





To Albany Families:

I am proud to participate in the Albany Alcohol & Drug Abuse Prevention Council. The Prevention Council began in 1987 when the Albany Unified School District received a federal grant for “Drug Free Schools.” It is our goal to be proactive in city-wide efforts to keep our schools and community safe and healthy. Working with the Albany Police Department and youth groups, we support all efforts that encourage drug prevention education and contribute to community service projects that are favorable to this effort.

Addressing youth problems is our focus. When gang recruiters came from other cities and tried to establish a presence, we confronted the problem and deterred their interests. When the problem of runaway youth came to our attention, we found help for the youth. When the high school needed help keeping their school dances sober, we bought them breathalyzers. Preventing harm is the reward.

Once again we are distributing an Albany teen resource guide. Many local agencies offer information and services in healthy living. I encourage all parents and families to find appropriate help before a time of crisis. And in a time of crisis, there is no need to face it on your own. We want to assist parents in their most important task, raising healthy and responsible children, a strong deterrent to drug abuse.

Every one who either lives or works in Albany is welcome to join the Prevention Council. With the entire community working together, we can maintain the health and safety of our community. Our citizens of all ages deserve nothing less.

Sincerely,

**Raymond H. Anderson**  
**Albany Prevention Council Chair**

Fall 2006

Albany raises children. We don't raise cattle, build ships or refine oil. We support our schools and youth activities. Children come in many different and wonderful forms. All have special talents and special needs. This document is intended to provide guidance and resources to help families who are struggling or families who wish to enhance their opportunities to raise happy, healthy, creative young people. Enjoy your families, and we hope this resource guide is a help.

**Allan Maris, President**  
**Albany Community Foundation**  
Fall 2006

To the Families of Albany:

The children of our community face many challenges as they grow into young adults: decisions they make today will affect them for many years to come. As parents, the task of providing guidance and support to our next generation of citizens has never been more complex. For these reasons, the Albany Police Department is proud to partner with the Albany Prevention Council, the Albany Community Foundation, and the Albany Lions Club in presenting you with this resource guide.

Many family conflicts originate as parenting issues —when frustration mounts, conflict ensues, and all too often, police become involved. When parents find themselves feeling without means of support or resources, law enforcement involvement may address the immediate crisis but rarely leads to lasting resolution.

In our time of seemingly inexhaustible sources of information, there is a need for a local resource guide that parents can quickly consult for information and support. Parents and their children can benefit from finding an appropriate resource when faced with destructive behaviors, unhealthy influences, or threats to physical safety. The fact-based information and listings contained in this guide are offered to assist parents who want to take an active role in teaching, guiding and encouraging children and teens while they make these critical decisions.

It is my hope that this guide will serve as another tool in your “parenting toolbox,” but it will only work if you use it; use it as an opener to a discussion of drugs, alcohol, and the pressures of growing up, use it to help sort out the facts so that you can make good parental decisions, use it to talk with your teen about life’s difficult decision-making times and the consequences that sometimes follow decisions, and lastly, use the available resources listed in the guide to help nurture healthy children into healthy adults.

Sincerely,

**Mike McQuiston**  
**Chief of Police**  
**Albany Police Department**

Fall 2006

### *About this Guide*

*Your Albany Teen* is sponsored by the Albany Alcohol & Drug Abuse Prevention Council, the Albany Police Department, the Albany Community Foundation, and the Albany Lions Club. It is designed to provide information and resources solely to parents in the City of Albany, California.

This guide offers information as a brief understanding of current issues facing parents and teens. It can be used by parents in understanding risky behaviors and challenges facing our teens today.

The editors have tried to provide a summary of the services offered by each organization cited, as a starting point so that you can determine for yourself which organizations might serve your needs. Also included is a directory of community resources and services, offering more information or professional help. Phone numbers, websites and services are subject to change. We believe that our strongest weapon in guiding our youth into a safe and healthy adulthood is education—community education, parent education and youth education. We see this book as a tool to implement parent education. Parents must use this education as they deem most appropriate.

The information contained in this guide does not reflect opinions of the sponsors but is a compilation of information from many sources. No recommendation or endorsement of the service providers is implied by their inclusion in this guide.

*For additional copies of this guide, send e-mail to  
[info@albanyfamilies.org](mailto:info@albanyfamilies.org)*



*We thank the San Ramon Community Against Substance Abuse (CASA) for their permission to reprint excerpts from their community guide, The Book. We have added topics important to Albany's culture and community diversity.*

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**YOUR ALBANY TEEN**



# **YOUR ALBANY TEEN**

**A RESOURCE GUIDE  
FOR PARENTS**



**THE ALBANY ALCOHOL & DRUG ABUSE  
PREVENTION COUNCIL**



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# Healthy Parenting

PARENTING can be the most rewarding work of adult life. It can also be the most stressful. It is a job that takes considerable patience and understanding, but offers tremendous rewards for our children, our communities, and ourselves.

Adolescents need to learn many skills and try out new ideas, thoughts and behaviors in order to successfully achieve their goal of independence. It is a teenager's job to separate from parents and it is a parent's job to allow that separation. This passage can be a rough transition causing stress and grief for parents.

"Because I said so," and "Because I am your father (mother)," are never good enough reasons for what we ask our children to do. They deserve a simple, straightforward and logical reason for any request or order we give.

Healthy parenting requires a plan of action that promotes the growth and development of children into adults of sound body, mind, and spirit.

The following are some ways parents can prepare themselves and their teen for a smoother transition and greater success in achieving the goal of adulthood:

- First and foremost, **treat children with respect.** Create an atmosphere of honesty and mutual trust. If that trust is broken, they must be held accountable and must earn back that trust.
- **Set limits and stick to them.** Teach the importance of accepting limits. Teenagers are forever proclaiming their need for and right to independence, but under that bravado is a person who still needs and longs for guidance, limits and loving discipline. A teenager who feels control over parents is a teenager who is anxious, afraid and resentful of the lack of loving guidance and constraints. Pointing out unacceptable behavior

with love, care and gentleness, allows for growth. If parents ignore inappropriate behavior, it creates confusion and is a disservice to their child.

- **Allow** age appropriate independence and assertiveness.
- **Set good examples** by showing how our lives are enriched by our values.
- Offer a clearly defined system of **choices** and **consequences**, enabling teens to learn they alone are responsible for the outcome of their actions.
- **Be available** for your teen to discuss things, to answer questions and just to chat. Share your thoughts and feelings. Develop a relationship by doing things together. All too soon, teens may resist participating in family affairs. As this normal behavior takes place, be reassured that they are just trying to figure out their place in this world and trying to be their own person.
- Provide a **safe and loving** home environment. Build self-esteem by giving credit for talents, achievements and personality traits.
- Strive to go beyond merely hearing their words. **Really listen** to them. Allow body language and tone of voice to support what you say.
- Keep in mind that your teenager is in transition toward **adult independence**. As your daughter or son is preparing to leave you, she/he is testing her/his ideas, ideals, beliefs and values. And though it may seem unkind to you, recognize that you, her/his parent, are the safest testing ground for her/him. You represent unconditional love. You will be there no matter what. Recognize this as a time when you are *most* needed, not a time when you are *least* needed. Occasionally step back to see the big picture. Most importantly, maintain your sense of humor and admire your teenager's developing strengths and struggles. (This is a time when you'll remind yourself why guppies eat their young.)

Always remember you are your child's parent, and not his best friend. Conflict is not necessarily bad. Teens will test their parent and it is most important that the parent not adopt the attitude of "peace at any price." Out of conflict there is potential for tremendous growth for your teenager.

Teens will stumble, fall and fail, and a parent's job—with love, understanding and acceptance—is to allow them to seek their own solution, not

to fix it for them. Parents can offer suggestions, but parents must allow teens to make wise decisions or learn from their mistakes.

A teen's success or failure is not a measurement of a parent's self-worth. Neither should a parent's love be dependent on their teen's accomplishment or failure. A child needs to know he is loved unconditionally. The word "good" or "bad" should never be used to describe a child... only the child's *actions* are good or bad.

Ralph Waldo Emerson once said, "What you do speaks so loudly that I cannot hear what you say." What are our actions saying to our children? We, as parents, must be held accountable for our behavior, just as we expect our children to be accountable for their behavior.

In the end it comes down to loving them as we let them go.

### **COMMUNICATING WITH YOUR TEEN**

All behaviors are learned and the first place for learning is the home.

Model the values and behaviors you want your teen to learn.

The foundation of any healthy relationship is effective communication.

Good communication requires two important parts:

- 1) open, honest expression of ideas and feelings; and
- 2) attentive listening.

Parents need to create an environment where the teen knows that, "It is safe to express his or her ideas and opinions." Parents and teens may not agree, but they need to respect each other's right to think as they do.

Most family conflicts can be solved with good, open, honest, empathetic, courteous communication.

### **COMMUNICATION TIPS**

Effective communication between parents and children is not always easy to achieve. Teenagers and adults have different communication styles and different ways of responding in a conversation. Additionally, timing and atmosphere may determine how successful communication will be. Parents should make time to talk with their teenagers in a calm and unhurried manner. The following tips are designed to make communication more successful.

### *Listening*

- Pay attention. Turn off the television.
- Don't interrupt with your thoughts, but do acknowledge what your teen is saying.
- Don't prepare what you will say while your teen is speaking.
- Reserve judgment until your teen has finished and has asked you for a response.
- Respect your teen's point of view, even if it differs from yours.

### *Looking*

- Pay attention to your teen's body language.
- Be aware of your teen's facial expression and body language. Is your teen nervous or uncomfortable—frowning, drumming fingers, tapping a foot, looking at a clock?
- Be aware of what your body language and facial expressions are saying.

### *Responding*

- During the conversation, acknowledge what your teen is saying.
- *"I am very concerned about..."* or *"I understand that it is sometimes difficult..."* are better ways to respond to your teenager than beginning sentences with *"You should..."*, or *"If I were you..."*, or *"When I was your age we didn't..."*
- Avoid lectures; instead, describe the problem, give information, offer choices, or talk about your own feelings and needs. (Try to remember a time when you were at the other end of an unsolicited lecture and recall your response.)
- If your teen tells you something you don't want to hear, don't ignore the statement.
- Don't offer advice in response to every statement your teen makes. It is better to listen carefully to what is being said and try to understand the real feelings behind the words.
- Make sure you understand what your teen means—clarify the message, use active listening: *"What I am hearing you say is..., is that right?"*

### *Problem Solving*

When usual venues of communication don't seem to work and a problem still exists, (around setting limits, for example) then the problem may be more complex and may need a more complex skill. Simple problem solving techniques may help.

- Allow your teenager to talk about his/her feelings or concerns. (This is not a time for you to speak, but a time to listen.) Restrain your comments for an appropriate time. Respect your teen's point of view, even if it differs from yours.
- Talk about your own feelings and needs. Tell your teen simply and honestly what you are feeling. This is a good time to use "I" messages: "*I feel worried and concerned when your curfew has passed and you are not home.*"
- Invite your teenager to brainstorm. Write down all pros and cons without evaluating. Your job is to record the ideas without labeling them.
- Respect your teenager's ideas. Discuss the advantages and disadvantages of each idea.
- Decide on which ideas you plan to follow through. Agree on a plan, shake hands and agree to discuss the matter in one week if changes need to be made.

### **PEER PRESSURE**

Peer pressure is allowing others to influence your thoughts and actions.

Peer pressure can be positive or negative. It sometimes encourages a teenager to study for a test, to participate in athletics, to accept a role in a school play or to be home by curfew. Peer pressure can also cause a teen to ignore schoolwork, drop out of sports, turn their back on the arts or break curfew. The teenager who feels good about himself/herself in most areas of his/her life is not as likely to be negatively affected by peer pressure as the teenager who is insecure and unsure of himself or herself.

Peer groups offer independence from parents by providing an intimate personal life outside the family. They offer acceptance and approval from people in the outside world and help young people to feel confident and worthy. Peer groups offer social rules for interacting with others, and can provide confused young people with a sense of security.

A peer group's expectation that its members think and behave in *appropriate* ways brings relief to adolescents with little solid sense of who they

are or what they are worth. Young people do not have to decide how to think or act when they allow the group to influence their behavior.

#### **TALKING TO YOUR TEEN ABOUT PEER PRESSURE**

Encourage your teenager to consider the following questions when making a decision in a peer-pressure situation, whether that situation is about sex, drugs, alcohol or tobacco:

- Could you do what you are being pressured to do and still feel good about yourself?
- Would your decision add to or take away from your positive feelings about yourself?
- Would your decision help you or hurt you? Would it help or hurt those you love?
- Would you want the person you respect and admire most in the world to know what you are doing?

#### **INFLUENCE OF THE MEDIA**

The media has *significant* influence on both youth and adults. The affect advertising has on the choices we make is well documented. Whatever the advertisement, the message is designed to influence our decisions.

Certain music and video themes influence youth to talk, think and act in ways that might be considered unhealthy or inconsiderate. The media sensationalizes violence through music, videos, movies and television.

Television and other media can be a powerful influence in developing value systems and shaping behavior. Media violence may cause children and teenagers to:

- become “immune” to the horror of violence;
- become more aggressive;
- gradually accept violence as a way to solve problems;
- imitate the violence they observe on television;
- develop negative racial and sexual stereotyping; and
- identify with certain characters as victims and/or victimizers.

Sports figures and entertainers are the most influential role models for young people, other than parents. A few helpful suggestions for parents are:

- Talk to your teen about the messages that are being conveyed (i.e., are they selling clothing or sex?)
- Help your teen become aware of media treatment of family values, women and violence.
- Be aware of what your teenager is watching.
- Use media opportunities to offer your comments, values and ideas.

If you have serious difficulties setting limits or deep concerns about how your children react to television or other media, you may consider contacting a mental health professional for help defining the problem.

### **PARENTS GUIDE TO TEENAGE PARTIES**

As a parent, you share common ground with every other parent in our community. If most families in the community adhere to these guidelines, it will be easier for all of us. With clear expectations and a uniform application of party rules, no teen will have to feel singled out as being uncool or unfairly excluded from the fun. And with a common community standard about parties, parents don't have to feel like party-poopers for enforcing the rules.

#### **COMMON GROUND: FUN, SAFE AND LEGAL**

Parties are a natural and important fact of teenage life – and with a little bit of communication and common-sense planning, parents and teens can work together to make sure everything stays cool.

Whether your teen is planning to give a party or planning to go to one, it's essential to have a conversation about how it's going to work. You can start by talking about your common ground:

- As a parent, you want your kid to have fun and enjoy good times with friends.
- Teens understand it's a parent's job to keep things safe and legal.

#### **WHEN YOUR TEEN IS GIVING A PARTY**

**Plan in advance.** Make it clear to your teen that you need to be included in the party planning process so you can make sure it's safe and legal. Get

involved in their party planning at the earliest possible time so you can avoid an unwanted situation.

**Plan with a friend.** Encourage your teen to plan the party with a responsible friend. That way they can support each other in keeping the party safe and legal.

**Say “yes” as much as possible.** Remember, parties are about fun. *“Can I move all the furniture around so we can dance?”*—“Yes!” *“Can we decorate with movie posters all over the living room?”*—“Yes!” *“Can we have a little beer?”*—“No!”

**Agree on the guest list.** Having a specific guest list can help you and your teen prevent an “open party” situation. Find out who’s being invited and make sure you feel ok about the number of kids and who is coming. You need at least one adult for every 10–12 kids. Be aware that some crashers may show up even if the party is “closed.”

**Set a time limit.** Set a definite starting and ending time that you feel comfortable with. Don’t let it last too long – 3 to 4 hours is plenty. Consider daytime parties as an alternative.

**Agree to rules ahead of time.** You can find what works for you, but rules should include:

- No drugs, alcohol or tobacco.
- No gate-crashers allowed.
- Lights can be low, but lights should always be on.
- Some rooms in your home should be left off-limits.
- Party must end on time.

**Be a good neighbor.** As a courtesy, inform your neighbors about the party, including the start and ending time. Let them know you’ll be there to supervise.

**Know your responsibilities as a parent.** Remember: it is illegal to serve drugs or alcohol to minors. You are legally responsible for anything that may happen to a minor that has been served drugs or alcohol in your home—even after they leave the party and are on their way home.

**Be an active chaperone.** During the party, don’t keep hidden in a separate room. As the responsible adult at the party, you need to stay visible and aware. It’s unfair to expect your teen to enforce all the rules. Take the pressure off of them by being the enforcer. You may want to invite another parent or couple to join you. Remember, you want at least one adult to every 10–12 kids. Watch the comings and goings of partygoers.

**WHEN YOUR TEEN IS GOING TO A PARTY OR A SCHOOL DANCE**

**Check the plans before the party.** Know where your child is going and who they're going with.

**Call ahead of time.** Before giving consent to your teen, phone the parent of the party host ahead of time to make sure there are basic rules in place, such as parental supervision and that no alcohol will be served. Confirm all over nights.

**Check things out during the drop off.** When taking your teen to a party, wait to make sure they get inside the house. If you don't know the host parents, go in and introduce yourself.

**Get home safely.** Make it easy for your teen to leave a party. Urge them to never to ride home with a driver who has been drinking. Have a clear understanding that they'll never get in trouble for calling to let you know that a party is getting out of hand. Be available to pick up your teen whenever they want to go home.

**Greet them when they return.** You'll know they made it safely and on time.

**WHEN YOU ARE AWAY AND YOUR TEEN IS AT HOME**

**No parties!** If you go out of town and leave your teen behind, you must insist that no parties are allowed while you're away. Don't allow unchaperoned parties at your home for any reason. You can be held legally responsible for problems occurring at your home.

**Get some help.** Ask an adult relative or neighbor to check in on your teen's welfare while you're away. Make it clear that no parties are allowed. Leave contact information in case of emergency. In case of friends crashing the best laid plans, what one neighbor can your teen go to in a time of help? Talk this over with your teen before you leave.

**Inform the neighbors.** Let the neighbors know you'll be away and that your teen is not allowed to have parties while you're gone. Leave your contact information with the neighbors. You may also want to inform the police that you'll be away. Albany police non-emergency: 525-7300  
Berkeley residents: please participate in your Neighborhood Watch program: 951-5900

**IF A PARTY IN YOUR NEIGHBORHOOD SEEMS OUT OF CONTROL**

If there's a teen party in your neighborhood that seems too wild, go over and ask whether adults are there and ask to speak to them. You can be

courteous and make it clear that you're only making sure things are okay. It's always okay to call the police and just ask them to check it out to make sure everyone is safe.

## 10 ACTIONS FAMILIES CAN TAKE TO RAISE DRUG-FREE KIDS

- 1 Start:** It is never too early to prevent your children from trying drugs—nor is it ever too late. Building protective factors, such as letting your child know you care, with even the youngest children, plays an important role in protecting them from drugs. Show your children how important children and family is.
- 2 Connect:** When families come together during special events or holidays, take the opportunity to build lines of communication and do things as a family. Spend time together—eat dinner, go sledding, read together, play a game, attend faith services. Find time to laugh together; show that fun doesn't require drugs.
- 3 Listen:** Throughout the year take a more active interest in what is going on in your child's life. Listen to their cares and concerns. Know what they are up to—what parties are they going to? with whom? what will be served? what might be available?
- 4 Educate:** As your child's first teacher, spend at least 30 minutes explaining in simple words to your kids how drugs can hurt them and destroy their dreams.

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### FACT: WHAT PARENTS TEACH HAS AN IMPACT ON CHILDREN

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45% of young people who smoked marijuana in the past year say they learned nothing about the risks of from their parents.

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Only 27% of young people who smoked marijuana in the last year say they learned a lot about the risks from their parents.

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- 5 Care:** Throughout the year spend a few minutes each day telling and showing your children that you care. Make sure they know you care that they are drug-free. Explain to your child that you are always there for them—no matter what happens. Make sure that they know to come to you first for help or information. The extended family plays a major role in influencing a child's life.

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**FACT: PARENTS MAKE A DIFFERENCE**


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**65% of children ages 13 to 17 say that a great risk of marijuana use is that it would upset their parents.**

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**80% of children ages 13 to 17 say that an important reason for not smoking marijuana is that their parents would lose respect for them and pride in their actions.**

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- 6 Be Aware:** Look for the warning signs that your child may be developing a substance abuse problem and get help before the problem occurs. Your pediatrician can help. Read the sections in this book that describe the warning signs. Stay informed; educate yourself.
- 7 Learn:** Children today are sophisticated. In order to educate your child about the danger of drugs, you need to educate yourself first. In many cases, you and your child can learn side-by-side about the risks drugs pose.
- 8 Set Limits:** By setting limits on what is acceptable behavior you show your children you care and help guide them to a safer, drug-free future. Declare limits—this family doesn't do drugs, this family doesn't hang around people who do drugs. Enforce these limits—if you say no drinking and driving it applies to parents. Be consistent.
- 9 Get Involved:** Effective prevention extends beyond the home into the community. Get involved in your community. Ensure that your community's streets, playgrounds and schools are safe and drug-free. Start or join a community watch group or community anti-drug coalition. Become active in the PTA. Get involved in your church, synagogue, or faith.
- 10 Lead:** Young people are as aware of what you do, as much as what you say. Don't just say the right things, do the right things. Don't drive drugged or drunk, don't let your friends drive impaired—set a good example. If you, yourself, have a substance abuse problem use the support of your loved ones to get help.

*Resources begin on page 123*



## Teen Anger

ANGER is a powerful but perfectly normal emotion. Knowing how to recognize and express anger appropriately can help us solve problems and handle emergencies.

However, failure to recognize and understand our anger may lead to health problems: high blood pressure, heart problems, headaches, stomach problems, skin disorders, constipation, diarrhea, obesity; tension: anxiety, accidents, violence, interpersonal problems and disrupted relationships.

Response to anger can be positive or negative. Often, anger is a way to:

- Express frustration or disappointment;
- Get attention;
- Manipulate others;
- Place blame on someone else to avoid responsibility;
- Feel powerful;
- Encourage change.

If we ignore our anger or express it inappropriately, it can be a destructive emotion that hurts others or us. The energy contained in anger can be constructive when it is a catalyst to bring about change, overcome obstacles and achieve goals; however, it must be used cautiously, honestly and openly. Anger is the most poorly handled emotion in our society today... but it doesn't have to be.

Adolescence is that time when teens move toward independence. It requires "letting go" on both sides. When a parent is overly critical or controlling, it sends a message that the teen is incompetent and unable to make good decisions independently. This leads to feelings of inadequacy and powerlessness, allowing anger to become a habit.

## MANAGING TEENAGE ANGER

- **Listen** to your teen. Recognize and acknowledge the anger.
- Help your teen **identify the cause**, understand the motives and look for misdirected anger.
- Help your teen **decide what to do**. Ask your teen what he wants to change, what he wants you to do, and how he can let go of the anger.
- Help your teen **communicate the anger**: calm down, understand the motives, be assertive, seek help, don't get personal, don't avoid the issue, don't make accusations, and don't sulk.
- Some teens may find it helpful to **wait** 24 hours before talking about the problem.
- Another way to help your teen *communicate the anger is through a letter*. The letter doesn't necessarily need to be mailed—sometimes the simple act of defining the problem is relief enough.
- Help your teen to **be assertive without being destructive**.
- Applaud your teen's effort by encouraging him in **negotiating changes**.
- **Use humor**, physical activity and the passage of time to help control anger.
- **Pay attention** to the signs of hidden anger—tense muscles, accident-proneness, feelings of frustration or disappointment and a tendency to use sarcasm.

*Resources begin on page 124*

## Depression

DEPRESSION is considered the major psychiatric disease of the 20th century, affecting approximately eight million people in North America. Adults with psychiatric illness are 20 times more likely to die from accidents or suicide than adults without a psychiatric disorder. Major depression, including manic depression, often appear for the first time during the teenage years, and early recognition of this condition will have profound effects on later illness and mortality.

Recent studies have shown that more than 20% of adolescents in the general population have emotional problems. Diagnosis of depression in adolescents age 15 to 19 is often missed because adolescence is a time of emotional turmoil, moodiness, gloomy introspection and melodrama—a time of rebellion and behavioral experimentation.

Depression may lead to serious difficulties in school, work and personal adjustments, which often continue into adulthood. Adolescent suicide is now responsible for more deaths than cardiovascular disease or cancer in this same age category.

### **EDUCATE YOURSELF ON DEPRESSION**

Depression is usually triggered by a complex combination of genetic, psychological and environmental factors. Whatever the root cause, depression affects thinking. A depressed person may not be able to think rationally or clearly and may believe that he/she cannot be helped.

Like diabetes or cancer, depression is an illness that affects people of all ages, races and economic groups. The brain—like the heart or kidney—is an organ of the body. If chemicals of the brain, which regulate how a person feels or thinks, get out of balance, the person can suffer depression.

Unlike the short-term blues, depression lasts longer than a couple of weeks. The person suffering from depression is usually not aware that he or she is depressed.

## **WARNING SIGNS OF DEPRESSION**

### *Behavioral Changes*

- Neglecting appearance
- Neglecting responsibilities (i.e., neglect of school work, drop in grades)
- Changes in eating and sleeping habits (either eating too much or eating too little, loss of appetite, sleep disorders or change in sleep patterns)
- Becoming disruptive, aggressive, hostile, irritable or withdrawn
- Exhibiting self-destructive behavior (self-cutting), drug and alcohol use, promiscuity

### *Physical Changes*

- Aches and pains with no physical cause
- Weight loss or gain
- Lack of energy

### *Emotional Changes*

- Emotional flatness, sadness—can't laugh, cry, find pleasure in anything
- Hopelessness—can't stop pain, can't see any way out
- Exaggerated self-blame, guilt
- Isolation—can't get anyone's attention, "I feel cut off."
- Self-hatred, worthlessness—"I can't stand myself."—"I don't matter."
- Confusion—can't think clearly, can't make decisions, can't get control
- Helplessness
- No interest in pleasurable activities, hobbies, work, or social activities

There is a link between depression and suicide. It is important to stress that what might seem insignificant to adults may be very significant to teenagers. The loss of a boyfriend or a girlfriend or other significant friend, a drop in school grades, poor body image and serious eating disorders can be a crisis for a teen. Other significant factors that can cause depression include divorce, parental or family discord, physical or sexual abuse and alcohol or substance use.

