What kids should do in unsafe situations

Recognize that a situation feels unsafe

Unsafe situations do not always look dramatic. A child may notice a threat through fear, discomfort, confusion, pressure, or a strong desire to leave. Warning signs can include an adult asking the child to keep an unusual secret, trying to separate the child from others, making unwanted physical contact, offering something in exchange for compliance, or becoming angry when the child says no. A situation can be unsafe even if the person is known to the child or appears friendly.

Children should be taught that their bodies and instincts provide useful information. They do not need proof before seeking help. If something feels wrong, the child can pause, create distance, and tell a safe adult what happened. This principle is relevant to common safety risks for children in homes, schools, parks, shops, transportation areas, and digital spaces.

Caregivers can help by listening without ridicule or blame. Statements such as "I’m glad you told me," "You are not in trouble," and "It was not your fault" reduce shame and make future disclosure more likely.

Use the simple No, Go, Tell response

A practical child personal safety skills routine is the No, Go, Tell framework. The exact words and behavior should match the child’s developmental level, communication abilities, and physical safety.

No: Use a clear voice to say "No," "Stop," or "I don’t want that" when doing so is reasonably safe. A child does not have to be polite when protecting personal safety.
Go: Move away quickly. Go toward a trusted adult, a busy area, a staffed location, a classroom, a shop counter, or another place where help is available. The child should not stay to argue or investigate.
Tell: Report what happened to a trusted adult using specific details, such as who was involved, where it happened, what was said or done, and whether there was physical contact or a threat.

Sometimes saying "no" is not safe, particularly if a person is violent, has a weapon, or is blocking the child’s exit. In that circumstance, the priority is to get away when possible, attract attention, and seek immediate help. Children should not be expected to fight, rescue another person, or take risks to retrieve belongings.

Stay safer around unfamiliar people and in public places

Children should understand that "stranger" is not the only safety category. An unsafe person may be unfamiliar, known to the family, or someone the child sees regularly. The key question is whether the person’s behavior is appropriate and whether the child feels pressured or threatened. Children should not go anywhere with someone who has not been approved by their caregiver, even if that person claims that a parent sent them.

If a child feels followed, approached aggressively, or invited into a vehicle or secluded area, the child should move toward other people rather than toward an empty street, alley, restroom, or isolated part of a park. Crossing the street, entering a busy shop, approaching an employee or security worker, or standing near a group of families can help the child reach assistance. The child can use a loud voice to say, "This person is following me," or "I need help."

If a child becomes separated from a caregiver, they should stop moving around randomly and seek help from a preselected safe person, such as a uniformed employee, police officer, teacher, or parent with children. Families can agree in advance on meeting points and teach children their caregiver's name and a telephone number when developmentally appropriate. Children should not hide because they fear being scolded; finding help is the priority.

When walking near roads, children should move away from a threatening person only when it can be done without entering traffic. Road safety remains essential: look for a safe crossing, follow local signals, and ask a responsible adult for help when uncertain.

Respond to urgent danger at home or school

Some unsafe situations require immediate action rather than discussion. If there is a fire, smoke, a violent confrontation, a serious injury, a dangerous chemical, or another urgent threat, children should leave the area if they can do so safely, warn others without going back inside, and contact local emergency services through an adult or an available emergency phone. They should follow the emergency plan taught by their household or school.

Children should never touch weapons, unknown medicines, household chemicals, electrical wires, or suspicious objects. They should move away and tell an adult. If a substance may have been swallowed, inhaled, or splashed into the eyes or skin, the child should immediately alert an adult. Do not encourage a child to induce vomiting or experiment with home treatments; an adult should contact poison-control or emergency medical services according to local guidance.

During violence, a child should prioritize distance and cover rather than trying to physically intervene. If safe, they can go to a designated room, stay quiet, lock or block a door, and call for help. A child who is injured should tell an adult even if the injury seems minor. Symptoms after a head impact, breathing difficulty, severe bleeding, loss of consciousness, chest pain, or a rapidly worsening condition require urgent medical assessment.

Children should know that asking for emergency assistance is appropriate when someone is in immediate danger. Caregivers can post emergency numbers and

practice how to state the location clearly, but should avoid rehearsals that frighten the child.

Keep asking until a safe adult responds

One of the most important safety behaviors is persistence. If the first adult dismisses the concern, is unavailable, or is the person causing the problem, the child should tell another trusted adult. They can approach a teacher, school counselor, nurse, coach, relative, neighbor, police officer, emergency dispatcher, or another responsible adult in a public place. Children should be told directly that adults are responsible for solving adult problems and that disclosure will not get them in trouble.

Families can create a trusted-adult network rather than naming only one person. The network may include adults at home, school, healthcare settings, and in the community. Children should know how to contact at least two or three of them, what to do if one does not answer, and where to go if home itself does not feel safe.

When a child reports possible abuse, exploitation, stalking, or violence, the listening adult should remain calm, avoid leading questions, and not promise secrecy. The adult should document the child's words accurately and follow local child-protection or emergency-reporting procedures. The child's immediate safety comes first.

Handle online pressure and unsafe messages

Digital situations can become unsafe when someone requests private images, asks for a secret conversation, pressures a child to meet, threatens to share information, or attempts to learn the child's location, school, passwords, or routines. The same basic response applies: stop communicating, do not meet the person, save relevant evidence if doing so is safe, and tell a trusted adult.

A child should not respond to threats by sending money, more images, or additional personal information. Blocking and reporting an account may be appropriate, but these actions should be coordinated with a caregiver when evidence may be needed or when the child is being threatened. If there is an immediate threat of physical harm, the child should contact an adult and local

emergency services.

Caregivers should explain that the child will not lose access to help simply because they used an app, visited a website, or broke a household rule. A punitive reaction can discourage disclosure. The priority is safety, preserving evidence, and obtaining appropriate support.

What to do after an unsafe event

After the immediate danger has passed, the child may feel frightened, angry, numb, embarrassed, guilty, or physically unwell. These reactions can vary by age and may appear later as sleep problems, avoidance, irritability, concentration difficulties, or changes in behavior. They do not by themselves establish a diagnosis, but they deserve attentive support.

Adults should first confirm that the child is safe, arrange medical evaluation for injuries or possible exposure, and listen without demanding a detailed account. Use open prompts such as "Tell me what happened" and avoid questions that imply blame. Do not force the child to confront the person involved or repeatedly retell the event to many people.

Seek advice from a pediatrician, mental-health professional, child-protection service, or another qualified clinician when the child has been assaulted, threatened, exposed to violence, physically injured, or remains distressed. Healthcare professionals can assess physical and psychological needs and guide the family toward appropriate services. If the child expresses thoughts of self-harm or cannot remain safe, obtain emergency help immediately.

Practice safety skills calmly and regularly

Safety education works best as brief, repeated practice rather than a frightening lecture. Role-play several situations: an unfamiliar adult asking for help, getting separated in a store, being followed, receiving an unsafe online message, seeing smoke, or finding a dangerous object. Practice using a clear voice, moving toward help, identifying safe adults, and stating the child’s location.

Use multiple examples so children do not learn that only a particular

appearance or setting signals danger. Include familiar adults, peers, public places, transportation, and online communication. Adapt instructions for developmental stage, disability, language, sensory needs, and communication style. Some children may use a communication device, gesture, picture card, or predetermined code word instead of spoken words.

Review the plan after a move, school change, new caregiver, or significant family event. The goal is confident help-seeking, not perfect performance. Children may freeze, comply, or become unable to speak during danger; adults should respond with compassion and focus on restoring safety rather than criticizing the child’s reaction.