

AN INFORMATIVE GUIDE TO KEEPING KIDS SAFE
PROTECTING OUR CHILDREN



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BROUGHT TO YOU BY THE NASHVILLE GRAPHIC 2025

KNOW THE SIGNS: Detecting signs of abuse

BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER

“If you see something, say something”- the phrase is used everywhere from anonymous reporting systems for school violence, to helping at-risk people from hurting themselves, to a campaign by Homeland Security to raise public awareness about the signs of terrorism.

But where children are concerned – and abuse is suspected – what are the signs of abuse and how can you know for sure?

PHYSICAL ABUSE

Logan Hough, Director and Forensic Interviewer at JoAnn’s Place, a Southmountain Children’s Advocacy Center, said signs of physical abuse consisting of unusual bruising can stand out, particularly, on babies.

“If a baby is not mobile, and has bruises on his or her body when the baby can’t even crawl or stand up yet,” that is a sign, Hough said, as is fearful behavior or a quick startle reflex in the presence of a particular individual.

BEHAVIOR CHANGES

Hough said signs of fear or anxiety are a marker in older children as well, showing up as an extreme fear



of repercussions or punishment over normal everyday events, such as spilling a drink. For example, the child could repeatedly apologize (“I’m sorry! I’m sorry! I didn’t mean to do it”) and appear very agitated.

Bedwetting can be another sign of abuse, Hough said, relating to children from the age of being potty-trained up through their teens. It is particularly associated with sexual abuse, where a sudden regression back to bedwetting can signal a traumatic event.

Sexualized behavior, such as a child touching him or herself excessively in a sexual way or even in public,

can be a sign of sexual abuse. Hough has seen it in children as young as two years old.

“They may not think that is wrong,” Hough said. “They may think the behavior is normal, because that is what they’ve seen at home.”

Behavior issues such as outbursts of anger or acting out, especially when a child does not usually act that way, could be another sign. Hough said the child could be reacting to a trigger of some type, experiencing a flash back of something that was done to him or her. The behavior could also be a copy of what a child sees and experiences at home.

“They might be bottling up inside what has happened, and when something small happens at school, they just blow up,” said Victoria Holloman, Forensic Interviewer.

Other sudden behavioral changes such a child becoming withdrawn, isolating themselves and no longer taking part in activities they used to enjoy, or showing symptoms of depression are often signs of some type of abuse or trauma.

“Any pattern of changed behavior,” Hough said, is something for parents or caregivers to look out for. An abrupt change in the type of clothing that a child

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DETECTING ABUSE – Continued from page 2

wears, for example wearing concealing clothing with long sleeves such as sweatshirts or hoodies when those are not usually worn, can signal a problem.

Some abused children, particularly teens, may deliberately try to make themselves unattractive in hygiene, dress, or by gaining weight; others may lose weight as a result of emotional abuse, where an abuser may tell them that they are fat.

“Someone who spends time with a child every day- whether it is a parent, caregiver, sibling, teacher, coach- knows a child’s usual behavior,” Hough said.

EFFECTS OF TRAUMA

Holloman speaks about childhood trauma in a short Facebook video posted on the Southmountain Children and Family Services website.

“Repeated childhood exposure to a traumatic event can affect the brain and nervous system and can increase the risk of behaviors such as substance use, smoking and eating disorders. Children who have suffered traumatic events can develop a range of reactions such as attention and academic difficulties, anxiety, depression and behavioral changes,” Holloman said, relaying physical symptoms such as aches, pains, trouble sleeping or eating. Chronic conditions can also result from repeated

trauma.

“Children react to trauma differently. Traumatic experiences can set in motion changes in childrens’ lives that can be challenging and difficult, which is why to become knowledgeable about the resources in your area and know how to report suspected child abuse and neglect,” Holloman said.

GUARDING AGAINST ABUSE: WHAT CAN BE DONE

While “stranger danger” used to be thought of as something to teach children, most cases of sexual abuse are done by people that children and their families know.

Hough and Holloman both say teaching Body Safety is an important first step.

“Talk about ‘safe’ and ‘unsafe’ touching rather than ‘good’ or ‘bad’ touching,” suggests an article on the website Kids First Inc., which also states that it is possible to talk about body safety without discussing sexuality.

“Teach accurate terms for body parts,” Hough said. “You want your child to be able to tell you or a professional if something happened.” As an example, Hough said “if a child says ‘Daddy touched my cookie,’ how could law enforcement make charges in that

case?” Holloman also said if a child experiences sexual abuse and goes to tell a parent about it, there could be misunderstanding or unclear communication.

“People have a stigma about naming body parts,” said Holloman. “Children have eyes and ears. They also have a vagina or a penis. It’s not inappropriate to teach children those words.”

Holloman said using the correct words plays a part in teaching children body safety, suggesting that parents teach children that no one has a right to touch those parts except for a doctor.

It is also important to teach children that they, themselves, don’t have the right to touch those parts on other people, Hough and Holloman said.

TELL CHILDREN TO CALL YOU UNDER ANY CIRCUMSTANCE

Parents and caregivers should also tell their children that if they are uncomfortable in any situation, at any time, to call them. If something happens, Hough said, a parent’s demeanor can make a big difference. However difficult, parents should remain calm, because an overreaction can make a child scared to

tell a parent anything else.

AGREE ON OTHER TRUSTED ADULTS

“Make sure a child knows he can tell another trusted adult also,” said Holloman, suggesting that a parent can say “if I’m at work or if you’re at school, you can tell ----.”

Children may also be afraid to tell a parent because of threats made by a perpetrator or out of fear of punishment, an article on the Kids First Inc. website states, suggesting that children name five adults they could talk to if someone was touching them in an unsafe way.

WATCHING WHAT CHILDREN WATCH

Holloman said it is important that parents and caregivers know what children are watching on YouTube or anywhere else to make sure it is age-appropriate. She said there are cartoons and videos involving Disney characters doing adult-themed things, giving the example of one such item as “Elsa and Spiderman in the Shower” which the video maker may have thought was funny, but is not intended for children to view.

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VACCINATIONS: Why they are important

BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER

Childhood immunizations, administered from birth through college age, are well-established ways to protect our children, but some parents are unaware of various disease risks and the ages that children should receive vaccination protection from them.

Nurses at the Nash County Health Department administer more than twenty different vaccines throughout the year, usually at HD offices but last year, at local high schools and middle schools, where approximately 108 children were vaccinated in what was basically an emergency situation, according to Nursing Supervisors Tonya Baker and Amy Pittman.

The situation was dire and needed quick action, Baker and Pittman said, in order to keep the children enrolled; they were at risk of being excluded from school for lack of state-mandated vaccinations. Four teams of nurses responded.

PUBLIC PERCEPTION

Baker and Pittman, with Deputy Health Director Liz Lord, say many people don't take vaccinations as seriously as they should because they no longer have first-hand experience of seeing people afflicted with those diseases.