**WHAT CAN PARENTS DO?<sup>1</sup>**

- Make careful notes about the behaviors that concern them. Note how long the behaviors have been going on, how often they occur, and how severe they seem.
- Make an appointment with a mental health professional or the child's doctor for evaluation and diagnosis.
- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
- Talk to other families in their community.
- Find family network organizations.

**IMPORTANT MESSAGES ABOUT CHILDREN'S AND ADOLESCENTS' MENTAL HEALTH:**

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

*Resources begin on page 125*



# 4

## Self-Injury or Self-Harm, Including “Cutting”

SELF-INJURY is the most common label for behaviors in which a person deliberately harms his or her body. It is most commonly associated with intentional carving or cutting of the skin, scratching, burning, ripping or pulling skin or hair, bruising or breaking bones. This behavior may also include excessive piercing and tattooing.

According to a recent report by the Samaritans, 10% of teenagers aged 15 and 16 have self-harmed and girls are nearly four times more likely to self-harm than boys. This behavior is becoming more prevalent among adolescents. In general, those who self-injure are usually from a middle to upper-class background, of average to high intelligence, with low self-esteem. It is also accepted in “Goth” culture. Nearly 50% of sufferers report physical and or sexual abuse during his or her childhood.

### *Why do teens self-harm?*

Teens who self-harm tend to use it as a way of dealing with problems such as depression, anxiety or abuse. For these teens, it is a coping mechanism. Those who self-injure report that it relieves these uncomfortable emotions and enables them to feel more in control. For many teens, it is habit-forming. Because self-injury is often kept secret, the behavior may continue for years without detection or treatment.

### *Is self-injury a suicide attempt?*

While the aim of the self-harm is to cause injury, most studies find that self-harm is often undertaken as a means of *avoiding* suicide. Many who self-harm do so for immediate relief from pain or “just to feel something.”

Nevertheless, because self-injury is associated with depression and anxiety, there is a greater likelihood that a teen who self-injures will eventually consider or attempt suicide. It can also result in unanticipated severe harm or fatality.

*What should parents look for? What are the warning signs?*

Detecting and intervening in self-injurious behavior can be difficult since the practice is often secretive and involves body parts that are relatively easy to hide. Parents should look for:

- Unexplained burns, cuts, scars, or other clusters of similar markings on the skin can be signs of self-injurious behavior. Arms, fists, and forearms opposite the dominant hand are common areas for injury. However, evidence of self-injurious acts can and do appear on pretty much every body part possible.
- Inappropriate dress for season (consistently wearing long sleeves or pants in summer), constant use of wrist bands/coverings, unwillingness to participate in events/activities which require less body coverage (such as swimming or gym class).
- Frequent bandages.
- Odd/unexplainable paraphernalia (e.g. razor blades or other implements which could be used to cut or pound).
- Heightened signs of depression or anxiety or an eating disorder.
- When asked, teens who self-injure may offer explanations which seem unlikely such as “The cat scratched me” or “I fell in some bushes.”

*What should parents do if they suspect their teen is self-injuring?*

Knowing that your teenager is deliberately hurting themselves can make you feel deeply distressed, angry and powerless. But what your teenager needs is your calm understanding and support.

- Listen to what they are telling you without being judgmental, showing anger or disgust or trying to force them to stop. Such reactions, if expressed in shocked or punitive ways, may reinforce the self-injurious behavior and its underlying causes and encourage the self-injurer not to seek care in the future. Self-injury is most often a silent, hidden practice aimed at either squelching negative feelings or overcoming emotional numbness. Being willing to listen to the self-injurer while reserving shock or judgment encourages them to use their voice, rather than their body, as a means of self-expression.

- Listen and encourage them to discuss their problems and let them know you are there for them. People who self-harm feel isolated and unsupported. Giving your teenager time to talk to you, discussing concerns they have and letting them know you are there will help prevent them from turning on themselves when they face problems.
- If your teenager finds it difficult to express their feelings to you, encourage them to confide in another family member, teacher, friend, youth worker or mental health professional.

If someone displays the signs and symptoms of self-injury, a mental health professional with self-injury expertise should be consulted. An evaluation or assessment is the first step, followed by a recommended course of treatment to prevent the self-destructive cycle from continuing.

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**If someone you know is threatening suicide, take immediate action. Get this person to the nearest hospital that deals with suicide. (See page 126 for specific phone numbers.)**

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# 5

## Suicide

SUICIDE is a permanent solution to a temporary problem.

Many normal teenagers sometimes have fleeting thoughts of hurting themselves, feelings of depression, and behavioral problems. But when there are threats of suicide or a preoccupation with suicidal thoughts, professional help is needed.

There is no foolproof way to predict and assess adolescent suicidal behavior. Most people who think about suicide are ambivalent. They really do not want to die; they just want the emotional pain to end. They are crying out for help.

Teenagers experience strong feelings of confusion, self-doubt, pressure to succeed, financial uncertainty and other fears while growing up. A parent's divorce, the formation of a new family with stepparents and stepsiblings, moving to a new community or the breakup of a relationship can be very unsettling and can intensify self-doubts and feelings of depression. In some cases, suicide appears to be a "solution."

**There is help for someone who is suicidal.** It is important that the disorder is recognized and diagnosed, so that appropriate treatment plans can be developed. When parents are uncertain whether their child has a serious problem, counseling and/or a psychiatric examination can be very helpful.

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### SUICIDE FACTS

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**Every 16.9 minutes another American commits suicide.**

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**The suicide rate for adolescents has increased more than 200% over the last decade. Teen suicide rate has more than tripled in the past 20 years.**

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**Suicide is the third leading cause of death for 15 to 24 year olds, and the sixth leading cause of death for 5 to 14 year olds.**

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**Gay and lesbian teens are at high risk for suicidal behavior.**

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**Males complete suicide four times more often than females, but females attempt suicide three times more often than males.**

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**Grief substantially heightens suicide risk. In the first year after the death of a spouse, the risk of suicide is 2.5 times greater than that of the general population.**

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**Drug and alcohol abusers are six times more likely to attempt suicide.**

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**Each year in the U.S., thousands of teenagers commit suicide.**

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## **WARNING SIGNS OF SUICIDE**

- Depression—there is a link between depression and suicide
- Feelings of hopelessness and guilt
- Pervasive sadness, anxiety, restlessness, fatigue, loss of interest in activities, changes in eating and sleeping habits
- Verbal threats or talk about committing suicide. *“I wish I were dead.” “I don’t want to be here anymore.” “I’m a loser.” “All of my problems will end soon.”*
- A previous suicide attempt (and/or a suicide attempt or death by a loved one)
- Changes in behavior— isolation, risk-taking behaviors
- Loss of interest in personal appearance
- Withdrawal from previously enjoyed activities, social activities, hobbies, friends
- Problems at school; change in school performance, falling asleep in class, emotional outbursts
- Trouble eating or sleeping
- High-risk sexual behavior
- Crying spells
- Sexual identity crisis
- Frequent accidents or reckless behavior
- Sudden, unexpected happiness after prolonged depression
- Giving away prized possessions
- Increased use of alcohol or other drugs

- Preoccupation with death or dying
- Talking about death, obsession with music or art that features death or suicidal themes
- Verbal threats or cues such as “*Nothing matters anymore.*” “*Things would be better if I weren’t around.*” “*I just can’t take it anymore.*”
- Recent major loss or crisis (death, divorce, break-up)

It is important to recognize that the crisis may be insignificant to other people, but very significant to the teenager.

#### WAYS TO BE HELPFUL TO SOMEONE WHO IS THREATENING SUICIDE

- **Be aware.** Learn the warning signs.
- **Get involved.** Become available. Show interest and support. Let the person know you care.
- **Be direct.** Ask if he or she is thinking about suicide.
- **Ask questions** about suicide—does the person have a specific plan? Has he/she taken steps to carry out the plan?
- **Be willing to listen.** Allow and accept expressions of feelings.
- **Be non-judgmental.** Don’t debate whether suicide is right or wrong, or feelings are good or bad. Don’t lecture on the value of life.
- **Don’t dare** him or her to do it.
- **Don’t leave a suicidal person alone.**
- **Don’t give advice** by making decisions for someone else to tell him or her to behave differently.
- **Don’t ask “why.”** This encourages defensiveness.
- **Offer empathy,** not sympathy.
- **Don’t act shocked.** This will put distance between you.
- **Seek support.** Don’t be sworn to secrecy.
- **Offer hope** that alternatives are available but do not offer glib assurance. It only proves you don’t understand.
- **Take action.** Remove means. Get help from professionals specializing in crisis intervention and suicide prevention.

## **BE AWARE OF SUICIDE SOURCES**

If you experience suicidal feelings, get help! If someone you know exhibits suicidal symptoms, offer help! For assistance, contact:

- A community mental health agency;
- A private therapist or counselor;
- A school counselor or psychologist;
- A family physician;
- **Alameda County Suicide Prevention 24-Hour Hotline**  
**Phone: 800-309-2131**

The suicide prevention hotline provides support for mental and emotional crises and counseling for suicidal people. It provides referrals to ongoing counseling and mental health programs.

*Resources begin on page 126*

## Grief & Loss

THE SUBJECT OF GRIEF AND LOSS can be frightening for young people struggling with their own identities and philosophies.

It's not easy for any of us to accept that all living things, including ourselves and those we love, will die. It's difficult for us to think about this, let alone talk about it with our children.

Loss is affected by the accumulation of loss-related experiences we have had in our lifetime. Some of these may have involved death itself. Others, while seemingly minor, nonetheless resulted in real grieving—the loss of a relationship, a separation or divorce in the family, loss of a favorite object, leaving an old home for a new one or the death of a beloved pet. These situations are frequently referred to as mini-deaths, and are definitely cause for grief.

The symptoms of grief can be prolonged and complicated, but are part of the normal recovery process, not a sign of weakness or mental illness. The more central the loss or the person was in the life of the bereaved, the more intensely the sense of loss will be experienced.

- The first reactions are often shock, numbness, bewilderment, disbelief and possibly denial for a time, even when the loss or death was anticipated.
- After a few days, numbness turns to intense suffering. Grieving persons feel empty. They often dream or have hallucinations in which the deceased is still alive.
- Physical symptoms of grieving are common and can include sleep disturbances, loss of appetite or increased appetite, headaches, shortness of breath, heart palpitations and occasionally dizziness and nausea.
- Young people may alienate others by becoming irritable, argumentative, withdrawn, or isolated; or by exhibiting a decline in their schoolwork and other activities. Most painful are feelings of guilt or remorse for

having treated the deceased badly or having had angry thoughts about the deceased, or even “wished” the person dead.

Parents, wanting to protect their children, may try to avoid talking about the subject with them. How teenagers work through their grief depends largely on how family members and friends reach out to them. The more teens are encouraged to share their feelings, the more they will be able to cope with their loss. Acknowledging loss together, as a family, can give comfort and support even in the midst of pain and sorrow.

In his book, *Talking About Death, A Dialog Between Parent and Child* (Beacon Press, 1990), Earl A. Grollman suggests the following guidelines for helping young people who have experienced death of a loved one:

- Take the word “death” off the taboo list. Allow it to become a concept that can be discussed openly.
- Understand that mourning and sadness are appropriate for people of all ages.
- Allow teens to release their emotions. Let them call their feelings by the rightful names, i.e., hurt, anger, sadness.
- Contact the school and inform them of the loss in the family; otherwise teachers may not understand any change in your teen’s grades.
- Seek help if you feel unable to deal with your teen during this crisis. There are times when even the best-informed and well-intentioned adult is simply inadequate.
- Don’t tell the teenager that he or she is now the man or woman of the house, or a replacement for the deceased.
- Don’t use stories or fairy tales as an explanation for the mystery of death.
- Don’t let your child believe that you have all the final answers, leave room for their doubts and differences of opinion.
- Don’t be afraid to express your own emotions of grief. Children need to receive permission from adults to mourn.
- Don’t forget to continue to give assurance of love and support.

Memorial services, funerals and burial services are important rituals where the bereaved receive comfort and support from friends and community. Attending these services can help the bereaved accept the reality

of death and express sorrow. Opinions vary on the age at which children should attend funerals; some say three, others five, and still others seven. Teenagers should be encouraged to attend. All agree that the choice should be the child's.

When should you seek professional counseling? Grieving persons, including children and adolescents usually return to near normal activity within a few months. The distinction between normal and abnormal mourning is determined by the intensity and the duration of the symptoms. The following signals may indicate that further advice or guidance should be sought if, after a few months, your teen:

- Appears sad or depressed most of the time
- Exhibits prolonged irritability and moodiness
- Uses drugs or alcohol
- Experiences significant feelings of low self-esteem
- Frequently loses interest in formerly pleasurable activities
- Has a marked decline in grades or quality of schoolwork
- Continuously sleeps too much or too little or has frequent nightmares
- Persistently withdraws or becomes socially isolated

If you think there is cause for concern, contact a family counselor, child psychologist or bereavement support group.

Remember, avoiding or denying feelings does not make them go away. Young people who can grieve with their families are better able to recover from the painful effects of their loss.

*Resources begin on page 126*



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**“It’s a natural response to the pressures of life.  
Stress prepares the body to react to challenge.”**

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## Handling Stress

STRESS is a common problem among teens. While stress is a natural part of life, it often creates imbalance in the body, especially a teen’s body, which is already experiencing so many changes. A certain amount of stress can be helpful as a way of keeping your teen motivated. But too much or too little may render them ineffective and interfere with their relationships and their physical well-being.<sup>1</sup>

When we talk about stress, most people think about how we react to problems that are hard to deal with. Sometimes these problems are major events that are sudden or unexpected, such as going through a divorce. Other problems are more common, day-to-day difficulties or strains.

Studies with adolescents have found that:

- A pileup of many life events over a short time is harder for teens than coping with just one event.
- Ongoing, day-to-day stresses and strains have a bigger impact on teens than major life events. If a major event (such as divorce) affects teens, it is often because it changes day-to-day aspects of their lives.

### **WHAT ARE COMMON SOURCES OF STRESS FOR ADOLESCENTS?**

*When asked, teens talk about peer pressure:*

- The pressure to be accepted or to “fit in” including having the right cell phone, wearing the right clothes or using drugs or alcohol
- The pressure to put down others to gain acceptance into a group
- The pressure to be perfect including being thin, muscular, athletic, “hot” or pretty
- The pressure to excel in academics, athletics, extracurricular activities and college admissions
- The pressure to become sexually active

*Other sources of stress:*

- School or homework
- Negative emotions or beliefs about themselves
- Family problems, responsibilities or pressure
- No time for fun activities “Too much to do in too little time”
- Fights or conflict with family or friends
- Separation, divorce, remarriage of parent(s)
- Household chores
- Changing schools or graduating
- Other job or work demands
- Death or major illness of parent, sibling, family member or friend
- Major changes to family finances (job loss or return to work)
- Moving or changes in housing arrangements
- Unstable or unsafe home or neighborhood

**HOW DO TEENS COPE WITH STRESS?**

Teens react to difficulties much as adults do. Some common emotional reactions include excitement, fear, worry, anxiety, sadness and anger. Compared to younger children, teens use more sophisticated coping strategies. The most common way young teens cope with stress is by listening to music or by watching TV. As teens get older, they turn more to peers and have greater access to other adults in the community for support. They also have greater access to drugs and alcohol-which are often used by adults to cope with stress. Each teen tries to cope with stress in his or her own way.

**WHAT CAN I DO TO HELP MY TEEN COPE WITH STRESS?**

*Provide help, encouragement, and support.*

- Encourage your teen to talk about what he or she is going through. Listen carefully. Ask questions so you can understand. Don't jump to the conclusion that you know what is going on and give advice. Depending on the situation, your child may not want advice. He or she may just want to be understood. If you're not sure that your teen wants your advice, ask.

- Offer reassurance, encouragement, and support. Be willing to provide verbal or physical comfort, but don't be discouraged if your teen rejects your efforts or is irritable. These are normal reactions to stress. Be patient. Make it clear that you are there if your child needs you.
- Provide a structured, stable, and predictable home base. Within reason, the same rules, roles and routines should be kept in your home.
- Encourage your teen to take part in activities that he or she normally enjoys.

*Help your child develop coping skills.*

- Model effective coping. Talk about how you deal with your problems. Avoid the use of drugs or alcohol to cope with troubles.
- Help your teen learn and practice problem-solving skills. Work with your teen to figure out problems, and suggest how he or she might cope with difficulties. Make it clear to your teen that he or she has options. You can also teach your teen specific skills for solving problems.
- Help your teen learn and practice ways to manage emotions. Teach that there are safe ways to blow off steam. Provide opportunities for your teen to become involved in activities that are fun and enjoyable. Teach your teen how to see the positive side of things.

If you need help, seek it. Helping teens can sometimes be a discouraging or frustrating task. Be sure to monitor your own levels of stress and take care of yourself. Be willing to seek support from others. The school counselor or social worker, a member of the clergy, or your health-care provider can give information or advice on who might help you.

**For more on teens and stress go to <http://aacap.org>**



# Anxiety

ANXIETY is a normal reaction to stress. It helps you cope with tense situations. It also helps you focus on the task at hand and motivates you. Almost everyone experiences anxiety from time to time. Typically, anxiety goes away when the triggering event is over.

However, anxiety is a problem when it becomes an excessive, irrational dread of everyday situations, such as riding an elevator or leaving your house. People with anxiety disorder experience excessive fear and worry that are out of proportion to the situation. These feelings are more intense and last longer than normal feelings of anxiety.<sup>1</sup>

## **CHILDREN AND ADOLESCENTS WITH ANXIETY DISORDERS**

### *What are anxiety disorders?*

Children and adolescents with anxiety disorders typically experience intense fear, worry, or uneasiness that can last for long periods of time and significantly affect their lives. If not treated early, anxiety disorders can lead to:

- Repeated school absences or an inability to finish school
- Impaired relations with peers
- Low self-esteem
- Alcohol or other drug use
- Problems adjusting to work situations
- Anxiety disorder in adulthood

*What are the types and signs of anxiety disorders?*

Many different anxiety disorders affect children and adolescents. Several disorders and their signs are described below:

**Generalized Anxiety Disorder:** Children and adolescents with generalized anxiety disorder engage in extreme, unrealistic worry about everyday life activities. They worry unduly about their academic performance, sporting activities, or even about being on time. Typically, these young people are very self-conscious, feel tense, and have a strong need for reassurance. They may complain about stomachaches or other discomforts that do not appear to have any physical cause.

**Separation Anxiety Disorder:** Children with separation anxiety disorder often have difficulty leaving their parents to attend school or camp, stay at a friend's house, or be alone. Often, they "cling" to parents and have trouble falling asleep. Separation anxiety disorder may be accompanied by depression, sadness, withdrawal, or fear that a family member might die. About one in every 25 children experiences separation anxiety disorder.

**Phobias:** Children and adolescents with phobias have unrealistic and excessive fears of certain situations or objects. Many phobias have specific names, and the disorder usually centers on animals, storms, water, heights, or situations, such as being in an enclosed space. Children and adolescents with social phobias are terrified of being criticized or judged harshly by others. Young people with phobias will try to avoid the objects and situations they fear, so the disorder can greatly restrict their lives.

**Panic Disorder:** Repeated "panic attacks" in children and adolescents without an apparent cause are signs of a panic disorder. Panic attacks are periods of intense fear accompanied by a pounding heartbeat, sweating, dizziness, nausea, or a feeling of imminent death. The experience is so scary that young people live in dread of another attack. Children and adolescents with the disorder may go to great lengths to avoid situations that may bring on a panic attack. They also may not want to go to school or to be separated from their parents.

**Obsessive-Compulsive Disorder:** Children and adolescents with obsessive-compulsive disorder, sometimes called OCD, become trapped in a pattern of repetitive thoughts and behaviors. Even though they may recognize that the thoughts or behaviors appear senseless and distressing, the pattern is very hard to stop. Compulsive behaviors may include repeated hand washing, counting, or arranging and rearranging objects. About two in every 100 adolescents experience obsessive-compulsive disorder.<sup>1</sup>

**Post-traumatic Stress Disorder:** Children and adolescents can develop post-traumatic stress disorder after they experience a very stressful event. Such events may include experiencing physical or sexual abuse; being a victim of or witnessing violence; or living through a disaster, such as a bombing or hurricane. Young people with post-traumatic stress disorder experience the event over and over through strong memories, flashbacks, or other kinds of troublesome thoughts. As a result, they may try to avoid anything associated with the trauma. They also may overreact when startled or have difficulty sleeping.

#### *How common are anxiety disorders?*

Anxiety disorders are among the most common mental, emotional, and behavioral problems to occur during childhood and adolescence. About 13 of every 100 children and adolescents ages nine to 17 experience some kind of anxiety disorder; girls are affected more than boys.<sup>2</sup> About half of children and adolescents with anxiety disorders have a second anxiety disorder or other mental or behavioral disorder, such as depression. In addition, anxiety disorders may coexist with physical health conditions requiring treatment.

#### *Who is at risk?*

Researchers have found that the basic temperament of young people may play a role in some childhood and adolescent anxiety disorders. For example, some children tend to be very shy and restrained in unfamiliar situations, a possible sign that they are at risk for developing an anxiety disorder. Research in this area is very complex, because children's fears often change as they age.

Researchers also suggest watching for signs of anxiety disorders when children are between the ages of six and eight. During this time, children generally grow less afraid of the dark and imaginary creatures and become more anxious about school performance and social relationships. An excessive amount of anxiety in children this age may be a warning sign for the development of anxiety disorders later in life.

Studies suggest that children or adolescents are more likely to have an anxiety disorder if they have a parent with anxiety disorders. However, the studies do not prove whether the disorders are caused by biology, environment, or both. More data are needed to clarify whether anxiety disorders can be inherited.

*What help is available for young people with anxiety disorders?*

Children and adolescents with anxiety disorders can benefit from a variety of treatments and services, following an accurate diagnosis.

*What can parents do?*

If parents or other caregivers notice repeated symptoms of an anxiety disorder in their child or adolescent, they should:

- Talk with the child's health care provider. He or she can help to determine whether the symptoms are caused by an anxiety disorder or by some other condition and can also provide a referral to a mental health professional.
- Look for a mental health professional trained in working with children and adolescents, who has used cognitive-behavioral or behavior therapy and has prescribed medications for this disorder, or has cooperated with a physician who does.
- Get accurate information from libraries, hotlines, or other sources.
- Ask questions about treatments and services.
- Talk with other families in their communities.
- Find family network organizations.
- People who are not satisfied with the mental health care they receive should discuss their concerns with the provider, ask for information, and/or seek help from other sources.

**Mental Health Resources on the Internet**

Centers for Disease Control and Prevention  
[www.cdc.gov](http://www.cdc.gov)

National Institutes of Health  
<http://clinicaltrials.gov>

Substance Abuse and Mental Health Services Administration  
[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

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## Body Image & Eating Disorders

“ON A DIET, YOU CAN’T EAT.”

This is what one five year-old girl had to say in a study on girls’ ideas about dieting. This and other research has shown that daughters are more likely to have ideas about dieting when their mothers diet. Children pick up on comments about dieting concepts that may seem harmless, such as limiting high-fat foods or eating less. Yet, as girls enter their teen years, having ideas about dieting can lead to problems. Many things can spark weight concerns for girls and impact their eating habits in potentially unhealthy ways:

- Natural weight gain and other body changes during puberty
- Peer pressure to look a certain way
- Struggles with self-esteem
- Media images showing the ideal female body as thin

Many teenage girls of average weight think they are overweight and are not satisfied with their bodies. Having extreme weight concerns—and acting on those concerns—can harm girls’ social, physical and emotional growth. Actions such as skipping meals or taking diet pills can lead to poor nutrition and difficulty learning. For some, extreme efforts to lose weight can lead to eating disorders such as anorexia or bulimia. For others, the pressure to be thin can actually lead to binge eating disorder: overeating that is followed by extreme guilt. What’s more, girls are more likely to further risk their health by trying to lose weight in unhealthy ways, such as smoking.

While not as common, boys are also at risk of developing unhealthy eating habits and eating disorders. Body image becomes an important issue for teenage boys as they struggle with body changes and pay more attention to media images of the “ideal” muscular male.

*What you can do:*

Your children pay attention to what you say and do — even if it doesn't seem like it sometimes. If you are always complaining about your weight or feel pressure to change your body shape, your children may learn that these are important concerns. If you are attracted to new “miracle” diets, they may learn that restrictive dieting is better than making healthy lifestyle choices. If you tell your daughter that she would be prettier if she lost weight, she will learn that the goals of weight loss are to be attractive and accepted by others.

Parents are role models and should try to follow the healthy eating and physical activity patterns that you would like your children to follow — for your health and theirs. Extreme weight concerns and eating disorders, as well as obesity, are hard to treat. Yet, you can play an important role in preventing these problems for your children.

Eating Disorders are very common among high school students. Young women are particularly at risk for developing eating disorders—90–95% of those affected are female. Our society is overly concerned with thinness, making it difficult for a young woman to be comfortable with her body.

*Follow these steps to help your child develop a positive body image and relate to food in a healthy way:*

- Make sure your child understands that weight gain is a normal part of development, especially during puberty.
- Avoid negative statements about food, weight, and body size and shape.
- Allow your child to make decisions about food, while making sure that plenty of healthy and nutritious meals and snacks are available.
- Compliment your child on her or his efforts, talents, accomplishments, and personal values rather than on his or her appearance.
- Restrict television viewing, and watch television with your child and discuss the media images you see.
- Encourage your school to enact policies against size and sexual discrimination, harassment, teasing, and name-calling; support the elimination of public weigh-ins and fat measurements.
- Keep the communication lines with your child open.<sup>1</sup>

## EATING DISORDERS

Two psychological eating disorders—bulimia and anorexia nervosa—are increasing among teenage girls, young women, and boys. Teenagers with either of these disorders are overly concerned with weight, food, body image and control in their lives.

Parents frequently ask how to identify symptoms of bulimia and anorexia nervosa. The fact is that many teenagers are able to hide these serious and sometimes fatal disorders for many months or even years.

### BULIMIA

Bulimics suffer from low self-esteem and distortion of body image. Teenagers with bulimia may be normal weight or even overweight, so they are often not noticed. Bulimia is characterized by recurrent episodes of binge eating, a feeling of lack of control over eating during binges, and use of vomiting, laxatives, diuretics or vigorous exercise in order to prevent weight gain.

