
**Oswego City School District
School Safety Forum
January 10, 2013**



Oswego County Community Resource List

Law Enforcement:

Fulton Police Department-598-2007
Oswego Police Department- 342-8120
Oswego County Sheriff's Department- 349-3411
Emergency - 911
Non-Emergency - 343-1313
NYS Police-Fulton-593-6194
NYS Police- Pulaski- 298-1470
NYS Police-Hastings- 668-2496

Public Safety Building:

District Attorney's Office- 349-3200
Family Court- 349-3350
Probation Department- 349-3477

Oswego County Department of Social Services:

Main Line- 963-5000
Child Protective Services- 963-5347

NYS Child Abuse and Maltreatment Hotline:

Mandated- 1-800-635-1522
Non-Mandated- 1-800-342-3720

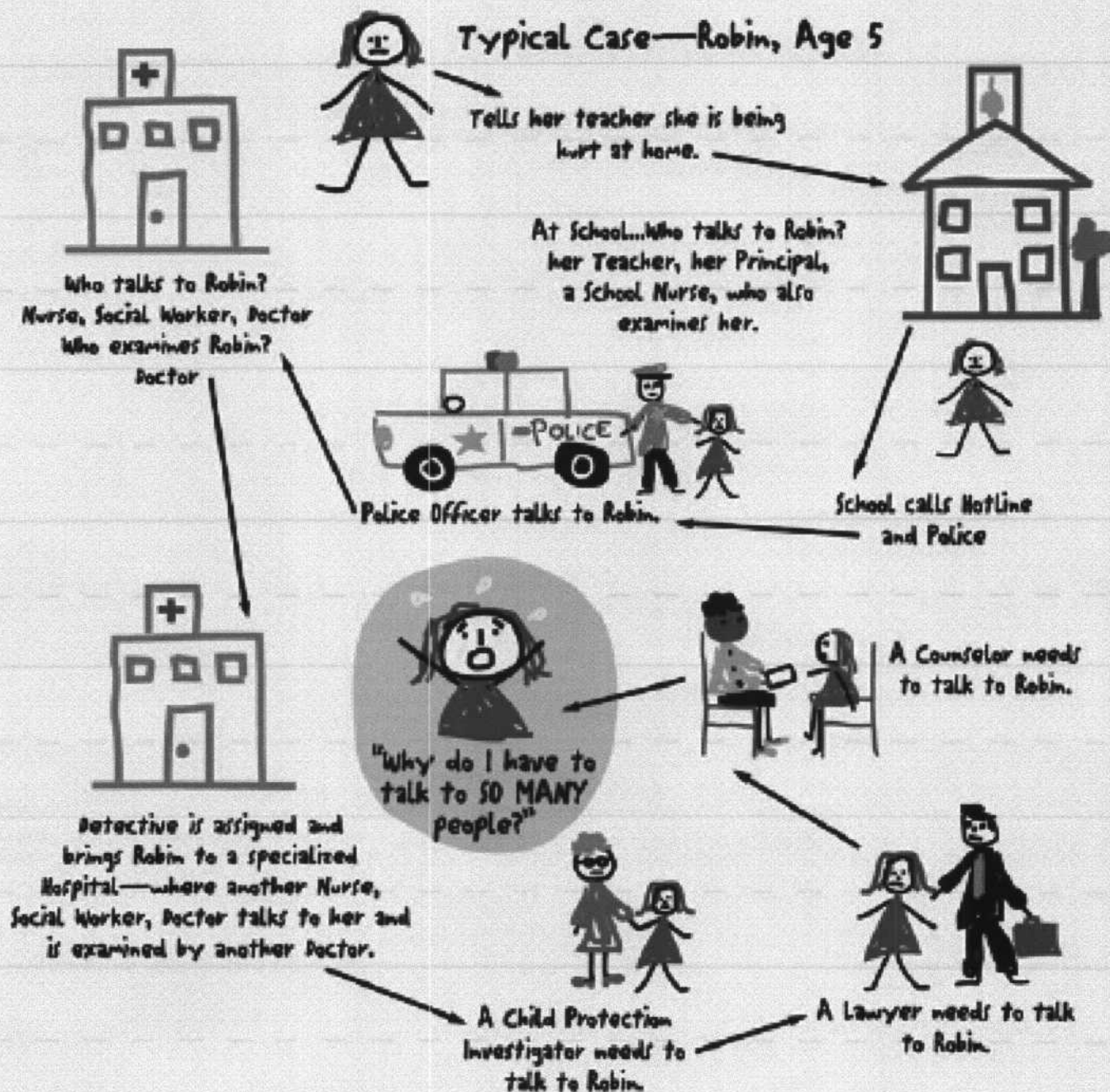
Other Oswego County Resources:

Child Advocacy Center- 59-CHILD (592-4453)
Abuse and Assault Hotline- 342-1600
Huntington Family Services (HASOTP) -963-5012

Child Advocacy Center Information

Changing the Child Abuse System

WHAT USED TO HAPPEN WHEN KIDS NEEDED HELP FOR ABUSE

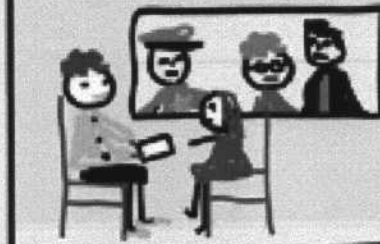


Robin had to talk to 15 people, but now . . .

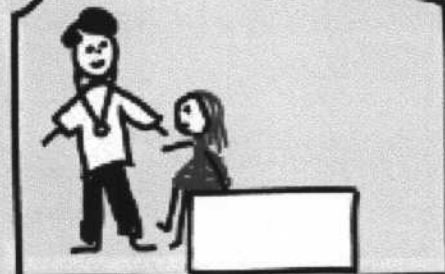
Changing the Child Abuse System

WHAT HAPPENS TODAY WHEN KIDS NEED HELP FOR ABUSE

Robin tells her story, while a detective, CPS worker, and State's Attorney listen as a team.



