

CHILD ABUSE

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."¹ Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with child abuse is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about child abuse, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to child abuse, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on child abuse. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to child abuse, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on child abuse.

The Editors

¹ From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.

CHAPTER 1. STUDIES ON CHILD ABUSE

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on child abuse.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and child abuse, you will need to use the advanced search options. First, go to <http://chid.nih.gov/index.html>. From there, select the "Detailed Search" option (or go directly to that page with the following hyperlink: <http://chid.nih.gov/detail/detail.html>). The trick in extracting studies is found in the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Journal Article." At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display "whole records." We recommend that you type "child abuse" (or synonyms) into the "For these words:" box. Consider using the option "anywhere in record" to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the "Search in these fields" drop box. The following is what you can expect from this type of search:

- **Skin Lesions That Mimic Child Abuse**

Source: Patient Care. 33(9): 169-171,175-177,181-182,184,189-190,192. May 15, 1999.

Summary: This journal article provides health professionals with information on dermatologic conditions and traditional ethnic medicinal practices that mimic child abuse. Although skin lesions are the most common manifestation of child abuse, certain cutaneous disorders produce lesions that can be misinterpreted as evidence of child abuse. Conditions that can be mistaken for bruises include mongolian spots; phytophotodermatitis; Henoch-Schonlein purpura; coin rubbing, spoon scraping, and cupping; Ehlers-Danlos syndrome; hypersensitivity reactions; and lymphangiomas. In addition, dye from clothing may leave a color that can be mistaken for bruises. Conditions that can be mistaken for burns include staphylococcal toxin-mediated disease, phytophotodermatitis, cupping, moxibustion, epidermolysis bullosa,

immunobullous disorders, fixed drug eruption, and diaper dermatitis. Disorders characterized by alopecia that may be mistaken for traumatic hair loss include alopecia areata and trichotillomania. Conditions that can be mistaken for sexual abuse include perianal streptococcal disease, lichen sclerosus et atrophicus, bullous pemphigoid, Crohn's disease, and lymphangioma circumscriptum. The article describes the features of all of these conditions and explains how they differ from inflicted trauma. 19 figures, 1 table, and 16 references.

- **Child Abuse and the Otolaryngologist: Part I**

Source: *Otolaryngology-Head and Neck Surgery*. 128(3): 305-310. March 2003.

Contact: Available from Elsevier Science. (800) 654-2452. Fax: (212) 633-3820. E-mail: reprints@elsevier.com. Web site: www.us.elsevierhealth.com. PRICE: \$30 per online article.

Summary: Child abuse is a widespread problem in the United States, with nearly one million children being neglected and abused each year. Because 75 percent of cases involve injuries to the head, face, mouth, or neck, otolaryngologists are in a unique position to identify and report a vast majority of child abuse cases. Yet up to this point, very few specialists have been active in child abuse prevention. The first in a two-part series, this article reviews the different forms of child abuse, risk factors of abusive behavior, and the legal obligations of physicians to report suspicions of child abuse. An appendix includes contact information for agencies and societies that are dedicated to preventing child abuse and neglect.

- **Child Abuse and the Otolaryngologist: Part II**

Source: *Otolaryngology-Head and Neck Surgery*. 128(3): 311-317. March 2003.

Contact: Available from Elsevier Science. (800) 654-2452. Fax: (212) 633-3820. E-mail: reprints@elsevier.com. Web site: www.us.elsevierhealth.com. PRICE: \$30 per online article.

Summary: Child abuse is a widespread problem in the United States, with nearly one million children being neglected and abused each year. Because 75 percent of cases involve injuries to the head, face, mouth, or neck, otolaryngologists are in a unique position to identify and report a vast majority of child abuse cases. Yet up to this point, very few specialists have been active in child abuse prevention. The second in a two-part series, this article reviews the screening examination for child abuse, medical manifestations of child abuse, conditions that may be mistaken for child abuse, a suggested staff protocol for handling suspected child abuse cases, and reporting procedures.

- **Universal Home Visiting: A Recommendation From the U.S. Advisory Board on Child Abuse and Neglect**

Source: *Future of Children*. 3(3):184-191, Winter 1993.

Summary: In 1991, the United States Advisory Board on Child Abuse and Neglect recommended that the federal government implement a new initiative to phase in universal voluntary home visiting for children during the neonatal period to help prevent child abuse and neglect in the United States. According to the author, the 15-member Board's recommendation for home visiting was shaped by (1) Dr. David Olds' promising research findings regarding home visiting, (2) communications with providers of home visiting services around the country, and (3) the Board members'

intuitive belief that home visiting makes good sense. The Board debated several policy options before making the formal recommendation including (1) should the program be universal versus targeted and (2) should it be voluntary or mandatory. Five options for action were suggested to implement the recommendation: (1) Launch pilot projects, (2) direct appropriate sections of the Department of Health and Human Services (DHHS) to stimulate the development of volunteer programs, (3) direct appropriate sections of the DHHS to attempt to persuade insurers to cover the costs of home visiting, (4) direct the Assistant Secretary for Health to ensure that home visiting services are provided through the health care programs of the Indian Health Service, and (5) direct the Assistant Secretary for Health to attempt to persuade the Department of Defense to provide home visiting services to military families. The response from the DHHS and the U.S. Congress was not positive; hence, none of the directives were implemented. However, groups such as the National Committee for the Prevention of Child Abuse and the National Parent Aide Association liked the recommendations. The author concludes that although the recommendation was a failure, it gave more visibility at the federal level to this issue than ever given before, regardless of the political party in power. Efforts toward achieving a reduction in the incidence of child abuse must get under way now, and this is the time to implement home visiting programs since the need for effective strategies to address child abuse is greater than ever. 10 references.

- **Preventing Child Abuse: An Experimental Evaluation of the Child Parent Enrichment Project**

Source: *Journal of Primary Prevention*. 8(4):201-217, Summer 1988.

Summary: Researchers conducted an experimental evaluation of the Child-Parent Enrichment Project (CPEP), a program designed to prevent parenting problems and child abuse by enhancing parents' self-care and child-care skills. The study population consisted of 50 pregnant or postnatal women identified by community health or social service professionals as being at risk of engaging in child abuse. More than half of the participants were receiving public subsidies and 72 percent had family incomes of less than \$10,000. Twenty-four of the clients received CPEP services, and the remaining 26 clients received traditional community services. CPEP services involved 6 months of home visits by trained, paraprofessional parenting consultants and linkage to other formal and informal community resources. Multivariate analysis of covariance on posttest scores (controlling for pretest scores) show advantages for the CPEP group in prenatal care, birth outcomes, reported child temperament, and indicators of child welfare. In addition, CPEP mothers tended to report better personal well-being than women in the traditional care group. However, reports of child abuse were similar for both groups. These preliminary findings argue for further use and evaluation of perinatal child abuse prevention services. 45 references.

- **Approaches to Preventing Child Abuse: The Health Visitors Concept**

Source: *American Journal of Diseases of Children*. 130(9):941-947, September 1976.

Summary: The author recommends developing a national health visitors system as a strategy for preventing child abuse. It is routine for children to have periodic health assessments that include a standard history and physical examination. The author suggests supplementing these with standardized observations in the prenatal, perinatal, and postnatal care of families. The system would consist of lay health visitors (or nurses when available) who work with other health professionals to ensure that all of the children's basic health needs are met, especially during their first 4 years of life, by facilitating and ensuring access to comprehensive health care for all children. The health

visitors should be successful mothers who are able to share their experiences with less experienced young families and who will form a bridge between families and the health care system. They would get to know the families during pregnancy to establish a relationship and gain critical information and would visit regularly, not only in the first months of life but at least twice yearly in the second year of life and until the child reaches school age. Health visitors should go into the homes, weigh and measure the children, educate the family on health issues, and observe the family situation in order to determine what problems exist. Predicting and preventing child abuse is practical if standard observations are made early. By prioritizing early intervention, children receive some protection from inappropriate parenting. The utilization of visiting nurses or indigenous health visitors is an inexpensive, non-threatening, and efficient method of giving children the greatest possible chance to reach their potential. 4 tables.

- **Pediatric Acquired Immunodeficiency Syndrome: Barriers to Recognizing the Role of Child Sexual Abuse**

Source: American Journal of Diseases of Children; Vol. 147.

Contact: Duke University, Medical Center, P O Box 3971, Durham, NC, 27710.

Summary: The purposes of this review are to examine the failure of the medical community to investigate transmission of HIV to children by sexual abuse; and to determine the consequences of inadequate treatment of child sexual abuse as they pertain to pediatric AIDS. It covers the general barrier to the diagnosis of sexual abuse. The article describes the specific barriers to the assessment of sexually abused children for HIV infection and the converse situation; the diagnosis of sexual abuse in HIV-infected children. The authors offer several guidelines for removing these barriers and recommend HIV testing for sexually abused children and evaluation for sexual abuse among HIV-infected children.

- **Human Immunodeficiency Virus Transmission by Child Sexual Abuse**

Source: American Journal of Diseases of Children; Vol. 145.

Contact: Duke University, Medical Center, P O Box 3971, Durham, NC, 27710.

Summary: This study describes the results of the evaluation of sexually abused children, the circumstances surrounding the abusive experiences, the perpetrators, and the means by which the children had acquired HIV. Data from this study indicate that child sexual abuse was the proven mode of transmission in at least 4 percent of all the children in the study with HIV. The abused children lived in circumstances that put them at risk for sexual abuse and HIV infection (promiscuous adult sexual activity with multiple partners in the child's home; physical trauma; lack of barrier protection; genital mucosal lesions; and drug and alcohol use). Assailants abused children in spite of knowing themselves or the child to be HIV positive.

- **Prevention and Ecology: Teen-Age Pregnancy, Child Sexual Abuse, and Organized Youth Sports**

Source: American Journal of Community Psychology. 15(1):1-22, 1987.

Summary: A multilevel ecological analysis of issues that impact on children and families represents the best theoretical framework for preventive efforts. The author applies such an analysis to the problems of teenage pregnancy and child sexual abuse to demonstrate the importance of dealing with both the individual and that individual's immediate and extended social environment. An examination of the ecological roles of family, peers,

and other social systems in teenage pregnancy suggests that preventive strategies are embedded in these systems. An ecological analysis of child sexual abuse reveals that there is too little information to be mounting the sweeping prevention programs that are rapidly coming into existence. In conclusion, the author explores the potential of organized youth sports as a vehicle for prevention. 101 references.

- **Child sexual abuse**

Source: CQ Researcher. 3(2): 25-47. January 15, 1993.

Contact: Available from Congressional Quarterly, 1414 22nd Street, N.W, Washington, DC 20037. Telephone: (800) 432-2250. Individual issues \$4.00 for subscribers, \$7.00 for non-subscribers; quantity discounts apply to orders over ten.

Summary: This issue of 'CQ Researcher' examines various aspects of child sexual abuse. It provides an overview of the issues, reviews the background of this issue, considers the current trends in anti-abuse efforts, and notes the outlook for the future. Related side bars present information on the following: factors that contribute to making a child molester, barriers to children's communication about abuse and ways to change them, statistics on the components of child abuse, the debate about counting the number of victims, and estimates on the number of victims. It lists various organizations that can provide information and help, and it includes a bibliography.

- **Child sexual abuse prevention programs: The need for childhood sexuality education**

Source: SIECUS Report. 19(6): 1-7. August/September 1991.

Contact: Available from Sex Information and Education Council of the U.S, 130 West 42nd Street, Suite 350, New York, NY 10036. Telephone: (212) 819-9770 / fax: (212) 819-9776.

Summary: This article discusses current trends in child sexual abuse prevention programs, highlighting topics of interest to parents and professionals and discussing future trends. The topics covered include the concept of the touch continuum, empowerment models, the fact that the prevention programs actually serve as identification programs; factors that will affect the development of future programs are also considered. Another article by T. C. Johnson, 'Understanding the Sexual Behaviors of Young Children,' examines a range of sexual behaviors commonly observed in children under 12 years of age.

- **Testing the Sexually Abused Child for the HIV Antibody: Issues for the Social Worker**

Source: Social Work; Vol. 38, No. 4.

Contact: National Association of Social Workers, Distribution Center, PO Box 431, Annapolis JCT, MD, 20701.

Summary: This article discusses the benefits of identifying children who have been infected with HIV through sexual abuse and reviews guidelines for testing. It describes the role of the social worker in test decision making when perinatal HIV transmission is a possibility, when testing the abuser may be possible, and when there is parental insistence on testing. It also addresses family education and coping; physician education and support; social casework and research with pedophiles; and service needs for care and follow-up of children found to be HIV infected as a result of sexual abuse.

Federally Funded Research on Child Abuse

The U.S. Government supports a variety of research studies relating to child abuse. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to child abuse.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore child abuse. The following is typical of the type of information found when searching the CRISP database for child abuse:

- **Project Title: "ENGAGING MOMS." AN INTERVENTION FOR FAMILY DRUG COURT**

Principal Investigator & Institution: Dakof, Gayle A.; Epidemiology and Public Health; University of Miami Box 016159 Miami, FL 33101

Timing: Fiscal Year 2003; Project Start 01-SEP-2003; Project End 31-MAY-2007

Summary: (provided by applicant): During the last 15 years, there has been a dramatic increase in the incidence of both child abuse/neglect and drug abuse among women of childbearing age (Kandel, Warner, & Kessler, 1998; Reid, et al, 1999). Thus, the problem of **child maltreatment** and maternal substance abuse is a public health problem of the utmost significance (Magura & Laudet, 1996). Judicial and child welfare systems throughout the nation have turned to family drug courts as a possible solution to this problem. However, few scientifically rigorous investigations of drug courts have been done, and many questions remain regarding their effectiveness, essential features, and influence on drug and nondrug outcomes. In response to the growing need for effective family drug court interventions and empirical investigation of their outcomes, we propose a treatment development project exploring the use of a promising family-based intervention, the Engaging Moms Program, within the family drug court context. This application proposes a 4-year Stage 1a/1b Behavioral Therapies Development project with the overarching goal of further developing and pilot testing an innovative family drug court intervention designed to help drug abusing others succeed in family drug court. Initial studies of the Engaging Moms Program suggest that it holds sufficient promise to warrant further development and systematic testing (Dakof et al, in press; Dakof, Cohen & Quille, in preparation). This application has 4 primary aims: (1) develop a manualized, court-based family intervention, the Engaging Moms Program (EMP), as an alternative to standard family drug court case management services, (2) develop training manuals and materials, (3) develop adherence/competence measures, and (4) experimentally compare, in a randomized pilot study (N=60), acceptability and efficacy of the Engaging Moms Program (EMP) versus standard family drug court case management services (CMS). The pilot test of EMP will be carried out in the real-world

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

setting of family drug court, using existing drug court staff to deliver the court-based interventions. Drug use outcomes and changes in psychosocial functioning (comorbidity, parenting skills, family environment) will be assessed at 5 assessment points, beginning with intake, that coincide with the phases of drug court (3, 6, 9, and 12 months post-intake). Drug court outcomes of graduation status and reunification status will also be assessed. If funded, this project would be one of the first scientific investigations of family drug court. It has the potential to make a major contribution to the enhancement of family drug court programs, and can provide the foundation for a full-scale Stage II clinical trial in this understudied area focusing on an underserved population.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: ACCIDENTAL AND NONACCIDENTAL PEDIATRIC BRAIN INJURY**

Principal Investigator & Institution: Ewing-Cobbs, Linda K.; Associate Professor; Pediatrics; University of Texas Hlth Sci Ctr Houston Box 20036 Houston, TX 77225

Timing: Fiscal Year 2001; Project Start 01-AUG-1994; Project End 31-AUG-2005

Summary: Neurosurgical outcome studies of traumatic brain injury (TBI) identify strikingly high rates of mortality and morbidity in infants and young children. As few prospective longitudinal outcome studies have been completed, the objective of this proposal is to examine factors influencing the outcome of infants and young children who sustain TBI from either physical **child abuse** (inflicted) or accidental (noninflicted) causes. To more clearly dissociate the effects of age, external cause of injury, and severity of brain injury, we propose to study the following Specific Aims: 1) to characterize the influence of age at injury, inflicted versus noninflicted TBI, structural damage to brain regions, and disturbance of consciousness on outcome; 2) to relate family characteristics and executive function deficits to the development of social competence, self-regulation, and academic skills; and 3) to identify relationships of regional and global cerebral volume based on quantitative MRI to outcome domains. We propose 3 interrelated prospective, longitudinal neurobehavioral follow-up studies of young children sustaining inflicted or noninflicted TBI. Study 1 will follow the cohort of children enrolled in the initial funding period to assess the long-term effects of inflicted and noninflicted TBI sustained from 0-71 months of age on the expanded outcome domains. Study 2 will enroll a new cohort of children ages 0-35 months with either inflicted or noninflicted TBI to address the influence of age, injury characteristics, and quantitative neuroimaging findings on the developmental trajectory of cognitive and social outcomes. Study 3 will examine the relationship between quantitative neuroimaging findings, executive functions, and the development of academic skills in children sustaining noninflicted TBI between 36-59 months. Studies 2 and 3 will follow children at baseline, 3, 12, and 24 months after injury; quantitative MRIs will be obtained at 3 and 24 months. Noninjured comparison children from sociodemographic backgrounds comparable to the injured children will be recruited for each study and followed on the same schedule. Current knowledge will be extended by assessment of 1) a multifactorial index characterizing severity of TBI, 2) dissociation of effects of age at injury and cause of injury, 3) relationships between regional cerebral volume and outcome domains, 4) the impact of early TBI on the developmental trajectory of executive functions, and 5) relationships between family and injury variables that moderate cognitive, behavioral, and affective development.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: ADAPTATION TO SEXUAL ABUSE FROM CHILDHOOD TO ADULTHOOD**

