

**How to spot the red flags of risky behaviors
and find the support you and your child need.**

ACTON

BOXBOROUGH

CARLISLE

CONCORD

DUNSTABLE

GROTON

LITTLETON

MAYNARD

WESTFORD

Red Flags and Resources



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Red Flags and Resources

Adolescence is a time of exploration, and for some, it's a time of risk-taking. Some risk-taking helps teens learn about what they value, whom they like, and what they want in life. But some of the choices teens face pose significant risks.

As teens take that natural step away from parental influence and direction, adults are challenged to be supportive and well-informed, to maintain perspective, and to keep a sense of humor. *Red Flags and Resources* is intended to help adults and teens better understand risky behaviors, what they can do to counter them, and how to get help when they need it.

The topics reflect what teens themselves tell us about the drugs and alcohol available in our area and about behaviors they engage in. This information comes from Emerson Hospital's Youth Risk Behavior Survey, which is based on a confidential questionnaire completed by students every two years in area middle and high schools.

The survey was developed and administered by Emerson Hospital and the health coordinators for each of our area school districts, which include Acton, Acton-Boxborough Regional, Boxborough, Concord, Concord-Carlisle Regional, Groton Dunstable Regional, Littleton, Maynard, and Westford.





The authors of *Red Flags and Resources* embrace the idea of positive youth development, a view of young people as assets to their communities, not problems waiting to happen. When young people grow up with strong connections to their communities, they make decisions about how to act and who they will become, not by chance, but by relying on a web of influences and personal strengths. Parents, you can enhance these values by:

Supporting your child and his friends. They need to be surrounded by people who love, care for, appreciate, and accept them.

Empowering them to feel valued and respected so they can contribute to their families, schools, and community.

Establishing boundaries and expectations that encourage youth to do their best.

Introducing your child and her friends to new skills, interests, and opportunities outside school and home.

Encouraging your child to engage in a variety of learning experiences and instilling a lifelong commitment to learning.

Exposing your child to the value of caring for others.

Teaching the skills needed to make sound decisions and develop positive social competencies.

Building your child's self-worth and helping him establish a sense of purpose in life.

For more information about positive youth development, visit the Search Institute online at www.search_institute.org.

When families provide safe havens for emotional growth and health,
children learn to meet the challenges of adolescence and young adulthood.

Nurturing Healthy Families

Healthy families foster resilience—the capacity to deal competently day after day with the choices and demands each family member encounters. Resilience enables us to focus on personal strengths to overcome adversity.

In their book *Raising Resilient Children* (Contemporary Books, 2001), Robert Brooks and Sam Goldstein suggest five essential strategies for nurturing resilient children:

Be empathic in order to teach empathy. Empathy is putting yourself in another person's shoes, understanding how this person feels. Teens are constantly learning how to do this, and adults need to remember to try to see the world through their children's eyes. By demonstrating empathy, you are teaching a skill that is vital to satisfying relationships.

Teach responsibility. Teens develop a sense of accomplishment and pride when given responsibilities that contribute to their home and school. This “required helpfulness” reinforces self-esteem as children experience the positive difference they make.

Teach problem solving skills. View problems as opportunities. Empower your teen to discover his own good solutions to problems as they occur in his daily living.

Offer realistic encouragement and positive feedback. Help teens identify their own strengths and learn how to use them to build good relationships and solve problems.

Help children learn to deal with mistakes. Teach teens to see mistakes as learning experiences rather than failures.

SUBSTANCE USE AND ABUSE

What is experimentation? When does it become “use,” and when does use become “abuse?”

The answers to these questions depend not on how many times a person uses a substance, but on why he or she uses substances and what problems occur as a result. Genetics, family history, social influence, and emotional health all play a role in how far and how fast an individual does—or does not—move forward on a use-abuse continuum.

Some use the following terms to categorize use and to assess risk:

Non-use The individual does not use substances at all. One can still be affected by other peoples’ use.

Experimentation The individual uses alcohol and other substances rarely or occasionally, and in limited amounts. At this stage, the motivation for use is likely curiosity.

Use The individual has made a choice to use substances more than once and often denies the risks associated with use, such as legal problems, physical risks, and social, emotional, and sexual safety. Substance use does not usually interfere with daily functioning; as a result, parents may not be aware that a teen is using. The motivation for use is often recreational. Use can quickly progress to abuse.

Abuse The individual’s interests, friendships, and activities may revolve around using substances. Use continues in spite of negative health, academic, and legal consequences. At this stage, teens are often in denial of their increasing dependence on substances. There may be long periods of non-use between periods of heavy use.

Addiction Substance use is no longer a choice. Addiction is a chronic and often progressive disease, and intervention is required.

It’s important that parents and teens talk together about the risks entailed in substance use. Talk openly about healthy choices, peer pressure, refusal skills, and family values and expectations about substance use. Start when children are young and continue having conversations during the adolescent years. (But if you haven’t done so, don’t worry. Start now.) School and community groups make information available, but this is not a substitute for discussion in your own family.

Some things to remember:

- Fewer teens use substances than is commonly perceived. In the Emerson Hospital Youth Risk Behavior Survey of area teens, when they are asked how many of their peers they think abuse alcohol or other substances, they consistently overestimate how many actually report doing so. In fact, teens who don’t use substances are still the majority.
- If there is a family history of substance abuse, there may be a greater likelihood that a teen will be susceptible.
- Teens may act as though they don’t want to talk with parents, but in surveys, most of them say they really do.

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Alcohol is the drug most commonly used by young people. A growing body of research suggests that teens' brains, which are still developing, are more susceptible to harmful effects from alcohol, both short- and long-term.

Alcohol can weaken judgment and self-control. Drinking can cause people to behave in ways contrary to their usual good judgment, such as experimenting with other drugs, unplanned sexual activity, and dangerous driving. Alcohol slows, and with heavy use can even stop, breathing and other involuntary reflexes. Alcohol can have a greater effect on teens taking antidepressants and other medications; one drink coupled with medication can have the effect of three to four drinks.

It is illegal for adults to serve alcohol to anyone under the age of 21, except to their own children. It is also unlawful for adults knowingly to allow children who are not their own to consume alcohol on their premises.

Serious legal consequences can result from underage alcohol possession and use, including arrest, fines, and loss of driver's licenses. Driving under the influence of alcohol can result in imprisonment.

Alcohol

ALCOHOL POISONING

Alcohol poisoning occurs when the alcohol level in the bloodstream is so high that it affects breathing, heart rate, and other body functions. It is not just intoxication, but it may follow quickly afterward, which makes it particularly difficult to recognize. Vomiting may or may not occur with alcohol poisoning. Speech may be slurred or incoherent. The person may lack coordination.

Alcohol poisoning can be deadly.

Symptoms

- Drinking to the point of passing out or semi-consciousness with slow respirations
- Cold, clammy, pale or bluish skin, perhaps a strong odor of alcohol

If you observe any of these symptoms, call 911 immediately.

Stay with the person until medical help arrives. Never leave the person alone to "sleep it off." He or she might not wake up.

WHAT IS BINGE DRINKING?

Binge drinking is the rapid intake of a quantity of alcohol that causes severe intoxication and possibly alcohol poisoning. The definition is different for each person, depending on body weight and other individual factors. For instance, five drinks may be the point at which a 200-pound male experiences alcohol poisoning, but two or three may be the limit for a 105-pound girl.

Recent brain research indicates that adolescents may be able to drink more alcohol than adults before feeling its effects. This makes alcohol particularly dangerous for young drinkers, who may be tempted to drink quantities that can cause serious harmful effects.

RED FLAGS

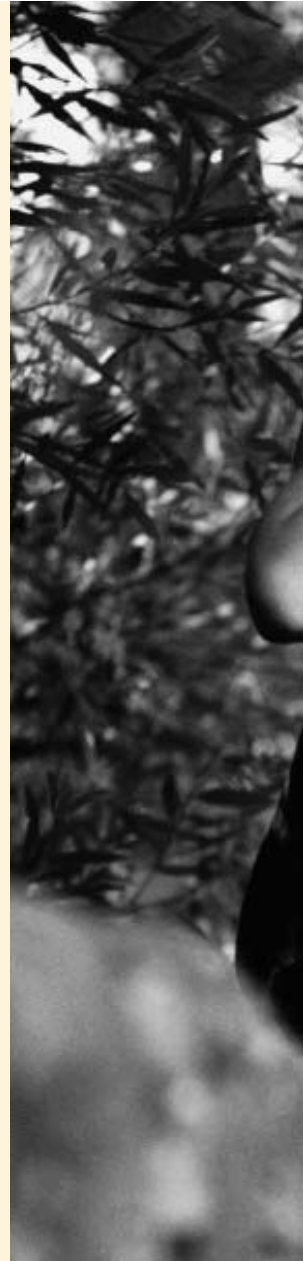
Physical

- Hangover symptoms: headache, thirst, stomach aches, vomiting, bloodshot eyes
- Unexpected or frequent use of mouthwash, breath mint or spray, or peanut butter
- Smelling of alcohol
- Changes in sleeping and/or eating habits, constant fatigue
- Poor hygiene
- Memory lapses, poor concentration, lack of coordination, slurred speech
- Diluted alcohol or alcohol missing from the home
- Having a fake ID
- Money problems

Emotional

Some of these may indicate a problem with alcohol, but some may be part of normal teenage behavior. If several of these indicators occur at the same time, suddenly, or if they are extreme, it is time to intervene.

