

# Under Stress:

Keeping Children Safe

Exploring Childhood/Family and Society



We urge that you use *What About Discipline?* and *A Child's Eye View* in connection with this booklet.

---

## Contents

---

<b>A Case of Family Stress</b> .....	<b>3</b>
Stress and Support	
<b>Needing Help</b> .....	<b>6</b>
Considering a Range of Situations	
Dealing with Stress at the Fieldsite	
<b>Accidents and Children's Safety</b> .....	<b>14</b>
Some Hard Facts	
<b>A Society's Responsibility to Help</b> .....	<b>21</b>
Resources in Your Community	

All names in this booklet are fictitious. Photographs do not show the actual people described in the text.

Cover Photo: David Robinson

Copyright © 1974  
Education Development Center, Inc.  
All rights reserved.

EDC  
School and Society Programs  
55 Chapel Street  
Newton, MA 02160



# Introduction

When people are under stress, unhappy, pressured, with needs that are not being met, their ability to protect and rear their children is affected. Families and others who care for children usually have various kinds of support which enable them to cope with stress. But sometimes a child's mental or physical health can be in danger.

This booklet looks at some effects of stress in the lives of people who care for children. And it considers the kinds of support they might need. It presents true cases of people who have found themselves in situations where strains (such as fatigue, anger, or low self-esteem, to name only a few) led, or might have led, a caregiver to neglect or harm a child.

---

## What Is Stress?

---

- What makes you feel pressured, worried, frustrated, angry?
- How do these feelings affect how you act?
- What has led to feelings of stress within your family?
- How might past experiences contribute to a person's feeling of stress?
- How might the larger society contribute to a person's feeling of stress?

Imagine a young mother who is raising three children, the oldest of whom is five. What kinds of emotional, physical, or social stress might she feel?

For anyone, stress can pile up to a crisis point — one too many of the everyday worries and pressures, or perhaps a specific event or loss can become too much. The purpose of these materials is to help you answer a question that is important to all caregivers: *Do I understand how to help myself and when I need to go to others for help?*



“I knew what I was doing but I just couldn’t stop myself . . . always before I could send her out, then sit down and have a cup of coffee and I’d be fine. Mostly when I’m talking to someone I’m fine. But when I’m sitting there thinking, things get worse.”





# A Case of Family Stress

These are the words of a young mother who is participating in a program which helps families whose children may be endangered by abuse or neglect. In the recorded conversation which you will hear, the mother is talking with her doctor and case worker. She talks about incidents and feelings in her life, and about how she can help herself and her children.

---

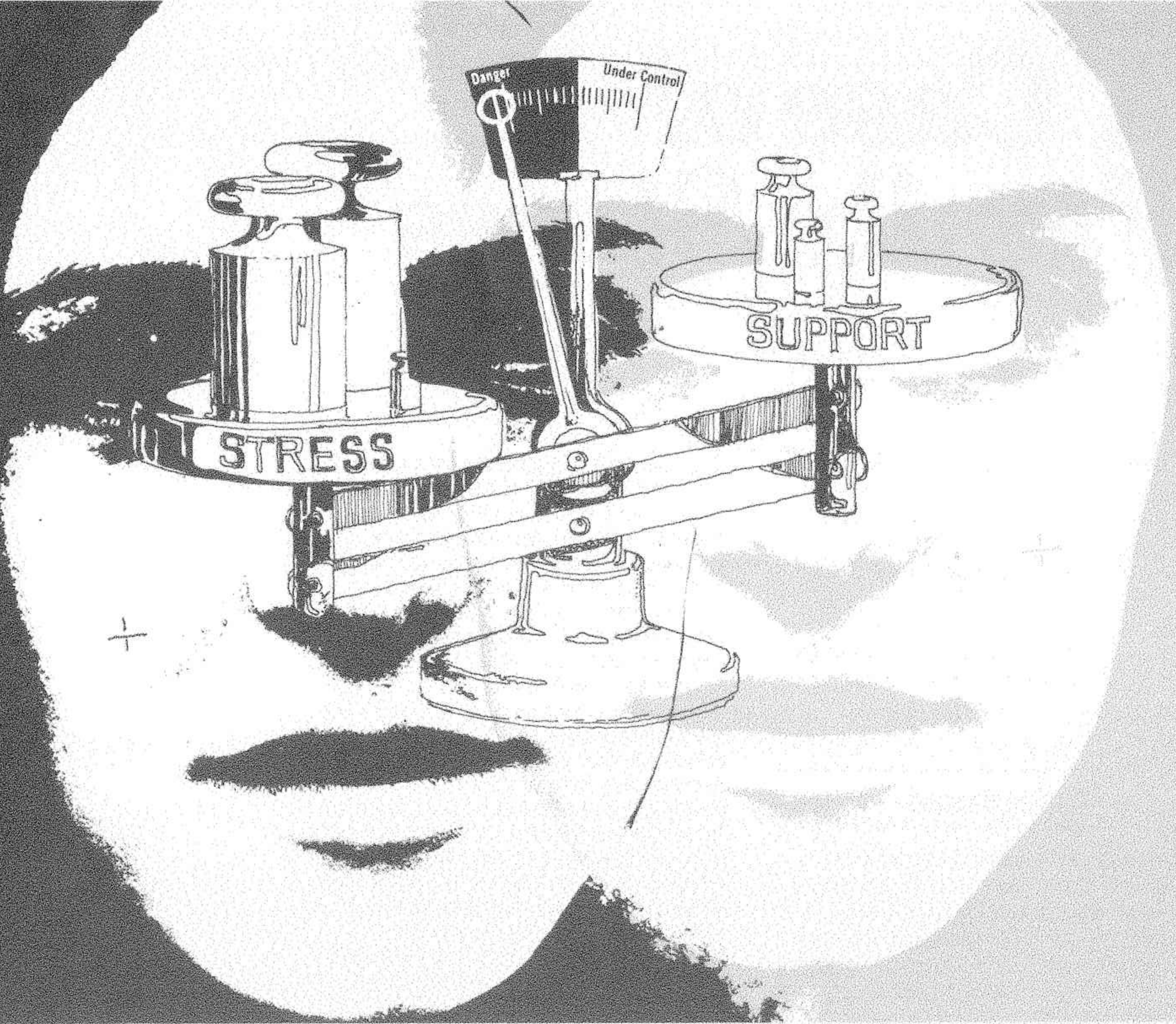
## Case Background

---

This mother's situation came to the attention of a doctor at a city hospital through an unusual situation. Her two young sons are hemophiliacs (an inherited condition in which the blood does not clot properly, causing prolonged bleeding from any wound). When she first brought her older son to the hospital for treatment and diagnosis, hospital authorities thought that child abuse might be involved. Talks between the mother and the hospital staff revealed that her feelings of being unable to deal with the stress in her life were being taken out most on her daughter, the oldest child.

This parent has found some sources of help and is beginning to find ways of coping with herself and her family. At the time that this conversation was recorded, her daughter is five-and-a-half, and her older son is four-and-a-half. She has remarried, and she and her second husband have a one-and-a-half-year-old baby son. Many things affect her sense of self-worth and her ability to raise her children. Some of them are: the way she was raised, her feelings about her own parents, occurrences surrounding her daughter's birth, the break-up of her first marriage, fears for her children's health, concern over how others judge her and her daughter, and tensions in her present marriage. She is under a great deal of stress, some of which has built up from past experiences, some of which is the result of present pressures in her life.





Jim Armstrong

	<i>Family</i>		<i>Community</i>		<i>Society</i>	
	ACTIONS	EXPECTATIONS	ACTIONS	EXPECTATIONS	ACTIONS	EXPECTATIONS
<i>Contributed to Stress</i>						
<i>Potential Support</i>						

# Stress and Support

As you listen to the recording "A Case of Family Stress," listen for what specific things may be sources of stress in this mother's life. Look also for what seem to be sources of support which she can draw upon, both within herself and from others. You might use a form like this for jotting notes as you listen.

### Questions for Discussion:

Working in small groups, compare your notes as you consider these questions:



- Which of the stresses which confront this mother are shared by many parents and caregivers?
- What stresses seem to come from specific problems or experiences this mother has had?
- What kinds of support might help her with the problems that are constantly with her?
- How might she be able to avoid a crisis with her daughter when she thinks one is coming?

## Sense of Self

Listen again to the tape, looking this time for clues about how this mother sees herself and her daughter. Also consider what inner resources she has that you feel she might build upon to help herself.