Principal Investigator & Institution: Feiring, Candice; Professor; Pediatrics; Univ of Med/Dent Nj Newark Newark, NJ 07103

Timing: Fiscal Year 2001; Project Start 01-SEP-1993; Project End 31-MAY-2004

Summary: This is a continuation of grant R01 MH49885, "Adaption to sexual abuse in childhood and adolescence." Although sexually abused children vary widely in their adjustment, limited work is available on processes that can help explain individual differences in symptomatology. Our research examines variations in children's adjustment to the trauma of sexual abuse as a function of shame and attribution style measured at the time of discovery and as they develop through adolescence and into adulthood. Greater shame for the abuse and self-blaming attribution style should be related to more psychological distress including more symptoms of depression. Post-Traumatic Stress Disorder (PTSD), problems with sexuality and substance abuse, and dissociation. Although at the time of abuse discovery, shame and self-blame vary as a function of abuse severity, over time these process variables are more likely to become related to risk (e.g, stress events) and protective (e.g., support) factors than to the abuse. We propose to examine the extent to which risk and protective factors are related to shame and self-blame which in turn are hypothesized to be related to symptomatology. The currently funded study (spanning childhood to middle adolescence) has maintained a sample of 160 participants. We propose to follow the current sample of children and adolescents. Studies of children, with few exceptions, have looked at immediate impact or followed abuse victims for a year or less. Following this sample from adolescence into adulthood will allow us to examine the extent to which initial and subsequent patterns of shame and a self-blaming attribution style explain variations in later problems. This study has important implications for the development of theory and research based treatment strategies. The greatest potential for designing effective interventions is to study the mechanisms that explain how children and adolescents become symptomatic and the developmental nature and course of such symptoms, as well as differences in how individuals process their sexual abuse.

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- **Project Title: ADOLESCENT DISCLOSURE OF ABUSE IN PRIMARY CARE SETTINGS**

Principal Investigator & Institution: Diaz, Angela; Pediatrics; Mount Sinai School of Medicine of Nyu of New York University New York, NY 10029

Timing: Fiscal Year 2002; Project Start 15-JUL-2002; Project End 30-JUN-2007

Summary: The purpose of this application is to support the career development of Angela Diaz, MD so that she becomes an independent research focusing much needed attention on the identification and treatment of abused adolescents. As Director of the Mount Sinai Adolescent Health Center (AHC), she recognizes the need for culturally sensitive and developmentally appropriate intervention programs for primary care settings. Such treatment must begin with full disclosure of victimization by adolescents and with diagnosis of the impact of abuse. The primary aim of this research project is to examine the reliability of different screening methodologies for **child maltreatment** and abuse during adolescence and subsequently test if there are variations in disclosure rates associated with the different screening methodologies. Standardized across all three screening methodologies will be the Comprehensive Childhood Maltreatment Inventory, a measure that has demonstrated reliability among young adults. In two

separate phases, Dr. Diaz will first explore the reliability of three different screening methodologies in a primary care setting (self-administered, ACASI, and physician-directed inquiry) all using the CCMI. Dr. Diaz hypothesizes that all methods will have acceptable test-retest reliability; however, physician-directed inquiry will have the highest test-retest reliabilities as compared to other screening methodologies. Then, Dr. Diaz will use a randomized experimental design to determine if there are differences in adolescents' disclosure rates that are associated with a given screening methodology. Then, Dr. Diaz will use a randomized experimental design to determine if there are differences in adolescents' disclosure rates are associated with a given screening methodology. She hypothesizes that disclosure rates will be greatest where adolescents presenting in a primary care setting are directly asked about abuse and trauma by a physician as compared to the other screening methodologies. The secondary aim of this plan is to explore differences between those who disclose abuse as compared to those who do not relative to demographics, psychosocial and health utilization variables. Dr. Diaz also hypothesizes that disclosers will report more risky psychosocial behaviors and higher rates of health utilization, regardless of disclosure condition. A Career Development Award would enable Dr. Diaz to take classes to enhance and develop her skills in research design, data analysis, and psychometric methods. In addition, she would receive primary mentoring throughout this award from Terence M. Keane, Ph.D., a noted researcher that has developed and validated many of the leading diagnostic and assessment tools utilized in the evaluation of trauma exposure and PTSD. Thus, the training opportunity would enable Dr. Diaz to acquire mentored research skills to enhance the health and well-being of abused adolescents, and learn how to assess abuse and diagnose its effects.

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- **Project Title: ADOLESCENT PSYCHOPATHOLOGY AND ALCOHOL USE DISORDERS**

Principal Investigator & Institution: Clark, Duncan B.; Associate Professor; Psychiatry; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260

Timing: Fiscal Year 2001; Project Start 01-SEP-1999; Project End 31-AUG-2004

Summary: This Independent Scientist Award (K02) is proposed for the applicant to acquire necessary skills to apply the developmental psychopathology conceptual framework and innovative statistical techniques for categorical longitudinal data to creating a model for the relationships among alcohol use disorders (AUD) and other mental disorders in adolescence. Based on empirical findings to date, the specific hypotheses focus on antisocial disorders (i.e., conduct disorder, oppositional defiant disorder) and negative affect disorders (i.e., mood and anxiety disorders) as possible predictors, consequences, or moderators of the structure, course and consequences of adolescent AUD. The applicant, trained as a child clinical psychologist and adult psychiatrist, is the Scientific Director of the NIAAA-funded Pittsburgh Adolescent Alcohol Research Center (PAARC). The career development plan focuses on the acquisition of a thorough foundation in statistical modeling techniques and related methodological issues, including the implications of sampling strategies, missing data imputation, model selection, and controversies concerning causal inference from observational data. The applicant will learn statistical methods based on regression for modeling time-dependent relationships among continuous and categorical variables. The focus on methods for categorical variables is relevant to longitudinal research involving symptom and diagnostic categories. Relevant statistical techniques include methods for observed variables, including proportional hazards and random regression

modeling and methods for latent variables, including latent class analysis, latent transition analysis, and growth mixture modeling with latent trajectory classes. Bayesian approaches to model selection and causal inference will also be considered. These methods will be specifically applied to examining the relationships among AUD, antisocial disorders, and negative affect disorders using longitudinal data from PAARC (n=1000 adolescents). Methods for evaluating the extent and the influence of sampling bias will be assessed through comparison of the model generated using PAARC data with models generated with other data sets, including studies using high-risk and community sampling approaches. The integration of the concepts of developmental psychopathology with innovative longitudinal statistical modeling methods will contribute to the applicant's long-term career goal to advance research on adolescent AUD by clarifying the importance of psychopathology in determining the structure, course and consequences of adolescent alcohol abuse and dependence.

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- **Project Title: ADOPTION AND LATE ADOLESCENT WELL-BEING**

Principal Investigator & Institution: Miller, Brent C.; Vice President for Research; Family, Consumer and Human Development; Utah State University Logan, UT 84322

Timing: Fiscal Year 2001; Project Start 14-DEC-1998; Project End 28-FEB-2004

Summary: This is a competing continuation application designed to extend our current research about the adjustment of adopted adolescents, using the National Longitudinal Study of Adolescent Health (Add Health). Recent analyses of standardized mean differences with the Add Health sample show that adopted adolescents are at higher risk than non-adoptees in most of the domains examined. There are similar proportions of adopted and non-adopted adolescents in the mid range of most outcome variables, but ratios are 3: 1 or greater for adoptees over non-adoptees near the negative tails of outcome variable distributions (e.g., school problems, substance use, and psychological problems). These differences at the extremes help to explain why adoptees are several times more likely to receive mental health counseling than non-adopted peers. Further analyses show that family characteristics and adoption status also predict mental health counseling, beyond what is explained by the extent of adolescents' problems. Critically important next steps are to explain why some adopted adolescents have problems, while others do not, and to determine whether problems evident in adolescence extend into, young adulthood. A new series of questions in Add Health Wave In will make it possible to test key moderators of adoption related experiences, such as neglect and abuse in childhood. We hypothesize that such adverse early life experiences (associated with foster care and later age of adoptive placement) will predict poorer adjustment in adolescents, but that family processes and other relationships will mediate these links. Adoption (with or- without- early trauma) may accelerate or delay timing of key transitions, into young adulthood. Compared with non-adoptees, and those adopted as infants, we hypothesize that adoptees with adverse early life experiences will be more likely to have off time and out of order transitions (e.g., leaving home, schooling, jobs, childbirth), leading to further life course difficulties. Continuation analyses also will examine the development-of adolescent heterosexual relationship formation, fertility-related behavior, and adoptees' searching and contact with birth parents. Understanding the complex relationships among these adoption related experiences, the mediating role of contextual factors, and their influence on adolescent and young adult adjustment, will provide important information to guide adoption practice and policy.

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- **Project Title: ANGER AND PARENT-TO-CHILD AGGRESSION**

Principal Investigator & Institution: Mammen, Oommen K.; Psychiatry; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260

Timing: Fiscal Year 2001; Project Start 01-JUL-2000; Project End 30-JUN-2005

Summary: This is a revised Mentored Clinical Scientist Development Award application that describes a program of training and research on the correlates and treatment of parent-to-child aggression in parents who have physically abused their child. The candidate's goal is to acquire the training needed to conduct controlled trials of integrated psychotherapeutic and psychopharmacologic interventions designed to reduce parent-to-child aggression. This goal is to be achieved through the proposed research and through the educational plan consisting of independent study, courses in statistics and research design, and clinical work with abusive families. Because child physical abuse (CPA) involves parent-to-child aggression, the wealth of literature on aggression in other settings can be used to better understand CPA. The proposed study is informed by the following findings: anger contributes to aggressive behavior, persons with high compared to low levels of anger show more aggressive behavior, and serotonergic antidepressants such as fluoxetine reduce anger and aggression. This randomized double-blind placebo controlled study will examine whether fluoxetine adds to standard treatment for physically abusive parents in the community, by examining the effectiveness of fluoxetine in reducing aggression among abusive parents assigned to Fluoxetine plus Treatment-as-Usual (TAU) or Placebo plus TAU. A causal model of parental aggression will also be examined. Specifically, the role of anger will be examined as a mediator of the effects of the following variables implicated in CPA: psychopathology (depression and anxiety), social cognition, physiologic arousability, impulsivity and selected ecological factors. Eighty abusive parents will be studied. In contrast to cognitive-behavior therapy, fluoxetine may reduce aggression through reducing the intensity of angry emotion and its attendant arousal and aggressive action tendencies. Thus, if fluoxetine reduces parental aggression, it may prove to be a useful adjunct to psychotherapeutic interventions currently used to treat CPA. Prior studies of abusive parents have not examined these variables within a single sample and there are no trials of antidepressants in this group. This application, which combines training and experience in causal and treatment research, may contribute to the understanding and treatment of child physical abuse.

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- **Project Title: BIOMECHANICAL INVESTIGATION OF PEDIATRIC ACCIDENTS**

Principal Investigator & Institution: Bertocci, Gina E.; Assistant Professor & Director; Rehabilitation Science/Tech; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260

Timing: Fiscal Year 2002; Project Start 01-APR-2002; Project End 31-MAR-2004

Summary: (provided by applicant): **Child abuse** and neglect is the leading cause of trauma-related death in children < 4 years age, killing more children than motor vehicle crashes and drowning combined. Every year in the US, nearly 2,000 children die, 18,000 are permanently disabled, and 150,000 children are seriously injured from **child abuse** and neglect. Fractures are second only to bruising as a presentation of abuse and indicate the child is being subjected to trauma that is potentially life threatening. Humerus fractures are common in **child abuse**, especially children 1 year or less, but can also occur accidentally. Because caregivers fabricate histories as to how the injury occurred, and because children are too young or often afraid to communicate what

happened, the clinician must decide if the reported accident history and injury are consistent and compatible. A current lack of biomechanical understanding of fractures in children makes differentiation between intentional and unintentional trauma more difficult. Decisions are typically empiric rather than evidence-based, resulting in both missed cases of abuse and over-diagnosis in innocent families. Because the child's safety may rest on this single determination, a more scientific approach is needed. Before one can better identify injuries resulting from **child abuse**, one must first gain a more scientific understanding of the injury mechanisms and the resulting forces necessary to generate fractures in the infant and child. The PIs have chosen to focus their study on those children 0-10 years who present with accidental humerus fractures. The study is designed to increase scientific knowledge of pediatric humerus bone strength through assessing bone geometry using plain x-rays and bone mineralization using dual energy x-ray absorptiometry (DXA). Additionally, for each case they intend to advance the biomechanical understanding of pediatric accidents through scene investigations coupled with biodynamic calculations characterizing the accident. By building a database of these case-based injury scenarios that are truly unintentional and well documented, the PIs can begin to better understand the relationship between intrinsic biological properties of bone, fracture incidence and extrinsic biomechanical characteristics of a specific injury scenario. The proposed comprehensive model, which focuses on the relationship between case-specific intrinsic biological properties and extrinsic biomechanical characteristics of the specific accident, is the first step towards aiding clinicians in objectively identifying false accident histories. Through the use of computer simulation techniques they will further the understanding of how accident environment factors can influence key biomechanical measures associated with injury risk. The project specific aims include: 1. Conduct a clinical study in young children with humerus fractures to explore the relationship between radiographic derived bone properties and biochemical measures. 2. Develop and validate computer simulation models to investigate the biomechanics of hypothetical common pediatric falls. The long term goal is to develop a clinical tool that predicts the likelihood of pediatric fracture for a given accident scenario aiding clinicians in determining between intentional and unintentional injury.

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- **Project Title: BRIEF INTERVENTION IN AT-RISK FIRST-TIME MOTHERS**

Principal Investigator & Institution: Ondersma, Steven J.; Assistant Professor; None; Wayne State University 656 W. Kirby Detroit, MI 48202

Timing: Fiscal Year 2001; Project Start 25-APR-2001; Project End 31-MAR-2006

Summary: (Applicant's Abstract) CANDIDATE. The applicant is a child clinical psychologist with a background in **child maltreatment**, including work with mothers of drug-exposed infants. His goal is to validate interventions that facilitate readiness to change in parents at risk of **child maltreatment**, especially those at risk due to substance abuse. The proposed K23 award will make possible close supervision from Dr. Schuster and the advisory team, observation of state of the art programs, graduate coursework, and applied experience, through which the applicant will gain advanced skills in (a) research methodology and data analysis, especially regarding clinical trials; (b) substance abuse and motivational models; (c) culturally sensitive and ethical research with a vulnerable population; and (d) the measurement of attachment in infancy, as well as an increased record of scholarly productivity. ENVIRONMENT. Wayne State University is a Carnegie I research institution. Access to WSU's many senior researchers, including Dr. Schuster's productive clinical research division and faculty with expertise

in perinatal substance abuse, longitudinal research, **child maltreatment**, and attachment, is available. The applicant has extraordinary support from his institute's director and from WSU's Vice President for Research, and will be freed of all teaching or clinical duties. RESEARCH PLAN. The above training will inform and be continued through the research plan, which is based on a model hypothesizing readiness to change as a mediator of the relationship between risk/protective factors and **child maltreatment**, especially in a services-rich environment. Intensive, barrier-free early intervention programs aimed at **child maltreatment** prevention (especially those targeting substance-abusing and other high-risk populations) have faced significant problems with engagement and retention, causing reductions in overall effectiveness and less efficient use of resources. To address the gaps between (a) availability of/need for services and service utilization, and (b) need for and readiness for change, theory and technique from the substance abuse field - including brief motivational interventions, the use of operant behavioral principles, and a "check-up" model - will be applied via a brief intervention with first-time parents in an urban Detroit hospital. Following a development and pilot phase, a small-scale clinical trial will assess the impact of a brief motivational intervention on maltreatment, attendance at community programs, and risk-related change.

