

A Preliminary Investigation of Parents' Opinions about Safety Skills Instruction: An Apparent Discrepancy between Importance and Expectation

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Abstract: The available data suggest that both students and adults with disabilities sustain injuries and are victims of crimes at high levels. Despite these alarming data, several researchers have suggested that safety skills instruction has largely been ignored as a curricular domain. Further, although parents can serve a critical function in educational and transition planning, there is virtually no research that has examined parent perceptions regarding the importance of safety skills instruction in educational programs. The present survey obtained opinions of a sample of parents on selected issues relating to safety skills instruction. The findings suggested that the majority of respondents thought that safety skills were critically important and should be taught both at home and in school. Nevertheless, the respondents reported that few safety skills were included in their child's IEP; they had not discussed safety skills as potential educational programs with their children; and few discussed safety with their children's teacher. A Pearson Chi Square analysis revealed a negative relationship between classroom settings and discussion of safety skills by teachers. Implications of these findings to promote safety competence are discussed.

The available accident, victimization, and injury epidemiology data for persons with disabilities remain limited, but suggest that individuals with disabilities sustain injuries at relatively high levels. Xiang, Stallones, Chen, Hostetler, and Kelleher (2005) suggested that students with disabilities have a higher risk for nonfatal injuries, with the risk even higher for children with multiple, physical, or sensory disabilities (Ramirez, Peek-Asa, & Kraus, 2004). Chotiner and Lehr (1976) indicated that 70% of abused children had disabilities, and Muccigrosso (1991) reported that at least 90% of children with developmental disabilities have been sexually exploited. Further, injury or victimization data involving adults with disabilities also suggest high levels. Agran and Madison (1995) indicated that in a sample of

11,000 individuals served by 800 vocational rehabilitation facilities, over 4,000 work-related injuries were reported. Jaskulski and Mason (1992) reported that in a sample of 108 rehabilitation facilities, approximately 30% of their consumers were HIV-positive. Last, Stimpson and Best (1991) suggested that 73% of women with disabilities have been victims of violence. In all, the data suggest that individuals with disabilities are injured or victimized at high levels.

Because of cognitive, physical, or sensory limitations, several researchers have suggested that persons with disabilities may be predisposed to sustaining injuries (Agran, Spooner, & Zakas, 2008). Even with accessible school facilities, such limitations may present challenges for students with disabilities in school and community settings (Ramirez et al., 2004). Such characteristics as "poor judgment; lack of awareness of danger; impulsiveness and restlessness; inability or difficulties in communicating; low pain threshold; abnormal muscle functioning causing difficulties in chewing, swallowing, standing, walking; and impaired vision and/or hearing" (Bryan, Warden, Berg, & Hauck, 1978, p. 8) may predis-

Appreciation is extended to Peggy Nikkel of UP-LIFT and Holly Garrard of the Wyoming Department of Education for their support. Correspondence concerning this article should be addressed to Martin Agran, Department of Special Education, University of Wyoming, McWhinnie 222, 1000 E. University Ave., Laramie, Wyoming 82071. E-mail: magran@uwyo.edu

pose individuals with disabilities to injury and physical harm.

There is no question that virtually any school, community, work, or home setting has inherent risks and can be dangerous for individuals who do not know or have difficulty in identifying and responding appropriately to risk stimuli. Indeed, to underscore this point, accidents remain the leading cause of death for children without disabilities (Peterson, 1984). Despite alarming information that many students with disabilities have limited knowledge on how to respond to potentially risky or dangerous situations and, as a result, are injured or victimized at levels that appear to exceed the general population, several researchers have suggested that safety skills instruction has largely been ignored as a curricular domain (Agran, 2004; Agran et al., 2008). Unfortunately, many teachers and parents have assumed that students with disabilities either have these skills or are incapable of learning them if they do not. Most importantly, failure to provide systematic safety instruction will leave individuals vulnerable to injury and danger, limit their competence and full participation in school and life experiences, and perpetuate their dependence on caregivers or service providers (Agran, 2004).