You might use this form for jotting notes:

SENSE OF SELF	
<u>Causes of Stress:</u>	<u>Inner Sources of Strength:</u>

## The Role of Values

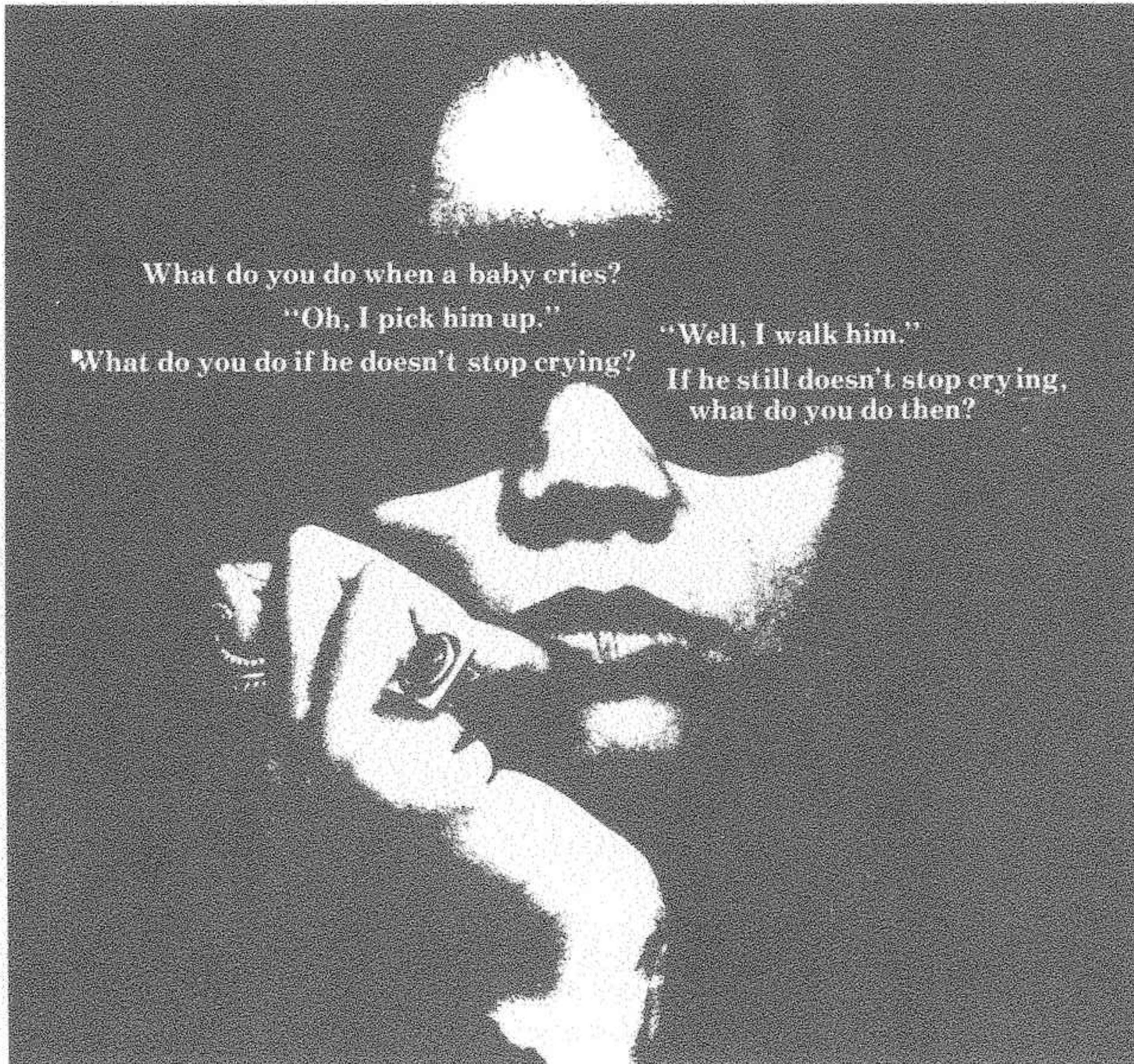
Finally, think about what values you heard expressed on the tape and how they affect this one young woman's life. What values do you see expressed in the behavior of her mother, her father, her grandmother? How do her values differ from her husband's? What values does she hear expressed by her neighbors? By the doctor and nurse? What are some values of the society which may be affecting her?

Sort out these values according to how you think each one helps or hinders her in her role as a mother. You might use a chart like this one:

<u>Values which make her caretaking difficult for her:</u>	<u>Values she can build on:</u>



# Needing Help



David Robinson

Most parents and other caregivers of children get to know how to cope with problems of raising small children. They know their own strengths and weaknesses, and when they need to get a babysitter, call a friend or change their schedules. But some do not, and when they become overwhelmed, and find themselves in situations they cannot handle, they sometimes strike out at their children, or ignore their needs, in some cases causing serious injuries.

Parents who abuse their children are seldom seriously mentally disturbed. Most of them strike out at their children when they themselves are distraught. Often, but not always, the incident is caused by something the child does: a crying baby who cannot be consoled, a two-year-old who is "into everything"; a child who has just mastered the word

"NO"; or a four-year-old who insists on having his or her way.

A parent may turn on a child for any number of reasons, such as physical fatigue, depression because someone the parent loved is gone, economic difficulties or family problems, or anger over something else. Stresses like these may also lead a caregiver to neglect a child, causing serious physical or psychological damage.

Hitting a child, for instance, does not necessarily mean that the child is being abused. Similarly, a parent whose child has suffered a serious accident was not necessarily neglectful. But accidents do occur at times of stress. Finding ways to relieve conditions of stress is important for everyone who accepts a responsibility to care for children.

## Considering A Range of Situations

The following accounts show a range of situations that placed families under stress and their young children in danger. As you think about each case, look for:

- some of the stresses that affected these caregivers
- some support that was received



### **Christmas Rush**

*Christmas is supposed to be a time of pleasure. For me, I guess it's more the culmination of weeks of too much to do, too many good intentions, too many responsibilities and too many people counting on me. Still, I was responsible for what happened the year Ginny was almost a year old.*

*In a rush of final preparations for Gran and Grandad's arrival, I'd just returned from the supermarket, sorted out the groceries I'd stocked up on for the holidays, then looked hastily through the mail noticing some Christmas cards from people I'd forgotten. There was even one from Mrs. Spencer, an elderly widow who lived alone in one of the boarding houses on our street. I decided I could just run upstairs and wrap a small gift for her and take it across the road to brighten her Christmas.*

*I carried Ginny up the long flight of wooden stairs that led to our bedroom; high ceilings in our old house make that climb extra long. Hurriedly, I set Ginny on the rug and rummaged for Christmas wrappings. I just wasn't thinking that at almost one year old Ginny was getting into really active crawling. Then I heard that terrible heart-stopping bump bump bump as she tumbled down that whole flight of stairs. I tore downstairs desperately, and covered her wailing little body with my own, trying to hold her but afraid to move her. Miraculously, she was unharmed. It's still hard to tell anyone about it, seven years later.*

### **Babysitting**

*I hardly ever babysit for small babies. I'm not real interested in them I guess — or maybe I'm scared of them.*

*Anyway, I'm really scared now. I babysat for this couple who had a real young baby. Mostly it was supposed to be sleeping but it cried a whole lot, even when I gave her a bottle. So then I tried putting on clean diapers. The baby wiggled I guess and rolled off the changing table! I was petrified. What if I'd let that baby really get hurt? Then I did something worse, I think — I never told the parents about what happened.*



Stock, Boston





David Robinson

### **Another Kind of Hurting**

*There just seems to be something that happens between me and my older child. I know Shirley's really an intelligent and cheerful little girl but when I come home from work and there's still so much for me to do, some things she does just make me furious. At the age of seven, she should be able to be helpful! Instead she always seems to have lost or forgotten something, or she starts an argument with her little sister. Then I get mad and yell at her, "Why are you always so stupid and thoughtless? Why can't you ever use your head?" or "Can't you see that was a dumb thing to do?"*

*The other day she was upset about something and all I heard her saying to herself as she cried was, "Why am I always so dumb?"*

*Maybe I'm beginning to believe my angry words myself because I was really surprised when a friend told me how much she enjoyed having Shirley stay overnight with her daughter who is 3 years older. She thinks Shirley is terrific, bright and pleasant to have around. As we talked, I learned that she and her daughters have just the same kind of hassles that Shirley and I have! So now we arrange for our daughters to exchange weekend overnight visits a couple of times a month and it really helps all of us.*

---

*The following five cases\* are adapted from doctors' and social workers' reports.*

---

### **Community**

*A young woman had adopted a one-year-old child. She had coped with and solved many problems in rearing the child, but her life pattern was suddenly changed when she left the supportive surroundings in which she had lived and came to a new community where she had no contact with relatives or friends. At the same time, her mother died and she became severely depressed. Under the stress of her mother's death, the depression, loneliness and lack of adequate support from her new environment, this woman felt pushed beyond her strength. On one occasion she became impatient with her child and beat her, causing minor injury.*

*She was surprised and distressed by what she had done. This woman's history indicated that this was an unusual way for her to act toward her child. A combination of counselling, the resolution of her depression, and return to the community in which she grew up made it possible for her to resume a very adequate parental role, based upon following her own mother's way of meeting her needs.*

---

*\* Described in Kempe and Helfer, *Helping the Battered Child and his Family*. J. B. Lippincott Co., 1972.*



### **Trapped**

Jan became seriously depressed, once again attacking her daughter and slowly recognized that it was due to her mother-in-law's impending visit. The mother-in-law had assumed that she could come for a long visit, even implying a permanent stay. The woman was nearly blind and a severe diabetic. Jan had a long history of fights with her, but because of her mother-in-law's poor health she felt she must accept the visit. She also feared her husband's reaction if she said she did not want his mother to come. She felt trapped and unable to do anything about it.

She became so depressed and abusive with her child that both she and her husband thought it best to get professional psychiatric help. With much support and help, she was able to tell her husband of her fears regarding his mother's visit. He was exceptionally understanding, quickly reassuring Jan that she was his first concern and that he would tell his mother that other arrangements would have to be made.

### **A Sense of Worth**

My primary role as a hospital-based social worker is to gather information in order to begin the helping process. A parent who may be abusing a child usually has real trouble communicating and establishing a relationship with others.

I had seen Mr. and Mrs. J. on the day of their one-month-old daughter's hos-

pital admission for head injuries, because we needed more information from them. The conversation suggested severe problems in the area of child care, but Mr. and Mrs. J. failed to keep any appointments with us. Instead, they appeared on the ward late in the evening and expressed strong anger and hostility toward the medical staff.

I made a home visit. During the visit, Mrs. J. began to talk a great deal about her attitudes toward the child, about her marriage and about her early life, including how she used to be beaten severely by her mother. This information came out after I commented about how good her coffee was. As I was leaving, Mrs. J. stated in a shy, almost apologetic manner, "Will you return? . . . No one has ever told me I did anything good before."