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- **Project Title: CAUSES AND ASSESSMENT OF CHILD NEGLECT**

Principal Investigator & Institution: Kaufman Kantor, Glenda K.; Research Associate Professor; Family Research Laboratory; University of New Hampshire Service Building Durham, NH 038243585

Timing: Fiscal Year 2001; Project Start 22-SEP-2000; Project End 30-JUN-2003

Summary: This study will address two interrelated and crucial aspects of research that received inadequate attention in studies of neglect: measure development and estimates of prevalence. Lacking adequate measures, few studies have attempted to estimate community prevalence rates of neglect, apart from the more general category of maltreatment. A related deficiency that this study will address is failure to obtain neglect data from the perspective of children and fathers. To address these deficiencies the investigators will develop child self-report and parent-self-report versions of the Multidimensional Neglect scale. This instrument measures four dimensions of neglect: Physical, Emotional, Supervisory, and Cognitive. The resulting instruments will be used to assess the prevalence and chronicity of neglect by means of a survey of a community sample of 1000 Maine households, seeded with a clinical neglect sample of 300 families. The child self-report measure will be used with a sample of 300 children who have been assessed at a clinic specializing in **child maltreatment**. The resulting data will be used to assess the validity and reliability of the Multidimensional Neglect Scale and to develop normative tables that can be used to compare a given case with the general population and known cases of neglect, and to evaluate children being assessed or treated for maltreatment relative to other children in that situation. The study will also describe characteristics of neglectful families in community and clinical samples; describe the relationship of neglect to child behavior problems; determine the relationship between domestic violence and/or parental substance abuse to **child neglect**; and determine the relationship of parental depression to parental attachment and **child neglect**. The availability of these instruments will provide an important first step in enhancing the ability of providers to target primary prevention steps, to evaluate and recommend appropriate care for victims of neglect, and to influence eventual health outcomes for children and families.

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- **Project Title: CHILD ABUSE REPORTING EXPERIENCE STUDY (CARES)**

Principal Investigator & Institution: Flaherty, Emalee G.; Children's Memorial Hospital (Chicago) Chicago, IL 606143394

Timing: Fiscal Year 2001; Project Start 30-SEP-2001; Project End 29-SEP-2005

Summary: The number of children who are maltreated each year in the US continues to increase. Despite this alarming statistic, primary care practitioners (PCPs) are not frequent reporters of suspected **child abuse** (SCAN) to government child protection agencies (CPS). The reasons for this are not yet understood. This proposed research will provide the first comprehensive description and analysis of the management of SCAN in primary care practices. This study is a prospective descriptive study of practitioner management of 16,000 childhood injuries. Data will be collected in the Pediatric Research in Office Setting (PROS) Network using a protocol that is derived from one that was piloted in a regional practice-based research network (PBRN). Four hundred PROS PCP will each gather information about 40 consecutive injury visits. They will report medical diagnosis, demographic information, and their level of suspicion for child physical abuse. Follow-up telephone calls to the PCP will elicit further information about the management of these injuries. This data will be used to construct vignettes. The response of a panel of **child abuse** experts to these vignettes will be used to evaluate the PCP management of suspected abuse and the rate of false positive and false negative reports to CPS. The data collected will be used to address the following specific aims concerning the care of SCAN by PCPs: (1) Identify PCP related factors that affect identification of maltreatment; (2) Identify PCP related factors that affect management of any suspicious injuries; and, (3) Assess the validity of PCP management of childhood injuries. Multivariate logistic regression modeling will be used to develop a robust model of PCP decision-making concerning SCAN. This study will provide the most thorough description ever of SCAN in primary care, thus providing important data needed for both research and policy in the area of **child abuse** identification and management.

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- **Project Title: CHILD EXPOSURE TO VIOLENCE & PTSD ACROSS URBAN SETTINGS**

Principal Investigator & Institution: Earls, Felton J.; Professor; Maternal and Child Health; Harvard University (Sch of Public Hlth) Public Health Campus Boston, MA 02460

Timing: Fiscal Year 2001; Project Start 01-FEB-1997; Project End 31-OCT-2002

Summary: (Adapted from applicant's abstract): Under auspices of the Project on Human Development in Chicago Neighborhoods, 6,000 males and females, having the initial ages 1, 4, 7, 10, 13, and 16, and residing in 80 neighborhoods in Chicago will be assessed, along with their caregivers, in annual home-based sessions over a 4 year period. These six age groups constitute separate overlapping cohorts which will be studied simultaneously in a single longitudinal design. The assessments of these children will ascertain the source, frequency, and severity of their exposure to violence and the consequences of such exposure for subsequent psychiatric disorder, social, psychological, physiological, and academic functioning. An important feature of the longitudinal cohort design is that it is embedded in a community study of the social organization of neighborhoods, schools and families that has yielded multi-level, multi-

method measures of ambient violence within each of these social contexts. The consolidation of longitudinal and community designs is the product of several years of advance work by an interdisciplinary group of researchers in which theoretically derived measures of neighborhood social organization have been achieved, the analytic methods for studying multi-level, longitudinal designs developed and tested, and a comprehensive protocol for measuring individual and family level risk factors composed and piloted. The aims of the study are of both a descriptive and analytic nature. The descriptive goals are to determine the prevalence and correlates of exposure to violence and PTSD in the context of a large urban environment varying markedly in the social class and ethnic group compositions of its neighborhoods. The analytic aims relate to an examination of the causal links between exposure to violence and PTSD and other psychiatric disorders, as well as to an investigation of the consequences of such exposure for the cognitive, social, and academic functioning of children. To augment this population-level analysis, a detailed assessment will be conducted of a subsample characterized by exposure to either acute or chronic violence. The focus of this effort will be on understanding the role that adrenal regulation of stress, as reflected in salivary levels of cortisol, plays in mediating the consequences of traumatic experiences. The study promises to advance current understanding of the causes and prevention of PTSD in children and to improve the planning and efficacy of health promotion and violence prevention activities at the local community level.

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- **Project Title: CHILD MALTREATMENT AND LATER DRUG USE**

Principal Investigator & Institution: Hussey, Jon M.; Maternal and Child Health; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2003; Project Start 10-APR-2003; Project End 31-MAR-2005

Summary: (provided by applicant): The goal of this research is to further our understanding of the relationship between **child maltreatment** and subsequent drug use during adolescence and young adulthood. A wealth of correlational evidence suggests that an increased risk of drug use may be one of the most serious consequences of **child maltreatment**, but broad gaps in our knowledge remain. This study will extend our understanding of the maltreatment substance use association by employing a theory-driven design, attempting to identify key intervening mechanisms, including measures of the major forms of maltreatment and the major types of substances used, and by utilizing a large, nationally representative, and longitudinal data set. The specific aims of the study are to 1) provide detailed national estimates of adolescent and young adult drug use by childhood maltreatment status; 2) describe the natural history of drug use by childhood maltreatment status; and 3) test a conceptual model of maltreatment and substance use that identifies social ties to family, school, and peers as key intervening mechanisms. The data used to address these aims come from the National Longitudinal Study of Adolescent Health (Add Health), a nationally representative, probability-based survey of adolescents in grades 7-12 first interviewed in 1995 and then re-interviewed in 1996 and 2001. Self-reported measures of neglect, physical maltreatment, sexual abuse, and social service involvement experienced prior to the 6th grade are included on the Wave III instrument, when respondents will be 18-26 years old. The addition of these retrospective maltreatment reports, when combined with the wealth of repeated measures on drug use, social relationships, and other determinants of health behaviors found in Add Health, will create a new, unique, and valuable data source for examining this topic. The results from this project should inform drug abuse prevention and

intervention programs, particularly those that specifically target victims of **child abuse** and neglect.

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- **Project Title: CHILD NEGLECT--CROSS SECTOR SERVICE PATHS AND OUTCOMES**

Principal Investigator & Institution: Jonson-Reid, Melissa; None; Washington University Lindell and Skinker Blvd St. Louis, MO 63130

Timing: Fiscal Year 2001; Project Start 30-SEP-2000; Project End 31-AUG-2003

Summary: Despite consensus about the need to coordinate services for neglected children and their families due to the co-morbidity of neglect with other social problems, we lack even a basic understanding of the cross-sector service patterns of this population. This gap in the knowledge base seriously hampers efforts to evaluate services and policy in order to improve the efficiency and efficacy of services. "Child Neglect: Cross Sector Service Paths & Outcomes" (CSSPO), will address this gap through a large-scale longitudinal analysis of cross-sector utilization by neglected children and their families which is linked to outcomes at the family (e.g. family reunification, etc.) and child (e.g. death, incarceration) levels. Using administrative data drawn from education, health, juvenile justice and social service, agencies, this accelerated panel study compares the cross sector service paths and outcomes of children in families receiving AFDC and reported to child welfare agencies for (1) neglect (n=4,880), (2) physical abuse (n=1,394), (3) sexual abuse (n=358); and, (4) more than one type of maltreatment (n=1,242). These groups will be compared to a matched group of children in families receiving AFDC in 1993, but not reported to child welfare agencies (n=8,000) Within each sample group, children aged birth to 12 years will be grouped into four age cohorts (birth to 3 years, 3 to 6 years, 6 to 9 years, and 9 to 11 years) and followed for eight years (1993-2001). The accelerated panel design allows for the statistical analysis of 19 years of development in only eight years. This proposal addresses several gaps in the research as identified by the current RFA, combining a focus on service delivery with consideration of consequences (our outcomes) related to neglect. The study will examine: (1) Cross-sector service use consideration of consequences (our outcomes) related to neglect. The study will examine: (1) Cross-sector service use consideration of consequences (our outcomes) related to neglect. The study will examine: (1) Cross-sector service use (sequence, frequency, co-occurrence & duration) in the five study groups. (2) The relationship of service patterns to later child and adolescent outcomes (e.g. mortality, foster care entry, entry into Special Education, etc.). (3) The later child and adolescent outcomes (e.g. mortality, foster care entry, entry into Special Education, etc.) (3) The association between positive family outcomes in child welfare and income maintenance programs (e.g. employment reunification, etc.) with child and adolescent outcomes. Analyses will be conducted within an ecodesvelopmental framework, examining the influence of neglect while controlling for child, family, service sector use and community level factors. This study will build knowledge critical to effective service delivery and policy development related to serving children and their families reported to child welfare agencies for neglect.

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- **Project Title: CHILD SEXUAL ABUSE IN ZAMBIA:EPIDEMIOLOGY AND PREVENTION**

Principal Investigator & Institution: Allen, Susan A.; Associate Professor; Epidemiology & Interntl Health; University of Alabama at Birmingham Uab Station Birmingham, AL 35294

Timing: Fiscal Year 2003; Project Start 01-APR-2003; Project End 31-MAR-2006

Summary: (provided by applicant): **Child sexual abuse** (CSA) is epidemic globally. In studies of adults in the United States and Canada, 20%-25% of women and 5%-15% of men have experienced sexual abuse. Zambia is a country in sub-Saharan Africa where the problem of CSA is compounded by HIV prevalences exceeding 25% in urban adults. Zambia's economic indicators are among the worst on the African continent and the numbers of orphans and street children are increasing. These children are particularly vulnerable to CSA. Though there is significant emphasis on prevention of mother to child HIV transmission in Zambia, HIV transmission through CSA remains a neglected issue. In neighboring Zimbabwe, 8% of CSA victims ≤ 12 years of age have HIV. Most abused children in Zambia come to medical attention because of a sexually transmitted disease (STD). Beyond treatment of the STD, services are limited. Resources for follow-up and psychological counseling are lacking. In most cases, due to economic constraints, legal proceedings against the perpetrator are not instituted and the abuse continues. The Zambia-UAB HIV Research Project (ZUHRP) has an established NIH funded research infrastructure in Lusaka, the capital city of Zambia. This FIRCA proposes to expand the research agenda of NICHD ROI 40125-02 "Family planning promotion in HIV infected Zambian couples" (7/01-6/06) through the addition of research on CSA. This research will be conducted in collaboration with district clinics and at the University Teaching Hospital (UTH) in Lusaka, with specialists in CSA, pediatrics, counseling, and HIV/STD. For the first time, the prevalence of CSA and predisposing circumstances will be systematically examined while we develop procedures that strengthen the medical and psychosocial management of sexually abused children. We will form partnerships with law enforcement and social service agencies in Zambia, including both governmental and non-governmental sectors. Over a three-year period, our goal is to obtain baseline data and establish a collaborative framework for future ROI funded studies of pediatric HIV reduction strategies through CSA prevention. Linkages with regional and international organizations will provide critical preparation for these efforts.

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- **Project Title: CHILD TREATMENT IN HISPANIC MIGRANT POPULATIONS**

Principal Investigator & Institution: De Arellano, Michael A.; Research Assistant Professor; Psychiatry and Behavioral Scis; Medical University of South Carolina 171 Ashley Ave Charleston, SC 29425

Timing: Fiscal Year 2001; Project Start 01-SEP-2000; Project End 31-AUG-2005

Summary: (Adapted from Applicant's Abstract): The current proposal is a request for a K01 Scientist Development Award for New Minority Faculty (SDANMF). The candidate, Dr. Michael A. de Arellano is a young scientist/practitioner at the National Crime Victims Research and Treatment Center whose primary focus is on services research in **child maltreatment**. Dr. de Arellano is requesting five years of funding to build upon his current training and experiences in working with Hispanic child trauma victims from migrant and formerly migrant families. His ultimate goal is to develop, disseminate and assess the effectiveness of clinical interventions for this population. Dr.

de Arellano's strong background of clinical and research training in cultural issues in victimization, mental and medical health sequela of trauma, and cognitive behavioral interventions provides an excellent foundation for this work. Funding from a SDANMF will provide Dr. de Arellano with additional skills necessary, including advanced psychometric and data analysis training, measurement development, and treatment development, for him to pursue ecologically valid, effective, and cost efficient treatments for this underserved, at-risk population. The research plan for this award is divided into three studies which complement the proposed sequence of training activities. The primary goal of the first study is to conduct a multi-informant (child, parent, teacher) and multi-method (self, port, semi-structured interview) assessment of 200 children and their families, focusing on prevalence rates of traumatic stressors, trauma-related problems/needs, service utilization patterns, and barriers to accessing needed services. The central purpose of the second investigation is to develop and pilot a brief treatment intervention for ultimate use in primary care environments that would aim to provide (1) accurate information about common consequences to trauma, (2) brief training in empirically-based coping skills that have been found to be helpful for trauma-related symptomatology; and (3) information about referrals for trauma-related services and community resources that can provide assistance in accessing these services. The third study will involve assessing the effectiveness of this intervention in "real world settings" (e.g., primary care centers) that are easily accessible. Funding for a R01 will be sought during the end of the 5-year SDANMF period to pursue this line of research.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CHILDHOOD ABUSE AS A PREDICTOR OF ADOLESCENT ALCOHOL USE**

Principal Investigator & Institution: Larkby, Cynthia A.; Psychiatry; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260

Timing: Fiscal Year 2001; Project Start 01-MAY-2000; Project End 30-APR-2005

Summary: APPLICANT'S ABSTRACT: The training objective for this Mentored Research Scientist Development Award is to acquire the necessary skills and experience to conduct longitudinal research to explore and identify factors in childhood that lead to and protect against long-term adverse effects in adulthood. A program of study including coursework, mentoring and the practical application of skills by conducting a research project has been designed to accomplish this objective. An association between childhood physical and sexual abuse and alcohol use and problem drinking has been described in adolescent and adult samples drawn from alcohol and drug treatment facilities, from psychiatric facilities, juvenile detention and adult penal institutions, and from the community. However, it is not clear from these studies whether childhood abuse has a direct causal association with subsequent alcohol use, or whether childhood abuse is a proxy for other factors known to be predictors of alcohol use and problems drinking. The research portion of this proposal is an exploration of the relations among childhood abuse, environmental factors, posttraumatic stress disorder and subsequent alcohol use and problem drinking. Preliminary analyses of the data from the Maternal Health and Child Development (MHPCD) Project show that 8% of the 14 year olds have been sexually abused. Among those who were sexually abuse, the rate of alcohol use is 55%, compared to 35% among the non-abused adolescents. The proposed research will characterize relations between a history of childhood abuse and alcohol use and problem drinking in a cohort of adolescents at ages 14 and 16. The MHPCD Project is a prospective study of the pregnancy outcome of 763 women. Women were interviewed

prenatally, and with their offspring at delivery, 8, and 18 months, 3, 6, 10, and 14 years. The cohort is a general population sample of low-income women and their children. At each phase, demographic status, the psychological, social and household environment, and household substance use are measured. Children's cognitive, behavioral, academic, and physical status is assessed. At ages 10 and 14 substance use by the children is measured. At age 14 **child abuse** in the mother and the child is assessed. These measures will be repeated at age 16.