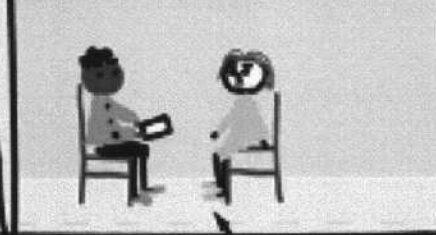
Robin can see a doctor.



Robin is referred to a counselor, who will help her heal.



Robin's mom talks to an advocate to help her understand the system.



Robin comes to the CCAC with her mom.

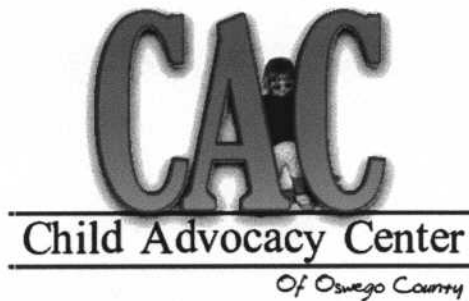


Tells her teacher that she is being hurt by her mom's new boyfriend at home.



Start Here

... Robin talks to 3 people



Child Sexual Abuse

**“Let us put
our minds together
and see what life
we can make
for our children.”
-Sitting Bull**

Inside this issue:

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What is Child Sexual Abuse?

Child sexual abuse includes, but is not limited to, sexual intercourse with a child. There are several ways in which a child can be abused.

- Sexual staring
- Inappropriate sexual language
- Telling sexual experiences, feelings or secrets
- Peeking under clothing
- Brushing against a child's clothed body parts
- Exposing the child to pornographic material
- Having sex in front of the child
- Encouraging the child to participate in inappropriate sexual activity.
- Exposing one's own body parts
- Taking pornographic pictures of the child or with the child present

- Sexual kisses
- Any touching of the genitals or breasts
- Any oral contact with the genitals or breasts
- Vaginal or anal penetration

Sexual abuse occurs across all socioeconomic statuses, across each race, and across each culture. Perpetrators may include parents, siblings, relatives, friends, child care workers, and coaches. Most often, children are victimized by someone they trust.

National Statistics

- 80,000 cases of sexual abuse are reported annually (American Academy of Child and Adolescent Psychiatry, 2008).
- The preceding number does not take into count the multitude of child victims who fail to report the incident.
- 1 out of every 4 girls and 1 of every 6 boys are sexually abused before their 18th birthday.
- Only 1 in 10 kids tell!

**"Character can not be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved."
-Helen Keller**



"Rebecca's Story"

Rebecca first came to the Child Advocacy Center in April 2008. She was a cute, 9 year-old girl with big brown eyes and no hair on her head! Rebecca had been sexually abused by a family member in 2004 and had disclosed that over the past year another family member had been sexually abusing her. Rebecca's mom reported that Rebecca had begun pulling her hair out and she was very concerned about what could be going on. The Victim Advocate worked to put services in place and scheduled a forensic interview for Rebecca. She came to the CAC and was interviewed by the Oswego County Sheriff's Department, but was very afraid to talk to the Investigator, as her family member told her he would hurt her if she told anyone. Rebecca met with the Investigator and although he could not get much information from her, he was certain something had occurred and referred her to the counseling program. Rebecca was introduced to her new counselor and sessions began that following week. The Victim Advocate continued to work with the family to assist them with compensation from the New York State Office of Victim Services and coordinate other services as they were needed. As Rebecca felt more comfortable at the CAC she was able to disclose all of the sexual abuse to her counselor and the Sheriff's Department was able to arrest Rebecca's family member with two crimes: Felony First Degree Rape and Misdemeanor Endangering the Welfare of a Child. Rebecca was able to get a medical exam at the CAC to rule out any sexually transmitted diseases and to confirm that she was still a healthy, strong girl.

Rebecca continued to work with the counselor at the CAC to address her feelings about her victimization and how she was using her hair pulling as a way to cope with her trauma. When she first

came to counseling, Rebecca drew a picture of her house. At the time of the drawing, she thought her home was so unsafe that she drew it on fire and she wrote, "Get out now!" Rebecca and her counselor worked together to understand the legal process and Rebecca was able to share her feelings with the Judge prior to her family member being sentenced to six months in Oswego County Jail and 10 years probation. The counselor worked with Rebecca and her mother to change individual behaviors and family dynamics to eliminate the risk of any future abuse and to increase Rebecca's feelings of safety. Rebecca struggled with kids at school bullying her because of her hair pulling and through counseling she has been able to gain the self confidence and assertiveness needed to make her a successful student and a happier child.

Through the joint efforts of the Multi-Disciplinary Team (MDT) and Child Advocacy Center, Rebecca was able to attend a week-long camp for the last two years and hopes to one day become a camp counselor there. Today Rebecca continues to work with her counselor at the CAC and when she comes in for her counseling appointments her dark brown curls are a beautiful sight to see!

Myths and Facts about Child Sexual Abuse

Myth—Most people are sexually abused by strangers.

Fact—Over 96% of children are abused by someone they know, with almost half of the members being a family member.

Myth—Most child sexual abusers use physical force or threat to gain compliance from their victims.

Fact—In the majority of cases,

abusers gain access to their victims through deception and enticement. Abuse typically occurs within a long-term, ongoing relationship between the offender and the victim. The abusive relationship escalates over time.

Myth—All sex offenders are male.

Fact—Research indicates that 20% of sex offenses committed

against children are committed by female offenders.

Myth—Youth do not commit sexual offenses.

Fact—Adolescents are responsible for a significant number of child sexual abuse cases. Currently, it is estimated that 40% of children that are sexually abused are abused by older and/or larger children that they know.



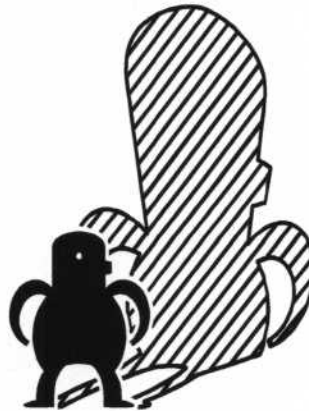
Who are the Perpetrators?

