



Buffalo

Child Safety

Healthy Living

FREE

SPECIAL ISSUE:

Child Safety



www.BuffaloHealthyLiving.com

letter

from the publisher



How many times have you heard someone say – “I wish I could just keep her in a bubble her entire life to keep her safe.” Or “I wish I could protect him from the inevitable hurts of every day life?”

All of us—parents, grandparents, aunts, uncles, teachers, and educators—want to keep our children safe. But children can get hurt, physically and emotionally, despite the best of intentions, and when we think we are doing our absolute best.

According to the Centers for Disease Control (CDC), injuries are the leading cause of death in children ages 19 and younger. But the good news is that most child injuries can be prevented, and parents and caregivers can play a life-saving role in protecting their children from injuries.

The goal of this special Buffalo Healthy Living issue is to emphasize and outline the many ways in which we can keep our precious and vulnerable children free from unnecessary harm. Whether it is knowing how to properly install a car seat, how to safely place an infant in a crib for sleeping, being aware of the dangers of unattended children in a hot car, or safety in swimming, driving, and bicycling, there is certainly a great deal to know.

Children of all ages are also subjected to other dangers, such as bullying, cyber-bullying, abuse, depression, and more. Often, it is the often emotional hurts that affect adolescents most deeply. And while there certainly a great deal to worry about, there are also numerous resources and community support available to help navigate the responsibility of being a parent or caretaker.

We hope that you find the information in this magazine valuable, including the list of resources on page 9. We also encourage you to reach out to us at the Golisano Center for Community Health and the Child Advocacy Center at 533 Tenth Street in Niagara Falls. To learn more, call 716-285-0045, and visit www.cacofniagara.org.

Please note that children portrayed through photographs in this magazine are all models, who have not, to our knowledge, been the subject of a serious accident, violence, or abuse.

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President and Publisher
Annette L. Pinder

Associate Publisher
Shannon Traphagen

Editors
Ally Balcerzak
Judith Fales

Graphic Design
First Impression Marketing
and Design, Inc.
Samantha Jean Design

Photographer
Tess Moran Photography

Buffalo Healthy Living

P.O. Box 433
East Amherst, NY 14051
716.204.8881
www.buffalohealthyliving.com
info@buffalohealthyliving.com

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Advertising and Subscriptions
Annette Pinder 716.204.8881
Shannon Traphagen 716.796.9718

Editorial Advisory Board

Jihad Abialmouna, MD, Rheumatologist
Horacio A. Capote, MD, Medical Dir. Neuropsychiatry, Dent Neurologic Institute
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keeping our vulnerable children safe

it takes a team to prevent and learn from tragedy



About the Niagara County Fatality Review Team

Every child's death is a heart-rending, tragic and almost incomprehensively painful event. The goal of having a child fatality review team is to help everyone involved learn from tragedy, with a goal of better understanding the risks our children face, and how to protect all children from unnecessary tragedies.

The Niagara County Child Fatality Review Team is a multidisciplinary, multi-agency process that is coordinated by the Child Advocacy Center of Niagara. The team involved in the review brings together representatives from those involved in child welfare, law enforcement, public health, mental health, healthcare, and other programs that provide services to children and their families.

This unique team comes together to review any sudden, unexpected death of a child under the age of 18. The review helps everyone gain insight and understanding into the causes of any child's death. This involves collecting and reviewing accurate data regarding the circumstances of how the death occurred, and developing recommendations for preventing a similar tragedy in the future. Through this process, the team focuses on how to avoid preventable deaths of children.

The Niagara County Child Fatality Review Team is provided through a grant from the New York State Office of Children and Family Services to the Niagara County Department of Social Services.

About the Child Advocacy Center of Niagara

The Child Advocacy Center of Niagara is a service of Niagara Falls Memorial Medical Center. It is a multidisciplinary program that responds to reports of child abuse and maltreatment, or when a child has witnessed domestic violence in the home. This also includes child trafficking, which is recruiting, transporting, or keeping a child for the purpose of exploiting that child.

The Child Advocacy Center of Niagara works with law enforcement, child protection, prosecutors, victim advocates, medical professionals and mental health practitioners. Intervention takes place in a child-centered facility, which helps to reduce trauma for these young victims. The team of professionals at the Child Advocacy Center coordinate services, provide a comfortable environment for investigative interviews and other services, and assure access to medical, mental health, advocacy and support services. The existence of this unique center and team of professionals, insures that reports of abuse are thoroughly investigated, that medical, mental health and advocacy services are provided, and that trauma for these children is reduced.

In order to better serve and protect children and families, the Center has instituted several additional services, including the Niagara County Child Fatality Review Team, the Safe Harbour Project for children who have experienced trafficking or commercial sexual exploitation, the Niagara County Family Violence Intervention Project, a coalition addressing family violence affecting children and adults, and community education and professional training. The Center also provides advocacy services in Niagara Falls Memorial Medical Center's emergency department for victims of domestic violence and other crimes.