The person with bulimia binges on huge quantities of high-caloric food and then purges his/her body of dreaded calories by self-induced vomiting and use of laxatives. These binges may alternate with severe diets, resulting in dramatic weight fluctuations. Teenagers may try to hide the signs of throwing up by running water while spending long periods of time in the bathroom. The purging of bulimia presents a serious threat to the teenager's physical health, resulting from dehydration, hormonal imbalance, depletion of important minerals, and damage to vital organs.

### ANOREXIA NERVOSA

Young people with anorexia become extremely thin, even though they still think they are fat. Refusal to eat, inability to maintain body weight, fear of gaining weight, and distortion of body image are part of the definition of anorexia.

A teenager with anorexia nervosa is typically a perfectionist and a high achiever in school. At the same time, the anorexic teen suffers from low self-esteem and believes he/she is fat regardless of how thin he/she becomes. Desperately needing a feeling of mastery over his/her life, the teenager with anorexia nervosa experiences a sense of control only when saying "no" to the normal food demands of the body. In a relentless pursuit to be thin, the teen starves himself/herself. This often reaches the point

of serious damage to the body, and in a small number of cases may lead to death, if not diagnosed early.

Medical problems are common among teenagers with eating disorders. Anorexics can have electrolyte imbalances and heart, menstrual and gastrointestinal problems. Bulimics can have the same medical problems as anorexics. In addition, they can have problems associated with the bingeing and purging such as dental problems, swelling of the glands in the cheeks, throat problems and damage to the esophagus.

Activities that show signs of an eating disorder include:

- Excessive concern with body image and weight
- A need to go into the bathroom after eating
- Dramatic loss of weight
- Obsessive need to exercise

If there is a suspicion of an eating disorder, family and friends are wise to have the person evaluated by a medical doctor and a psychologist familiar with eating disorders. Often a nutritionist will be consulted. Medications and psychotherapy are often the treatment. Many young adults will recover with appropriate treatment.

*Resources begin on page 127*

## Teen Sexuality

ADOLESCENCE is a time of testing boundaries, experimenting, developing character and moving toward independence.

Achieving a fulfilling and loving relationship, delaying sexual intimacy, or accepting the responsibilities that come with sex can be difficult for adults and doubly hard for adolescents. Sex can complicate relationships and opens the door to a whole series of emotional, psychological, physical and social issues that most teens are not equipped or ready to handle. How to prevent pregnancy and STDs (which are currently spreading at epidemic proportions) becomes an immediate concern. Add to that the emotional and psychological impact, all of which is often difficult to discuss, especially with parents.

As parents, we worry about the situations facing our children. We want our children to have positive experiences and at the same time, to be safe. We want them to uphold the values they have been taught and grow up to become healthy adults of character and integrity. With so many unrealistic and unhealthy depictions of sex exposed through the media and with the tremendous peer pressure kids face, we must constantly reinforce our values through our words and actions and by talking to our teens about these issues. We need to be positive role models of what a healthy relationship looks like. The most effective way parents can do this is by modeling it, by lovingly giving our children the information they need and by equipping them with tools to make healthy decisions.

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### STATISTICS

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**More teenagers in America become pregnant and have multiple partners than anywhere else in the world.**

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**America leads the industrialized world in sexually transmitted disease.**

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**1 in 4 sexually active youth acquire a Sexually Transmitted Disease (STD) annually.**

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**50% of all teens are sexually active by the 10th grade.**

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**Nearly two-thirds of all teens that have had sex wish they had waited.**

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**According to 50% of all teens, oral sex isn't sex.**

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**Oral sex is a high-risk behavior that can lead to many STDs including HIV/AIDS, HPV (genital warts), genital Herpes, Chlamydia, gonorrhea and syphilis.**

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**Teenagers exposed to a lot of sexual content on TV are more than twice as likely to seek sexual intimacy in a year's time as peers who watch very little.**

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**Studies show that teen girls who have close relationships with their mothers and whose mothers discourage sexual activity wait longer for their first sexual experience.**

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**The Heritage Foundation released a study in June 2003 stating that "sexually active teens, particularly girls, are far more likely to be depressed or attempt suicide than those who were not sexually active."**

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**80% of women and 50% of men initially show no symptoms once they have contracted an STD.**

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**Human Papilloma Virus (HPV), otherwise known as genital warts, is considered the most prevalent STD, causing over 90% of cervical cancer. At least 20 million Americans are currently infected.**

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**Cervical cancer kills more women each year than AIDS.**

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**Condoms do not provide complete protection from STDs. Condoms provide *little* protection against HPV.**

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**It is estimated that 20% of all Americans over the age of 12 are infected with genital Herpes, and this is *not* the most common STD.**

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**Up to 40% of women with untreated Chlamydia will develop Pelvic Inflammatory Disease (PID) and, of those, 20% will become infertile.**

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**Teenagers are less likely than older women to practice contraception without interruption over the course of a year and more likely to practice contraception sporadically or not at all.**

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**20% of teens aged 12-18 years using the pill get pregnant within 6 months. 20% of teens 18 years and younger using condoms get pregnant over a period of one year.**

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**About 840,000 teenage girls in the United States become pregnant each year.**

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**More than 80% of single mothers under 18 years of age end up in poverty and reliant on welfare assistance.**

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**WHY?**

Here are a few reasons why teens are engaging in sexual activity:

- **Media:** Children and teens are inundated with sexual messages. In America, we are hit with an average of 14,000 sexual messages per year. Currently, there is an average of three sexual acts per hour on television, and 97% of all sex on TV is shown outside of marriage. With the prevalence of home computers, internet pornography is now widely available, and most teens have seen a pornographic image by the time they're 12 or 13.
- **Peer pressure:** 86% of boys and 70% of girls felt pressured by their peers to become sexually active. Additionally, 83% of girls felt pressured by their boyfriends to have sex.<sup>1</sup> Most teens now view sex as a purely casual act that does not require any level of commitment.
- **Lack of parental involvement:** Because of the demands on many parents, especially in single-parent homes, many parents are spending less quality time with their children. As a result, they haven't developed relationships with their children and often don't know their children's friends or what they're involved in. They have a hard time understanding the world their children are living in and don't know where to begin in talking about these issues. And parents too frequently are embarrassed to talk to teens about sex.
- **Lack of information:** Teens need the facts. Unfortunately, it is *assumed* that most teens will have sex, so the primary information they're given is how to use a condom. This assumes that they cannot make a wise choice. They need to be empowered with *all* the facts. The facts are that there are risks that need to be considered, even with condoms, and that these risks can have long-term consequences. They need to understand what a healthy relationship looks like and how they can set healthy boundaries. They need to be given every opportunity to make the best choice possible.
- **Fear & guilt aren't always the best motivation:** Threatening to kick your 16-year-old out if she gets pregnant isn't the most effective way to prevent her from being sexually active. The most effective motivation is that rooted in love. When teens feel loved by their parents and have a relationship with them, they will be more likely to listen. The best thing you can do is build a relationship with your teen and share the facts with them in a loving way.

- **Drugs & Alcohol:** 85% of girls surveyed cited alcohol as a major factor leading to sex.<sup>2</sup> Actually, “risk-taking” which includes using alcohol and drugs, is a reliable indicator of those who are more likely to have had intercourse at an early age.<sup>3</sup> Let’s face it ... when you drink, you don’t think. Not a good equation for a teen.
- **Emotional factors:** Many teens are looking for love because many of them don’t feel they are getting it at home. Statistics prove that girls who do not have a healthy father figure in their lives are more likely to become sexually active at a young age. Many teens do not understand that sex does not equal love and that it doesn’t secure a relationship. In fact, most often it does the opposite. Many teens don’t realize how becoming sexually active at an early age can have serious emotional, and not just physical, ramifications.
- **Physical factors:** Teens are experiencing physical changes. Their bodies are raging with hormones, so it’s no wonder they’re curious. As a rule, girls are maturing at an earlier age and marrying at a later age. Typically, women begin having intercourse seven years before marriage; men 10 years.<sup>4</sup>

#### WHAT CAN PARENTS DO?

- **Get to know your teen.** Build a relationship with them. Spend non-agenda time with your teen. It’s about *quantity*, not quality. Feeling ignored or misunderstood can lead to risk-taking behavior such as alcohol and drug use, which is clearly associated with early sexual activity.<sup>5</sup> Model healthy affection for them and don’t stop once they’re a teen. Be a safe place for them to come. Make sure they know they are loved unconditionally. Be real and honest—it’s ok to make mistakes. Have 2-way conversations. Don’t lecture—ask questions. Be aware that negative communication can hurt. In a study of adolescent boys and their families, parental hostility blocked family problem solving and negatively affected parent-child relationships.<sup>6</sup>
- **Be the parent.** Be involved in your teen’s life through leisure time activities, volunteering together, religious activities, schools and friends. Know whom they are with, where they are going, how you can reach them, what they’ll be doing and when they’ll be home. Set clear boundaries for them and stick to the consequences.

- **Educate yourself and your teen.** Educate yourself and know the facts. Supplement the education provided at school. Give your children correct information to make healthy and responsible decisions. Discuss your feelings about abstinence, birth control, STDs and AIDS. These are tough subjects, but teens want to know your perspective and expectations regarding these issues.
- **Talk with your teen ... often ... and listen.** It's not an option anymore. Give opportunities for the development of a moral and ethical basis from which your teenager can make sound life decisions. Discuss your feelings and values. Define sex and sexual activity with them (any skin-to-skin contact with the genitals) and educate them on the risks (STDs, pregnancy, emotional). Emphasize that oral sex is also included in this. Explain that in some cases, early sexual activity can have a negative impact on their self-esteem and can lead to a negative reputation. Demonstrate healthy sexuality in the home. Emphasize *respect* of the opposite sex.
- **Seek outside help when the need arises.** Schools, religious organizations, clinics, health departments, counseling services and doctors may provide information, care or referrals as needed. The Internet, libraries, friends and family can also be helpful.

#### **Videos and books**

*Restoring the Teenage Soul* by Margaret J. Meeker, M.D.

*Epidemic* by Margaret J. Meeker, M.D.

*Sex Q&A: Kids' Questions, Parents' Answers*, National Physicians Center for Family Resources

*How to Help Your Teenager Postpone Sexual Involvement*

by Marion Howard

*Raising a Child Conservatively in a Sexually Permissive World*

by Sol Gordon, Ph.D. and Judith Gordon, M.S.W.

**Books about puberty**

*The “What’s Happening To My Body?” Book for Boys* by Linda Madaras

*The “What’s Happening To MyBody?” Book for Girls* by Linda Madaras

*Ready, Set, Grow!* By Linda Madaras [younger version of above titles]

*It’s Perfectly Normal: Changing Bodies, Growing Up, Sex & Sexual Health*  
by Robie Harris

*Period.* By JoAnn Gardner-Loulan, Bonnie Lopez and Marcia  
Quackenbush

*What’s Going on Down There? : Answers to Questions Boys Find Hard to Ask*  
by Karen Gravelle, Nick Castro, and Chava Castro

**Books for teens**

*The Teenage Body Book* by Kathy McCoy and Charles Wibbelsman

*Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships*  
by Ruth Bell

*The ‘Go Ask Alice’ Book of Answers: A Guide to Good Physical, Sexual, and  
Emotional Health*, Columbia University Health Ed Program

**Books for parents**

*Everything You Never Wanted Your Kids to Know About Sex (But Were Afraid  
They’d Ask): The Secrets to Surviving Your Child’s Sexual Development from  
Birth to the Teens* by Justin Richardson and Mark Schuster

*Sex and Sensibility: The Thinking Parent’s Guide to Talking Sense About Sex*  
by Deborah Roffman

*But How’d I Get in There in the First Place? Talking to Your Young Child About  
Sex* by Deborah Roffman

*Beyond the Big Talk: Every Parent’s Guide to Raising Sexually Healthy  
Teens —From Middle School to High School and Beyond* by Debra Haffner

*From Diapers to Dating: A Parent’s Guide to Raising Sexually Healthy  
Children* by Debra Haffner

*Flight of the Stork: What Children Think (and When) About Sex and Family  
Building* by Anne C. Bernstein

*All About Sex: A Family Resource of Sex & Sexuality*, Planned Parenthood  
*Ten Talks Parents Must Have with Their Children about Sex and Character*  
by Pepper Schwartz and Dominic Cappello

## SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases are infections that are passed during oral, anal or vaginal intercourse, or intimate contact with infected blood or other body fluids. Most of these “germs” need warm, moist places to grow—like the mouth, rectum, and sex organs. All it takes is *one* sexual encounter to be at risk of getting an STD. And remember, *one in four* sexually active teens will get an STD this year.

Some STDs cause pain, but many times a person has no symptoms and may not know they are infected. Of those who are sexually active, 80% of women and 50% of men initially show no symptoms when they have contracted an STD. If left untreated, an STD may permanently damage one’s health, destroy future fertility and possibly cause death.

Don’t ignore a symptom hoping it will go away. It won’t. Bacterial STDs can be treated with antibiotics and can go away if caught early on. All partners must also be treated to prevent re-infection. Viral STDs, on the other hand, can be treated but stay with you for the rest of your life. But the stage at which they are discovered is crucial to the level of damage that can be done long-term.

Although condoms can protect to a certain degree with some STDs (HIV/AIDS being the STD from which they provide the most protection), they do not provide complete protection from all STDs. In fact, condoms provide little to no protection from HPV (genital warts) which is a virus and can lead to cervical cancer in women.

### TYPES OF STDs

#### *Chlamydia*

- This bacterial infection is a major cause of Pelvic Inflammatory Disease (PID—an inflammation of the female upper genital tract by the spread of infectious agents from the cervix to the uterus and fallopian tubes) in women, epididymitis in men, and may lead to sterility in both.
- Most women have *no* symptoms.
- Symptoms can include itching, vaginal or penile discharge, and discomfort when urinating.
- 10–29% of sexually active teenage women have Chlamydia.
- This infection can be treated with antibiotics.

### *Genital Warts (Condyloma, Human Papilloma Virus)*

- Can be contracted simply by skin-to-skin contact with the genitals (does not require exchange of bodily fluids).
- Can cause warts on both internal and external genitalia.
- The wart itself can be treated, but the virus remains in the body lifelong, and symptoms can reoccur.
- HPV may cause abnormal pap smears and lead to precancerous conditions. This infection is considered the most prevalent STD, causing over 90% of cervical cancer. At least 20 million Americans are currently infected.
- 15% of sexually active teenage women have genital warts.
- It has been documented that when it comes to HPV, condoms provide little to no protection.
- The Food and Drug Administration recently approved [June 2006] Gardasil®, the first vaccine against HPV and is developing guidelines for vaccination.

### *Gonorrhea*

- This bacterial infection can cause PID in women, prostatitis and epididymitis in men and may lead to sterility in both.
- It can cause heart trouble, skin diseases and blindness.
- Symptoms can include pelvic pain and vaginal/penile discharge.
- This infection can be treated with antibiotics.

### *Hepatitis B*

- This is a virus that can cause permanent liver damage.
- Symptoms can include yellowing of the skin or eyes.
- Some people recover completely; some cannot be cured.

### *Herpes*

- This is a very contagious virus that causes painful blisters.
- This infection cannot be cured but medication can hasten the heal-

ing process, lessen the discomfort and decrease the frequency of outbreaks.

- It is estimated that 20% of all Americans over the age of 11 are infected with genital Herpes and this is not the most common STD.

### *Human Immunodeficiency Virus (HIV)*

- HIV causes a breakdown of the body's defense system.
- This infection cannot be cured.
- Read more about HIV in the next section.

## **HIV / AIDS**

### **WHAT ARE HIV AND AIDS?**

AIDS stands for:

**ACQUIRED:** Something received from someone else.

**IMMUNE:** The system in your body that fights illness.

**DEFICIENCY:** The immune system is not functioning properly.

**SYNDROME:** A group of signs or symptoms.

The Human Immunodeficiency Virus (HIV) causes AIDS. All people with AIDS have HIV, but not all people with HIV have progressed to a diagnosis of AIDS. AIDS occurs after HIV has destroyed the body's immune system. If your body's immune system is no longer functioning, opportunistic diseases attack your body, which is unable to fight them off. On average, once in the body, HIV takes approximately 10 years until a diagnosis of AIDS is rendered.

### **HOW IS HIV SPREAD?**

For most people, there are two common ways of becoming infected:

- Through sexual contact with someone who has been infected with HIV/AIDS. Sexual contact includes oral, vaginal or anal intercourse.
- Sharing needles with someone who has HIV/AIDS.

However, one can also become infected:

- During pregnancy or birth from a mother infected with HIV/AIDS.
- Through breast-feeding.

### **CAN YOU “CATCH” HIV?**

No. Unlike other viruses, HIV is not spread through the air, water, or casual contact. You can't get HIV from toilet seats, clothing, handshakes, hugs, coughs, sneezes, sweat, or tears. You won't get HIV from a mosquito bite, donating blood, sharing food or living with someone who has the disease. It is extremely unlikely to get HIV from a blood transfusion. Since 1985, all donated blood and plasma is tested for antibodies to HIV. However, once exposed to HIV, it may take up to 6 months for the antibodies to develop in the body. Since the test is screening for HIV antibodies, not HIV virus, it is possible that some contaminated blood may be donated.

### **IS THERE A VACCINE FOR HIV? CAN AIDS BE CURED?**

No. Medicine can treat the symptoms of HIV infection and AIDS, but there is no vaccine available to prevent the disease. There are drugs that can slow the attack and reduce the amount of virus in the blood. Knowledge and responsible behavior are the best ways to lower the risk of infection, as HIV does not discriminate.

### **HOW CAN THE RISK OF INFECTION BE REDUCED?**

- **Do not have sex!** Abstinence is the best method to protect yourself from HIV, other STDs and pregnancy. You can get infected from even *one* sexual experience. Another way to reduce your risk is to have one lifetime, monogamous relationship with an uninfected person. For those who may have already been involved sexually in the past, it is still possible to aim for this type of relationship in your future. Limit your number of sex partners. The important thing is to know if your partner has been infected and make sure you both are tested.
- If you are sexually active, **always use a new latex condom** with each sexual act. Put the condom on before any contact. When considering oral sex, use a dental dam, non-lubricated condom cut up the side and unrolled, or regular plastic wrap. Water-based lubricant (not petroleum jelly or baby oil) may be used to increase safety.
- **Never share any kind of needle or syringe.** *Any* object that breaks the skin should not be shared. If that is not possible, learn to clean your works at least three times with bleach and rinse with water before and after each use.

- **Don't use alcohol or other drugs.** Educate yourself about HIV/AIDS and STDs.
- Have yourself and your partner **tested** for HIV.
- Whether you have sex and whether you use condoms are decisions you can make over and over again. You can choose not to not be sexually active, even if you have had sex in the past. You can choose to use condoms even if you haven't used condoms before. **Use what you have learned** to make decisions that are good for you and for your partner to reduce the risk of infection.<sup>7</sup>

### THE HIV TEST

HIV testing is available using standard blood tests, oral fluid testing or new technology known as the OraQuick Advance Rapid HIV-1 and -2 Antibody Test. The specific blood test tells if a person has been infected with HIV six months prior to the test date. The body develops antibodies as an immune response to fight off the virus, but it may take up to six months after infection to have enough antibodies to be detected by the blood test. The rapid HIV test enables health care providers to immediately help individuals make decisions that reduce the chance of transmitting HIV to others. The key to preventing the spread of HIV is helping more individuals become aware of their status.

To take an HIV test, call the health department or AIDS organization for local clinics that offer free or low-cost, anonymous testing and counseling. The new rapid HIV test is available at low or no cost in approximately 30 of California's 58 counties, with plans in place for statewide availability by the end of 2005. The simple procedure provides HIV results within a single testing and counseling visit using oral samples or blood drawn from a finger prick.

For more information about AIDS or HIV testing, contact the California AIDS Hotline at 1-800-367-AIDS (2437). For more information about the programs and services of CDHS's Office of AIDS and for California-specific HIV and AIDS case data, log on to [www.dhs.ca.gov/AIDS](http://www.dhs.ca.gov/AIDS).

### HIV / AIDS NOW

- The number of illnesses and deaths associated with HIV and AIDS continues to rise, and the statistics associated with the illness are alarming.

The total number of people living with HIV rose to its highest level ever in 2004. An estimated 39.4 million people are living with the virus. The AIDS epidemic is affecting woman and girls in increasing numbers. Globally, just under half of all people living with AIDS are female. Currently over one million Americans have HIV (Center for Disease Control).

- It is also estimated that 40,000 to 80,000 Americans become infected every year. That means approximately one in 250 Americans is infected with the virus. And the Federal Centers for Disease Control and Prevention estimates that as many as 280,000 individuals in the United States are infected with HIV and are unaware of their status.
- 37,166 HIV cases were reported to the California Department of Health Services' (CDHS) Office of AIDS between July 1, 2002 and April 30, 2005. Of that number, 50% of new HIV infections were occurring in people under age 25.
- 136,994 AIDS cases were reported in California from 1981 through April 30, 2005, and 79,777 individuals died from the disease.
- From 1990 to 2004, Alameda County Health Department reports 6,653 cases of AIDS; and 3,886 of those individuals diagnosed with AIDS have died.<sup>8</sup>

#### FOR PARENTS AS EDUCATORS

Throughout your child's life you've been teaching your values by how you act and what you say. The teenage years are a period of testing—testing limits, testing values, and testing your patience! As we have learned, teens are surrounded in this day and age by sex. Whether they are sexually active or not, they know much more than we realize, but often it's not the facts. Parents *must* talk about sex with their teens—what sexual activity includes, what the risks are and what a powerful impact it can have. In closing, here are some helpful tips in building that relationship with your child:

- Turn off the television.
- Talk to your kids, and listen too.
- It's never too early to answer their questions, but it can be too late. Use age appropriate terms.
- Use those teachable moments—a newspaper article, a movie, or a song—as opportunities for dialogue.

- Educate yourself so you can educate your teenagers. Use the library or the Internet.
- Get over your embarrassment. Your teenager's health is at stake. If you can't get over the embarrassment, find someone who can!

Remember that peer pressure is intense for teens and the lure of belonging may be so strong that teens may not be able to resist.

### **GAY, LESBIAN, & BISEXUAL YOUTH**

Finding out that your child is gay or lesbian changes your life forever—both as a parent and as a person.

A child's coming out can often result in a period of difficult adjustment for a family. However, this period can result in an opportunity to grow with your child and become much closer.

The first and often most challenging step we must take is to accept our child's sexual orientation. Homosexuals and bisexuals are no more able to alter their sexual orientation than their heterosexual counterparts. One in four families have a gay member. Keep in mind that your child has trusted you with one of his or her deepest secrets and is the same child that he or she was the moment before he or she shared his/her homosexuality.

Being homosexual or bisexual is not a choice—like being right handed or left-handed, or being blue-eyed or brown-eyed is not a choice. Even though you, as a parent, experience your own suffering, think about what your child has suffered and that your son or daughter has had enough confidence in your love and support to share this with you.

The possible isolation, alienation, fear of rejection, and other accompanying stresses which are often part of being young and in a sexual minority can diminish self-esteem and provide the impetus to engage in high-risk and self-destructive behaviors, including drug and alcohol abuse, eating disorders, unsafe sex and suicide. Gay and lesbian youth face many difficulties. They are two to three times more likely to abuse drugs and alcohol and three times more likely to commit suicide than their heterosexual peers.

Negative reactions by parents to a child coming out are typical. But if you can remember that this is your child whom you have loved and supported for all his or her life, you can continue to love and support the child through the challenges to be faced in the future.

The most important message we can send to our gay and lesbian chil-

dren is one of acceptance and understanding. Parents of gay children frequently experience sadness stemming from negative stereotypes displayed in the media. It is our responsibility to counter these stereotypes with the images of our wonderful and productive children.

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**FACTS FROM PFLAG: Parents, Family & Friends of Lesbians & Gays**

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**In a study of 5,000 gay men and women, 35% of gay men and 38% of gay women had seriously considered or attempted suicide.<sup>9</sup>**

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**Studies show that gay men were six times more likely to attempt suicide than heterosexual men; lesbian women were two times more likely to attempt suicide than heterosexual women.<sup>10</sup>**

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**In a study of homeless youth entering a shelter, 65% of gay youth had attempted suicide as compared to 19% of the heterosexual youth.<sup>11</sup>**

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**BISEXUALITY**

A bisexual person is attracted to persons of the opposite sex as well as people of the same sex.

**TRANSGENDER**

A transgender person is someone who identifies both physically and emotionally with the opposite gender. For example, a person born biologically female would dress as a man and adopt a traditionally male persona. Some transgender people will seek or wish to have sex realignment surgery, as he or she feels “born in the wrong body.”<sup>12</sup>

**Suggested reading**

*Now That You Know* by Betty Fairchild and Nancy Howard

*Beyond Acceptance* by Caroline Griffin, Marian and Arthur Wirth

*Resources begin on page 127.*

## Substance Abuse

### WHY DO TEENAGERS USE DRUGS/ALCOHOL/TOBACCO?

- Some use because their friends do and they want to fit in.
- Some start using drugs/alcohol because they are curious.
- Some want to forget their problems.
- Some use to relax.
- Some use drugs/alcohol for stimulation.
- Some use simply to get high.

### AN OVERVIEW OF ALCOHOL, TOBACCO AND OTHER DRUGS

Young people use alcohol, tobacco and/or drugs for many reasons that have to do with how they feel about themselves, how they get along with others, and how they live. No one factor determines who will use drugs or alcohol and who will not, but a few predictors to consider are:

- Low grades or poor school performance
- Aggressive, rebellious behavior
- Lack of parental support and guidance, and
- Behavior problems at an early age

Being alert to possible drug use can be challenging. It is sometimes difficult to discern the difference between normal teenage behavior and behavior caused by drugs. Changes in character that are extreme or last for more than a few days may signal alcohol and/or drug use. Consider the following questions:

- Does your teenager seem withdrawn, depressed or tired?
- Is your teen careless about personal grooming?
- Has your teen become hostile and uncooperative?

- Has your teen’s relationship with other family members deteriorated?
- Has your teen dropped old friends?
- Is your teen no longer doing well in school? (i.e. grades slipping, attendance irregular)
- Has your teen lost interest in hobbies, sports, and other favorite activities?
- Has your teen’s eating or sleeping patterns changed?