### **Who Is Responsible?**

A father had sought medical help because of drug dependency and had been referred by a voluntary program to a city hospital for psychiatric observation. He was not accepted for admission to the hospital and told to return later. Several months later, after quitting a good job, he again sought help from the voluntary program. This time he was given a letter urging that the city hospital admit him. But once more the hospital failed to find room for him. He left his wife and child for a few weeks. Then upon his return, the alleged abuse of the infant occurred.



David Robinson



## Forms of Support



Help for families and other caregivers under stress can take many forms:

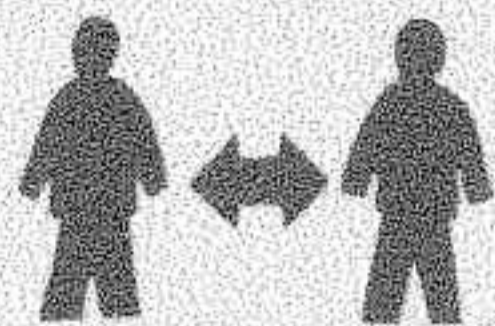
### Forms of Action

- getting medical help
- finding a job
- joining a recreational activity
- getting psychiatric counselling
- reorganizing daily schedules to provide time for rest
- enrolling children in a child care program
- having someone else in the house
- making the child's environment safe in a way appropriate to the child's age



### Forms of Education

- learning more about normal patterns of child development
- learning more about feelings shared by other caregivers
- learning more about needs of children and how others have coped with them
- learning what services are available if needed



### Forms of Helpers

- an understanding person to listen and encourage
- someone ready to be reached by phone at any hour if a crisis is at hand
- a family member or friend available to help with child care responsibilities
- a babysitter



### Forms of Awareness

- gaining understanding of one's own strengths *and* needs
- recognizing that everyone needs help and support
- being willing to accept one's limitations and seek support

*Can you think of others?*



### **Reaching Out**

Judy was seen by a public health nurse following the birth of her second child. Very soon a struggle developed over how the baby's bottles should be sterilized. Judy was using an unsterile technique. The nurse kept trying to explain and demonstrate the sterile methods. She was utterly frustrated by Judy's almost complete disregard of her instructions. As her doctor, I heard the story from both sides. Judy was determined that no one would tell her how to care for her child. She felt that would be saying that she wasn't a capable mother. The nurse was bound by agency policy, which was to "teach sterile technique." Fortunately, the nurse was really eager to help. When she understood what was happening, she immediately dropped her "instructor role" and began to pay real attention to Judy. Out of this change in her way of relating to Judy and her baby grew a very warm and close relationship in which Judy could ask, when she wanted, about child care.

Judy is beginning to understand how her own feelings of being uncared for, criticized, or deserted affect how she responds to her baby. Now when she calls her caseworker, she says things like, "I was pretty upset today. I was even yelling at Ann (the seven-month-old baby). She is so crabby and I have to hold her constantly. I have things to do and I cannot fuss with her all day. I guess it is not that though. Jack stayed home today and all he did was sleep, again. I'm so angry with him and then

when Ann fusses, I feel myself getting so upset with her until I am angry if she bothers me at all."

Another time she said, "Wherever I go everyone notices Ann first, they start playing with her or talking to her. It reminds me of when I was a child when everyone noticed my mother and I felt no one noticed me or cared about me. I get some of that same feeling sometimes with Ann. I get angry with her and feel she's taking everyone away from me."

---

### **Considering Incidents In Your Own Experience**

---

1) Think of a time when an accident occurred or when you reacted to a child in a way you were sorry about later. Describe what happened in your journal. Then on your own or with a partner or small group reexamine the incident looking for:

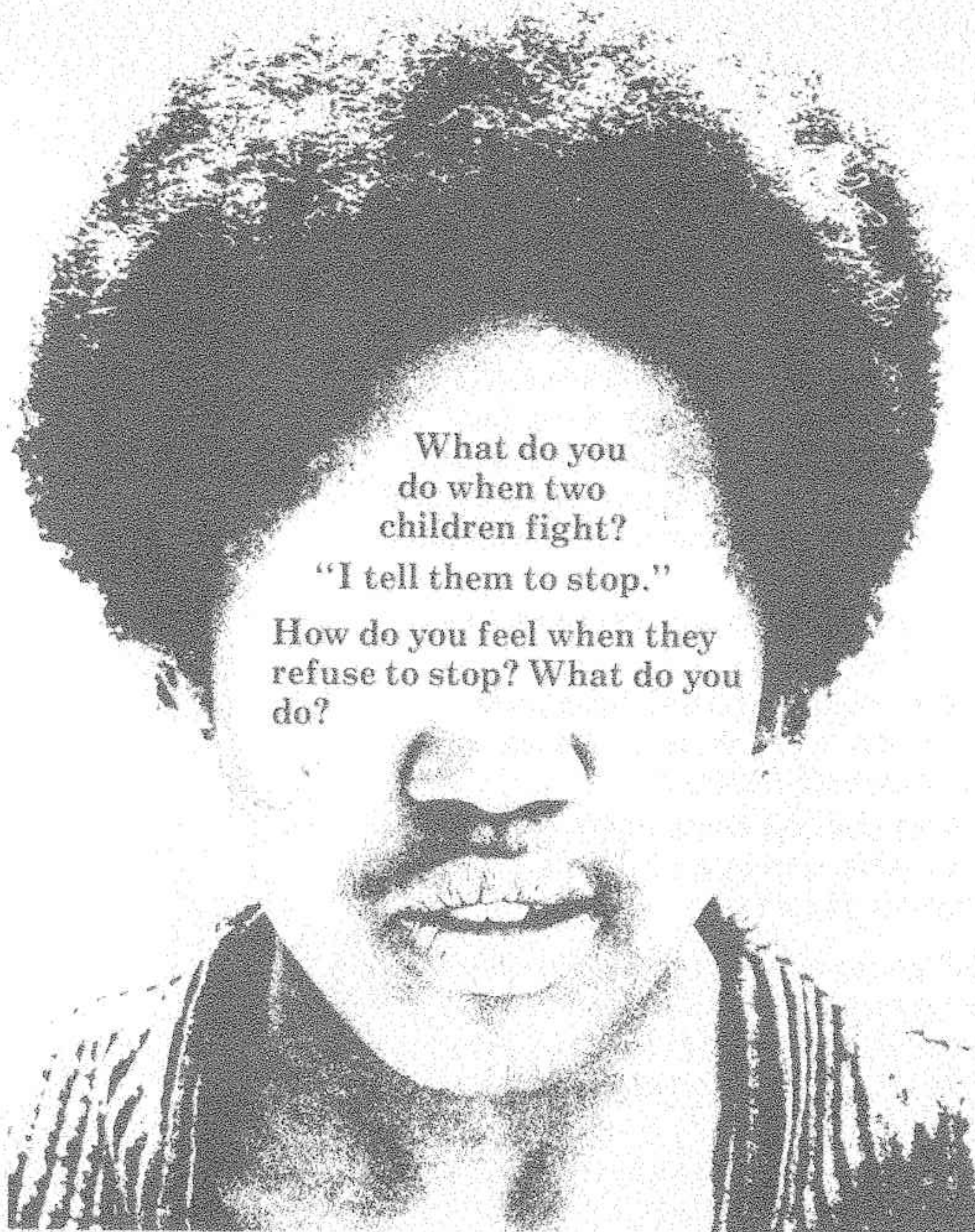
- What may have contributed stress to the situation?
- How might the stress have been lessened or the situation helped before the incident occurred?
- What support (from within yourself or from others) helped you during and after the incident?

2) Can you recall an instance of a friend or family member about whom you were concerned because that person was under a great deal of stress?

- What did you do?
- What do you wish you had done? or that others had done?



# Dealing with Stress at the Fieldsite



What do you do when two children fight?

“I tell them to stop.”

How do you feel when they refuse to stop? What do you do?

Have you ever had a really bad day or experience at your fieldsite?

In small groups share your experience with others.

- What happened?
- What were the ingredients that added up to make things go wrong?
- How did you feel?
- What help did you receive?

---

## Film Viewing: Broken Eggs

---

It is spring. Cal, the student, wants to teach the children in the nursery school about birds. For her project, she borrows some special eggs from her science teacher; the yoke and white have been carefully removed, leaving the fragile shell. The children gather around Cal as she brings out the eggs; for a short while they play carelessly with them, ignoring Cal's attempts to control the situation. They crush one. She asks them to stop. They continue to break more eggs. They don't pay any attention to what she says. Cal is so upset she gets up and runs out of the room. Later she returns and finishes the activity. That afternoon in class, she talks about the experience.

### Questions for Discussion

- What were the factors that led up to this situation?
- Did Cal need help?
- Do you think she did the right thing?
- What supports did Cal have, both during and after the incident?

