is a topic that can look deceptively simple. Some program materials foster this misconception by ignoring negative side effects, by assuming that new concepts will result in new and effective behavior."

This article reports on an evaluation of a primary prevention program that parts from traditional ways of talking about strangers with children [Kraizer 1981]. It introduces documentation that education of children geared to prevention of abduction and abuse by strangers can be effective without introducing negative, anxiety-producing stories, examples, or other warnings.

The evaluation measured the actual behavioral change attributable to a prevention program and assessed the relationship of those results to more proximate measures normally associated with evaluation of such programs [Fryer et al. 1987a]. These results are discussed here in the context of what has been learned that can inform existing and future prevention efforts in the area of stranger awareness in particular, and more generally in the related areas of prevention of sexual abuse and safety for children in self-care.

The Program

The "Children Need To Know: Personal Safety Training Program," developed in 1981, is a scripted primary prevention program designed to be used in a group classroom setting [Kraizer 1981]. It teaches prevention of sexual abuse by people known to the child, safety for children in self-care, and prevention of abuse and abduction at the hands of strangers—the focus of this evaluation. It begins by allowing children to voice their misconceptions about strangers, followed by discussion about what the word really means, acknowledges the predominance of nice strangers in the world and sets parameters for when children should be concerned with following rules about strangers. The primary messages are:

> A stranger is anyone you don't know.
>
> Most people are strangers and most of them are nice.
>
> You can't tell by looking who is nice and who isn't.
>
> When you are with an adult who is taking care of you, that adult is principally responsible for making decisions about strangers.
>
> When you're by yourself or with your friends, you must follow the rules with *all* strangers.

The rules are taught positively through example, discussion, and extensive role play that allows children to actually experience implementing the rules and teaches them about the various things that might affect their thoughts. Each child has an opportunity to demonstrate mastery and to build his or her sense of competence and confidence in a wide range of possible situations.

Following are the specific rules the children learn to apply when they are without supervision:

> Stay an arm's reach away from someone you don't know. Keep a "Circle of Safety" around yourself.
>
> Don't talk to someone you don't know, including answering questions.
>
> Don't take anything from someone you don't know, not even something that belongs to you or your family.
>
> Don't go with someone you don't know, unless (for children six and up) the individual knows your predetermined family code word.

Through discussion, children visualize the point at which they might begin to feel uncomfortable or afraid with a stranger and plan just where and how to get help immediately and effectively.

The "What if . . . Game" is used to encourage children to think about the many applications of the rules, to actually walk through the scenarios, to provide a forum for dealing with existing fears and anxieties, and to engage teachers, parents, and even other children, in the process of continuing to build and reinforce their skills [Kraizer 1985].

The program is developmentally appropriate and skills are refined from year to year depending on the needs of the children in that particular age group. It focuses on empowerment and specifically omits all language that implies that children *should* be afraid.

The Evaluation

The evaluation took place with kindergarten and first and second graders in a mid-town Denver elementary school in 1986. Twenty-four children each were randomly assigned to the treatment and control groups. A pretest-posttest control group design, the classical experimental design, was employed. Treatment group children participated in an eight-day block of instruction consisting of 20-minute lessons each day. Control group children participated in the program in the second phase six months later.

The simulation was undertaken only after extensive discussions with officials of the school district, parents, and teachers. In designing the simulation, the school setting was chosen because it is a protected and controlled environment where children encounter strangers every day.

In the simulation, each child had an opportunity to leave the school building with a stranger (actually a member of the research team) [Fryer et al. 1987a]. As the child was encountered in the hall, the researcher/stranger requested the child's assistance by saying, "Hello, I'm presenting a puppet show here at the school today. I have some puppets and other neat things outside in my car. Will you come and help me bring them inside?" If the child agreed, he was told that the stranger would come for him later. If the child refused, the stranger responded with "Thanks anyway." After all of the children had participated in the simulation, a member of the research team went to the classrooms to let them know that the stranger had come to the office, as he should have, and had gotten the assistance he needed.

Each simulated situation was simple, plausible, tightly controlled, and did not create anxiety or upset for the participating children. Because they perceived it to be a real situation, it was an accurate measure of the children's vulnerability to abduction and subsequent abuse. A hidden camera and wireless microphone provided a record of each encounter and enabled scores to

be reviewed. A simple pass-fail rating was awarded each child. This indicated simply the child's agreement or nonagreement to accompany the stranger out of the building. Interrater reliability was 1.0 among the four evaluation team members.

After the simulation, each child spent the next 30 minutes in a one-to-one meeting with a member of the research team. This allowed ample time to express any fear or anxiety and to report the encounter. Logistically, this was time consuming and labor intensive, but this considerable allocation of resources is necessary; one should not be made complacent by the fact that none of these 44 children required the special care for which provision had been made. It was during this time that instruments to measure receptive language ability, self-esteem, and knowledge and attitudes about personal safety were administered to the children.

One-half of the children (the treatment group, n = 23*) participated in the prevention program, which emphasized discovering and clarifying existing misconceptions about strangers; establishing clear, simple concrete rules and guidelines for their application; and intensive role-playing, practice, and discussion.

After the program, the simulations were repeated with another "stranger," making a different request, in another part of the school building. The knowledge-attitude and self-esteem instruments were also readministered. The performance of the group receiving no instruction (control group, n = 21**) remained the same in the second simulation. The children who participated in the prevention program dramatically improved their performance with only five of 23 children agreeing to the stranger's request. (See table 1.)

The following school year, the control group participated in the prevention program and all the children participated in a final simulation [Fryer et al. 1987b]. After the prevention program, all of the control group children successfully refused the stranger's request to leave the school. Four of the treatment group children, who had failed in the previous year, participated in the program a second time and half of them subsequently demonstrated mastery of the program's techniques. The remaining treatment group children, who had received no intervention for six months, were resimulated to assess retention of their skills. All of these children successfully applied the rules and refused to go with the stranger.

In addition to the clear-cut reduction of vunerability evidenced in the sim-

*1 child from the original treatment group was absent.