The majority of perpetrators are not strangers to the child. In fact, sexual abuse is often committed by a person whom the child trusts.

The most recent research shows that sexual abuse is usually perpetrated by males. However, there *are* women

offenders. Research suggests 1/3 of perpetrators are juveniles.

Perpetrators gain access to the child by garnering the victim with attention and gifts. Perpetrators may also manipulate and threaten the victim.



**"Absolute silence
leads to
sadness."
-Jean Jacques
Rousseau**

Did You Know?

- Medical examinations not only serve as a means of collecting physical evidence, but also to treat trauma, serve as a baseline for future trauma, and reassure the child that their body is OK.
- All children that disclose sexual abuse should be referred for a medical examination.
- If sexual abuse has occurred within the past 72 hours, forensic evidence should be collected as soon as possible.
- Over 90% of child abuse victims know the perpetrator in some way,
- 68% of children are sexually abused by a family member.



Signs of Possible Child Sexual Abuse

Disclaimer: Having the following symptoms is not a determinant of sexual abuse. Many children may exhibit these symptoms for different reasons.

Behavioral Indicators

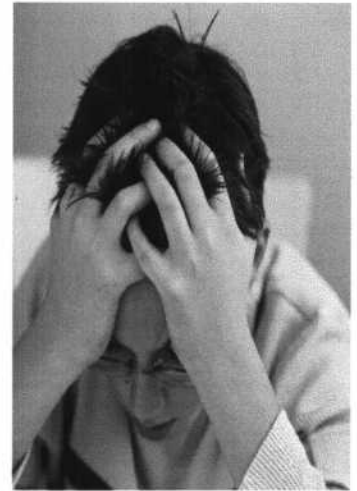
- Severe nightmares
- Social withdrawal
- Onset of depression or sadness
- Onset of truancy
- Chronic runaway behavior
- Onset of substance abuse
- Suicide attempts
- Hints from the child about the incident
- More mature knowledge of sex than socially appropriate

- Acting out sexually
- Afraid to be touched
- Frightened or distrustful
- Overly submissive
- Hostile, angry, or gets into fights
- A story from the child about a "friend" who is experiencing sexual abuse.

Physical Indicators

- Symptoms of sexually transmitted diseases
- Complaints of pain, irritation,

- or discharge in the genital area
- Painful urination or defecation
- Repeated complaints of stomach pains, headaches, leg pains, throat infection, etc.
- Change in cleanliness
- Change in clothing; sexually more revealing
- Encopresis (fecal soiling)
- Excessive masturbation
- Sexualized behavior
- Sudden loss of appetite



Effects of Child Sexual Abuse

Victims of child sexual abuse encounter a wide range of psychological problems including withdrawal, sexual dysfunction, depression, guilt, anxiety, fear, and acting out.

The initial effects typically occur within the first two years following the final date of abuse.

Those initial effects may include regressing to an earlier developmental stage, disturbances in sleep, problems at school, poor hygiene, and social withdrawal.

Sleeper effects may also occur. Sleeper effects usually present when initial effects are minimal. The sleeper effects occur as

problems in later life. Some examples of these effects include depression, anxiety, self-destructive behaviors (such as alcohol and drug abuse), insomnia, problems functioning in a sexual adult relationship, and possibly revictimization.

"Although the world is full of suffering, it is full also of overcoming it."
-Jean Jacques Rousseau

How to Protect Children from Sexual Abuse

To protect children from sexual abuse, there are a number of preventative measures that can be followed.

- Teach children about healthy and unhealthy touch and sexual education.
- Keep open lines of communication.
- Teach children about confi-

dence and assertiveness.

- Inform children that it is acceptable to tell adults "NO!"
- Let children know that sexual advances from others, including adults, are not acceptable.
- Know who the child is spending time with.





Child Advocacy Center
Of Oswego County

301 Beech Street
Fulton, NY
13069

Phone: 315-592-4453
Fax: 315-598-7158

We are a safe, child-friendly site for the investigation, prosecution, and treatment of child abuse.



If you suspect abuse contact:

New York State Hotline
1-800-342-3270

If a child is in immediate danger contact:
911

Child Advocacy Center of Oswego County

The mission of the Child Advocacy Center (CAC) of Oswego County is to provide a safe, child-friendly environment that supports a timely, multi-disciplinary response to child sexual abuse, physical abuse and trauma, and promotes healing of victims and their families. Historically, children who were victims of abuse allegations were shuffled from agency to agency where they would have to tell their story of abuse and relive painful events over and over again.

The Child Advocacy Center brings agencies and services together in one child-friendly setting that is non-threatening and physically and psychologically safe for children of all ages. In doing so, the intent is to minimize unnecessary interviews of children and the discomfort and embarrassment that talking about abuse can cause. The CAC also provides community outreach efforts to aid in the prevention of child abuse throughout Oswego County.

*"Alone we can do so little;
together we can do so
much."
-Helen Keller*



Huntington Family Services Information

Preventative Parenting

(What you can do as a Concerned Parent)

1. **Treat your child with respect especially during the teen years.** Respect includes treating them as intelligent, capable, and having an appreciation for the difficulty and confusion of the teen years. It also recognizes the potential problems that teens face.
2. **Accept your child where they are at.** You can do this by listening to your child even when you don't agree. Help your child explore possible pitfalls of their attitudes rather than tell them they are completely wrong with their thinking.
3. **Remember that children learn as much or more from each other as from adults.** So start teaching your child at a young age about your own personal values as a parent. Children feel empowered and take better responsibility when they feel as though they are taking action from their own learning, so let them learn from their peers as they grow into adolescence but guide them with a strong base.
4. **Give explicit age appropriate information and communication about sexuality.** For most of your child's life they have gotten the message that sex is hidden, mysterious and something you should not talk about in a serious and honest way. Limiting what children and teens can talk about using vague terminology perpetuates the "secrecy" of sex.
5. **Approach your child about education around sexual issues in a positive manner.** This means moving beyond talking about the dangers of sex and acknowledging in a balanced way the pleasures of sex. It means associating things open, playful, and humorous, with sexuality rather than only things grave

and serious. It means offering a model of what is to be sexually healthy rather than focusing on what is sexually unhealthy.