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- **Project Title: CHILDHOOD TRAUMA AND HEMISPHERIC ASYMMETRY IN ADULTHOOD**

Principal Investigator & Institution: Henschel, Diane M.; Professor and Chair Dept of Psychology; California State Univ-Dominguez Hills Carson, CA 90747

Timing: Fiscal Year 2001; Project Start 30-SEP-1992; Project End 31-MAR-2005

Summary: The proposed research will determine if the right and left hemispheres are differentially impacted in the way in which they process verbal information as a result of early childhood trauma, specifically, **child sexual abuse**. Participants will anonymously answer questionnaires concerning childhood trauma, psychological functioning, masculinity and femininity, and for females, menstrual phase. They will be presented bilaterally with words and non-words which vary in length, visual field, hand used for the response, and for words, frequency of usage and emotionality. Subjects will focus on a central point and are to determine if the target item, which is underlined, is a word or non-word by pressing the appropriate key on a computer keyboard which will provide latency and accuracy scores. The primary goal of the study is to provide evidence for left hemispheric decrements in subjects who experienced childhood trauma. The secondary goal is to determine if left hemispheric decrements result from an interaction with the gender-related and item variables. Finally, the results will provide additional evidence of hemispheric independence or cooperation in processing various types of information.

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- **Project Title: CHILDREN AT RISK: A COUNTY-BASED STUDY OF INTERVENTIONS**

Principal Investigator & Institution: Wade, Terrance J.; None; University of Cincinnati 2624 Clifton Ave Cincinnati, OH 45221

Timing: Fiscal Year 2001; Project Start 03-AUG-2001; Project End 31-JUL-2004

Summary: (adapted from Investigator's abstract) This study is a 3-year longitudinal study to examine how two sequential, county-based interventions that focus on high-risk families with children from birth to 5 years of age-Early Start and Head Start-intervene in the development and stability of pre-violent behaviors among children within an effectiveness research model. The complementary effect of these intervention programs on the development of pre-violent behaviors are examined within the context of background socio-economic, prenatal and birth risk factors, and the family environment. The proposed project will employ a quasiexperimental design and will focus on approximately 400 families with eligible children residing in Butler County, Ohio who are at risk for future developmental delay, **child abuse**, or neglect. Approximately 260 families with children between 30 and 47 months of age are currently receiving Early Start services. These families will be compared initially to an age- and risk-matched group of families with eligible children who have never been

referred to Early Start. This comparison group will be randomly selected from state birth certificate records. The project has both an outcomes component and a database component. Outcomes Component: This component will examine the effect that these interventions and their combination have on reducing pre-violent behaviors among children during their early developmental years. In addition, we will examine the processes that influence the relationships between these interventions and children's behavior within the conceptual framework of the control paradigm. This will permit us to investigate how these interventions mediate the effects of background structural and maternal/prenatal risk factors on children's behavior and how the family environment may, in turn, mediate the effects of the interventions. Database Component: This component will develop a county-wide longitudinal database infrastructure system. This database will allow for both the analysis of multi-level data for this project and the long-term multi-level tracking of these children across other county agencies and institutions during childhood and adolescence. The database will be comprised of service utilization data from Early Start and Head Start, as well as service utilization data from other community social service agencies and secondary administrative data from county institutions (e.g., public school system, juvenile justice) as these children age. The development of this database will provide an excellent opportunity to integrate individual and institutional data for the current research project as well as provide the vehicle to follow this sample across time.

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- **Project Title: COCAINE AND MATERNAL NEGLECT: INTERGENERATIONAL EFFECTS**

Principal Investigator & Institution: Johns, Josephine M.; Associate Professor; Psychiatry; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2001; Project Start 05-AUG-2000; Project End 30-JUN-2004

Summary: Given the social and ethical issues surrounding maternal neglect and abuse in humans, an animal model of neglect provides an important method to study the bio-behavioral underpinnings of maternal neglect/abuse with more direct control over the confounding variables found in human research. **Child abuse** and maternal neglect has long been strongly correlated with drug abuse in women. Recently, lower levels of oxytocin and cocaine use during pregnancy have also been associated with general feelings of anger and hostility and difficulty with infant attachment in women. In a rodent model, the investigators have found that chronic cocaine treatment during pregnancy and acute cocaine treatment in postpartum dams both increase maternal neglect, defined as the disruption of pup-directed maternal behavior. Chronic cocaine treatment also increases postpartum maternal aggression towards intruders to the extent that pups are often injured, while acute cocaine treatment decreases protection of pups from intruders. They have also observed that chronic cocaine treatment reduces levels of oxytocin in the medial preoptic area and amygdala at the same time periods that maternal behavior and maternal aggression, respectively, are maximally affected. The investigators hypothesize that chronic and acute cocaine treatment will result in differential and significant patterns of maternal neglect/abuse of offspring at different times across the lactation period. They will measure the frequency, duration and latency of maternal behavior and maternal aggression in rat dams during lactation and unprovoked aggressive behavior (postweaning) towards other rats following chronic cocaine, acute cocaine, and saline treatment (Study 1). They also hypothesize that prenatal exposure to chronic cocaine and acute cocaine will result in altered patterns of

maternal/parental behavior and aggression in offspring. Male and female rat offspring prenatally exposed to no treatment, chronic cocaine, acute cocaine or saline treatment will be tested for maternal behavior, parental behavior (males), maternal aggression, and unprovoked aggression towards other rats as juveniles and adults (Study 2). To determine if rearing conditions (neglect versus nurturing) ameliorate or exacerbate the effects of prenatal exposure to cocaine, they will study the offspring of chronic cocaine, acute cocaine, saline treated or untreated dams who are reared with their natural mothers or cross-fostered to other untreated, or cocaine or saline treated mothers. Males and females will be tested for maternal/parental behavior, maternal aggression and unprovoked aggression as juveniles and adults (Study 3). Study 4 will determine if oxytocin system changes in relevant brain areas are correlated with behavioral differences between groups of dams and offspring by sacrificing rats after behavioral testing and measuring oxytocin levels in these regions.

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- **Project Title: COCAINE EXPOSED CHILDREN AT SCHOOL AGE**

Principal Investigator & Institution: Singer, Lynn T.; Professor; Pediatrics; Case Western Reserve University 10900 Euclid Ave Cleveland, OH 44106

Timing: Fiscal Year 2003; Project Start 01-JAN-1994; Project End 30-JUN-2008

Summary: (provided by applicant): Maternal cocaine/polydrug use during pregnancy continues to be a significant public health problem in the United States, especially in poor, urban areas. Although hundreds of thousands of infants born in the cocaine epidemic of the 1980's are now children of school age, we have little definitive knowledge of the long-term effects of fetal cocaine exposure. Maternal use of cocaine is also associated with numerous other risk conditions which can negatively affect child outcomes, such as increased risk for child abuse/neglect, greater maternal psychological distress, altered parenting behavior, and violence exposure. In addition to documenting a range of child outcomes at school age, the proposed study aims to assess environmental and maternal psychological factors, which may increase or reduce risk in cocaine-exposed children. The proposed study will be a continuation of a longitudinal, prospective investigation (NIDA 07957) of the medical, environmental, and developmental correlates of fetal cocaine exposure, with the cohort previously seen from birth-2 years, and at 4 and 6 years. 377 children (195 cocaine-exposed; 182 non-exposed) followed from birth and their mothers/caregivers will be seen at 9, 10, 11, and 12 years of age, and given standardized assessments of growth, cognitive, emotional-behavioral, language, and neuropsychological outcomes. Cocaine exposure was determined by biologic (urine/meconium) and self-report measures, with all children drawn from the same race/social class population, and matched for very low birth weight status. At birth, demographic, medical, and prenatal substance abuse exposure were noted from chart review, clinical interview, and meconium analysis. Standardized questionnaires assessing maternal psychological status, coping style, social supports, intellectual ability, and exposure to violence, which were previously assessed, will be updated. Maternal psychopathology associated with drug use will be described, using standardized interviews to yield DSM-IV diagnoses. Environmental risks, including abuse/neglect, growth failure, out of home placement, and characteristics of the home environment, have been documented throughout. Data will be evaluated descriptively, through MANOVAS/MANCOVAS or mixed model analyses, and hierarchical multiple regression and structural equation models to describe the functioning of cocaine-exposed children at school age, and the relative impact of cocaine and other drug exposures on (NB) child outcomes, maternal psychological functioning, and

environmental risk. Data sets from the prior longitudinal studies will be merged with the current data to assess change over time and predictive models of child risk, using linear mixed models or structural equation models. The proposed research will provide information about long-term child developmental sequelae of fetal cocaine exposure, maternal psychological status, parenting behaviors, and environmental factors which can guide the design of effective maternal drug treatment and child intervention programs.

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- **Project Title: COCAINE, SELF-REGULATION, AND MATERNAL/CHILD AGGRESSION**

Principal Investigator & Institution: Hien, Denise A.; Research Scholar; St. Luke's-Roosevelt Inst for Hlth Scis Health Sciences New York, NY 10019

Timing: Fiscal Year 2001; Project Start 01-APR-2001; Project End 29-FEB-2004

Summary: (adapted from Investigator's abstract) This is second revision of Cocaine Abuse, Self-Regulation, and Mother/Child Aggression #RO1 DA12752-O1. Maternal substance abuse is a significant risk factor for child-rearing deficits such as lack of empathic involvement, poor monitoring, parent-child conflicts and use of harsh discipline, as well as for **child abuse** or neglect. In turn, these childrearing deficits may lead to a variety of adverse consequences for children, including deficits in self-regulation, aggressive/ delinquent behaviors, and substance use. However, we know very little about the specific mechanisms by which maternal crack/cocaine abuse leads to parenting deficits, abuse or neglect-or by which children of crack/cocaine-using mothers become aggressive or substance-using, themselves. We hypothesize that neuropsychological self-regulation deficits in mothers will mediate child-rearing deficits and adverse child outcomes. The proposed cross-generational case-control study will compare three groups of low-income urban mothers (crack/cocaine-using (CU), depressed (DEP), and substance and mental disorder-free controls (NSA)) and their pre/early adolescent children (ages 9-15) on measures - for mothers - of neurocognitive self-regulation deficits, parenting, **child neglect**, and child physical/sexual abuse, and - for children - of self-regulation deficits, aggressive behaviors and substance use. We propose a comprehensive, yet focused model, allowing for examination of our predictors in relation to important contextual factors. Because there may be significant ethnic differences in dimensions of parenting and associations between parenting and adverse child outcomes, we consider ethnic group as a moderator, and use a multiple group design to test separate models for African-American and Latino subjects. In response to reviewers' critique, revisions include plans for: (1) clarifying important distinctions between parenting and the concepts of **child abuse** and neglect; (2) including limited assessment of contextual risk factors (3) adding a Specific Aim to explore the impact of cultural context upon parenting; (4) refining and clarifying our causal model and the role of general maternal psychopathology; (5) clarifying and revising our method section including providing better definition of executive cognitive functions, more clear, delineation of contextual risk factors, updating versions of scales, clarifying sources of information, obtaining children's report of parenting behaviors; (6) providing a better rationale for our selection of our age group. One independently initiated revision includes: (1) addition of a cultural consultant (and his team) with expertise in child assessment and parenting across cultural groups.

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- **Project Title: COMMUNITY CHILD HEALTH RESEARCH IN WASHINGTON, D.C.**

Principal Investigator & Institution: Ramey, Sharon L.; Susan H. Mayer Professor of Child and Family; None; Georgetown University Washington, DC 20057

Timing: Fiscal Year 2003; Project Start 01-SEP-2003; Project End 31-DEC-2005

Summary: (provided by applicant): This application is to develop a community-linked collaboration in the District of Columbia (DC) to plan a multi-site, multi-level study to investigate disparities in maternal and child health and, ultimately, to improve major outcomes among inner city, high risk African American women and their children. The leading partners are Georgetown University (including a new Center on Health and Education, the Center for the Study of Learning, and the National Center for Education in Maternal and Child Health), MedStar Health (the corporate entity that delivers many babies for high risk, low income African American women), and the D.C. Developing Families Center (a comprehensive, inner city family center that integrates a nurse-midwife model with an Early HeadStart program and case management services). The specific aims in Phase 1 are: (1) to develop a strong community-university collaboration to design and implement clinical research (Phase 2) to reduce health disparities; (2) to conduct exploratory studies to inform decision-making for Phase 2; (3) to provide interdisciplinary research training opportunities for minority scientists and clinicians; (4) to work with NICHD staff and other Phase 1 projects in planning; and (5) to advance the methods and theories related to the key clinical outcomes of fetal loss, low birthweight, prematurity, neonatal and infant mortality, and early childhood morbidity. The Georgetown-DC collaborative team offers expertise in prenatal care, parenting, **child neglect** and abuse, maternal depression, maternal substance abuse and smoking, early intervention for at-risk children, maternal intellectual disabilities, intergenerational poverty, early childhood care and education, family functioning, welfare reform, health services models for inner city families, maternal infectious diseases, developmental neuroscience, and neuroimaging of young children's brains. Two sample studies are proposed, along with new methodologies, to investigate how the complex interactions among genetic, biological, behavioral, and environmental variables influence key health outcomes.

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- **Project Title: COMMUNITY-BASED TREATMENT FOR CHILD PHYSICAL ABUSE**

Principal Investigator & Institution: Swenson, Cynthia C.; Psychiatry and Behavioral Sciences; Medical University of South Carolina 171 Ashley Ave Charleston, SC 29425

Timing: Fiscal Year 2001; Project Start 10-APR-2000; Project End 31-MAR-2005

Summary: (Adapted from the Applicant's Abstract): Research shows that physical abuse of a child is determined by many factors, such as characteristics of the parent, the child, the community, the family, and the family's social network. Children who experience physical abuse potentially have many problems in childhood, such as fears, anxiety, aggression, and poor skills in getting along with other children and solving problems. Further, studies show that many abused children experience problems such as violent crime and substance abuse in adulthood. Given that **child abuse** is determined by many factors, then considering each of these factors in treatment (example: child, parent, family, social network) is important. Most existing treatments for abusive families address only one of these factors (example: either the child or parent but not the whole family and social network) and little is known about cost of services for abused children. Also, many of the studies on physical abuse have been conducted in a university setting; thus, it is unclear whether the same outcomes might be shown when treatment is

provided in a real world setting. The aim of this study is to compare the success of home-based multisystemic therapy (MST) (a treatment that considers all factors related to abuse) to Parent Training (PT) for reducing physically abused children's behavior problems and for reducing parent's abusive behaviors. This project will be based in the community. Families who are referred to the study will have been investigated by the Department of Social Services because a parent or caregiver in the family physically abused one or more of the children. Referred families will be randomly assigned to receive either MST or to receive the Parent Training Group. Treatment for MST families will be conducted in their home. Parent Training will be provided in a community-based children's center. In addition to assessing the therapeutic success of MST vs. PT, we will compare financial costs of each service.

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- **Project Title: COMPREHENSIVE TREATMENT OF CHILD PHYSICAL ABUSE**

Principal Investigator & Institution: Brown, Elissa J.; Psychiatry; New York University School of Medicine 550 1St Ave New York, NY 10016

Timing: Fiscal Year 2001; Project Start 01-SEP-2001; Project End 30-JUN-2006

Summary: (provided by applicant): The goal of the proposed Mentored Clinical Scientist Development Award is to provide training in efficacy and effectiveness techniques necessary for the development and evaluation of interventions for physically abusive families. The primary goal of such an intervention is to minimize the development of severe mental health problems in child physical abuse (CPA) victims. Psychiatric sequelae of CPA include posttraumatic stress disorder (PTSD) and other internalizing symptoms (e.g., general anxiety and depression), externalizing behavioral problems (e.g., aggression and oppositional behavior), and deficits in social competence (e.g., social skills, peer relations) An intervention, Parent and Child Therapy for Physical Abuse (PACT-PA) will be developed and evaluated that includes evidenced-based strategies for improving parenting practices in the abusive caregivers (through parent training) and maladaptive abuse-specific cognitions and coping mechanisms in the abused children (through children's cognitive behavioral therapy and clarification). The success of these programs with physically abusive families may be limited by the degree to which these interventions are acceptable and feasible. An understanding of physically abusive caregivers' and their children's perceptions of the abusive incidents, prior experiences with service access and delivery, and present therapeutic needs and barriers to participating in an intervention may inform methods of service delivery. Thus, a career development plan has been designed for the candidate to: (1) obtain training in the assessment of the correlates of caregivers' physically abusive behavior, sequelae of child physical abuse in children, and proximal targets of these sequelae, (2) extend her knowledge of efficacy and effectiveness research methodology, (3) adapt and implement an intervention program for physical abusive families, and (4) acquire training in statistical methods applied to naturalistic assessment, longitudinal data, and evaluation of clinical trials. This plan will be supplemented by a research project in which the Candidate will compare the relative efficacy of PACT-PA versus nonspecific supportive psychotherapy in a 2 (intervention condition) by 3 (pre-intervention, post-intervention, follow-up) mixed model factorial design with random assignment to condition and repeated measures on the second factor. Findings from this pilot study will be used in the Candidate's application for an R01.