**3 children from the original control group were absent.

TABLE 1 Program Participation and Simulation Outcome Sequence

	% Passed First Simulation	*Received the Program*	*% Passed Second Simulation*	*Received the Program*	*% Passed Third Simulation*
Control Group (N = 21)	52.4%	No	52.4%	Yes	100%
Experimental Group (N = 23)	43.5%	No	78.3%	(Previous Failures Only)	86.7%

ulation, this evaluation yielded valuable insights about programming and its relationship to other factors in the child's overall profile. These are significant as we strive to improve prevention programming and to make it responsive to the individual needs of all children.

Discussion and Implications

The most important notation that must be made about the evaluation of this approach to prevention is that it worked. The vulnerability of children was reduced and was sustained over time. The knowledge-attitude instrument and the assurance the children manifested in the simulation reflected the children's feeling more able to keep themselves safe, which acts as an antidote to fear. Beyond that, there are a number of related findings that are significant for refining existing and future programming for children.

Knowing the "right" answers was not significantly predictive of success. Children's answers to the pencil-and-paper questions about personal safety did not ensure their ability to actually implement those techniques in the simulation. This is of major importance because pencil-and-paper tests have been the main criteria to date for assessing the effectiveness of prevention programs. It is clear that this measure of children's mastery of prevention concepts may be misleading as a predictor of their actual ability to protect themselves. In fact, the guidelines published by the National Committee for the Prevention of Child Abuse, mentioned earlier, suggest that, "Behavioral assessment strategies . . . represent the only means of estimating the strength of the behaviors that are being taught."

Nor is past performance a predictor of future successful resistance in the absence of prevention training. Three of the children who passed the first

simulation in the control group failed the simulation the second time. This is important to note because parents have often cited incidents in which their children escaped abuse as evidence that they are not vulnerable and do not need further prevention education. These three children call this assumption into sharp question; none of the children who received the training went from pass to fail in the simulations.

Concept Versus Action

Prevention of child abuse programs offer a remarkable range of innovative, attractive, and clever vehicles for presenting materials to children, but they reflect what adults think children need to know about this subject and how adults think it should be presented. This accounts for the proliferation of cartoons, films, videotapes, puppet shows, and so on. These all appeal particularly to adults without any evidence that they are as effective as hands-on experience for children. What programs have generally failed to reflect is a basic understanding of the difference between conceptual and behaviorally based learning. "Teaching techniques such as modeling of desired behavior, guided rehearsal in which a child is carried through the specific behavioral components of a complex skill, and reinforcement for approximations of the desired behavior are more likely to produce change in children's behavior" [Conte et al. 1985b: 15].

The opportunity to apply the skills is at the heart of a program's effectiveness. Children learn through a combination of discussion, role-play, application of skills to varied situations, and successive building and refinement of the child's ability to actually use the techniques being taught. The value of this is most clear when we recognize that the concept of self-protection does not protect. Children need an opportunity to clear out their own misconceptions, to receive new information and then to practice new skills so they make them their own—so they become part of the child's repertoire in everyday life. This process should be a part of all prevention programs for children.

Self-esteem

A link between self-esteem and the ability to learn and use prevention skills was made. Children who had high self-esteem going into the program were more successful. Those who entered the program with lower self-esteem left the program with higher self-esteem, but were not fully able to implement the skills taught. After participating in the program a second time, the number of children able to learn and use the skills to prevent abduction as measured by the simulation increased. Self-esteem appears to be a desirable precondition

to the intervention, enabling assimilation of the information presented as then measured by the performance in the simulations and the scores on the knowledge-attitude test.

This is significant because many practitioners have intuitively felt that self-esteem plays an important role in personal safety education without being able to provide a direct link. This pairing of higher self-esteem with knowledge about prevention skills as a predictor of successful use of prevention strategies in this evaluation provides an important direction for future programming and assessments. It may assist us in identifying children who would most benefit—or who may not yet benefit—from prevention training. This would enable us to meet the needs of individual children particularly vulnerable to future abuse by providing special programming.

Fear

That the children failed to manifest any fear or significant anxiety during the preprogram simulations, in a situation that clearly held enormous danger for them had the "stranger" been a perpetrator, tells us that children fear an abstraction they don't even recognize when they are confronted with it in real life.

The program itself gave the children an opportunity to express their fears, paired with specific experiential opportunities to practice appropriately and effectively the situation they feared. This freed them from the hold of the abstract fear and left them feeling more able to protect themselves.

The children again manifested no fear in the simulations following the program. This is consistent with the report of 11 children (not from this study group) who are known to have been involved in attempted abductions following their participation in the program over the past several years. In each case, the children reported thinking, when they were confronted, "This is what that class was about. I need to . . . " Each child followed the rules and escaped. Equally important, each of these children wondered at their parents' agitation when they reported what had happened. Each child felt secure, saying things such as, "I learned what to do. I did it and everything's okay. Now, let's have lunch."

These actual cases validate the observation, made following the simulations and training, that neither the training nor the situations in which the principles taught might be used are anxiety-producing for children. Fear among children does not reduce their vulnerability, but a case can certainly be made for its reducing their ability to feel capable as they learn to move about in the world.

Age of Maximum Receptivity

The successful participation of children in this study from kindergarten readiness level through second grade validates the efficacy of teaching specific skills to young children and their ability to implement those skills. It is also our experience in working with thousands of young children that they learn the techniques with less difficulty than their older siblings. The reason for this is quite simple and straightforward: they have fewer misconceptions to get in the way of the new information.

Since even very young children are vulnerable to abuse and abduction, this is an important finding. While it is true that adults bear greater responsibility for watching over and protecting very young children, there are times when these children are without our supervision. They should be taught skills that enable them to protect themselves without fear and without threatening their overall sense of well-being. This is accomplished when the rules and concepts are presented simply, with specific directions, concrete examples, and opportunities to practice.

Role of Parents

In addition to the requirements for informed consent and parental permission for children to participate, an orientation seminar was held, and the research team was available to all parents. It was clear that they were concerned about abduction and admitted readily to having frightened their children because they didn't know what else to do. They were receptive to other ways to deal with the problem, as were the classroom teachers, and appreciated being told that they had not done irreparable damage to their children.