"Our grandparents' generation remembers seeing people with limps (from Polio), but the younger generation has no recall of that," said Lord, who said there are still "wild strains" of Polio about. While the disease has been eliminated in the United States because



of vaccines against it, it is still brought in by immigrants or world travelers, where it can be spread through sharing food, utensils, saliva, contaminated water or feces.

Polio was prevalent in the US in the early 1900s, Lord said, as was tuberculosis; there is no vaccine for tuberculosis, also known as TB. Pneumonia was also a major killer in that time period, affecting an estimated 40% of the population.

MEASLES

"Measles can be fatal," said Bill Hill, Nash County Health Director, adding that the disease can also cause encephalitis (brain inflammation).

Hill said the Measles vaccine has a 93-97% chance of protecting a person from catching the disease.

"You're buying an effective shot," Hill said, comparing it favorably to the flu shot, which is only 45-50% effective because of the varying strains that flu comes in.

Measles was declared eliminated from the US in 2000, Lord said, but that doesn't mean it's gone- it can resurge in clusters of unvaccinated people.

VACCINATION SCHEDULES

The Centers for Disease Control (CDC), in addition to the state of North Carolina, requires children to be immunized prior to entering kindergarten and are required in order for students to attend school. There are some medical exemptions, Pittman said, for children who are immune-compromised or have allergies to certain vaccine bases. There are also some religious exemptions, such as with the Mormon faith, where specific brands of vaccinations can be requested in order to avoid certain preservatives.

Vaccinations actually start at birth and are spread out with "boosters" over time. Babies routinely receive Hep (Hepatitis)-B in the hospital, beginning a vaccination series at 2 months.

The list is long for recommended or required vaccines, including Varicella (Chicken Pox); 'D TaP,' which is a combined vaccine of Diphtheria (Whooping Cough) and Tetanus; 'T-Dap', a version of Tetanus given after age 7; MMR

(Measles, Mumps and Rubella); Polio/IPV; Rotavirus (famous for spreading on cruise ships) Hep-A; HPV (Human Papilloma Virus); Meningococcal; RSV, (available in two pediatric doses based on weight and for maternal and elderly patients); Flu, and COVID (which has varying vaccine types depending on age); Hib (Haemophilus influenza type b) and pneumococcal.

Baker said schools keep children's vaccination records with their academic records, which can be transferred with them if a child changes schools. School nurses routinely check the records to see if a child is up to date on required vaccines, particularly if the child comes from out of state or from another country.

Vaccines are available for administration from both primary care providers or from local health departments.

"If school starts August 20, parents and kids are often in here the day before," Pittman said, adding that the

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VACCINES— Continued from page 4

health department works closely with Nash County Public Schools to try to eliminate last-minute “crunches” for time.

Seventh grade is another time that state-required vaccines are due: two shots, one a Tdap booster and one for a first dose of Meningitis, are required.

HPV

HPV is not required by law, but is recommended for children ten and over. HPV, which causes genital warts, is also linked to cervical, throat and penile cancers.

“We are finding substantial reductions in cancers in children who get the vaccine before having intimate contact,” Lord said, admitting that the HPV vaccine has been the center of some controversy, as some parents believe that having it administered to their children is “giving permission” for a child to engage in sexual behavior.

HPV can be spread from skin-to-skin contact and from deep or “French” kissing, especially if one of the people kissing has already engaged in oral sex with someone else.

“You want your immune system bolstered before that,” Lord said, quoting a study done in Scotland about the administration of the HPV virus. The study found that the HPV vaccine was 100% effective in protecting young people from contracting HPV if administered at ages 12-13; 86% effective if administered at ages 14-16; but only 39% effective if administered at ages 17-18.

“It’s recommended for pre-teens and teens,” Lord said, adding that it is also recommended that young people getting the vaccine stay at their healthcare providers for 20 minutes afterwards in case of any adverse reactions.

MENINGITIS

When students are high school seniors or about to enter college, they may be required, depending on the school, to get a dose of Meningitis-B vaccine.

“Meningitis is very lethal, and can be easily spread in close living conditions,” Hill said, adding that it can cause swelling of the brain and potentially septicemia, a blood infection.

HERD IMMUNITY

Hill said health providers try to create “herd immunity,” where over 90% of people are vaccinated, essentially helping to protect most of the population and preventing the disease from getting a “foothold” in the community.

Conversely, where there is a cluster of unvaccinated people, a disease can spread more easily.

“When you drop below 90%, that’s when you lose that protection,” Hill said.

Herd immunity also helps protect people who can’t be vaccinated, such as babies who are not old enough or people who are immuno-compromised, which can occur as a result of chemotherapy.

LENGTH OF COVERAGE

Immunizations also do not last forever, Hill said, explaining that with time, their efficacy wanes. He recommends checking with a health care provider to ask when and if a vaccine booster is needed.

“The good thing about getting extra vaccines is that it won’t hurt you,” said Baker, who said vaccines can also be administered using a “catch up” schedule if a person has not had particular ones.

VACCINE STIGMAS/SIDE EFFECTS

Lord said some people are under the mistaken impression that the MMR vaccine causes Autism.

“That started with an article around

1998 in Lancet, a British medical journal,” Lord said, “it was later completely discredited. Lord said people spread the false information on such social media platforms as Reddit.

Lord said research suggests autism is caused by some combination of genetic and environmental factors. “Studies have found and continue to find no association between vaccines and autism,” said Lord.

Some vaccines can, however, cause their receivers to run a fever, have a sore arm, or a lump and redness at the vac-

cination site. That is normal for the first couple days, Lord said.

AVAILABILITY

The Nash County Health Department participates in the Vaccines for Children Program (VFC), which provides free vaccines to children whose parents need help paying for them. The Health Department also files private insurance, accepts Medicaid, and administers services based on a sliding payment scale.

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CYBERSTALKING: A real problem today

BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER

If someone means harm, most of us know not to open the door to them or to take their phone calls. That's no longer enough, now that electronic media offers new venues to harass or frighten someone.

Cyberstalking "involves the use of technology (most often the internet) to make someone else afraid or concerned about their safety," with venues used such as social media, internet databases and search engines, according to the Cyberbullying Research Center at the University of Wisconsin-Eau Claire. It is considered one form of cyberbullying.

Most often done by a person who knows the victim, cyberstalking can involve searching out personal and private information and using it to "stalk" them, for example by texting hundreds of times a day to let the victim know he or she is being watched or showing up uninvited to the victim's location.

It's also against the law and is a class 2 misdemeanor, if the aggressor is under 18, or a class 1 if the aggressor is an adult. David Boykin, Asst. Chief at the Nashville Police Department, said that online chat rooms "can open up dangerous situations."

"You never know who you're talking to," Boykin said, making the point that stalkers can take on any identity, using false names and photographs, to make their victims think that they are peers.