- Anger, irritability, and defensiveness
- Depression
- Low grades and disciplinary problems at school
- Absence from school, work, or favorite activities
- Sudden change of friends and reluctance to introduce them to the family
- A "nothing matters" attitude; lack of involvement in former interests; general low energy
- Secretive behavior, lying; avoiding family when returning home
- Drinking alone, any time of day





Responses

For teens

If you are concerned for yourself or a friend, find an adult with whom you can talk—a parent, a school counselor, a teacher, your doctor, or other caring adult.

Respect your individuality and your life; take seriously the risks of alcohol use.

Educate yourself so you can make informed decisions.

Never drink and drive; it is a deadly combination. Don't get into a car being driven by a person who has been drinking.

For adults

Be awake and alert when your teen comes home at night and remain calm if you find she has been drinking.

Discuss your observations with your teen the next day, when he is not under the influence.

Try to make it easy for your teen to talk honestly with you. Maintain mutual respect.

Be available to your teen if a safe driver is needed, no questions asked.

If you need help talking to a teen or deciding what to do, speak to an addiction counselor or therapist.

RESOURCES

Family health-care provider

School guidance counselor, nurse, or social worker

Emerson Hospital
Addiction Services
978-287-3520

Alcoholics Anonymous
www.alcoholicsanonymous.org
617-426-9444

AlAnon (for family and friends of alcoholics)
www.alanon.org, 888-425-2666

Eliot Community Human Services
978-369-1113

Assabet Human Services
978-897-4446

Cigarettes

Cigarettes and other tobacco products contain nicotine, a highly addictive drug. Smoked nicotine enters the bloodstream rapidly, causing dependence and a cycle of craving and difficult withdrawal. Smoking limits the amount of oxygen in the blood, reducing stamina for sports and other physical activities.

Cigarette smoke contains some 200 known poisons, including ammonia, arsenic, cyanide, acetone, formaldehyde, and carbon monoxide. Some of these may affect development and can cause life-threatening disease.

The health risks include lung cancer as well as cancers of the throat, tongue, mouth, larynx, esophagus, pancreas, cervix, kidney, and bladder. Other damaging physical effects include heart disease, stroke, and respiratory illnesses, such as emphysema, bronchitis, and serious asthma episodes.

Responses

For teens

Educate yourself about nicotine dependency, withdrawal, and other health risks.

Seek support from a friend in order to resist the social pressures to smoke.

If you or someone you care about smokes cigarettes, make a plan for stopping. Success is more likely when you have support.

For adults

If you are concerned that a young person is smoking, have an open, non-judgmental conversation about the decision to smoke. Express confidence in the young person's ability to quit and offer motivation for quitting.

Help the teen make a plan, which might include professional support and medical care.

Offer resources, such as groups, skilled counselors, and medical intervention.

Be ready to modify the plan if relapse occurs.

RED FLAGS

- Frequent use of breath mints, gum, perfumed products
- Frequent trips outside, even in cold weather
- Clothing, breath, and hair smelling of smoke
- Yellowed teeth and fingers
- Frequent cough and cold symptoms
- Shortness of breath and lack of energy
- Unaccounted-for spending and other money concerns
- Denial and secrecy



RESOURCES

School guidance counselor, nurse, or social worker

Family health-care provider

www.Trytostop.org
1-800-879-8678 (1-800-TRY TO STOP)

Parents. The Anti-Drug.
www.theantidrug.com

National Clearinghouse for Alcohol and Drug Information
www.health.org

National Institute on Drug Abuse
www.teens.drugabuse.gov

Campaign for Tobacco-Free Kids
www.tobaccofreekids.org

Teens Health
www.kidshealth.org

CLUB DRUGS: Ecstasy and Methamphetamine

Ecstasy, methamphetamine, GHB, Rohypnol, and LSD are known as club drugs because of their popularity at all-night parties, known as raves or trances, at dance clubs, and bars. They distort perception and enhance tactile experiences. The use of these drugs can cause serious health problems and even death. Two of the most prevalent and dangerous are ecstasy and methamphetamine.

Ecstasy (MDMA) is an illegal stimulant and hallucinogen. Street names include Adam, XTC, hug, beans, love drug, E, M, and roll. It has a potent effect on the brain neurotransmitter serotonin, which plays an important role in regulating mood, aggression, sexual activity, sleep, and sensitivity to pain.

Typically, ecstasy is taken in tablet or capsule form, and its effects last 3 to 6 hours. The average reported dose is 1 to 2 tablets. It is not uncommon for users to take a second dose as the effects of the first dose begin to fade. Ecstasy is sometimes mixed with other substances, such as alcohol or marijuana, to get an extra euphoric effect. This

may produce immediate undesirable effects, including anxiety, agitation, and recklessness. Ecstasy use can prompt vigorous physical activity for extended periods, which can result in dehydration, hypertension, and even heart failure.

Ecstasy and other club drugs are manufactured in illegal laboratories and may contain unknown toxins. Look-alike and more dangerous drugs may be sold as ecstasy.

Methamphetamine is a highly addictive stimulant. It is a white, odorless, bitter-tasting, easily dissolvable powder. Slang names are speed, meth, chalk, Christina or Tina, ice, crystal, glass, crank, and quartz. Methamphetamine can be smoked, snorted, swallowed, or injected. It is inexpensive and increasingly popular.

Meth's effects last 6 to 8 hours. An initial "rush" is followed by high agitation. After the stimulant effects wear off, the user may experience a severe crash (depression, slowed thinking) or agitation. Users who inject any drug are at high risk for HIV/AIDS.

RED FLAGS for Ecstasy

- Increased tactile sensitivity
- Muscle tension, involuntary teeth clenching
- Nausea
- Blurred vision, rapid eye movements
- Hallucinations
- Hot and flushed feeling
- Excessive energy
- Presence of light sticks for visual stimulation, pacifiers for oral stimulation, and Vicks VapoRub for sensory stimulation

Psychological difficulties include confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia during and sometimes weeks after taking ecstasy. Ecstasy is considered a "date rape" drug because it impairs memory and cognitive function.

RED FLAGS for Methamphetamine

- Excited speech
- Increased physical activity
- Euphoria and rush
- Hot flashes
- A tendency to compulsively clean and groom and repetitively sort and disassemble objects
- Shortness of breath
- Nausea, vomiting, and diarrhea
- Episodes of sudden and violent behavior
- Presence of inhaling paraphernalia such as straws, mirrors, and razor blades
- Presence of injecting paraphernalia such as syringes, blackened spoons, or surgical tubing
- Decreased appetite and weight loss with chronic use

Responses

For teens

Educate yourself about the risks of using ecstasy and meth.

Be smart at parties: Never leave your drink unattended. Go in groups and watch out for one another.

If you or someone you care about is using club drugs, talk with a trusted adult and ask for help.

If you or a friend is experiencing adverse effects from use of these drugs, get medical help immediately. Call 911.

For adults

Educate yourself and your children about ecstasy and meth.

Help your teen learn safe party behavior and rehearse ways to decline party drugs.

Talk with your teen if you think he is using ecstasy or meth; establish clear, firm limits about social activities. Do not hesitate to seek guidance.

If you believe a teen is experiencing adverse effects such as those mentioned under Red Flags, dial 911 or take the teen to an emergency department.

Be ready to modify the plan if relapse occurs.

RESOURCES

Family health-care providers

School guidance counselor, nurse, or social worker

Eliot Community Human Services
978-369-1113

Assabet Human Services
978-897-4446

Emerson Hospital
Addiction Services
978-287-3520

Community Healthlink
800-977-5555

National Institute on Drug Abuse
www.teen.drugabuse.org

Parents. The Anti-Drug.
www.theantidrug.com

National Clearinghouse for Drug and Alcohol
Information
www.health.org

Partnership for a Drug-Free America
www.drugfreeamerica.org

Teens Health
www.kidshealth.org

ASK – Adolescent Substance Abuse
Knowledge Base
www.adolescent-substance-abuse.com

Troubled Teens, Help for Parents
www.4troubledteens.com



Cocaine

Cocaine is a powerfully addictive stimulant derived from the coca plant. Slang terms for cocaine include coke, C, snow, nose candy, sugar, blow, toot, bump, Charlie, white lady, dust, base, freebase, rock, and crack. Cocaine produces feelings of exhilaration, euphoria, and confidence.

Cocaine is a fine white powder with a bitter taste. It can be sniffed, snorted, injected, or smoked. It is expensive.

When snorted, the effect lasts 15 to 30 minutes. Repeated snorting damages the membranes of the nose.

“Crack” is a smokeable form of cocaine made into lumps, or “rocks.” Smoking crack delivers large amounts of the drug to the bloodstream, causing an immediate and very intense effect lasting 5 to 10 minutes. Frequent or heavy use can cause compulsive behaviors, extreme anxiety, paranoia, and hallucinations. Smoking cocaine can damage the lungs and cause weight loss, depression, and fatigue.

Injecting cocaine causes extremely intense effects immediately. The risks of overdose are great.

Cocaine use impairs judgment, which may lead to unwise decisions about sexual activity and thus exposure to HIV/AIDS and other sexually transmitted diseases as well as vulnerability to rape and unplanned pregnancy. It can lead to dependency and withdrawal. Combining cocaine and alcohol can be deadly.



RED FLAGS

- Euphoria with enhanced vigor and/or blunting of mood
- Gregariousness, grandiosity
- Hyperactivity, restlessness
- Hyper-vigilance
- Anxiety, tension, or anger
- Repetitive behaviors
- Impaired judgment
- Rapid heartbeat, chills, nausea, vomiting, weakness, chest pain

Responses

For teens

Educate yourself about the risks of using cocaine.