Conclusion

Programing is essential, but it must respond to the needs of the whole child. The evaluation reported here shows that children can learn to use prevention skills without fear and without explicit information that may not be in their best long-term interests, but it represents only a step. Evaluation of the other elements of the program is continuing. As understanding about how children learn and use the materials presented to them grows, so the program can be made more appropriate, sensitive, and effective. ◆

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(Address requests for a reprint to Sherryll Kerns Kraizer, Director, Health Education Systems, Inc., Box GG, Palisades, NY 10964.)

Child Sexual Abuse Prevention Programs:

What Makes Them Effective in Protecting Children?

by Sherryll Kraizer, Susan S. Witte and George E. Fryer, Jr.

Child sexual abuse prevention programs have proliferated over the past several years. Many of these program approaches, which include plays, games and videos, are visually appealing and highly entertaining, and parents and teachers have widely embraced them. However, despite the popularity of such programs, little effort has been made to evaluate their effectiveness in changing children's behavior.[1] As a result of participation in a sexual abuse prevention program, has a child's vulnerability to abuse been reduced, for example, or has his or her sense of personal safety been enhanced?

Early childhood educators, parents and others involved in selecting and conducting child sexual abuse prevention programs should also be concerned about such questions as:

- Is there a measurable difference in the ability to demonstrate prevention skills between children who have been exposed to previous prevention efforts and those who have not?
- Are communities, feeling confident that they have addressed the issue of child abuse, making any significant contribution to the personal safety of their children?
- What elements of programming are responsible for producing the desired prevention skills?
- Is it necessary to give children explicit information about child abuse in order to achieve the desired level of prevention?
- Does the program have negative side effects—such as fear or anxiety—of which we remain unaware?
- At what age do children learn prevention skills most effectively?

Many professionals and organizations, such as the National Committee for Prevention of Child Abuse, have strongly urged more stringent criteria for evaluating the effectiveness of prevention programs. As researcher J.M. Leventhal notes:

"[the] ultimate goal of any program to prevent sexual abuse is to teach behaviors so that when an adult makes a sexual advance toward a child, the child will act in an appropriate manner by saying no and telling a responsible adult what happened. Yet none of the evaluative efforts has examined this direct outcome. Instead, a change in knowledge, which is really an intermediate measure, has been examined without any evidence that such a change is linked to changes in behavior ... Does a change of two points on a 20-point questionnaire about child protection mean that the child is 10 percent more likely to protect him- or herself? Obviously not."[2]

In order to protect children, educators and parents need to know what works. Equally important, they need to know how to accomplish this end without compromising the children's emotional well-being. Without this level of evaluation and accountability, resulting in more progressive and reliable programs, child abuse prevention programs will continue to be used without any clear understanding of their effectiveness or impact.

In 1987, the Coalition for Children, Inc., a not-for-profit organization involved in curriculum development and evaluation, received a grant from the National Center on Child Abuse and Neglect to evaluate the actual reduction of risk for child abuse that could be attributed to a school-based prevention program. The project focused on measuring the behavioral skills associated with prevention of victimization before and after participation in the *Safe Child Personal Safety Training Program*, a standardized, scripted, videotape curriculum that provides training for teachers,

parents and children ages three through 10 in five age-appropriate segments.[3] In the Safe Child program, a videotape is used to teach basic concepts and role-playing techniques; this is followed by role playing, discussion and activities in the classroom to establish mastery of the skills.

The Safe Child program emphasizes prevention of sexual, emotional and physical abuse by people known to the child, prevention of abuse and abduction by strangers, and safety for children in self-care. The teaching of such life skills as communication, assertiveness, decision-making and problem-solving is interwoven throughout the curriculum, which builds developmentally from year to year. The program does not present specific information that might create misunderstanding, fear or anxiety for children. Rather, the curriculum builds from children's everyday experiences and teaches them how to apply generalized skills to specific, risk-associated situations.

The Evaluation

The evaluation of the Safe Child program was based on a classical experimental research design, using pre- and post-testing of sample treatment and control groups with similar profiles. The evaluation was completed with 670 children, ages three through 10, from rural, urban and suburban schools in three states.

Simulation and role play were used to measure actual behavioral change attributable to the program, and the behavioral results were correlated with instruments to measure knowledge/attitude, self-esteem and locus of control (the perception of a connection between one's action and its consequences) to evaluate variables in a child's ability to successfully resist victimization. A one-on-one interview at the end of the project was used to determine whether the children had any concerns or had experienced fear or anxiety at any point in the instruction and evaluation.

The most important element of this assessment was the scripted role play used to measure behavioral change. Because prevention of sexual abuse applies specifically to behaviors prior to the initiation of abuse, the role play measures the child's ability and willingness to terminate unwanted touch effectively and appropriately in the face of flattery, emotional coercion, rejection, bribery and secrecy. The sequence of the role play was designed to engage the child; to measure his or her willingness to speak up about unwanted touch; to assess the consistency of the child's response in the face of increasing emotional pressure; to evaluate his or her ability to bring in other resources by saying, "I'm going to tell"; and to determine the child's willingness to keep what happened a secret. The role play also indicates how well the children are able to demonstrate such life skills as communication, assertiveness and self-assurance.

Each child was invited to help the examiner "learn a little bit more about what you know" (see Table 1). The children quickly became engaged, as children so easily do, and responded as if the role-playing situations were real. This was most obvious when many children, who had been perfectly comfortable saying "no" in response to the examiner playing with their hair or pinching their cheek, suddenly capitulated and agreed to a hug when the examiner acted as if her feelings had been hurt, saying, "If you won't stay here with me and let me hug you, I'll think you don't like me any more." During the pretests, few children progressed past the point in the role play where the examiner suggested that she might not be their friend anymore if the child would not remain close.

Scoring was based on the child's verbal response and body language. A straightforward system of scoring was devised in which children were awarded one point in each of the role-play categories if they verbally objected or refused to go along with the examiner's suggestion. They received one point in each of the categories for physical movement or body language which was resistive (for example, standing up, moving the examiner's hand, or leaning away from the examiner or pushing her away). For the categories involving some form of emotional coercion, the children were given one additional point if they indicated that they would tell a responsible adult about the incident. A cumulative total of 14 points was possible.