6. **Give your child the fundamental right to sexuality education.** They have the right to know about their own bodies and how they function. They have a right to know about the sexual changes that are occurring now and that will continue throughout their lifetimes. They have the right to have their many questions answered. People who have explored their own values and attitudes and have accurate information are in the best position to make healthy decisions about their sexual lives. If you as a parent are not comfortable to talk about these topics then find someone who you trust that can with you child.
7. **Help your child reach their full potential by having greater flexibility around gender and sex roles.** Do not adhere to strict traditional gender-role behavior limits; this restricts your child's potential. Flexible gender-role behavior is fundamental to personal and sexual health in all its dimensions.

Myth: Children are usually molested by strangers.

This myth allows people to feel that they can protect their children by limiting their contact with strangers. It also reinforces fear of "others". This myth can make it difficult for children to recognize abuse when it is committed by someone they know, as they may only think it is abuse if a stranger does it. They may be afraid to tell someone if the abusive person is someone they know. In fact, the majority of children are abused by someone they know, by someone who has opportunity and access to do so.

Myth: Incest only happens in lower class and/or rural families.

This classist myth reinforces stereotypes about class and poverty and enables people who do not fit the profile to feel that their family is immune to incest. It also obscures the fact that often families in poverty have less access to the privacy of middle or upper-class families, thus it is not that incest happens more in lower class or rural families, but that it may be more visible. Children from all class backgrounds experience incest and incest happens in all kinds of families.

Myth: Only young girls are the victims of child abuse or incest.

This myth reinforces another myth, that men cannot be sexually assaulted or abused. This contributes to the silencing of male survivors of sexual abuse and assault. While there are more reported cases of female child abuse, but this may not truly reflect the rates of the genders of children who are sexually abused. Children of all genders are abused and often perpetrators abuse children, regardless of gender, that they have most access to.

Myth: It is only homosexuals who abuse children.

This homophobic myth reinforces a fear of homosexuals and teaches this fear to children, which is wrong and untrue. Statistics show that most abuse of male children is perpetrated by self-identified heterosexual men. Abuse is about power and control, not sex, and often children are chosen because of the perpetrator's access to them, not because of sexual desire or the child's gender.

Myth: Child sexual abuse is a family problem; it is not a concern for outsiders.

This myth enables people to ignore or disregard child sexual abuse and avoid addressing a very distressing topic. This may mean that children have a very hard time finding support, if adults the trust do not believe they should "get involved" or acknowledge how common child sexual abuse is. If someone knows that child abuse is happening, they need to take action. It is also a legal requirement of adults to report child sexual abuse if they know it is happening.

Myth: Children lie about sexual abuse.

This myth allows people to believe that child sexual abuse does not occur or does not occur as frequently as reported. It contributes to children not being believed when they disclose and not getting support if they do tell someone. Children may internalize guilt and shame if they are disbelieved. In fact, children more often cover up sexual abuse so as to protect the abuser and/or their family; children do not have the ability to talk about something like child sexual abuse unless they have experienced it.

Updated by the Anti-Violence Project on 18 July 2012

SEXUAL ABUSE

Definition: The exploitation of a child or adolescent for the sexual gratification of another person.

Includes:

- Intercourse
- Sodomy
- Oral-genital stimulation
- Exhibitionism
- Verbal stimulation
- Voyeurism
- Fondling
- Involving a child in prostitution or the production of pornography

Result: The result of these actions is often anxiety, fear, depression, bed wetting, withdrawal from peers, and sexual acting out.

Possible Signs of Sexual Abuse

- Interests and/or knowledge of sexual acts and language inappropriate to the child's age
- Attempts to touch adults', children's, and animals' genitals
- Acting out adult sexual behavior
- Reluctance to undress
- Avoidance of touch
- Abrupt personality or behavior change
- Sleep disturbances (bed wetting, nightmares)
- Drastic change in appetite
- Regression to an earlier stage of development
- Lack of emotion
- Aggression
- Withdrawal/depression
- Excessive crying
- Anxiety, irritability, fear
- Reluctance to go to a particular place or be with a particular person
- Indirect hints
- Excessive masturbatory behavior
- Reluctance to go home after school or constantly arriving early

Sexual behaviors are a good indicator that a child may be sexually abused. Although many children engage in some sexual behaviors (e.g. masturbation), when a child engages in sexual behaviors that are intrusive or sexually aggressive a parent should be concerned.

Who is at risk for sexual abuse: Although children can be victimized at any age, the group at highest risk appears to be those aged 12-15 years. About 30% of victims report sexual abuse experiences occurring before age 9.

THE SECRET OF SEXUAL ABUSE

Often when a child is being sexually abused, the abuse is presented to them as innocuous activity, even a game. The abuse may take place during bathing, sleeping, or outings.

Children who are being sexually abused are also often threatened to keep quiet about the abuse. They may be told that if they tell anyone, something bad will happen to them or their family members. Abusers may also tell children that no one will believe them if they report the abuse.

GROOMING

Child sexual predators are manipulative and use **grooming**- a process where they give children attention and gifts to build their trust and affection and increase their contacts. They emotionally manipulate children, their parents, and sometimes whole communities.

3 Phases of Grooming

1. Gaining Access- abusers target a particular child and set up opportunities to be alone with the child. This can be done in several ways. Usually, the abuser poses as a kind, helpful, and trustworthy individual, almost seeming "too good to be true." They also establish a positive community image by becoming a teacher or a soccer coach and they go to great lengths to establish trust between themselves and the child's parents.
2. Building a Friendship- The abuser gains the child's trust and compliance. The abuser builds an exclusive relationship with the child's emotionally unmet needs. If the child is not getting enough love and attention, the abuser is there to provide it. Also, they make the child feel indebted to them after they shower the child with gifts and attention. Any adult who moves down to a child's level to become their buddy is an abnormal thing for an adult. Keeping the lines of communication open with your child and teaching your child that there are no secrets within the family are great ways to investigate possible abuse.
3. Sexualizing the Relationship- the perpetrator sexualizes the relationship and convinces the child to keep their sexual activity a secret. Parents and caregivers should pay extra attention increased physical contact (tickling, hugging, massages, etc).