If you or someone you care about is using cocaine, talk with a trusted adult and ask for help.

If you or a friend is experiencing adverse effects from use of cocaine, get medical help immediately. Call 911.

For adults

Educate yourself about cocaine and its risks.

Be open and honest with your teen. Don't let anger or fear overwhelm your ability to communicate.

Tell the teen what you see that worries you; be specific.

Assure your teen that expert help is available and that you want to be part of the solution.

Ask your health professional for help.

If you believe a teen is experiencing adverse effects, call 911 or take him to a hospital emergency department immediately.

RESOURCES

Your family health-care provider

School guidance counselor, nurse, or social worker

Emerson Hospital
Addiction Services
978-287-3520

Eliot Community Human Services
978-369-1113

Assabet Human Services
978-897-4446

Community Healthlink
800-977-5555

National Clearinghouse for Alcohol and Drug Information
www.health.org

National Institute on Drug Abuse
www.teens.drugabuse.org

Parents. The Anti-Drug
www.antidrug.com

Partnership for a Drug-Free America
www.drugfreeamerica.org

Teens Health
www.kidshealth.org

ASK – Adolescent Substance Abuse Knowledge Base
www.adolescent-substance-abuse.com

Troubled Teens, Help for Parents
www.4troubledteens.com

Heroin

RED FLAGS

- Staggering gait
- Impaired judgment, attention, and memory
- Agitation
- Euphoria followed by apathy
- Constricted pupils
- Slurred speech
- Drowsiness
- Ignoring potentially harmful or painful events
- Severe itching

Effects as a user withdraws from heroin:

- Anxiety
- Restlessness
- Achy feeling, often in back and legs
- Irritability
- Increased sensitivity to pain
- Nausea, vomiting, diarrhea
- Tears, runny nose
- Dilated pupils
- Sweating, fever
- Insomnia

Heroin is highly addictive. It is usually a white or brown powder. Slang names for heroin are brown sugar, dope, H, horse, junk, skag, skunk, smack, black tar, mud, and white horse. Heroin can be sniffed, snorted, smoked, or injected.

Heroin enters the brain rapidly and produces an immediate rush, or pleasurable feeling, often accompanied by a warm flushing of the skin, dry mouth, and heavy feeling in the extremities.

The greatest risk of heroin use is addiction. Heroin overdose is a particular risk because the amount and purity of the drug cannot be known. Long-term effects can include diseases such as hepatitis B and C, HIV, and AIDS, as well as arthritis.

Generally, a dose of heroin costs less than a pack of cigarettes. It is sold in small, postage-stamp size bags.

Responses

For teens

Educate yourself about the risks of using heroin.

If you or someone you care about is using heroin, talk with a trusted adult and ask for help.

If you or a friend is experiencing adverse effects from use of heroin, get medical help immediately. Call 911.

For adults

Learn about the dangers of heroin.

If you believe your teen may have used heroin, be open and honest; don't let anger or fear get in the way.

Tell your teen what you see that worries you; be specific.

Assure him that expert help is available and that you want to be part of the solution.

Ask a health professional for help.

If you believe a teen has overdosed, call 911 or take the teen directly to a hospital emergency department.



RESOURCES

Your family health-care provider

School guidance counselor, nurse, or social worker

Emerson Hospital
Addiction Services
978-287-3520

Eliot Community Human Services
978-369-1113

Assabet Human Services
978-897-4446

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Partnership for a Drug-Free America
www.drugfreeamerica.org

Teens Health
www.kidshealth.org

ASK – Adolescent Substance Abuse Knowledge Base
www.adolescent-substance-abuse.com

Troubled Teens, Help for Parents
www.4troubledteens.com

Inhalants are a diverse group of chemical poisons that can be “sniffed” or “huffed” (inhaled through the mouth) to produce an immediate rush or high. Inhalants include spray paints, glue, and cleaning fluids. These commonplace products are readily available to young people. Health-risk surveys indicate the use of inhalants has risen among younger teens.

All inhalants can produce intoxication, dependence, and abuse.

Euphoric effects occur within seconds and may last from minutes to hours. The high is followed by depression and sleepiness. Because it is hard for a user to know how much of the chemical he is taking in, it is easy to overdose.

Intoxication can lead to lethargy, slowed thinking and movements, muscle weakness, depressed reflexes, coma, and death. Inhalants impair judgment and coordination. Recurrent use may result in psychological problems, such as severe depression and academic difficulties. Chronic abuse can cause severe, long-term damage to the brain, liver, and kidneys.

Inhalants

INHALANTS INCLUDE:

Industrial or household solvents or solvent-containing products, including paint thinners and removers, degreasers, dry-cleaning fluids, gasoline, and glue

Art or office supply solvents, including correction fluids, felt-tip-marker fluid, and computer-key cleaners

Gases used in household or commercial products, including butane lighters and propane tanks, and whipping cream aerosols and dispensers (whippets)

Aerosol items such as spray paints, hair or deodorant sprays, and fabric protector sprays

Room deodorizers, perfume, and antifreeze

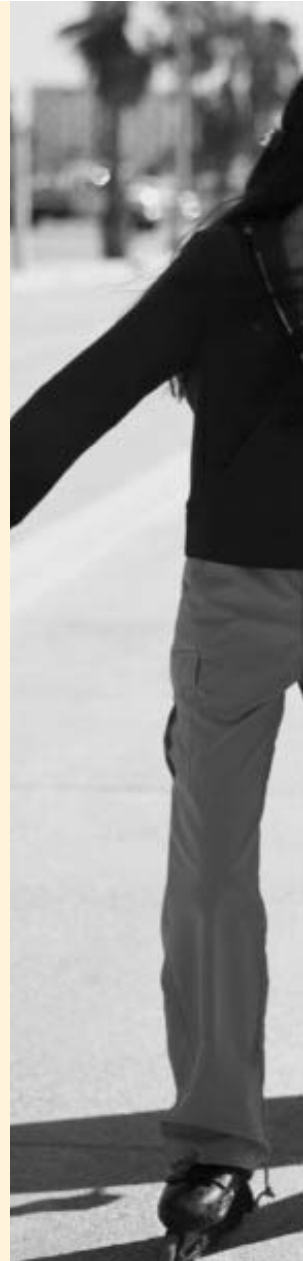
RED FLAGS

- Discarded bags, rags, gauze, and soft drink cans that could be used to contain substances for sniffing
- Odors of these products
- Unexplained facial rash, runny nose, frequent sniffing, sneezing, nosebleeds, frequent unexplained coughing
- Blisters or soreness around the nose or mouth
- Extreme mood swings
- Unusual, harsh breath odor
- Nausea, vomiting
- Numb or tingling hands and feet
- Uncontrolled laughter
- Irritability and anger, violent outbursts
- Reduced physical or mental abilities



Call 911 immediately if you observe these symptoms of inhalant intoxication:

- Slurred speech
- Tremors
- Confusion
- Combativeness
- Hallucinations
- Convulsions
- Blurred vision, glazed eyes, dilated pupils
- Unsteady gait
- Euphoria
- Bizarre risk taking
- Involuntary passing of feces or urine





Responses

For teens

Educate yourself about the risks of using inhalants. Know that any experimentation with inhalants is extremely risky.

If you observe any of the acute symptoms listed in the box at left, in yourself or others after using inhalants, get help immediately.

If you or someone you care about is using inhalants, talk with a trusted adult and ask for help.

For adults

Educate yourself about inhalants. Know what's in your own kitchen, laundry area, and garage.

Make sure your teen knows the dangers of inhalants.

If you think your teen is using inhalants, talk with her in a supportive, firm manner.

Speak with an addictions counselor, therapist, or pediatrician.

If you observe any of the conditions in the box at left, call 911 or take the teen to an emergency room immediately.

RESOURCES

Family health-care providers

School guidance counselor, nurse, or social worker

Eliot Community Human Services
978-369-1113

Assabet Human Services
978-897-4446

Emerson Hospital
Addiction Services
978-287-3520

Community Healthlink
800-977-5555

National Inhalant Prevention Coalition
www.inhalants.org

Parents. The Anti-Drug.
www.theantidrug.com

National Institute on Drug Abuse
www.teens.drugabuse.gov

Partnership for a Drug-Free America
www.drugfreeamerica.org

Teens Health
www.kidshealth.org

ASK – Adolescent Substance Abuse
Knowledge Base
www.adolescent-substance-abuse.com

Troubled Teens, Help for Parents
www.4troubledteens.com

Marijuana

Marijuana comes from the cannabis plant and can be inhaled or used as an ingredient in food. Marijuana smoke has a very distinctive sweet, pungent smell that may remain on the clothing after use. The dried leaves are gray-green. Like tobacco, marijuana can contain poisons and carcinogens. The marijuana sold today is generally much more potent than that available in decades past.

More young people use marijuana than any other illicit drug, according to the Emerson Hospital Youth Risk Behavior Survey. Marijuana impairs short-term memory and comprehension, and reduces coordination and concentration. This can affect academic performance, athletic ability, social skills, and the ability to drive a car.

The high occurs within minutes of smoking. Effects usually last 3 to 4 hours but may persist or recur for 12 to 24 hours.