The seriousness of the situation regarding the need for direct safety skill instruction cannot be overstated. National data on injury and victimization prevalence for people with disabilities are sobering. For example, children with disabilities are 1.8 times more likely to be neglected, 1.6 times more likely to be physically abused, and 2.2 times more likely to be sexually abused than children without disabilities (Hibbard & Desch, 2007). A report on child maltreatment by the U.S. Department of Health and Human Services (2006) reported that over 52,000 children with disabilities were victims of maltreatment. Of those, over 3,000 children with cognitive disabilities were victims of maltreatment. Even more compelling is the fact that child victims with a disability reportedly were 52% more likely to be victimized again than children without a disability. Considering the implications of these data, the need for safety skills instruction for students with disabilities seems self-evident, but safety instruction continues to be a critically neglected area of instruction. This is particu-

larly distressing in light of the fact that there is ample research about teaching safety skills to individuals with disabilities (Mechling, 2008).

It is ironical that, although teachers think safety skills are important (Collins, Wolery, & Gast, 1992), little has been reported in the literature regarding the opinions of parents about this issue. Parents serve a critical function in educational and transition planning and "shared decision making" with school teams (Turnbull, Turnbull, Erwin, & Soodak, 2006). Parent participation and support for the development of skills that lead to independence is critical. That said, the extent to which parents are actively involved in identifying safety skills in their children's IEPs remains uncertain.

Although several studies have addressed safety instruction from the perspective of teachers (Collins et al., 1992) or service providers (Madison & Agran, 1995), only one examined parent perceptions about safety skills instruction, specifically, which skills parents thought were most important (Collins, Wolery, & Gast, 1991). Such skills as appliance use, bathtub safety, responding to strangers, and responding to fires were uniformly recommended. However, although this study delineated the full range of school-, home-, and community-based safety skills that can be incorporated into instructional programs, it did not examine the nature or quality of safety instruction provided, or the extent to which safety skills were included in IEPs. Given the critical importance of safety skills for students with disabilities and the potentially important role parents can play in educational planning, research on parent perceptions of safety skill instruction is clearly warranted. Such research would be of value in designing safety skills instructional programs most responsive to students' and parents' needs and values. The purpose of the present investigation was to provide a preliminary report on parents' perceptions regarding the importance of safety skills instruction, which skills they thought were most important, the extent to which they had discussed this skills area with their child and their child's teacher, the extent to which safety skills were included in their child's IEPs, and which skills they thought were most beneficial to their children.

Method

Participants

Participants included a convenience sample of 121 parents, who had children with varying types of disabilities and ages. These parents were members of a parent support and advocacy group funded in part by the target state's Department of Education, who were attending a conference designed for parents of children with disabilities.

Instrument Development and Dissemination

A survey instrument was developed based on a review of literature in safety skills instruction for students with disabilities (Agran, 2004; Collins et al., 1991). A draft instrument was field-tested for clarity, comprehensiveness, and relevance of questionnaire items among three graduate students in special education and two state agency personnel staff members who work with parents of children with disabilities, and revisions were made as needed. The resulting instrument was comprised of 14 forced-choice questions and one open-ended question. The questions related to three categories: demographic instruction about their children; parent-teacher communication about safety skills instruction; the extent to which such instruction was provided to their children; and relative importance of selected safety skills areas.

The survey was disseminated to parents attending a parent conference sponsored by the target state's Department of Education. No instructional materials were presented to the parents, and no feedback was provided either during or after completion of the survey questionnaires.

Data Analysis

Descriptive. Frequency tallies were taken for each checked item of each question, then converted to percentages for all questions except the one open-ended question. The frequency of responses was calculated and reported in terms of number and percentages of responses out of the total number of completed questionnaires returned.

Chi square analysis. To determine if a significant relationship existed between variables a Pearson Chi Square contingency analysis was conducted. Specifically, a crosstab analysis was conducted for the Chi Square statistic ($\alpha = .05$) to determine the significance of the relationship between specific groupings and respondents' answers to specific questions. Following this analysis, Cramer's phi was calculated to determine effect size.