Tips for Parents

- Know how to recognize sexual grooming

- Talk to your child
- Know that "nice" and "helpful" behaviors can be sexually motivated
- Listen and believe your child
- Know the difference between healthy affection and sexual grooming
- Teach children about body boundaries
- Teach children to trust the feeling and establish a "no secrets" rule



Developed by College of Education Child Abuse Tutorial
http://childabuse.fiu.edu/types_of_abuse.php

**Law Enforcement/Justice System
Information**

Some Helpful Information from the Oswego County Probation Department

The Oswego County Probation Department supervises both adult and juvenile offenders. Probationers are placed on probation for a variety of convictions.

Our department currently has a Sex Offender Unit that supervises only sex offenders within Oswego County. This unit is a specialized caseload. As of 12/31/12, Oswego County Probation was supervising approximately 60 sex offenders (30 Level 1 Offenders, 26 Level 2 Offenders and 4 Level 3 Offenders). Sex offenders are closely monitored in the community. They are required to report to the Probation Officer as directed and home visits are conducted as well. The sex offenders have to adhere to specialized terms and conditions of probation which prohibit and restrict access to children, depending on their conviction. Some offenders are also required to attend periodic administrative reviews in Sex Offense Supervision Court.

The Probation Department works with other agencies including the Child Advocacy Center, the sex offender treatment agency as well as law enforcement to ensure community safety.

Oswego Police Department

2012 Juvenile Stats

9 sex offense complaints

1 arrest

2 Closed by investigation

4 unfounded

2 LE Referrals

How long does a sex offender stay on the Registry?

Level 1 offenders (low risk) must register for 20 years, unless they have a designation (e.g. sexual predator, sexually violent offender, or predicate sex offender) in which case they must register for life. Level 2 offenders (moderate risk) and Level 3 offenders (high risk) must register for life.

Does the law restrict where a registered sex offender may live?

The Sex Offender Registration Act does not restrict where a registered sex offender may live. However, if the offender is under parole or probation supervision, other New York State laws may limit the offender from living within 1,000 feet of a school or other facility caring for children

Additionally, there may be local laws in a particular county, city, town or village that restrict where a sex offender may live. The City of Oswego does not have local laws restricting where sex offenders can live.

For more information on Sex Offenders you can go to New York State Division of Criminal Justice Services Home Page www.criminaljustice.ny.gov/

Or for further information or questions regarding sex offenders in the community, please contact Sr. Probation Officer Margaret A. Fitzgibbons at 349-3477 ext. 232.

**Oswego County Department of
Social Services/Child Protection
Advisory Council
Information**

Definitions of Child Abuse and Maltreatment

Child Abuse

Generally, the term abuse encompasses the most serious harms committed against children. An "abused child" is a child whose parent or other person legally responsible for his/her care inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury, or commits an act of sex abuse against the child. Not only can a person be abusive to a child if they perpetrate any of these actions against a child in their care, they can be guilty of abusing a child if they allow someone else to do these things to that child.

Child Abuse is defined in law at Section 412 of the Social Services Law and at Section 1012 of the Family Court Act.

Child Maltreatment

Maltreatment refers to the quality of care a child is receiving from those responsible for him/her. Maltreatment occurs when a parent or other person legally responsible for the care of a child harms a child, or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education or medical care when financially able to do so. Maltreatment can also result from abandonment of a child or from not providing adequate supervision for the child. Further, a child may be maltreated if a parent engages in excessive use of drugs or alcohol such that it interferes with their ability to adequately supervise the child.

Neglect is defined in law at Section 1012 of the Family Court Act. Maltreatment is defined in law at Section 412 of the Social Services Law. Although the terms are not synonymous in the law, for the purposes of this website, the terms neglect and maltreatment are used interchangeably.

Signs of Child Abuse or Maltreatment

Indicators

The list that follows contains some common indicators of abuse or maltreatment. This list is not all-inclusive, and some abused or maltreated children may not show any of these symptoms.

Indicators of Physical Abuse can include:

can be registered as a report. The LDSS-2221A mandated reporter form can be used to help you organize the identifying or demographic information you have at your disposal.

Be sure to ask the SCR specialist for the "Call I.D." assigned to the report you have made.

If the SCR staff does not register the child abuse or maltreatment report, the reason for the decision should be clearly explained to you. You may also request to speak to a supervisor, who can help make determinations in difficult or unusual cases.

Local CPS Role and Responsibilities

When a report is registered at the SCR, the local department of social services is immediately notified for investigation and follow-up. A local CPS caseworker will initiate an investigation within 24 hours.

CPS intervention consists of an evaluation of the child and other children in the home and the development of a plan to meet the needs of the child and family. If there is an immediate threat to the child's life or health, CPS may remove the child from the home.

Upon request, CPS may obtain from the mandated reporter those records that are essential to a full investigation of alleged child abuse and maltreatment for any report made by the mandated reporter. The mandated reporter must determine which records are essential to the full investigation and provide those records to CPS when requested to do so.

Within 60 days of initiating the investigation, CPS will determine whether the report is indicated or unfounded. Mandated reporters may ask to be informed of the outcome of the report.

What Protection or Liability Do I Have?

Source Confidentiality

The Social Services Law provides confidentiality for mandated reporters and all sources of child abuse and maltreatment reports. OCFS and local CPS are not permitted to release to the subject of the report any data that would identify the source of a report unless the source has given written permission for them to do so. Information regarding the source of the report may be shared with court officials, police, and district attorneys, but only in certain circumstances.