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- **Project Title: COPING STRATEGIES OF SEXUALLY ABUSED FEMALE CHILDREN**

Principal Investigator & Institution: McClain, Natalie M.; None; University of Virginia Charlottesville Box 400195 Charlottesville, VA 22904

Timing: Fiscal Year 2001; Project Start 01-AUG-2001

Summary: Child sexual abuse is a serious problem that results in a variety of physical and psychological effects. In 1998 it was estimated that across the United States, 99,278 cases of **child sexual abuse** were confirmed by child protection agencies (U.S. Department of Health and Human Services, 1998). Studies of children and adult survivors of **child sexual abuse** have documented the long term effects suffered by victims of sexual abuse (Conet & Schuerman, 1987; Beitchman, Zucker, Hood, DaCosta & Akman, 1991; Kendall-Tackett et al, 1993; Neumann 1994, Neumann, Houskamp, Pollock, & Briere, 1996). What is not fully understood however is why some children appear to be asymptomatic while others suffer profound and severe psychological symptoms. It is this variability in behavioral, psychological, and physical effects that has provoked researchers to begin to try to determine what mediating factors play a role in the outcomes. While an array of studies have examined the long-term effects of childhood sexual abuse on adult survivors, minimal research has been done to examine the role mediators such as coping and social support have on the initial effects following **child sexual abuse**. Additionally, there is a lack of scientific data describing these factors in children of various ethnic groups. Therefore the specific aims of this research proposal are to 1) describe the coping strategies utilized by 7 to 9 year old female victims of intra-familial sexual abuse, 2) evaluate the relationship between the coping strategies utilized and the behavioral and psychological symptoms following abuse 3) describe the differences in coping styles used by various ethnic groups. The long term objective is to use the knowledge gained through this research to facilitate positive outcomes following **child sexual abuse** through education of health care professionals and family members working with child victims of sexual abuse on helpful coping strategies.

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- **Project Title: CORPUS CALLOSUM IN MALTREATED CHILDREN WITH PTSD**

Principal Investigator & Institution: Kaufman, Joan R.; Associate Professor; Psychiatry; Yale University 47 College Street, Suite 203 New Haven, CT 065208047

Timing: Fiscal Year 2003; Project Start 04-DEC-2002; Project End 30-NOV-2007

Summary: (provided by applicant): **Child abuse** occurs at epidemic rates, with victims of abuse comprising a significant proportion of all child psychiatric admissions. Posttraumatic Stress Disorder (PTSD) is a common and often debilitating consequence of early **child maltreatment**, and currently little is known about the mechanisms that initiate and maintain the symptoms associated with this disorder. Emerging evidence in human and non-human primates suggest that the neurobiological changes associated with early stress may vary at different developmental periods. While much of the preclinical and clinical work on the effects of early stress point to the importance of the hippocampus as a key structure involved in the pathophysiology of PTSD in adults, recent findings suggest that alterations in the corpus callosum may be more prominent in juvenile samples. Consequently, in this study, assessments of the corpus callosum will be obtained using structural and diffusion tensor imaging in three groups of children: 50 maltreated children with PTSD, 50 trauma (e.g., maltreated) controls without psychopathology, and 50 normal controls with no lifetime history of intrafamilial or extrafamilial trauma and no lifetime history of psychopathology.

Measures of inter-hemispheric transfer and memory function will also be obtained, together with comprehensive assessments of early trauma, social supports, current life stressors, and family loading for psychopathology. Neuroanatomical assessments will be obtained at baseline, and clinical and psychosocial assessments will be obtained at six-month intervals for two years after study intake. It is hypothesized that when compared to trauma and normal controls, maltreated children with PTSD will have reduced cross sectional area of the medial and caudal portions of the corpus callosum, and reduced fractional anisotropy in these regions (e.g., poorer integrity of white matter tracts). No changes in hippocampal volume are expected. A greater loading for anxiety and depressive disorders among first-degree relatives, an absence of positive stable supports, and exposure to ongoing stressors is expected to be associated with more severe PTSD symptomatology at intake, greater persistence of symptoms at follow-up, and more marked neuroimaging abnormalities.

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- **Project Title: CROSS GENERATIONAL INFLUENCES ON DEV OF AGGRESSION**

Principal Investigator & Institution: Huesmann, L Rowell.; Professor and Research Scientist; Res Center for Group Dynamics; University of Michigan at Ann Arbor 3003 South State, Room 1040 Ann Arbor, MI 481091274

Timing: Fiscal Year 2001; Project Start 30-SEP-1998; Project End 30-JUN-2003

Summary: The proposed research is aimed at elaborating our understanding of how environmental/contextual and individual/ personal factors combined with cognitive processes to influence the transmission of aggressive and antisocial behavior across generations as well as over the life span. By collecting psychosocial data on the children of 856 subjects whom we have studied previously at ages 8 (1960), 19 (1971), and 30 (1982), and by collecting new data on the subjects, we will be able to address several critical issues for understanding the development of human aggressive behavior and its transmission across generations. We will be able to examine the stability or change in aggressive behavior across three generations or in few cases even four generations. Moreover, we will be able to examine continuity across parent-child pairs in which the child subjects vary from 4 years old to about 24 years. Of special interest will be the degree to which childhood aggression in one generation is predictive of childhood aggression in the next, and the degree to which different trajectories in the development of aggressive or prosocial behavior in one generation affect the occurrence of aggressive, prosocial, or other behaviors in the next. Within one generation we will be able to evaluate the trajectory of aggressive behavior over a 40-year span from middle childhood at age 8 to middle-age at age 48. This study will enable us to derive a better understanding of the processes underlying continuity and change in aggressive and antisocial behavior within the life-span and across generations. We expect to find substantial continuity of aggression over time and across generations. However, the more important questions are why such continuity occurs, what mediates what, what moderates it, and what can deflect a trajectory of developing aggressive behavior. We will examine the extent to which the degree of continuity of aggressive behavior over time and across generations as a product of the continuity of environmental/contextual factors (e.g., parent childrearing practices, socioeconomic context, television viewing environment) or of personal/individualized factors (e.g., intellectual achievement, social competence, aggression-related cognitions). We will identify those contextual and individual variables that place individuals at greater or lesser risk for later aggressive behavior and those that promote or inhibit the cycle of aggressive behavior across generations. Finally, we will evaluate the role of cognitive, information-processing

factors as mediators in a social- learning process that teachers children life-long aggressive habits and promotes transmission across generations.

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- **Project Title: DEFINING FATHERHOOD AMONG DRUG DEPENDENT MEN**

Principal Investigator & Institution: Witte, Susan S.; None; Columbia Univ New York Morningside 1210 Amsterdam Ave, Mc 2205 New York, NY 10027

Timing: Fiscal Year 2003; Project Start 01-FEB-2003; Project End 31-JAN-2005

Summary: (provided by applicant): The proposed R03 (PA 99-113) is designed to examine parenting attitudes and behaviors among African American and Latino fathers attending methadone maintenance treatment programs (MMTPs), and to explore how parenting attitudes and behaviors are affected by a father's current and past experiences with drug use and intimate partner violence (IPV). Substance use and parenting literature indicate that drug use compromises positive fathering and can constitute barriers to healthy father-child relationships. In addition, studies on IPV have revealed a significant problem among men being treated for drug abuse, and an overlap of IPV and **child abuse** occurring in families. However, to date, surprisingly few efforts have been made to study the role of fathers in violent families and no studies have examined how fathering attitudes and behaviors are affected by IPV among drug-dependent men. Concurrently, there is substantial and growing evidence suggesting that fathers have positive influences on their children, and that fathering may have positive effects on the well being of men in general. In light of research indicating that positive father effects may be countered by IPV and **child abuse**, promoting positive father-child relationships among violent men is extremely complex. Building on findings generated from ongoing NIDA studies, and guided by social learning theory and an ecological framework, the study will collect contextual narratives on the experience of fatherhood among 72 African American and Latino men in a New York City-based MMTP through focus groups and in-depth interviews. Through a contextually rich, in-depth understanding of the complex dynamics of these relationships afforded through qualitative inquiry, we aim to further inform and enhance paternal support interventions and services to promote healthy father-child involvement. The findings will also inform an R01 application aimed at the development and efficacy testing (using quantitative methods) of a parenting support intervention provided in drug treatment settings for a random sample of drug-dependent fathers and their families. Dr. Susan Witte will conduct the study under the guidance of Dr. Nabila EI-Bassel of the Social Intervention Group (SIG) at the Columbia University School of Social Work, and in consultation with Drs. Suniya Luthar and Peter Steinglass.

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- **Project Title: DESIGNING CULTURALLY AND SOCIALLY VALID INTERVENTIONS**

Principal Investigator & Institution: Lau, Anna S.; Psychology; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024

Timing: Fiscal Year 2003; Project Start 02-SEP-2003; Project End 31-AUG-2008

Summary: (provided by applicant): The overarching goal of the proposed mentored career award is to provide the applicant with the necessary skills to launch an independent research program focusing on the development of culturally and socially valid interventions for Asian American families affected by physical abuse. The applicant is well qualified for this award based on her strong training in two lines of

research: mental health care for ethnic minorities and (2) mental health needs associated with **child maltreatment**. However, to meet her career objective she requires additional instruction and mentorship in: (1) intervention design, implementation, and evaluation; (2) translation of findings from the basic behavioral sciences to intervention development; (3) family, community and institutional engagement in intervention research and dissemination; (4) advanced data analysis appropriate for evaluation research; and (5) ethics in the conduct of mental health research with ethnic minority children. This training plan will enable the applicant to establish a methodology for producing, implementing, disseminating and evaluating culturally relevant interventions to target abusive parenting, thereby reducing child mental health problems in ethnic minority families. The research plan is divided into three phases. Phase 1 is an observational study that will identify culturally salient correlates of physical abuse in Asian-American families. In Phase 2, an existing evidence based parent training intervention for physical abuse will be augmented to include newly designed treatment components to address the culturally salient risk factors for abuse identified in Phase 1. Phase 3 will involve a limited test of the proposed intervention to provide an initial estimate of its efficacy. The product of this research will be an empirically derived, culturally responsive intervention for physical abuse in Asian American families ready for implementation and evaluation in a future study.

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- **Project Title: DEVELOPING EFFECTIVE TREATMENTS FOR CHILD PHYSICAL ABUSE**

Principal Investigator & Institution: Runyon, Melissa K.; Center for Children's Support; Univ of Med/Dent Nj-Sch Osteopathic Med Osteopathic Medicine Stratford, NJ 08084

Timing: Fiscal Year 2003; Project Start 01-SEP-2003; Project End 30-JUN-2006

Summary: (provided by applicant): Child physical abuse (CPA) has been associated with a wide range of debilitating psychosocial sequelae, such as Post-traumatic Stress Disorder (PTSD), depression, aggressive behavior, poor social problem-solving skills and communication skills, as well as lower levels of empathy and sensitivity towards others. Without treatment, these behaviors may also escalate into violent, criminal behavior in adolescence and adulthood, as well as abusive or coercive behaviors in dating relationships. The behavior may persist throughout CPA victims' lives in adult relationships and parent-child interactions. Although it is critical to include the parent and stop the ongoing abuse, it is necessary to help the child heal to prevent long-term emotional difficulties and to break an eventual cycle of violence. The present study is aimed at developing and examining the relative efficacy of a group cognitive-behavioral treatment model that involves the child and parent in families at risk for repeated CPA. It is hypothesized that the Combined Parent-Child Group CBT intervention will be superior to the Parent-Only Group CBT intervention for reducing children's PTSD and depressive symptoms, abuse-specific attributions, and behavioral difficulties, as well as overall parenting skills, parental attributions about children's behavior, and anger arousal. Parental attributions about failure associated with child rearing situations, and children's abuse-related attributions will be examined for their moderating influences on an exploratory basis. Participants will be children (ages 8 to 13) and their offending family members. Standardized evaluations will be conducted to assess parents' anger arousal, beliefs about children's behavior, parenting practices, parent reports of children's behavior patterns and PTSD symptoms, children's self-reports of PTSD, depression, anger, and perception of parenting style, as well as the use of violent disciplining strategies. After the initial assessment, children and/or their parents will

receive a randomly determined group treatment type (Combined Parent-Child Cognitive-Behavioral Therapy (CBT) vs. Parent-Only CBT). Assessments will be conducted at pre- and post-treatment, and 3-month follow-up.

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- **Project Title: DEVELOPMENT OF A SCREENING SCALE FOR CHILD SEXUAL ABUSE**

Principal Investigator & Institution: Milner, Joel S.; Professor; Psytec Corporation 520 Linden Pl De Kalb, IL 60115

Timing: Fiscal Year 2001; Project Start 13-APR-2001; Project End 30-APR-2003

Summary: The research (Phase II) is designed to complete the initial validity (development stage) research on an intrafamilial **child sexual abuse** screening scale constructed from items in the Sexual **Child Abuse** Potential (SCAP) Inventory, so that the Inventory can be released for selected types of field use. Seven studies (Phase II) build upon preliminary studies which indicate that a subset of SCAP Inventory items (that make up a 43-item screening scale) has some utility in discriminating custodial male intrafamilial child sexual abusers (who offend against their female children) and demographically matched comparison males. The research also proposes to collect data on the degree to which the SCAP Inventory scale has utility in screening noncustodial adult males (e.g., uncles, grandfathers) who offend against female children (within the family), adult males who are extrafamilial child sexual abusers who offend against female children, and adult male intrafamilial and extrafamilial child sexual abusers who offend against male children. PROPOSED COMMERCIAL APPLICATION: At present, an adequately validated, self-report **child sexual abuse** screening scale that can be used by social workers and others in the child protective services field is not available. Thus, the development of a screening scale would have immediate use (and a broad market) in the investigation of reported cases, in risk screening activities in secondary prevention programs, and in the evaluation of individual client change resulting from treatment.

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- **Project Title: EFFECTIVENESS TRIAL PROJECT SAFECARE FOR CHILD NEGLECT**

Principal Investigator & Institution: Chaffin, Mark J.; Associate Professor; Pediatrics; University of Oklahoma Hlth Sciences Ctr Health Sciences Center Oklahoma City, OK 73126

Timing: Fiscal Year 2003; Project Start 01-MAR-2003; Project End 31-JAN-2008

Summary: (provided by applicant): The proposed study is an enhancement of a statewide controlled effectiveness trial of the Project SafeCare/12-Ways (SC/12) home-based family preservation model for families who are reported or are at risk for **child neglect**. Prior laboratory or University-based studies have supported model related behavioral changes and reduced maltreatment recidivism. The proposed study would be the first test of the model in actual agency or field settings. The SC/12 model will be compared to Services As Usual (SAU), which are loosely based upon a social support, empowerment and case management model. Two preparatory Phases of the trial are completed: (a) establishing a multi-wave data collection system for existing state-funded home-based service agencies serving over 1,200 new families annually and (b) securing state and provider buy-in for implementing a controlled trial of an evidence based intervention protocol. The current proposal, if funded, will expand the effectiveness trial

in two critical ways. First, it will add independent data collectors to improve the quality of the data obtained, and enable us to collect post-treatment follow-up waves to evaluate maintenance of gains. Second, it will add an intervention fidelity monitoring and feedback component, which we propose to manipulate as a design effect in a 2 X 2 (monitoring X model) design. The study will dismantle the usually confounded effects of model and fidelity monitoring and provide critical information about the utility of the SC/12 model in large-scale agency settings and experimentally test the relative importance of intervention fidelity monitoring in exporting laboratory based models into child welfare field settings.