Most teenagers will have some experience with alcohol and other drugs. Some will experiment and stop. Some will use regularly, with varying degrees of physical, emotional and social problems. Others will develop a dependency that can be destructive to themselves and others. Some will die, and some will cause others to die.

Some teens are able to experiment with drugs without developing dependency. But since there is no certain way to predict which teenagers will develop serious problems and addictions, all use should be considered dangerous. Saying “no” is often part of the solution, but “just saying no” is seldom enough.

#### **GATEWAY DRUGS**

Gateway drugs are the drugs that people are first exposed to and experiment with before moving on to more addicting drugs. The significance of gateway drugs is that most people with a drug dependency began their cycle of addiction by experimenting with a gateway drug. Because of massive marketing and easy availability, tobacco and alcohol are the first drugs of choice for teenagers—stepping-stones into other experimentation.

For years tobacco has been touted as the gateway drug that would lead adolescents into the world of illicit drug experimentation and use. Today gateway drugs have expanded to include alcohol and marijuana as well as tobacco.

#### **HOW TO HELP: ROLE MODELING**

Children learn about the use of drugs from depictions in advertising, television, movies, and music and even from parents themselves. According to research from the University of Washington in Seattle, parent modeling of use, such as when parents involve their children in drug use (i.e. asking your son to get you a beer from the refrigerator, allowing your daughter to light your cigarette), increases the likelihood that children will see them-

selves as future users of alcohol, tobacco and marijuana. Parents who involve their children in their own use of drugs in this manner are setting an example that says, “It’s okay to smoke or drink because I do it.”

It is important that parents not underestimate the impact their modeling has on their children.

#### **HELPING YOUR TEEN STAY HEALTHY**

- Talk with your teen about alcohol, tobacco and other drugs. You can help change ideas your teen may have that everybody drinks, smokes or uses other drugs. Statistics show that the majority of young people do not use. However, youth tend to generalize the experiences of a few to a universe of “everyone.”
- Learn to really listen to your teen. Your teen is more likely to talk with you when you give verbal and nonverbal cues that show you’re listening.
- Help your teenager feel good about himself or herself. Praise efforts as well as accomplishments. (“You must feel very proud of your great effort...”) Criticize the action rather than the person.
- Help your teenager develop strong values. A strong sense of values can help a teenager say “no” rather than listen to friends.
- Be a good role model or example. What you do makes a stronger impact than what you say. Your habits and attitudes may strongly influence your teen’s ideas about alcohol, tobacco and other drugs.
- Help your teen deal with peers. A teenager who has been taught to be gentle and loving may need your “permission” to say “no” to negative peer pressure.
- Make family rules. Make specific family rules about your teen not using alcohol or other drugs or smoking cigarettes or cigars. Be clear about the consequences for failure to adhere to the rules.
- Team up with other parents. Give yourself permission to talk to parents of your teen’s friends—they are likely anxious to get to know and feel comfortable with you. You can also join parents in support groups that reinforce the guidance you provide at home.
- Know what to do if you suspect a problem. Try to stay ahead of the game. You can learn to recognize the telltale signs of alcohol, tobacco and other drug use and get help.

**FAMILY SUBSTANCE ABUSE AGREEMENT**

The following agreement was developed by Partnership for a Drug-Free Contra Costa. Its placement in this Guide is in response to requests from parents for suggestions. It is not a legal, binding document. It is merely a family agreement to support each other around substance use issues—a guide for discussing substance use in a family meeting.

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**As a Family:** We agree to learn as much as possible about the effects of alcohol, tobacco and other drugs; to discuss these issues openly; and to share our concerns about peer pressure and self-destructive behavior.

We commit ourselves to mutual support, love and seeking joy in healthy life practices.

We agree to obey the drinking and driving laws. If any of us have consumed more than one drink per hour, we will call a sober driver to get us home safely.

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**As a Parent:** I agree to discuss and develop a clear position about alcohol, tobacco and other drug use with my children.

I will set an example that can be followed by my children and will not confuse them with double standards.

I will not conduct myself in an illegal manner with regard to the use of alcohol or other drugs.

If a member of my family who finds him or herself in a dangerous or potentially dangerous situation contacts me, I will respond in a supportive manner. I am open to being contacted at any time of the day or night. I will then be open to discussing the situation with them at a later time.

I will not serve or permit youth under legal drinking age to drink alcohol or use illegal drugs, including tobacco, in my home.

I welcome communication with other parents regarding our son or daughter’s activities.

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**As a Youth:** If I ever find myself in a dangerous or potentially dangerous situation, in regard to substance use, I will know that you are open to my calling you for guidance or help, at any time of the day or night.

I commit myself not to endanger my well being by using alcohol, tobacco or other drugs.

I agree that I will not accept a ride with anyone who is under the influence of alcohol or other drugs.

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PARENT

YOUTH

## ALCOHOL

Why do some people drink socially, and others become alcoholics? Can anyone become an alcoholic? What is addiction anyway? How does a person know that he or she has crossed the line from use to abuse? If you have alcohol or drug addiction in your family, who is affected, and in what way?

Alcohol use is common in our society and widely accepted in our culture. What is not commonly known or accepted is that alcohol is a drug. In fact, there are 15 million Americans addicted to alcohol. It is the most commonly used and abused drug in America. It is the drug of choice for most people, especially teenagers. The effects of this chemical depend a lot on the drinker.

Some teenagers are more at risk than others to develop alcohol and other drug-related problems. Highest on the list are those teenagers with a family history of substance abuse problems.

Alcohol is classified as a depressant—in the same drug class as a barbiturate or tranquilizer—as it puts the brain to sleep.

**Immediate Effects of Alcohol Use:** Euphoria, mild relaxed feeling, loss of inhibitions, impaired judgment, altered perception, and depression of the central nervous system (CNS) which causes slurred speech, blurry or double vision, and loss of coordination.

**Long Term Effects of Alcohol Use:** Heart disease; high blood pressure; damage to liver, brain, kidney and stomach; circulatory problems; seizures; and more.

**Effect of Alcohol Overdose:** Unconsciousness, respiratory failure, and death.

Alcohol is the most popular drug among youth and adults in our country. Alcohol is also one of the most deadly drugs available to our youth today. The leading cause of death for teens in this country is alcohol related traffic accidents.

It's a fallacy for parents to believe it's okay to let teens drink as long as they do it responsibly, and don't drive. Alcohol may permanently stop the development of the hypothalamus—part of the brain—in growing adolescents. Addiction often occurs more quickly in bodies that are still growing. It can happen in months!

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## **ALCOHOL FACTS FOR FAMILIES**

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**Alcohol is a drug.**

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**Beer, wine and liquor all contain alcohol.**

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**Alcohol is a “downer,” like sleeping pills.**

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**Alcohol causes changes in a person’s body and mind.**

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**People can become addicted to alcohol.**

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**Alcoholism is a disease.**

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**Alcoholism runs in families.**

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## **REALITIES OF ALCOHOL USE/ ABUSE**

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**Every 23 minutes a child between the ages of 15 and 19 will die as a direct result of alcohol.**

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**20 million Americans suffer from alcoholism or alcohol related problems.**

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**Alcohol is the direct or indirect cause of over 95,000 deaths each year.**

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**Three million teenagers show signs of problem drinking.**

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**Children of alcoholic parents are 50% more likely to become addicted than others.**

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**Only about 5% of all alcoholics end up on the streets. Most alcoholics have families, jobs, a home, and a car. They often appear to have no problems at all, but 1 in 4 families are affected by alcoholism.**

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**Alcoholics hurt their families, friends, co-workers, and strangers on the road.**

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### **Suggested reading on alcohol abuse**

*Under the Influence* by J. Milam

*Co-Dependent No More* by Melody Beattie

## **TOBACCO**

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### **FACTS ABOUT TOBACCO, SMOKING AND TEENS**

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**More than 3,000 teenagers become smokers each day. Over 1/3 will eventually die from smoking.**

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**Tobacco use causes over 419,000 deaths each year. This is greater than those who die from AIDS, homicide, suicide, and fires combined.**

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**More teenagers smoke now than at any time since the 1970s (35% of students in grades 9–12 smoke, a greater percentage than the 25% of all adults who smoke).**

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**Cigarette smoke contains 4,000 chemicals, several of which are known carcinogens.**

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**The tobacco industry spends more than \$6.3 billion per year on advertising and promotions—that’s \$600,000 per hour.**

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**Although youth and the tobacco industry claim that it is “peer pressure” that causes them to use tobacco, advertising creates peer pressure by dictating cultural norms. In essence, peer pressure is created and paid for by the tobacco industry.**

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**“If it were legal to market to kids, we would.”  
—Walker Merriman, former CEO, Philip Morris**

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**Young people perceive smokeless tobacco and cigars as “safe” alternatives to cigarettes. However, they are just as addictive and just as deadly.**

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**Cigars are becoming a booming industry. More and more young people are starting to smoke cigars.**

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**Over the course of a lifetime, the average smoker will spend over \$50,000 on tobacco.**

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**Some parents make little effort to get their kids off cigarettes, adding to the perception that tobacco is “no big deal.”**

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## NICOTINE

Nicotine is a highly addictive drug, even more dangerous because it is legal and communities tend to minimize its dangers. Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Perhaps the most dangerous substance in tobacco smoke is nicotine. Nicotine is the substance that reinforces and strengthens the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking.

The addictive properties of nicotine are comparable to heroin.

Some of the known poisons and deadly substances in cigarettes are:

- Nicotine ■ Arsenic ■ Cyanide ■ Carbon Monoxide ■ Formaldehyde

Nicotine is a stimulant that affects the central nervous system. It can be inhaled through the mouth (cigarette/cigar/pipe smoke), sniffed (dried snuff), chewed (chewing tobacco) or held between lips or between cheek and gums (wet snuff).

**Immediate Effects:** Relaxed or excited, energetic, dizzy, nauseated, tense, CNS stimulant.

**Long Term Effects:** Heart disease, emphysema, cancers of the lung, mouth, throat, esophageal, bladder and larynx, chronic obstructive pulmonary disease, physical and psychological addiction, stomach ulcers, high blood pressure, impaired sense of taste and smell, chronic bronchitis, and gum disease.

### **SMOKELESS TOBACCO**

We are starting to see a surge in the use of smokeless tobacco and cigars. Adults and young people perceive these as being “safe” alternatives to cigarettes. The truth is, they are just as deadly and just as addictive.

Tobacco users in the U.S. are turning over a new leaf. Annual cigarette consumption dropped from nearly 650 billion cigarettes in 1982 to about 500 billion in 1992 says the U.S. Department of Agriculture. But during the same period, consumption of moist snuff—the most dangerous form of smokeless tobacco—increased from around 33 million pounds to about 47 million pounds.

As a result, the nation may face an epidemic of oral cancer, warns former Surgeon General Novello. She reports that in 1991 about 20% of high school males had used either chewing tobacco or snuff during the previous 30 days. A study cited in the Journal of the National Cancer Institute found that among baseball players, 72% of moist snuff users had oral lesions that could lead to cancer.

### **PARENTS AS ROLE MODELS**

Children who smoke often have parents who smoke. Children who smoke are 50% more likely than those who don't to have at least one smoker in their families. Having a mother who smokes seems to play a particularly strong role in making smoking acceptable.

Children of smoking parents are hospitalized for bronchitis and pneumonia at twice the rate of children whose parents don't smoke. They also suffer higher rates of ear infections. In addition, studies have shown that these children tend to have significantly smaller overall lung capacity and diminished lung function.

*“Children have never been very good at listening to their elders,  
but they have never failed to imitate them”*

—JAMES BALDWIN

Children worry a lot about parents who smoke.

Among children with parents who smoke, 86% fear their mothers or fathers may get sick and die from smoking; 74% worry that their parents' smoking is harming others in the family, including themselves; 48% worry about a possible fire caused by their parents' smoking; and 48% object to the odor of cigarette smoke in the house and on their clothes and hair.

For your kid's sake and your own, consider quitting.

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### **SMOKERS START EARLY**

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**90% of people who smoke start before the age of 19. 60% of these start before the age of 14. The majority of them (56%) say they tried their first cigarette before age 12.**

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**For smokeless tobacco, the age of initiation is around 9 years of age.**

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**Most children who smoke (60%) report that their parents know about it, but only 13% say their parents have urged them to quit; 70% say they smoke at home.**

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### **IT'S TIME TO ACT**

With the age of initiation at 12, it's never too early to start prevention. Communities need to mirror the behaviors and values we want young people to emulate. If we want our youth to be tobacco free, our community environment must reflect this. That means public buildings, schools, homes, businesses, and people should all put forth the same message—that smoking is not acceptable. If parents use tobacco, they should restrict exposure of their young people to tobacco.

Teens say that it is peer pressure that makes them use tobacco. But, ask them, and yourself, where does peer pressure come from? Can it be bought? There is clearly a link between advertising and how people behave. Despite the fact that the tobacco industry is pouring money into the recruitment of new smokers, communities can fight back. Why does the tobacco industry spend \$6.3 billion on advertising? Communities can take back their neighborhoods from the tobacco industry. There are many people interested in promoting tobacco free youth as a priority. Acting in concert, adults and youth together give a strong message to businesses (and the tobacco industry) to stay away from our neighborhoods and to conduct business in an ethical and legal manner.

Set standards for your household. Will you have a tobacco-free home? Talk about the danger of all tobacco use.

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**It is illegal for anyone under the age of 18 to possess, use or buy tobacco. Anyone in violation may be cited into diversion and fines may be imposed for subsequent offenses.**

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### SUGGESTIONS ON STOPPING

Quitting tobacco is just the beginning. Permanently stopping is the real challenge. Teenagers can follow these tips to stay stopped!

- **Think of yourself as an ex-tobacco user.** Consider how much better you look, feel, smell and how your sense of taste is returning.
- **Give yourself rewards.** Decide on at least one pleasure you'll experience regularly to replace the pleasure you derived from smoking. How about a weekly "pleasure purchase" with the money you save by not buying tobacco (new clothing, a movie, a new book or CD)?
- **Begin a regular fitness program.** Walking, swimming, bicycling or running will counter the urge to eat and the extra calories you could gain after you've stopped.
- **Pick something else to handle.** Use a coin, pen or pencil, or "worry beads." Try doodling or chew on paper straws or minted toothpicks.
- **Prove to yourself tobacco doesn't solve problems.** Reduce tension other ways - take deep breaths, call a friend, talk over feelings. Work on keeping your "cool."
- **Make it difficult to start again.** Don't just throw away your cigarettes, cigar, and pipe. Also, pitch your matches, lighter and ashtrays into the trash.
- **Eat well.** Drink plenty of fresh vegetable juices and eat lots of fresh fruit and salads. These foods will help flush the nicotine from your system very rapidly, probably in a week or less.
- **Satisfy your oral cravings.** Keep sugarless gum at home, at work and in the car. Keep a bowl of fresh raw carrots, cauliflower, radishes and celery in the refrigerator to satisfy your desire to snack without putting on pounds.
- **Speak up when other peoples' smoke bothers you.** Ask to be seated away from smokers. A "Thank You for Not Smoking" sign displayed conspicuously in your home saves you the trouble of asking your guests not to smoke. You will be surprised at how people respect you for expressing your wishes courteously but firmly.

- **Recognize that you have an opportunity to develop new, healthier, more enjoyable ways to cope.** Don't sit at the table after meals if that's when you crave tobacco the most. Go for a walk or move to another room.
  - **Above all, don't worry.** Have confidence in your ability to quit. Your coughing will decrease, your sense of taste and smell will sharpen, your sleep will improve and your energy will increase. Soon you will find smoking distasteful; you may even find the odor of smoke unpleasant. By breaking your addiction, you will enjoy a significant boost in your sense of autonomy.
  - **Don't believe you can have just one.** Sometimes people fool themselves into believing they could smoke just once in a while. Smoking is extremely addictive.
  - **If a friend offers tobacco to you, REFUSE.** Explain that you have quit and that you are happy about it. Help them understand you are quitting for yourself, not your friends.
- Postscript:** If quitting didn't stick this time, ask yourself what factor(s) caused you to break down your resolve. Don't be harsh on yourself. Learn from the experience and say, I'll be successful next time.

#### **Suggested reading to stop smoking**

*The No Nag, No-Guilt, Do-It-Your-Own-Way Guide to Quitting Smoking*  
by Tom Freguson, M.D.

#### **CLUB DRUGS**

In recent years several drugs have emerged and become popular among teens and young adults at dance clubs and “raves.” These drugs, collectively termed “club drugs,” include MDMA/Ecstasy (methylenedioxymethamphetamine), Rohypnol (flunitrazepam), GHB (gamma-hydroxybutyrate), and Ketamine (ketamine hydrochloride).

#### **OTHER DRUGS**

##### **COCAINE**

Cocaine is a drug extracted from the leaves of the tropical *Erythroxylon* cocoa plant. Chemically, it's a double-acting drug—a stimulant that lights up the central nervous system like a short-circuiting pinball machine, and an anesthetic that numbs whatever tissue it touches. Cocaine is highly addictive.

**Powder:** White crystalline powder that is inhaled or “snorted,” from spoons or straws; can be injected producing an intense, fast-acting stimulation that peaks in minutes and disappears in about half an hour. It is also “laced” in marijuana joints creating “cocoa-puffs.”

**Freebase:** Purified form made by applying solvents to ordinary cocaine. Effects are intense and brief: a three- to five-minute euphoria quickly fades into a restless desire for more freebase.

**“Crack”:** Rock-like chunks of processed cocaine, which is 95% pure. These rocks reach the brain within 8 seconds of being smoked and produce a three- to five-minute rush of stimulation. The low-cost of a single dose, ease of manufacture and rapid onset of effects all contribute to its widespread use.

**Cocoa-Paste:** A crude cocoa preparation, usually smoked on tobacco cigarettes.

**How It Is Used:** Snorted, injected or smoked; can also be put on marijuana joints or in cigarettes.

**Paraphernalia:** Straws or anything shaped like a hollow tube for snorting, mirrors, razor blades, small vials or baggies, glass pipes.

**Immediate Effects:** Increased: heart rate, blood pressure, body temperature and metabolism, dilated pupils, increase in energy and self-confidence, reduced need for sleep, reduced appetite, restlessness, irritability, anxiety, depression, and impulsive violence can occur shortly following cocaine use. **Permanent heart damage or sudden death can occur after using even a small dose only one time.**

**Long Term Effects:** Paranoia, severe depression and/or suicidal tendencies, drastic mood swings, panic attacks, an inability to experience pleasure due to changes in brain chemicals, weight loss, disruption in sleep patterns, sexual dysfunction, irregular heartbeat, seizures, chest pains, cardiac arrest, strokes, nasal damage, suppressed immune system. Social consequences, such as career and financial disasters, family/relationship problems, and legal problems.

## ECSTASY/MDMA

Producing both stimulant and psychedelic effects, MDMA/Ecstasy enables partygoers to dance and remain active for longer periods of time. Usually sold in capsule or tablet form.

**Common Street Names:** *Rave, XTC, X, Adam, Eve, Go, Cristal, Hug Drug, Disco Biscuit*

**How It Is Used:** Can be swallowed or injected.

**Immediate Effects:** Effects can vary with individual. Some effects may include increased heart rate, faster respiration, excess energy, and perception distortion. Some users experience enhanced sensory perceptions in a pleasurable way.

Using MDMA/Ecstasy can cause psychological effects that include confusion, depression, anxiety and paranoia and may last weeks after ingestion. Physically a user may experience nausea, faintness, and significant increases in heart rate and blood pressure. It can also cause muscle breakdown and kidney and cardiovascular system failure.

Following an ecstasy experience, users have been known to become extremely depressed and suicidal.

#### **GHB (GAMMA-HYDROXYBUTYRATE)**

A liquid, synthetic drug usually produced with commonly available chemicals, GHB, tasteless and odorless liquid or white powder is a depressant that can create a peaceful euphoria.

**Common Street Name:** *GHB, Liquid Ecstasy, Gibb, Soap, Scoop, Max, Goop*

**How It Is Used:** Very popular at raves, GHB, which is legally available as a prescription drug in Europe, can create a “peaceful euphoria,” but in higher doses can cause a coma or death. GHB, frequently combined with alcohol, can be used in the commission of sexual assaults due to its ability to sedate and intoxicate unsuspecting victims. It is illegal to sell in California, but is being passed around in clubs where people have no idea of the consequences.

GHB, produced in small amounts by the body naturally, is a powerful and quick-acting central nervous system depressant, according to the U.S. Drug Enforcement Administration.

**Short Term Effects:** Dizziness, feeling a buzz.

**Long Term Effects:** Loss of consciousness; in larger doses can slow the heart and cause vomiting, seizures, and even a coma.

**HEROIN**

Heroin is a drug often thought of as belonging in the big cities, or the drug used by street people...the real druggies...the hard core users. When we think of heroin today we no longer need to think of needles and shooting up or slamming. Heroin is being snorted and smoked, like cocaine and methamphetamines. The barrier of the needle has been eliminated and thus heroin has become part of our suburban, adolescent environment. Heroin is in our schools and it is in our communities! Our adolescents are using it!

**Street Name:** *Big H, Dope, Smack, Horse, Downtown, Schoolboy*

**Description:** White, yellowish or brown powder. Odorless and bitter tasting.

**How It Is Used:** Snorted, smoked, or injected into the bloodstream. It can be mixed with other drugs such as: marijuana, cocaine, methamphetamines, LSD, etc.

**Immediate Effects:** Suppresses the central nervous system. Pupils constrict, reduces normal thirst and hunger, pulsating euphoria, drowsiness and relaxation. There is danger of infection from dirty needles (including HIV/AIDS and hepatitis). Reactions from impure heroin and death from overdoses are common.

Heroin becomes both psychologically and physically addicting very quickly.

**Long Term Effects:** Extremely painful withdrawal, constipation, dulled sexual desire, dry skin problems and itching, hallucinations.

**INHALANTS**

Inhalants are a chemically diverse group of substances commonly found in adhesives, lighter fluids, cleaning fluids, paint, paint thinner, correction fluid, turpentine, and other household and paint products.

Inhalants may be sniffed directly from an open container or “huffed” from a rag soaked in the substance and held to the face. Deeply inhaling the vapors or using large amounts over a short time may result in disorientation, violent behavior, unconsciousness or death. Small amounts can be instantly fatal.

Once inhaled, the surface of the lungs allows rapid absorption of the substance and blood levels peak rapidly. Entry into the brain is so fast that the effects of inhalation can resemble the intensity of other psychoactive drugs.

**Short Term Effects:** Nausea, nosebleeds, altered breathing, increased heart rate, uncontrollable bowel movements and urination, unconsciousness, death.

**Long Term Effects:** Seizures, blue skin color, glaucoma, sleep disorders, loss of appetite, nerve damage, severe depression, accumulation of body lead levels, lung damage, kidney and liver damage, brain damage, fatigue, coma, throat and nasal damage.

#### **KETAMINE**

Ketamine, a tranquilizer most often used on animals, produces hallucinatory effects similar to those of PCP and LSD. Ketamine, which has gained popularity over the last five to ten years, can be produced as a liquid or a powder. The liquid form can be injected, mixed into drinks, or added to smokable materials. The powder form can also be mixed into drinks as well as snorted or smoked.

**Common Street Names:** *K, Special K, Jet, Super Acid, Super C, Green, Honey Oil*

#### **LSD**

Tablets and capsules of various sizes and colors, clear liquid, sugar cubes, dots or symbols on paper (“blotter,” “stamps”) that produce hallucinatory effects.

**Common Street Names:** *Acid, Sunshine, Window Pane, Fry, Sugar Cube, Blotter, Illusion*

**How It Is Used:** It can be absorbed through the skin and mucous membranes, when taken orally, or can be dropped in the eye.

**Immediate Effects:** Increased heart rate and blood pressure, pupil dilation, flushed appearance, decreased appetite, time and visual distortions and paranoia. People may become extremely emotional and dazed in appearance.

**Long Term Effects:** Possible flashbacks, trails, loss of memory, chromosomal damage, depression, self-inflicted wounds, panic and psychosis.

**MARIJUANA**

Marijuana is the second most popular drug with youth today. Marijuana comes from a hemp plant called cannabis. The flowers, leaves and stems of the plant can be smoked in cigarettes (called joints), pipes and bong. It can also be eaten.

Because marijuana is illegal, no one can be sure what is really in it. People who sell marijuana sometimes add ordinary leaves like parsley and oregano. Sellers sometimes spray ordinary leaves with rat poison, oven cleaner, weed killer, or other drugs and sell it as marijuana. Sellers frequently lace marijuana with cocaine, methamphetamines, PCP, heroin or LSD. There is no easy way to tell if marijuana contains any of these additives.

**Common Street Names:** *Grass, Pot, Weed, Acapulco Gold, Ganja, Smoke, Chronic, Dirt, Herb, Boom, Mary Jane*, and 200 other slang terms for “Marijuana”

**Paraphernalia:** Pipes, bong (water pipes), rolling papers, plastic bags, roach clips, and “stash boxes.” Eye drops and breath fresheners are frequently used to cover up the signs of use of this drug.

**Immediate Effects:** Relaxed inhibitions, disorientation, blood shot eyes, excessive laughter, increased appetite and increased sleepiness.

**Long Term Effects:** Marijuana can be both physically and psychologically addictive. Symptoms of long-time use include short term memory loss, loss of motivation, impaired judgment, shifting sensory images, rapidly fluctuating emotions, hallucinations or image distortions, risk of cancer.

According to the Drug, Alcohol and Tobacco Department, one joint is equivalent to the lung damage caused by 16–20 cigarettes, and is four times more likely to cause cancer than smoking cigarettes. It remains the most commonly used illicit drug in the United States.

**MDMA/ECSTASY (SEE ECSTASY)**

**METHAMPHETAMINE /AMPHETAMINES**

Methamphetamines/Amphetamines belong to the classification of drugs called stimulants.

Amphetamines are prescription drugs known as Benzedrine, Dexedrine, Ritalin, etc. These are drugs that alter the mind of the user and excite the central nervous system. Although there are legitimate uses for this class of drug they have become increasingly popular among athletes, high school and college students, truck drivers, housewives and soldiers, because of their properties to decrease fatigue and appetite while increasing alertness and elevating mood.