The Child Advocacy Center of Niagara is an accredited member of the National Children's Alliance and is designated a Tier One center by the New York State Office of Children and Family Services. These designations indicate that the Center meets the highest level of national and state standards for children's advocacy centers.

To learn more about The Niagara County Fatality Review Team, and the Child Advocacy Center of Niagara, visit www.cacofniagara.org.

safe sleep for babies

preventing sudden infant death syndrome (sids)

Did you know that about 90 babies die each year in New York State from sleep-related causes? The good news is that, right from the start, you can help your baby sleep safely.

Safe sleep practices may prevent sudden infant death syndrome (SIDS), which is the leading cause of death in babies. SIDS can happen for many reasons, including the child's sleep environment. While all babies under one year of age are at risk of SIDS, the risk can be reduced, which is why the Child Advocacy Center of Niagara (CAC Niagara) is educating parents, grandparents, babysitters, and all infant caretakers regarding safe sleep methods.

Following these ABCs of Safe Sleep can help reduce the risk of SIDS, and other sleep-related fatalities.

Babies should sleep alone. It is important to place babies on their backs – even if they were born early, and are premature. Your baby should not sleep with an adult, other children, or a pet. While babies can share your room and so that you can keep a close watch over your baby in preventing accidents, your baby should not sleep with you in the same bed. Additionally, nothing should be in the crib, except for the baby. This means no pillows, bumper pads, blankets, or toys.

Babies should be placed on their backs. It is important that babies be placed on their backs to sleep, not on their tummy or side, for all sleep times – even a short nap. Research shows that the back sleep position is the best way to reduce the risk of SIDS. However, when your baby is awake, and you are watching your baby, it is a great idea to place the baby on his or her tummy. "Tummy time" helps babies develop strong shoulder and neck muscles.

Babies should be placed in a safe crib right from the start. Always use a safety-approved crib, bassinet, or play-yard with a firm mattress and a fitted sheet. If your baby falls asleep on a bed, couch, armchair, or in a sling, swing or other carrier, put your baby in a crib to finish sleeping. For more about crib safety, visit the Consumer Product Safety Commission at <https://www.cpsc.gov/safety-education/safety-education-centers/cribs>.

Other tips for safe sleep. Use a one-piece sleeper, and don't use blankets. Also be sure that your baby is not too warm. Breastfeed your baby, and try using a pacifier


for sleep, but don't force the baby to take it. Make sure to get your baby immunized.



If your baby is in a front or back baby carrier, be sure that his or her face is always visible. Never use a car seat, baby swing, carriage, or other carrier without properly fastening all the straps, as babies have been caught in partially-fastened straps and died. Finally, make sure that no one smokes in your home or around your baby, don't use drugs or alcohol, and don't rely on home baby monitors.

For more information visit <https://www.health.ny.gov/publications/0672>.

WNY Resource: The Child Advocacy Center of Niagara is a service of Niagara Falls Memorial Medical Center, and encourages everyone caring for your baby to follow these important tips. To learn more, call 716-285-0045.

Follow the 
ABCs
of Safe Sleep

A Baby should sleep
Alone

B On their
Back

C In a safe
Crib
Right from the start

[health.ny.gov/safesleep](https://www.health.ny.gov/safesleep)

THE CHILD ADVOCACY CENTER OF NIAGARA

NIAGARA FALLS MEMORIAL MEDICAL CENTER
Exceptional care. Exceptionally close.

NEW YORK STATE Department of Health Office of Children and Family Services



Helping every baby sleep safer

Niagara Falls Memorial Medical Center is a partner agency of the national Cribs for Kids® program. Cribs for Kids® provides safe-sleep education, with the intervention of a Graco® Pack 'n Play® portable crib, to families who cannot otherwise afford a safe place for their babies to sleep. The Niagara County Cribs for Kids® program is open to infants and caregivers in Niagara County who meet eligibility criteria related to need and who agree to participate in ongoing safe sleep education and follow-up.

**To request a portable crib or make a referral
Call 716-278-4453**



NIAGARA FALLS
Memorial Medical Center
Exceptional care, exceptionally close.



**THE
CHILD ADVOCACY CENTER
OF NIAGARA**
A Service of Niagara Falls Memorial Medical Center

The Niagara County Cribs for Kids® program is a joint effort of the P3 Program for Moms, Kids and Teens and the Child Advocacy Center of Niagara, services of Niagara Falls Memorial Medical Center. Support is provided by through a grant from the NYS Office of Children and Family Services to the Niagara County Department of Social Services and by the Niagara Falls Memorial Medical Center Auxiliary.

look before you lock: preventing child heatstroke



Did you know that an average of 39 children died of heatstroke every year from 1990 and 2016 as a result of being left in cars? That's one child every nine days! To prevent this from happening to your child, or any child that you see left unattended in a vehicle, know the following:

Children and heatstroke:

- The inside of a vehicle heats up very quickly, reaching 125 degrees in just minutes.
- "Cracking" a window does not lower the temperature in the vehicle.
- Leaving a child in a car alone is ALWAYS dangerous and should never happen – not even for a minute. In 10 minutes, a car's temperature can rise over 20 degrees.
- A child's body overheats 3 – 5 times faster than an adult body.
- A rear-facing car seat looks the same whether there is a baby in it or not. A sleeping baby is more likely to go unnoticed.
- Children can die from heatstroke in vehicles even on cloudy or cooler days. When the outside temperature is 60 degrees, the car's temperature can rise to 110 degrees.
- A child dies when his/her body temperature reaches 107 degrees.