"And they can promise you the stars and moon," Boykin said. Cyberstalkers can, for example, gain their victims' confidence by appealing to their emotional needs, like promising to 'always be there for them' or asking their address in order to send gifts or money.

Children need to be told not to share their personal information like their names, ages, schools, address, and telephone numbers.

DANGERS

The Law Enforcement Quick Reference Statute guide lists a startling number of ways that people, including children, can be intimidated or tormented online, including:

- having a fake profile or website published where the victim can be presented falsely in damaging ways
- having real or doctored images of them posted on the internet
- having their password-protected accounts broken into
- being signed up for access to pornographic sites
- being signed up to receive junk electronic messages or instant messages

COMMON PLATFORMS

Snapchat, one popular chat platform, makes it hard to keep up with who is saying what, Boykin said, because the messages disappear, making it easy for predatory behavior to be overlooked.

A Feb. 21 facebook post by the Nash County Sheriff's Office shows icons and explanations for 30 apps that "are concerning for children and young adults."

Aside from Snapchat, among the more popular apps listed there are 'TikTok' ("exposes kids to inappropriate content addictive scrolling and potential predators"), and 'Instagram' ("can contribute to body image issues, cyberbullying, and exposure to harmful content"). 'Calculator%' permits users to hide photos and videos, 'Tumblr' "contains unfiltered adult content, making it unsafe for kids" and 'Houseparty' "allows video chatting with strangers, increasing risks of inappropriate content."

"Parents need to be aware of what social media platforms their children are using," Boykin said. "Know what your kids are looking at" and monitor use.

SAFE SITES

Tiktok has a separate version for users

under 13 called "TikTok For Younger Users" that was created in compliance with the Children's Online Privacy Protection Act, with parent control guides. SnapKidz is a 13-and-under version of Snapchat. There is not currently a kid version of Instagram. Other sites considered safe for children are PopJam, Zigazoo, and Grom Social.

The website 'internetmatters.org' has instructions for parents on how to set controls for many major social media platforms.

WHAT TO DO IF CYBERSTALKING HAPPENS

Young people who are being victimized need to tell their parents or a trusted adult.

Boykin said anyone who is the victim of cyberstalking should use filters to block those individuals and keep a log of those communications, with time and content.

"Make it clear that you want them to stop (contact)," Boykin said. If that doesn't work, contact your local law enforcement agency.

PARENT RIGHTS

Boykin thinks that parents who pay for their children's phones have every right to check them. "Parents can set boundaries for online use, just as they can for where their

children go and who they go with when they go anywhere," he said. For example, Boykin said it's not safe anymore, depending on a child's age, to just "drop kids off" by themselves to a Raleigh mall; it's safer to allow them to go places with friends.

"Know the place, and know who your kids are going with," Boykin said.

There are also apps like Life 360, a tracking app, which allows not only for a parent to see their child's location, but to see if he or she is travelling, show where and what speed the child is going and includes a "crash detection" feature which will let a parent know in real time if a vehicle has been in an accident.

ADDITIONAL SAFETY MEASURES

While child abduction is rare in this area, and when it happens, is most often done by non-custodial parent, there are some safety measures that Boykin recommends.

-take an updated photo of your child every six months (because children's looks can change so quickly)

-keep copies of children's medical and dental records

-make sure that child custody documents are in a protected but accessible place



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What to say to your preteen about drugs

Contributed by
www.drugfree.org
Partnership for Drug-Free Kids

Preteens, (9-12 year-olds) are on their quest to figure out their place in the world, tend to give their friends' opinions a great deal of power, while at the same time starting to question their parents' views and messages. The following scripts will help you get conversations going with your 9- to 12-year-old:

SCENARIO

Your child is just starting middle school and you know that eventually, he will be offered drugs and alcohol.

WHAT TO SAY

I know we talked about drinking and drugs when you were younger, but now is when they're probably going to be an issue. I'm guessing you'll at least hear about kids who are experimenting. I just want you to remember that I'm here for you and the best thing you can do is just talk to me about the stuff you hear or see. Don't think there's anything I can't handle or that you can't talk about with me, okay?"

SCENARIO

You find out that kids are selling prescription drugs at your child's school. Your child hasn't mentioned it and you want to get the conversation about it started.

WHAT TO SAY

Hey, you probably know that parents talk to each other and find things out about what's going on at school. I heard there are kids selling pills – prescriptions that either they are taking or someone in their family takes. Have you heard about kids doing this?" Let him know that in the future, he can always blame you to get out of a bad situation. Say, "If you're ever offered drugs at school, tell that person, "My mother would kill me if I took that and then she wouldn't let me play baseball."

SCENARIO

Your child's favorite celebrity—the one he or she really looks up to—has been named in a drug scandal

WHAT TO SAY

Being in the public eye puts a ton of pressure on people, and many turn to drugs because they think drugs will relieve that stress. The thing is, when a person uses drugs and alcohol—especially a young person because he's still growing—it changes how his brain works and makes him do really stupid things. Most people who use drugs and alcohol need a lot of help to get better. I hope the celebrity has a good doctor and friends and family members to help him/her.

Tips for Conversations with Your Preteen

Make sure your child knows your rules — and that you'll enforce the consequences if rules are broken. Research shows that kids are less likely to use tobacco, alcohol, and other drugs if their parents have established a pattern of setting clear rules and consequences for breaking those rules.

Kids who don't know what to say when someone offers them drugs are more likely to give in to peer pressure. Let her know that she can always use you as an excuse and say: "No, my mom [or dad,

aunt, etc.] will kill me if I smoke a cigarette."

Feelings of insecurity, doubt and pressure may creep in during puberty. Offset those feelings with a lot of positive comments about who he is as an individual — and not just when he brings home an A.

Preteens aren't concerned with future problems that might result from experimentation with tobacco, alcohol or other drugs, but they are concerned about their appearance — sometimes to the point of obsession. Tell them about the smelly hair and ashtray breath caused by cigarettes.

Get to know your child's friends — and their friends' parents. Check in by phone or a visit once in awhile to make sure they are on the same page with prohibiting drug or alcohol use, particularly when their home is to be used for a party or sleepover.

Help children separate reality from fantasy. Watch TV and movies with them and ask lots of questions to reinforce the distinction between the two. Remember to include advertising in your discussions, as those messages are especially powerful.



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The dangers of gateway drug use

Dangers of drug use can start right at home

BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER

NASHVILLE – Drug use and abuse: the headlines are frequent and often tragic. Nationally, drug use among 8th graders went up by 61% between 2016 and 2021, according to the National Center for Drug Abuse Statistics. For North Carolina, 8.14% of 12 to 17-year-olds reported using drugs in 2023, with over 83 percent reporting using marijuana.

Where does it start, when it comes to our children? The answer, in many cases, may be a lot closer than you think: right at home.