Interrater Agreement

To ensure the believability of recorded survey findings, agreement data were calculated across survey questionnaire items. Specifically, two types of agreement were calculated: agreement regarding the frequency of responses to each response option and agreement regarding the responses to the open-ended questions. The second author and an independent reader independently transcribed the responses of approximately 10% of the surveys. The percentage of agreement was calculated by dividing the total number of responses recorded by each recorder by the smaller total, and multiplying by 100.

Results

Eighty-eight ($n = 88$) out of 121 respondents completed the safety questionnaire, resulting in a 72% response rate. Demographic characteristics of respondents' children are displayed in Table 1. The majority of children (53%) was in the 6 to 12-year-old range. The primary instructional settings were the general education setting (42%), resource room (24%), and early childhood (19%), respectively. The majority of students was served in elementary grade levels (44%), followed by high school (21%) and early childhood (19%).

Parents were asked to identify the primary disability of their children (Note: In many cases, more than one disability was identified by a single respondent). *Autism* was the most frequently noted disability (31%), followed by *Other Health Impaired* (23%), and *Speech Language Disability* (22%). (Note: The category of *Other Health Impaired* also included students identified with *ADD/ADHD*.)

Frequencies of responses to safety ques-

TABLE 1

Demographic Characteristics of Respondents' Children

	<i>n</i>	%
<i>Age Ranges in Years</i>		
0–5	9	(10)
6–12	47	(53)
13–15	15	(17)
16–21	13	(15)
21+	3	(3)
<i>Primary Ed Setting^a</i>		
General Education	37	(42)
Resource Classroom	21	(24)
Self-Contained Classroom	10	(11)
Post HS/Work Training	2	(2)
Kindergarten or Below	17	(19)
<i>Type of Disability^b</i>		
Autism	27	(31)
Deaf/Blind	0	(0)
Deaf/Hard of Hearing	4	(5)
Emotional	14	(16)
Cognitive	12	(14)
Multiple	16	(18)
Orthopedic	1	(1)
Learning Disability	7	(8)
Speech Language	19	(22)
Other Health Impaired ^c	20	(23)
Visual Impairment	3	(3)
Traumatic Brain Injury	2	(2)
Other	15	(17)
<i>Grade Levels</i>		
PreK-Kindergarten	17	(19)
Elementary	39	(44)
Middle/Jr. High	9	(10)
High School	18	(21)
Post High School	4	(4)

Notes: ^a Percentages were rounded up.

^b Several respondents indicated more than one disability.

^c This category included ADD/ADHD.

tions, which required a Yes/No response, are displayed in Table 2. Over 80% of the respondents indicated that safety skills were not part of their children's IEPs and they had never requested that safety skills be included in their child's IEP. Further, 75% indicated that teachers had never discussed safety skills with them, and 84% reported that they never asked their children if they wanted to learn safety skills.

TABLE 2

Frequencies of Parent Responses About Safety Skills

<i>Questions About Safety Skills</i>	<i>Yes</i>	<i>No</i>
	<i>n (%)</i>	<i>n (%)</i>
Has there ever been a safety skills listed as an instructional goal on your child's IEP?	17 (19)	71 (81)
Have you ever requested to your child that safety skills be included in his/her IEP?	18 (20)	70 (80)
Has your child's teacher ever discussed the issue of safety skills with you?	22 (25)	66 (75)
There are more important things to teach in school than safety.	27 (31)	59 (69)
Have you asked your child if he or she would like to learn safety skills at school?	13 (15)	74 (85)
Safety skills are important but should be taught at home and not in school.	3 (3)	12 (14 ^a)

^a As an additional choice, parents could choose home and school as *Both Important* (*Both* = 73(83)).

Ironically, when asked if safety skills was an important area to teach, 93% indicated they were *critically* or *very important* and 67% indicated there were no more important things to teach than safety. When asked if safety skills should be taught at home and not at school, 83% of the parents thought it should be taught both at home and at school.