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- **Project Title: EMORY CONTE CENTER FOR NEUROSCIENCE OF MENTAL DISORDERS**

Principal Investigator & Institution: Nemeroff, Charles B.; Reunette W. Harris Professor and Chair; Psychiatry and Behavioral Scis; Emory University 1784 North Decatur Road Atlanta, GA 30322

Timing: Fiscal Year 2001; Project Start 30-SEP-1999; Project End 31-AUG-2004

Summary: This revised application seeks support for the Emory Center for the Neuroscience of Mental Disorders (ECNMD) in the Department of Psychiatry and Behavioral Sciences at the Emory University School of Medicine. The major goal of this five year research plan is to characterize the persistent neurobiological consequences of adverse events early in life and to determine the relationship of such long-lived central nervous system (CNS) alterations to the development of affective disorders, particularly depression, in adulthood. Two animal models of early adverse experience, for which pilot data on persistent neurobiological alterations exist, will comprise the bulk of the proposed work. These two models include a particularly well documented rodent model of maternal separation and a non-human primate variable foraging demand model of early stress. Gender-specific effects of early life stress will also be evaluated in these models. All of the preclinical projects will receive CNS tissue and biological fluids from each of these animal models. Neural circuits that have been implicated in both the neurobiology of stress and anxiety as well as the neurobiology of depression-like syndrome will be scrutinized, including corticotropin-releasing factor (Proj 1; PI: Plotsky), serotonin (Proj 2; PLC Owens), dopamine and norepinephrine (Proj 3; PI: Kuhar), and signal transduction systems (Proj 4; PI: Nestler), hippocampal neurogenesis and remodeling (Proj 5; PI: Gould) and acoustic startle plasticity (Proj 6; PI: Davis) will be characterized in these models. In addition two clinical research projects will be included. Project 7, conducted both at Emory University (PI: Nemeroff) and Yale University (PI: Bremner), will examine the neurobiological consequences of **child abuse** by studying women with a past history of **child abuse** who are currently suffering from an episode of major depression versus a group of women who are currently depressed without a history of **child abuse** and a group of women with a history of **child abuse** without major depression. Finally, Project 8 will seek to determine the neurobiological and behavioral consequences of maternal depression during pregnancy or in the postpartum period on their children (PI: S.Goodman, Stowe). These research projects will be supported by an administrative core led by the Center Director, a rodent animal core (PI: Plotsky, Weiss), a primate animal core (PI: Insel, Winslow), an assay core (PI: Bonsall, Ritchie), and an integrated functional brain imaging core (PI: M. Goodman, Kilts). We postulate a model in which genetic vulnerability coupled with early trauma in a critical plastic period of development results in sensitization of neural systems which when exposed to even mild stressors in adulthood responds in a heightened manner,

resulting in the neurobiological alterations that underlie the syndrome of depression. These studies have important implications not only for the neurobiology of depression but the development of novel treatment strategies for both depression and **child abuse**.

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- **Project Title: EMOTION MANAGEMENT SKILLS IN PARENT-CHILD DYADS**

Principal Investigator & Institution: Shipman, Kimberly L.; Psychology; University of Georgia 617 Boyd, Gsrc Athens, GA 306027411

Timing: Fiscal Year 2001; Project Start 01-SEP-2001; Project End 31-AUG-2003

Summary: (provided by applicant): The present study will investigate three categories of emotion management skills (i.e., emotion encoding and decoding, emotional understanding, emotion regulation) in physically maltreating and nonmaltreating families. Forty physically maltreating mothers (as well as available maltreating fathers) and their children will be recruited for participation from parenting programs for maltreating parents. Parents in the maltreatment group must have had a report for physical abuse of the child that was substantiated by Children's Protective Services in the previous 9 months. The physical maltreatment group will be compared to a control group matched on child age, child gender, and race as well as socioeconomic status. Parents and children will complete a two hour data collection session in which they will be administered a parent-child interaction task, a task that measures understanding of nonverbal emotion signals (e.g., facial expression, voice tone), an emotion regulation interview, and several questionnaires designed to measure emotion management skills in order to examine: (a) whether maltreated children exhibit different emotion management strategies than their nonmaltreated peers, (b) whether maltreating parents socialize emotion management skills differently than nonmaltreating parents, and (c) whether relations exists between parental behaviors (e.g., discussion of emotionally-arousing situations) and children's emotion management skills. Information on the nature of the physical maltreatment (e.g., severity and duration of abuse) will be obtained from Children's Protective Services. Data will be analyzed using MANOVA, ANOVA, Mixed-Model, and correlational analyses. From a developmental psychopathology perspective (Cicchetti & Toth, 1995), findings from this study will enable us to identify factors in emotional development that may underlie maltreated children's risk for adaptational failures in development (e.g., peer rejection, child psychopathology), while providing information about the role that parent-child interaction may play in the development of children's socioemotional competence. This information will enhance our ability to develop effective intervention programs for physically maltreating families.

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- **Project Title: EXPOSURE THERAPY FOR PTSD AND UNRESOLVED ATTACHMENT**

Principal Investigator & Institution: Stovall, Kathlyn C.; Psychiatry; New York University School of Medicine 550 1St Ave New York, NY 10016

Timing: Fiscal Year 2002; Project Start 06-FEB-2003

Summary: (provided by applicant): Posttraumatic Stress Disorder (PTSD) is the most commonly identified Axis I disorder associated with childhood abuse, particularly for women. A failure to complete a process of mental reorganization following a traumatic event is thought to underlie the development of PTSD symptoms. Such mental disorganization regarding trauma is also thought to underlie the uniquely incoherent

speech seen in adults with unresolved attachment states of mind. Recent discoveries in attachment research strongly support a link between unresolved loss or trauma and disorganization of the parent-infant attachment relationship. Nevertheless, no study to date has empirically demonstrated the association between trauma related psychiatric symptoms and unresolved attachment or has attempted to treat adults with unresolved states of mind. Trauma theory and research identify exposure treatment as the "gold standard" treatment for the symptoms of PTSD. Thus, the aims of this study are to 1) examine the association between PTSD and unresolved trauma in the AAI in a sample of 100 women and 2) assess the impact of an exposure-based treatment on women's unresolved attachment status. We argue these findings will fill the gap in the trauma and attachment literatures regarding the relationship between childhood abuse, disturbances in attachment, and current psychopathology. We also argue that these findings will provide the empirical basis for the development of a treatment program aimed at changing mothers' internal representations of trauma and improving the parent-infant attachment relationship.

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- **Project Title: FAMILY CONFLICT & TRAJECTORIES OF PSYCHOPATHOLOGY**

Principal Investigator & Institution: Menard, Christian; Mental Hygiene; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218

Timing: Fiscal Year 2001; Project Start 25-SEP-2001

Summary: (provided by investigator): The purpose of the proposed study is to identify patterns of intrafamilial risk and protective factors that alter the developmental trajectory-baseline severity level and rate of severity change-of anxiety, depression and aggression/violence. Risk factors include sexual, physical, and emotional abuse; emotional neglect; divorce and separation; and harsh and inconsistent parental discipline. Protective factors include parental monitoring, parental supervision, and a close and confiding child-caregiver relationship. Internalizing problems include anxious and depressive symptomatology; externalizing problems include conduct problems, aggression and violence, and substance use. The proposed study uses prospective data collected from a community-sample of Baltimore youth with strong minority representation and balanced gender representation. Data was collected annually when children were in grades one through eight and again when children were 20 or 21 years old. The project builds upon existing research through the use of multiple informants, longitudinal data from a diverse US sample, the inclusion of emotional maltreatment and protective factors, and the use of advanced analytic techniques. Advanced analytic techniques will include tree-based regression and latent class analysis to account for the effects of multiple related risk and protective factors and general growth mixture models to analyze the trajectory of outcomes. Results will inform the targeting of interventions by identifying both constellations of intrafamilial factors and early presentations of psychological symptomatology that signal the greatest risk of psychopathology.

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- **Project Title: FAMILY FUNCTIONING OF ADULTS MALTREATED AS CHILDREN**

Principal Investigator & Institution: Dilillo, David; Psychology; University of Nebraska Lincoln 14Th and R Sts Lincoln, NE 68588

Timing: Fiscal Year 2003; Project Start 17-MAR-2003; Project End 28-FEB-2008

Summary: (provided by applicant): This is a request for a Mentored Research Scientist Development Award (K01). The proposed project will facilitate the development of a multifaceted program of research examining the potential influences of childhood sexual abuse and other forms of maltreatment on various aspects of adult interpersonal functioning, with a special focus on the impact of **child maltreatment** history on later marital and parent-child relations. Derived from an ecological-transactional model, the objectives of this project are to: (1) Identify direct empirical linkages between childhood maltreatment, particularly sexual abuse, and the occurrence of marital and parenting difficulties experienced by newlywed couples; (2) Assess factors that moderate and/or mediate the association between childhood maltreatment and later marital and parent-child difficulties, and; (3) Evaluate the longitudinal course of marital and parent-child relations among newlywed couples in which one or both spouses have a history of **child maltreatment**. A career development plan is proposed that will enhance the applicant's skills and knowledge in four main areas related to **child abuse** and neglect research. The applicant will work closely with mentors to: (1) acquire the advanced statistical skills necessary to effectively address the complex methodological and conceptual issues inherent in the scientific study of childhood maltreatment; (2) develop and participate in didactic, clinical, and research activities intended to enhance the applicant's knowledge of and experience with child populations at risk for maltreatment; and (3) develop and participate in activities to improve the candidate's knowledge and skills pertaining to marital and family assessment techniques, and; (4) engage in mentored activities designed to enhance the development and execution of an externally funded program of research related to **child maltreatment**.

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- **Project Title: FAMILY INFLUENCES ON AFRICAN-AMERICAN FATHER INVOLVEMENT**

Principal Investigator & Institution: Chambers, Anthony L.; None; University of Virginia Charlottesville Box 400195 Charlottesville, VA 22904

Timing: Fiscal Year 2001; Project Start 01-AUG-2001

Summary: Recent societal concerns over increasing out-of-wedlock births, mother-only families, and welfare-dependant families have brought the role of fathers as an important issue to the forefront of the political zeitgeist. Contrary to current stereotypes, researchers now believe that fathers play an important role in the cognitive and emotional development of their children. Within the broader group of fathers, research has documented that young, low income, African-American fathers are an important subgroup to study because they have unique experiences that affect their parental involvement, which can have deleterious effects on child development. Moreover, research has shown that African-American children reared in low-income, urban communities are at an increased risk for impaired cognitive and emotional functioning. Thus, the major goal of this study is to examine the relationship among relevant constructs that impact young, low-income, African American father involvement with their children. The proposed study employs a cross-sectional and longitudinal research design. The data for this study comes from a common data collection of low-income, mothers and fathers in 7 U.S. cities. In each city, mothers are asked to participate in an interview that takes place 24 hours after they give birth; the fathers are located with the mother's help. Multiple regression, cluster analysis, and structural equation modeling will be used to examine the impact familial relationships on father involvement. The results of the current study will be used to disseminate information that will hopefully

lead to the decrease in health disparities that exists between children reared in low vs. middle income communities.

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- **Project Title: FAMILY RESOURCES, PUBLIC POLICY, AND CHILD MALTREATMENT**

Principal Investigator & Institution: Berger, Lawrence M.; Office of Population Research; Princeton University 4 New South Building Princeton, NJ 085440036

Timing: Fiscal Year 2003; Project Start 01-AUG-2003; Project End 31-JUL-2005

Summary: (provided by applicant): The research includes three sets of analyses related to **child abuse** and neglect. The first analysis will use data from the Economic Status, Public Policy, and **Child Neglect Study** to estimate the extent to which family resources and maternal employment affect the likelihood that children are being abused and neglected. **Child abuse** and neglect will be measured across a variety of domains. In particular, this analysis is concerned with the extent to which low-income status and parental employment affect various forms of **Child maltreatment**. The second analysis will estimate the effects of changes in family resources, family structures, and public policies on **child maltreatment** and children's living arrangements over time. Child fixed effects models will be used to estimate relationships between various forms of abuse and neglect. Data will be drawn from the National Longitudinal Survey of Youth. The third analysis will consider the effects of state welfare policies, state child support policies, state **child maltreatment** policies, and state divorce laws on partner abuse and **child abuse**.

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- **Project Title: FOSTER CARE YOUTH: THE CONSEQUENCES OF ABUSE AND NEGLECT**

Principal Investigator & Institution: Hyde, Justeen; Project Coordinator; Children's Hospital Los Angeles 4650 Sunset Blvd Los Angeles, CA 90027

Timing: Fiscal Year 2003; Project Start 01-SEP-2003; Project End 31-AUG-2008

Summary: (provided by applicant): This application for a KO1 Career Development Award seeks five years of support for education and research activities that will prepare Dr. Justeen Hyde to examine the consequences of **child abuse** and neglect among adolescents in the foster care system in Los Angeles. Previous research has identified children in foster care with histories of abuse and neglect as a population at high risk for a number of developmental and behavioral problems. Researchers, child welfare advocates and journalists have demonstrated that child welfare programs often fail to address the complex needs of maltreated youth. Given the scarcity of published data on adolescents in foster care, the proposed research and education activities are designed to build a foundation of knowledge about the experience of foster care from multiple perspectives. Education and training activities include: coursework in child/adolescent development, public policy making, and quantitative research methods; participation in formal trainings offered to social workers and foster parents/guardians; and one-on-one mentorship provided by an interdisciplinary group of advisors at the University of Southern California, among others. These activities will prepare her to conduct an ethnographic study of young adolescents, ages 12 to 15, entering foster care for the first time. The specific aims of the proposed research are to: 1) document the histories of maltreatment among adolescents entering foster care for the first time, particularly the age at which maltreatment was first experienced and the types and frequency of abuse;

2) characterize maltreated adolescents' experiences entering and adapting to foster care; 3) identify mediating factors among maltreated adolescents that influence variations in behavioral, emotional and psychological adaptations to foster care placements over time; 4) explore, from multiple perspectives, the most pressing needs of adolescents entering foster care for the first time and appropriate strategies for addressing these needs. A total of 30 adolescents will be recruited from two types of placements and interviewed at three points in time over a 6-month period. A subsample will be recruited for in-depth case studies, which include interviews with case managers and guardians. This project will provide depth to current understandings of the consequences of abuse and neglect on adolescents in foster care. Study findings will be widely disseminated to a range of key stakeholders.

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- **Project Title: FRIENDSHIPS OF VERBALLY AND EMOTIONALLY ABUSED TEENS**

Principal Investigator & Institution: Tencer, Heather L.; None; University of Virginia Charlottesville Box 400195 Charlottesville, VA 22904

Timing: Fiscal Year 2001; Project Start 07-SEP-2001

Summary: (provided by candidate) Verbal and emotional abuse are more prevalent in our communities than any other form of **child abuse**, and are tied to a range of negative outcomes for children and adolescents. Yet, there are no data on how such abuse may affect the development of friendships. This study aims to address this gap in a sample of 172 adolescents and their close friends who will be assessed over four waves. It will use two interaction tasks, self-, parent-, and peer-reports to examine the social competence and friendships of these adolescents. Our hypotheses are that abused teens will: (a) have higher rates of externalizing and internalizing behaviors, (b) have weaker attachments to friends, (c) have less interpersonal competence, (d) select friends who have more problem behaviors, and (e) show less positive and more negative behaviors in coded interactions with friends. Regression and latent growth curve analyses will be used to assess these outcomes over time. Important contextual factors, such as gender and race, will be examined and included in models. We will also give three measures of abuse - the Conflict Tactics Scale, Childhood Trauma Questionnaire, and Psychological Maltreatment Experience Questionnaire. Thus, analyses will be used to test for what specific parental behaviors are most harmful. The results will cast a developmental light on the behaviors that may be learned in an abusive home. They will begin to address a key question: Are verbal and emotional abuse "transmitted" over the lifespan? We can then help to improve upon efforts to intervene with abused teens, to enhance public awareness, and to educate parents.

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- **Project Title: HIV PREVENTION FOR ADOLESCENTS: RESEARCH TO PRACTICE**

Principal Investigator & Institution: Malow, Robert M.; Professor; Psychiatry and Behavioral Scis; University of Miami Box 016159 Miami, FL 33101

Timing: Fiscal Year 2001; Project Start 30-SEP-2001; Project End 30-MAY-2006

Summary: (provided by applicant) This proposed study targeting drug abusing adolescents is a 5-year randomized controlled trial of an Enhanced-Cognitive Behavioral HIV prevention intervention, augmented by components focused on Social Influence (Soc-Influence) and Psychiatric/Psychological (Psych) Symptoms. The primary aim is to compare the effects of E-CB on primary outcomes (HIV risk behaviors) with a Health

Promotion Comparison (HPC) condition, matched for attention, time, and attention value, when administered under conditions approaching ecologically valid "real life" community circumstances. E-CB is considered an enhancement over existing CB approaches because it integrates key components derived from "effective" CB adolescent-specific HIV interventions, as appraised in the CDC's Compendium of HIV Prevention Interventions, and adds components to address Soc-Influence (parental monitoring and parent-child communication) and Psych factors (drug abuse & psychiatric symptom severity). The proposed sample of 160 male and 160 female adolescents will be drawn from a target population of predominantly minority, low income, culturally diverse, sexually active, alcohol and other drug (AOD) abusing youth—a group most disproportionately affected by HIV and other health disparities. We propose to examine how intervention effects are 1) mediated by Attitude-Motivation-Skill variables, Social Influence, and Psychiatric Variables and moderated by 4 key factors: age, gender, cognitive functioning, and traumatic abuse history. HLM and SEM procedures will be used to explore how study variables interrelate to predict outcome. This project is significant in its response to the NIH priority on translational research, in which HIV prevention is refocused on the adaptation of "effective" interventions to reach new populations. The proposed project further responds to the NIH priority on bridging clinical research and practice, the emphasis is to bring interventions developed during efficacy trials in a rigorous academic setting, into communities in a manner adaptable to "real world" conditions by community based providers. If successful, this research will delineate important HIV risk factors and new intervention strategies that can be practically implemented with high-risk adolescents within their communities.