While kids can, and do, get started on drugs from hanging with the “wrong crowd,” they can also start by emulating parents who use drugs recreationally or begin with ‘gateway drugs’ such as marijuana and prescription drugs found in the family medicine cabinet.

“If you have parents using recreationally, children can have access from birth,”

said Sgt. Kevin Bisette, an Investigator with the Nash County Sheriff’s Office, who cited examples of children eating marijuana gummies found at home because they thought it was candy, and even narcotics accidentally coating a baby’s pacifier that was carelessly stored in a purse.

MARIJUANA

Bisette, who has background as a Paramedic stretching back to 2001 in Nash and Edgecombe counties, named marijuana as the main gateway drug for juveniles because it is widely available, particularly if a child’s parents use it.

“Marijuana use is a definitely a foundation,” Bisette said, referencing his years of experience answering overdose calls and being involved in cases of juvenile drug abuse.

Societal views calling for decriminalization of marijuana, Bisette said, also open the drug up for juveniles to access it.

Bisette said another risk for mari-

juana use involves what may be mixed in it, either purposely or by mishandling by drug dealers who engage in packaging different drugs.

“Fentanyl (used medicinally to treat patients with severe pain following surgery or with chronic severe pain) is not visible to the naked eye,” Bisette said. “It only takes a little bit to kill you.” Bisette said fentanyl has been found as a causative agent in many overdoses.

PRESCRIPTION DRUGS

Prescription drugs taken by family members can and do find their way into the hands of children who want to experiment, Bisette said, which can lead to fatal results. This is particularly the case, he said, for children too young to drive who would access drugs at home first before seeking others elsewhere.

“There are so many drugs that kids can



CONTINUED TO page 10

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GATEWAY DRUGS – Continued from page 9

get into,” Bissette said, citing examples of family members who may suffer from terminal or serious illnesses such as cancer or fibromyalgia; they may have drugs such as morphine or other doctor-prescribed narcotics or pain medications in unsecured areas like medicine cabinets, bedside tables or purses. Family members who have had or are recovering from injuries may also have quantities of drugs left over, such as muscle relaxants like Flexoril.

Bissette said some of those drugs can be used long-term, allowing a quantity to “pile up” of unused pills.

Medicines used to aid in sleeping can be other drugs easily accessed, as can Adderall, an ADHD med which contains a combination of amphetamine and dextroamphetamine, central nervous system stimulants.

Bissette said a high percentage of prescription drugs found with juveniles at traffic stops are medicines with parents’ names on them. Those children, he said, can face narcotics possession charges.

Older children, he said, may start experimenting with drugs such as cocaine and heroin.

SECURE STORAGE

Lockboxes, similar to those used for firearms, or miniature storage safes are recommended as the safest place to keep unused drugs—unless the code used is too easy to guess.

“Don’t use the same security code as your front door, or the same passcode as is on your phone,” Bissette said, noting that downloads of cell phone information can contain personal information such as birthdates, which often make their way into passcodes, and therefore easy to hack.

ADDICTION FACTORS

Bissette said the addiction “is very individual,” because different people have different likes, dislikes, and tolerances for different substances. A key factor, however, is “consistent exposure;” in other words, if a given drug is frequently accessible, either through parent use, encouraged use, or a lack of parent supervision.

While there is no average age that a child may begin to experiment with drugs, many begin in middle school. In general, however, a large percentage of juvenile drug users follow parents who similarly recreate.

Conversely, “if parents say ‘don’t use it’ and are not personally using themselves, then that lays the foundation a child needs,” Bissette said.

TROUBLE SIGNS

If a child does begin using drugs, how can a parent tell? The biggest clue, Bissette said, is a change in behavior.

Withdrawing from normal activities that the child previously loved or has done for a long time, such as sports, community events or family activities may signal drug use.

If any of these are also combined with a change in friends, a parent should take a much closer look.

“You don’t want to invade a child’s privacy, but be aware of what your child brings in the house,” Bissette said, advising that parents should be aware of normal room and vehicle contents and be prepared for having “hard conversations” ahead of time.

Changes in school scores or performance may be a sign, as could be sleep changes, either too much or too little.

Bissette said if a child is very hard to wake up or acts extremely drowsy

with shallow breathing, parents should call 9-1-1 because those are side effects of opiate abuse. A sudden change in mental status, or if a child looks like he is going to pass out, should prompt the same response.

Narcan, given immediately, can reverse the effects of opioids, and may be given as soon as a first responder walks in if a parent doesn’t know what a child took.

OPEN CONVERSATIONS AND REGULAR, PHONE-FREE MEAL TIMES

Bissette said the very best prevention a parent can do is to make space regularly for open, undistracted conversation with children, such as at sit-down meals together where the phones and electronics, such as tablets, are put away.

“Family dynamics of 10-20 years ago are gone,” Bissette said, remarking of how “everybody is on the go” and that mealtimes may consist of fast food in cars while parents are driving and kids are on their phones or electronic devices.

“They’re not getting the interaction from parents,” Bissette said, relaying that he knows of families who eat

together but the entire table will not be talking, as everyone is on a device, ‘swiping’ instead of conversing.

“Kids need to have conversations,” Bissette said, explaining that without those, the kids substitute input from electronics, which provide releases of dopamine to the brain, reinforcing the behavior and motivating users to do more of the same. That too, he said, is an addiction, which means that parents have to set boundaries for themselves and children to combat it.

Parents need to know where their kids are and what’s going on in their lives, Bissette said, adding that parents need to stress that they will always be there for kids and encouraging kids to call them in circumstances where they may feel uncomfortable.

“It’s a long-term trust that you have 18 years to build,” Bissette said, adding that by age 17 or 18 years, 98% of parents’ time with their children is gone.



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Look for warning signs of drugs or alcohol

Courtesy of
Partnership for Drug-Free Kids
www.drugfree.org

How to Find Out if Your Child is Using Drugs or Alcohol

Use Your Nose. Have a real, face-to-face conversation when your son or daughter comes home after socializing with friends. If there has been drinking or smoking, the smell will be on their breath, on clothing and in their hair.

Look Them in the Eyes. When your child gets home after going out with her friends, take a close look. Pay attention to his or her eyes. Eyes will be red and heavy-lidded, with constricted pupils if they've used marijuana. Pupils will be dilated, and he or she may have difficulty focusing if they've been drinking. In addition, red, flushed color to the face and cheeks can also be a sign of drinking.

Watch for Mood Changes. How does your teen act after a night out with friends? Are they loud and obnoxious, or laughing hysterically at nothing? Unusually clumsy to the point of stumbling into furniture and walls, tripping over their own feet and knocking things over? Sullen, withdrawn, and unusually tired and slack-eyed for the hour of night? Do they look queasy and stumble into the bathroom? These are all signs that they could have been drinking, using marijuana or other drugs.