As indicated in Table 3, parents were asked to identify the three most important safety skill areas their children should be taught. Respondents indicated home safety most often (16%). Home safety could include skills such as "recognizing dangerous materials" (e.g., poisonous fluids, items stacked improperly) and "proper use of tools" (e.g., using cutting tools, items that heat up). Crime prevention (11%) represented the next item selected most often. This item could include skills such as "recognizing/responding appro-

TABLE 3

Most and Least Important Safety Skills Areas

<i>Most Important Skill Areas</i>	<i>n (%)</i>
All are Important Areas	73 (83)
Home Safety	14 (16)
Crime Prevention	10 (11)
Drug Prevention	9 (10)
Work Safety	4 (5)
HIV/AIDS Prevention	4 (5)
<i>Least Important Skill Areas</i>	<i>n (%)</i>
None are Least Important	43 (49)
Work Safety	18 (21)
HIV/AIDS Prevention	14 (16)
Crime Prevention	7 (8)
Home Safety	3 (3)
Drug Prevention	3 (3)

privately to strangers". The next frequently indicated item was drug prevention (10%). This could include recognizing inappropriate or illegal drugs or paraphernalia, responding to peer pressure to engage in inappropriate drug use, and the ability to discriminate between "good" and "bad" drugs. Finally, work safety and HIV/AIDS safety were indicated 7% and 5%, respectively. Most noteworthy, 83% of parents indicated they thought *all areas* were important by checking the appropriate space.

When asked which safety area was the least important, parents indicated that work safety (21%) and HIV/AIDS safety (16%) were least important. Interestingly, many parents (49%) chose not to pick a *least* important safety area, and indicated that "all of these are important".

As noted earlier, parents were asked if a safety skill had ever been listed as an instructional goal on their child's IEP. Those who indicated *Yes* were further asked to identify the goal or goals. Interrater agreement across survey items was 90%, meaning the categories identified by each rater for descriptive purposes showed a strong concurrence for this question, as well as the open-ended question discussed below. Of the 17 who indicated *Yes*, 35% noted that the goal pertained to traffic safety. Other safety skills parents identified were personal safety (e.g., knowing phone

number and address), public safety/getting help, and encountering strangers or animals.

A final open-ended question asked parents to indicate if there were any specific safety skills they thought were beneficial for their children. Seventeen ($n = 17$) different skills were noted, with several mentioned multiple times. Avoiding or encountering strangers was mentioned the most often ($n = 9$), followed by all safety skills are "good to teach" ($n = 7$), bully prevention areas ($n = 6$), traffic/street safety ($n = 5$), and personal safety ($n = 4$). Other safety skills identified were related to outdoor/recreational safety, victimization in general, and recognizing emergency personnel and situations.

The Pearson Chi Square analysis suggested there was a statistically significant relationship ($\chi^2(4, n = 87) = 18.1, p < .001$) between the setting where students were primarily served and responses related to the question "if safety skills were ever listed on the child's IEP as goals". Effect size was calculated using Cramer's phi ($\phi = .48$), showing a large effect. These results indicated a negative relationship between students who were primarily served in the general education setting and the degree to which safety skills were included as part of their IEPs.

Additionally, there was a statistically significant negative relationship between the setting and responses related to the question "if their child's teacher had ever discussed safety skills with him or her" ($\chi^2(4, n = 87) = 10.1, p = .038$). Effect size was calculated using Cramer's phi ($\phi = .35$), showing a moderate effect.

Discussion

The purpose of this survey was to examine parents' opinions about safety skills relative to their child's public education. The findings suggest that 93% of the parents considered safety skills to be a very important part of their children's educational experience. Further, when asked to rank order the relative importance of selected safety skills areas (e.g., home safety, crime safety), the vast majority indicated that all safety skills are important. Additionally, the majority of parents indicated that these skills should be taught both at home and in school. Last, 67% of the parents said that there were no more important skills to teach

than safety. In all, the data suggest that parents consider safety skills instruction to be an important component of their child's education. However, other responses the parents made suggest several major discrepancies. First, the majority of parents also reported that there were no safety skills listed as instructional goals in their child's IEP. Second, the majority of parents had never asked their children if they wanted a safety skill included in their IEPs. Third, the majority of parents never discussed safety with their child's teacher. Clearly, these findings suggest a discrepancy between importance (how parents rated a safety skill area) and expectation (the extent to which these skill areas were included in their child's IEP).