RED FLAGS

- Change in study habits, declining grades, difficulty thinking or problem-solving
- Change in friends and social life; frequent comings and goings; sneaking out of house
- Loss of interest in usual activities, loss of energy and motivation, reduced physical strength
- An unusually "mellow" mood
- Creating a psychedelic atmosphere in room décor with light and music
- Marijuana paraphernalia such as matches, lighters, clove cigarettes, rolling papers, scales, roach clips, water pipes, and bongs
- Leaving for school early without a good reason
- Bloodshot eyes and/or frequent use of eye drops
- Chronic coughing, phlegm
- Use of incense, fragrant candles, room or car fresheners, mouthwash, and fabric softener
- Open windows, even in winter
- Anxiety and panic attacks
- Money problems

Responses

For teens

Educate yourself about the risks of using marijuana.

Practice how to say no if offered marijuana.

If you or someone you care about is using marijuana, talk with a trusted adult and ask for help.

If you or a friend is experiencing adverse effects from use of marijuana, get medical help immediately. Call 911.

For adults

Educate your teen about the risks of marijuana use. Research indicates that the more parents talk with children about marijuana, the less likely teens will be to use it.

Teach your teen how to refuse when offered marijuana.

If you find your teen is using marijuana, be calm and nonjudgmental. Try to help him understand his reasons for using, and help him develop a plan for stopping.

Seek professional guidance.

RESOURCES

Family health-care providers

School guidance counselor, social worker, or nurse

Eliot Community Human Services
978-369-1113

Emerson Hospital
Addiction Services
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Assabet Human Services
978-897-4446

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800-977-5555

Parents. The Anti-Drug
www.theantidrug.com

National Institute on Drug Abuse
www.teens.drugabuse.gov

National Clearinghouse for Alcohol and Drug Information
www.health.org

Partnership for a Drug-Free America
www.drugfreeamerica.org

Teens Health
www.kidshhealth.org

ASK – Adolescent Substance Abuse Knowledge Base
www.adolescent-substance-abuse.com

Troubled Teens, Help for Parents
www.4troubledteens.com



Prescription Drugs, Over-the-Counter Drugs, and Steroids

PRESCRIPTION DRUGS

Abuse of analgesics and pain relievers (such as OxyContin, Percodan, Percocet, and Vicodin) can result in addiction, which may lead to use of less-expensive, illegal drugs. Abuse of tranquilizers and sedatives (such as Valium, Xanax, Ativan, and Phenobarbital) can lead to respiratory difficulties, sleeplessness, coma, and death. Abuse can also lead to dependency and life-threatening withdrawal.

Powerful painkillers like OxyContin and Vicodin can be used to obtain a high when used in higher-than-prescribed doses. OxyContin is sold as a time-release tablet meant to be swallowed whole. It is prescribed for continuous relief of moderate to severe pain. Breaking or crushing the tablet destroys the time-release function. The medicine is then swallowed, smoked, or injected to produce an immediate high.

Abuse of stimulants, such as amphetamines, in low doses can cause anxiety. High doses, snorting, or injection can cause hallucinations, severe depression, and physical and psychological dependence. Methylphenidate, the compound found in Ritalin and other medications for ADHD, is also being misused by some to study late at night and abused by some for its short-lasting high.

OTC DRUGS

Just because a drug is sold over the counter, without a prescription, doesn't mean it is safe if misused. OTC medicines commonly abused for stimulant or sedative effects include cough syrups, mouthwashes, antihistamines, decongestants, and cold medicines. Robitussin, Listerine, Benadryl, Sudafed, Coricidin, NoDoz, and NyQuil are often abused and are readily available.

Dextromethorphan (DXM), an ingredient in many cough and cold medicines, induces a high when taken in amounts greater than directed on the bottle or package. DXM can cause nausea, vomiting, life-threatening seizures, hallucinations, and even death.

STEROIDS

Anabolic steroids (also called Arnold, gym candy, pumper, stacker, weight trainer, and juice) are synthetically derived from the male sex hormone, testosterone, and are misused for performance enhancement (muscle growth, increased strength) and to alter appearance. Anabolic steroids are available legally only by prescription.

Abuse of steroids is growing among teens. In fact, the most rapidly growing group of abusers is adolescent girls. Female users may experience decreased breast size, increased body and facial hair, and enlarged genitalia. Their voices may deepen and their menstrual periods may stop.

In males, abuse of steroids can cause baldness, breast enlargement, reduction in size and function of the testicles, reduced sperm count, and impotence. Males may also experience difficulty or pain when urinating.

Over-the-counter "supplements" such as creatine and androstenedione are not steroids, but they can be converted into testosterone in the body. Medical authorities say that if these are taken in sufficient quantities, they could cause some of the same harmful effects that anabolic steroids do. The U.S. Food and Drug Administration does not regulate these substances, which are sold in many stores.

Corticosteroids, which are used to treat asthma and inflammation, are not anabolic steroids and do not produce these effects.

RED FLAGS

For stimulants, both prescription and OTC

- Irritability, extreme anger, aggressive and threatening behavior
- Paranoid ideas, hallucinations
- Excessive weight loss
- Bookmarked web sites about “robotripping,” or DXM
- Packages of cough medicines containing dextromethorphan
- Presence of sleep masks or cotton balls, indicating possible use for sensory deprivation to enhance DXM high

For analgesics and pain relievers

- Continued use of prescribed pain medication beyond acute phase of recovery

- Drowsiness and lethargy
- Slurred speech
- Nausea
- Constipation, gas pains
- Euphoria

For sedatives and tranquilizers

- Abnormally reduced anxiety
- Unusual feelings of well-being
- Lowered inhibitions
- Slowed pulse and breathing
- Poor concentration, confusion, impaired coordination, memory, and judgment
- Fatigue
- Slurred speech
- Dizziness

For steroids

- Mood swings or “roid rage,” severe aggressive behavior
- Hallucinations, paranoia, anxiety, depression
- Worries about not “measuring up” to an idealized body image
- Over-focus on body strengthening and toning
- Changes in body appearance
- Severe acne on face and back
- Yellowing of the skin (jaundice)
- Aching joints, muscle cramps, ligament and tendon injuries
- Bad breath
- With all such drugs, financial problems and change of friends may also be warning signs.

Responses

For teens

Educate yourself about the risks of misusing or abusing prescription and over-the-counter drugs and steroids.

If you or someone you care about is misusing them, talk with a trusted adult and ask for help.

If you or a friend is experiencing adverse effects from use of these drugs, get medical help immediately. Call 911.

Don't take medicine that isn't prescribed for you.

Be aware that pain relief prescriptions often contain more doses than are actually needed for recovery; use only as necessary.

Remember that most athletes achieve without relying on steroids.

For adults

Know what's in your medicine cabinet. Discard outdated or unused medicines.

If there is medicine in your home that could be misused, monitor its use.

Examine family values about athletic excellence or body appearance.

Consult your healthcare provider for help.

RESOURCES

Family health-care providers

School guidance counselor, nurse, or social worker

Assabet Human Services
978-897-4446

Eliot Community Human Services
978-369-1113

Community Healthlink
800-977-5555

Emerson Hospital
Addiction Services
978-287-3520

National Clearing House for Alcohol and Drug Information
800-729-6686

Partnership for a Drug-Free America
www.drugfreeamerica.org

Teens Health
www.kidshealth.org

ASK – Adolescent Substance Abuse Knowledge Base
www.adolescent-substance-abuse.com

Troubled Teens, Help for Parents
www.4troubledteens.com

Parents. The Anti-Drug
www.theantidrug.com

National Institute on Drug Abuse
www.teens.drugabuse.gov

EMOTIONAL HEALTH

Adolescents are learning who they want to be as adults. As they grow more independent, more is expected of them, and they expect more of themselves. And, of course, they are coping with changes to their bodies and the onset of hormones. In short, adolescents are vulnerable.

During this transition, parents need to listen more, stay involved, and keep the lines of communication open. Teens seek support and love from peers, and it's important that all members of your family appreciate and respect this.

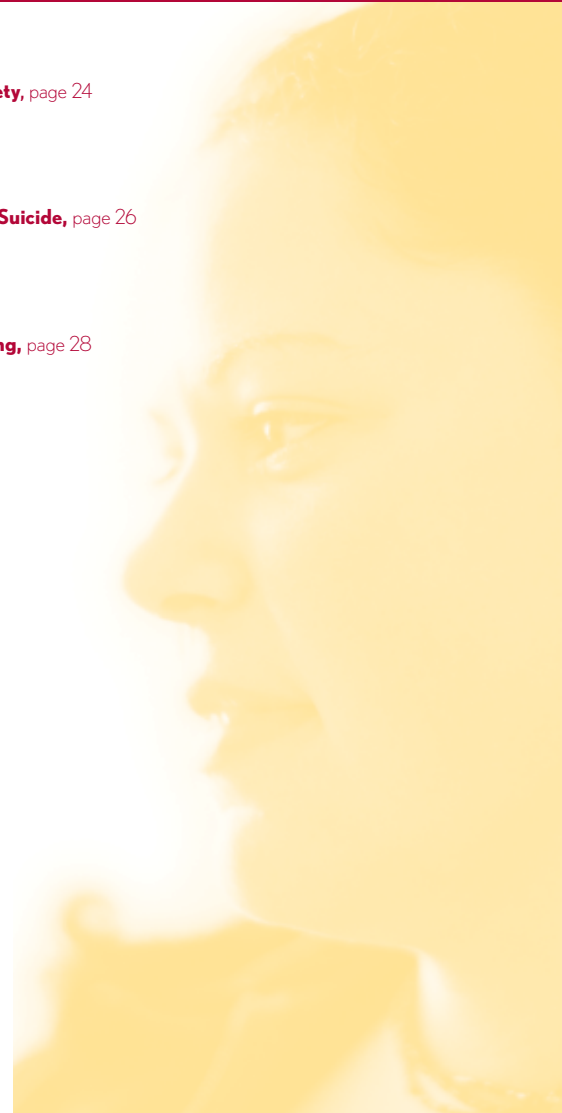
The most powerful resources for teens are caring adults. By being attuned to a teen's "normal" self, parents can detect changes that may indicate that a teen is struggling. Be vigilant and trust your instincts. If you think your teen has a problem, he probably does. Seek help.