Monitor Driving and the Car. Your teen's car and driving habits can offer clues as well. Is driving more reckless when he or she's coming home after being with friends? Are there new, unexplained dents? If you're suspicious, examine the inside of the car too. Does it smell like smoke or alcohol fumes? Are there any bottles, pipes, bong, or other drug paraphernalia rolling around on the floor or hidden in the glove box? If you find evidence of

drug use, be sure to prepare for the conversation ahead.

Keep an eye out for deceit or secretiveness. Are their weekend plans starting to sound fishy? Are they being vague about where they're going? Can they describe the movie they supposedly just saw? They say parents will be at the party they're attending, but can't give you a phone number and come home acting intoxicated? They get in way past curfew or estimated time with an endless string of excuses? When excuses fail, do they respond to your inquiries and concern by telling you that it's none of your business? If these ring true, something is wrong and it's time to take action.

Should You Search Their Room?

The limits you set with your child do not stop at their bedroom door. If you notice concerning changes in behavior, unusual odors wafting from their room (like marijuana or cigarette smoke), smells to mask other smells like incense or air fresheners, or other warning signs, it's important to find out what's going on behind that "KEEP OUT" sign.

One note of caution, however. Be prepared to explain your reasons for a search, whether or not you decide to tell them about it beforehand. You can let them know it's out of concern for their health and safety. If you discover that your kid is not drinking or doing drugs, this could be a good time to find out if there's something else that may need to be addressed.

Kids come up with some crafty places to conceal alcohol, drugs, and drug paraphernalia. Some possible hiding spots include:

- Dresser drawers beneath or between clothes
- Desk drawers
- CD/DVD/Tape/Video cases
- Small boxes – jewelry, pencil, etc.

- Backpacks/duffle bags
- Under a bed
- In a plant, buried in the dirt
- In between books on a bookshelf
- Inside books with pages cut out
- Makeup cases – inside fake lipstick tubes or compacts
- Under a loose plank in floor boards
- Inside over-the-counter medicine containers (Tylenol, Advil, etc.)

-Inside empty candy bags such as M&Ms or Skittles
Don't overlook your teen's cell phone or other digital devices. Do you recognize their frequent contacts? Do recent messages or social media posts hint at drug use or contradict what they've told you?

If your search turns up evidence of drug use, prepare for the conversation ahead and do not be deterred by the argument of invaded privacy. Stand by your decision to search and the limits you've set.

Youth suicide

The Jason Foundation
www.jasonfoundation.com

WARNING SIGNS

Almost everyone who attempts or completes suicide has given warning signs through their words or behaviors. Do not ignore any suicide threats. The following statements may indicate serious suicidal feelings.

- "I'd be better off dead."
- "I won't be bothering you much longer."
- "You'll be better off without me around."
- "I hate my life."
- "I am going to kill myself."

Suicide threats are not always verbal. Depression is one of the leading causes of suicide attempts. Mental or addictive disorders are associated with 90% of suicide. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20% receive treatment. Depression can be exhibited in many ways including the following which are detailed

in more depth:

- Sudden, abrupt changes in personality
- Expressions of hopelessness and despair
- Declining grades and school performance
- Lack of interest in activities once enjoyed
- Increased irritability and aggressiveness
- Withdrawal from family, friends and relationships
- Lack of hygiene
- Changes in eating and sleeping habits

Other warning signs include:

- Anger, increased irritability
- Lack of interest
- Sudden increase/decrease in appetite
- Sudden changes in appearance
- Dwindling academic performance

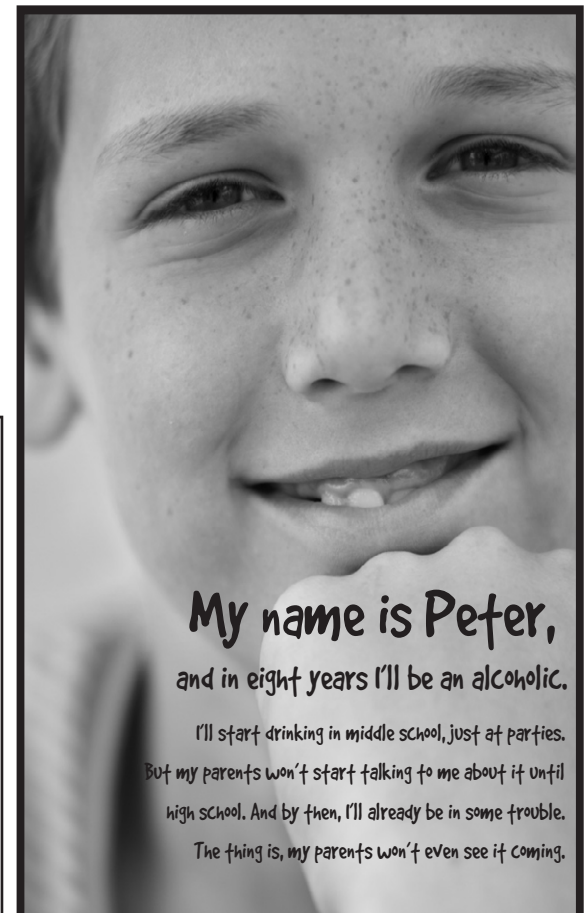
Preoccupation with death and suicide such as essays or poems about death, artwork or drawings depicting death, social media posts or comments or talking a lot

about death or dying.

Previous suicide attempts
Final arrangements - once the decision has been made to end their life, some young people begin making final arrangements. Giving away prized or favorite possessions Putting their affairs in order Saying good-bye to family and friends, making funeral arrangements

RISK FACTORS

Depression, mental illness and substance abuse
Aggression and fighting
Home environment
Community environment
School environment
Previous attempts
Cultural factors
Family history / stresses
Self-mutilation or self-harm behaviors
Situation crisis such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse.



My name is Peter,
and in eight years I'll be an alcoholic.

I'll start drinking in middle school, just at parties.
But my parents won't start talking to me about it until
high school. And by then, I'll already be in some trouble.
The thing is, my parents won't even see it coming.

START TALKING BEFORE THEY START DRINKING

Kids who drink before age 15 are 5 times more likely
to have alcohol problems when they're adults.

To learn more, go to www.stopalcoholabuse.gov or call 1.800.729.6686



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



Key ways to keep children safe at home

Expecting parents process a barrage of information as they prepare for the day their child is born. No matter how many details they gather from doctors, their own research and individuals who have blazed parenting paths before them, there are still plenty of things to learn on the job.

One of the surprises new parents often face is how much trouble their youngsters can get into both inside and outside a home — particularly as they become mobile. Early lessons pertain to feeding and sleeping schedules, but it is important for parents to be mindful of all of the safety concerns they could face.

Bathing

Water is necessary to keep children clean and healthy, but also poses a significant danger. The Centers for Disease Control and Prevention indicates more children ages one to four die from drowning than from any other cause.

Various precautions should be taken when bathing children. First and foremost, a child should never be left unattended in the bath or around water even for a second. Just a few inches of water can cause drowning. In addition, parents should exercise caution to check the temperature of the bath water to ensure that the child will not be scalded. There are special thermometers that can be used in the bath to indicate if the water has reached a safe temperature.