Findings

The most important finding was that this approach to prevention consistently enabled children to demonstrate skills associated with reduction of risk for child abuse, and that they were able to learn the skills as early as the preschool years. The ability to achieve these results was isolated as attributable to the role playing in the classroom instructional period.

Other findings related to the teaching of concepts rather than the teaching of skills and to behavioral change also have implications for professionals and parents seeking to implement child abuse prevention programs.

Concepts vs. Skills. We—the researchers—had hypothesized that there is a great difference between *concepts* and *skills* associated with prevention of child abuse, and that children are *not* protected solely by learning concepts. This point is of particular concern, since many parents and educators believe that children are protected by being exposed to books, television programs, videotapes and games, all of which are passive, conceptual learning experiences.

Many of the children in this study had been previously exposed to a wide range of educational materials designed to prevent child abuse. This prior exposure appeared to have made no significant difference in the children's knowledge or attitudes or in their role-play scores on the pretest. The only discernible difference among groups was found with one group of children whose school had, in the previous two school years, implemented a standardized prevention curriculum based principally on

classroom discussion. The children in this group did not perform higher on knowledge/attitude or role play, but they did have slightly higher self-esteem scores. The lack of any significant difference in demonstrable prevention skills between those exposed to prior programs and those with no prior exposure suggests that communities and schools should not be satisfied or complacent if non-interactive, non-behaviorally-based prevention programming is currently being provided to their children.

Behavioral Change. We had hypothesized that giving the children opportunities to practice using prevention skills would be more beneficial than merely providing them with conceptual knowledge of prevention techniques. We also thought that the children's ability to communicate their unwillingness to "go along" with unwanted touch (through body language and by expressing unwillingness to keep the activities a secret) would be more potent in protecting children from impending abuse than "just saying no."

A significant change in behavior, associated with reduction of risk for child abuse, did occur with the introduction of this behaviorally-based curriculum, which gave each child an opportunity to learn how to effectively resist unwanted touch, even in the face of bribery, emotional coercion, rejection and intimidation. As they learned prevention skills, related concepts to actual situations, and experienced their own ability to speak up and protect themselves from unwanted touch of any kind, the children were able to demonstrate the skills they had learned in the post-test role play. In essence, the role playing gave them an experiential model from which to take action when they were confronted with an allegedly uncomfortable situation. Each of the treatment groups raised their scores significantly following the program, indicating an actual increase in skills (see Table 2).

Do We Really Need To Talk About Sexual Abuse?

This study speaks to the efficacy of prevention education without the introduction of specific information about sexual abuse, perpetrators or physical resistance training, thus challenging the existing opinion that discussion of sexual abuse is a necessary part of prevention programming. In the absence of an understanding of the negative impact such information may have on children, the ability to achieve the desired result without the introduction of potentially anxiety-provoking information should be an important consideration in planning curricula for young children.

The findings reported by Conte, Wolf and Smith in interviews with offenders further support this approach to prevention. They asked, "After you had identified a potential victim, what did you do to engage the child into sexual contact?" The majority of offenders described how

Table 1: Role-Play Protocol

"We're trying to learn a little bit about what the children in this school know. Will you help me?" (Child must respond affirmatively to continue.)

"I'm going to give you some 'What if....' stories and I want you to tell me and show me what you would do if this happened to you in real life. Okay?" (Child must respond affirmatively a second time.)

Item 1: "What if your mom had a friend over and she was playing with your hair. Do you like for people to play with your hair? (actually play with child's hair) If you don't like it, what would you say and do?" (Score 1 point for verbal no. Score 1 point for body language consistent with no.)

Item 2: "What if your grandmother came over and was pinching your cheek like this. (actually pinch child's cheek.) Do you like that? If you don't like it, what would you say and do?" (Score 1 point for verbal no. Score 1 point for body language consistent with no.)

Item 3: "What if a friend of your dad's was visiting and was sitting real close to you while you were watching television. (Put arm around child and pull close.) You like this person; so, for a while it's okay; but then you start to feel uncomfortable; and you want to get down. What would you say and do?" (If child agrees to stay, stop at this point.) (Score 1 point for verbal no. Score 1 point for body language consistent with no.)

Item 4: "What if, when you start to get down, he says, 'You like me don't you? Please stay here with me, you're one of my favorite kids.'" (Gently pull child back.) If child agrees to stay, stop and thank them. (Score 1 point for verbal no. Score 1 point for body language consistent with no. Score 1 point for "I'm going to tell.")

Item 5: "What if he says, 'You really hurt my feelings. I don't think you like me anymore.' (Pull away and remove arm.) What would you say and do?" (If child agrees to hug now, stop and thank child.) (Score 1 point for verbal no. Score 1 point for body language consistent with no. Score 1 point for "I'm going to tell.")

Item 6: "What if he says, 'OK, I'll leave you alone, but could we just keep this a secret, and I'll take you to get some ice cream. Okay?' What would you say and do?" (Score 1 point for verbal no. Score 1 point for "I'm going to tell.")

Maximum Possible Score: 14

they engaged the child in a relationship: "I would initiate different kinds of contact, such as touching the child's back, head. Testing the child to see how much she would take before she would pull away"; and "Getting comfortable with the child ... Making them feel comfortable with me ... like a hug, start touching their arms, legs, hugging them."[4]

These comments speak specifically to the importance of using an approach to prevention that teaches children to stop abuse before it begins.

The evaluation described here validates the use of prevention programming that avoids distinctions that are beyond the developmental abilities of young children, of teaching skills that apply to their everyday experiences. Children learn to say no to any touch that makes them uneasy; they learn that they should tell every time someone continues to touch them in a way that makes them uncomfortable. This approach avoids issues of "good" and "bad," and links telling to getting help from an adult when their wishes aren't respected, rather than "tattling" about something "bad," which has built-in ambivalence for children.[5]

Other Measures

While children's self-esteem, locus of control and knowledge of and attitudes toward risk and safety increased as a result of participation in the program, none of these measures could explain the effect achieved. It bears repeating that role play alone appears to achieve the desired effect of changing children's actual behaviors consistent with reducing the risk of child abuse.