Methamphetamines are synthetic amphetamines also known as “bath-tub drugs” because they are usually manufactured right in the community in a neighborhood house.

**Common street names:** *Speed, Crosstops, Meth, Crystal, Crank, and Ice*

**Description:** Pills, capsules and powders of various shapes and colors. Colorless pellets (“ice”) resembling rock salt.

**How It Is Used:** Taken orally (pills), snorted, injected, smoked. It can also be put in marijuana joints or on cigarettes.

**Paraphernalia:** Straws (or anything shaped like a hollow tube for snorting), mirrors, razor blades, small vials or baggies, glass pipes.

Because *Meth* can be inexpensively made and distributed it has become extremely popular with high school students. Adolescents, as well as adults, with eating disorders, are also prime candidates for getting involved with amphetamines/methamphetamines because of the drug’s ability to increase energy while taking away the user’s appetite.

Of significant importance is the alluring affect amphetamines/methamphetamines have on the user in the beginning. An example: an adolescent will experience a new high after using these drugs which enables him/her to exercise, complete homework, complete his chores at home and still have energy left over, excel in activities, etc. These seemingly positive behaviors mask the fact that this adolescent is using a very dangerous drug. Although they appear positive, these behaviors are short lived and a rapid slide downwards occurs (see the effects listed below).

**Immediate Effects:** Euphoria, dilated pupils, blurred vision, increased heart rate, irregular heartbeat, chest pain, increased chances of stroke, or heart attack, increased respiration, nervousness, talkative, loss of appetite, sweating, sleeplessness followed by long periods of sleep, and irritability.

**Other Effects:** Physical and psychological addiction, paranoia, rapid mood swings, assaultive behavior, panic, prolonged depression and prolonged hallucinations.

It was once thought that the above symptoms developed after long-term use only, but researchers now find that such problems can be induced by one large dose of the drugs or a number of moderate doses, depending on the individual's metabolism and sensitivity.

**Long Term Effects:** Weight loss, skin eruptions (called speed bumps), repeated itching and digging at skin until sores appear (in response to a feeling of bugs crawling under the skin), holes in septum of nose (from snorting drugs), liver and kidney disease.

**Overdose:** Rapid/irregular heartbeat, chest pain, rapid respiration, heart attack, death.

#### PCP

Clear liquid with a chemical odor in capsule, tablet, or crystalline form.

**Common Street Name:** *Angel Dust, Super Cools, Monkey Dust, Elephant Tranquilizer or Animal Trank, Ozone, Sherms*

**How It Is Used:** Smoked, snorted, swallowed or injected. May be absorbed through the skin. A very popular way to use PCP in the Bay Area is to lace it with marijuana and smoke it.

**Immediate Effects:** Loss of muscle coordination, jerky eye movements, paranoia, bizarre (possibly violent) behavior, hallucinations, distorted body image. Effects can last one to 48 hours, depending on the dose.

**Long Term Effects:** Flashbacks, permanent brain damage, psychological and emotional addiction, fetal addiction, amnesia and psychosis.

#### PEYOTE /CACTUS

Peyote cactus can be eaten fresh or dried into peyote or mescal buttons.

**Common Street Names:** *Mesc, Peyote, Buttons*

**How It Is Used:** Eaten or boiled and drunk as a tea. Can be ground up and eaten in powder form.

**Immediate Effects:** Effects last up to 12 hours. Effects are similar to those caused by LSD. Each use of peyote is usually accompanied by a severe episode of nausea and vomiting.

**PSILOCYBIN/MUSHROOMS**

Round button type mushroom or dried pieces of mushrooms are usually eaten, and can be made into a tea or put on foods such as pizza. Effects are similar to those caused by LSD.

**Common Street Names:** *Magic Mushrooms, Shrooms*

**PSYCHEDELICS**

Psychedelics (hallucinogens) are popular again, at least in the high schools in the Bay Area. Although not a drug that is typically used on a daily basis they are widely used among our adolescents.

**ROHYPNOL**

Rohypnol is a brand name for flunitrazepam (a benzodiazepine), a very potent tranquilizer similar in nature to valium (diazepam), but 10 times stronger; becoming the “date rape drug of choice.”

**Common Street Name:** *Roofies, Rophies, Ruffies, Roche, R-2, Rib, Rope, Roaches, Circles, Forget Me Drug, Mexican Valium*

**Description:** Odorless and tasteless Rohypnol is usually found in pill form and often distributed on the street in its original “bubble packaging” which makes it appear legal.

**How It Is Used:** Rohypnol is often combined with alcohol, marijuana, or cocaine to produce a rapid and very dramatic “high.” It is also often unknowingly slipped into soda or other beverage. Rohypnol is often used in the commission of sexual assaults due to its ability to sedate and intoxicate unsuspecting victims. It is a central nervous system (CNS) depressant.

**Short Term Effects:** Even when used by itself, users can appear extremely intoxicated, with slurred speech, no coordination and blood-shot eyes... with no odor of alcohol.

Rohypnol produces a sedative effect, amnesia, muscle relaxation and a slowing of psychomotor responses. Sedation occurs 20–30 minutes after administration and lasts for up to eight hours. It can produce general sedative and hypnotic effects. In large doses it can cause loss of muscle control, loss of consciousness and partial amnesia. It is often added to punch or other drinks, and when combined with alcohol, Rohypnol can be deadly.

**STEROIDS (ANABOLIC-ANDROGENIC)**

Steroids are a group of powerful compounds closely related to the male sex hormone testosterone. In combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Users subject themselves to more than 70 side effects ranging in severity from acne to cancer, as well as other psychological and physical reactions. The liver, cardiovascular and reproductive systems are most seriously affected by steroid use.

Most illicit anabolic steroids are sold at gyms, weight-lifting competitions and through mail order operations. There are also bogus or counterfeit products sold as anabolic steroids.

**Short Term Effects:** Rapid muscle development, water retention, insomnia, increased sex drive, severe acne, kidney infection, increased blood pressure.

**Long Term Effects:** High cholesterol, kidney damage, impotence, heart attack, disruption of menses and ovulation, impaired liver function, intestinal bleeding, steroid-induced cancers, “masculinization” in women, stroke, hardening of arteries, shrinkage of testicles, sterility, stunted growth, immune system failure, extreme depression.

*Resources begin on page 128*

## Addiction & Alcoholism

ADDICTION is defined as continued use despite adverse consequences. This means if problems occur as a result of a person's substance use, and he continues to use that substance anyway, he has an addiction. The most common model for how addiction happens is:

- 1) Experimentation
- 2) Tolerance builds, more regular use
- 3) Daily preoccupation, and
- 4) Dependency/addiction

Keep in mind that it's not just how an individual drinks/uses, or even why they drink/use, but who is doing the drinking/using that helps determine if this person is becoming addicted.

Research has shown validity to the theory that alcohol addiction is a disease that's passed down through the genes. Whether it's genetics or environment, statistics have shown that children of alcoholics have a 50% higher chance of becoming addicted than those children who do not have addiction within the family system. Caution: If there is alcoholism or other drug use present in your family, chances are high that you will become addicted too. The probability of this happening increases if the uses of "gateway" drugs have been used at an early age.

Can anyone become addicted? Yes! The length of time needed to develop addiction may vary. Because of the complicated way that the brain and its chemicals work together, addiction can occur with continued, regular use of mind/mood altering chemicals.

There are other contributing factors that help define addiction such as: social, economic, emotional and cultural influences. Additionally, the mere act of drinking becomes a habit. If an alcoholic is to have any chance at continuous sobriety, the process of recovery needs to address the physical, mental and emotional aspects of the individual's life.

So, what does it really mean to be an alcoholic/addict? Who is affected? It's been said that the alcoholic's behavior affects a minimum of 12 people in a very significant, destructive way. Alcoholism is not just a disease that affects livers, it's a disease that affects families.

- In 90% of all child abuse cases, alcohol is a significant problem.
- Children of alcoholics are frequently victims of child abuse, incest, neglect and violence.
- Children of alcoholics are prone to experience a range of psychological difficulties, including: learning disabilities, low self-esteem, anxiety and fear, eating disorders, depression, attempted and completed suicides, and other compulsive, obsessive behavior.

### **ALCOHOLISM IS VERY PREVALENT**

- One out of four school-age children comes from an alcoholic home.
- An estimated 28 million Americans have at least one alcoholic parent.
- More than 30% of all children of alcoholics grow up and marry alcoholics.

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### **ALCOHOLISM AFFECTS EVERYONE IN THE FAMILY**

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**The alcoholic doesn't want to hurt anyone. But loved ones—husbands, wives and kids—all feel the effect of the disease.**

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**In families with alcoholism, there are often fights, problems with money and lots of stress. Many times there's also violence.**

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**It may be hard to admit that someone you love has a problem with alcohol. But remember that the alcoholic is sick.**

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**Alcoholism is a treatable disease. Alcoholics get better when they stop drinking.**

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Often, for children of alcoholics, alcohol and drugs look like a way to forget, to find some relief. Unfortunately, too many look for an "instant fix" with no lasting benefits. More than likely, they will continue the patterns of abuse that will inevitably lead to their own problems with addiction. Thus, the cycle continues.

In an alcoholic home, members of the family will adopt ways of behaving that help them to cope with the unpredictable, and sometimes chaotic activity that takes place. These coping skills, such as making excuses for the alcoholic, cover up deeper problems. The problems remain invisible

due to coping behavior that becomes socially acceptable. Help is needed for both the alcoholic and all members present in the home.

These are not simple problems to fix, but millions of alcoholics and those affected by the alcoholics, are offered a wide range of services. Many books have been written on the subject of addiction and recovery. There are support groups such as Alanon (for teens), ACA (Adult Children of Alcoholics), as well as private therapists who specialize in helping the alcoholic and his family.

**WARNING SIGNS OF ALCOHOL PROBLEMS:**

- Using alcohol to deal with problems
- Having to drink more and more to get the same high
- Hiding how much you drink
- Forgetting things when you drink
- Getting angry when someone complains about your drinking
- Having trouble stopping after the first drink
- Using alcohol to control the highs and lows of other drugs

**Suggested reading**

*Under the Influence* by J. Milam

*It Will Never Happen To Me* by Claudia Black

*Adult Children of Alcoholics* by Janet Geringer Woititz

*Co-Dependent No More* by Melody Beattie

To learn more about talking with your children about alcohol abuse prevention efforts, see the parenting resource center at the California Department of Alcohol and Drug Programs site: <http://rc.adp.ca.gov>.

### **WARNING SIGNS OF POSSIBLE CHEMICAL DEPENDENCY**

Possible warning signs of adolescent chemical dependency usually appear in clusters, and include:

- Withdrawal from usual friends or family
- Drop in grades, or other problems at school
- Questionable new friends
- Money or other items missing from home
- Dramatic emotional highs and lows, or frequent bad temper
- Sudden changes in appearance, weight or hygiene
- Secretive, lying or manipulative behavior
- Obvious intoxication or drug high: giddiness, dilated or contracted pupils, slurred speech, coordination problems
- Presence of paraphernalia: cigarette papers, mirrors and razor blades, pipes, non-prescription pills, alcohol flasks
- Rebellion against authority, or brushes with the law

*Resources begin on page 128*

## Violence in Our Communities

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**Two teens from neighboring community assaulted by 14 teens stemming from dispute over girlfriend; One ends up in hospital**

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**Following a football game, an innocent teen is brutally beaten by nine other teens**

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**Seventh grader is physically aggressive towards mother because he can't go out**

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**16-year-old drug user repeatedly punches holes in walls and kicks in doors; traumatizes siblings; mother feels hopeless**

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These actual incidents are examples of youth violence in the Bay Area. Studies show there is a direct relationship between substance use and aggression.

The ugly face of violence is changing. What once was considered a problem almost exclusive to under-educated, poor, inner-city youth is spreading to the suburbs and rural communities. This new wave of violence has a different face and a different character. Violent crime happens in all regions of Alameda County.

There is a clear link between substance use and violence. *Local law enforcement statistics show that most incidents of juvenile violence occur immediately following or during the use of alcohol and/or other drugs.*

### RISK FACTORS

Poverty no longer is a crucial denominator. Numerous research studies have concluded that a complex interaction or combination of factors leads to an increased risk of violent behavior in children and adolescents. Certain environments or stressful situations can trigger aggression and violence for those children who are at risk. These risk factors include:

- Depression
- Lack of positive coping skills

- Lack of positive role modeling
- Changing family structures (marital break-up, lack of extended family support, both parents working outside the home, blended families, single parenting families)
- Previous aggressive or violent behavior
- Being a victim of physical abuse and/or sexual abuse
- Exposure to violence in the home and/or community
- Media desensitizing of violence (via TV, movies, video games, internet, some music)
- Substance use (alcohol and/or other drugs)
- Genetic pre-disposition
- Financial stressors (severe deprivation, unemployment, money problems, pressures to live beyond your means, etc.)
- Presence of firearms or other weapons in home

Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated, particularly by dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. *Clearly, violence leads to violence.*

Children as young as preschoolers are now showing violent behavior. Violent behavior in a child at any age always needs to be taken seriously. It should not be dismissed as “just a phase they’re going through!” or something they will outgrow. Addressing problems early in the child’s life could give them the help they need to prevent future acts of violence.

Former California State Attorney General Bill Lockyer stated: “The majority of juvenile crime is committed by eight to 10% of our youth. Most of our third grade teachers can tell you which of their students will be included in those statistics.” Those statistics can be decreased with early intervention for the child and the family.

**EARLY WARNING SIGNS**

Recognizing your child is vulnerable is the first step. Recognizing behavior that would be considered an early warning sign is the next step. Exhibiting any of these early warning signs is a cry for help and should not be ignored.

- Frequent displays of uncontrolled or inappropriate anger
- Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors
- Frequent fighting with other children in school
- Reaction to disappointments, criticism, or teasing with extreme or intense anger, blame, or revenge
- Serious threats of violence
- Vandalism or intentional destruction of property within the home
- Few friends, and often rejected by other children because of his or her behavior
- Insensitivity to the feelings or rights of others
- Intolerance for differences and prejudicial attitudes
- Excessive feelings of isolation, of being alone or of being picked on or persecuted
- Excessive feelings of rejection
- Consistent refusal to listen to adults
- Friendships with other children known to be unruly or aggressive
- Fascination with violent television shows, movies, video games or music
- Prior victim of violence
- History of discipline problems
- Expression of violence in writings and/or drawings
- Cruel or violent behavior toward pets or other animals
- Fire setting
- Alcohol and/or other drug use
- Interest in gangs or mimicking gang behavior (*gang wannabes*)
- Inappropriate access to, possession of, and use of firearms or other weapons

**IMMINENT WARNING SIGNS**

No single warning sign can predict that a dangerous act will occur, but imminent warning signs may indicate that a person is very close to behaving in a way that is potentially dangerous to self and/or to others and require an immediate response.

Imminent warning signs usually are presented as a sequence of overt, serious, hostile behaviors or threats directed at others. Imminent warning signs may include:

- Severe anger or rage for seemingly minor reasons
- Severe destruction of property within the home
- Serious physical fighting with peers or family members
- Chronic vandalism
- Detailed threats of lethal violence
- Self-injurious behaviors or threats of suicide
- Adamant disregard for authority figures or for the feelings or rights of others
- Reliance on physical violence or threats of violence to solve problems
- Deep seated anger that life has treated him or her unfairly
- Repeated suspension or expulsion from school, school drop-out
- Fascination with firearms and other weapons
- Gang membership or associates with peers involved in fighting, stealing, or destroying property
- Increased use of alcohol and/or other drugs
- Withdrawal from family and social norms and structure

Parents who are concerned about any of these warning signs should discuss their concerns with a mental health professional or appropriate school staff member who will help parents understand their child's behavior and suggest ways to prevent violent behavior. If appropriate, parents could contact their local police department.

## SUGGESTIONS FOR PARENTS

You can help create a safe and less violent environment for your children. Teach them to have respect for themselves and for others, and to accept individual differences. Teach your children to problem-solve and develop strategies for conflict resolution. Children should be taught to find ways to deal with anger that don't involve verbally or physically hurting others. Striking out verbally or physically is never the way to handle a problem. Violence leads to violence.

As a parent, you must accept the tough job of consistently dealing with inappropriate behavior every time it occurs. Set limits for your child, no matter what his/her age. Don't ignore violence—verbal or physical.

*Listen* to your child and *share* your thoughts, values, and morals with him/her. Communicate openly with your child even when it is tough. Listen to your child if he or she shares concerns about friends who may be exhibiting troubling behaviors. Talk with your child about the violence he or she sees or hears on television, in video games, in music, and possibly in the your neighborhood.

Be involved in your child's life through school, faith community, sports, friends, community service or volunteerism. Know the parents of your child's friends. Be your child's advocate and role model. *Parent* means *protector*—be that to your child. Remember that parents are role models for their children. Lead the life you want your children to live. Be aware of sending mixed messages. Children tend to do what we do, not what we say. Above all, love and respect your child unconditionally.

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**A concern to many interested in the development and growth of teenagers is a serious deterioration in the messages of some music.**

**The following troublesome themes are prominent: graphic violence; advocating and glamorizing use of alcohol and/or other drugs; pictures and explicit lyrics presenting suicide as an "alternative" or "solution;" preoccupation with the occult; songs about Satanism and human sacrifice, and apparent enactment of these rituals in concerts; or sex which focuses on controlling, sadism, masochism, incest, devaluing women, and violence toward women.**

**Parents can help their teenagers by paying attention to their teenager's purchasing, listening and viewing patterns, and by helping them identify music that may be destructive.**

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*Resources begin on page 130*



## Abuse

ACCORDING TO THE U.S. ADVISORY BOARD ON CHILD ABUSE & NEGLECT, “child abuse and neglect in the United States represents a national emergency.”

- Over 2.9 million cases of child abuse were reported last year in this country
- Approximately 1/3 of sexual abuse cases involve children six years of age or younger
- More children suffer neglect than any other form of maltreatment
- One in every 3 girls and one in every 6 boys will be sexually abused by the age of 18
- 85% to 90% of sexual abuse is perpetuated by a person known to the child
- 95% of child abusers were themselves abused as children<sup>1</sup>
- 80% of substance abusers were abused as children<sup>2</sup>
- 80% of runaways cite child abuse as a factor<sup>3</sup>
- 78% of our prison population was abused as children<sup>4</sup>

The National Committee for the Prevention of Child Abuse states “It is a sad irony that many abusers genuinely love their children, but they find themselves caught in life situations beyond their control and they do not know how to cope.... They may not like themselves and may not know how to get their emotional needs met.”

Abuse commonly produces feelings of sadness, guilt, anger and lowered self-esteem, as well as a sense of violation and loss of control.

Children who have been physically, sexually and/or emotionally abused not only suffer a wide range of effects from their victimization, but are at greater risk of being abused again.

Additionally, long-term effects of abuse include emotional and behavioral problems, poor performance in school and further abuse in future relationships. Abuse is a consistent and pervasive element in the backgrounds of low achievers, runaways, drug abusers, prostitutes and incarcerated individuals.

Behavioral signs of abuse in children may include:

- Avoid physical contact with others
- Refuse to undress for gym or for required physical exams at school
- Are apprehensive when other children cry
- Seem frightened by parents
- Have difficulty getting along with others
- Play aggressively—often hurting peers, or
- Have a history of running away from home

#### TYPES OF CHILD ABUSE

**Physical Abuse:** An abused child is anyone under 18 years of age whose parent or legal guardian inflicts or allows to be inflicted upon the child injury by other than accidental means. Physical abuse indicators include injuries, swellings to face and extremities, high incidence of accidents or frequent injuries, burns, unusual bruises, lacerations, bite marks, discoloration of skin.

**Emotional Abuse:** Emotional abuse attacks a child's emotional development and sense of self-worth. Emotional abuse includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Constant criticizing, belittling, insulting, rejecting and teasing are some forms these verbal attacks can take. Emotional abuse also includes failure to provide the psychological nurturing necessary for a child's psychological growth and development—providing no love, support or guidance.<sup>5</sup>

**Neglect:** A neglected child is a child under 18 years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of the child's legal guardian to exercise a minimum degree of care in supplying the child with adequate food, clothing, shelter, education or medical care. Neglect also occurs when the legal guardian fails to provide the child with proper supervision or guardianship by allowing the child to be harmed, or to be at risk of harm due to the guardian's misuse of drugs or alcohol.

**Sexual Abuse:** Sexual abuse is any sexual contact with a child or the use of a child for the sexual pleasure of someone else. This may include exposing private parts to the child or asking the child to expose him or herself, fondling of the genitals or requests for the child to do so, oral sex or attempts to enter the vagina or anus with fingers, objects or penis, although actual penetration is rarely achieved with very young children.

Children are hesitant or afraid to speak of sexual abuse or assault for many reasons, including their relationship to the offender, fear of the consequences, retaliation or uncertainty about whether or not they will be believed.

## **SIGNS OF SEXUAL ABUSE**

### **PSYCHOLOGICAL/BEHAVIORAL INDICATORS:**

- Chronic running away
- Drug and alcohol abuse
- Attention-getting behavior (stealing, etc.)
- Seductive behavior (especially with adults)
- Suicide attempts
- Alienation from siblings
- Fears, phobias, nightmares
- Difficulty concentrating
- Dramatic change in academic performance-grades way up or way down
- Depression, unprovoked crying
- Withdrawal, secretiveness
- Going to school early and staying late
- Truancy
- Bullying peers or younger children

### **PHYSICAL INDICATORS INCLUDE:**

- Reddened, painful or itching genitalia
- Headaches, nausea, stomach aches
- Chronic fatigue

- Bruises or cuts
- Painful urination
- Preoccupation with genitals
- Difficulty walking or sitting
- Stained or bloody underwear
- Sexually transmitted infections

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**ACCORDING TO THE AMERICAN MEDICAL SOCIETY:**

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**More than six out of ten of all rape cases (61%) occur before victims reach the age of eighteen.**

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**29% of all forcible rapes occur when the victim is less than 11 years old, while another 32% occur between the ages of 11 and 17.**

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**Many of these victims, particularly the young women, will be forced to have sex against their will on a date with a friend or acquaintance. What follows are some suggestions to stay safe and help reduce the risk of becoming a date rape victim.**

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**PREVENTION STRATEGIES FOR PARENTS**

You can increase the likelihood that your teens will avoid sexual assault by:

- Providing good information
- Setting limits ahead of time
- Offering “no-questions-asked bailouts”
- Talking about group pressure
- Helping teens recognize behaviors which might be clues to mistreatment
- Talking to your teen about the increasing use of the date rape drug [*see Chapter II: Substance Abuse*]

The situations in which teens are victimized often involve being somewhere they’re not supposed to be, breaking a rule, going into someone’s house when no one else is home, or being isolated at a party. It is a good idea for parents to offer a no-questions-asked bailout. For example:

*“If you are with a guy, at his house, let’s say, and he refuses to drive you home until you go to bed with him and you’re not supposed to be seeing this guy in the first place and you know I’m going to hit the roof, try to get to a phone and call me anyway. I will come and get you, no questions asked. I promise not to embarrass you in front of him. If you promise to call, I promise not to say a word for a day, and then we will sit down and talk about it. It is more important that you have a way to protect yourself in those kinds of situations than it is to worry about having broken a rule.”*

Parents sometimes hesitate to talk about family values or set guidelines and limits on sexual behavior, although parents rarely hesitate to talk about and set limits on other behaviors. Teenagers who have talked about sexual limits ahead of time are more able to avoid being exploited and/or pressured into exploiting another. There is much evidence suggesting that both girls and boys have sexual intercourse for reasons other than the desire to do so, such as wanting to fit in with the crowd, to get affectionate touching, or to feel powerful and in control.

The tolerance and acceptance of giving in to unwanted touching or other acts seems to be learned. These are the attitudes that can lead to victimization. To combat these pressures, parents can talk to their children about sexual limits, family values and guidelines.

For instance, a parent’s guidelines about acceptable and unacceptable dating behaviors might include a discussion of curfew, unacceptable places to go (such as “lovers” lane), unacceptable behaviors (drinking, drugs, unchaperoned parties), and a minimum age for the first date.

Talking about limits on sexual behaviors can include minimum age for sexual intercourse; what sexual behaviors are acceptable; and unacceptable reasons for intercourse.

**SOME OTHER IDEAS TO HELP TEENS RESIST PRESSURE:**

- You don’t have to have sex to get or keep a relationship.
- If he threatens you to try to get sex, he doesn’t care very much.
- Sex should never be a test of love.
- You don’t have to have sex, or even want sex, to be a man.
- Dares don’t have to be taken.

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## Teen Dating Violence

VIOLENCE IN TEEN RELATIONSHIPS is almost as prevalent as in adult relationships. The current statistics state that almost one out of three teens in the Bay area will experience violence sometime in their dating relationships. Violence for this statistic is defined as physical or sexual abuse and extreme controlling behavior. Even though young women say that emotional abuse is the most damaging type of abuse, it is not included in this statistic.

The violence that happens in teen relationships is the same as in adult relationships-it is just as severe. It happens just as often, and it follows the same cycle. Women stay in violent relationships for the same reasons regardless of age, with these few situations specific to teen relationships:

- Teens are under peer pressure to be in dating relationships, so there is pressure for women to stay in a relationship, even when there is abuse.
- Teens are in the process of becoming independent so they want to make decisions on their own, which makes it difficult to talk to parents about dating violence
- A teen woman may stay in a relationship to please her parents if they like the boyfriend, or to remind the parents of her independence if her parents do not like the boyfriend
- A young woman may be confused about what is normal dating behavior if this is her first dating relationship

### TYPES OF VIOLENCE

STAND! (Battered Women's Alternatives) describes four types of violence. All of the examples of abuse that happen in adult relationships also happen in teen relationships. The following are a few examples of incidents specific to teens.

