

CHILDREN'S PERCEPTIONS OF DANGEROUS SUBSTANCES¹

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Summary.—The aim of this research was to examine age differences in children's perceptions of dangerous substances. Children's responses to photographs of child models encountering alcohol, a syringe, medicine, glue, and household bleach were coded for recognition of substance, awareness of potential danger, and understanding of danger or harm. Responses from 59 children (28 girls and 31 boys, who were all children of the required age in an urban primary school) were compared across three age groups (6–7 years, 8–9 years, and 10–11 years). 15 to 18 of 20 children in each of three age groups recognised all the dangerous substances. Significant differences across age groups were found for awareness of the potential harm from alcohol, glue, and medicine, but not for the syringe or bleach. Children reported less serious consequences from ingesting alcohol than other substances, the consequences of sniffing glue tended to be confused with the sticking properties of glue, children's understanding of transmission of germs, disease, and AIDS through syringes was varied, and there was a tendency among the older children to underestimate the potential harm of self-administration of medicines. Findings were discussed in relation to children's concepts of danger and safety education.

Accidents are a major cause of death and injury to children in Britain according to the Department of Trade and Industry (2001). Although the greatest accident risk to children in the 5- to 15-yr. age range continues to be road traffic accidents, there is growing concern that children are at risk from dangerous substances. For example, in 1992 the Department of Health initiated a national media campaign on volatile substance abuse emphasising the risk to children (Bland, Taylor, Norman, Anderson, & Ramsey, 2002). In addition, the Department of Trade and Industry (2001) reported a steep increase in incidents at age 10 yr. from alcohol poisoning. Several researchers have highlighted the need for implementation of health education and intervention programmes from as early as the first year of school. For example, Pocellato, Dugdill, Springett, and Sanderson (1999) called for smoking intervention programmes to be implemented in British schools from as early as 4 years of age. Houghton, Carroll, and Odgers (1998) also identified a need for the development of education materials and prevention programs for use with primary school-aged children concerning alcohol use.

Studies of children's perceptions of danger have focused on pedestrian accidents and home accidents, with few studies including dangerous sub-

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