Age of Maximum Receptivity to Prevention Education

While all of the children benefited from participation in the program regardless of their grade level, the performance of the preschoolers and kindergartners is of special interest. The Safe Child program seeks to build upon the natural outspokenness of these young children to shape effective and appropriate skills that they could use to protect themselves from the earliest possible moment and to build upon those skills year after year.

We had hypothesized that the preschool and kindergarten years are the most "teachable" time for prevention skills because these young children are not yet hampered by socialization and behavior shaping, which teaches children to do what they are told and to mind what they say. The results of this evaluation seem to bear out the validity of that hypothesis (see Table 3).

While the youngest children were clearly vulnerable in the pretest period, their post-test scores demonstrated learning equal or superior to the 1st-, 2nd- and 3rd-graders. This indicates that the "best" teachable moment may indeed be the earliest teachable moment. This finding is particularly useful in planning prevention programs, since most prevention programs currently begin in first or second grade—where the least productive results were obtained. Additionally, a significant percentage of abuse occurs before the age of seven or eight, so introduction of effective prevention programming at the earliest moment is essential.

Table 2: National Results (Total N = 669)

	Pretest	Post-Test	Mean Change	Significance
Sexual Abuse Role-Play (range 0-14)				
Treatment Group A Grades K-3 (N=236)	4.4	8.3	3.9	p>.001
Treatment Group B Grades K-3 (N=245)	3.4	7.7	4.3	p>.001
Treatment Group C preschool (N=13)	5.0	8.7	3.7	p>.000
Control Group AB Grades K-3 (N=163)	4.5	5.0	.5	not sig.
Control Group C preschool (N=12)	4.5	4.8	.3	not sig.

Table 3: Prevention of Sexual Abuse Role-Play —Treatment Groups

	Pretest	Post-Test	Increase
Preschool	5.0	8.7	+3.7
Kindergarten	2.8	8.4	+5.6
First	3.4	8.4	+5.0
Second	4.0	6.6	+2.6
Third	5.2	8.3	+3.1

Fear or Anxiety Attributable to Prevention Programs

One of the most vital concerns in planning a prevention curriculum is the possibility of negative effects attributable to programming. Following the end of the post-test role play, the children were asked what they liked and did not like about the program, and whether anything in the program had made them feel uncomfortable or afraid. If so, they were asked to talk about that.

Only 4.5 percent of the children reported any fear or anxiety upon completion of the program, and in only two of these cases was the concern attributable to the program. (In these cases, the misunderstanding was easily clarified and the children were put at ease.) In all other cases, the child's anxiety or fear arose from pre-existing issues. The positive nature of the program, paired with its effectiveness, opens new possibilities in prevention programming, particularly in light of the fear levels (up to 50 percent) being reported in the literature from other approaches to prevention.[6]

Implications for Programming

The results of the evaluation reported here have several implications for early childhood educators, child abuse specialists, and other professionals and parents interested in designing or adapting child sexual abuse prevention programs.

- Prevention education should be experientially-based. While it is commonly accepted that children learn by doing, most prevention efforts have not reflected this simple fact. The opportunity to apply concepts and turn them into skills through role play has been shown in this evaluation to be at the heart of empowering children to prevent abuse—that is, to stop it before it begins, in the time when perpetrators are "testing the limits" with the child.
- Prevention education should begin in the preschool years. The performance of the preschoolers and kindergarteners in this evaluation challenges existing opinion that children of this age cannot be expected to learn and use these techniques. The youngest did as well as the oldest children. The increase from pretest to post-test scores is so dramatic that there can be no question that the Safe Child program can reduce the vulnerability of children.
- Prevention programming should give children the information and skills they need—nothing more. This evaluation demonstrates that prevention skills can be learned and applied by young children without explicit information about child abuse, without labeling touch as "good" or "bad," and without suggesting that the adults they love might abuse them.
- Evaluation should be an inherent part of every prevention program. As more meaningful measures are developed to determine program effectiveness, it is imperative that we continue to build a body of knowledge that will enable schools and parents to develop, adapt or select prevention programs that actually achieve the desired result—enabling children to stop abuse before it begins, and/or to get help immediately should abuse occur.
- Primary prevention does not work for all children. This evaluation found that about 10 percent of the children did not benefit sufficiently from the first session of programming. These children had the lowest levels of self-esteem and must be considered at risk. Programming to raise their self-esteem and to enable them to effectively use prevention skills must be developed, implemented and evaluated, consistent with the needs and constraints of the schools.

While this evaluation lays significant groundwork, we are continuing the study of behaviorally-based methods to evaluate the effectiveness of child sexual abuse prevention programming. With refinement of simulation and role-play techniques, and continued correlation of behaviors with such other measures as knowledge/attitude and self-esteem, we can continue the process of creating rigorous criteria for evaluating prevention skills, advance the development of more effective prevention programs for children, and begin to identify and provide special services for those children found to be at continued risk following primary prevention efforts. ■

Sherryll Kraizer is Director, Coalition for Children and Health Education Systems, Palisades, New York. Susan S. Witte is Coordinator of Research, Coalition for Children, and George E. Fryer, Jr., is Director of Research, C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, and Senior Instructor, Department of Pediatrics, University of Colorado School of Medicine, Denver.

1. See, for example, J.R. Conte, C. Rosen and L. Saperstein, "An Analysis of Programs to Prevent the Sexual Victimization of Children," *Journal of Primary Prevention*, Vol. 6, No. 3, 1986; S. Wurtele, "School-Based Sexual Abuse Prevention Programs: A Review," *Child Abuse and Neglect*, Vol. 11, No. 4, 1987; National Clearinghouse on Family Violence, "Child Sexual Abuse Overview: A Summary of 26 Literature Reviews and Special Projects," *Health and Welfare Canada*, 1989; and M. deYoung, "The Good Touch/Bad Touch Dilemma," *Child Welfare*, Jan.-Feb. 1988.