Do You Suspect Abuse or Maltreatment?
Report it Now!

Call our Statewide Toll Free Telephone Number:

1-800-342-3720

TDD/TTY: 1-800-638-5163

If you believe that a child is in **immediate danger**, call **911** or your local police department.

The Statewide Central Register of Child Abuse and Maltreatment

The abuse or maltreatment of children is against the law. Victims need an effective child protective service to prevent them from suffering further injury and impairment.

The purpose of the Child Protective Services Act of 1973 is to encourage more complete reporting of child abuse and maltreatment. The law established a Child Protective Service in each county in New York. Each Child Protective Service is required to investigate child abuse and maltreatment reports, to protect children (under 18 years old) from further abuse or maltreatment, and to provide rehabilitative services to children, parents, and other family members involved.

The New York State Office of Children and Family Services maintains a Statewide Central Register of Child Abuse and Maltreatment for reports made pursuant to the Social Services Law.

The Central Register, also known as the "Hotline", receives telephone calls alleging child abuse or maltreatment within New York State. The Central Register relays information from the calls to the local Child Protective Service for investigation, monitors



Child Protective Services

Child Abuse and Maltreatment

Mandated Reporters

Among those mandated to make reports are:

- Medical and hospital personnel
- School officials
- Social service workers
- Child care workers
- Residential care workers and volunteers
- Law enforcement personnel

This list is not all inclusive.

Voluntary Reporters

- Relatives
- Neighbors
- Concerned citizens

You may also use our statewide, toll free number to make reports. If you suspect a child who has been harmed or who is at risk, dial:

1-800-342-3720

Contact Information:

100 Spring St PO Box 1320
Mexico, NY 13114
(315) 963-5000
Hours: 8:30 am — 4:00 pm
Monday — Friday

What to do if you suspect Child Abuse or Maltreatment / Neglect

Call the New York State Child Abuse and Maltreatment Register "hotline"

The New York State Office of Children and Family Services maintains a statewide Central Register of Child Abuse and Maltreatment for reports made pursuant to the Social Services Law. The Central Register, also known as the "Hotline", receives telephone calls alleging child abuse or maltreatment within New York State. The Central Register relays information from the calls to the local Child Protective Service for investigation, monitors their prompt response, and identifies if there are prior child abuse or maltreatment reports.

The Hotline receives calls 24 hours a day, seven days a week from two sources: first, persons who are required by law, *or mandated*, to report suspected cases of child abuse and maltreatment; and second, calls from non-mandated reporters, including the public.

The abuse or maltreatment of children is against the law. Child Victims need an concerned citizens and an effective child protective service to prevent further harm.

The purpose of the Child Protective Services Act of 1973 is to encourage more complete reporting of child abuse and maltreatment. The law established a Child Protective Service in each county in New York. Each Child Protective Service is required to investigate child abuse and maltreatment reports, to protect children (under 18 years old) from further abuse or maltreatment, and to provide rehabilitative services to children, parents, and other family members involved.

Child protective services in Oswego County includes the receipt of reports of suspected abuse and maltreatment of children in Oswego county from the NY State Central Register. A caseworker is assigned to each situation to assess the risk factors and safety of the children involved and to determine if the family needs assistance in order to keep their children safe.

1-800-342-3720 State Central Register Hotline
1-800-635-1522 Mandated Reporter Hotline

Child & Family Protective/Preventive Services

Community Based Services

Keeping Families Together

Protective / Preventive Services are **supportive and rehabilitative services** provided to families with children under the age of 18 for the purpose of:

- Mentoring
 - Reducing the risk of further harm to a child or children
- School-Based Casework Services (*middle schools-high schools*)
 - Supporting family by building on family strengths to reduce need for out of home placement
- Preventive Day Care Services
 - Assisting the family in successful return of a child in foster care to home
- Counseling Program
 - Reducing the risk that a child who has been in foster care will return to foster care

- Juvenile Sexual Offender Treatment

- Domestic Violence Services

- Aggression Replacement Training

- Parent Education & Training & Advocacy Services

- Psychological Assessments & Evaluations

- Substance Abuse Evaluation & Treatment

- Truancy Prevention

- Youth & Families Come First

- PINS Diversion

- Independent Living Skill Building

Protective/Preventive Services are **voluntary** unless ordered by Family Court. Applicants must sign an application accepting services and agree to work with the Department in developing plans to achieve the purpose of the referral or court order.

Protective/Preventive Services always include contact with a caseworker to assess, plan and coordinate services with a family. Other types of services that may be purchased with preventive funding to assist children and families include:

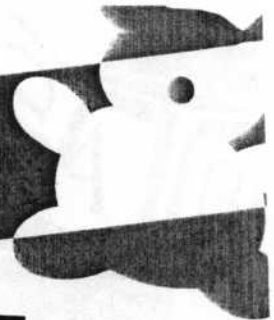
- Casework counseling
- Parent education & training
- Intensive home-based family preservation services
- Child respite—planned
- Emergency cash or goods
- Transportation to services critical to case plan
- Emergency housing
- Clinical services
- Therapeutic counseling

Contact Information:

100 Spring St PO Box 1320
Mexico, NY 13114
(315) 963-5445
Hours: 8:30 am — 4:00 pm

Requests for information may be made by calling
Children's Services Intake at 963-5445

Bonding With Your Baby



What's Happening

Attachment is a deep, lasting bond that develops between a caregiver and child during the baby's first few years of life. This attachment is critical to the growth of a baby's body and mind. Babies who have this bond and feel loved have a better chance to grow up to be adults who trust others and know how to return affection.

What You Can Do

No one knows your child like you do, so you are in the best position to recognize and fulfill your child's needs. Parents who give lots of loving care and attention to their babies help their babies develop a strong attachment. Affection energizes your child to grow, learn, connect with others, and enjoy life.