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- **Project Title: IMPACT OF CHILD NEGLECT IN SUBSTANCE ABUSE FAMILIES**

Principal Investigator & Institution: Mezzich, Ada; Pharmaceutical Sciences; University of Pittsburgh at Pittsburgh 350 Thackeray Hall Pittsburgh, PA 15260

Timing: Fiscal Year 2001; Project Start 01-SEP-2000; Project End 31-AUG-2005

Summary: Male and female children (N=300) of proband fathers with or without DSM-IV Substance Use Disorder (SUD) will be prospectively studied in a panel design to determine the impact of parental SUD on medical/dental psychological and educational neglect. In each of these latter neglect domains, severity will be measured according to "failure to provide" and "level of supervision". Guided by contemporary developmental psychopathology research and theory, parent (substance abuse, psychopathology, self-regulation) and child (self-regulation) characteristics are hypothesized to conjointly determine the quality of the dyadic relationship culminating in neglect. The severity of physical, psychological and educational outcomes (e.g., dental neglect yields cavities, disease, tooth fractures, etc.; educational neglect yields school failure, truancy, etc.) is hypothesized to covary with and predict substance use and health risk behaviors. The relative influence of contextual factors (e.g. availability of supportive other adults, older sibling serving as a parent substitute, etc.) on the impact of parental neglect will be determined. In addition, the extent to which the impact of neglect can be attenuated by individual protective resources (e.g. coping skills, high intelligence, high self-esteem) to result in resilient outcomes will also be delineated. The project is innovative in several key respects: 1) it focuses on neglect in the population of older youth and adolescents which has not been systematically researched; 2) consistent with developmental theory, this project investigates neglect as the outcome of both parent and child characteristics; 3) it enables prospectively tracking intraindividual factors in familial context that increase or decrease the risk for neglect and subsequent outcomes; 4) it characterizes

neglect in an age appropriate manner within a symmetrical measurement schema consisting of 3 types of neglect x 2 types of parental manifestation (see above); and, 5) it provides the opportunity to delineate the impact substance use disorder on **child neglect** and subsequent outcomes which portend resilience as well as adverse sequelae.

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- **Project Title: IMPACT OF NEGLECT ON ADOLESCENT DEVELOPMENT**

Principal Investigator & Institution: Trickett, Penelope K.; Professor of Mental Health; None; University of Southern California 2250 Alcazar Street, Csc-219 Los Angeles, CA 90033

Timing: Fiscal Year 2001; Project Start 07-SEP-2000; Project End 30-JUN-2005

Summary: This is a proposal for a longitudinal study of developmental outcome correlates of neglect of female and male young adolescents from different ethnic backgrounds (Latino, African- American and Caucasian). It is a multidisciplinary study that is guided by a developmental, ecological perspective (National Research Council, 1993), and as such will consider physical development and psychological impact and will have a developmental focus with an emphasis on the transition from childhood into adolescence. It will consider the developmental contexts of the neglected adolescent, including not only child- rearing context and other family variables, but also neighborhood characteristics including the prevalence of community violence. A sample of 400 adolescents (ages 9 to 12) will be selected from active cases in the Los Angeles County Department of Child and Family Services (LACDCFS). A stratified random sample will include approximately equal numbers of male and female Latinos, African-Americans and Caucasians. A comparison group of non- neglected adolescents will be developed from local schools. Measures will focus on physical development, social competence, problem behaviors, and social deviance-including substance abuse and delinquency.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: INCOME, MATERIAL HARDSHIP, AND CHILD NEGLECT**

Principal Investigator & Institution: Slack, Kristen Shook.; School of Social Work; University of Wisconsin Madison 750 University Ave Madison, WI 53706

Timing: Fiscal Year 2001; Project Start 01-APR-2001; Project End 31-MAR-2006

Summary: (provided by applicant): The majority of children become involved with child protection systems for reasons of neglect. Yet, this form of maltreatment is significantly understudied relative to the attention given to child physical and sexual abuse. Furthermore, despite the close associations between **child neglect**, poverty, and welfare use, there are many unanswered questions about why and how poverty or welfare use may matter in the etiology of different forms of **child neglect**. Understanding the "within-group variation" of families with low-incomes, especially those who receive welfare benefits, is critical if prevention efforts are to succeed. The proposed research will take place in the context of a larger study, the Illinois Families Study-Child Well-Being Supplement (IFS-CWB), funded by the National Institutes of Health (R01HD39148). The IFS-CWB is designed to explore the etiology of different forms of **child neglect** (i.e., supervisory, environ- mental, and medical) within a population of welfare-receiving families with young children. Six years of longitudinal survey data, linked with administrative data from public and child welfare systems and medical chart reviews of children, will be used to conduct analyses predicting various forms of **child neglect**. This study has the following specific objectives: (1) To determine whether

the risk of **child neglect** is affected by changes in family income stemming from changes in employment and welfare use; (2) To explore whether there are material hardships that mediate or moderate the effects of family income changes on **child neglect**; (3) To explore whether there are psychosocial factors that mediate or moderate the effects of family income changes on **child neglect**; and (4) To develop policy recommendations, drawing on findings from these analyses, that will help policymakers address the potential effects of welfare reform policies on children and families, and on the public systems that serve them. Multivariate analyses with the longitudinal data will incorporate "lagged" values of key variables (i.e., independent and dependent) to predict **child neglect** during subsequent years. Additional analyses to predict formal involvement with the child welfare system will be conducted.

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- **Project Title: JOINT ATTENTION IN MALTREATED CHILDREN**

Principal Investigator & Institution: Crowson, Mary Marshall.; None; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2003; Project Start 01-AUG-2003; Project End 31-JUL-2005

Summary: (provided by applicant): Young children are at a higher risk for maltreatment than older children. These children also have some of the most maladaptive outcomes than their older counterparts. In general, not all maltreated children exhibit clinically significant behavioral disturbance. Therefore, it is vital that the processes that contribute to risk and resilience in very young maltreated children be better understood in order to devise successful intervention efforts for these families. Joint attention, a type of nonverbal social communication during which infants and their caregivers coordinate their attention with regard to an object or event, may provide information about mechanisms that contribute to both negative and positive developmental outcomes in these children. Better developed joint attention skills have been significantly associated with better language, cognitive and social-emotional outcomes in typically developing and developmentally disabled populations. Decreases in joint attention have been associated with increases in behavioral disturbance and disorganized attachments in typically developing and high-risk populations. The proposed study will utilize archival data for approximately 300 maltreated children who were seen yearly in the first four years of life and who will be followed longitudinally until adolescence. Joint attention between infants and toddlers and their caregivers will be coded using archival videotaped interactions. It is hypothesized that maltreatment negatively impacts joint attention development that in turn negatively impacts child outcomes such as language, cognitive and behavioral outcomes. It is likely that joint attention will mediate the relations between maltreatment, maternal dysphoria, maternal history of violence exposure and language, cognitive and behavioral outcomes in this sample. The data in the proposed study will provide important new information about joint attention development in young maltreated children and begin to address specific areas that will be targeted in later intervention efforts.

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- **Project Title: MATERNAL PTSD AND INTERACTIVE BEHAVIOR WITH CHILDREN**

Principal Investigator & Institution: Schechter, Daniel S.; Psychiatry; Columbia University Health Sciences New York, NY 10032

Timing: Fiscal Year 2003; Project Start 01-SEP-2003; Project End 31-AUG-2008

Summary: (provided by applicant): Interpersonal violent trauma (IVT) during childhood has been associated with chronic difficulty in emotion regulation, juvenile and adult-onset of posttraumatic stress disorder (PTSD), comorbid affective disorder, suicide attempts and violent behavior. What happens when IVT-exposed women with PTSD (IVT-PTSD) must deal with the stresses of motherhood? Little is known about how IVT-PTSD might affect maternal behavior and physiology in the presence of her young child (<age 4) who is not yet able to regulate his own emotion. Might maternal IVT-PTSD be a risk factor for maternal behavior associated with **child abuse** and neglect? The candidate has conducted extensive preliminary research as preparation to research these questions. The proposed program of research and training (K-23) explores the effects of maternal IVT-related PTSD on maternal interactive behavior in 2 ways that have not yet been studied: 1) Through comparison of IVT-exposed case mothers vs. non-IVT matched controls; and 2) Through the study of an evidence-based intervention for maternal PTSD, as compared to treatment-as-usual for high risk parents (i.e. parent-education groups). A second aim is to characterize differences in maternal physiologic response to separation stress using the same comparison groups: a) cases vs. controls, and b) cases before and after intervention. The training program focuses on 3 essential areas: trauma studies, psychophysiology, parent-infant assessment and treatment, with mentorship by leading researchers in each of these areas, and relevant didactic coursework.

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- **Project Title: MISSED OPPORTUNITIES FOR DIAGNOSIS OF CHILD MALTREATMENT**

Principal Investigator & Institution: Guenther-Skokan, Elisabeth; Pediatrics; University of Utah 200 S University St Salt Lake City, UT 84112

Timing: Fiscal Year 2003; Project Start 16-SEP-2003; Project End 31-AUG-2008

Summary: (provided by applicant): Dr. Skokan graduated cum laude from the University of Notre Dame in 1987; received her medical degree at Oregon Health Sciences University in 1992; was awarded a fellowship position in the University of Utah Department of Pediatrics' Pediatric Emergency Medicine Fellowship Program; she obtained a masters in public health degree in 1999 from the University of Utah. Dr. Skokan is both well prepared and qualified for a K award in mentored patient-oriented research. As part of her proposed career development plan, she will develop expertise with (1) the use of population-based databases, (2) methodology used to probabilistically link such databases, (3) advanced statistics necessary for longitudinal data analyses, and (4) ability to coordinate interventions in the emergency department and assess their efficacy. Dr. Skokan will also pursue additional training in the complexities unique to **child maltreatment** research. **Child maltreatment** is a leading cause of death in children. Credible evidence suggests that many children who ultimately die as the result of **child maltreatment** are seen by health care providers prior to their demise. The overall hypothesis of this research proposal is that earlier diagnosis and intervention leads to decreased morbidity and mortality for victims of **child maltreatment**. This project has three specific aims. The first is to measure the frequency of facility-based health care visits that **child maltreatment** victims have prior to an accurate diagnosis of abuse being made. A case control experimental design using large population-based databases will be used for this study. State-wide emergency department, inpatient, and EMS databases will be probabilistically linked to the databases for the Division of Child and Family Services and Vital Statistics to provide a comprehensive assessment of the patterns of health care utilization by abused children

prior to the injury or sentinel event that results in a diagnosis of **child maltreatment**. The second specific aim is to conduct a longitudinal study, prospectively comparing patient mortality, morbidity, and behavioral measures of **child maltreatment** victims who had delayed recognition and victims with prompt recognition of abuse or neglect. The third specific aim is to prospectively implement and evaluate the impact of a structured educational program for emergency medical health care providers to improve comfort with and documentation of the diagnosis of physical **child abuse**.

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- **Project Title: MODELS OF PARTNER AND PARENT AGGRESSION**

Principal Investigator & Institution: O'leary, K D.; Distinguished Professor; Psychology; State University New York Stony Brook Stony Brook, NY 11794

Timing: Fiscal Year 2001; Project Start 15-DEC-1998; Project End 30-NOV-2003

Summary: Violence within the American family is a significant and pervasive problem. With rare exceptions, however, the empirical literature on partner abuse is distinct and separate from research on **child abuse**. Clinical services for these two forms of family violence are similarly non-overlapping. Even so, parent and partner aggression co-occur more often than predicted by base rates, and many of the risk factors identified in one dyadic domain have documented parallels in the other. The parallels suggest the possibility of common predictors for the two types of family violence, predictors which, because of their generality, could be potentially important targets for intervention. The overarching purpose of the current project is to bring to bear both the spouse and **child abuse** literatures in exploring family violence at the level of the family and in evaluation predictors of the full range of partner and parent aggression as exhibited by both men and women in the same families. We have identified variables likely to function as common risk factors for family aggression, in that they may simultaneously predict both partner and parent aggression. Further, we hypothesize that some risk factors are role-specific and predict only one form of aggression (e.g., jealousy should predict partner, but not parent, aggression). Using established measures where possible and conducting parallel analyses for husbands/fathers and wives/mothers throughout, our goals are to (1) establish the predictive utility of a multivariate model for partner aggression; (2) establish the predictive utility of a multivariate model of parent aggression; (3) determine whether common variables simultaneously predict both partner and parent aggression; (4) determine whether role-specific variables predict within, but not across, domains of aggression; (5) assess the generalizability of the separate and common models to aggressive samples and to the prediction of injury; (6) determine the occurrence and co-occurrence of the four forms of dyadic aggression and the associations between different constellations of family violence and overall family adjustment; (7) explore the relation between the extent of aggression in one dyad and the extent of aggression in the others; and (8) explore the aggressive participants' views of the relations between episodes of partner and parent aggression. The study uses random digit dialing to solicit a representative sample of 400 couples who parent a 3-7 year-old child. Additional couples who meet the same criteria and in which one partner reports some level of mild partner and parent aggression will be solicited with the same procedure and will be combined with dually aggressive individuals from the representative sample to permit validation of the models within aggressive samples.

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- **Project Title: MOTHERS ALCOHOL PROBLEMS AND CHILDRENS VICTIMIZATION**

Principal Investigator & Institution: Miller, Brenda A.; Senior Scientist; None; State University of New York at Buffalo 402 Crofts Hall Buffalo, NY 14260

Timing: Fiscal Year 2001; Project Start 01-SEP-1988; Project End 31-DEC-2002

Summary: This competitive renewal builds on findings generated by our previous research, "Mothers' Alcohol Use and Children's Victimization, (hereafter, "Mothers" study) and involves interviewing mother and child pair. This study identifies women with current high alcohol involvement and adds a specific aim to the prior study. Prior finding indicated that mothers with histories of high alcohol involvement had higher levels of punitiveness toward their children and lower levels of protectiveness than mothers with histories of lower alcohol involvement. The proposed project investigates 1) how levels of mothers' current alcohol involvement affect their punitiveness and protectiveness of their children; 2) whether changes in their alcohol involvement over time affect their punitiveness and protectiveness; 3) whether mothers' behaviors (alcohol involvement, punitiveness, and protectiveness) affect their children's alcohol-related expectancies and/or children's level of alcohol/drug involvement. Women, along with one of their children between the ages of 10 and 16, will be interviewed. The following sources will be used for recruitment; a) alcoholism treatment programs (n=220); b) newspaper advertisements for (heavy) alcohol drinkers with children (n=165); and c) a randomly selected, matched (on age and geographic region) community comparison group (n=165, half matched to each group). These samples will identify women who decrease, increase, and maintain their level of alcohol involvement over the course of the study. Interviews will be conducted at six month intervals for a total of three interviews (over one year) to investigate how changes in mothers' level of alcohol involvement impact mothers' punitiveness and protectiveness. Both increases and decreases in level of mothers' alcohol involvement, and changes in the child's alcohol/drug involvement and expectancies are expected over the course of the year. Structural equation modeling (SEM) will be utilized to examine the relevant pathways between mothers alcohol involvement and their punitiveness and protectiveness. SEM will also be employed to examine the relationship among mothers alcohol involvement, punitiveness, protectiveness and children's alcohol/drug involvement. Further, mediating and moderating variables that have been conceptualized for each pathway in the model will be examined. This study addresses the lack of information out the complexities of the intergenerational transmission of alcohol involvement and family violence.

