



Your Story
MATTERS
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Columnist

Facing up to childhood trauma

It is not easy being a kid these days. Even in the best of circumstances, growing up in today's world certainly comes with challenges. Suicide rates have risen among teens — and sharply. According to the Centers for Disease Control, suicide for teens is up 28 percent since 2000. Suicide among girls age 15-19 has reached a 40-year high and has increased 30 percent for boys age 15-19 since 2000.

Suicide is now the third leading cause of death in young people age 10-24.

The digital age has made social comparisons, criticism, cyberbullying, and peer pressure daily companions for many of our youth. Furthermore, the bombardment of news, images, and information can create a state of unease, hypervigilance, and even sleep deprivation. The immediacy of information also means that one child's suffering is much more quickly absorbed by others who may then also be affected, creating its own contagion.

Simply going to school can be a daunting proposition for some children. Be it the prospect of being bullied, feeling socially isolated, academic challenges, a perceived lack of support, demands at home, or worries about acts of violence, school has become a battleground for too many of our youth. School personnel are often tasked with finding solutions to complex situations rooted often in the family, cultural, and society from which the child is a part of.

In 1994-1995 Kaiser Permanente conducted a

study comprised of 17,337 youth and assessed their exposure to adverse childhood experiences (ACEs) and prevalence of negative health outcomes. The experiences included exposure to abuse (sexual, emotional, physical), neglect, substance abuse, domestic violence, parental divorce/separation, household mental illness, and/or incarceration of a household member. Nearly two-thirds of the participants reported exposure to at least once ACE while nearly one-fifth reported exposure to three or more ACEs. The more ACEs a child was exposed to the more likely they were to have negative health outcomes throughout their lifetime. Adverse childhood experiences have been associated with a higher incidence to substance abuse, depression, heart disease, liver disease, chronic obstructive pulmonary disease, sexually transmitted diseases, suicide, unintended pregnancy, and more.

Children and teens affected by trauma may display a number of symptoms including altered sleep, appetite changes, distractibility, a change in academic performance, social withdrawal, anger, tearfulness, panic, body aches and pains,

substance abuse, and self-harm among others.

When discussing solutions and how to reverse or disrupt the effects of trauma among children, it is very important to address trauma with the parental figures as well. Trauma is all too often intergenerational and thus, parents may have their own adverse childhood experiences they have not effectively processed or confronted. Trauma for one family member often means trauma for multiple family members.

It is also important to recognize that there are real neuro-developmental changes when children are exposed to trauma that may alter behavior, impulsivity, and proclivity to risky or dangerous situations. This reinforces the need to transition from a punitive to a trauma-informed approach when addressing concerns.

Perhaps most powerful, let's stand up for our youth and be allies. It is important to not be dismissive and honor our youth's experiences. We need to listen and not be afraid to talk about the "touchy" subjects. And ultimately we need to ask ourselves how we may either be contributing to the problem or the solution.

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Dog days...

PHOTO BY JESS DRAPER

Furry Friends Foundation was on hand Saturday offering canine quilt show attendees respite from the heat with doggie splash pools. They also offered up tickets to win this dog-lover's dream quilt highlighting our national parks. Tickets are still available at www.furryfriendsfoundation.org. Drawing will be held September 3.

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