Where the story starts

Several years ago, I was at an all-you-can-eat pizza buffet with my family. It was a Friday after work and the tables were filled with families excited for the weekend. I generally dislike those kind of places – fluorescent lights, loud squealing children and arcade chaos. My children always love to go with their grandparents, who are overly generous with quarters for the machines.

Amidst the generally exuberant crowd, we started to hear a grandmother loudly barking directives at her two young granddaughters. As her intensity escalated and she began to aggressively push and pull the kids, the room hushed. The crowd of 50-plus pushed pause and awkwardly looked around, giving each other those side-eye looks of disapproval.

After what seemed like a very long time for any child to endure the abuse, I got up from my table and somewhat causally walked over to the grandmother and the girls, now hunched over their pizza at their table. Although I’m a PhD trained public health academic, I had no plan for what I might do. But no one else was moving and I thought maybe I should. I’ve come to know this phenomenon well. According to the bystander effect, any one person is less likely to do something in an urgent situation if there are a lot of other people around. There is a collective diffusion of responsibility - everybody thinks someone else will do something, when in reality, no one usually does.

Without much thought, I sat down at their table and simply said, “It looks like you guys are struggling.” At that point, the grandmother softened. She told me about the children’s mother who couldn’t pick them up. How the kids had been at work with her all day and this was their only chance to eat. How she thinks their car is going to need some repairs. I sat with them for a few minutes listening, helped her fill up the kids’ plates from the salad bar and then went back to my table. The room relaxed and returned to its previous Friday afternoon bustle. The manager came over to thank me for doing something. “I had no idea what to do”, he said.

This encounter stuck with me, so I put a team together to help understand how we can better support parents and caregivers who are struggling in public – places like grocery stores, shopping malls, hospitals. This led to a research initiative culminating in a bystander training program. In partnership with community groups, pediatricians and child abuse experts, we developed Support over Silence for KIDS so community members can learn and practice how to engage with struggling caregivers in public. We’ve trained hospital staff, community groups and students, who are now better equipped to reach out.

As many as 30% of children have experienced some form of abuse or neglect. It’s our job as a community to show them that we’re looking out for them and to help parents and caregivers during a stressful moment. In that moment, we may not be able to teach parenting or stress management or discuss the adverse consequences of spanking. And we’re sure not able to fix the complex constellation of factors that put children at increased risk of abuse. But we can most surely notice the struggle and offer our support over silence, for kids.

Sincerely,

Nancy L. Weaver, PhD, MPH
Professor and Developer