- 1 Physical Abuse:** Physical abuse usually begins with jokingly pinching too hard, play fighting, or hitting accidentally. Physical abuse can be confusing to young people when in the past adults have said that physical punishment is for their own good, and that it hurts the adult more than it hurts you. These messages can create a distorted connection between love and violence, which set women up to accept abuse in dating relationships. Young women make the connection that if my parent hits me for my own good, and my boyfriend says that's why he does it too, it must be true.
- 2 Sexual Abuse:** Teens are learning about their sexuality and what is appropriate in sexually active relationships so it may be difficult for them to discern what is abuse and what is normal. Date rape, coercion, sex without protection, "sharing" one's girlfriend with friends, and forcing a woman to get pregnant are examples of sexual abuse in teen relationships.
- 3 Emotional Abuse:** This type of abuse is particularly confusing. Emotional abuse may sound like a backwards compliment, e.g., "*I love your hair except when you wear it like that.*" Controlling may sound like caring, e.g., "*Your parents sure put you down a lot, let's just be alone together and no one will ever hurt you again.*" Emotional abuse is insidious. It begins with declarations of love that quickly lead women to question themselves and it isolates them from people who are supportive.
- 4 Financial Abuse:** Examples include forcing her to quit school, cut classes, not study, or taking her books, clothes and favorite possessions and destroying them. It also includes pressure to have children—girls as young as 12 have described this pressure from boyfriends. Teen cast-aways or throwaways feel trapped to stay with abusive boyfriends who pay the bills.

**Hope.** While the incidents of dating violence and the severity of violence seem to be increasing, so also is the number of teens seek help from a caring adult. Both the victim and the abuser need help in order for the cycle of violence to stop.

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**Remember, the victim is *not* at fault.**

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**Nothing he or she has done causes the abuse and unless help is sought, the abuse won't stop.**

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**EFFECTS OF BATTERING OVER TIME:**

**On women:** Isolation from others, low self-esteem, depression, increased alcohol or drug abuse, emotional problems, illness, pain and injuries, permanent physical damage, death.

**On Children:** Emotional problems, illness, increased fears, anger, increased risk of abuse, injuries and death; repetition of abusive behavior.

**On Men:** Increased belief that power and control are achieved by violence, increase in violent behavior, increased contact with law enforcement, more emotional problems, and lower self-esteem.

**On Society:** Increase in crime, increase in legal, police, medical, counseling and prison costs; perpetuation of cycle of violence; perpetuation of myths of inequality of women and men; decreased quality of life.

**FACTS ON BATTERING**


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**Battering of women is the most under-reported crime in America.**

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**Three to four million American women are battered each year.**

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**95% of all spouse abuse cases are women who are hurt by men.**

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**Battering occurs among people of all races.**

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**A battering incident is rarely an isolated event.**

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**Many batterers learned violent behavior growing up in an abusive family.**

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**SIGNS OF AN ABUSIVE RELATIONSHIP**

An abusive relationship is when a boyfriend/girlfriend/partner has:

- Withheld approval, appreciation or affection as punishment
- Continually criticized a partner, called names, shouted
- Ignored partner's feelings
- Ridiculed or insulted partner's most valued beliefs—religion, race, class or sexual orientation
- Been very jealous; constantly accused of cheating
- Insisted partner dress the way he/she wants
- Humiliated partner in private or public
- Insulted or driven away from friends or family
- Taken away car keys or money
- Locked partner out of the house or car

- Thrown objects at partner
- Abused pets to hurt partner
- Punched, shoved, slapped, bit, kicked, choked or hit partner
- Raped partner
- Threatened to commit suicide if partner leaves

#### **THINGS TO KEEP IN MIND WHEN HELPING YOUR ABUSED TEEN**

- Make sure the timing is right. Talk about the abuse when you are sharing time together.
- Use “I” statements when describing your feelings. Let your teen know how concerned you are about his/her safety, well-being and security.
- Be sure to have specific examples to share with your son or daughter that concern you.
- Listen and believe in your teen. Speak with sensitivity, support and care.
- Remember, if your teen does open up to you, it is possible that you will hear uncomfortable details. It is imperative that you are nonjudgmental by focusing on resolving the problem (the behavior) rather than criticizing your teen.
- Be a comfort zone for your teen.
- Let your teen have some control in making decisions. His/her self-esteem and confidence may have been lowered by the abusive partner.
- Be a role model for supportive, healthy relationships with your own partner.
- Help your teen create a safety plan for when he/she is at school and out with friends.
- Contact your local law enforcement agency or battered women’s shelter about procedures for obtaining restraining or stay-away orders.

**THINGS NOT TO SAY OR DO**

- Do not be critical of your teen or his/her partner.
- Don't ask blaming questions such as: "*Why don't you break up with him/her?*" or "*What did you say to provoke your partner?*"
- Don't pressure your teen into making quick decisions.
- Don't talk to both teens together. The victim may feel inhibited about what he/she can say.
- Don't assume that the victim wants to leave the abusive relationship. Assist him/her in assessing the situation.

**Excellent website and book for parents:**

[www.loveisnotabuse.com](http://www.loveisnotabuse.com)

[www.loveisnotabuse.com/pdf/10questions\\_hand.pdf](http://www.loveisnotabuse.com/pdf/10questions_hand.pdf)

**Teen dating violence:**

[www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32370](http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32370)

[www.chooserespect.org/scripts/about/dateabusefacts.asp](http://www.chooserespect.org/scripts/about/dateabusefacts.asp)

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## The Law & Your Teen

IN AMERICA, drunk driving kills a teenager between the ages of 15 and 19 years old every 23 minutes. It is a problem serious enough to warrant much attention. Alcohol is still America's drug of choice and kills more kids than cocaine, marijuana (*pot*), heroin, LSD, and other illegal drugs combined. There are stiff penalties that one must pay if he or she is caught driving under the influence (DUI) of alcohol and/or other drugs.

On July 1, 1990, California became the 28th state to adopt an administrative license suspension program. This program, commonly called *Admin Per Se* was enacted by the Legislature and made into a law by the governor as a stronger deterrent to drunk driving.

The new law requires the DMV to suspend the driving privilege of persons under the age of 21 who are driving with a Blood Alcohol Content (BAC) of .01 or more or who refuses or fails to complete the test. The suspension is independent of any jail, fine or other criminal penalty imposed in court for the offense.

### WHO IS AFFECTED?

Any driver under age 21 arrested for driving under the influence who:

- Refuses to take or fails to complete the preliminary alcohol screening test
- Takes a blood/alcohol test which shows a BAC of .01 or more

### WHAT HAPPENS TO YOUR TEEN'S DRIVERS LICENSE?

- If your teen is arrested for drunk driving, the officer will complete a driver's license suspension order, take the license and give your teen a temporary driver's license.
- The suspension becomes effective 30 days from the arrest date.

- The officer will mail your teen's license to DMV. He or she will receive the following two documents which may be carried in his or her possession to have a valid temporary license and legally drive:
  - 1) Order of Suspension
  - 2) The officer's citation showing the arrest for § 23140, § 23152 or § 23153, or release from custody.

#### **WHAT DOES DMV DO?**

- The law enforcement officer sends documents to DMV within five business days following the arrest. If your teen took a blood or urine test too, the officer will forward the results of the BAC test to the department. If the results of your teen's test show that the BAC is less than .01 the suspension will be set aside and your teen's driver's license returned.
- The Department of Motor Vehicles conducts an administrative review, which includes an examination of the officer's report, the Order of Suspension, and BAC test results.

#### **WHAT CAN YOUR TEEN DO ABOUT THE SUSPENSION?**

- Your teen must request a hearing within 10 days of receipt of the suspension order.
- If a hearing is held, the department within 45 days of the date of the arrest will make a decision.
- After the hearing, your teen may request a departmental review within 15 days, or a court review within 30 days.
- A \$100 re-issue fee is required to reinstate the driving privilege after a suspension and before any license restrictions may be issued.

#### **HOW LONG WILL YOUR TEEN'S LICENSE BE SUSPENDED?**

*If your teen did not take a chemical test:*

- First DUI: one year.
- Second DUI in seven years: two years.
- Three or more DUI's in seven years: three years.

*If your teen took a chemical test or a breath test and the test showed .01 BAC or more:*

- First DUI: four months.
- One or more prior DUIs in seven years: one year.

It is unlawful for any person under the age of 18 to have a BAC in excess of .04 while operating a motor vehicle. Violation of this statute may result in the suspension of your teen’s driving privilege for 1 year or until age 21 whether or not they are licensed and is considered to be a misdemeanor. If an officer believes the driver is impaired, he or she can be sent to jail with a BAC less than .04. A person under the age of 21 with a BAC of .01 or more can also lose his or her driver’s license, but it is considered to be an infraction.

It is unlawful for any person (driver or passengers) to be drinking while in a motor vehicle (Vehicle Codes § 23221 & § 23220). It is unlawful to have an open alcoholic beverage while in a motor vehicle, whether it is being driven or not (Vehicle Code § 23223). Thus, persons drinking in a parked car may be cited or arrested for possession of an open alcoholic beverage. Additionally, the driver of the parked vehicle may be given a “field” sobriety test to determine if that driver has been drinking; and, if so, that driver may also be cited or arrested for being in violation of Vehicle Code § 23152: DWI, driving while intoxicated.

For each conviction of someone 13–21 years old in possession of alcohol, his or her license privilege will be suspended for one year. Possession of marijuana in a vehicle is a violation of Vehicle Code § 23222.

If a person shows no alcohol in their system, yet they still show signs of being “high” or intoxicated, the police officer will do a further test to determine if they are under the influence of other drugs in accordance with § 11550 of the Health & Safety Code.

There must be an adult over 21 in the vehicle while transporting liquor if the driver is a minor. A minor found in violation of Vehicle Code § 23224 will have his or her license suspended for one year and the vehicle involved may be impounded for up to 30 days. It’s important to remember that the driver has a responsibility to make sure that his or her passengers obey the law. The excuse of “It wasn’t mine,” is not sufficient to avoid arrest or citation.

If your teen is convicted of a DUI and your teen has a driver’s license, that license can be suspended for one year for each conviction. Thus, if

your 17-year-old has two convictions, that license can be suspended for two years. If your teen does not have a driver's license, he or she will not be able to apply for a license for the duration of that penalty.

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**THE AVERAGE COST FOR A FIRST DUI OFFENSE**

**can be anywhere from \$2500 to \$3600!**

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**Insurance goes up 80% ■ DUI classes cost \$300+ ■ Fine = \$1200 to \$1500  
Lawyer fees = \$1000+ ■ Additionally, the County may charge you for police  
and ambulance, as well as any property damage that may have occurred.**

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**A SECOND DUI OFFENSE may put your teen in a yearlong alcohol program  
that could cost thousands of dollars.**

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**Your teen could be sentenced to up to 120 days in jail—the fine goes up to  
\$2500+ ■ Don't forget the lawyer fees ■ Your teen's insurance will probably  
be cancelled.**

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**It's a high price to pay to drive drunk!**

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## **POLICE POLICY AND PROTOCOL AROUND PARTIES AND PROMS**

- The legal age for drinking is 21 years old.
- The legal age for smoking is 18 years old.
- All other substances are probably illegal.
- In some circumstances, the police have the authority to search private property when there is suspicion that alcohol or drugs are present. Arrests can be made or citations issued. Initial fines may reach \$1000
- Police will be called if the party or event is too loud or if participants spill out into the front yard or street.
- Serving alcohol to teenagers on your own property is illegal. Adults can be prosecuted for contributing to the delinquency of a minor. Adults may be found guilty of a misdemeanor, and subject to a fine or jail, or both.
- People who serve alcohol to minors or allow minors to consume it in their homes may be subject to civil lawsuits if the minor's activities after that drinking result in damage or injury to another person.
- It is against the law for minors to possess or purchase alcohol, be drunk in a public place, or carry alcoholic beverages in a vehicle.

- The legal consequences for an older teenager (18 and over) will usually differ from the way matters for a younger teenager are handled in the Juvenile Justice System. Discuss this with your older teenager and allow them to do some research on their own (through proper sources).
- Hotels in the area are aware of their liability for allowing under-aged drinkers on their premises.
- Likewise, limousine and bus companies are aware that they could have their licenses suspended for allowing consumption of alcoholic beverages by teenagers in their vehicles.

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**More than half of all fatal injuries to 16–19 year old drivers and passengers occur at nighttime as a result of drinking and driving, according to the Insurance Institute of Highway Safety.**

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*Resources begin on page 121*



## Gang Awareness

DENIAL is the first and largest obstacle to overcome in dealing with the emergence of gang-related activities in a community. Once a community becomes aware of gangs and their characteristics, it can look at the members' needs for rehabilitation, education, or documentation by law enforcement for use in the judicial system.

### WHAT IS A GANG?

A gang is a formal or informal, ongoing organization, association or group of three or more persons who:

- have a common name or common identifying signs, colors or symbols; and
- have members or associates who individually or collectively engage in or have engaged in a pattern of criminal activity.

A member of a gang is a person who engages in a pattern of criminal street gang activity.

**Gang Structure:** Leadership roles are gained by dominance of one person over other members. Gangs are usually comprised of males ranging in age from 13 to 28 years; however, there are also female gang members.

**Gang Membership:** Membership crosses all boundaries of sex, age, race, academic achievement and economic status. There are many reasons for youth to join gangs, including:

- The excitement of gang activity and affiliation
- Peer pressure
- Economic rewards
- Attention
- Low self-esteem

- Lack of identity
- A feeling of acceptance
- Security or protection
- Companionship
- Lack of alternatives
- Neglect
- Lack of appropriate parental involvement
- Lack of meaningful adult guidance
- Lack of neighborhood involvement
- Friendship or brotherhood
- Protection from rival gangs
- A feeling of belonging or purpose

**Gang Identification:** Gang members are proud to identify themselves and will usually admit their membership, openly display tattoos, dress in a style identifying their gang or sets, “throw signs” (gestures with their hands and fingers which identify their gang or set) and often adopt nicknames that become their street identity or moniker. During the past few years some of these identifications have become subtler.

#### **WARNING SIGNS OF GANG INVOLVEMENT**

- **Changing Friends.** Does not bring friends home or does not introduce friends to parents; is vague or refuses to tell you where he/she is going and with whom.
- **Lack of interest in family.** No longer interested in family activities, becomes rebellious and disregards household rules and curfews, becomes withdrawn from the rest of the family.
- **Decline in School.** Interest in school and school-related activities declines, schoolwork and homework quality declines and grades fall; eventually may contemplate dropping out of school.
- **Changes in appearance.** Adds or deletes a primary color (such as red, blue or black) in wardrobe, a particular brand of sportswear, hats, shoes, shoelaces, bandannas, jewelry, haircuts, etc.
- **Graffiti (*tagging*).** Begins to practice different signs and symbols on

school or personal papers; draws or paints graffiti on his/her walls or doors; has letters from foreign alphabet and symbols incorporated in those drawings; has paperwork or gang bibles in his/her room.

- **Newly Unexplained Wealth.**
- **Gang Graffiti.** Graffiti is one of the most visible signs of gang activity. It is used to mark territories or boundaries, to claim responsibility for violent acts, to show association and allegiance, to issue challenges, to recruit or to “*DIS*” (show disrespect) rival gangs or sets.
- **Use of a Nickname or Street Slang.** Uncommon terms, words, names or phrases.
- **Dress.** *Sagging* has been the fad (pants below buttocks with underwear showing), but this is ever-changing.
- **Tattoos.** Names, black monikers or symbols.

#### PARENT AWARENESS

As a parent, it is your responsibility to help your children understand the dangers of gang involvement, which can lead to a criminal record or to death, which frequently results from gang violence. Encourage your children to report others who pressure them to use or deal drugs or to participate in gang activity. Intimidation and fear can pre-occupy and destroy a child’s ability to concentrate at school and can prevent him from gaining the tools necessary for a meaningful life. Be aware of signs of possible gang association.

- Don’t say “*It can’t happen in my family.*”
- Talk with children early and regularly about gangs, sex, alcohol/drugs/tobacco, violence and other at-risk behavior. Set rules for those behaviors that are non-negotiable.
- Demand accountability for friends.
- Establish clear guidelines and non-negotiable limits for your child’s behavior and activities.
- Be aware of and do not permit gang identifiers.
- Eliminate youth access to weapons.
- Do not permit your child to sponsor or attend unsupervised parties. Don’t let your child dupe you into believing that “everyone else does it.”

- Demand accountability for time spent away from home.
- Meet regularly with school counselors and teachers.
- Demand accountability for money and clothes.
- Ask frequent questions whenever you're suspicious.
- Meet and greet your child's friends.
- Communicate with the parents of your child's friends.
- Communicate with your child.
- Get involved in programs that are designed to help our youth.
- Encourage immediate graffiti removal.
- Maintain a strong liaison with your police department for continued maintenance of community policing.

Gangs attempt to instill fear in your community. Their power grows through intimidation of rival gangs and citizens alike, and direct confrontation is best left to law enforcement. However, everyone has the responsibility to work towards a solution.

If you have any concerns please contact your police department.

*Resources begin on page 121*

## Bullying

**BULLYING & BEING BULLIED** are not, and should not be, considered a normal part of growing up. Although all youth will endure at some point in their life a tease, a put down or difficulty with peers, intentional and repeated actions and words that are intended to intimidate or hurt can not be accepted or tolerated. The single most effective deterrent to bullying is an adult authority and pro-active intervention.

Without action, both the aggressor and the victim are at serious risk.

Bullying can have both short and long term negative effects on social, emotional, physical, and academic development. Bullying can break the law. The short term effects of bullying can result in isolation from peers, feeling fearful, feeling insecure, not feeling safe, developing negative attitudes, emotional difficulties, and impede learning. The long terms effects of bullying can result in negative behavior, anxiety, drinking, drug usage, depression, physical illness, problems with future relationships, suicide, and violence.

Studies have established a strong correlation between those students that have engaged in bullying behavior and later experiencing legal or criminal troubles as adults. In one study, 60% of boys that bullied in grades 6–9 had at least one criminal conviction by age 24 and 40% of them had three or more arrests.<sup>1</sup> Early intervention is critical!

### **INTERNAL AND EXTERNAL CAUSES OF BULLYING**

Bullying can often be the result of complex factors including socialization difficulties, learning difficulties, individual beliefs, individual bias, behavior, early signs of aggression, the use of alcohol or other drugs, and circumstances unique to the individual. Bullying behavior might be the first outward symptom presented. Some bullying behavior can be prompted by feelings of helplessness, insecurity, depression, and a strong desire for attention or acceptance. Some children that are bullies may

have problems with low self-esteem, while other children desire power over others. Some children that are bullies were previously the victims of bullying. Media influences can also contribute to bullying behavior, name calling, and contradictory messages.

**SOME WARNING SIGNS THAT A CHILD MIGHT BE A BULLY**

- Physically aggressive (hits, kicks, pushes or chokes other children)
- Verbally attacks other children (name calling, threats)
- Intentionally excludes other children or manipulates friendships
- Makes faces or obscene gestures
- Difficulty with socialization skills

**THERE ARE MANY CAUSES OF BEING  
A VICTIM OF BULLYING**

Victims that have been bullied should not feel that they did something to bring on a situation of bullying. Being a victim of bullying is not a “rite of passage.” Although there are some generalizations about children that have been the victim of bullying, *all children are at risk for being bullied*. Regardless of race, gender, ethnicity, religion, disability, sexual orientation, native language, native land or origin, political opinions, personal beliefs, personality, social economics, family dynamics, athletic ability, academic performance, personal appearance, clothing, perceived “differences,” relationship with peers, perceived popularity, memberships and associations, etc., *being a victim of bullying is an equal opportunity risk factor*.

**SOME WARNING SIGNS THAT A CHILD IS BEING BULLIED**

- Unexplained bruising or injuries
- Becoming isolated, and not wanting to leave home
- Being afraid about attending school or other activities and events
- Comes home with damaged, or missing clothing or personal items
- Change in eating habits, poor appetite, headaches, and stomachaches
- Appears anxious, depressed, tearful or shows unexpected mood swings
- Has problems sleeping

- Doesn't have friends or is having problems with friends
- Avoids places and takes alternate routes to and from school
- Decline in academic performance and loses interest in school
- Talks about suicide

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## BULLYING FACTS

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**Every day in America, 160,000 children miss school for fear of being bullied.<sup>2</sup>**

**One third of students are involved in bullying. About 11% of all children report being bullied and about 13% of all children report being bullies. The majority of bullying happens at school. 36% of younger children will tell, only 5% of older students tell. Boys are more likely to be bullies/targets of bullying. Girls are more frequently the targets of malicious rumors, sexual harassment and jeers (Natl. Institute of Child Health and Human Development).**

**There is a difference between teasing and bullying. *Teasing and its outcomes are often NOT intended.* Bullying and its outcomes are always intentional.**

**The perpetrator(s) of teasing are sometimes:**

- unaware they are creating a hostile environment
- unaware of the target's feelings, and
- inclined to stop when they realize the harm of their actions. The perpetrator(s) that is aware of the outcomes and continues the intentional behavior is considered to be the perpetrator of bullying.

**Bullying behavior has changed. Some examples of yesterday's bullies include: name calling, nasty notes, leaving someone out, ignoring someone, threatening, scaring, hitting and kicking, coercing, and damaging property. Today's bullies humiliate and manipulate, isolate and ostracize. The most worrisome bullies punch, poke, strangle, suffocate, pull hair, bend fingers, bite, stab, burn, poison and shoot victims. In the most extreme cases, cornered victims fight back with firepower, killing their tormentors or committing suicide (see Chapter 13: Violence).**

**Bullies can now reach their victim using the internet. Instant messaging, cell phones, and websites are being used to humiliate, spread rumors, gossip, and intentionally isolate their victim socially.**

**Bullying can be a legal issue. Bullying breaks the law when it becomes extortion, theft, assault, battery, hazing, murder, arson, rape, a violation of civil rights, hate crime, or sexual harassment.**

**Bullying is not always "age alike." Some victims of bullies are younger or older than the perpetrator. Adults can be bullies.**

**Bullying has played a role in school violence. A study by the National Threat Assessment Center found that of the 37 school shootings since 1974, two thirds of the attackers felt "persecuted, bullied or threatened." In over half, revenge was the motivation.**

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## WHAT YOU NEED TO DO

**You can help prevent bullying.** Understanding the effectiveness of adult responses to bullying is a critical first step. Parents and adults provide a fundamental component in helping our communities and schools maintain a safe environment and provide a positive climate for our children to develop. Parents can have a positive impact by becoming actively involved and responding to bullying.

Every effort must be made to assure our youth that bullying and mean spirited teasing, taunting, and name-calling is not acceptable. Talk to your child about bullying. Listen to what your child is telling you. Encourage your child to report bullying incidents to you. Bullying incidents that occur at school should be reported. Even if your child is not a victim of bullying, teach your child to inform an adult if witness to an incident of bullying. Talk to other parents, neighbors and adult youth leaders about bullying and the importance of responding to bullying.

Positive steps to reduce bullying can be achieved by a number of actions:

- **Communicate:** Encourage your child to communicate with you.
- **Listen:** Listen to your child and reassure them of any concerns they might have.
- **Confidence:** Praise your child and create confidence. Self-confident children are less likely to be a victim of bullying.
- **Friendships:** Children that have friendships and feel connected are less likely to be a victim of bullying.
- **Participate:** Encourage participation in sports and group activities.
- **Adult role models:** Set good examples of behavior. Children that observe aggressive behavior between adults might be more likely to act aggressively toward other children.
- **Social skills:** Try to help your child develop good social skills.
- **Avoid being alone:** Have your child be with friends, walk with friends, eat with friends, etc. Avoid areas that do not have adult supervision.
- **Report:** Encourage your child to report incidents at school.
- **Respond:** Tell your child how to respond to bullying behavior. Find an adult. Do not fight back.
- **Be a friend:** Encourage your child to be a friend.

- **Involve other parents and volunteer:** Work to assure that children in your neighborhood are closely supervised. Help schools provide adult supervision.

#### **WHAT TO DO IF YOUR CHILD IS BULLIED**

- Teach your child not to fight back.
- Report the incident to your child's school.
- Meet with your child's teacher and/or school administrator.
- Talk to your child to develop strategies for dealing with the bully.
- Seek help from your medical provider.

#### **WHAT TO DO IF YOUR CHILD IS A BULLY**

- Inform your child that bullying is serious and not acceptable
- Find out what has created the behavior
- Maintain contact with your child's teacher and/or school administrator
- Seek help and take bullying seriously.

The most important thing you can do for your children is to respond and provide appropriate intervention.

*Resources begin on page 121*



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**“The Internet offers kids many opportunities for learning, constructive entertainment, and personal growth. At the same time, parents are concerned about the risks kids face online. The challenge for parents is to educate themselves and their children about how to use the Internet safely.” — [www.getnetwise.com](http://www.getnetwise.com)**

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# 19

## Internet Safety

*This chapter is adapted from “Teen Safety on the Information Highway,” an article provided courtesy of [www.safekids.com](http://www.safekids.com) and the National Center for Missing and Exploited Children. It is intended to be shared with your teen.*

WHATEVER YOUR AGE, THE INTERNET IS A GREAT PLACE TO HANG OUT. It’s not only fun, but it lets you keep in touch with friends and family and provides an enormous amount of information. There are lots of great educational sites as well as places to keep up with your favorite hobbies, music, sports, and much more. Talk to your children about “the Net” and — if you need to learn more — see if they can help you. Either way, it’s important for teens and parents to share knowledge. You have something to learn from each other — if not about the Internet, then about life in general, how to make good decisions, and how to look at information critically.

By knowing the dangers and how to avoid them, you can take advantage of all the positive aspects of the Internet while avoiding most of its pitfalls.

Teenagers are actually more likely to get into trouble online than younger children. Teens are more likely to explore out-of-the-way nooks and crannies of cyberspace; they’re more likely to reach out to people outside of their immediate peer groups; and, sadly, they’re more often preyed upon as victims by child molesters and other exploiters.

### GUIDELINES FOR PARENTS

**Talk** with your teens about what they can and cannot do online.

**Be reasonable and set reasonable expectations.** Try to understand their needs, interests, and curiosity. Remember what it was like when you were their age.

**Be open and encourage them to come to you if they encounter a problem online.** If they tell you about someone or something they encountered, your first response should not be to blame them or take away their Internet privileges. Work with them to help avoid problems in the future, and remember: your response will determine whether they confide in you the next time they encounter a problem and whether they learn to deal with problems on their own.

**Learn everything you can about the Internet.** Ask your teens to show you what's cool. Have them show you great places for teens and fill you in on areas that you might benefit from as well. Make "surfing the net" a family experience. Use it to plan a vacation, pick out a movie, or check out other family activities. Make this one area where you get to be the student and your child gets to be the teacher.