Here are some ways to promote bonding:

- Respond when your baby cries. Try to understand what he or she is saying to you. You can't "spoil" babies with too much attention—they need and benefit from a parent's loving care even when they seem inconsolable.
- Hold and touch your baby as much as possible. You can keep him close with baby slings, pouches, or backpacks (for older babies).
- Use feeding and diapering times to look into your baby's eyes, smile, and talk to your baby.
- Read, sing, and play peek-a-boo. Babies love to hear human voices and will try to imitate your voice and the sounds you make.
- As your baby gets a little older, try simple games and toys. Once your baby can sit up, plan on spending lots of time on the floor with toys, puzzles, and books.

The best gift you can give your baby is YOU. The love and attention you give your baby now will stay with him or her forever and will help your baby grow into a healthier and happier child and adult.

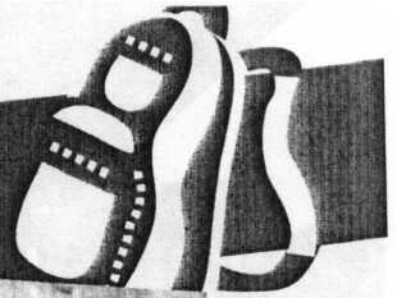
This tip sheet was created with input from experts in national organizations that work to protect children and strengthen families. To download this tip sheet or for more parenting tips, go to www.childwelfare.gov/preventing/promoting/parenting or call 800.394.3366.

What You Might Be Seeing

Normal babies:

- Have brief periods of sleep, crying or fussing, and quiet alertness many times each day
- Often cry for long periods for no apparent reason
- Love to be held and cuddled
- Respond to and imitate facial expressions
- Love soothing voices and will respond with smiles and small noises
- Grow and develop every day; they learn new skills quickly and can outgrow difficult behaviors in a matter of weeks

Connecting With Your Teen



What's Happening

Many teens spend less time with their families than they did as younger children. As they become more independent and learn to think for themselves, relationships with friends become very important. Sometimes it may feel like your teen doesn't need you anymore. But teens still need their parents' love, support, and guidance.



What You Might Be Seeing

Normal teens ...

- Crave independence
- Question rules and authority
- Test limits
- Can be impulsive
- Make mature decisions at times, and childish ones at others

What You Can Do

Simple, everyday activities can reinforce the connection between you and your teen. Make room in your schedule for special times when you can, but also take advantage of routine activities to show that you care.

Tips to keep in mind:

- **Have family meals.** If it's impossible to do every night, schedule a regular weekly family dinner night that accommodates your child's schedule.
- **Share "ordinary" time.** Look for everyday opportunities to bond with your teen. Even times spent driving or walking the dog together offer chances for your teen to talk about what's on his or her mind.
- **Get involved, be involved, and stay involved.** Go to games and practices when you can. Ask about homework and school projects. Look for chances to learn about your teen's latest hobby.
- **Be interested.** Make it clear that you care about your teen's ideas, feelings, and experiences. If you listen to what he or she is saying, you'll get a better sense of the guidance and support needed. Get to know your teen's friends and their parents, too, when possible.
- **Set clear limits.** Teens still need your guidance, but you can involve your teen in setting rules and consequences. Make sure consequences are related to the behavior, and **be consistent** in following through. Choose your battles. Try to provide choices in the matters that are less important.

Your words and actions help your teen feel secure. Don't forget to say and show how much you love your teen!

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Raising Your Grandchildren

What's Happening

No matter why or how they came to live with you, your grandchildren will benefit from being in your home. When children cannot be with their parents, living with a grandparent may provide:

- Fewer moves from place to place
- The comfort of a familiar language and culture
- A chance to stay with siblings
- More contact with their parents, depending on the situation

What You Can Do

It will take time for your grandchildren to feel safe and secure in their new home with you. You can encourage these good feelings in a number of ways:

- Set up a daily routine of mealtimes, bedtime, and other activities.
- Help your grandchildren feel "at home" by creating a space just for them.
- Talk to your grandchildren, and listen when they talk to you.
- Set up a few rules and explain your expectations. Then, enforce the rules consistently.
- Reward positive behavior. When children make mistakes, focus on teaching rather than punishing.
- Be as involved with their school as you can, and encourage your children to participate in school activities.

This is a big job, and you may need help from your community. Here are some suggestions:

- Help with housing or other bills, clothing, or school supplies may be available specifically for grandparents raising grandchildren in your community.
- Join a support group. Often there are local groups for grandparents raising grandchildren.
- Ask for help and referrals from a church leader, the counselor at your child's school, or a social services agency.
- If necessary, get professional help to address your grandchild's special needs, such as medical care, mental health care, or special education.

Parenting the second time around brings special challenges and special joys. Do not hesitate to ask for help or seek services in your community for yourself and your grandchildren.

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What You Might Be Seeing

Despite these benefits, the children will face some unique challenges:

- They may feel insecure and unsure that you will take care of them.
- They may act out or challenge you.
- They will miss their parents.
- They may be anxious or depressed.
- They may seem young or act too old for their ages.

Military Families

What You Can Do

What's Happening

Military families live in almost every community. Some parents in the military may be on active duty and wear a uniform every day. Other parents may be in the National Guard or Army Reserves and only wear a uniform when they are called to active duty for periods of time.

These families face unique stresses. The military parent must deal with periodic absences and the stresses associated with transitions such as preparing for duty or re-entering civilian life. Children in military families experience challenges related to a parent's service:

- The parent may be absent from the family and, in some cases, in harm's way due to deployment
- Children must adjust to the parent's return and reintegration back into the family
- Many military children must deal with a number of transitions such as frequent moves, changing schools, and adjusting to new caretakers

What You Might Be Seeing

A spouse, partner, or extended family member may face new and increased responsibilities while a military parent is away. All of this can add stress to the family unit and make the already hard job of parenting even harder.

- A parent in uniform in your neighborhood, school, place of worship, or other community setting
- A civilian mother or father parenting solo for extended periods of time
- A grandparent, aunt, uncle, or other extended family member caring for a child with a deployed military parent
- A change in a child's behavior, either acting out or withdrawing, when a military parent is absent

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Parental Resilience

Seize opportunities to acknowledge and express appreciation for the family's service to our country. Invite parents and children to share their experiences of military life.