Prevention tips:

- NEVER leave a child in a car alone – not even for a minute.
- ALWAYS look before you lock to make sure the child is not in the car seat.
- Create a reminder to look in the back seat, by putting something you need to take with you, such as your cell phone or your purse in the back seat, so that you will see the child when you retrieve these items before getting out of the car.
- Keep a large stuffed animal in the car seat. When you place the child in the seat, put the animal in the passenger seat. It will remind you the child is in the car seat.

Act if you see a child in a car alone!

- Call 911 immediately if the child appears to be in distress. Try to get the child out of the car. Spray the child with cool water (not an ice bath).

- Stay with the child until help arrives. Have someone else page the facility or search for the driver, and don't wait too long for the driver to return.

Beware signs of heat stroke!

- Red, hot, and moist or dry skin
- No sign of sweating
- Strong, rapid pulse or slow, weak pulse
- Nausea, confusion, or strange behavior

Source: www.safecar.gov.

How much do you know about preventing child heatstroke? Take this quiz!

True or False? It's never okay to leave your child alone in a car, even for a few minutes, even if the car is on.

Answer: True.

True or False? Opening windows will prevent heatstroke.

Answer: False.

True or False? Children overheat up to five times faster than adults.

Answer: True.

True or False? Heatstroke can't happen on cloudy days or when outside temperatures are below 70 degrees.

Answer: False.

True or False? It's okay to let kids play in an unattended vehicle.

Answer: False.

car seats – keep your precious cargo safe

following regulations and recommendations is important

Protecting young children in automobiles should be of the utmost importance for parents when on the road. Studies have shown that children who are seated in age- and size-appropriate vehicle restraint systems may be at a significantly lower risk of sustaining serious or fatal injuries during motor vehicle crashes, according to the National Highway Traffic Safety Administration. Traffic crashes account for the leading cause of death among children ages one through 12 in the United States. Because of their diminutive statures, kids who suffer injuries in motor vehicle accidents may fair far worse than adults who suffer similar injuries.

While many parents understand the need for proper child safety seats, keeping up-to-date on regulations can be challenging. However, infant seats, convertible seats, and booster seats can mean the difference between minor injuries and fatality in the event of accidents.

Child Safety Seat Laws

The Insurance Institute for Highway Safety's Highway Loss Data Institute advises that all 50 states and the District of Columbia have child safety seat laws. Child safety seat laws require that children travel in approved child restraints or booster seats, and some permit or require older children to use adult safety belts.

For up-to-date regulations regarding specific states or U.S. territories, drivers can consult with their state's or territory's Highway Safety Offices. These offices will provide detailed explanations of height and weight limits and when children can be moved between seats.

For example, in New York, children under 2 years of age and under 30 pounds must ride in rear-facing infant seats. Children who are under 40 pounds and up to 4 years of age can be moved to forward-facing seats only if they have exceeded the weight limits of rear-facing seats. Children under the age of 8 and a height of 57 inches may move to a belt-positioning booster seat. Once children grow taller than 57 inches or reach age 8, it is safe for them to ride in properly secured seat belts.

For information on the New York State's Occupant Restraint laws refer to New York State Police, https://troopers.ny.gov/Traffic_Safety/Child_Safety_Seats/.

Proper fit and installation.

Car seats are only beneficial when they are installed properly. According to Safe Kids World Wide, 73% of car seats are not used or installed correctly. Many local police departments in Niagara County and other communities will conduct a free child safety seat inspection. An appointment may be required. For more information and a list of inspection sites go to <http://safeny.ny.gov/seat-per.htm>



Check your car seat labels and manufacturer's instructions to make sure it is right for your child's age, height and weight. Make sure the date on the car seat has not expired. Do not use a car seat with an expired date. Rear-facing car seats provide the best protection for the head, neck and spine. Check the car seat label for specific height and weight specifications. ALWAYS put the car seat in the back seat.

Proper safety seat use reduces the propensity for child injuries.

Remember to Choose the Right Car Seat

Remember to Choose the Right Car Seat

Proper use of car seats helps keep children safe. But with so many different seats on the market, many parents find this overwhelming. If you are expectant parents, give yourself enough time to learn how to properly install the car seat in your car before your baby is born to ensure a safe ride home from the hospital. The type of seat your child needs depends on several things, including your child's age and size and the type of vehicle you have.