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Stress and Anxiety

Stress is a normal part of life. It can be positive—nervousness about performance can give you the extra boost you need to do well. But stress can quickly get out of hand, especially for teens trying to manage many feelings and pressures all at once.

How well a teen copes with stress depends on her coping skills and positive internal and external assets. Healthy self-esteem, feelings of competence, close friends, good social skills, and close and trusting relationships with parents or other caring adults are positive assets.

The effects of too much stress differ from person to person and can progress to include anxiety and depression, substance use and abuse, acting out and other behavioral problems, school problems, relationship difficulties, and physical illnesses.

As you can see in the Red Flags, it can be hard to discern whether someone is feeling stressed or whether they are experiencing anxiety. It may be difficult for a teen himself to tell the difference. Most kids talk about feeling “stressed out.” So it’s important that adults observe their teens’ behavior and initiate more communication.

Anxiety includes feelings of unease, apprehension, uncertainty, and fear. Anxiety is an essential instinct to help us cope with danger. Anxiety can be harmful when it is prolonged or pervasive and/or when it is so acute and intense that it disrupts normally safe activity and causes severe physical effects.

RED FLAGS

For excessive stress

- Social withdrawal, loss of interest in previously enjoyed activities
- Aggression, acting out, irritability
- Headaches, back aches, stomach aches
- Changes in eating and sleeping habits
- Difficulty concentrating
- Breathing too fast, feeling there is not enough air, feeling faint or dizzy
- Burning sensation in the chest and heart palpitations; sweaty, cold, or shaking hands
- Unexplained rashes or hives
- Changes in menstrual cycle
- Unexplained hair loss

For anxiety, in addition to the symptoms of excessive stress:

- Nausea and/or diarrhea
- Excessive sweating
- Numbness and tingling
- Inability to stop worrying
- Avoidance, social withdrawal, excessive shyness
- Intrusive thoughts and repetitive behaviors
- Hyper-vigilance



RESOURCES

Family health-care providers, mental-health professionals

School guidance counselor, nurse, or social worker

Eliot Community Human Services
978-369-1113

American Academy of Child and Adolescent Psychiatry
www.aacap.org

National Alliance for the Mentally Ill
www.nami.org/youth

Your local recreation department or community center, for information about exercise and stress management classes

Responses

For teens

Try to understand what stresses you. Reduce or eliminate some activities if you are feeling overwhelmed. Learn to delegate responsibilities or ask others for help.

Get enough rest. Maintain a good diet.

Identify and practice ways to de-stress. Learn relaxation techniques like deep breathing, calming self-talk, and taking time to exercise.

Do not use alcohol, marijuana, over-the-counter medications, or unprescribed medicine to cope.

Tell your doctor, school nurse, or guidance counselor about new physical symptoms.

Don't bear anxiety alone; talk it out.

If you or someone you care about shows signs of being overstressed or persistently anxious, get help from an adult.

For adults

Know the signs and symptoms of too much stress for your teen.

Together with your child, try to identify stressors and eliminate unnecessary ones. Help your child verbalize the nature of his worries.

Offer opportunities to learn coping strategies for stress management, such as relaxation techniques, yoga, and other exercise.

Model effective ways to manage stress.

Be patient and supportive.

Consult a professional for guidance. Mental health professionals know how to treat stress and anxiety.

Depression and Suicide

RED FLAGS

Depression

- Eating or sleeping too much or too little
- Difficulties at school
- Frequent crying
- Diminished interest in or pleasure from usual activities
- Persistent feelings of worthlessness or inappropriate guilt
- Restlessness or lethargy
- Inability to concentrate, indecisiveness
- Depressed or irritable mood
- Withdrawal and isolation from friends and family
- Alcohol and substance abuse
- Unusual neglect of personal appearance
- Suicidal thoughts, plans, or attempts

Suicide

- Complaints of being a bad person
- Verbal hints such as, "I won't be a problem for you much longer."
- Putting affairs in order (e.g., giving away favorite possessions, making a will)
- Sudden, unusual cheerfulness after a period of depression
- Heightened interest in people who have committed suicide
- Previous suicide attempt, or acquiring means for committing suicide (medications, rope, weapons)
- Risk taking or self-destructive behaviors
- Themes of death expressed in writing or artwork

One of the hallmarks of adolescence is the roller coaster ride of changing moods. For this reason, the early signs and symptoms of depression may be difficult to distinguish from age-appropriate emotionality. The features of clinical depression are a prolonged depressed, sad, or irritable mood for at least 2 weeks and a loss of interest or pleasure in nearly all activities. These symptoms may persist most of the day, nearly every day, and may interfere with academics, athletics, sexual feelings, and family functioning.

Many teens who are suicidal are suffering from clinical depression, which in many cases is caused by a chemical imbalance in the brain. Each year in the United States, thousands of teenagers commit suicide.

Suicide is the third leading cause of death among 15- to 24-year-olds.

Self-injury refers to hurting oneself to relieve emotional pain. Teens who engage in cutting, burning, or picking may be trying to numb or relax themselves. These teens may cut themselves deeply enough to damage the tissue and bleed, but not enough to cut veins or arteries. Some teens burn the skin, usually by using cigarette butts, creating small round scars. Repetitive picking of the skin can cause scarring.

Self-injury is a way for some to cope with difficult feelings. Self-injury is very different from suicidal behavior. The intent of self-injury is to relieve pain, not to die.

If you or someone you care about is hurting herself, seek medical help.



Responses

For teens

For depression

Talking can help when you are feeling down or desperate.

If a friend seems depressed, be willing to listen. Encourage him to seek help.

If you believe you are depressed, ask an adult to help you get a professional evaluation. A doctor or mental-health professional can help you get the treatment you need.

For suicidal behavior

Suicidal thoughts should never be a secret. If you or someone you know is having thoughts of suicide, tell a trusted adult. No matter what you “promised” to keep secret, a friend’s life is more important than a promise.

If you believe a friend is suicidal, get help and stay with the friend until help arrives. Do not leave your friend alone.

You are allowed and expected to make mistakes as you become an adult. Be easy on yourself. The intensity of your feelings of embarrassment, rejection, shame, or guilt will diminish.

Seek help from a trusted adult. Call 911 or one of the help numbers below.

For adults

If a teen seems depressed

Try to talk through what is troubling the teen. Sometimes teens don’t know or can’t articulate why they are feeling down. Be patient.

Seek a professional evaluation. Ask your health-care provider for help deciding whether medication or therapy is needed.

If a teen seems suicidal

If you are worried that your child is thinking of suicide, ask her about it. Talking about it will not cause suicide.

Take seriously all comments about suicide.

Get help immediately. Suicidal feelings are very powerful, and immediate treatment is needed.

Do not leave the teen alone if you believe he is suicidal.

Call the help numbers at right.

Take your child to the local emergency department.

RESOURCES

Crisis and Suicide Prevention Line
800-784-2433
800-273-8255

Framingham Samaritans
508-875-4500

Samariteens
800-252-8336

Call 911 or take the teen to a hospital emergency department.

Emergency professional assessment is always available through the Emergency Department at Emerson Hospital in Concord.

Family health-care providers and mental-health professionals

School guidance counselor, nurse, or social worker

Eliot Community Human Services
978-369-1113

Community Healthlink
800-977-5555

American Foundation for Suicide Prevention
www.afsp.org/education/teen

Troubled Teens, Help for Parents
www.4troubledteens.com

Disordered Eating

Disordered eating is a complex illness requiring psychological and medical care. It often begins with the desire to lose weight and to feel better about oneself. The most prevalent eating disorders are anorexia nervosa, binge eating disorder, and bulimia. All can cause severe long-term effects, including organ damage, weakening of the bones, and impaired cognitive functioning.

Although disordered eating is seen primarily in females, males also can be afflicted.

An individual suffering from **anorexia nervosa** is intensely afraid of gaining weight. People with this disorder often say they “feel fat” or that part of their body “is fat” despite obvious signs to the contrary.

Binge eating disorder entails compulsive overeating and a feeling of being out of control over food intake and body image. Bingers eat large quantities of food, usually when alone, regardless of appetite. Binge eating disorder does not include purging.

Bulimia nervosa is characterized by cycles of binge eating and purging, either by vomiting or abusing laxatives or diuretics, such as water pills. Bulimics may also exercise excessively to lose weight. Bulimics may be of any weight.

Disordered eating calls for professional intervention.

Responses

For teens

If you find yourself preoccupied with food intake or weight control, it is important to get help now, before these issues control you.

If someone you care about shows signs of disordered eating, encourage them to seek help. Tell an adult of your concern.

You cannot manage disordered eating by yourself. A trusted adult will help you get the special care you deserve.

For adults

Provide love, concern, and help. Do not become the food police. Never threaten or force food.