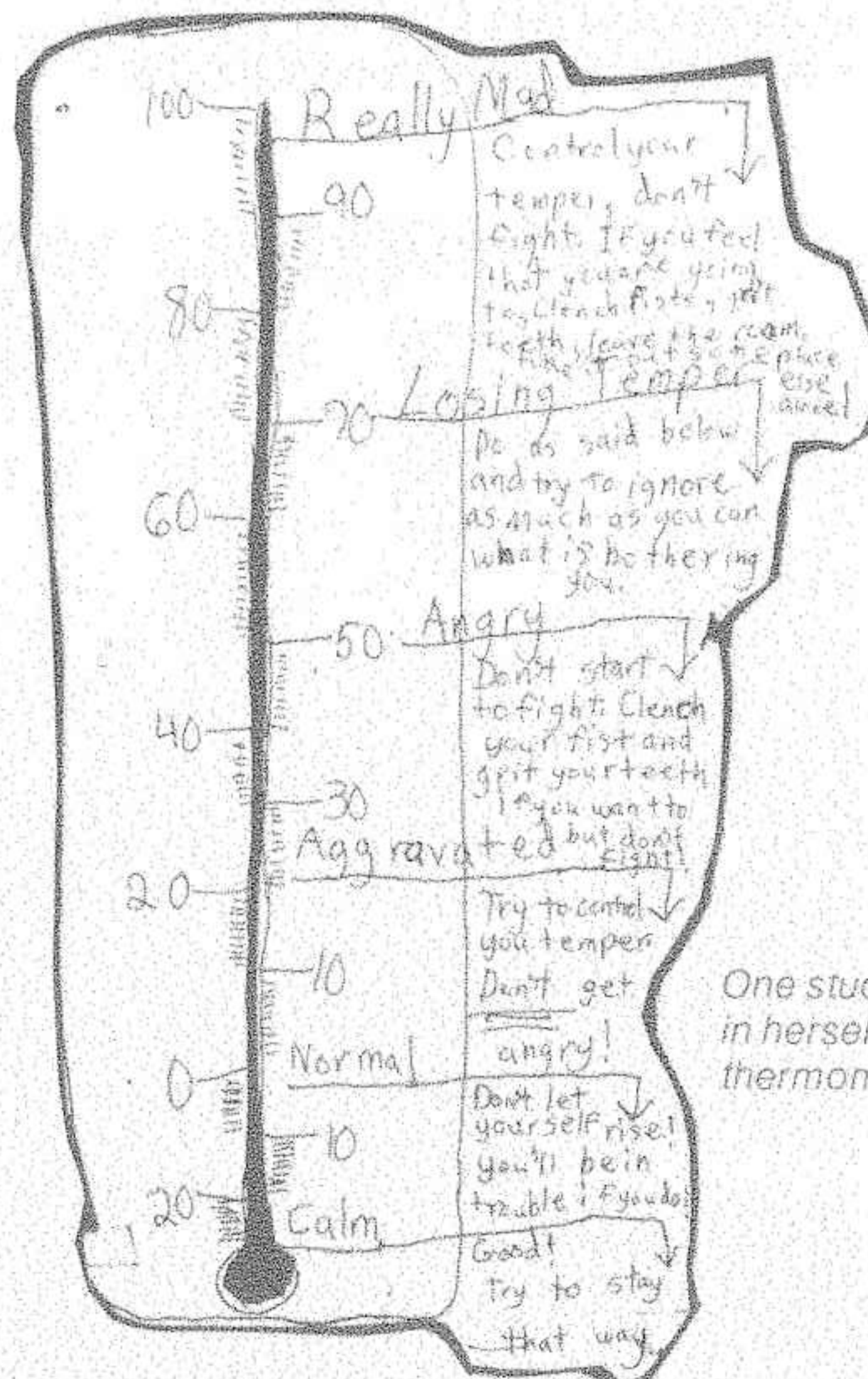




### Advising Young Caregivers

In small groups think about advising other students about working with young children.

- What kinds of stress do you think a student working at your fieldsite might experience?
- What help could they draw upon?
- What kinds of stress might someone experience when babysitting?
- What kinds of support would you suggest to babysitters?



One student's way of handling stress in herself was to make this "anger thermometer."



# Accidents and Children's Safety

Meredith, a student, was supervising nap time. Before lying down, Roger, a bouncy four-year-old, asked to go to the bathroom. When he didn't come out after a long period of time, Meredith went to see what he was up to. She found him standing on the toilet seat stretching to reach the detergent and cleaners.

"Roger," she shouted, "get down!"

Startled, Roger turned and slipped. Luckily, Meredith grabbed him as he fell.

"You dummy," he said, when he was safely in her arms, "you almost made me hurt myself."

"What do you mean, Roger? I was trying to keep you from getting hurt."

"Maybe," he said thoughtfully, "but I didn't almost fall until you came in."

As Meredith discovered, it is not always easy to keep a child safe in his or her environment. What makes it particularly difficult is that what an adult may see as a danger situation, a child might see as a chance to play, discover, or explore.

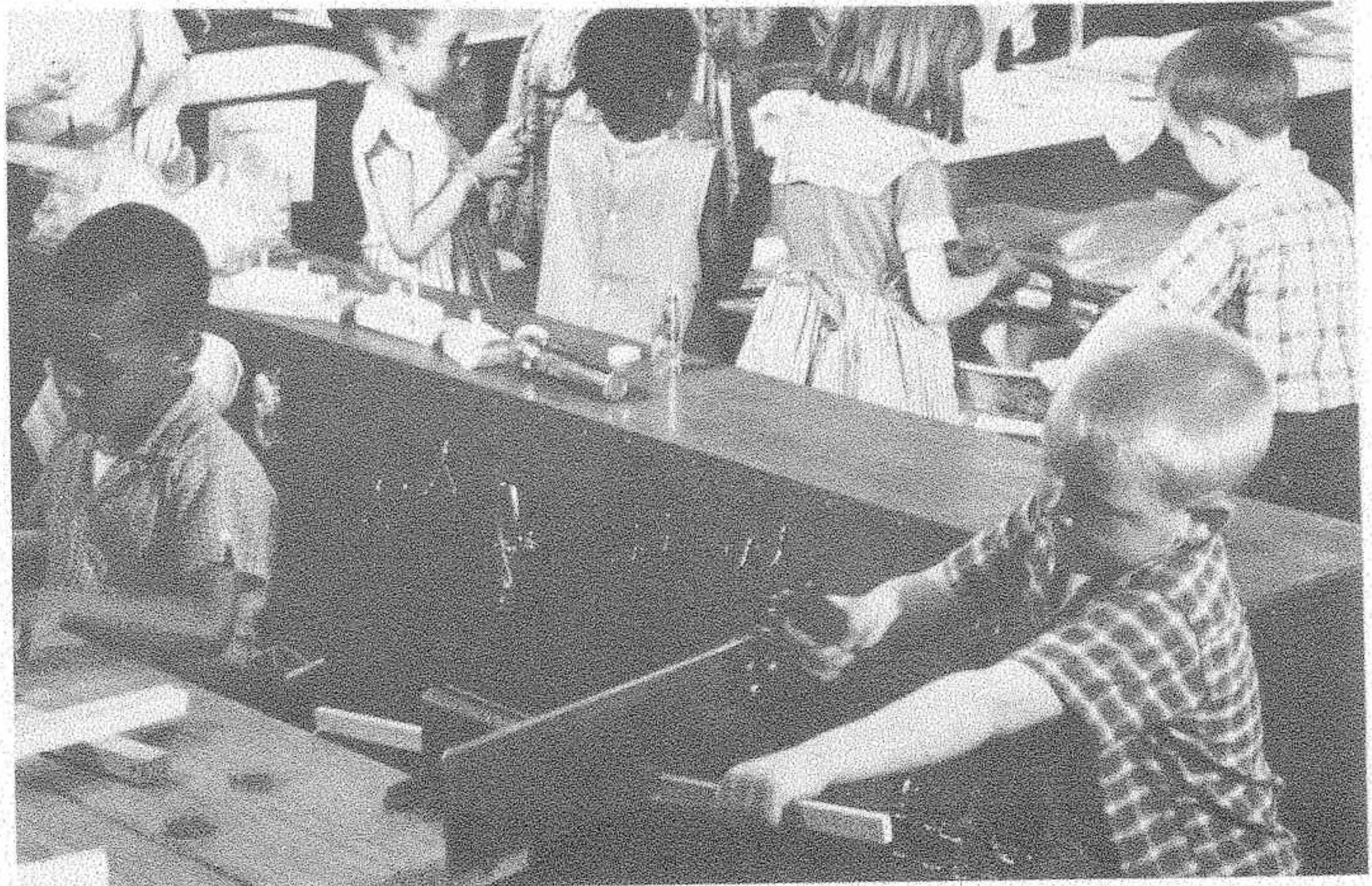
## Activity:

How does an older person provide for children's safety without putting unnecessary limits on their behavior?

- Would you let these children continue in these activities?
- What are the risks? What are the gains?



David Robinson



E.D.C.



# Some Hard Facts\*

More children die from accidents than from all of the next five most frequent causes of children's deaths put together (cancer, congenital malformations, pneumonia, gastritis, and meningitis). A study conducted by the Children's Hospital Medical Center in Boston, Massachusetts, found that accidents are most often caused by a collection of factors, rarely by a single cause. When several sources of stress come together, the chance of a child having a serious accident greatly increases.

Earlier sections of this booklet have dealt with recognizing factors in the caregiver's life which can cause stress as well as with finding support to relieve some of this stress. This section directs your attention as a caregiver to the interaction of children with their environment.

## How Safe Is an Environment?

For each of the following categories, brainstorm a list of examples.

- dangerous places
- hazardous materials
- problematic weather conditions
- unusual or disturbing conditions

## It Depends on the Child

The safety of a child within an environment is related to the child's temperament, experience, and stage of development. Things like electric outlets that are safe for a four-month-old might be dangers to the sixteen-month-old who can crawl. From the safety of a playpen, a sewing box with pins and buttons may look "good enough to eat" to a seven-month-old. But keeping a two-year-old confined to a playpen would be harmful to his or her development. With development, a child's physical, emotional, social, and intellectual abilities and needs change.

While it is important to keep children safe, it is equally important to allow children to explore their world. All children need activity and space to explore their world and stretch their abilities completely and enjoyably, but also safely. Therefore, in small groups, look again at the list of potential dangers you brainstormed. How would you handle each of them for a six- to eight-year-old?