Read more about choosing the most appropriate car seat for your child at the American Academy of Pediatrics (AAP). For a listing of car seat manufacturers, see www.healthychildren.org.

safety in and around the pool

Beating the heat in a pool is one of the most popular warm-weather activities. Swimming attracts people of all ages because of its various benefits. In addition to being an enjoyable recreational activity, swimming also is a low-impact way to exercise. Having a backyard pool makes swimming and outdoor fun that much easier.

Although exact numbers are difficult to come by, various sources indicate there are approximately 4.5 million residential swimming pools across the United States.

Pools can be enjoyable places to gather and make for the focal points of yards, but they require careful use so fun is not overshadowed by tragedy. Unfortunately, young children have the highest risk of pool injury or drowning, with more than 200 youngsters drowning in swimming pools each year. The American Red Cross and National Swimming Pool Foundation® have partnered to educate home pool users.

The following guidelines are important when adults and children are enjoying the pool.

- **Create barriers.** Preventing accidental drowning means removing easy access to pools. Pools should be surrounded by secure fencing with an automatically latching gate. Fences should not be accessible by climbing. Extra precautions like installing a safety cover on inground pools and removing or securing ladders when the pool is not in use can help as well.
- **Establish rules.** Each pool owner should establish their own set of rules for the pool. These can include “no running around the pool,” “no diving in a shallow pool” and “no riding toys at poolside.” Pool owners can customize rules as they pertain to safety issues in their yards.
- **Maintain constant supervision.** People of any age can drown. That is why it’s always safest for swimmers to swim with a buddy or with someone watching. The American Academy of Pediatrics says an adult should be in the water and within arm’s reach when infants and toddlers are swimming. This is known as “touch supervision.” For older children, an adult should be paying constant attention and remain free from distractions, like talking on the phone, socializing, tending to household chores, or drinking alcohol. Remember, just one minute of distraction due to a phone call, or to perform a short chore in the house can result in tragedy.




- **Use approved flotation devices.** Individuals who do not know how to swim should rely on a Coast Guard-approved flotation device. Water wings and general pool floats are not adequate, especially in situations that requires someone to be saved.
- **Take swimming lessons.** Knowing how to swim will not entirely remove the risk of drowning, but it certainly can reduce it. Many swim programs teach water survival skills as well as general swimming techniques.

Fun around the pool is par for the course come summer. But fun must be balanced with safety when swimming.

Avoid the following flotation devices, which should never be used for water safety.


- Inflatable tubes
- Inflatable floats
- Swim rings
- Noodles
- Water wings
- Inflatable vests
- Blow-up rafts



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www.D2L.org/Stewards



Stewards of Children is an evidence-informed child sexual abuse prevention program. For more information or to schedule a program, visit www.cacofniagara.org or call 716-285-0045.

fun on the playground

great fun, but safety is key



With long days and warm evenings, children enjoy spending more time at the playground, enjoying the benefits of social and physical play. In addition to being

a source of fun, playgrounds can also help children to develop social, creative, and problem-solving skills.

While playgrounds are a great source of fun, they can also be a source of accidents and injuries, making it important for parents and guardians to exert appropriate supervision of their children to ensure their safety. According to the Centers for Disease Control, emergency departments in the United States treat more than 200,000 children ages 14 and younger for playground-related injuries every year. The most common injuries are fractures, contusions, and abrasions. However, each year 20,000 children are treated for traumatic brain injuries they sustained at playgrounds.

It is important for children to play on equipment that is appropriate for their age and development. Preschoolers (ages two to five years) and school-aged children (ages five to 12 years) should also play in separate areas. Playground equipment should be checked to make sure it is in good working condition, and that it is securely anchored. It is also important to check equipment surfaces, as they can become extremely hot in the sun, a source of injuries due to burns.

According to the National Program for Playground Safety, nearly 70% of all playground injuries are related to children falling and hitting the ground. Ideally, playground surfaces should be soft, but sand, pea gravel, wood chips or mulch, rubber, and artificial turf are also acceptable.

Children's clothing can also create a hazard on the playground. Strings, purses, necklaces, or scarves could become a strangulation hazard and should not be worn on playground equipment. If ropes are part of the equipment, they should be securely fastened on both ends.

Playgrounds are a great source of fun, social activity and exercise. A few precautions can help to keep them safe.