Model realistic beliefs and behavior about body image and nutritious eating. Avoid preoccupation with thinness (yours or theirs) or physical attractiveness.

Focus on health, not weight or size.

Understand that this is not normal adolescent behavior. Children do not get better by themselves.





RED FLAGS

Behavioral and emotional signs for disordered eating

- Preoccupation with eating and/or exercise
- Use of laxatives, diuretics, or diet pills
- Use of muscle building supplements and/or steroid products
- Under-eating or over-eating
- Secretive behavior around food; not eating in public
- Excuses for not coming to meals
- Frequent weighing
- Oral gratification with sugar-free gum or beverages
- Flaunting weight loss, or hiding it by wearing oversized clothes
- Depression, irritability, mood swings, social isolation
- Perfectionist attitude, inflexibility
- Increasing self-criticism and negative self-talk

Physical signs of anorexia nervosa and binge eating disorder

- Observable weight loss or gain; frequent changes in weight
- Headaches, fatigue, and intolerance of cold
- Swollen glands under the jaw
- Tooth decay, bone injuries, such as shin splints, stress fractures
- Persistent constipation and abdominal pain
- Development of a fine, downy body hair
- Lethargy or excess energy

Physical signs of bulimia nervosa

- In addition to extreme concern about weight and appearance and other emotional signs discussed under anorexia nervosa:
- Dental cavities and permanent dental enamel erosion, which cause teeth to look ragged and "moth eaten"
 - Scars and calluses on fingers used to induce vomiting
 - Making frequent trips to the bathroom immediately after meals

RESOURCES

Family health-care providers

School guidance counselor, nurse, or social worker

Massachusetts Eating Disorders Association (MEDA)
www.medainc.org
617-558-1881

National Eating Disorders Association (NEDA)
www.nationaleatingdisorders.org
800-931-2237

Eliot Community Human Services
978-369-1113

National Women's Health Information Center
www.4woman.gov

Girl Power
www.health.org/gpower

The Body Positive
www.bodypositive.com

Obesity

Obesity has become an epidemic among children, teens, and adults. Type 2 diabetes, previously considered an adult disease only, is rapidly becoming a disease of children and adolescents. Obesity affects boys and girls and is found in all age, race, and ethnic groups. In addition to type 2 diabetes, high blood pressure, menstrual abnormalities, impaired balance, orthopedic problems, and reduced life expectancy can result from obesity.

Obesity also puts emotional well-being at risk.

Regardless of the causes, obesity requires a change of behavior. It is a medical problem, and doctors and other health care professionals can help.

RED FLAGS

- Poor eating habits
- Interest in eating constantly
- Weight gain
- Decrease in physical activity, no physical activity
- Wearing loose clothes
- Lethargy

Responses

For teens

If you are overweight, talk to your doctor. A doctor should supervise any weight management program.

Exercise. Find an activity you enjoy. Take a walk daily.

A trainer at a gym can help you set reasonable goals.

Limit your soda and fast food intake and follow guidelines for healthy eating.

Limit time spent at the computer or television.

When you need to reward yourself or give yourself a lift, choose a non-food reward.

For adults

Be understanding and encouraging, not critical or demeaning. Focus on health rather than size or appearance.

Offer resources for help with weight issues, such as a pediatrician, counselor, nutritionist, gym membership, personal trainer, and weight loss or exercise groups.

Take walks with your child.

Limit TV viewing and computer time.

Encourage participation in physical activity and sports.

Provide nutritional, well-balanced, low-calorie, low-fat meals. Be a role model.

Limit availability of high-fat, high-sugar snacks.

Don't use food as a reward for accomplishments. Don't withhold food as a punishment.

RESOURCES

Family health-care providers

School guidance counselor, nurse, or social worker

Eliot Community Human Services
978-369-1113

Dietary Guidelines for Americans (U.S. Department of Health and Human Services and the U.S. Department of Agriculture)
www.health.gov/dietaryguidelines

Teens Health
www.kidshealth.org

Troubled Teens, Help for Parents
www.4troubledteens.com



RELATIONSHIPS AND PERSONAL SAFETY

It's an adolescent's job to become more independent of parents and family. Teens naturally reach out to peers and other adults for perspectives and help. They will encounter many influences and experience new kinds of relationships, with friends, with strangers, and with boyfriends and girlfriends.

Not every action or decision will be perfect. Teens learn from mistakes. In the pages that follow, we describe the ways in which some relationships can become destructive and put an adolescent's safety at risk.

Although it is important for teens to separate from their parents, they still need to have strong relationships with family. Disagreements are natural. It's important that both teen and parent understand that. Yet, there can be times when communication seems impossible. At such times, it is a relief both to parent and teen to know the teen can turn to other trusted adults. It is good to include such people in the life of your family before a crisis occurs.



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Bullying

Bullying is a form of violence in which one repeatedly targets another who is weaker, smaller, or more vulnerable. It is repeated behavior intended to harm or disturb the target. An imbalance of power exists in all bullying situations.

Bullying can be physical, verbal, and/or psychological. Verbal bullying includes taunting, name-calling, making threats, and belittling the target. Physical bullying can include hitting, kicking, spitting, pushing, biting, and taking personal belongings. Psychological bullying consists of spreading rumors, social exclusion, intimidation, extortion, and sexual harassment.

Both boys and girls can be bullies, but some general differences seem to exist. Research indicates that boys tend to bully others through physical aggression. Generally, girl bullies are more likely to use relationships and words to hurt others. The tight structure of girls' peer relationships makes it easier for them to manipulate and harm others in less-direct ways, such as excluding former friends and ostracizing others. This generalization does not mean that girls don't get into fights or that boys don't use words to exploit and manipulate. Both boys and girls need to understand bullying behaviors and how to deal with them.

The effects of bullying can last a lifetime for all involved—target, bully, and bystander.

Targets may be quiet, shy, or socially awkward and less mature than their peers. Some targets are very bright and are picked on because of it. Being an ally to a target may result in becoming a target as well. Targets have a greater risk of developing anxiety, depression, and other mental health problems.

Most **bullies** act out of anger, frustration, or a desire to win respect. Bullies can develop into violent adults. Some bullies have previously been targets. Bullies are concerned with their own power and enjoy humiliating their targets in front of others.

The **bystander** may not seem to be affected, but having witnessed bullying behavior, this child may fear that he will be bullied. The bystander often feels powerless, guilty, and that she lacks the courage to stop the bullying. Bystanders to repeated acts of bullying can become desensitized to the suffering of others.

RED FLAGS

The target, male or female, may:

- Be quiet and shy, not part of a group; may excel in school, prompting jealousy
- Have poor relationships with peers or difficulty making friends
- Have academic problems and look for excuses to stay home from school
- Express feelings of loneliness, may withdraw from enjoyable activities
- Be anxious or depressed
- Complain of insomnia, bad dreams, unexplained stomachaches, and headaches
- Avoid specific students or social activities
- May become too thin or overweight

Some girls who are targeted may stop seeing certain friends. Girl targets may appear sad and cry frequently.

Boys who are targeted may return from school without money, clothing, electronics, or other possessions. Watch for unexplained scratches, cuts, bruises, or torn clothing.

The bystander may experience some of the same signs that targets do. They may also become insensitive to slights and injuries made to others. A bystander may also become a bully herself to avoid becoming a target.

The male bully:

- Relishes having control and uses physical stature to his advantage
- Is aggressive, impulsive, or hot-tempered
- May be defiant towards adults
- Shows little empathy for others
- May be fascinated with violent TV and video games
- May come home with money, clothing, food, and electronics that are not his
- May live in a home that uses physical discipline, threats, and/or verbal abuse

The female bully may:

- Make telephone calls to discuss other girls
- Send vicious e-mail or instant messages (IMs) about a targeted girl
- Pretend to be someone else on-line or on the telephone to trick another person
- Exclude former friends, spread hurtful rumors
- Change language or clothing to establish control over others

Responses

For teens

If you or someone you know is being physically bullied and you don't feel you can have a reasonable conversation with the bully, ask an adult to help.

If you or a friend is being hurt physically, get help immediately.

If you or someone you know is being targeted by a gossip or someone saying hurtful things, don't answer back or seek revenge. It may work in the movies, but it doesn't often work in real life. If you can ignore the situation, do. But if you cannot, or if the behavior persists, get adult help.

If you are often frustrated and angry and you find yourself acting out against others, physically or verbally, ask an adult for help. Teachers, counselors, and other trusted adults can help you resolve conflicts.

For adults

If your child is the target

Ask if she is being bullied. If she needs help starting the conversation, describe some of the ways that teens bully each other. Make sure she knows that you do not blame her or feel disappointed in her.

Encourage him to participate in activities he enjoys as a way to build self-esteem and develop a peer group with similar interests.

Take seriously any report of bullying and report any incident to school administrators.

Advise your teen not to tease, punch back, or seek revenge.

Work with school personnel to ensure that your child feels safe.

If your child is the bystander

Encourage her to lend support to targets and to report incidents to a trusted adult.

Assure him that telling an adult is not tattling—it's helping to keep people safe. Taking a friend along may make this easier.

Work with school personnel to develop solutions to ensure that your child feels safe.

If your child is the bully

Talk through why the teen has behaved this way. Do not accept excuses or justifications. Make it clear you will not tolerate bullying.

Discuss how it feels to be a target. You might ask, "How would you feel if it happened to you?"

Discuss the situation with school personnel to develop problem-solving techniques.

Set firm, consistent limits.