The findings suggest that parents held strong opinions about the importance of safety skills with regards to their children. They indicated that safety is both a home and school responsibility. That said, one would assume that specific safety skills instruction would comprise at least some of their children's formal public education, however, the results suggest otherwise. Further, the fact that the parents neither discussed safety with their children or their respective teachers supports this finding. It is possible, if not likely, that the parents did discuss safety with their children but it was not within an educational context (not represented in their child's IEP). The situation is further compounded by the fact that approximately one-third of the target students are of transition age, and many key safety skills areas have particular relevance for this age group (e.g., crime safety, work safety). The study did not examine the reasons why safety skills were either not included in the IEPs, or why they do not receive more attention in terms of parent-teacher communication. Consequently, suggesting reasons for this absence may be at best speculative. Nevertheless, the findings do provide preliminary information that may be helpful in understanding this discrepancy between how parents rated safety skills and their apparent absence on IEPs.

The majority of students in the sample, as reported by their parents, were served in either general education or resource rooms, and 10% were served in self-contained classrooms. The fact that most of the students were

served in general education settings is of course positive. Although we did not ask the parents to describe the nature of their child's educational program, it would seem logical to assume that these students were receiving academic instruction. The Chi Square analysis suggested that there was a statistically significant negative relationship between class setting and extent to which safety skills were discussed between the teacher and students. That is, safety skills were discussed less in the less restrictive setting (i.e., general education). Consequently, a reason why the students were apparently not receiving safety instruction may be that the emphasis in their classrooms was on academic instruction, and not functional skill development in safety. Lynch and Beare (1990) reported that in a sample of students with intellectual and emotional disabilities their educational programs were exclusively academic. Also, findings presented in the National Longitudinal Study (Wagner, Newman, Cameto, Levine, & Garza, 2006) suggest that close to half of transition-age youth with disabilities do not receive life skills instruction, and Grigal, Test, Beattie, and Wood (1997) reported that only a little more than half of the students with IEPs in their sample received life skills instruction. If this is the case (i.e., education for students in the mild to moderate disabilities is predominantly academic in focus), it may explain why students did not receive safety instruction and why their parents did not communicate with teachers about safety. This finding is of course distressing for at least two reasons. First, it reveals of course that students are not receiving critical instruction that may greatly enhance their safety, well-being, and health status. Second, as suggested by Spooner, Di Biase, and Courtade-Little (2006), several functional skills—particularly, health and safety—can be potentially linked to the general education science content. For example, avoiding injury can be taught under the *Content Standard: Science in Personal and Social Perspectives*. Consequently, academic instruction and safety do not need to be mutually exclusive.

It is surprising that the majority of parents said that they did not have any communication with teachers about safety, given the fact that they valued safety so highly. We did not

ask the parents the reasons for this, so this question remains unanswered. It could be that parents thought that this was a home matter, but the fact that most of them indicated that safety is both a school and home responsibility would contradict this. Whatever the reason, we suggest that it is incumbent upon teachers to inform parents of the vulnerability of their children in having an accident or sustaining an injury and to inform parents about the importance of academic and functional skills.

Parents were also asked to rank the importance of specific safety skills areas. Interestingly, most of the respondents indicated that all of the listed safety skills areas were important. In response to an open-ended question, several respondents also indicated that all safety skills are important to teach. Following this response, home safety and crime prevention were identified as being "most important." When asked which of the skills areas were least important, close to half of the respondents indicated "none were least important."

Interestingly, approximately 10% of the parents indicated that their children should be taught how to avoid or encounter strangers. No doubt this was a real concern for many of these parents and not surprising given the popular attention to this issue. Ironically, although strangers may commit an appreciable number of crimes, most crimes are committed by family members, service providers, or acquaintances or persons the victim knows (Sobsey, 1994). This is information that needs to be shared in a safety skills program.