Helpful Resources

Child Advocacy Center of Niagara
www.cacofniagara.org

Niagara County Department of Social Services
www.niagaracounty.com/SocialServices/

New York State Office of Children and Family Services
www.ocfs.ny.gov/

New York State Department of Health
www.health.ny.gov/

American Academy of Pediatrics
www.healthychildren.org

New York State Police
www.troopers.ny.gov/Traffic_Safety/Child_Safety_Seats

New York Governor's Traffic Safety Committee
www.safeny.ny.gov/Seat-per.htm

Kid's Health
www.kidshealth.org

Safe Kids Worldwide
www.safekids.org

National Center for Safe Routes to School
www.saferoutesinfo.org/

American Trauma Society
www.amtrauma.org/

Centers for Disease Control and Prevention
www.cdc.gov/

National Safety Council
www.nsc.org

National Program for Playground Safety
www.playgroundsafety.org

National Highway Traffic Safety Administration
www.safercar.gov

American Foundation for Suicide Prevention
www.afsp.org/

Kids and Cars
www.kidsandcars.org

AAA Foundation for Traffic Safety
www.aaafoundation.org/

Connect Safety
www.connectsafely.org

National Center for Missing and Exploited Children
www.netSMARTz.org

New York State Safe Kids Coalition
www.safekidsnystate.org/

SAMHSA Know Bullying Prevention App
<https://store.samhsa.gov/apps/knowbullying/index.html>

Teens Against Bullying
www.pacerteensagainstabullying.org/

walk this way

pedestrian safety

Although people of all ages should be alert and practice safety precautions when walking around town and crossing streets, teenagers, young adults, and very young children have been found to be at the highest risk for pedestrian-related traffic accidents.

According to the Centers for Disease Control, teens and young adults ages 15 to 29 are more likely to be treated in emergency departments for crash-related pedestrian injuries, than walkers in any other age group. Distraction and alcohol use both contribute to the risk.

Teach children and teens to put phones and other electronic devices away or down when they cross the street. Headphones should be removed or the volume turned off. If you or your child need to use a cellphone, stop walking and find a safe area to talk. Parents and other adults should be good role models, setting an example by putting their phones, headphones and electronic devices down whenever they walk around cars and traffic.

Drivers also have a responsibility. When driving, put cell phones and devices in the back seat to avoid distraction and the temptation to check your phone “just for a second”. Drivers should slow down and be especially alert to pedestrians and children playing when driving in residential communities and school zones. Drivers should always be on the lookout for children, walkers, runners and bikers who might step into the street unexpectedly.

Younger children are at a greater risk because of their small size, their inability to judge distances and speeds and their lack of experience with traffic rules. Safe Kids Worldwide states that most children under 10 are developmentally not able to judge the speed and distance of oncoming cars. They should cross the street with an adult.

Children should be taught at an early age to look left, right and left again before crossing the street. They should be reminded to continue looking while crossing by keeping their heads up and looking around until they are safely across the street. It’s best to walk on sidewalks, but if there are no sidewalks, they should walk facing traffic and as far to the left as possible. Children should also be alert to cars that may turn or back up and in parking lots.

Darting into traffic is the leading cause of pedestrian injuries for children aged one to four years according

to the New York State Department of Health. Children should be taught to cross the street only at intersections and to NEVER cross between parked cars since drivers may not be able to see them. Making eye contact with the driver at a crosswalk helps to make sure that they are aware of the pedestrian crossing the street.



Special Tips for “Trick-or-Treaters”



- Decorate costumes and treat bags with reflective tape or stickers.
- Choose brightly colored, flame-retardant costumes.
- Masks can obstruct vision. Try non-toxic face paint or makeup.
- Use glow sticks or flashlights to help children see and be seen.
- Children under age 12 should “trick-or-treat” with adult supervision.
- Mature children should stay in groups and familiar areas.
- Make costumes fit and won’t cause a child to trip or fall.
- Avoid props like wands and swords.

Motorists, watch out for little ghouls and gremlins!

get out and ride but do it safely

Bike riding is a fun activity and an excellent way to exercise. To ensure that your riding experience is as safe as possible, Safe Kids Worldwide (www.safekids.org) offers the following tips.

Helmets.

Make sure your child has the right size helmet and wears it every time he or she rides, skates, or scoots, and that it meets U.S. Consumer Product Safety Commission (CPSC) standards. Let your children pick out their own helmets—that way they'll be more likely to wear it for every ride. A helmet that fits properly should sit on top of the head in a level position, and not rock forward, backward, or side to side. Helmet straps must always be buckled, but not too tightly. When skateboarding and long boarding, your child should wear a CPSC certified skateboarding helmet. Try this helmet fit test, recommended by Safe Kids:

- **EYES check:** Position the helmet on your head. Looking up, you should see the bottom rim of the helmet. The rim should be one or two finger-widths above the eyebrows.
- **EARS check:** Make sure the straps of the helmet form a "V" under your ears when buckled. The strap should be snug but comfortable.
- **MOUTH check:** Open your mouth as wide as you can. Do you feel the helmet hug your head? If not, tighten the straps, and make sure the buckle is flat against your skin.

Equipment and Maintenance.

According to Western New York bike shop owner and expert Tom Lonzi, proper equipment and maintenance are vital when it comes to bike-riding. Bring your child with you when shopping for a bike, to ensure proper fit, selecting one that is the right size for the child now, not in the future. When sitting on the bicycle, your child's feet should be able to touch the ground. Before setting out to ride, make sure the bike's reflectors are secure, the brakes are working properly, gears shift smoothly, and tires are tightly secured and properly inflated.

Dress Properly.