---

\* Information excerpted from *Accident Handbook*; a new approach to family safety prepared and distributed by the Boston Children's Hospital Medical Center.

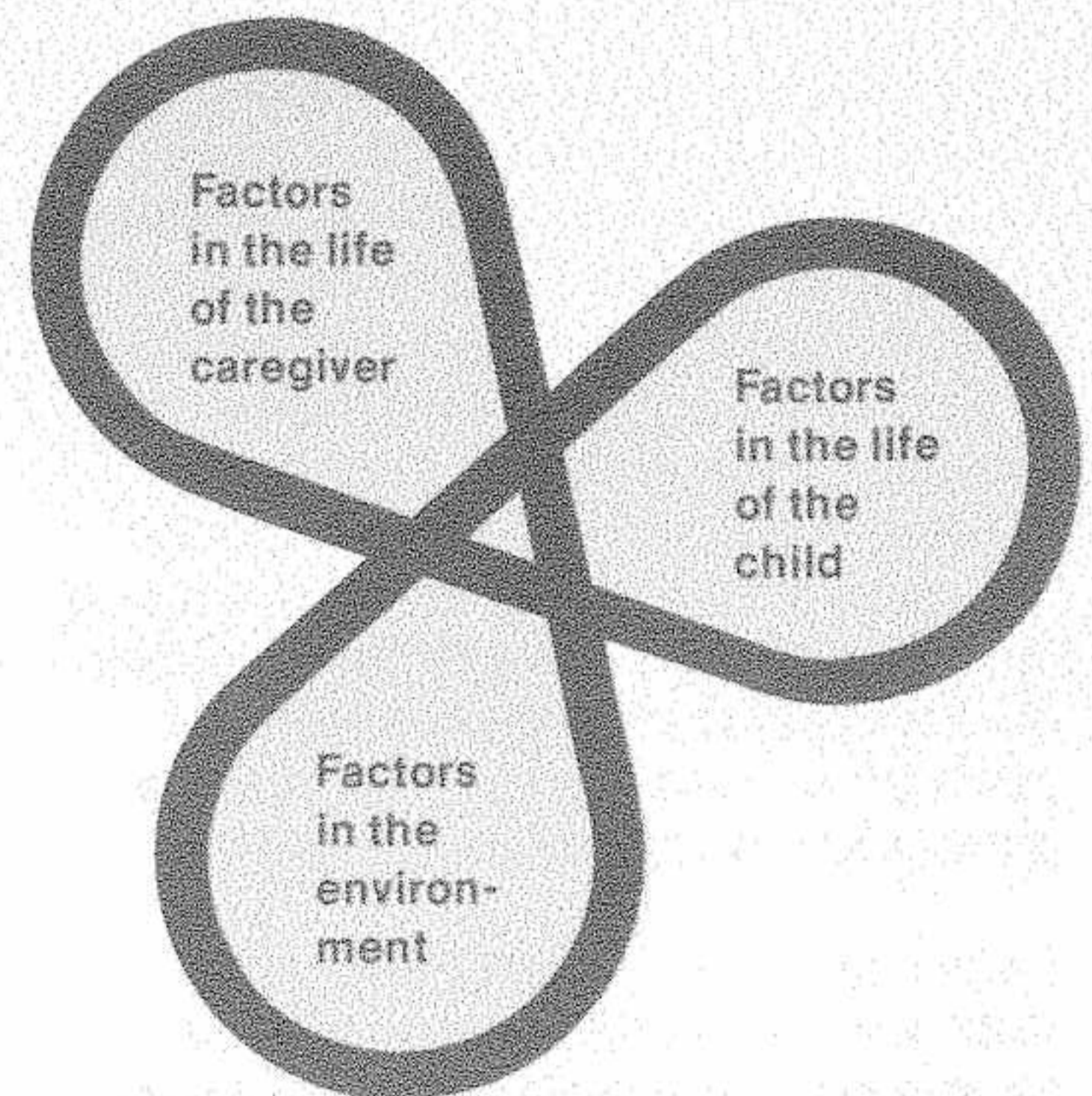


At home, ordinary events and troubles in family life set the stage for most children's accidents. Prolonged or unusual stress increases the likelihood of an accident occurring.

Accidents occur:

- when a child is hungry or tired
- when a hazard (for instance a sharp knife, a bottle of pills, or a busy street) is too accessible or too attractive to resist ("candy aspirin," attractive poisons)
- when the child is considered to be a more than normally active child
- when there is no safe place to play
- when the parents lack understanding of what to expect at particular stages of child development
- when a mother is ill, pregnant, or not feeling well
- when the child is in the care of someone unfamiliar with him or her or with his or her routine
- when the relationship between parents is tense
- when other family members are ill or for other reasons are the center of the mother's attention
- when a child's surroundings change (often at moving or vacation time)
- when the family is rushed





In short, accidents are usually the result of:



By increasing your awareness of factors which may be operating in each of these three areas — you will be better able to keep children safe from harm.



## Accidents to Children\*

Age	Accidents That Cause Death		Non-Fatal Accidents
	Major Cause of Death	Most Frequent Other Causes of Death	
0-1 	Suffocation and Choking	Motor vehicles, fires and falls	Cuts
1-4 	Motor vehicles	Fire Drowning Poisoning	Cuts
5-9 	Motor vehicles	Drownings Fire and Explosions	Fractures and Sprains
9-14 	Motor vehicles	Drownings Firearms	Fractures and Sprains

- Most motor vehicle deaths occur when young children are pedestrians run over or struck in streets and drive-ways.
- Fire claims children's lives when they are trapped in homes or other buildings, often where they have been left unattended.
- Drownings generally do not occur at beaches and pools so much as close to home — in ponds, wells, streams, reservoirs, wading pools, cisterns.
- Poisoning claims about 300 children between the ages of 1 and 2 per year.

\* Information based on New York Times Encyclopedia Almanac, 1970.

One way of both avoiding stress and protecting children is to make the environment used by children safe in ways that are appropriate to their age. The Office of Child Development of the United States Department of Health,

Education, and Welfare developed the following chart of potential hazards and suggested preventive measures for each stage of children's development.



# A Timely Table on Accident Prevention

## Age

## Characteristics

0-4 mos.



Eats, sleeps, cries.  
Rolls off flat surfaces.  
Wiggles.

4-12 mos.



Grasps and moves more.  
Puts objects in his mouth.

1-2 yrs.



Investigates, climbs,  
opens doors and drawers,  
takes things apart, likes to play.

2-3 yrs.



Fascinated by fire. Moves about  
constantly. Tries to do things alone.  
Imitates. Runs and is lightning fast.  
Is impatient with restraint.

3-6 yrs.



Explores the neighborhood, climbs,  
rides tricycles. Likes and plays  
rough games. Frequently out of  
sight of adults.

6-12 yrs.



Away from home many hours a  
week. Participates in active sports,  
is part of a group and will "try anything  
once." In traffic on foot and bicycle.  
Teaching must gradually replace supervision.



## Accident Hazards

## Measures for Prevention

Bath-scalding	Check bath water with elbow. Keep one hand on baby.
Falls	Never turn back on baby who is on table or bed.
Toys	Select toys that are too large to swallow, too tough to break with no sharp points or edge.
Sharp objects	Keep pins and other sharp objects out of baby's reach.
Smothering	Filmy plastics, harnesses, zippered bags and pillows can smother or strangle. A firm mattress and loose covering for baby are safest.
Play areas	Keep baby in a safe place near attendant. The floor, full-sized bed, and yard are unsafe without supervision.
Bath	Check temperature of bath water with elbow. Keep baby out of reach of faucets. Don't leave him alone in bath for any reason.
Toys, Small objects	Keep buttons, beads, and other small objects from baby's reach.
Falls	Don't turn your back on him when he is on an elevated surface.
Burns	Place guards around registers and floor furnaces. Keep hot liquids, hot foods, and electric cords on irons, toasters and coffee pots out of baby's reach.
Electrical shock	Be watchful of child around electrical cords and outlets (use outlet covers for empty sockets). Be on the lookout for damaged cords; they should be replaced.
Gates, windows, doors	Keep doors leading to stairways, driveways and storage areas securely fastened. Put gates on stairways and porches. Keep screens locked or nailed.
Play areas	Fence the play yard. Provide sturdy toys with no small removable parts and of unbreakable material.
Water	Never leave child alone in tub, wading pool, or around open or frozen water.
Poisons	Store all medicines and poisons in locked cabinet. Store cosmetics and household products, especially caustics, out of reach of child.
Burns	Provide guards for wall heaters, registers and floor furnaces. Never leave children alone in the house. Close supervision is needed to protect child from accidents.
Electrical shock	Be watchful of child around electrical cords and outlets.
Traffic	Keep child away from street and driveway with strong fence and firm discipline. Even shallow wading pools are unsafe unless carefully supervised.
Water	
Toys	Large sturdy toys without sharp edges or small removable parts are safest.
Burns	Keep matches and cigarette lighters out of reach of children. Teach children the danger of open flames. Never leave children alone in the house.
	Safety knobs are available for burner controls on stove. Be sure pot handles are out of child's reach.
Dangerous objects	Lock up medicine and household and garden poisons. Store dangerous tools, firearms and garden equipment in a safe place out of reach of children.
Playmates	Accidents are more frequent when playmates are older — the 2 year old may be easily hurt by bats, hard balls, bicycles and rough play.
Electrical shock	Be watchful of child around electrical cords and outlets.
	Caution children about playing near power lines, about what to do and what not to do about live wires.
Tools and equipment	Store in a safe place, out of reach and locked.
Poisons and burns	Keep medicines and household products and matches locked up.
	Safety knobs are available for burner controls on stove. Be sure pot handles are out of child's reach.
Falls and injuries	Check the play area for attractive hazards such as old refrigerators, deep holes, trash heaps, construction and rickety buildings.
Drowning	Teach the danger of water and start swimming instruction.
Traffic	Teach rules and dangers of traffic, instant obedience in traffic.
Electrical shock	Be watchful of child around electrical cords and outlets.
Traffic	Drive safely as an example. Use safety belts. Teach pedestrian and bicycle safety rules. Don't allow play in the streets or alleys.
Firearms	Store safely, handle carefully, teach proper use.
Sports	Provide instruction, safe space and equipment, supervision of any competition.
Drowning	Teach swimming and boating safety.