Findings from the present investigation provide insight on the perceptions of parents of students with varied disabilities regarding the nature and extent to which their children were receiving safety skills instruction. However, interpretation of these findings should be viewed with some caution as there are several limitations. First, although the return rate was relatively high and the respondents represented different geographic areas in the target state, the fact that the parents were members of a specific parent advocacy organization limit the generality of the findings and warrant replication with a larger sample size. The fact that the respondents were members of this organization may suggest that they had a certain value set that was not representative of

other parents in this state, and that this may have predisposed them to differentially respond to survey questions. Also, demographic information about the parents (e.g., education level, economic status) was not acquired. Such information may have provided insight about the nature of the responses. There is no question that additional replications are needed involving larger and diverse samples of parents from varying states and geographic areas, economic conditions, and educational backgrounds. Second, to maximize the return of completed surveys, the survey was relatively brief and designed to require relatively little time from respondents. That said, the survey may have omitted several key items that would have provided useful information. In particular, the survey did not focus on specific skills. A survey including specific skills may have yielded different findings. Third, the focus of the investigation was to obtain data directly from the sample of parents via the survey, but no effort was made to collect any corroborating evidence to support or refute their perceptions. Thus, no information was obtained on the nature or type of safety skill instruction their children received or how mastery was assessed, and such information may have been of value in best understanding the parents' responses. It was possible that the students received safety instruction that was not reflected in their IEPs. It is recommended that in future research descriptive information about instruction delivered should be included. Fourth, although the survey yielded information about the nature of the students' primary placement, it did not ask parents to provide any information about their child's educational program. Given the range of disabilities of the target students, we have made the assumption that these children were receiving academic instruction but this remains uncertain. It is also possible that the students were receiving functional skill development in other areas than safety (e.g., community living, mobility). Last, although the input provided by parents was of value, it represents their interpretation and opinion of the quality of their child's education. As such, it may not have accurately represented the events that occurred. It would have been helpful if the survey was also disseminated to the students who could provide input on the education

they received. Future research should ensure that this occurs.

Despite the limitations of this study, this investigation represents the first study to examine the perceptions of parents regarding the importance of safety skills instruction and the extent to which their children were receiving such instruction. The data set presented is admittedly limited, nevertheless, the data reported are compelling as they suggest that safety skills instruction is virtually neglected despite the high frequency of accidents and harm sustained by people with disabilities. The present study did not examine the reason why safety skills instruction was not discussed more often by teachers and parents, but the fact remains that the failure to discuss this topic and include these skills in the students' IEPs may have resulted in the lack of appropriate instruction for these students. There is no question that parents and teachers may find certain safety skills areas difficult to discuss (e.g., crime prevention, HIV/AIDs prevention), and this may have contributed to their failure to discuss safety as a curricular domain. Additionally, parents may never have discussed safety with their child's teacher because they believed that their child had a repertoire of safety skills, even though they may never have asked their child to perform them, or there never has been a situation in which the child needed to perform them. Also, as mentioned previously, parents may not think their child could benefit from such instruction and may be reluctant to discuss this with the teacher. Last, parents may have the conviction that their responsibility and that of service providers should be more geared to avoiding risk and protecting the student from potential injury rather than putting them in a situation where an accident or injury may occur. Whatever the reasons, it is imperative that parents and teachers (and, ultimately, students) engage in a meaningful discussion about safety and, hopefully, implement systematic instruction in this area; specifically, how to identify the risks that may be present in the student's school and community, how to respond when these risks are present, and who to contact to get necessary support or to correct the situation. Failure to do so represents a grave omission and potentially com-

promises both the independence and the well being of individuals we support.