To ensure a safe ride, wear appropriate riding attire. Avoid long or loose clothing that can get caught in bike chains or wheel spokes.



Supervision.

Once your child has a bicycle and helmet that fit properly, actively supervise your child until you are comfortable that he or she can ride responsibly. It is often difficult for children to judge speed and distance of cars until age 10. Until at least that age, limit their riding to sidewalks (although be careful for vehicles in driveways), parks, or bike paths. Also, teach your child to stay alert and watch for cars and trucks, regardless of where they are riding. Children should be able to demonstrate riding competence and knowledge of the rules of the road before cycling with traffic.

Be Aware and Follow Rules.

Teach your children to make eye contact with drivers. Bikers should make sure drivers are paying attention, and are going to stop before they cross the street. Tell your kids to ride on the right side of the road, with traffic, not against it, staying as far to the right as possible. Use appropriate hand signals and respect traffic signals, stopping at all stop signs and stoplights. Be predictable when riding. Stop and look left, right and left again before entering a street or crossing an intersection. Look back and yield to traffic coming from behind before turning left.

Low-Light Riding.

When riding at dusk, dawn or evenings, use lights, and make sure the bike has reflectors. Wear clothes and accessories with retro-reflective materials to improve biker visibility to motorists. Most states require a front light but allow the use of a rear reflector. Headlights are important for drivers to see you.

learn the early signs of bullying

Children grow and develop their personalities in various ways. While many youngsters are teased or receive some good-natured ribbing at some point in their school careers, some teasing can eventually turn into bullying.

The National Education Association estimates that 160,000 children miss school every day due to fear of attack or intimidation by other students. Furthermore, more than 70 percent of students report incidents of bullying at their schools. Although children in lower grades have reported being in more fights than those in higher grades, there is a higher rate of violent crimes in middle and high schools than in elementary schools. According to the association Make Beats Not Beat Downs, harassment and bullying have been linked to 75 percent of school shooting incidents.

Bullying can take many forms, and learning the warning signs as a parent can help prevent harassment and potentially dangerous situations.

Verbal: If your child reports being called names, being the recipient of racist, sexist or homophobic jokes, or being spoken to in an offensive or suggestive way, this can be a form of verbal bullying.

Cyber: Social media, email and text messaging has become a way for bullies to spread malicious messages or photos. In the era of digital media, this type of bullying has increased considerably.

Physical: Some bullies engage in physical attacks, including hitting, kicking, spitting, or other forms of physical confrontation. Destroying personal property also is considered physical bullying.

Indirect: Gossiping and spreading nasty rumors about a person is another form of bullying. This type of bullying may go hand-in-hand with cyber bullying.

Signs your child is being bullied

Parents can recognize certain signs that their child is being bullied at school. Bullied children frequently make excuses to avoid going to school. While the desire to stay home is something many children may express, those who are bullied may do so much more frequently. Bullied children tend to avoid certain places and may be sad, angry, withdrawn, or depressed. They may have trouble sleeping or experience changes in appetite, and bullied youngsters' academic performance may suffer.



Also, parents may notice that children return from school missing some of their belongings.

Signs your child is the bully

Parents may not want to imagine their children bullying other students, but bullies do exist. Children who bully other kids have strong needs for power and negative dominance. They may find satisfaction in causing suffering to others. Some signs that your child may be a bully include:

- easily becoming violent with others
- having friends who bully others
- blaming others quickly
- comes home with belongings that do not belong to him or her
- getting in trouble with teachers or school administrators
- picking on siblings
- not accepting responsibility for actions

There are ways parents can teach their children to act properly when faced with a bully. First, parents should explain that bullying is not the child's fault and he or she does not deserve to be picked on. Next, parents can let children know that being assertive but not violent with bullies may diffuse the situation, as some bullies thrive on the fear of their victims. If the bullying behavior continues, the student should speak to an adult or authority figure.

Parents of bullies may need to be especially mindful of their children's behavior. Counseling could be necessary to determine what is compelling kids to bully other students.

Learn more about bullying at <http://kidshealth.org>. Locally, the Alberti Center for Bullying and Abuse Prevention at University at Buffalo can be reached at (716) 645-1532. See <http://gse.buffalo.edu>.

teenage suicide

understanding the risks and opportunities for prevention



The teen years are complex, confusing, and often very stressful. With school pressures, family dynamics, friends, relationships, and hormonal changes during this time in life, feelings of stress can seem out of control. Each teenager reacts differently to these pressures, with some reaching a point where life becomes unbearable. As a result, teenage suicide is the third leading cause of death among people between the ages of 10 and 24, with about 4,400 lives lost each year.