**Check out blocking, filtering & ratings applications.** There are services that rate web sites for content as well as filtering programs and browsers that empower parents to block the types of sites they consider to be inappropriate. These programs work in different ways. Some block sites known to contain objectionable material. Some prevent users from entering certain types of information such as their name and address. Other programs keep your children away from chatrooms or restrict their ability to send or read e-mail. Generally these programs can be configured by the parent to only block the types of sites that the parent considers to be objectionable.

You will need to explain to your teen why you feel it is necessary. You should also be careful to choose a program with criteria that reflects your family's values. Be sure to configure it so that it doesn't block sites that you want your teen to be able to visit.

If you use a filtering program, you should re-evaluate it periodically to make sure it's working for your family.

Filtering programs are not a substitute for good judgment or critical thinking. With or without filters, children and their parents need to be "net savvy" and communicate with each other.

## **SOCIAL NETWORKING SITES & BLOGS**

Teens are increasingly using social networking sites and blogs to communicate on the internet, such as Yahoo360, Friendster, Classmates, Monster, FaceBook, Xanga and MySpace. Social networking sites can be used to find a job, build business contacts, locate old classmates, find a date, make new friends, promote a band, and communicate with friends.

MySpace stands out from other social networking sites because of the unique features offered. Not only are users able to post profiles and blogs, but they can also customize their webpage adding photos, videos and music. Other features offered on MySpace are: instant messaging, email, chat rooms, bulletins, games, classified ads, and forums. Users are able to post and read information on movies, shows, events and bands. MySpace has even sponsored concerts, parties and events, encouraging offline socializing.

Teens like to communicate with each other using social networking sites. Reading personal information about each other helps them decide who to be friends with, and allows for peer feedback about problems they are experiencing, but the personal information that they post can put them at risk to online predators. A teen that is blogging about family problems or feelings of inadequacy provides an open door to predators that will sympathize with the child and attempt to establish a relationship.<sup>1</sup>

### **BLOGGING SAFETY TIPS FOR PARENTS:**

- Establish reasonable online rules with your child and assure that they are followed.
- Pre-screen what your child will be posting to their blog including photos and comments. Make sure it doesn't contain personal identifiers.
- Monitor your child's website. Confirm that your child has a private, password-protected blog and is obeying the rules of the site (such as the minimum age requirement).
- Warn your child to not reveal feelings and emotions online.
- Remind your child to never meet in person with someone they first met online.

**For more safety tips on social networking sites and blogging see:**

<http://www.wiredsafety.org/resources/pdf/socialnetworktips.pdf>

**SAFE BLOGGING TIPS FOR TEENS**

- Be as anonymous as possible. Avoid postings that could enable a stranger to locate you. That includes your last name, the name of your school, sports teams, the town you live in, and where you hang out.
- Protect your info. Check to see if your service has a “friends” list that allows you to control who can visit your profile or blog. If so, allow only people you know and trust. If you don’t use privacy features, anyone can see your info, including people with bad intentions.
- Do not get together with someone you “meet” in a profile or blog. People with bad intentions lie to create friendships, causing harm to you.
- Photos: Think before posting. What’s uploaded to the Net can be downloaded by anyone and passed around or posted online pretty much forever. Avoid posting photos that allow people to identify you (for example, when they’re searching for your high school), especially sexually suggestive images. Before uploading a photo, think about how you’d feel if it were seen by a parent/grandparent, college admissions counselor, or future employer.
- Check comments regularly. If you allow them on your profile or blog, check them often. Don’t respond to mean or embarrassing comments. Delete them and, if possible, block offensive people from commenting further.
- Be honest about your age. There is fun created for your age group. Membership rules are there to protect people. If you are too young to sign up, do not attempt to lie about your age. Talk with your parents about alternative sites that may be appropriate for you.<sup>2</sup>

*Resources begin on page 131*

## Resiliency & Mentoring

GROWING UP IS NEVER EASY. In recent years, a number of researchers have changed their focus from the examination of risks associated with a negative health outcome to one of considering mechanisms or factors deemed protective to adolescent health. Two psychosocial models have emerged from this research, emphasizing resiliency and asset building rather than risk. Young people who come from a high-risk environment are those who fall through the cracks—unless safety nets are provided. They are not necessarily overtly aggressive, stereotypical juvenile delinquents. They are often the quiet, withdrawn, passive kids. They are not limited to one geographical area or socio-economic or ethnic group. They are present in every community. They are the youth who, for various reasons including biological, psychological, or social, have a greater likelihood for the development of delinquency, substance abuse, or other related anti-social and self-destructive behaviors.

Resiliency research suggests a strong link between success in life and one's resiliency. Resiliency is the ability to avoid destructive behavior by successfully overcoming the effects of a high-risk environment and developing social competency despite exposure to severe stress. Despite difficult family and community circumstances, some children succeed at school and in life. Because they have persevered through severe, often enduring and multiple challenges, they are referred to as resilient. Resilience studies<sup>1</sup> have determined that of the children growing up in a high-risk environment, most who achieve adult success tend to have a long-term, close relationship with a caring, responsible parent or adult, religious faith, and perceptions of themselves as worthy and competent.

Based on extensive research, including the work of B. Bernard (1993), *Fostering Resiliency in Kids: Protective Factors in the Family, School and Community*, resilient children have the following identifiable characteristics.

### **A RESILIENT YOUNG PERSON:**

**Is socially competent:** responsive, flexible, and adaptable; empathetic and caring; able to communicate; and has a sense of humor.

**Is skilled at problem solving and planning:** average or above intelligence; able to think abstractly, critically, deductively, and flexibly; able to seek alternative solutions; and responsible.

**Is autonomous:** has a sense of identity, self-esteem and self-worth, able to act independently; sense of personal control; and able to recognize and separate self from a harmful situation.

**Has a sense of purpose and future:** healthy expectations, sense of coherence, confidence and faith that hardships can be overcome.

These areas of competency are hardly predestined; they can be learned in families, schools, and communities. To the extent that parents, educators, and other adults in the community encourage development of such resilience competencies, children are likely to be successful in school and in life. As in medicine, preventive actions may be wiser and more cost-effective than after-the-fact remedies.

### **MENTORING**

Studies indicate that youth from at-risk environments can be successful in overcoming the negative factors that surround them. These studies further indicate that the key protective factor in these success stories is the presence of at least one caring adult in the lives of these youths. A mentor is an individual who provides one-to-one support and attention, a friend and a role model. Dozens of model projects throughout the State of California demonstrate that a mentoring relationship can bring a supportive role model into the life of a youth that enables that youth to define himself or herself in positive rather than negative ways.

There is no better antidote for the social ills that face our youth than an adolescent's belief that the world is a positive place and that they can accomplish what they want in life.

*To learn more about mentoring opportunities in your community  
see Resources on page 135.*

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**When seeking resources, also consider your pastor,  
rabbi, clergyman, doctor or counselor.**

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## Resources & Services

**(By chapter topic, in order of appearance)**

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Body Image, Eating Disorders, Obesity & Healthy Eating . . . . .	I 27
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Health Services in Alameda County:	
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All resources listed on the following pages have been checked and confirmed prior to publication but are subject to change. Organizations—particularly non-profit organizations—move to new locations, change phone numbers, and sometimes change the focus of their available services as funding and grants dictate. Sometimes it is necessary for some organizations to discontinue much-needed services or even close their doors. Check the Internet or your telephone directory for the most recent updates.

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**ALWAYS TAKE IMMEDIATE ACTION IN AN EMERGENCY.  
CALL 911 OR DRIVE DIRECTLY TO A HOSPITAL.**

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**CRISIS LINES: 24-HOUR HOTLINES**

**Albany Police Department**

**Emergency: 911**

**Non-Emergency: 525-7300**

**Parents Crisis and Counseling Line**

**(415) 441-5437**

Someone to listen or give information

**Suicide Prevention: (800) 309-2131**

**Battered Women's Shelter Hotline**

**794-6055**

**24-Hour Emergency Shelter, Hayward**

**786-1246**

**Crisis Nursery, Concord, CA**

**(925) 685-8052**

Leave your infant, baby, or young child during a time of crisis or stress; residential nursery

**Child Abuse Hotline: (800) 422-4453**

Hotline for children who are victims of family violence, for parents involved with family violence, and for adult survivors of child abuse.

**Child Abuse Hotline: 259-1800**

Alameda County Child Abuse Prevention Network

**Child Protective Services Hotline**

**646-1680**

**Crisis Runaway Youth: (800) Run Away**

Offers crisis intervention, information and referral for runaway youth and parents of runaway youth, as well as message services for parents and youth, conference calls to parents for youth, and connection to home-free Grey Hound transportation service. Also conference calls to shelters and other services.

**California Youth Crisis Line**

**(800) 843-5200**

**National Youth Crisis Hotline**

**(800) 448-4663**

**National Institute on Drug Abuse**

**(800) 662-HELP or (800) 821-HELP**

Treatment referral

**Safe Alternatives (800) dontcut**

Safe Alternatives to self injurious behavior

**Safe Alternative Against Violence**

**Hotline: 794-6055**

**A Safe Place Hotline: 536-SAFE**

Battered Women's 24-Hour Crisis Hotline

**National Domestic Violence Hotline**

**(800) 799-SAFE**

**Hotline for Battered Women**

**(888) 215-5555**

**Community United Against Violence**

**(CUAV): (415) 333-HELP**

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**Cellular Calls**

Every teen and adult needs to have the Albany police non-emergency number programmed in their cell phone: 525-7300. Cellular 9-1-1 calls are automatically routed to the California Highway Patrol dispatch center, before being transferred to an Albany emergency unit. Therefore, call the non-emergency when appropriate, to reach them directly. Call 9-1-1 in a police, fire, or medical emergency. Talk with your teen until they understand what is a police, fire, or medical emergency.

**HEALTHY PARENTING**

**Berkeley Youth Alternatives**

**845-0155**

**1255 Allston Way, Berkeley, CA**

**www.byaonline.org**

**Open to Albany families**

Offers after-school program for K-7 grades including tutoring, music, dance, sports, fitness, and garden programs where youth can learn and earn money.

**FamilyPaths: (800) 829-3777**

**or 893-5444**

**www.familypaths.org**

Works with parents to strengthen families and to prevent child abuse and neglect; provides a 24-hour hotline for immediate phone counseling and referral to services throughout Alameda County, and an advice line for foster parents; parent education classes; counseling for children, parents, and families, and for adults recovering from childhood abuse; respite childcare for up to 72 hours; case management services; etc. Extensive volunteer program provides hotline help and other services.

Hotline, respite care and support groups are free. Medi-Cal, private insurance accepted; parents under stress and/or at risk of abusing their children, child victims of abuse, adults abused as

children and foster parents under stress. Families with children, age 21 or under.

**Parents, Families and Friends of Lesbians and Gays (PFLAG)**

**Oakland/East Bay: 562-7692**

**P.O. Box 21195**

**Oakland, CA 94620-1195**

**www.pflag-eastbay.org**

PFLAG provides information and support to parents and other relatives of lesbians and gays, and to lesbian, gay, bisexual and transgender persons. In addition to self-help support services, PFLAG offers monthly support groups, telephone peer counseling and information between meetings and speakers for classes. Languages (other than English): Spanish

**Young Adult Project**

**City of Berkeley: 981-6670**

**1730 Oregon St.**

**Berkeley CA 94703**

**www.ci.berkeley.ca.us/recreation/yap/yap.html**

A healthy and safe social environment for youth that reduces juvenile delinquency through the provision of educational, cultural, counseling and recreational activities. Free and fee-based programs.

**General Health Resources**

**www.keepkidshealthy.com**

A Pediatrician's Guide to Your Children's Health and Safety

**www.girlshealth.gov**

Health Information for Girls

U.S. Dept. of Health and Human Services

**www.adolescenthealth.org**

Society for Adolescent Medicine

**www.kidshealth.org**

Nemours Foundation

**www.cdc.gov**

Centers for Disease Control

**Hospital Health Info**

**Children's Hospital Oakland**

**www.childrenshospitaloakland.org**

**Lucille Packard Children's Hospital**

**www.lpch.org**

**Alta Bates Summit Hospital**

**www.altabates.com**

**Palo Alto Medical Foundation**

**pamf.org/preeteen/parents**

**Kaiser Hospital Oakland**

**www.oaklandkaiser.org**

**Highland Hospital**

**www.acmedctr.org**

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## Parental Support

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**www.parentspress.com**

Referrals and information

**www.familias-unidas.org**

Mental health for Richmond families

**www.kcceb.org**

Mental health for Korean families

**www.acmhs.org/family\_youth**

Asian mental health, Oakland

**www.childhoodmatters.org**

parents.berkeley.edu/advice/teens

**parentingteens.about.com**

**parent-teen.com**

**www.safekids.org**

Parenting strategies for protecting kids

**www.parenting247.org**

**Trustline.org (800) 822-8490**

Database of nannies and babysitters that have cleared criminal background checks

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## Community Referrals

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**Bananas 658-0381**

**Parents Helping Parents**

**www.php.com**

**parents.berkeley.edu**

**Bay Area Legal Aid: 663-4744**

**www.baylegal.org**

**www.alamedasocialservices.org**

List of county social service programs

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## Web Sites for Teen Issues

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**www.teen411.info**

**www.guides4youth.com**

**www.youthcrisisline.org**

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## TEEN ANGER

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**Berkeley Youth Alternatives**

**Counseling Center: 849-1402**

**1255 Allston Way**

**Berkeley, CA**

Offers counseling (youth, family), groups, parenting classes, family reunification-mediation-visitation, crisis intervention, Case Management (under 18). Free.

**East Bay Community Mediation**

**548-2377**

**968 San Pablo Ave.**

**Berkeley, CA**

Resolve disputes between family members or neighbors, without involving the law. Conflict counseling, mediation, facilitation (no legal services) Free consultation.

**Community United Against Violence**

**24-hour Hotline: (415) 333-HELP**

**www.cuav.org**

CUAV provides crisis peer counseling, support, criminal justice advocacy, and referrals for lesbians, gay, men, bisexuals, transgender individuals who are survivors of anti-queer violence, hate crime, domestic violence and/or sexual assault.

Multi-language.

## DEPRESSION

**A depressed child needs to talk to someone. If it is not you, seek help from a professional. Don't wait for your child to grow out of their depression, they deserve to see a professional. Referrals and help are available at these mental health counseling centers:**

**Berkeley/Albany Mental Health  
981-5290**

**2640 Martin Luther King Jr. Way  
Berkeley**

**[www.ci.berkeley.ca.us/mentalhealth](http://www.ci.berkeley.ca.us/mentalhealth)  
Offers help for children and families hav-**

ing a variety of emotional difficulties. Provides services such as crisis intervention, evaluation, counseling and therapy, Multilingual/multicultural, with sliding scale fees.

**Therapeutic Nursery School  
655-4896**

**Oakland, CA**

Offers early childhood education services for children who live in Alameda County (2–5 yrs.) who have social, emotional and/or learning problems (i.e.: disruptive, aggressive, impulsive, depressed, withdrawn, experienced emotional or physical trauma, family disruption). MediCal eligible.

## Community Referrals

**[www.westcc.org](http://www.westcc.org)  
El Cerrito West Coast Children's Center**

**[www.annmartin.org](http://www.annmartin.org)  
Piedmont Ann Martin Center**

**[www.byaonline.org](http://www.byaonline.org)  
Counseling Center in Berkeley**

**[www.parents.berkeley.edu/  
recommend/therapy/clinics.html](http://www.parents.berkeley.edu/recommend/therapy/clinics.html)**

**[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)**

**[www.nmha.org](http://www.nmha.org)  
National Mental Health Association**

## SELF-HARM

**Mobile Crisis Team Berkeley/Albany  
Mental Health: 981-5254**

**2640 Martin Luther King Jr. Way  
Berkeley**

Delivers free crisis intervention services throughout the community until 11 p.m. daily. Helps with suicide prevention, violent threats, drug abuse, and evaluation for psychiatric hospitalization. **For fastest service, call Albany Police at 525-7300 and ask for the Mobile Crisis Team.** Multi-language.

**Children's Hospital Oakland: 428-3570  
Psychiatry Department**

**747 52nd St., Oakland, CA 94609  
[www.childrenshospitaloakland.org](http://www.childrenshospitaloakland.org)**

**Alta Bates Summit Medical Center  
204-4405**

**Adolescent Behavioral Health  
2001 Dwight Way, Berkeley, CA 94705**

**[www.altabatesummit.org](http://www.altabatesummit.org)**  
The Adolescent Inpatient Program is Northern California's most comprehensive and fully integrated psychiatric facility for adolescents ages 12–17. Patients are encouraged to draw from their individual strengths to restore their maximum functioning and preserve self-respect. The 34 beds are divided into two separate locked units, one for girls and one for boys. Often subject to depression, anxiety and low self-esteem, patients respond and recover in our caring and nurturing environment.

## Web Sites for Self-Harm Issues

**[www.parents.berkeley.edu/advice/teens/cutting.html](http://www.parents.berkeley.edu/advice/teens/cutting.html)**

**[www.selfinjury.com](http://www.selfinjury.com)**

**[www.siari.co.uk](http://www.siari.co.uk)**

## SUICIDE

**Mobile Crisis Team Berkeley/Albany  
Mental Health: 981-5254****2640 Martin Luther King Jr. Way****Berkeley**

Delivers free crisis intervention services throughout the community until 11 p.m. daily. Helps with suicide prevention, violent threats, drug abuse, and evaluation for psychiatric hospitalization. **For fastest service, call Albany Police at 525-7300 and ask for the Mobile Crisis Team.**

Multi-language.

**Alameda County Crisis Support  
Services: (800) 309 - 2131**

Offers support to people of all ages and backgrounds during times of crisis. We work to prevent suicide and offer hope and caring during times of hopelessness.

**Crisis Response Program/Oakland  
Mobile Crisis: 268-7836****Contra Costa County Regional  
Medical Center Mental Health  
Crisis Services: (925) 370-5700**

## GRIEF &amp; LOSS

**Circle of Care (formerly PediatriCare)  
531-7551****[www.ebac.org/programs/circle/  
index.asp](http://www.ebac.org/programs/circle/index.asp)**

Grief Support Center assists children and families coping with a life-threatening illness, loss, bereavement, or trauma through support groups, crisis intervention services, and home-based counseling and support services.

**Access: (800) 491- 9099**

Telephone screening and referrals to Alameda County community mental health

centers, medical providers, and (limited) Medi-Cal providers.

Languages (other than English): Spanish

**Crisis Support Services of Alameda  
County: (800) 309-2131****[www.crisissupport.org](http://www.crisissupport.org)**

Grief or crisis counseling.

**The Grief Counseling Project  
889-1104**

Provides short-term individual, couples, group, and family counseling for the bereaved.

## HANDLING STRESS &amp; ANXIETY

**A child needs tools to cope and a way to relax. To seek help from a professional, referrals or help are available at these mental health counseling centers:**

**Berkeley/Albany Mental Health  
981-5290****2640 Martin Luther King Jr. Way****Berkeley****[www.ci.berkeley.ca.us/mentalhealth](http://www.ci.berkeley.ca.us/mentalhealth)**

Offers help for children and families having a variety of emotional difficulties. Provides services such as crisis intervention, evaluation, counseling and therapy,

Multilingual/multicultural, with sliding scale fees.

**Girls and Boys Town National Hot Line  
(800) 488-3000**

Hotline for youth and families needing crisis counseling, emergency intervention, or information and referral to resources in the caller's community. Responds to youth who are abused, depressed, running away, suicidal, addicted to drugs or alcohol, threatened by gangs, or frustrated with parents and responds to the parents of youth in crisis. Spanish-speaking counselors available.

**Community Referrals****[www.westcc.org](http://www.westcc.org)** (El Cerrito)**[www.annmartin.org](http://www.annmartin.org)** (Piedmont)**[www.byaonline.org](http://www.byaonline.org)**

Counseling Center in Berkeley

**<http://parents.berkeley.edu>**

**BODY IMAGE, EATING DISORDERS, OBESITY  
& HEALTHY EATING**

**California Youth Crisis Line**

**(800)843-5200**

24-hour, confidential phone service for youth ages 12–24 and their friends and family. Crisis counselors provide youth and parents with a confidential and non-judgmental forum to discuss their concerns. Handles family problems, sexual assault, eating disorders, teen pregnancy, substance abuse, suicide and more.

**Alta Bates Summit Medical Center**

**204-4405**

**Adolescent Behavioral Health**

**2001 Dwight Way, Berkeley, CA 94705**

**[www.altabatesummit.org](http://www.altabatesummit.org)**

The Adolescent Inpatient Program is Northern California's most comprehensive and fully integrated psychiatric facility for adolescents ages 12–17. Patients are encouraged to draw from their individual strengths to restore their maximum func-

tioning and preserve self-respect. The 34 beds are divided into two separate locked units, one for girls and one for boys.

Eating Disorders Program has an excellent track record in treating adolescents suffering from anorexia nervosa or bulimia nervosa. Often subject to depression, anxiety and low self-esteem, patients respond and recover in our caring and nurturing environment.

**Children's Hospital Oakland**

**428-3762**

**Weight Management Resources**

**747 52nd St.**

**Oakland, CA 94609**

**[www.childrenshospitaloakland.org](http://www.childrenshospitaloakland.org)**

**National Association of Anorexia Nervosa and Associated Disorders**

**(847) 831-3438**

**[www.anad.org](http://www.anad.org)**

**TEEN SEXUALITY AND  
SEXUALLY TRANSMITTED INFECTIONS**

**General Health Resources**

**[www.keepkidshealthy.com](http://www.keepkidshealthy.com)**

**[www.adolescenthealth.org](http://www.adolescenthealth.org)**

**[www.health.org](http://www.health.org)**

**[www.girlshealth.gov](http://www.girlshealth.gov)**

**[www.kidshealth.org](http://www.kidshealth.org)**

**[www.ppgg.org](http://www.ppgg.org)**

Planned Parenthood Golden Gate

**National Adoption Center**

**(800) 862-3678**

Provides information and referrals on adoption.

**Hospital Health Info**

**Children's Hospital Oakland**

**[www.childrenshospitaloakland.org](http://www.childrenshospitaloakland.org)**

**Lucille Packard Children's Hospital**

**Stanford: [www.lpch.org](http://www.lpch.org)**

**Palo Alto Medical Foundation:**

**<http://pamf.org/preeteen/parents>**

## GAY, LESBIAN, BISEXUAL

**Peer Support Groups****Pacific Center For Human Growth  
548-8283****2712 Telegraph, Berkeley, CA**

Safe, sober drop-in counseling by peers or group-discussions for lesbian, gay, bisexual, transgender, and questioning people; including youth, young adult, and adult. Drop-in center: bulletin boards, library, and community education. Donation.

**Community United Against Violence****24-hour Hotline: (415) 333-HELP****www.cuav.org**

CUAV provides crisis peer counseling, support, criminal justice advocacy, and referrals for lesbians, gay, men, bisexuals, transgender individuals who are survivors of anti-queer violence, hate crime, domestic violence and/or sexual assault. Multi-language.

## SUBSTANCE USE, ALCOHOL &amp; OTHER DRUGS

**California Youth Crisis Line****(800) 843-5200**

24-hour, confidential phone service for youth ages 12–24 and their friends and family. Crisis counselors provide youth and parents with a confidential and non-judgmental forum to discuss their concerns. Handles family problems, sexual assault, eating disorders, teen pregnancy, substance abuse, suicide and more.

**Thunder Road: 653-5040****390 40th St., Oakland, CA 94609**

Offers substance abuse, detox, and mental health services for teens. Residential short term (30 days or less) or long-term treatment. Partial hospitalization/day treatment available.

**New Bridge Foundation: 548-7270****www.new-bridge.org**

Outpatient chemical dependency treatment and early intervention

**Women's Daytime Drop-in Center****(WDDC): 548-6933****2218 Acton St., Berkeley, CA**

For women only: crisis counseling, HIV (prevention, support group, outreach), Drug & Alcohol for youth and adult. Free.

**Al Anon: 528-4379****PO Box 8175, Berkeley, CA 94707**

Berkeley–District 26 Info Service

**Alateen East Bay Info Services****528-4379****www.ncwsa.org/d15**

Alateen is an anonymous fellowship of teenagers who have a friend or relative who has a problem with alcohol.

**Alcoholics Anonymous: 839-8900****www.alcoholics-anonymous.org**

Primary purpose is to stay sober and help other alcoholics to achieve sobriety. 12-step program of total abstinence. Many meetings are held every day all over the East Bay.

**Cocaine Anonymous: 821-6155****www.norcalca.com**

Organization offers 12-step groups to assist in solving problems of cocaine addiction.

**Marijuana Anonymous: 287-8873****www.marijuana-anonymous.org**

A fellowship of men and women who share experience, strength, and hope with each other to help recover from marijuana addiction. Program uses the Alcoholics Anonymous 12-step program, to promote sobriety among marijuana addicts.

**Narcotics Anonymous: 444-4673**

NA is a voluntary nonprofit that offers the 12-step program for those who have a major problem with drug use.

**Berkeley Addiction Treatment****Services: 644-0200****2975 Sacramento St., Berkeley, CA**

Offers methadone maintenance and a 21-day medically supervised withdrawal program for people who are addicted to heroin or other opiates. Treat opiate addicted people with medication and individual therapy. Walk-in urinalysis for small fee. Medi-Cal accepted.

**Healthy Babies: 596-4189**

**Oakland, CA**

Residential Drug and Alcohol recovery program for pregnant women or women with children up to one year old.

**Keller House - Solid Foundation**

**533-5317**

**4778 International Blvd.**

**Oakland, CA 94601**

18-month program for mothers with infants up to four years.

**Orchid Women's Recovery Center**

**BiBett: 535-0611**

**1342 E. 27th St., Oakland, CA 94606**

Residential recovery drug and alcohol center for women with and without children.

**Project Pride: 446-7150**

**2551 San Pablo Ave.**

**Oakland, CA 94612**

Residential 12-month drug and alcohol program with mental health services for women with children.

**Options Recovery Services: 666-9552**

**1931 Center St. (east gate), Berkeley**

Recovery program for adults, following substance abuse treatment. Aftercare: Life skills, anger management, yoga, aftercare, 12-step program, shelter, Information and Referral, AA/NA, grief/loss, relaxation training, anger management, acupuncture, Money Management, MH, take court referrals. Night sessions for those who work. Free.