## Questions for Discussion

- What ideas from your brainstorming and small group examination activity might you add to their list?
- What has been done at your fieldsite to make the environment safe for children?
- What rules and safety instructions are taught there? How?

### Temperament:

- Think of two very different children of the same age whom you know. How would their differences in temperament affect your way of keeping them safe while encouraging their development?

### Experience:

- Some children are taught to swim before they are two years old. How might this experience affect the danger of their drowning?
- Can you think of other kinds of experience which might make certain situations more safe or more dangerous for a particular child?



# Safe or Unsafe?

Do you agree or disagree with each of these statements?  
Discuss your results with your classmates.

- |   |        |
|---|--------|
| 1 Household cleaners — detergents, furniture polish, oven cleaners, bleach — can be safely stored under the sink if a toddler is warned never to touch or play with them. | yes no |
| 2 If the phone or doorbell rings while you're busy with a baby, a safe place to leave him or her is on the bed because you will be gone for just a minute.                | yes no |
| 3 When you're cooking or serving meals, a good play-spot for toddlers is the kitchen floor — where you can keep an eye on them.   | yes no |
| 4 A normal child will never drink bleach, bug killers, or kerosene because they taste awful.  | yes no |
| 5 You accidentally add salt instead of sugar to the baby's formula. The formula may not taste good, but at least it won't hurt the baby.                                  | yes no |
| 6 When a child refuses to take aspirin or medicine a doctor has prescribed, tell the child it is "candy" to encourage him or her to take the medicine.                    | yes no |
| 7 Toddlers can be left alone in the bathtub or wading pool if you are careful to put in no more than one or two inches of water.  | yes no |
| 8 Toddlers will not try to touch the flames in a barbecue or a fireplace because the heat will frighten them away.  | yes no |

## Safety Projects And Children

- a) Spend several afternoons observing children at play in different locations. Do you notice any threats to safety which the children themselves are not aware of? List the dangerous places/ things/ conditions in the children's play space. You might take a camera to photograph what you see or make some sketches.
- b) Interview parents about how they make their homes safe for their children, what accidents have ever occurred, and what factors they feel, in looking back, may have contributed to the accident.
- c) Prepare and distribute a safety

checklist for parents based upon your own class discussions and these materials and any further ideas you can collect from health agencies in your community.

- d) Collect an accident file by interviewing friends and others in your community. What kinds of accidents are most frequent? What age groups have what kinds of accidents? What conditions of stress or other factors may have contributed to the accident?
- e) Track down all the information you can locate on first aid for children, what to do and where to go in case of an accident. Report your findings to class.

\*Adapted from materials developed by the United States Department of Health, Education and Welfare



# A Society's Responsibility To Help

You have been exploring how people and institutions in your community try to provide a safe environment for children to grow up. And you have been learning how you can intelligently protect children in a world which cannot avoid having dangers. But some accidents and troubles seem to happen more often to some children. Caregivers want to be able to give children all the love and protection possible, but sometimes they do not recognize what can be dangerous to children, and sometimes the lives of some parents become so stressful that they are unable to keep their children safe from their anger or abuse.

---

## Is Anybody Listening?

---

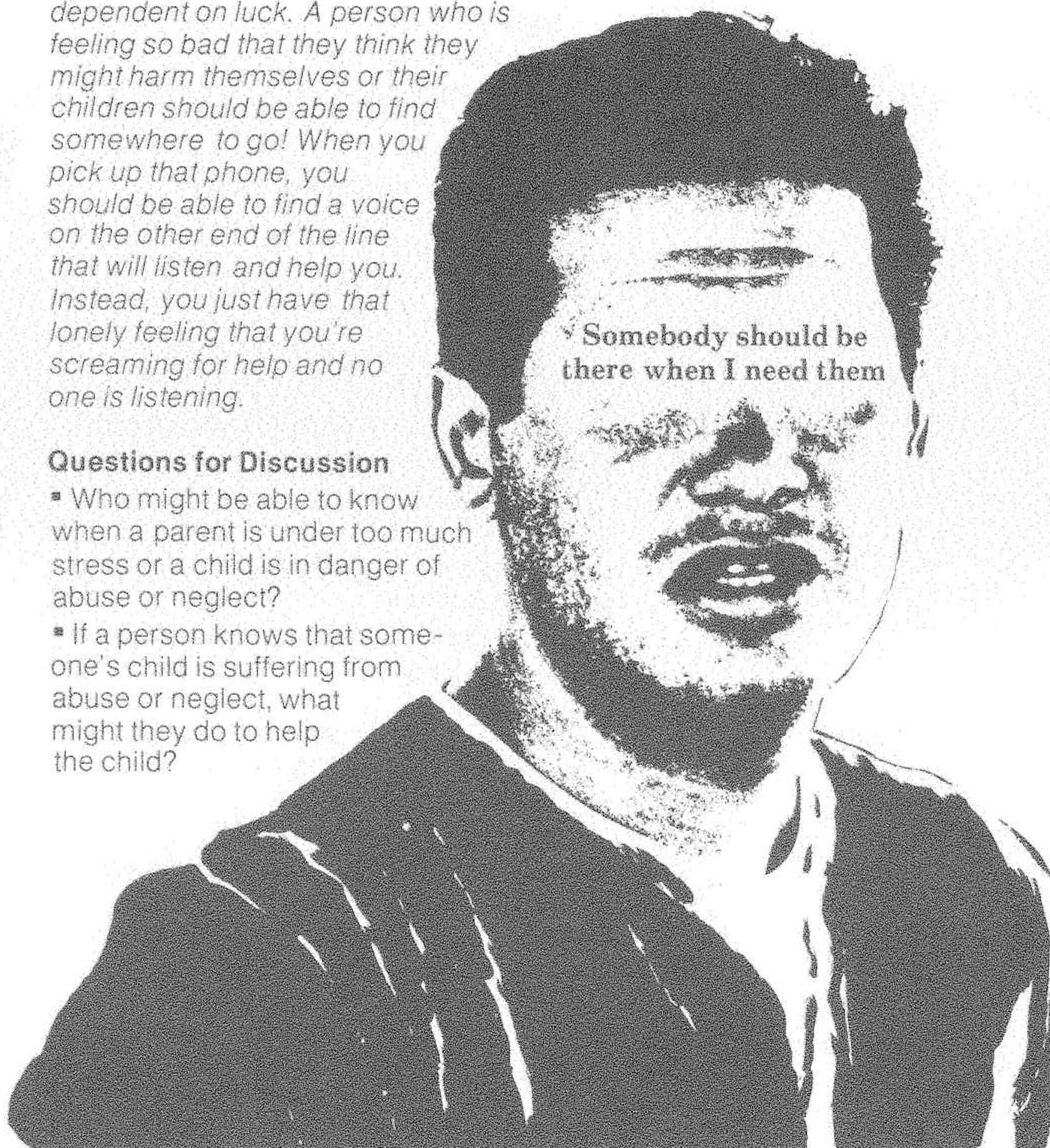
Finding someone to help is not always easy. Sometimes the stress is added to by the inability to find help, as this incident shows.

*I used to get so angry with my children when they fought with each other, that one day I finally knew I needed some help coping with them. But recognizing that you need help doesn't mean your troubles are over. I didn't know where to go. One day, all of the kids were in the living room fighting and I'm in the kitchen holding on to the phone. I'm just standing there holding on to the receiver. Tears were just rolling down my face because here I was holding the phone and I didn't have anyone to call.*

*Luckily, my sister drives into the yard. She dresses the kids and sends them outside and she sits me down and talks to me until I start to loosen up a little. I don't know what would have happened if she didn't come at that exact moment. I feel very lucky, but somehow I know that it shouldn't be dependent on luck. A person who is feeling so bad that they think they might harm themselves or their children should be able to find somewhere to go! When you pick up that phone, you should be able to find a voice on the other end of the line that will listen and help you. Instead, you just have that lonely feeling that you're screaming for help and no one is listening.*

### Questions for Discussion

- Who might be able to know when a parent is under too much stress or a child is in danger of abuse or neglect?
- If a person knows that someone's child is suffering from abuse or neglect, what might they do to help the child?



Somebody should be there when I need them



# Resources In Your Community

Support can be provided both formally and informally. Look back at the forms of support suggested on page 10. Then explore your own community to see where caregivers under stress can turn for help. What people and institutions are there to help children in danger and their families?