References

- Agran, M. (2004). Health and safety. In P. Wehman & J. Kregel (Eds.), *Functional curriculum* (pp. 357–383). Austin, TX: Pro-Ed.
- Agran, M., & Madison, D. (1995). Prevalence of injuries among supported employees. *Journal of Vocational Rehabilitation, 5*, 5–13.
- Agran, M., Spooner, F., & Zakas, T. L. (2008). Health and safety skills. In T. Oakland & P. Harrison (Eds.), *Adaptive behavior assessment system-II: Clinical use and interpretation*. Atlanta: Elsevier.
- Bryan, E., Warden, M. G., Berg, B., & Hauck, G. R. (1978). Medical consideration for multiple handicapped children in the public schools. *Journal of School Health, 48*, 84–89.
- Chotiner, N., & Lehr, W. (1976). *Child abuse and developmental disabilities: A report from the New England regional conference*. Boston: New England Developmental Disabilities Communication Center.
- Collins, B., Wolery, M., & Gast, D. L. (1991). A national survey of safety concerns for students with special needs. *Education and Training in Mental Retardation, 26*, 305–318.
- Collins, B., Wolery, M., & Gast, D. L. (1992). A national survey of safety concerns for students with special needs. *Journal of Developmental and Physical Disabilities, 4*(3), 263–277.
- Grigal, M., Test, D. W., Beattlie, J., & Wood, W. (1997). An evaluation of transition components of individualized education programs. *Exceptional Children, 63*, 357–372.
- Hibbard, R. A., & Desch, L. W., Committee on Child Abuse and Neglect, & Council on Children with Disabilities. (2007). Maltreatment of children with disabilities. *Pediatrics, 119*, 1018–1025.
- Jaskulski, T., & Mason, C. (1992). AIDS policies and education: What are vocational and residential rehabilitation providers doing? *American Rehabilitation, 19*(3), 12–19.
- Lynch, E., & Beare, P. L. (1990). The quality of IEP objectives and their relevance to instruction of students with mental retardation and behavioral disorders. *Remedial and Special Education, 11*, 48–55.
- Madison, D., & Agran, M. (1995). Safety skills training in supported employment: A survey of current practices. *Journal of Vocational Rehabilitation, 5*, 15–23.
- Mechling, L. (2008). Thirty year review of safety skill instruction for persons with intellectual disabilities. *Education and Training in Developmental Disabilities, 43*, 311–323.
- Peterson, L. (1984). Teaching home safety and sur-

- vival skills to latch-key children: A comparison of two manuals and methods. *Journal of Applied Behavior Analysis*, 17, 279–293.
- Muccigrosso, L. (1991). Sexual abuse prevention strategies and programs for persons with developmental disabilities. *Journal of Sexuality and Disability*, 9, 261–272.
- Ramirez, M., Peek-Asa, C., & Kraus, J. F. (2004). Disability and risk of school related injury. *Injury Prevention*, 10, 21–26.
- Sobsey, D. (1994). Crime prevention and personal safety. In M. Agran, N. Marchand-Martella, & R. Martella (Eds.), *Promoting health and safety: Skills for independent living* (pp. 193–213). Baltimore: Paul H. Brookes.
- Spooner, F., Di Biase, W., & Courtade-Little, G. (2006). Science standards and functional skills: Finding the links (pp. 229–243). In D. M. Browder & F. Spooner (Eds.), *Teaching language arts, math, & science*. Baltimore: Paul H. Brookes
- Stimpson, L., & Best, M. C. (1991). *Courage above all: Sexual assault against people with disabilities*. Toronto, Ontario, Canada: DisAbled Women's Network.
- Turnbull, A. P., Turnbull, R., Erwin, E., & Soodak, L. (2006). *Families, professionals, and exceptionality: Positive outcomes through partnerships and trust* (5th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- U. S. Department of Health and Human Services (2006). *Child Maltreatment 2006*. Retrieved June 16, 2008, from <http://www.acf.hhs.gov/programs/cb/pubs/cm06/>.
- Wagner, M., Newman, L., Cameto, R., Levine, P., & Garza, N. (2006). *An Overview of Findings from Wave 2 of the National Longitudinal Transition Study-2 (NLTS2)*. Menlo Park, CA: SRI International. Available at www.nlts2.org/reports/2006_08/nlts2_report_2006_08_complete.pdf.
- Xiang, H., Stallones, L., Chen, G., Hostetler, S. G., & Kelleher, K. (2005). Nonfatal injuries among U.S. children with disabling conditions. *American Journal of Public Health*, 95, 1970–1975.

Received: 29 October 2008

Initial Acceptance: 12 January 2009

Final Acceptance: 18 June 2009