Social Connections

Reach out and get to know your military neighbors, particularly if they serve in the National Guard or Reserves. Include them in neighborhood and community opportunities for recreation, participation, and growth. Become a friend and lend a hand. Don't wait for your neighbor to ask for help—offer to mow the grass, share a meal, help with small household repairs, or provide some respite by offering to care for the children for a few hours.

Concrete Supports in Times of Need

Share information about community resources, especially those that provide support in times of need. Ask military parents what resources would help them when they move to active duty status or are facing a military-related separation, and help them to connect with these supports early.

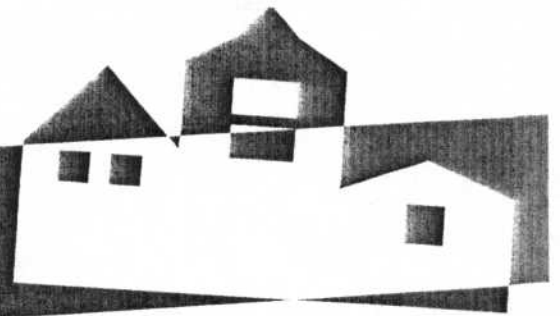
Knowledge of Parenting and Child Development

Military parents and the other caregivers in their family may need extra support in understanding how transitions, separation, and anxiety can affect their child's behavior. Understanding that behavior changes and acting out or withdrawing are normal and can be expected can make these challenges easier to deal with.

Children's Social Emotional Development

If you have military children in your program or neighborhood, invite them to share their thoughts and feelings about the separations and transitions they may be experiencing. If you plan activities for children in your community, remember to create a way a child with a faraway parent can participate.

How to Develop Strong Communities



What's Happening

Communities have a great influence in families' lives. Just as plants are more likely to thrive in a garden with good soil and plenty of sunlight and water, families are more likely to thrive in nurturing communities. A safe place for children to play is one feature of a nurturing community. Other features include the availability of food, shelter, and medical care for families, as well as a culture that encourages neighbors to get to know and help one another. Nurturing communities can help build strong families. They are critical in helping build protective factors.*

What You Can Do

Baby steps

- Meet and greet your neighbors
- Go to a parents meeting at your child's school
- Participate in an activity at your local library or community center

Small steps

- Set up a playgroup in your community at homes or local park (consider inviting people who may not have children at home, like local seniors)
- Organize a community babysitting co-op
- Volunteer at your child's school through the school's administration or the parent's organization
- Encourage local service providers to produce a directory of available services that are easy to find in the community

Big steps

- Organize a community event (a block party, father/daughter dance, parent support group)
- Run for an office in the parent organization at your child's school
- Attend local government meetings (city council or school board meetings) and let them know how important resources are in your community. Let them know how parks, strong schools, and accessible services help to strengthen your family and other families.

What You Might Be Seeing

Strong, nurturing communities that are supportive of families will have:

- Parks and recreation facilities that are accessible, safe, and inviting places for families
- Resources to help families in need access food, shelter, medical care, and other important resources
- Early education programs that are easily accessible and welcoming
- Safe, affordable housing available to all families
- Clean air and water

* To learn more about the protective factors, visit www.childwelfare.gov/preventing/promoting/protectfactors.

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Parenting Your Child With Developmental Delays and Disabilities



What You Can Do

What's Happening

Children develop in many ways and at different rates. While each child is unique, there are developmental milestones or skills that children are expected to develop by certain ages. As parents we expect these age-specific tasks to occur naturally. Children don't necessarily learn skills at the same pace, but when milestones don't develop within the expected broad timeframe or don't appear at all; parents and caregivers may become concerned.

What You Might Be Seeing

Parents and primary caregivers are in the best position to note any ongoing concerns about their child's development that may require action. Although children develop at their own rate, some differences may be signs of developmental delays or disabilities. You may want to observe your child in the following areas to decide if your child is on a typical developmental path:

- **Gross motor skills:** Using large groups of muscles to sit, stand, walk, run, etc.; keeping balance; and changing positions
- **Fine motor skills:** Using hands to eat, draw, dress, play, write, and do many other things
- **Language:** Speaking, using body language and gestures, communicating, and understanding what others say
- **Cognitive:** Thinking skills including learning, understanding, problem-solving, reasoning, and remembering
- **Social:** Interacting with others, having relationships with family, friends, and teachers, cooperating, and responding to the feelings of others

First Steps

- If your child's development worries you, share your concerns with someone who can and will help you get clear answers about your child's development. Don't accept others dismissing your concerns by saying "You worry too much," or "That will go away in a few months." You know your child and are his or her best advocate.
- If your child seems to be losing ground—in other words, starts to not be able to do things they could do in the past—you should request an evaluation right away. Get professional input for your concerns.
- If you think your child may be delayed or have a disability, take him or her to a primary health-care provider or pediatrician and request a developmental screening. If you don't understand the terminology used to assess or describe your child, be sure to ask questions such as, "What does that mean?"

Next Steps

- If your child is diagnosed with a developmental delay or disability, remember that you are not alone. Meet and interact with other families of children with special needs, including those with your child's identified disability. You may have many questions about how your child's diagnosis affects your whole family.
- Seek information. Learn the specifics about your child's special needs. When your child is diagnosed with a delay or a disability, you should begin interventions as early as possible so your child can make the best possible progress.
- Find resources for your child. Seek referrals from your physician or other advisors to find professionals and agencies that will help your child. Keep in mind that some services that assist your child may also provide programs to benefit your entire family.

Ongoing Strategies

- Locate or start a support group. You may appreciate the opportunity to give and receive assistance or encouragement from others who can truly identify with your experience.
- Take a break and give yourself the gift of time to regroup, re-establish your relationships with family members, or reconnect with friends. You will be a better champion for your child when you take the time to care of yourself as well.
- Don't let your child's delay or disability label become the entire focus. Your child has special challenges but is also a member of your family. Seeing your child grow and develop as an individual and part of the family is one of the great pleasures of being a parent.

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