Use non-physical consequences, such as loss of privileges.

Be a positive role model. Make sure your teen is not witnessing physical or verbal aggression or psychological manipulation at home.

Limit exposure to violent media.

Supervise your teen's activities, including Internet use if the bullying entails e-mail or IMing.

RESOURCES

Family health-care providers

School guidance counselor, nurse, or social worker

Eliot Community Human Services
978-369-1113

ChildLine
www.childline.org

TeensHealth (The Nemours Foundation)
www.kidshealth.org/teen

Stop Bullying Now (U.S. Health Resources and Services Administration)
www.stopbullyingnow.hrsa.gov

National Institute on Media and the Family
www.mediafamily.org/facts



Harassment

Harassment is any behavior that creates a hostile, intimidating, or offensive environment. It can include words, gestures, or written materials that are demeaning. Slurs, insults, and visual taunts, such as graffiti or negative symbols, all can be considered harassment.

Sexual harassment consists of unwanted written, verbal, or physical sexual advances or requests for sexual favors. This includes sexual jokes, reference to sexual conduct, gossip regarding one's sex life, comments about an individual's body or sexual activity, or displays of suggestive or pornographic materials.

Racial harassment includes racist insults or jokes; comments about someone's skin color, language, or national origin; ridicule of cultural differences; or display of offensive racist material.

Homophobic harassment includes degrading comments about gay, lesbian, bisexual, or transgendered individuals, derogatory name-calling, and physical threats and abuse.

Religious harassment consists of attacks on someone's religious beliefs, customs, practices, or affiliations.

Teens who are harassed may develop emotional difficulties. They are at risk for depression. Teens who harass others may become abusive in later relationships. Some harassing behaviors are illegal.

RED FLAGS

- Social withdrawal or avoidance
- Sadness
- Anxiety and depression
- Unexplained aggressiveness or acting out
- Repeating offensive jokes or comments (Some teens will imitate those who have harassed them.)





Responses

For teens

Know that you have the right not be harassed. Don't blame yourself.

If you have been harassed, try to speak to the harasser to make clear that his behavior is offensive. Sometimes this is enough to stop the harassment. Ignoring harassment rarely works and can encourage the behavior.

If talking doesn't help, seek support from an adult at home or at school. Most schools have harassment policies and staff trained to help.

If you know someone who is being harassed, encourage her to get help from an adult, and let her know that you support her.

For adults

If a teen tells you he is being harassed, take it seriously. Encourage him to tell the harasser his behavior is offensive.

If the harassment continues, encourage the child to tell a teacher or counselor. Speak to authorities yourself if your teen is reluctant.

Tell your teen it is not her fault.

If your teen witnesses someone being harassed, encourage him to be an ally to the target. Suggest using non-threatening comments, such as, "Knock it off. That's not funny." Other teens can help get appropriate school personnel involved.

RESOURCES

School counselor, nurse, or social worker

Domestic Violence Victim Assistance Program
888-399-6111

TeensHealth - Answers & Advice
www.kidshealth.org/teen/school_jobs

American Association of University Women
www.aauw.org/research

Network for Women's Lives
www.networkforwomenslives.org

Fight Hate and Promote Tolerance
www.tolerance.org

Parents and Friends of Lesbians and Gays
866-427-3524

Gay Lesbian and Straight Education Network
www.glsen.org
212-727-0135

Eliot Community Human Services
978-369-1113

Abusive Relationships

Arguments and disagreements are normal in relationships. Relationships grow stronger when partners approach differences with mutual respect and an expectation of equality.

If one partner, male or female, coerces the other, physically, emotionally, or sexually, this is abuse—and it is wrong. The controlling partner tries to maintain power through one or more of the following means.

Emotional—Hurtful teasing, humiliation, name calling, stalking, threats, intimidation, put downs, excessive criticisms, or refusing to speak; twisting the truth to keep the victim in a subservient role, blaming the victim for abuse

Physical—Grabbing, pushing, slapping, hitting, spitting, kicking, and destroying personal possessions

Sexual—Sexual humiliation, non-consensual relations, unwanted sexual contact

Abuse occurs across all social, economic, religious, and racial lines, in both heterosexual and homosexual relationships. Males and females can be victims and abusers.

Victims in abusive relationships are at risk, not only for physical injury, but also for emotional problems, such as anxiety, depression, and suicide.

Responses

For teens

Don't blame yourself.

To end an abusive relationship, you will probably need professional advice.

If you have been sexually assaulted, have your parents or a trusted adult take you to a hospital emergency department. Even if you are not physically injured, you need to have a doctor check for sexually transmitted diseases or pregnancy.

Specially trained nurses can help with collection of evidence. This evidence can be important when you report the assault to police. Avoid bathing, showering, or brushing your teeth before being examined.

For parents and friends

If you are worried about the relationship of your teen or someone you care about, let her know you are concerned about her safety and well-being. Assure her that she is not to blame.

If you are concerned that a teen is abusing or controlling another, stress the importance of respect for others. Emphasize that loving relationships never involve abuse or manipulation.

Help the teen, whether the victim or the controlling partner, recognize the effect the relationship is having on him. Ask how he has changed during the course of the relationship.

Provide the teen with the encouragement needed to be able to leave the relationship. Offer professional help.

Call a school counselor, health care provider, or social worker for advice. If you are the friend of a teen who is being abused, offer to accompany her to someone who can help.

Call the police immediately if the teen shows signs of physical abuse.



RED FLAGS

For victims

- Fearfulness
- Frequent crying
- Exhaustion
- Social isolation
- Feelings of shame and mistrust of self and others
- Unexplained bruises, sprains, broken bones, or marks
- Symptoms of depression, such as loss of appetite, or anxiety, such as difficulty sleeping, and restlessness
- Reports of being left in dangerous situations
- Receiving expressions of love following violence

- Having to account to partner for whereabouts
- Poor school attendance, academic difficulty

For abusers or controlling partners

- Controls aspects of partner's life, such as clothing, spending
- Shows partner with gifts
- Tracks partner's whereabouts
- Is jealous and angry when partner spends time with others
- Insults partner publicly
- Threatens harm if partner leaves relationship

RESOURCES

Call 911 for immediate assistance.

Health-care provider

School guidance counselor, nurse, or social worker

Rape Crisis Services
www.rcsgl.org
 800-542-5212

Domestic Violence Victim Assistance Program
 888-399-6111

Rape Crisis Center
 800-542-5212, 978-452-7721

National Domestic Violence/Abuse Hotline
 800-799-SAFE

Network for Women's Lives
www.networkforwomenslives.org

Eliot Community Human Services
 978-369-1113

Peace at Home
www.peaceathome.org
 978-546-3137

National Youth Violence Prevention Resource Center
www.safeyouth.org

Teen Dating Violence – Just for Teen
www.wcstx.com

Jane Doe, Inc.
www.janedoe.org

TeensHealth – Answers & Advice
www.kidshealth.org/teen/your_mind

Internet Safety

The Internet is like being in public. There are people and sites you should avoid. People online may not be who they say they are. Chat rooms are sometimes used by people who want to exploit others. Teenagers, especially girls, are at high risk for sexual assault and other serious dangers if they agree to meet in person people they meet on the Internet.

Many pre-teens teens share intimate information online and then have no control over how this information is used by their Internet “friends.” With instant messaging and e-mail, rumors and statements harmful to a teen’s reputation can be spread at the click of a mouse. Once disseminated, the damage can’t be undone.

Pre-teens (many of whom are big users of instant messaging) can be especially vulnerable. Knowing what your child is doing online is important. Helping her understand how to avoid trouble is critical.

RED FLAGS

- Excessive use of online services or bulletin boards, especially late at night
- Personal computer tucked away, where parents can’t see
- Secretive online behavior
- Unwillingness to talk about online activities
- Unusual credit card activity
- Unknown names appearing on home caller ID
- Unsolicited pornographic e-mail and/or postal mail
- Withdrawal from family and friends

Responses

For teens

Never go alone to a face-to-face meeting with someone you know only from the Internet. Any meeting should be in a public place with a trusted adult present.

If you are made uncomfortable in any area online, leave it. Don’t put up with rudeness, bullying, or provocative chat.

Do not answer obscene or threatening e-mails or statements in chat rooms.

Harassment is a federal crime. If someone sends you messages or images that abuse, threaten, or harass you, report it to your Internet service provider and the police.

Don’t tell anyone anything online you would not want others to know.

Never enter any information about yourself without first checking with your parents. Never include your home address, telephone number, photograph, or your passwords.

Never download anything or click on any link in e-mail unless it is from a trustworthy source.

For adults

Supervise use of the Internet. Place the computer in a common area of the house where adults are able to monitor use.

Set reasonable family expectations for online behavior; tell teens never to respond to threatening or obscene messages.