2. J.M. Leventhal, "Programs to Prevent Sexual Abuse: What Outcomes Should Be Measured?", *Child Abuse and Neglect: The International Journal*, Vol. 11, No. 2, 1987.

3. The Safe Child Personal Safety Training Program evolved from *Children Need to Know: Personal Safety Training*, developed by Health Education Systems, Inc. Further information on the Safe Child program may be obtained from Sherryll Kraizer, Health Education Systems, Inc., Box GG, Palisades, N.Y. 10964.

4. J.R. Conte, S. Wolf and T. Smith, "What Sexual Offenders Tell Us About Prevention Strategies," *Child Abuse and Neglect*, Vol. 13, No. 2, 1989.

5. See, for example, deYoung, op. cit., and S. Kraizer, "Rethinking Prevention," *Child Abuse and Neglect: The International Journal*, Vol. 10, No. 2, 1986.

6. J. Garbarino, "Children's Response to a Sexual Abuse Prevention Program: A Study of the Spiderman Comic," *Child Abuse and Neglect: The International Journal*, Vol. 11, No. 1, 1987.

SPECIAL REPORT

Children in Self-Care: A New Perspective

SHERRYLL KRAIZER
SUSAN WITTE
GEORGE E. FRYER, JR.
THOMAS MIYOSHI

Editor's Note: CHILD WELFARE has published from time to time on the problem of latchkey children. The study described in this article, with the associated literature, moves the research base on so-called self-care a distinct step forward.

Sherryll Kraizer, M.S., is Director, Coalition for Children and Health Education Systems, Palisades, NY. Susan Witte, M.S.W., is Coordinator of Research, Coalition for Children and Health Education Systems, Palisades, NY. George E. Fryer, Jr., M.A., M.S.W., Ph.D., is Director of Research, C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, and Senior Instructor, Department of Pediatrics, University of Colorado School of Medicine, Denver, CO. Thomas Miyoshi, M.S.W., is Associate Coordinator of Research, C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, Denver, CO. *The Coalition for Children wishes to thank the following school districts for their support and participation in this project: Denver Public Schools, Denver, CO; Lincoln Park Public Schools and St. Joseph's Catholic School, Lincoln Park, NJ; Valley Central School District, Montgomery, NY; Highland Falls–Fort Montgomery Central School District, Highland Falls, NY. This project was funded by the National Center on Child Abuse and Neglect, grant #90-CA-1334, under the Department of Health and Human Resources.*

0009-4021/90/060571-11 $1.50 © 1990 Child Welfare League of America

The inability of families to provide continuous care to children is not a new phenomenon in the United States. Since the 1950s, the need for nonparental child care has accelerated at an intimidating pace. Continuing changes in social structure, including a large increase in the proportion of women in the nation's labor force, increasing numbers of children living in single-parent households, the rise in family mobility and the decline of the availability of the extended family, have led professionals and policy makers to consider what these changes mean to the welfare of our nation's children [Galambos and Garbarino 1983; Long and Long 1982; Grollman and Sweder 1986; Robinson et al. 1986].

Although we know that many families leave their children unsupervised, it is not known precisely how many children are left in self-care, how and/or why the choice is made, and what the effects of self-care on the development and safety of the children may be.

Current estimates of the number of children in self-care range from 7% to 25% of the nation's 29 million school-age children [Long and Long 1982; Hofferth and Cain 1987; U.S. Bureau of the Census 1987; Vandell and Corasaniti 1985]. These large discrepancies in incidence exist partly because of inconsistent definitions and because parents are reluctant to give out information about their child care methods.

Researchers have had difficulty in acquiring sample populations to study due to the informal and undefined nature of the self-care arrangement and the low profile of children left without supervision [Long and Long 1982; Rodman et al. 1985; Jones 1980]. Guilt, social stigma, and awareness on the part of parents that leaving their children unattended may appear irresponsible and is considered a form of neglect in most states, have prevented parents from reporting their child care methods accurately.

More important than incidence, and more difficult to determine, are the effects self-care arrangements have on children. Few empirical studies exist, but recent studies of the attributes of children in self-care in rural and suburban settings suggest that unsupervised children do not differ significantly from supervised children in terms of academic achievement and school adjustment [Galambos and Garbarino 1983; 1985; Vandell and Corasaniti 1985], locus of control and self-esteem [Rodman et al. 1985; Steinberg 1986], or peer relations [Vandell and Corasaniti 1985; Steinberg 1986]. In striking contrast, studies of urban children in self-care suggest that children at home alone often feel bored, lonely, isolated, and terrified [Long and Long 1982], and that they have lower academic achievement and social adjustment than supervised children [Woods 1972].

Although these studies are important first steps in defining and exploring

this important social problem, they do not resolve most issues associated with children in self-care. The studies vary widely in methodology and findings, and are characterized by small sample sizes, nonprobability sampling, short-term rather than long-term timelines, and the use solely of pencil and paper measures of such dependent variables as academic achievement, social adjustment, and personality characteristics [Robinson et al. 1986].

In response to this lack of scientific data, more definitive study to determine causes, patterns, and consequences of self-care has been called for by child development and child welfare researchers [Galambos and Garbarino 1983; Robinson et al. 1986; Rodman et al. 1985]. Experts cite the need for progressive research "in context," comparing groups of children in self-care in terms of family demographics, family histories, frequency and duration of unsupervised time, presence of siblings, and home structure imposed by absent parents [Galambos and Garbarino 1983; Robinson et al. 1986; Rodman et al. 1985].

Bronfenbrenner [1979] has put forth a model that encourages exploration of variables that can distinguish subgroups and causal factors in child care decisions, including the systems and settings of the child in self-care, the interaction between the child and various environments, family composition, social demographic characteristics, family power dynamics, communication styles, and sex roles.