Nursery

It can be tempting to accept used baby items from other people in an effort to save money. However, these pieces from well-meaning friends and family may no longer meet current safety guidelines, particularly if they're from an older generation.

The Consumer Product Safety Commission advises that there should be no more than a 23/8-inch gap between crib slats (about the width of a soda can). The crib should be placed away from hazards like drapes or window covering cords. The crib should only have a firm mattress with a well-fitted sheet. Pillows, bumper pads, comforters, and the like can be hazardous in a crib.

Current safety guidelines recommend that children should be placed on their backs to sleep. After children are able to roll from back to stomach on their own, they may choose their own sleeping positions, as the risk for Sudden Infant Death Syndrome (SIDS) is reduced at this point.

Around the house

Bathrooms, stairs, kitchens, and sharp furniture are all places where curious children can become injured. There are scores of safety products that can limit access to danger. Cushioned pads can be put on furniture edges. Heavy furniture, such as televisions and dressers, can be bolted to



the wall to avoid tip-over accidents.

Parents should use gates to block access to staircases or other off-limits spaces. Special door handle products can make it challenging for little fingers to get into rooms. Cabinet and toilet seat locks also can restrict access.

Feeding

While parents may want to dive right into offering solid foods, choking is an inherent danger. Most pediatricians urge

avoiding foods that can block airways until a child reaches age four. Such foods include hot dogs, popcorn, whole grapes, and nuts. Safe finger foods include soft items that are easily swallowed, and O-shaped cereals.

Children have a tendency to put everything in their mouths, so small toys, parts and batteries can be risky.

Parents need to keep watchful eyes on their children and keep safety precautions in mind as their children grow up.

GET DRUGS OUT OF THE HOUSE!

The Nash County Sheriff's Office offers a medicine drop box in the lobby which is open to the public during normal business hours for anyone to use. Expired and unused medications are accepted including prescriptions, prescription patches, prescription medications, prescription ointments, over-the-counter medications, vitamins, sample medication packets and pet medications. This does not include Hydrogen Peroxide, Inhalers, Aerosol cans, thermometers, needles, medical waste from businesses or clinics.

Saturday errands.
A perfect moment to talk about alcohol.

An alarming number of pre-teens are drinking alcohol — which makes it urgent to find every opportunity to talk to your kids about the dangers of underage drinking. For tips on how — and when — to begin the conversation, visit:
www.underagedrinking.samhsa.gov

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MENTAL HEALTH: What parents should know

Mental health issues were once stigmatized to such an extent that many people dealing with problems like anxiety and depression felt uncomfortable speaking about them or even seeking help. Though some may still find it difficult to acknowledge their mental health issues, society has made great strides in regard to destigmatizing mental health conditions and recognizing how common such problems are.

Parents may be surprised to learn that many mental health issues begin in childhood. According to the National Institute of Mental Health, anxiety disorders, depression and other mood disorders can start to develop long before children leave for college. Recognition of that reality may compel parents to learn more about children and mental health, including signs of potential issues and how to determine if certain behaviors are indicative of a burgeoning issue or a part of normal development.

Identifying mental health issues in children

The NIMH notes the difficulty in distinguishing between behaviors that are a normal part of a child's development and those that suggest a potential mental health problem. Parents know that children's behaviors and emotions can be challenging to deal with, but that's often a normal part of a child's development that youngsters outgrow with age. The NIMH notes that time is a potential indicator of a mental health problem, and encourages parents to seek help if a child's challenging behavior or emotions persist for weeks or longer. Kids will not outgrow negative behaviors overnight, but persistent problems that extend for weeks or

months could be indicative of something beyond normal developmental hurdles.

Behaviors and emotions that cause distress for a child or the child's family are another potential indicator of a mental health issue. In addition, behaviors or emotions that interfere with a child's ability to function, be it at school or at home or among friends, may indicate the presence of a mental health issue.

What if signs suggestive of mental health issues are present?

The NIMH advises parents to be proactive if they notice signs of mental health issues in their children. Parents can begin by contacting their child's teacher and asking how the child behaves in school, both in the classroom and on the playground. A child's pediatrician also can be a valuable resource. Share the particular behavior(s) or emotion(s) that are causing concern with the child's pediatrician. The pediatrician may note if the behavior is part of normal development or may recommend a mental health professional to further address the issue.

Is an evaluation really necessary?

The aforementioned stigma associated with mental health issues may make even the most well-intentioned parents hesitant to seek an evaluation. But evaluations can set children on a path to improved mental health, and it's worth reminding parents that issues like anxiety and depression are quite common and nothing to be ashamed of. In fact, a large-scale 2023 study published in the journal *The Lancet Psychiatry* found that one out of every two people in the world will develop



a mental health disorder in their lifetime. Evaluation is one of the initial steps toward overcoming mental health issues, and children may exhibit different signs that an evaluation is necessary based on their age. For example, the NIMH notes that young children who often seem fearful or worried and those who have frequent tantrums or are irritable much of the time may benefit from a mental health evaluation. Older children who engage in self-harm behaviors or those who diet or exercise excessively can benefit from an evaluation. Additional age-based indicators that an evaluation may be necessary can be found at nimh.nih.gov.

Many mental health issues begin in childhood. Parents can keep an eye out for indicators of mental health issues and work with their children's health care providers to determine the best course of action.

Five mental health issues that affect kids

Many mental health conditions begin during childhood. Parents and caregivers may be unsure if the behaviors children are experiencing are related to a potential mental health issue or are just a stage in youngsters' development that they will soon outgrow. For example, children can be irritable, aggressive or anxious and may find it challenging to sit still and pay attention at some point in their lives. Determining if these symptoms are manifestations of a mental illness or a normal part of a child's development may require a careful evaluation from a mental health professional.

The Mayo Clinic says mental health conditions diagnosed in childhood are most often delays or changes in thinking, behaviors, social skills, or control over emotions. Mental health disorders can disrupt well-being and create barriers at home or school or in other set-

tings. The National Institute of Mental Health says a comprehensive evaluation of a child's mental health usually involves a parent interview to discuss a child's health history and relationships; information gathering from the child's school; and an interview with the child for behavioral observations and testing, if necessary.

Certain mental health conditions are more common among children than other issues, and here's a look at some kids may develop.

1. Attention-deficit/hyperactivity disorder (ADHD): Meridian Healthcare says ADHD is a very common mental health disorder found in children, affecting about 9 percent of kids under age 17. Hallmarks of ADHD include constantly moving, disorganization, inability to pay attention, and struggling to be patient.

2. Anxiety disorders: Anxiety disorders also are quite common among children. Such issues are characterized by outsized fears or worries that are hard to control. The National Institute of Mental Health says approximately 15 to 20 percent of children and adolescents experience anxiety disorders. The prevalence of anxiety depends on a child's age, with ages 12 to 17 having the highest incidences. Girls are more at risk than boys.