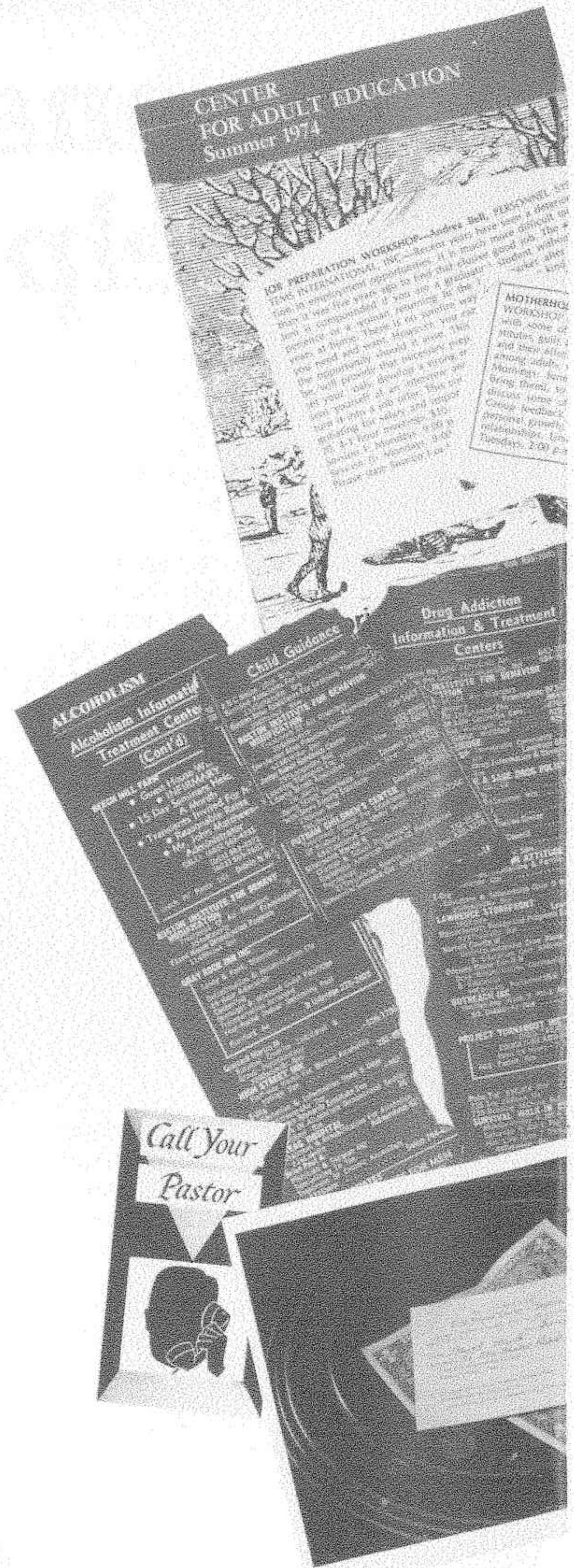
As a class, first discuss where you can seek information:

- by consulting a phonebook and telephoning?
- by sending for government and other pamphlets?
- through hearsay?
- by asking parents and neighbors?
- by interviewing doctors, nurses, socialworkers?
- from newspapers?
- other ideas?

Then make your plans and collect your information and pool it in class.

## Questions for Discussion:

- What experiences and feelings did you have in doing this research?
- What would you like to do about the list you have compiled and what you have learned?





SOCIAL

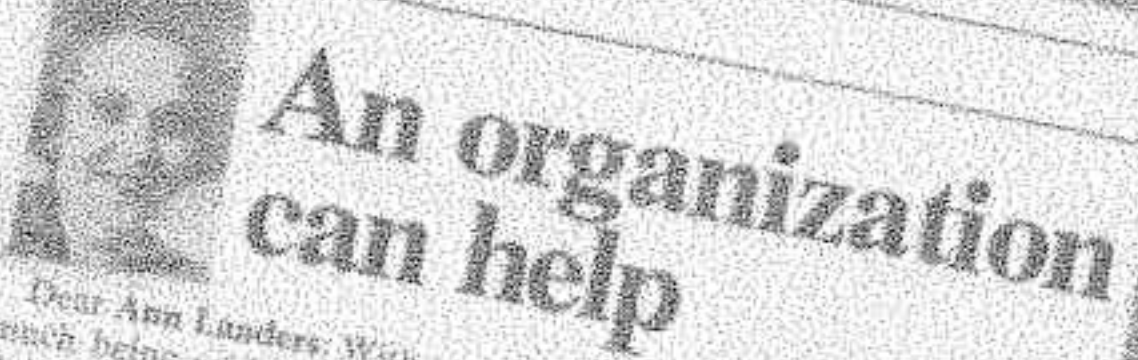
SEE GREEN PAGES—FOR

1154 Boston

Social Service Organizations—Cont'd

Table listing social service organizations with columns for Name, Address, and Phone Number.

ANN LANDERS



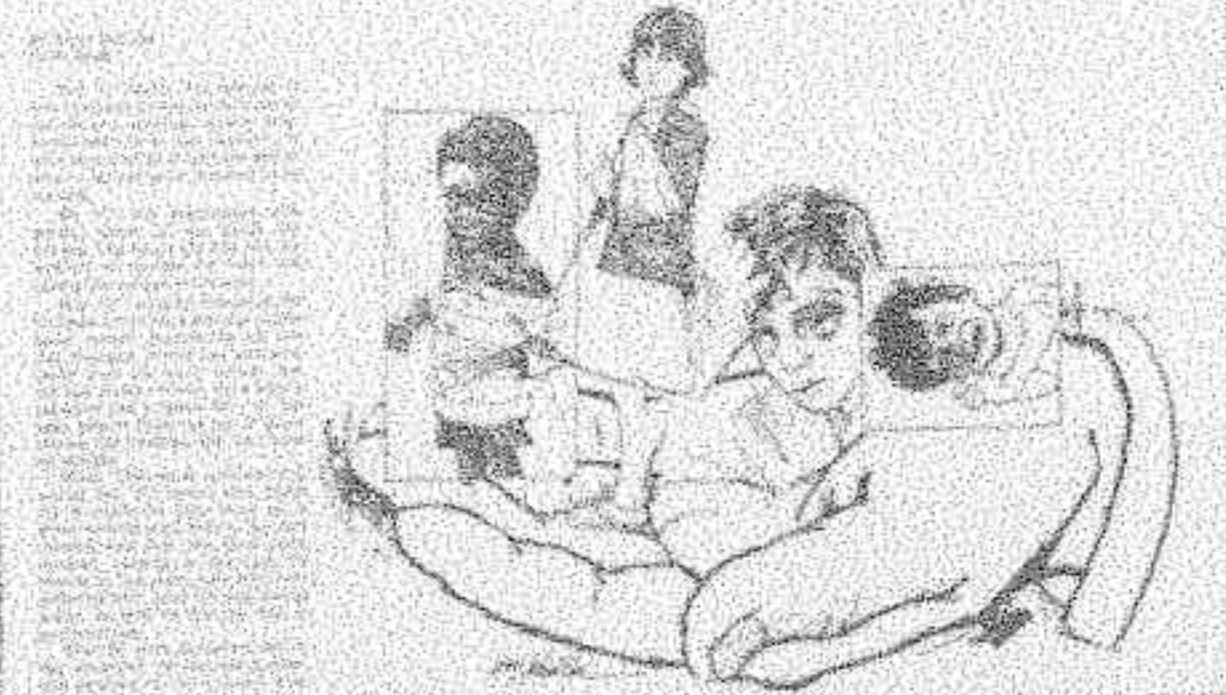
An organization can help

Dear Ann Landers: With so much being said and written these days about battered children, may I add my two cents worth? I am a mother who used to get so angry with my children I'd beat them black and blue. My six-year-old was on drugs for a nervous condition. We were both under psychiatric care. I begged my doctor to help me be a better mother. His advice was "Control yourself! Don't lose your temper." This went on for over a year. Then a friend told me about Recovery, Inc. Two months after I attended my first meeting I was able to control my impulses. That was three years ago and I'm still going to meetings. I can't tell you what this organization has meant to me and to my family. I would not have believed it possible had I not experienced it myself. Please tell others that Recovery, Inc., sometimes succeeds when psychiatry fails. — A True Believer

TO AND LIBERATION POSSIBLE... Jean LeVan... A discussion leads to mothers regarding the cause of the day's unhappiness, mothers' attitudes to the current levels of violence in their relationships, in addition to the interaction of their own children who wish to be free. Children who wish to be free may profit from husband counseling as well as mothers who have their own children of perceptions has proven that a social tool in the well known in effectiveness in patient child care. 20-16, 8, 2 hour meetings \$12. Begins June 13, 8:00pm.

LIVING

Child abuse — a glimmer of hope



Child abuse is a serious problem... (Text continues with details about the issue and resources.)

Problems

Chatter—Dear again I have a problem and once again I turn to the Chat. I have a daughter, age 11, who naturally I love dearly. For some reason, lately I seem to be "losing interest" in her almost all of the time. I'm only 38 years old, and sometimes feel I'm not mature enough to rear an eleven-year-old. Please I'm sorry about it!

Chatter—This is my first letter to the Chat. I am the mother of four boys, ages 10, 10, 7, and 4-year-old twins. The twins are up late about every three hours through the night. One will wake up and leave the other in a desperate to get them quiet because I don't have enough sleep. I have a husband and I ask for help and my husband is willing to help but he will be asleep when I call you in advice. Thank you in advance. T.T. and Tim's

COOPER'S CHILDREN'S PROTECTIVE SERVICES 267-9150 Children's Protective Services 1973 Annual Report

FACE 267-9150 Project Place HOT LINE 267-9150

SUMMER PROGRAMS AT ESPOUSAL MAY-JUNE

CELEBRATION OF FAMILY LIFE, A WEEKEND NETWORK FOR ALL FAMILIES AND INDIVIDUALS... (Text describes the summer programs and their goals.)