Knowing suicide risk factors is important, and can be the key to helping yourself, a friend, or a family member. Certain factors place people at a greater risk for suicide, such as a family history of suicide or a physical illness not in their control. However, recognizing the most serious risk factors can help save lives, including:

- Previous suicide attempts, including amongst family members.
- A history of mental illness or substance abuse, including amongst family members.
- Substance and/or alcohol abuse; self-harming behaviors.
- A history of sexual, physical or emotional abuse, or maltreatment, including bullying, feeling bullied, recent humiliation, and feelings of being socially unaccepted.
- Exposure to suicide or suicide attempts, especially in that of a family member
- Having a significant physical illness.
- History of physical aggression or conduct problems, or being in trouble with the law, at home, or in school.
- Family discord, interpersonal conflicts, or a sense of hopelessness and helplessness in being able to experience pleasure.
- Feeling isolated and lacking a support system.
- Access to means of suicide.

Depression is a disease that is often misunderstood, and characterized by feelings of helplessness, worthlessness, and hopelessness. People who feel sad from time to time often say they are depressed. However, feelings of sadness occasionally happen to all of us. It is when these feelings last two weeks or longer that there may be cause for serious concern, and when contacting a mental health professional – such as a psychologist or psychiatrist, is important. . Assessment and proper treatment may include medications and/or therapy. Recognizing and preventing depression listed below can help prevent suicide.

- Feeling down, depressed, sad, irritable, and angry most of the day.
- Loss of interest in daily activities.
- Significant weight loss or gain; decrease or increase in appetite.
- Difficulty sleeping or excessive sleeping.
- Feeling extremely nervous and hyper, or sluggish, with lack of energy.
- Feelings of worthless or unnecessary overwhelming guilt, shame or hopelessness.
- Difficulty concentrating and/or indecisiveness.
- Ongoing thoughts of suicide without a specific plan, a suicide attempt, or having a specific plan for committing suicide.
- Thinking or talking consistently about death or being dead.

It is also important to limit access to suicidal aids and methods, such as firearms or other weapons; over-the-counter and prescription medications. Other common methods of suicide include asphyxiation, drowning, hanging, cutting arteries, illegal drug overdose, and carbon monoxide poisoning. Friends and family of someone with suicide risk factors should do everything possible to restrict that person's access to knives, rope, pipes, and medications.

Take all threats or indicators of suicide seriously. Even if the person seems to have the "perfect life" on the outside, it is impossible to know what he or she may be feeling. Anyone confronted with a teen or young adult who appears to be thinking about suicide, or threatening suicide, should play it safe, and act immediately by calling the Niagara County Crisis 24-hour hotline at 716-285-3515.

There are many resources available to teens contemplating suicide. Close friends, family, teachers, organizations, and community members can provide comfort and moral support. Remember, mental health is just as important as physical health.

how to identify and stop cyberbullying

children, adolescents and young adults can be the victims of a pervasive type of abuse called cyberbullying.



Today's students have many new things to contend with as they navigate the school year. As a greater number of schools transition to providing lessons, homework and tests on digital devices, students spend much more time online. This connectivity can have many positive results. However, the same availability also opens up students of all ages to various dangers.

One of these dangers is a more invasive form of bullying called "cyberbullying." The global organization DoSomething.org says nearly half of kids have been bullied online, with one in four saying it has happened more than once.

Cyberbullying has grown as access to computers and devices that offer an online connection has grown. Bullying is now just as likely to occur online as it is on the playground. Cyberbullies may bully classmates through email, social media, instant messaging, and other social applications. Since cyberbullying tends to target emotions and mental well-being, and reaches beyond the school campus into a student's home, its impact can be even more serious.

According to the Megan Meier Foundation, which campaigns against bullying, peer victimization during adolescence is associated with higher rates of depression, suicide ideation and suicide attempts. In the United States, suicide is the second leading cause of death for individuals between the ages of 15 and 24, according to data compiled from the Centers for Disease Control and Prevention, the Center for Behavioral Health Statistics, and the Substance Abuse and Mental Health Services Administration.

Cyberbullying occurs in many different forms. Here are some types of cyberbullying educators and parents can look for if they suspect their students or children are being bullied.

- **Flaming:** This is a type of bullying that occurs in an online forum or group conversation. It's achieved by sending angry or insulting messages directly to the person. Flaming is similar to harassment, but harassment usually involves privately sent messages.

- **Outing:** This type of bullying is a sharing of personal and private information about a person publicly. When information has been disseminated throughout the internet, one has been "outed."

- **Fraping:** Fraping occurs when someone logs into another's social media account and impersonates him or her. This could be a child or an adult impersonating the person and posting inappropriate content in his or her name. Sometimes this type of bullying is also called "posing" or "catfishing."

- **Masquerading:** Masquerading occurs when bullies create fake profiles so they can harass someone anonymously. The bully is likely someone the person being targeted knows well.

- **Exclusion:** Sometimes direct targeting is not necessary. Students can be bullied simply by being deliberately left out, such as not being invited to parties or encouraged to participate online conversations.

Securing privacy online is one way to prevent cyberbullying attacks. Students also can be selective about who they share personal information with or whose social media friendships they accept. Thinking before posting and paying attention to language and tone can help curb cyberbullying as well. Students should stick together and report instances of cyberbullying if it becomes an issue.