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**General Health Resources**

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**[www.drugfree.org](http://www.drugfree.org)**

Partnership for a Drug Free America

**[www.theantidrug.com](http://www.theantidrug.com)**

Parents the Anti-Drug

**[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)**

Office of National Drug Control Policy

**[www.health.org](http://www.health.org)**

The National Clearinghouse for Alcohol and Drug Information

**[www.nida.nih.gov](http://www.nida.nih.gov)**

National Institute on Drug Abuse

**TOBACCO**

**Berkeley Tobacco Prevention Program**

**981-5330**

**1947 Center St., 2nd Floor**

**Berkeley, CA 94704**

**[www.ci.berkeley.ca.us/publichealth](http://www.ci.berkeley.ca.us/publichealth)**

BTPP works to prevent and reduce youth access to tobacco, environmental smoke exposure, to counter pro-tobacco influences and respond to community needs. Free tobacco cessation classes are available and tobacco prevention presentations to youth and community groups. Volunteer by being a member of the Berkeley Tobacco Prevention Coalition. Free.

Languages (other than English): Spanish, some Arabic, Loa, Hindi.

**Epic (Environmental Prevention in Communities): 548-8233**

**3101 Telegraph Ave.**

**Berkeley, CA 94705**

**[www.youthepic.org](http://www.youthepic.org)**

EPIC is a youth-driven environmental prevention and advocacy project that trains

youth aged 13–20 from Alameda County to mobilize their communities through campaigns, research-based projects and policy development around alcohol-related issues. Most services are free; ages 13–20 Languages (other than English): Spanish.

**American Nonsmokers' Rights Foundation Teens As Teachers Program**

**841-3071**

**2530 San Pablo Ave. Suite J**

**Berkeley, CA 94702**

**[www.no-smoke.org](http://www.no-smoke.org)**

Youth smoking prevention program, Teens As Teachers' (TAT) is an all-day training workshop full of fun and hands-on activities where teens acquire the knowledge and skills necessary to teach younger students and be community advocates. Individuals may become members in ANR for \$40/year.

## VIOLENCE &amp; ABUSE

**Safe Alternative Against Violence****Hotline: 794-6055 Office: 574-2250**

24-hour crisis hotline with trained counselors: shelter space, Information and Referral, crisis intervention, emotional support. 30-bed, up to 90-day shelter for individuals/families fleeing abuse: food, clothing, MH, legal, medical, employment, housing.

Wings transitional house (low cost): 18-month program for women & children recovering from family violence, 14 units.

**A Safe Place Battered Women's****24-Hour Crisis Hotline: 536-SAFE**

Provides a variety of services to battered women and their children: counseling, emergency shelter, legal advice, support group.

**Family Violence Law Center****Crisis line: 208-0255****Berkeley-Oakland**

Legal assistance in obtaining restraining orders, including court representation, support groups, advocacy with law enforcement agencies, teen violence prevention. Sliding scale.

**Victim Assistance Program****State of California: 272-6180****1401 Lakeside Drive, Suite 802****Oakland, CA**

Help provided to victims and witnesses of crime (therapy, medical, dental, lost wages, funeral and other related expenses). Must have police report of incident Free to qualified individuals.

**Bay Area Women Against Rape****(BAWAR) Hotline: (800) 656-4673****7700 Edgewater Drive #630****Oakland, CA****www.rainn.org**

One-on-one peer counseling of sexual assault survivors and their significant others, medical and legal advocacy for survivors. Free.

**Battered Women's Shelter Hotline****794-6055**

Shelter hotline, group and individual therapy, restraining order clinic.

**Alameda County****Child Protective Services: 259-1800****Alameda County****Adult Protective Services: 259-2280****<http://www.alamedasocialservices.org>****Alameda County Child Abuse****Prevention Council: 780-8989**

**<http://www.alamedasocialservices.org/public/community/partners/accapc/index.cfm>**

Dedicated to coordinating our community's efforts to prevent and respond to child abuse and neglect and to promote the physical and emotion health of children and families.

**Highland Hospital Sexual Assault****Center: 534-9290****Family Services of Albany: 525-9110****Violence Prevention**

**[www.pamf.org/teen/parents/emotions/violence.html](http://www.pamf.org/teen/parents/emotions/violence.html)**

**www.semah.org**

Building violence-free communities, with special focus on the Muslim and inter-faith communities.

**www.narika.org**

Addresses the problem of domestic violence in the south east Asian community

**www.stopbullyingnow,hrsa.gov**

Health Resources Services Administration  
[www.no-bully.com](http://www.no-bully.com) Colorado's Anti-Bullying Project

**www.easingtheteasing.com****womaninc.org**

Enabling women and child to lead violence free lives

**www.apasfgh.org/service/hotline**

Asian-Pacific domestic abuse hot line  
[www.safenetwork.net](http://www.safenetwork.net) Domestic violence resource directory

**TEEN DATING VIOLENCE**

**Bay Area Women Against Rape  
(BAWAR) Hotline; (800) 656-4673  
7700 Edgewater Drive #630  
Oakland, CA  
www.rainn.org**

One-on-one peer counseling of sexual assault survivors and their significant others, medical and legal advocacy for survivors. Free.

**California Youth Crisis Line  
(800) 843-5200**

24-hour, confidential phone service for youth ages 12–24 and their friends and family. Crisis counselors provide youth and parents with a confidential and non-judgmental forum to discuss their concerns. Handles family problems, sexual assault, eating disorders, teen pregnancy, substance abuse, suicide and more.

**Violence Prevention**

**www.youngaznlife.org**  
Girl power web-site for preventing dating violence, sexual harassment, and sexual assault. Specialty: Asian Pacific Islanders.

**www.loveisnotabuse.com**  
**www.ncvc.org**  
National Center for Victims of Crime  
**www.chooserespect.org**

**INTERNET SAFETY**

**www.safeteens.com**  
**www.blogsafety.com**

**www.wiredsafety.org**  
**www.teenangles.org**

**LIVING WITH DISABILITIES**

**Peer Counseling for Disabled Parents  
CIL: 841-4776 or 848-3101 (TDD/TTY)  
2539 Telegraph Ave., Berkeley, CA**  
Help getting shelter, housing, and services for disabled people, and finding a care giver. Berkeley, Albany, and Kensington residents eligible. Peer support provided by staff and interns for people with all types of disabilities. Free.

**Regional Center of the East Bay  
383-1200  
7677 Oakport St. Suite 300  
Oakland CA 94621  
www.rceb.org**

Supports persons with developmental disabilities and their families with the tools needed to achieve lives of quality and satisfaction, and builds partnerships that result in inclusive communities.

**Alacosta: 527-2550  
1300 Rose St., Berkeley CA 94702  
www.alacostacenter.org**  
After-school learning program for students with developmental disabilities.

**Center for Early Intervention on  
Deafness: 848-4800  
1035 Grayson St., Berkeley CA 94710  
www.ceid.org**  
Serves family with babies and young children who have hearing impairments and language delays.

**Bay Area Learning Disabilities  
Foundation: 524-6455  
Reach for Learning  
1221 Marin Ave., Albany, CA 94706  
www.reachforlearning.org**  
Provides academic tutoring and remediation, psycho-educational diagnostic testing, and consultation. The program focuses on underachievement, dyslexia, attention deficit disorder, and other academically related learning difficulties.

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### ***Living with Disabilities, Continued***

#### **California State**

##### **Department of Education**

**[www.cde.ca.gov](http://www.cde.ca.gov)**

Outlines specialized support for families or guardians of children with disabilities. Includes list of education rights.

#### **California State**

##### **Department of Rehabilitation**

**[www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)**

Provides services and advocacy resulting in employment, independent living and equality for individuals with disabilities.

#### **California State Department of Developmental Services**

**[www.dds.cahwnet.gov](http://www.dds.cahwnet.gov)**

Provides services and supports to children and adults with developmental disabilities.

#### **California State**

##### **Department of Social Services**

**[www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)**

Serves, aids, and protects needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence.

#### **Parents Helping Parents**

**[www.php.com](http://www.php.com)**

Has excellent resource lists for parents of children with disabilities

#### **Through the Looking Glass**

**[www.lookingglass.org](http://www.lookingglass.org)**

An excellent resource for parents with disabilities and parents of children with disabilities.

## HEALTH SERVICES IN ALAMEDA COUNTY

### **Family Health Care**

#### **Health Services in Alameda County Family Health Care**

##### **Access for Infants and Mothers (A&M) Healthy Families, State of California (800) 433-2611**

Provides low-cost health insurance to eligible pregnant women and their infants who are not eligible for non-cost MediCal or health insurance. Prenatal visits, hospital delivery, full health care for the mother, for pregnancy related issues, for 60 days after pregnancy. Full health care for the baby for 2 years. \$1.5% of annual income. Multi-language.

#### **West Coast Children's Center 527-7249**

##### **545 Ashbury Ave., El Cerrito, CA 94530**

Provides a full range of psychological services for children, adolescents, and their families. Offers sliding scale fees, and takes Medi-Cal and health insurance payments.

#### **Berkeley/Albany Mental Health 981-5290**

##### **2640 Martin Luther King Jr. Way, Berkeley**

**[www.ci.berkeley.ca.us/mentalhealth](http://www.ci.berkeley.ca.us/mentalhealth)**

Offers help for children and families having a variety of emotional difficulties. Provides services such as crisis intervention, evaluation, counseling and therapy, Multilingual/multicultural, with sliding scale fees.

#### **Alta Bates Summitt Medical Center 204-4444**

##### **2450 Ashby Ave., Berkeley, CA 94705 [www.altabatesummit.com](http://www.altabatesummit.com)**

The medical center supports many community programs including the East Bay AIDS Center, Mentoring Program for Teens, Primary Care Access Clinic, AudioHealth Library and other free public health education classes.

Languages (other than English): Translation services available by arrangement.  
Cost & Eligibility: Varies according to service; Medi-Cal, Medicare, HMO, PPO, Kaiser and private insurance accepted.  
Wheelchair Access: Wheelchair accessible.

**Berkeley Community Health Project  
548-2570**

**Berkeley Free Clinic**  
**2339 Durant Ave., Berkeley, CA 94704**  
**[www.berkeleyfreeclinic.org](http://www.berkeleyfreeclinic.org)**

Offers peer counseling, information referral, primary medical care and emergency dental service. Additional services include an HIV/STD clinic on Sunday nights. Free for persons needing health care or information; ages 18 and over for Medical Clinic, ages 12 and over for Men's Clinic and HIV services.

**Berkeley Primary Care: 204-2944**

**Youth Clinic**  
**2001 Dwight Way, Berkeley, CA 94704**

Services include but are not limited to physicals, HIV/STD testing, social services, pregnancy tests, annual exams, prenatal care, referrals to specialists and basic primary care services. Youth interested in establishing a primary care relationship with a physician may opt to do so. Sliding scale proportional to income; reproductive & testing services are free; ages 25 and under. Languages (other than English): Spanish.

**Children's Hospital Oakland**  
**428-3000**

**Adolescent Medicine: 428-3226**  
**747 52nd St., Oakland, CA 94609**

**[www.childrenshospitaloakland.org](http://www.childrenshospitaloakland.org)**  
Mission is to ensure the delivery of high quality pediatric care for all children. This is accomplished through regional primary and subspecialty networks, a strong education and teaching program, a diverse workforce, state of the art research programs and facilities, and nationally recognized child advocacy efforts.

**City of Berkeley Advice Nurse**  
**(serves Albany): 981-5300**  
**1947 Center St., 2nd Floor**  
**Berkeley, CA 94704**

**[www.ci.berkeley.ca.us/publichealth/advicenurse/nod.html](http://www.ci.berkeley.ca.us/publichealth/advicenurse/nod.html)**

Free health information service available to the public through phone calls or drop-in visits. Public health nurses are available every day to answer questions and give counseling about health problems and provide health education and teaching on such topics as blood pressure control, diet and nutrition, HIV/AIDS, sexually transmitted diseases, and tuberculosis. Free; open to all residents of Berkeley and the surrounding area. Languages (other than English): Spanish.

**Family Youth and Children (BMH)**  
**981-5280**

**3282 Adeline, Berkeley CA 94703**  
Family, youth and child mental health services

**Suitcase Clinic/Youth Clinic**  
**643-6786**

**St. Mark's**  
**2300 Bancroft Way, Berkeley, CA 94704**  
**[www.suitcaseclinic.org](http://www.suitcaseclinic.org)**

Drop-in women's and youth clinic. Social, legal, mental health, medical, dental, foot washing, acupuncture. Free.

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## Adult Health Support

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### City of Berkeley Public Health Clinic

(serves Albany): 981-5350

830 University Ave.

Berkeley, CA 94710

[www.ci.berkeley.ca.us/publichealth/publichealthclinic/phc.html](http://www.ci.berkeley.ca.us/publichealth/publichealthclinic/phc.html)

Provides family planning, WIC nutrition services, TB screening, STI exam and treatment and HIV testing and counseling with support services. Sliding scale fee; varies according to income and family size. Medi-Cal and some private insurance accepted; Pregnant women, nursing mothers and infants and children under 5 years of age who are residents of Alameda County and meet the low income requirements. Languages (other than English): Spanish.

[www.alamedasocialservices.org/public/services/medical\\_care](http://www.alamedasocialservices.org/public/services/medical_care)

List of county social service programs:

### Mental health support:

[www.NAMI.org](http://www.NAMI.org)

National Alliance for the Mentally Ill

[www.mhaac.org/id5.htm](http://www.mhaac.org/id5.htm)

Services for people with mental illness and their family care givers

[www.parents.berkeley.edu/recommend/therapy/clinics](http://www.parents.berkeley.edu/recommend/therapy/clinics)

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## Teen Health Support

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### California Youth Crisis Line

(800) 843-5200

24-hour, confidential phone service for youth ages 12–24 and their friends and family. Crisis counselors provide youth and parents with a confidential and non-judgmental forum to discuss their concerns. Handles family problems, sexual assault, eating disorders, teen pregnancy, substance abuse, suicide and more.

### Alta Bates Summit Medical Center

The Downtown Youth Clinic: 921-6680

3100 30th Street, 2nd Floor

Oakland, CA 94609

[www.downtownyouth.org](http://www.downtownyouth.org)

The clinic offers full primary care, HIV medical services psycho-social services and educational forums to all HIV positive youth. Programs are also available in STD services, pregnancy testing and counseling to HIV negative youth. All services are available to young people, regardless of insurance status. The program is organized on the community-based model - if the youth can't get to us we will go to them. Through the dedication of our staff we do continual outreach to the youth we serve,

insuring that they have sound knowledge of good health care maintenance and remain fully grounded in appropriate medical care. Wheelchair accessible.

### Lucille Packard Children's Hospital

Teen Health Resource Line

(888) 711-TEEN

### American Academy of Children

& Adolescent Psychiatry

[www.aacap.org](http://www.aacap.org)

General site for information and resources

### Oakland Kaiser Hospital

[www.oaklandkaiser.org](http://www.oaklandkaiser.org)

**Dream Catcher: 839-1559**

**422 Jefferson, Oakland CA**

Homeless youth drop-in center.

Dinner, snacks, groups, activities, bus passes, laundry, also a medical clinic (by Healthcare for the Homeless).

[www.uhs.berkeley.edu/home/healthtopics](http://www.uhs.berkeley.edu/home/healthtopics)

On-line health topics from U.C. Berkeley

**Other Health Resources:**

**Alameda County  
Public Health Department**  
[www.acphd.org](http://www.acphd.org)

**Lucille Packard Children's Hospital**  
[www.lpch.org](http://www.lpch.org)  
Immediate answers to health questions by nurse.

[www.plannedparenthood.org](http://www.plannedparenthood.org)

**HIV/AIDS Resources:**

**City of Berkeley HIV & AIDS Program**  
**981-5380**

**830 University Avenue  
Berkeley, CA 94710**  
HIV/AIDS Testing provides free and anonymous (no names used) HIV antibody testing. Confidential testing also available. This service includes counseling and referral services. Test results available in one

week. HIV/AIDS Community Education & Prevention Program provides education, workshops and outreach in the community. Languages (other than English): Spanish.

**Needle Exchange Emergency  
Distribution (NEED): 678-8563**  
**Syringe Pickup Hotline: 377-8565**  
**1442-A Walnut St. #221  
Berkeley, CA 94709**

[www.bapd.org/gneron-1.html](http://www.bapd.org/gneron-1.html)  
Promotes AIDS prevention and Harm Reduction outreach to injection drug users through its exchange program. Program services include the distribution of syringes, condoms, cotton balls, alcohol wipes, bleach, and AIDS prevention information, including listings of HIV test sites and recovery programs. Free

**California Department  
of Health Services**  
[www.dhs.ca.gov/AIDS](http://www.dhs.ca.gov/AIDS)

**RESILIENCY / MENTORING**

**U.C. Berkeley Community Relations  
Cal in the Community (UCB)**  
**643-5299**

**2200 Bancroft Way #1522  
Berkeley, CA 94720-1522**  
[calinthecommunity.berkeley.edu](http://calinthecommunity.berkeley.edu)  
An online guide to over 200 public service programs, activities and resources offered by U.C. Berkeley for the benefit of Bay Area communities. Each listing includes a description of the program and contact information; programs are listed in the directory by name, category, population served, and location.

**American Nonsmokers' Rights  
Foundation Teens As Teachers Program**  
**841-3071**

**2530 San Pablo Ave. Suite J  
Berkeley, CA 94702**  
[www.no-smoke.org](http://www.no-smoke.org)  
Youth smoking prevention program, Teens As Teachers' (TAT) is an all-day training workshop full of fun and hands-on activities where teens acquire the knowledge

and skills necessary to teach younger students and be community advocates. Individuals may become members in ANR for \$40/year.

**L.O.U.D. (Loving Ourselves & Uniting  
Diversity): 548-8283, ext. 514**  
**Pacific Center for Human Growth**  
**2712 Telegraph Ave. (at Derby)  
Berkeley, CA 94705**

[www.pacificcenter.org/queeryouth.html](http://www.pacificcenter.org/queeryouth.html)  
An array of services to lesbian, gay, bisexual and transgendered persons and their families. Services include, The Attic drop-in space with computers, TV/DVD/Videos, homework space & other LG-BTQIQ youth; "Voices" Youth Leadership Training; Events & Activities; Peer Groups & Counseling Groups; Therapy; and the Speaker's Bureau that goes into schools and community based organizations in the East Bay. Languages (other than English): Spanish

*Continued...*

**Resiliency/Mentoring, Continued**

**Big Brothers Big Sisters**

**of the East Bay: 729-5050**

**7700 Edgewater Dr. Suite 333**

**Oakland, CA 94621**

**[www.bbbseastbay.org](http://www.bbbseastbay.org)**

Matches adult volunteers to Alameda and Contra Costa County children and youth ages 6–14 to serve as role models and to help each “little” toward a happy, healthy and successful life. In the traditional programs, matches meet at least three times a month for free or low-cost activities, to give help with schoolwork, or to just talk. In our school-based programs, matches meet once a week during the academic year at school. No cost; children ages 6–14. Languages (other than English): Spanish.

**Building Opportunities for**

**Self Sufficiency (BOSS): 843-3700**

**Multi-Agency Service Center (MASC)**

**Homeless program**

**1931 Center St. (basement of Veteran’s Building); Mailing Address:**

**2065 Kittredge St. Suite E**

**Berkeley, CA 94704**

**[www.self-sufficiency.org](http://www.self-sufficiency.org)**

Daytime drop-in center provides referrals to shelter and housing services, respite

and socialization, showers, phone access, drug/alcohol counseling, representative payee services, scheduled health and mental health providers on-site, updated housing and employment lists, support groups, money management counseling, clothing program, along with extensive information. Free; Homeless Berkeley singles. Languages (other than English): Limited Spanish.

**Alta Bates Summit Medical Center  
Education Enrichment and Mentoring**

**Youth Bridge Mentoring Program**

**869-8225**

**3012 Summit Street, 3rd Floor**

**Oakland, CA 94609**

**[www.altabatessummit.org](http://www.altabatessummit.org)**

Offers a comprehensive, year-round youth development program designed to assist “high-risk” students from East Bay high school to complete their schooling and to pursue higher academic and/or vocational goals. This free program is designed to help participants learn to set goals, make decisions, complete tasks, and benefit from opportunities that may arise. Inquire into the paid summer internship program.

**Search Institute**

**[www.search-institute.org](http://www.search-institute.org)**

Provides leadership, knowledge, and resources to promote healthy children, youth, and communities.

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## Notes

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*Your Albany Teen* is adapted with permission largely from *The Book*, published by the San Ramon Valley Community Against Substance Abuse (CASA) as a public service. Those sources cited in *The Book* appear below to the extent they were cited.

### **Chapter 1: Healthy Parenting**

Sources include: Substance Abuse & Mental Health Services Administration (SAMHSA); National Institute on Drug Abuse (NIDA); Alcohol, Drug Abuse & Mental Health Association; and Partnership for a Drug-Free America.

### **Chapter 3: Depression**

Source: Major Depression in Children and Adolescents, US Department of Health and Human Services, [www.mentalhealth.samhsa.gov/publications/allpubs/Ca-0011/default.asp#7](http://www.mentalhealth.samhsa.gov/publications/allpubs/Ca-0011/default.asp#7)

### **Chapter 4: Self-Injury**

Sources:

Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults, <http://www.crpsib.com/whatissi.asp>

[www.merton.gov.uk/understanding\\_your\\_teenager-2.pdf](http://www.merton.gov.uk/understanding_your_teenager-2.pdf)

[www.crpsib.com/whatissi.asp#DetectionInterventionAndTreatment](http://www.crpsib.com/whatissi.asp#DetectionInterventionAndTreatment)

[www.crpsib.com/whatissi.asp](http://www.crpsib.com/whatissi.asp)

[www.selfinjury.com/sifacts.htm](http://www.selfinjury.com/sifacts.htm)

### **Chapter 7: Handling Stress**

Source: *Gateway, Parenting into the teen years.* University of Illinois at Urbana-Champaign College of Agriculture, Issue 11.

1. [www.theantidrug.com/advice/advice\\_stress\\_awareness.asp](http://www.theantidrug.com/advice/advice_stress_awareness.asp)

### **Chapter 8: Anxiety**

1. MayoClinic.com. All rights reserved. Used with permission.

2. U.S. Department of Health and Human Services, 1999.

Source: <http://www.mentalhealth.samhsa.gov/publications/allpubs/CA-0007/#13>

### **Chapter 9: Body Image**

1. [www.4woman.gov/bodyimage/kids/bodyimage/kid11](http://www.4woman.gov/bodyimage/kids/bodyimage/kid11)

### **Chapter 10: Teen Sexuality**

1. Mark Clements Research Survey, 3/96
2. Mark Clements Research Survey, 3/96

3. 1990 Youth Risk Behavior Survey.

4. Forest & Silverman, 1989

5. Youth Society, 1992

6. Journal of Adolescent Research, 1994

7. From HIV and AIDS by the American Red Cross

8. Source: Alameda County AIDS Epidemiology Report 1980–2004. [www.acphd.org/AXBYCZ/Admin/DataReports/cape\\_aids\\_annual\\_report\\_2004.pdf](http://www.acphd.org/AXBYCZ/Admin/DataReports/cape_aids_annual_report_2004.pdf)

9. The Gay Report: Lesbian and gay men speak out about their sexual experiences and lifestyles. New York: Summit)

10. Homosexuals: A study of diversity among men and women. New York. Simon & Schuster)

11. Client statistics, Larkin Street Youth Center, San Francisco

12. San Francisco Sex Information Hotline

### **Chapter 14: Abuse**

1. Groth

2. Daytop

3. Denver Police Department

4. Groth

5. National Committee for the Prevention of Child Abuse

### **Chapter 15: Teen Dating Violence**

Source: California Attorney General's Office, Crime and Violence Prevention Center

[www.safestate.org/documents/DV-Parents-guide-TDV.pdf](http://www.safestate.org/documents/DV-Parents-guide-TDV.pdf)

### **Chapter 18: Bullying**

1. Olweus 1991

2. National Association of School Psychologists 2001.

### **Chapter 19: Internet Safety**

1. Adapted from "Teen Safety on the Information Highway," an article provided courtesy of [www.safekids.com](http://www.safekids.com) and the National Center for Missing and Exploited Children.

2. [www.blogsafety.com/teentips.htm](http://www.blogsafety.com/teentips.htm).

### **Chapter 20: Mentoring**

1. Werner and Smith 1982; Ruter 1990; Rolf et al, 1990



# Acknowledgments

THE ALBANY ALCOHOL & DRUG ABUSE PREVENTION COUNCIL THANKS San Ramon Valley Community Against Substance Abuse (CASA) for permission to reprint excerpts from their community guide, *The Book*. We thank the Albany Police Department, the Albany Community Foundation, and the Albany Lions Club for funding the publication of this material. We also give a special *Thank You* to Albany Police Services Technician, Adrienne Rutledge and to Kathy Henley and Peggy McQuaid for their exceptional efforts and long hours gathering information and putting together this guide. *Thank You* also to Shelly Ball, Albany High School Mental Health Counselor, who shared her expertise with us. Finally a *Thank You* to MVB Design of Albany for assistance with the production of this book.

# About the Albany Alcohol & Drug Abuse Prevention Council

THE ALBANY ALCOHOL & DRUG ABUSE PREVENTION COUNCIL promotes healthy choices for adults and young people regarding the use of alcohol, tobacco, and other drugs.

The Prevention Council is a community coalition, broadening awareness of alcohol and other drug abuse related issues. Substance abuse problems and its related difficulties are addressed through the creation of public policy, education, and community events. Collaborating with schools, the Albany Police Department, and other local groups, we sponsor projects which encourage healthy lifestyles for all citizens.

Join us in developing the resources, opportunities and activities so that people of all ages can live satisfying lives which are not dependent on alcohol or other drugs. The Prevention Council meets on the second Wednesday of each month at 7 P.M. All members of the Albany community are welcome to attend.

## **Albany Alcohol & Drug Abuse Prevention Council**

### **Members, Fall 2006**

Raymond H. Anderson

Kristina Osborn

Jewel Okawachi

Allan Maris

Susan Meyers

Mary Wallmann

Florence Wahl

Kathy Henley

Peggy McQuaid

Albany Police Chief Mike McQuiston