Who needs your help? THE BIG BROKER ASSOCIATION OF TEXAS

Project Place HOT LINE 267-9150



A sociologist who works with young mothers and their children and who has strong feelings about society's responsibilities to families had this to say about an experience he had with a young mother:

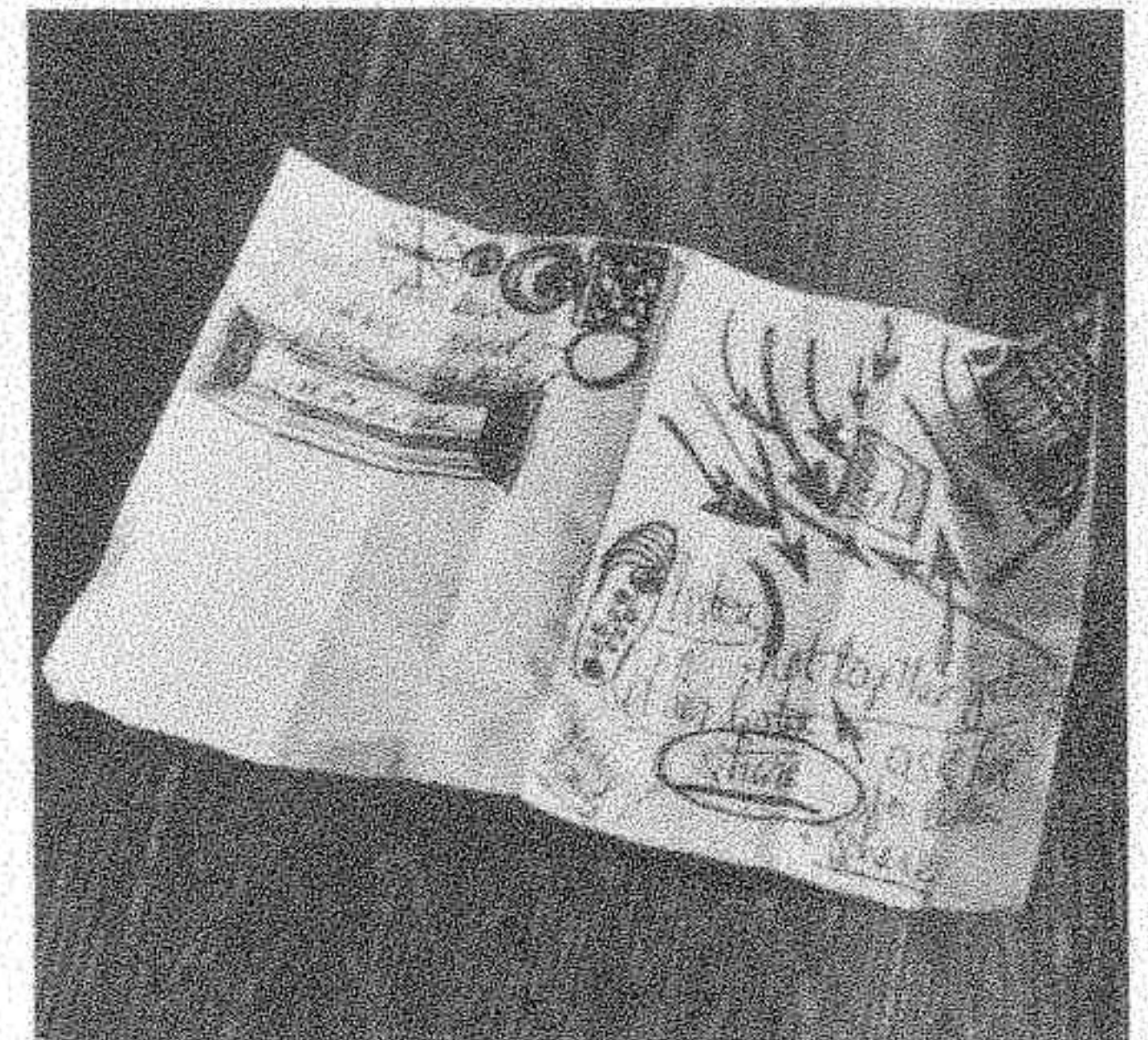
*I was once with a young mother who was trying to toilet train her seven-month-old son who, incidentally, was not yet able to sit up by himself. She was disciplining him because she thought that he was just being stubborn. It took the social worker weeks to convince her that a baby at seven months old just doesn't have sphincter muscle control and he can't possibly learn how to go to the bathroom. Now, the question is: Is this a bad mother? Should she be punished for what she did to her child? Whose responsibility is it to prevent this kind of thing from happening? I say, very emphatically, that it is society's responsibility to educate the parents, and, even better yet, educate them before they become parents. Teach them about children so they know what is appropriate at every stage. So much of what's called child abuse and neglect is just plain ignorance and desperation. I think that so many parents would do so much better by their children if they just knew how. Society better get on its feet and take some responsibility for helping them.*

### Questions for Discussion

- How could a community be helpful to parents?
- How could what you learn about your community be made available to parents?
- What kinds of things would you find supportive if you were a parent?

### Support for the Future

Many of you will one day be parents. Brainstorm a list of ways in which your experience in this course may help you to keep your children safe from harm.



Some of the stresses in one man's life and some of the support he gained from talking with a friend are reflected in this doodle he made during their conversation.

Robert Hower



## **FAMILY IN SOCIETY**

### **Module Head:**

Susan Christie Thomas

## **UNDER STRESS: KEEPING CHILDREN SAFE**

### **Developers:**

Norma Arnow  
Nona P. Lyons  
Kenneth Manning  
Barbara S. Powell  
Ianthé Thomas  
Susan Thomas

### **Consulting Scholar:**

Eli H. Newberger, M.D.  
*Director, Family Development Study, The Children's Hospital Medical Center*

### **Editor:**

Marcia Mitchell

### **Designer:**

Diana Ritter

## **EXPLORING CHILDHOOD PROGRAM**

### **Director:**

Marilyn Clayton Felt

### **Curriculum Coordinator:**

Ruth N. MacDonald

### **Module Head:**

Susan Christie Thomas

### **Project Manager:**

Kathleen L. Horant

### **Senior Scholars:**

Jerome Kagan  
*Professor of Human Development  
Harvard University*

James Jones  
*Assistant Professor of  
Social Psychology  
Harvard University*

Freda Rebecky  
*Professor of Psychology  
Boston University*

### **Consultants:**

T. Berry Brazelton  
*Pediatrician and Clinical  
Assistant Professor  
Harvard University*

Urie Bronfenbrenner  
*Professor of Human Development and Family Studies  
Cornell University*

Jerome S. Bruner  
*Watts Professor of Psychology, Department of  
Experimental Psychology  
Oxford University*

Betty H. Bryant  
*Nursery School Director  
Center for Child Care Research  
Educational Testing Service  
Princeton, New Jersey*

Courtney Cazden  
*Professor of Education  
Harvard University*

Joan Goldsmith  
*Co-Director, The Institute  
of Open Education  
Antioch Graduate Center*

Patricia Marks Greenfield  
*Associate Professor of  
Psychology, University of  
California at Los Angeles*

John Herzog  
*Associate Professor  
of Education  
Northeastern University*

David Kantor  
*Director of Research  
and Development  
Boston Family Institute*

Beatrice Blyth Whiting  
*Professor of Education  
and Anthropology  
Harvard University*

### **Contributors to the EXPLORING CHILDHOOD Program:**

Norma Arnow  
Wendy Johnson Barnes  
Ellen Grant  
Rogier Gregoire  
Toby Grover  
Patricia Hourihan  
Margaret Janey  
Peggy Lippitt  
Ronald Lippitt  
Karlén Lyons  
Lucy Lyons  
Nona Lyons  
Kenneth Manning  
Pamela Matz  
Jim McMahon  
John Nove  
Judith Salzman  
Jeanette Stone  
Ianthé Thomas  
Juliet Vogel  
Sandra Warren  
Dennie Wolf

### **Filmmakers:**

Henry Felt  
John Friedman  
Mark Harris  
Lynn Smith  
David Vogt

### **Film Staff:**

David Barnett  
David Berenson  
Frank Cantor  
Elvin Carini  
Edward T. Joyce  
Allegra May  
David Nelson  
Charles Scott  
Dan Seeger  
Charles L. White, Jr.

### **Editors:**

Marcia Mitchell  
Marjorie Waters  
Nancy Witting

### **Design:**

Myra Lee Conway  
Roz Gerstein  
Diana Ritter  
Michael Sand  
Karen Shipley  
Judy Spock  
Alison Wampler

### **Production:**

Patricia A. Jones  
Scott Paris

### **Parent Education:**

Louis Grant Bond  
Naarah Thornell

### **Teacher Education:**

Michael J. Cohen  
Marjorie Jones  
Edward Martin  
Barbara S. Powell  
Emma Wood Rous

### **Evaluation:**

Geraldine Brookins  
Martin Chong  
Catherine Cobb  
Joan Costley  
Sherry Graves  
Aisha Jones  
Eileen Peters

### **Regional Evaluators:**

John R. Browne  
Karen M. Cohen  
Judith McMurray  
Mark Walker  
Kaffie Weaver

### **Regional Field Coordinators:**

Florence J. Cherry  
Thomas A. Fitzgerald  
Andrea J. Love  
Annie Madison  
T. David Wallsteadt  
Dianne H. Willis

### **Support Staff:**

Florence Bruno  
Genevra Caidon  
Bushra Karamian  
Pamela Ponce de Leon  
Maria Ramho  
Denise Weaver

## **EDUCATION DEVELOPMENT CENTER SOCIAL STUDIES PROGRAM**

### **Director:**

Janel Hanley Whittle

### **Senior Associate:**

Peter B. Dow

### **Director of Evaluation:**

Karen C. Cohen

### **Director of Publications:**

Anne Glickman

### **Director of Teacher Education:**

Rita Holt

### **Director of Special Projects:**

Nona P. Lyons

### **Director of Field Services:**

Dennen Reilly

EXPLORING CHILDHOOD has been developed by EDC School and Society Programs under grants from The Children's Bureau, Office of Child Development, the National Institute of Mental Health, and with the support of the Office of Education.