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For additional resources and information about cyberbullying, visit <https://www.stopbullying.gov/cyberbullying>.

teen driving safety



Motor vehicle crashes are the leading cause of unintentional death for teens aged 16 to 19. An average of six teens die in motor vehicle crashes in the United States every day. Over 200,000 more are treated in emergency rooms for injury. (Centers

for Disease Control and Prevention). For the past several years – until 2014 – the rate of teen drivers killed steadily declined. In 2014, the rate began to increase once again.

Risks for Teen Drivers. According to the Centers for Disease Control and Prevention (CDC), teen drivers are three times more likely to be involved in a fatal crash than adults. The greatest risk is during the first few months after the teen gets a license. Increased risk can often be attributed to driver behavior:

Not wearing a seatbelt. Safekids.org states that more than one-third of teens killed in crashes were not wearing their seatbelts.

Driver distraction. Anything that causes a driver to take eyes off the road, hands off the wheel or mind off driving is driver distraction. Texting while driving causes a driver to take eyes off the road for five seconds – long enough to drive the length of a football field at 55 miles per hour. Other common distractions include using a cell phone, eating, playing with the radio or media, using a navigation system and interacting with passengers. According to a recent study by the AAA Foundation for Traffic Safety, distracted driving accounted for nearly 60% of crashes with teen drivers. And, the driver was engaged in cell phone use in 12% of crashes.

Speeding/recklessness. Safekids.org found that nearly one third of teens killed in vehicle crashes were speeding. Following too closely and failure to yield are also common in teen crashes (AAAFoundation.org).

Number of passengers. When two or more teens ride in a vehicle with a teen driver, the risk of a fatal crash can double to triple.

Impairment. Nearly one in eight teen drivers who were killed in vehicle crashes had a blood alcohol content of .08% or higher – a common legal limit for driving while impaired. Prescription and illicit drugs can also cause impairment and contribute to crashes. Research shows that teens are more likely to drink and drive if they have seen their parents do so.

Driver inexperience.

Experience matters when it comes to safe driving. Driver inexperience is a leading cause of crashes for teen drivers. Because of inexperience, teens are more likely to underestimate the time it takes to stop and fail to recognize hazardous conditions. The risk of a fatal crash at night is three times greater for teen drivers.



What Parents Can Do

Parents play a significant role in reducing risks for teen drivers. Teens report less risky driving behavior when they have a formal agreement with the families and the rules of driving. To download a parent-teen driving agreement, go to <https://www.cdc.gov/parentsarethekey/agreement/index.html>

Talking with teen drivers about specific situations and scenarios they may face and what to do will better prepare teen drivers. And remember, teens frequently model their parents' driving behavior.

Practice with parents was one of the most helpful things a parent can do. A minimum of 50 hours of supervised practice with an experienced driver is recommended.

According to Safekids Worldwide, there are three important things parents can do:

1. Make a formal agreement with your teen driver and enforce it.
2. Be a role model for safe driving by following the rules yourself.
3. Ensure your new teen driver gets at least 50 hours of supervised experience under a variety of driving conditions.

Safekids Worldwide also suggests seven ways for teen drivers to stay safe:

1. Buckle up: every person, every time.
2. Don't text and drive.
3. Speak up when any driver is driving unsafely.
4. Limit the number of passengers in a car.
5. Don't drink and drive.
6. Only drive when it is dark and after extra practice.
7. Follow the speed limit.

The Child Advocacy Center of Niagara Working Hand in Hand for Children



The Child Advocacy Center of Niagara (CAC) is a multidisciplinary program that responds to reports of physical and sexual abuse of children, child witnesses of violence, and child survivors of trafficking. At the CAC, child protection, criminal justice response, medical care, victim advocacy, and mental health services are coordinated. The CAC provides a single point of coordination, and a comfortable environment for forensic interviews, medical evaluation, therapy, victim advocacy, and support services. Child abuse interviews and related services are provided at the CAC upon referral from the Niagara County Department of Social Services, law enforcement agencies, or the Niagara County District Attorney.

The Safe Harbour Project addresses trafficking and the commercial sexual exploitation of children, providing intensive case management services for child survivors and high-risk youth, as well as public awareness and professional training.

The Niagara County Child Fatality Review Team promotes child safety through death review, training and prevention activities, designed to help avoid future tragedy.

The Child Advocacy Center's Education and Outreach activities include professional training on issues related to child trauma, abuse and safety, as well as community education activities. The CAC provides national prevention programs in Niagara County free of charge.

Stewards of Children® is an evidence-informed training that educates adults to prevent, recognize, and react responsibly to child sexual abuse.

Not A #Number is an interactive, five-module prevention curriculum designed to teach youth how to protect themselves from human trafficking and exploitation through information, critical thinking and skill development.



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For more information or to request a presentation visit www.cacofniagara.org, or call (716) 285-0045.

The Child Advocacy Center of Niagara is a service of Niagara Falls Memorial Medical Center.

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