Recognition of the need for more definitive research builds on the principal contribution of latchkey research to date, which is the conclusion that a great many variables seem to affect the experience and vulnerability of the child in a self-care setting [Garbarino 1981; Galambos and Garbarino 1983, 1985; Robinson et al. 1986]. Garbarino [1981] notes:

> It is the premature granting of responsibility, particularly when it occurs in a negative emotional climate, that seems to be damaging. No social event affects all children or youth equally. Nearly all experiences are mediated by the quality and character of the family. Thus, we know that some kids will thrive on the opportunity of being a latchkey child. Others will just manage to cope. Still others will be at risk, and still others will be harmed. It is often difficult to separate the specific effects of the latchkey situation from the more general condition of the family.

Studies to date have not provided precise definitions of supervised and unsupervised environments, including clarification of the terms latchkey and self-care. Steinberg [1986] notes:

> The most important conclusion from [his] study is that variations within the latchkey population—variations in the setting in which self-care takes place, variations in the extent to which absent parents maintain distal supervision of children, and variations in patterns of child rearing—are more important than are variations between adult care and self-care.

Finally, the most glaring omission in studies to date is the determination of vulnerability to child abuse and neglect when children are left in unsupervised settings. This article reports on a needs assessment and pilot study of risk to children, in kindergarten through grade 3, which dramatically highlights the need to study carefully the existing patterns of self-care and to develop resources responsive to need.

Methodology

To assess the need for programming to teach prevention skills to children in self-care, the authors conducted a needs assessment survey and piloted a behavioral simulation as a measure of risk. The combination of the survey and the behavioral simulation enabled a clearer and more valid assessment of self-care patterns with children ages five to nine years old than had previously been obtained.

The pivotal element of this study was the use of two self-care simulations that sought to extend the application of "measurable behavior" to evaluation of actual risk in a self-care situation [Fryer et al. 1987a, 1987b; Kraizer et al. 1988, 1989]. The simulations gave children a real-life opportunity to demonstrate behavioral skills on two tests associated with risk in self-care: answering the telephone and answering the door to a stranger trying to deliver a package.

Rural, urban, and suburban parents of 447 children were surveyed by telephone to determine patterns of self-care, if any. Virtually all the parents reported at first that they did not leave their children alone, but after describing to them the simulation that would be used to measure risk for children in self-care, the parents began to discuss their actual patterns of leaving children alone.

Results of Self-Care Survey

The authors found that 42% of the sample of 447 children (grades k–3) in rural, urban and suburban settings were left in self-care at least "occasion-

TABLE 1 Combined Results of Self Care Survey

	Children Were Left Alone		
	Never	*Occasionally*	*Regularly*
Kindergarten (N = 104)	75 (71%)	26 (25%)	3 (3%)
Grade 1 (N = 114)	72 (63%)	32 (28%)	10 (9%)
Grade 2 (N = 95)	52 (55%)	34 (36%)	9 (9%)
Grade 3 (N = 134)	57 (43%)	66 (49%)	11 (8%)
TOTAL (N = 447)	256 (57%)	158 (35%)	33 (7%)

ally," if not "regularly" (see table 1). It was apparent that as children got older, parents were more and more willing to leave them without supervision. Thus, the percentage of children left alone either occasionally or regularly in kindergarten was 28%, in first grade 37%, in second grade 45% and in third grade 77%. These figures far exceed any previously published estimates. The finding that 42% of the total sample of children were left alone occasionally or regularly was significant new information, and analysis by rural, urban and suburban groupings provided further insights.

Urban children were far more frequently left unattended occasionally at the kindergarten (k = 42%) and first grade level (1st = 45%) than were rural children (k = 21%, 1st = 25%) and suburban children (k = 25%, 1st = 22%). Urban children were also far more likely to be left alone regularly, particularly in first (1st = 18%) and second grade (2nd = 19%) than rural children (1st = 8%, 2nd = 8%) and suburban children (1st = 5%, 2nd = 3%).

The finding that so many young urban children were left without supervision brings to mind many questions about the relationship of circumstance to risk. In the interviews, these parents were matter-of-fact and pragmatic about their care decisions. They said they had no alternatives and were "doing the best they could." They consistently noted the resources they had tried to make available for their children, usually a neighbor or relative in an adjoining apartment or house.

Suburban parents were less likely to leave children in regular self-care situations but were considerably more likely to leave them unattended for the "occasional" trip to the grocery store (3% regularly vs. 35% occasionally). This is an interesting finding because these parents do not preceive themselves as leaving their children alone and were therefore less likely to have discussed safety issues with them. More traditional alternatives to self-care, such as day care, were not considered relevant by those parents who left their children alone spontaneously. This leaving young children without supervision pro-

vides its own special challenge to policymakers precisely because it appears to be spontaneous.

Although rural parents cited the relative isolation of the rural setting and the inability of younger children to get to a neighbor quickly as the reason for not leaving children alone regularly, the percentage of rural children left alone as young as kindergarten age (k = 21%) for the occasional errand was comparable to that of the suburban children (k = 25%). This once again brings into play the parental perception that a "quick trip" somehow puts children at less risk than does regular self-care (see table 2).

Assessment of Risk: Behavioral Simulation Pilot

Following the needs assessment portion of the study, and with parental permission and cooperation, the behavioral simulations were piloted with 16 children (human subjects' approval was obtained). Parents were contacted by telephone to establish a prearranged 15-minute block of them when their child would normally be home alone. During this 15-minute period, a member of the research team conducted the following simulations:

> *Telephone call:* Call the children and ask to speak with their mother or father. Ask the children their name. Ask to leave a message and do so.
>
> The optimal response in this situation is for the children to say that their mother or father cannot come to the phone, and that they would like to take a message. At no point should the children give their name.

The actual response of each child was recorded in detail. For example, the children may reveal that they are home alone, refuse to give their name but take a message, or simply not answer the telephone.

> *Package delivery:* Go to each child's home, knock on the door. If the child opens the door, deliver the package for the parent and leave. If the child asks, through the door, "Who is it?" say, "I have a package for your mother (or father)." If the child opens the door, deliver the package and leave. If the child does not open the door, say, "I'll drop it by another time," or put the package where instructed by the child and leave.
>
> The optimal response in this situation is that the child would go to the door, say, "Who is it?" without opening the door, and then handle the request. For example, "My mother can't come to the door right now, please leave the package on the porch."