3. Depression: The Cleveland Clinic says 3 percent of children experience depression. Age also is a factor in relation to depression, as 13.3 percent of adolescents between the ages of 12 and 17 are diagnosed with depression. Symptoms include feeling worthless or hopeless, low self-esteem, loss of interest in activities, and changes in appetite. These indicators must persist for two weeks or longer to meet the criteria for

clinical depression.

4. Eating disorders: Eating disorders are defined as abnormal eating behaviors that can include eating too much or too little. Anorexia nervosa, bulimia nervosa and binge-eating disorder can compromise kids' ability to function socially and emotionally. Disrupting healthy eating patterns can take a physical toll on the body as well.

5. Addiction: Children are not immune to addiction. Youngsters can become addicted to alcohol, drugs, social media, gambling, and other things.

Many children are diagnosed with mental health disorders every year. Although some behaviors may be growing pains that go away as children age, others might be signs of a mental health condition.

BULLYING: It's a real problem

**BY NANCY WEST-BRAKE
GRAPHIC STAFF WRITER**

Bullying: We've all seen it, and some of us may have been victims, or even perpetrators. While the English phrase "to bully" reportedly came into use in 1710, the behavior has likely been happening as part of human behavior as long as there have been people.

But if your child becomes a victim, it gets personal.

Nash County Public Schools has a policy against bullying: policy code 4329/7311, "Bullying and Harassing Behavior Prohibited," outlining that such behavior is not permitted in any school building before, during or after school hours; on any bus or vehicle as part of any school activity; at bus stops; during any school-sponsored activity; through the use of school system technology; at any time or place where a person is subject to the authority of school personnel; or at any time or place when bullying has a "direct and immediate effect on maintaining order and discipline in the schools."

BULLYING BEHAVIOR

The policy also has an extensive list of what bullying looks like. It is defined as "deliberate conduct intended to harm" and can be physical, verbal or nonverbal, including cyberbullying.

"Examples of behavior... are repeated acts of disrespect, intimidation, or threats such as verbal taunts, name-calling and put-downs, epithets (derogatory descriptive phrases), derogatory or lewd comments, spreading rumors, extortion of money or possessions, implied or stated threats, assault, offensive touching, physical interference with normal work or movement, visual insults such as derogatory posters or cartoon, or sharing intimate photos or videos that may subject a person to ridicule or insult," the policy states.

Pressure for sexual activity along with offensive or unwanted sexual flirtation counts as bullying, as does the display of sexually suggestive visual materials.

"Bullying can present itself in a variety of ways depending on the development level of the offender," said Tracy Barnes, NCPS Student Support Services Coordinator, stating bullying is a pattern of repeated gestures, communications or behaviors." For that reason, bullying may look different at the elementary, middle school and high school levels.

Of students who reported being bullied, 13% were made fun of, called names or insulted. Another 13% said they had become the subject of rumors. About 5% said they had been pushed, shoved, tripped or spit on,

and that same number said they were purposely excluded from activities, according to statistics compiled by the National Bullying Prevention Center.

Jeannie Kerr, Mental Health Coordinator for NCPS Student Support Services, said cyberbullying becomes more prevalent at middle school, but depending on a child's access and use of social media, can occur in elementary school.

Cyberbullying means bullying done by the means of electronic communication, such as by social media, email, or through a website. It includes "sending, posting or sharing negative, harmful, false or mean content about someone else," according to the website StopBullying.gov. A 2020 study stated that one in five tweens (9 to 12 years old) had been cyberbullied, cyberbullied others, or seen cyberbullying done.

WHO GETS BULLIED

According to statistics from the National Bullying Prevention Center, one out of every five students report being bullied, with 41% reporting that they think the bullying would happen again. More girls (24%) than boys (17%) report being bullied.

BOYS' VS. GIRLS' BULLYING

Physical bullying is more prevalent between boys such as hitting or pushing, whereas girls are more likely to experience relational bullying such as being the victim of rumors, being socially excluded or manipulated.

"Of course, these patterns aren't universal; boys can experience social bullying and girls can face physical bullying. But generally, the ways bullying manifests differ based on social norms and expectations for boys and girls," Barnes said.

WHY BULLYING HAPPENS

"Every individual is unique and there are many factors that can contribute to bullying behavior", Barnes said, relaying that bullying may be learned behavior observed at home or be done with the goal of gaining control over a victim where there are perceived imbalances of power.

"Bullies may try to make themselves feel stronger or more important," Barnes said, adding that bullying behaviors may be done to mask insecurities or linked to peer pressure and the perceived need to fit in with others.

"There is not one single personality type associated with bullying," Barnes said.

Reasons for being bullied range from physical appearance, race/ethnicity, gender, disability, religion and sexual orientation, according to a 2019 report by the National



Center for Educational Statistics.

DAMAGE DONE

"Youth respond to bullying differently depending on their developmental level and their personal, familial, social, and community protective factors. Bullying can affect a youth's self-image, social interactions, school performance, and mental wellbeing," Kerr said.

According to a 2019 report from the Centers for Disease Control, bullied students are at increased risk for depression, anxiety, sleep difficulties, lower academic achievement and dropping out of school.

Bullied students report negative effects in how they feel about themselves (27%), their relationships with friends and family (19%), their school work (19%) and physical health (14%), notes a 2019 report from the National Center for Educational Statistics. Another study noted that the tweens who were cyberbullied were 69% more likely to harbor bad feelings about themselves.

Kerr asked that if parents notice any changes in their children's behaviors, they can notify the child's school counselor to seek assistance or community supports and services.

"NCPS has school-based mental health services and school support staff including school counselors, social workers, psychologists and nurses that are trained to support students with social, emotional and behavioral concerns," Kerr said.

REPORTING BULLYING

While NCPS supports bullying prevention efforts for all students to raise awareness and minimize bullying behavior, Barnes said, students or parents who suspect bullying should report it immediately to a teacher, counselor, coach, assistant principal or the principal.

The district's bullying policy states that reports can be made orally or in writing, and may be made anonymously. If bullying or harassing behavior "appears to be based on sex, race, color, national origin, disability, or religion," the matter will be investigated according to federal policy, and is considered

a violation of the individual's civil rights.

Teachers and school employees are required to report bullying incidents to their supervisors, and are subject to disciplinary action if that action is not taken, NCPS policy states.

WHAT HAPPENS NEXT

"Our district's goal is to have a safe educational environment for all students. Nash County Public Schools takes all reports of bullying very seriously. The district has an established bullying protocol with all the guidelines and procedures outlined for making reports of bullying or harassment. Reports can be made at the school level. Once a report is received, an investigation will be conducted, and parents will receive written notification of the findings," Barnes said.