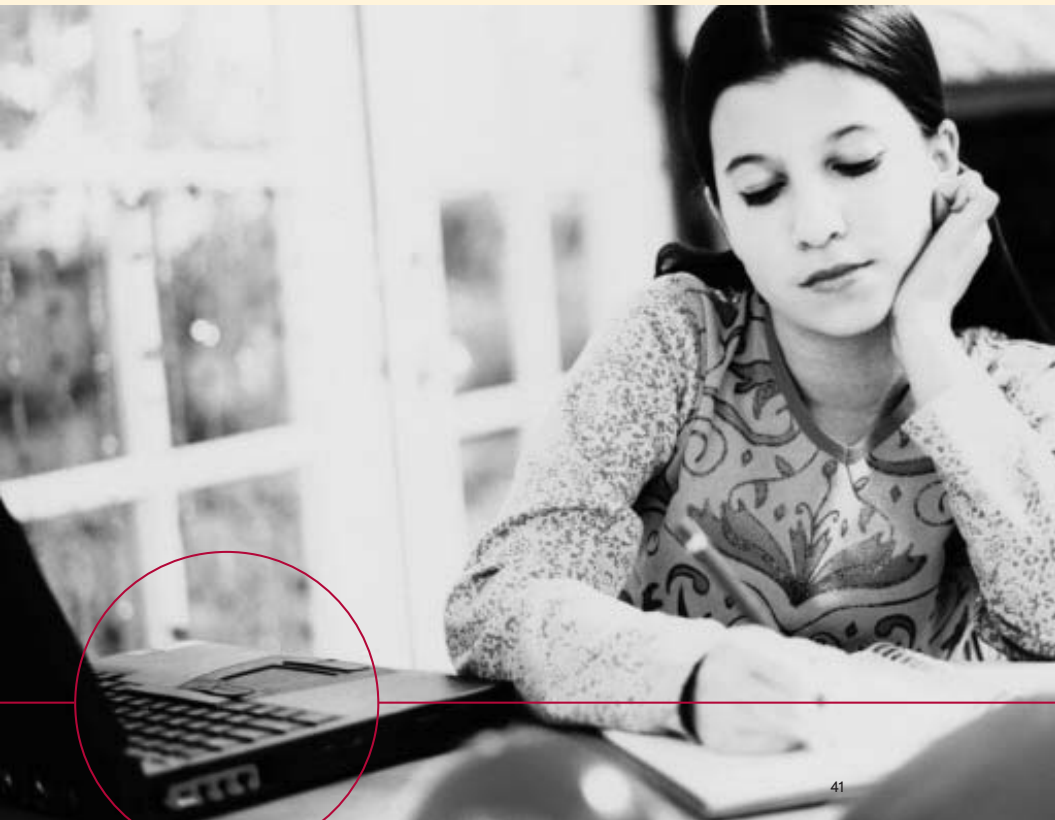
Consider installing filtering software to block unwanted mail and access to objectionable sites.

Ask your child about his online interests and friends, and ask to see the sites he visits. Explore the Internet together.

If your child receives inappropriate online mail and/or pornography, do not punish your child. Instead, immediately contact the police or FBI. Computer crime specialists will work with you to identify the person targeting your child.

The law

A number of federal and Massachusetts laws prohibit misuse of computers at home and in public places, such as libraries and schools. Children may not be aware that they may be breaking the law by spreading rumors over the web or misrepresenting themselves on the Internet. A prank, regardless of intent, can result in criminal prosecution.



RESOURCES

Your local police department, 911

Your Internet service provider, for filtering software and to register complaints about inappropriate material sent to your teen

National Center for Missing and Exploited Children's
Cyber Tip Line
www.cybertipline.org
800-843-5678

Middlesex County District Attorney's office
www.middlesexda.com
617-591-7750

Netsmartz
www.netsmartz.org

Web Wise Kids
www.webwisekids.org

Safe Kids
www.safekids.com, www.safeteens.com

National Institute on Media and the Family
www.mediafamily.org/facts

Sexual Behavior

The desire for intimacy and sexual feelings is normal and healthy. Still, many of us, both kids and adults, have a hard time talking about sexual behavior. As adolescents seek more independence and privacy, the parent-child conversation may become more difficult. Yet surveys consistently show that teens want to be able to talk to their parents.

So how do we talk about something so private?

First, adults need to be aware of their own values about sexual behavior.

By reflecting on the messages we received as youth, we can be clearer about what we want to teach our own children. If we do not communicate our values about sexual behavior, children may adopt the values they see elsewhere.

Know the facts.

You don't have to be an expert to teach the facts, but you do need to know where to find the facts. Bookstores, the library, and this book contain excellent sources of information.

If young children are taught the correct words for body parts (such as vulva, vagina, penis, and rectum), they learn there is nothing mysterious about these parts. Adolescents become better advocates for themselves, both in relationships and with health-care professionals, when they can talk about their bodies clearly.

Adolescents have their own culture and vernacular. Learn what words they are using to describe sexual activity, including petting, oral sex, intercourse, "hooking up," and "friends with benefits." Adults may think they know what certain terms mean, but many of the terms used to describe sexual activity have changed.

Educate yourself about the signs and symptoms of sexually transmitted infection and pregnancy, and make sure your teens learn about these.

As you answer questions, try not to share your feelings about the questions until you have shared the facts. Discuss responsibility. Teens need to know that every decision has a consequence.

Foster positive feelings.

Talking with children in a way that fosters positive feelings will enhance self-esteem and build pride. If children feel good about their bodies, they will make good decisions about how they use their bodies.

Don't wait for children to ask.

Talking about sex doesn't make it happen. Look for teachable moments to bring up the topic of sexual feelings and behavior. It doesn't have to be "one talk." Education takes place over many years as a child's ability to understand sexuality develops. If she approaches you with questions before you approach her, tell her the facts. If children ask, they are old enough to know the answers.

It's okay to respond to questions by letting a child know that he has asked a good question, but you want to talk about it after you have had a chance to think about it. Always follow up with the child without waiting to be asked again. Encourage your child to come to you if he hears about sexual activity with which he is unfamiliar. Be honest.

If you haven't started talking, don't worry that it's too late. Start now.

Similarly, don't worry if you haven't said something just the way you wish you had. Talking about sex should be a continuing dialog; you can always correct yourself or offer a better explanation another time.

If you are too embarrassed to talk about sexual behavior, it is important to find another adult with whom you feel comfortable having your child talk. By doing so, you ensure that your child is hearing the facts and values that you support.

FACTS ABOUT SEXUALLY TRANSMITTED INFECTIONS (STI)

- STIs can be present with no symptoms.
- Anyone who engages in vaginal, oral, or anal sex is at risk for an STI.
- STIs can be found in the throat, vagina, penis, or rectum.

SIGNS AND SYMPTOMS

For women: burning upon urination, vaginal discharge, lower abdominal pain, bleeding between periods, flu-like symptoms, lesions around infected area

For men: penile discharge, burning upon urination, pain/swelling of the testicles, flu-like symptoms, lesions around affected area

SOME ADVICE FOR TEENS

Beware: Misinformation abounds! If you have questions about sex, ask a parent or trusted adult friend. Find a time when you won't be interrupted or distracted.

It is normal for you or your parent to feel awkward as you begin the discussion. This is a learning experience.

If your parent begins to lecture, respectfully remind him that you are just seeking information.



A CURRENT FAD

Gel bracelets are sometimes worn by teens to indicate what sexual behaviors they have engaged in or are willing to engage in. Teens have been known to play a game called "snap" in which someone "snaps" the bracelet off of the person and is then "owed" whatever the bracelet indicated. Different colors signify different sexual behaviors, including kissing, petting, oral, vaginal, and anal sex.

RESOURCES

Family health-care providers

School guidance counselor, nurse, or social worker

Answers to your questions about teen sexual health and sexually transmitted diseases, American Social Health Association
www.iwannaknow.org

Not Me, Not Now
www.notmenotnow.org

National Campaign to Prevent Teen Pregnancy
www.teenpregnancy.org

Advocates for Youth
www.advocatesforyouth.org

Columbia University Health Education Program
www.goaskalice.Columbia.edu

Sexuality Information and Education Council of the U.S.
www.siecus.org

FOR MORE INFORMATION

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EDITORIAL AND FINANCIAL CONTRIBUTORS

Acton-Boxborough: Community Alliance for Youth

The Community Alliance for Youth (CAFY) promotes the wellness of young people in Acton and Boxborough and helps them make healthy decisions as they mature. CAFY seeks to help parents learn to support healthy behavior and to address the high-risk behavior of their children. CAFY is a non-profit organization run by a board of directors.

Contact: www.cafy.net.

Concord-Carlisle: Alliance for Teen Safety

The members of the Alliance for Teen Safety (ATS) are parents, health-care professionals, police, school staff, and youth. The Alliance provides seminars, workshops, and networking conferences. ATS focuses on creating a Positive Youth Development environment that builds on the strengths of all youth and community members.

Contact: Barbara Howland, Executive Director, P.O. Box 682, Concord MA 01742, cc4youth@colonial.net, www.allianceforteensafety.org.

Groton Dunstable: Alliance for Youth

The Groton Dunstable Alliance for Youth (GDAY) is a nonprofit coalition comprising students, parents, police, school representatives, and other community members. GDAY focuses on emotional health, respectful behavior, and preventing substance use. A steering committee guides the group, and subcommittees meet monthly to plan programs and initiatives on behalf of the children and families of Groton and Dunstable.

Contact information: Dr. Judy Robinson, Coordinator, P.O. Box 328, Groton, MA 01450, 978-448-6362 ext. 1132, or www.g-day.org.

Westford Against Substance Abuse

Westford Against Substance Abuse (WASA) promotes education about and prevention and treatment of all forms of substance abuse in the Westford community. The board of directors includes representatives of town government, the Board of Health, schools, police, Roudenbush Community Center, clergy, Council on Aging, parents, and students.

Contact: Tina Grosowsky, Substance Abuse Prevention Coordinator, Board of Health, 55 Main Street, Westford, MA 01886, 978-399-2528, fax 978-399-2558, tgrosowsky@westford.mec.edu, www.westford.com/wasa

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