TABLE 2 Self-Care Patterns By Geographic Area

	Children Were Left Alone		
	Never	*Occasionally*	*Regularly*
Urban			
Kindergarten (N = 12)	7 (58%)	5 (42%)	0 (0%)
Grade 1 (N = 22)	8 (36%)	10 (45%)	4 (18%)
Grade 2 (N = 27)	12 (44%)	10 (37%)	5 (19%)
Grade 3 (N = 46)	14 (30%)	26 (57%)	6 (13%)
Subtotal	41 (42%)	51 (45%)	15 (13%)
Suburban			
Kindergarten (N = 40)	29 (73%)	10 (25%)	1 (3%)
Grade 1 (N = 41)	30 (73%)	9 (22%)	2 (5%)
Grade 2 (N = 32)	18 (56%)	13 (41%)	1 (3%)
Grade 3 (N = 46)	21 (46%)	25 (54%)	0 (0%)
Subtotal	98 (62%)	57 (35%)	4 (3%)
Rural			
Kindergarten (N = 52)	39 (75%)	11 (21%)	2 (4%)
Grade 1 (N = 51)	34 (67%)	13 (25%)	4 (8%)
Grade 2 (N = 36)	22 (61%)	11 (31%)	3 (8%)
Grade 3 (N = 42)	22 (52%)	15 (36%)	5 (12%)
Subtotal	117 (64%)	50 (28%)	14 (8%)
Total (N = 447)	256 (57%)	158 (35%)	33 (7%)

Once again, the actual response of each child was recorded in detail. For example, the child may open the door and take the package, not respond to the knock, or respond to the individual without opening the door and handle the request without revealing that she or he is home alone.

Results of Simulations

Although these simulations were extremely time and labor intensive, they were invaluable for assessing actual risk. Only two of the 16 children performed well on the telephone portion of the simulation, handling the call properly. All other children readily engaged in conversation with the evaluator, offering information including their name and that they were at home alone.

None of the children handled the package delivery portion of the simulation effectively. Thirteen of the 16 children opened the door and took the package,

leaving themselves at risk to whoever the adult at the door happened to be. Two pretended they were not home (this increases the risk to the child in the event of illegal entry once a perpetrator believes no one is home), and one, who was playing in the street, walked up to announce that his parents weren't home and he'd be happy to take the package. In this particular case, the child had been instructed not to leave the house and his mother was unaware that he played outside. Other parents, in the debriefing interview, constantly expressed surprise at their child's performance on the simulation. Not one of them had expected the child would open the door and take the package.

Although the sample in this pilot is small, the findings are compellingly clear. At the very least, these children are at risk, vulnerable to individuals from the outside. And it must be anticipated that they are also at risk in other ways. If parents have not prepared their children to handle telephone calls and people at the door, we must question their preparation for other problems, including emergencies.

In addition, the striking difference between the parents' expectation of their child's performance on the simulations and the actual performance of the child tells us that parents are not realistically assessing their children's ability to handle even the most common occurrences.

The number of children participating in the pilot of the simulations was substantially smaller than expected. Completion of the simulation protocol took over two hours per participant. The survey calls with parents became quite lengthy because they discussed not only their care arrangements but also their reasons for these arrangements, as well as other concerns about self-care. Arranging the simulation at a time when the child would be alone and the parents could expect that the simulation would take place often required several scheduling attempts. The simulation involved going to the vicinity of the child's home, making the telephone call, then making the delivery effort. Follow-up calls were also lengthy; parents wanted to talk about their surprise that their child had failed to handle the simulation properly, and to learn what steps they could take to prepare their child more adequately for future self-care. Researchers wishing to replicate or follow up on these findings should not underestimate the considerable time and resources that must be committed to each participant.

Discussion

The results of this initial effort demand that we take a closer look at the thinking of parents and their children, the resources available to them, and

the process by which so many families come to leave very young children without supervision and without adequate training to minimize risk.

Further research is needed to identify causal factors and patterns clearly, to formulate interventions, and to assess more fully the actual risks to children left without supervision. A preliminary assessment of need, as reported here, has been accomplished. The findings lay the groundwork for a more comprehensive and detailed analysis of need that would yield quantifiable data and establish operational definitions from which to shape future policy and initiatives.

The following are questions the authors recommend for further study:

1. What are the identifiers for families who leave young children without supervision?

2. What is the actual level of risk to these children in terms of outside elements, such as perpetrators and emergency situations, and to their personal well-being, considering effects such as fear, anxiety, and self-esteem?

3. What alternatives exist or could be provided within the framework of the realities these parents face, including economics, transportation, quality of care, and so on?

4. What role can the school system play in providing preventive education and alternatives to "regular" before- and after-school self-care?

With a thorough analysis of the causes of self-care, including characteristics of the child, family, and community, policymakers will have the information they need to make policy decisions, formulate community objectives, implement educational programs, and enhance family resources.

Communities will have a solid basis for reviewing existing resources, establishing new options and increasing accessibility of services to those families with the highest-risk profiles. By identifying patterns of self-care, community planners will be able to target populations. For example, parents who say "My kids are never left alone," when, in fact, they *are* left alone while parents make the occasional run to the grocery store, will not be moved by public service campaigns that urge parents to choose supervised day care over self-care. These parents must be addressed in such a way that they are able to see that occasional risk is still risk. Different approaches must be made to parents who leave their children in self-care because they are uninformed, or have no transportation, or because children say the after-school care program is boring. Schools will have both a real picture of the need in their community and a blueprint for action. The findings would enable them to make their own

recommendations for educational intervention and for public and private support to create alternatives to self-care, such as establishing after-school programs within the school.

The assessment of need and risk reported here offers new insights, but the short- and long-term consequences of unsupervised care are still not clear. Prevention programs and initiatives responsive to actual need can evolve once an accurate picture of what is actually happening in American homes is available. Only when we fully understand how care patterns evolve can there be an effective national policy that enables families to reduce risk to children. ♦

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(Address requests for a reprint to Sherryll Kraizer, Coalition for Children, Box GG, Palisades, NY 10964.)