BEHAVIOR CONSEQUENCES

Kerr said the NCPS Parent and Student Handbook, which is posted on the district's website, outlines the level of behavior concerns and consequences.

"The disciplinary consequences... should take into consideration the frequency of the incidents, the developmental age of the student involved, and the severity of the conduct," the policy states.

A wide range of consequences are listed under violation of student conduct, including parental conferences; isolation for short periods of time; behavior modification agreements; peer mediation; and sessions with a school counselor, among others.

The student handbook states that based on investigation results, if "a material incident of harassment, bullying, discrimination and/or retaliatory conduct has occurred, immediate corrective action will be taken as warranted."

A student who is convicted under G.S. 14-458.2 of cyberbullying a school employee will be transferred to another school.

STRATEGIES FOR CYBERBULLYING DEFENSE

A 2020 report, "Tween Cyberbullying in 2020," by the Cyberbullying Research Center, said that tweens reported using a variety of strategies to stop cyberbullying, including blocking the person bullying them, telling a parent, ignoring the person, reporting it to the website or app, and taking a break from the device.

Two-thirds of teens said they were willing to step in to "defend, support or assist those being bullied at school and online when they see it."

How social media affects kids' mental health

Social media has become such a key component of most people's lives that it is easy to think that it has always been there. SixDegrees, created in 1997, was the first social media site similar to the format known today. When SixDegrees shut down in 2001, Friendster, LinkedIn, MySpace, and Facebook soon took root. The University of Maine reports there are now 4.8 billion social media users worldwide, representing 92.7 percent of all internet users. And according to the American Family Survey 2023, 96 percent of parents say their kids have access to at least one social media platform. Many use multiple online platforms daily.

Although social media may have originated as a means to bring people together, there are many who argue that it actually does the opposite. Instances of cyberbullying, which is a form of online harassment, have grown as social media has become more pervasive. Some experts believe that mental health concerns are an unexpected side effect of increased social media use, says Johns Hopkins Medicine. In fact, in the spring of 2023, United States Surgeon General Vivek Murthy, MD, MBA, released an advisory that suggested social media is harmful to young people. In 2024, Dr. Murthy called for a surgeon general's warning label on social media not unlike the warnings on cigarette packages.

How might social media affect children's mental health? Here are some of the main concerns.



- **Changes in a developing brain:** According to the Surgeon General's report, children's brains go through a highly sensitive period of development between the ages of 10 and 19, when feelings of self-worth are forming. Frequent social media use may affect these feelings as children compare themselves to others they see online. In addition, functions like emotional learning, impulse control and emotional regulation may be affected.

- **Development of depression:** Johns Hopkins Medicine says research has demonstrated there are high rates of depression attributed to very low social media use and very high social media use. Finding a healthy

balance might not be as easy as it seems.

- **Addiction:** There is some evidence that children become addicted to checking social media, which can lead to addiction-like behaviors in other areas. According to The Addiction Center, a Web-based substance abuse resource, addiction to social media is driven by an uncontrollable urge to log on that impairs other important areas of life. Fear of missing out (FOMO) is another threat to kids' mental health.

- **Low self-esteem issues.** Children and teenagers who compare themselves to others' carefully curated online profiles (which usually are not telling the whole story) can develop feelings of inadequacy and body image issues.

- **Exposure to inappropriate content.** Social media may introduce children to content and images that are not appropriate for their age levels and capacity to understand and interpret. According to Dr. Murthy's report, deaths have been linked to suicide- and self-harm-related content, such as risk-taking challenges or asphyxiation content. Viewing this content normalizes these behaviors for some youngsters.

Although plenty of good can come from social media, parents are urged to exercise caution when giving children access to these platforms, which can affect kids' mental health in negative ways.

Help children safely navigate social media

Social media has its fair share of proponents and detractors. For proof of the former, one need look no further than numbers, as the advisory firm Kepios reported there were 5.22 billion social media users around the world at the start of October 2024. That translates to roughly 64 percent of the global population, a percentage that might upset detractors who see social media as a largely divisive entity that research has found can have an adverse effect on the physical and mental health of its users.

Social media certainly has its ups and downs, which is perhaps why so many parents feel like governing children's usage of platforms like Snapchat and Instagram is akin to walking a tightrope every day. Helping children safely navigate social media is no small task, but finding a way to do so can have a profound impact on youngsters' health. The American Psychological Association offers the following recommendations to parents and caregivers concerned about the safety of youngsters using social media.

- **Recognize social media features** that can be especially harmful. The APA notes that children can learn new social skills and communication strategies on social

media. That's a notable benefit of social media usage, but there are some harmful components that can be particularly detrimental to children's still-developing brains. The APA highlights like buttons and the use of artificial intelligence as particularly harmful features because they promote excessive scrolling. Adolescents may be especially vulnerable in this regard, as the APA notes that the brain undergoes dramatic developmental changes during adolescence, when areas of the brain associated with a desire for attention from peers become more and more sensitive. Social media can exploit that need, which is even more dangerous because the parts of the brain that govern self-control do not fully develop until early adulthood. Parents can limit usage of platforms that tally likes and set screen limits to minimize excessive scrolling.

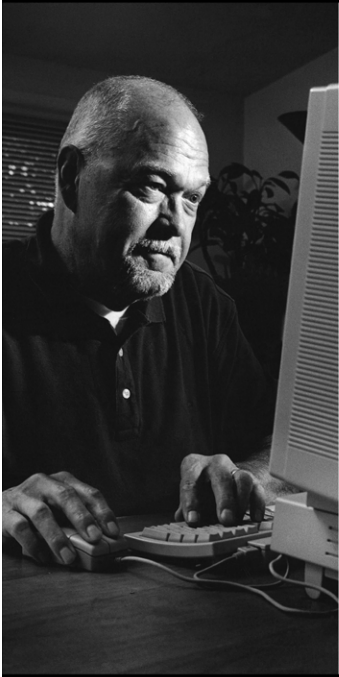
- **Monitor usage and maintain a dialogue** about it. The APA urges parents to monitor their children's social media usage, particularly during early adolescence. But it's equally important to maintain a dialogue with children about their social media usage. The APA notes studies have found that engaging in ongoing

discussions with adolescents about safe social media usage can help them navigate its dangers more effectively. Engaging youngsters each week also can make them feel more safe and not as though they're being judged about their usage. Discuss what they see and their understanding of what they see. Parents also can present hypothetical situations that may unfold on social media and ask them how they would respond.

- **Lead by example.** Children learn many of their behaviors from their parents, so if Mom and Dad exhibit poor social media habits, then youngsters are more likely to follow suit. The APA urges parents to avoid scanning social media during meals and family time. Parents also can self-govern their own usage, setting the same limits on time as they set for children. Periodic breaks from social media usage also can show children how it's alright to take a holiday from the platforms every once in a while.

Parents have a tall task ahead of them in regard to helping kids safely navigate social media. But various strategies can increase the chances kids have a positive social media experience.

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