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- **Project Title: NEGLECT AND ABUSE HISTORIES AMONG HOMELESS YOUNG ADULTS**

Principal Investigator & Institution: Tyler, Kimberly A.; Sociology; University of Nebraska Lincoln 14Th and R Sts Lincoln, NE 68588

Timing: Fiscal Year 2003; Project Start 01-DEC-2002; Project End 30-NOV-2007

Summary: (provided by applicant): This is a request for an NIMH Mentored Research Scientist Development Award (K01). The candidate proposes to use a mentored support period of 5 years to study the effects of neglect and abuse histories on pathways to homelessness among currently homeless young adults (aged 18-25 years) and the consequences that such trajectories have on mental health outcomes. A sample of 200 young adult currently homeless men and women will be selected through four service agencies. The different pathways that lead to homelessness will be analyzed to

determine if those who first experienced homelessness prior to age 18 years face different types of risk and resilience compared to those who didn't experience homelessness until after age 18 years. Although the majority of currently homeless young adults are expected to come from abusive and/or dysfunctional family backgrounds, the two different pathways to homelessness that are hypothesized are expected to differentially impact outcomes of depressive symptoms, post-traumatic stress, problem behaviors, substance use, victimization, victimizing behaviors, and resilience. The K01 will support training, coursework, workshops, mentored relationships, secondary data analyses, empirical research, and other experiences that will lead to the career goal of becoming an independent researcher. The pilot study will also lay the groundwork for an NIMH R01, which will investigate longitudinally later adult outcomes of early adult homelessness. This proposed work will assess whether homeless people eventually become housed and how success in making this transition is associated with their mental health. In addition to this aim, other specific aims of the current project include using life history calendars to increase our understanding of life-events that lead to early adult homelessness; to identify histories of abuse and neglect; to identify experiences of victimization and victimizing behaviors on the street; to assess current depressive symptoms and other mental health outcomes; and to identify characteristics of resilience.

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- **Project Title: NEGLECT AND ADOLESCENTS--MULTI-SITE LONGITUDINAL STUDY**

Principal Investigator & Institution: Runyan, Desmond K.; Social Medicine; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2001; Project Start 14-SEP-2000; Project End 30-JUN-2005

Summary: This application examines the impact of neglect on adolescent mental health, delinquency, and substance abuse using an existing longitudinal sample of 1435 at-risk and maltreated children being followed by the LONGSCAN consortium of studies. In addition, the application would supplement LONGSCAN with a new wave of data collected on the oldest subjects when they turn 14. The LONGSCAN sites will enter into a consortium agreement under the direction of the Principal Investigator at the University of North Carolina at Chapel Hill. Longitudinal data from multiple sources, including child protective service report narratives, parents/caregivers, teachers, and child self-reports will be used. The specific aims of the study are to: 1) examine alternative definitions of neglect and separate the characterization of the experience of neglect from official determinations of neglect; 2) examine the social, behavioral health, and health consequences of childhood neglect on adolescents; and 3) examine the nature and impact of neglect experienced during adolescence. Methods will involve the use of diagnostic test methodologies, relative risk determinations with stratified analysis and mixed mathematical models. Comparable data from two other national studies will be used. This study will provide new information about the relationships between neglect, supervision of teens, and adolescent outcomes.

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- **Project Title: NEGLECT, ADHERENCE AND DEPRESSION IN ASTHMATIC CHILDREN**

Principal Investigator & Institution: Celano, Marianne P.; Associate Professor; Psychiatry and Behavioral Scis; Emory University 1784 North Decatur Road Atlanta, GA 30322

Timing: Fiscal Year 2001; Project Start 20-MAY-2001; Project End 30-APR-2006

Summary: Low-income, urban children with asthma are vulnerable to the adverse impact of neglect, given their increased morbidity and the complex, long-term treatment regimens for asthma. Neglect may lead to poor asthma control directly via treatment nonadherence, or indirectly, via the effect of neglect on children's adjustment. The primary aim of this study is to examine how neglect, defined specifically in terms of family systems properties, is related cross-sectionally and longitudinally to treatment nonadherence for children with asthma. The secondary aim is to investigate how neglect and children's perceived relatedness with the primary caregiver are cross-sectionally and longitudinally related to children's depressive symptoms. The sample will be 160 low-income children (ages 6 -11) with persistent asthma and their primary caregivers, recruited from primary care and emergency walk-in clinics in a public, urban hospital. Adherence behaviors (use of inhaled anti-inflammatory agents, MDI/spacer technique, exposure to tobacco smoke) will be assessed directly via observation, electronic monitoring, or lab test. Depressive symptoms will be assessed by child and caregiver report. Neglect is conceptualized, according to the Biobehavioral Family Model (BBFM), as low caregiver proximity, low caregiver responsiveness, and lax/inconsistent caregiver discipline. Participants will be administered measures during a home visit and a lab visit at enrollment (T1) and one year later (T2). Based on a conceptual model adapted from the BBFM, hypotheses state that: (1) poor adherence will be predicted by low levels of knowledge about asthma, high levels of neglect, greater levels of child depressive symptoms, and an insecure pattern of perceived relatedness with the primary caregiver, with neglect contributing a significant increment in the variance above that accounted for by knowledge; and (2) depressive symptoms will be predicted by high levels of neglect and an insecure pattern of relatedness, with relatedness moderating the relationship between neglect and depressive symptoms.

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- **Project Title: NEGLECTFUL PARENTING AND CHILDREN'S AGGRESSION**

Principal Investigator & Institution: Knutson, John F.; Psychology; University of Iowa Iowa City, IA 52242

Timing: Fiscal Year 2001; Project Start 30-SEP-2000; Project End 31-AUG-2005

Summary: Although **child neglect** is the most prevalent form of **child maltreatment**, there has been a comparative lack of empirical research into the characteristics of neglecting families and the psychological consequences of neglect. In studying neglectful families, existing research has failed to distinguish between two forms of neglect -- denial of critical care and supervision -- and to use micro-social coding of direct observations of parent-child interactions to develop an understanding of the parent-child relations in neglecting families. The work will then be able to test the hypothesis that it is the relational aspects of neglect that determine the impact of neglect on the psychological outcome for the child. Because neglect is often associated with physical abuse and punitive discipline, the proposed research is also designed to understand the relative importance of neglect and punitive discipline in the development of children's aggression. By distinguishing between instrumental or proactive, and irritable or reactive aggression, the research will be able to determine whether neglect and punitive discipline differentially influence the development of two different kinds of aggression in young school-age children. To conduct the research and to assure a sample that is ethnically diverse and drawn from both rural and urban areas, 270 maltreating families and 270 economically disadvantaged, or high risk, families will be recruited in Iowa, Nebraska, and Wisconsin. Structural equation modeling will be

used to determine the role of neglect, punitive discipline, and parent attributes, as well as the mediating influences of peer interaction and social competence, on young children's aggression. Because all of the constructs studied will be based on a multimethod/multisource approach, including direct observations of family interaction and social competence in children, and peer nomination indices of aggression, the research is designed to provide an understanding of family function and children's aggression that is not compromised by shared method and shared source variance.

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- **Project Title: NEURODEVELOPMENTAL BIOLOGY OF NEGLECTED CHILDREN**

Principal Investigator & Institution: Spratt, Eve G.; Pediatrics; Medical University of South Carolina 171 Ashley Ave Charleston, SC 29425

Timing: Fiscal Year 2003; Project Start 02-JUN-2003; Project End 31-MAY-2008

Summary: (provided by candidate): The overall aim of this application is to prepare the candidate for a patient oriented research career exploring neurobiologic sequelae associated with **child neglect**. The candidate's training in child psychiatry and pediatrics, expertise in **child maltreatment**, and childhood brain disorders provides an excellent foundation for this proposal. The primary mentor has expertise in the exploration of the hypothalamic-pituitary-adrenal (HPA) axis, stress, substance use and grantsmanship and is a Midcareer Investigator award recipient devoted to mentoring individuals with an interest in patient-oriented research. Secondary mentors are clinical researchers experienced in neuroendocrinology, pediatric endocrinology, and pediatric brain development associated with **child maltreatment** and risk factors associated with **child neglect**. The training plan includes topic-specific mentoring, completion of a Masters of Science in Clinical Research, and supervised research experience in the General Clinical Research Center (GCRC). The ultimate goal of this application is to transition the candidate from mentored researcher to independent patient-oriented researcher focused on the neurobiology of neglect and abuse in children. In order to effect this transition, protected time for training in neglect, neuroendocrine systems, young child assessment, research design, and recruitment is essential. Subjects will include children, ages 3 to 6 years old, that have been recently reported to the Charleston County (SC) Department of Social Service for physical neglect. The control group will include age, gender, race, and socio-economically matched children recruited from an academic primary care clinic. Measurement of chronicity, severity and comorbidity of other types of maltreatment will be obtained. Pilot data will explore whether neurobiologic markers in a group of children that have been neglected (many of which will have experienced co-morbid maltreatment) demonstrate evidence of HPA dysregulation and hypopituitarism. The research plan will provide experience in recruitment and assessment of healthy and neglected children, generate pilot data on neuroendocrine and noradrenergic function, general health, cognitive, language, and psychiatric measures in this population, using state of the art measurement tools. The pilot study will be used to determine if these markers show promise as tools to increase our understanding of medical, and neurodevelopmental sequelae in children that have been neglected and abused. A better understanding of this area is necessary to assist in understanding resilience in children facing adverse circumstances and in addressing the reversibility of these impairments. It is hoped that pilot data obtained will support development of an Research Project application for longitudinal studies to further study the effects of **child neglect** on the developing brain and neurobiologic systems.

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- **Project Title: OFFSPRING OF MALTREATED MOTHERS:PRENATAL & INFANT HEALTH**

Principal Investigator & Institution: Noll, Jennie G.; None; University of Southern California 2250 Alcazar Street, Csc-219 Los Angeles, CA 90033

Timing: Fiscal Year 2002; Project Start 01-MAR-2002; Project End 28-FEB-2007

Summary: This is a proposal to utilize data collected in a 13-year prospective, longitudinal study of the impact of sexual abuse on female development and to further assess the prenatal and postnatal complications experienced by participants who have become mothers. The specific aims are to establish a link between the trauma of childhood sexual abuse and subsequent labor, delivery, and postnatal complications and to ascertain the pre-pregnancy factors (both physiological and psychological), prenatal factors (such as prenatal care, pregnancy intendedness, social support, stress, and substance used, and contextual factors (ethnicity, SES, age at conception, and subsequent traumas) which mediate the relationship between childhood trauma and obstetric risk. A second is also proposed that will serve as a pilot study of the long-term effects of labor, delivery, and postnatal complications on the development of children. Specifically, this pilot study will ascertain the extent to which children who are identified as maltreated also experienced prenatal and postnatal complications while taking into account intervening variables such as caregiver factors (parenting style, dissociation, anxiety, and depression) and child factors (perceived competence, relationship quality, behavior problems, and cognitive abilities). This is also a proposal for extensive retraining in the areas of behavioral endocrinology, and high-risk obstetrics. The training component will involve extensive independent reading, coursework, seminars, conferences, and concentrated time with mentors.

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- **Project Title: OUTCOMES OF TRAUMATIC BRAIN INJURY**

Principal Investigator & Institution: Keenan, Heather T.; Social Medicine; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2003; Project Start 11-APR-2003; Project End 31-MAR-2008

Summary: (provided by applicant): This career development proposal is designed to prepare the candidate, currently an Assistant Professor of Social Medicine and Pediatrics, to be an independent clinician-scientist in the area of **child abuse** research. The applicant has worked closely with Dr. Desmond Runyan - a leader in **child abuse** research - as her primary sponsor, and has identified Dr. Stephen Hooper as a co-sponsor because of his expertise in neuro-developmental assessment. The training portion of this grant includes supervised work with both sponsors as well as formal courses in epidemiology, the biological basis of childhood exceptionalities, the selection and theoretical background of measurement tools used for pediatric outcome assessment, and responsible conduct of research. This application also benefits from the collaboration, research infrastructure, and supplemental funding of the CDC-sponsored UNC Injury Prevention Research Center, mentors in ethics within Social Medicine, and statewide public health resources including the Office of the Chief Medical Examiner and the State Center for Vital Statistics. The research component is a prospective, longitudinal study of a statewide population of children under age 2 years who have suffered any type of non-penetrating traumatic brain injury (TBI) that is serious enough to warrant observation in an intensive care unit. It is unique in that it will provide the first population based data of inflicted TBI (iTBI) in the United States. The series of proposed studies build on data already collected in a CDC-sponsored study (C.

Runyan), linkages with public health data, and data unique to this application that will be gathered by telephone at one and two year follow-up from the injury, and by home visits after the child's third birthday. Study 1 will determine incidence and case fatality rates of non-iTBI and iTBI, as well as compare patterns of injury and initial clinical presentation between the two groups. Study 2 will utilize follow-up calls to the cohort to determine intermediate functional outcomes and non-biologic data about the post-injury family. A model of how non-biologic factors mediate cohort outcomes will be explored. Study 3 will utilize home visits to determine differences in developmental cognitive and behavioral outcomes between children with inflicted and non-inflicted TBI, using standardized neuropsychological tests. Further information will be collected on the child's family including indices of coping and family functioning. The hypothesis is that children with inflicted TBI will fare more poorly than children with non-inflicted TBI partially due to the injury type, and partially due to the post-injury family environment. Preliminary data on a model which encompasses these three studies will be developed. Finally, Study 4 will describe the initial and longitudinal social and legal ramifications for children with iTBI. In addition to publications, data from this mentored research will be used to develop additional, independent research awards.

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- **Project Title: PARTNER VIOLENCE DURING TRANSITIONS IN PREGNANCY**

Principal Investigator & Institution: Martin, Sandra L.; Associate Professor; Maternal and Child Health; University of North Carolina Chapel Hill Office of Sponsored Research Chapel Hill, NC 27599

Timing: Fiscal Year 2001; Project Start 01-FEB-1997; Project End 31-JAN-2003

Summary: (Adapted from applicant's abstract): The goal of this FIRST Award is to gain greater understanding concerning an important, yet understudied, group of violence victims, namely, pregnant women who have been physically abused by their male partners (husbands/boyfriends). More specifically, this study examines: (1) how patterns of partner violence before and during pregnancy are related to patterns of partner violence after infant delivery; (2) how partner violence affects women's mental health (including symptoms of post-traumatic stress, depression, alcohol abuse, and illicit drug abuse); and (3) whether infants of mothers who are victims of partner violence are at increased health risk (with a focus on the infant's risk of being physically abused), and whether the potential relationship between partner violence and infant health are modified by the mother's mental health status. Three groups of pregnant women will be recruited for study from a large prenatal clinic of a Health Department: (1) 50 women who were victims of partner violence both before, but not during, pregnancy; (2) 50 women who were victims of partner violence both before and during pregnancy; (3) a matched comparison group of 100 women who were not victims of partner violence before or during pregnancy. These women will be followed until their infants are approximately one year of age. Study data will be gathered from both reviews of the study participants' health and social service records, as well as study interviews conducted with the women at four time points (when the women are 6 months pregnant, 1, 6, and 12 months after infant delivery). Incorporated into the study interview will be several assessment instruments including the Conflict Tactics Scales 2, a Trauma Assessment, the Post-traumatic Stress Disorder Symptom Scale Interview, the Center for Epidemiologic Studies Depression Scale, the short form of the Michigan Alcohol Screening Test, the Drug Abuse Screening Test, and **Child Abuse** Potential Inventory. State-of-the-art multivariate statistical procedures, specifically, generalized estimating equations analysis, will be used to address each of the study questions. These

newly developed procedures are appropriate for the analysis of longitudinal data (both continuous and categorical outcomes) and will allow for the inclusion of potentially important time-dependent covariates in the study models.

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- **Project Title: PHYSICAL ABUSE AND CHILD AGGRESSION:ROLE OF ANS AROUSAL**

Principal Investigator & Institution: Gordis, Elana B.; Psychology; University of Southern California 2250 Alcazar Street, Csc-219 Los Angeles, CA 90033

Timing: Fiscal Year 2002; Project Start 01-MAR-2002; Project End 28-FEB-2007

Summary: The applicant requests five years of funding through the Mentored Career Development Award (K23) for training in psychophysiological methods to examine the effects of physical abuse and domestic violence on children. The candidate's ultimate goal is to integrate this training with her previous experience in observational approaches. The candidate will also gain experience in the ethical and methodological issues involved in conducting research with samples of abused and neglected children. Training includes coursework and close mentoring with experts in research on **child abuse**, domestic violence, psychophysiology, aggression,, measurement design, and multi-variate data analysis. The primary goal of the research plan is to test competing models for the role of autonomic nervous system (ANS) activity in the link between family violence and two different types of adolescent aggression: proactive aggression, which is unemotional and instrumental, and reactive aggression, which is emotional and defensive. The trauma of family violence may sensitize children, causing increased ANS activity to subsequent conflict and thereby increased reactive aggression. Alternatively, prolonged exposure to family violence may cause suppressed ANS activity and thus increased proactive aggression. Still another possibility is that family violence does not affect ANS activity, but that ANS response moderates the effect of family violence on adolescent aggression. Data collection will be part of a larger R01 grant examining the effects of abuse and neglect on adolescent development. The sample will include 210 abused adolescents identified by the Los Angeles Department of Child and Family Services and 210 comparison children. ANS arousal and reactivity to conflict stimuli will be measured, and information regarding aggression and family violence histories will be obtained. The first year of the award will be devoted to developing stimuli for the psychophysiological assessments and to refining measures of proactive and reactive aggression. The subsequent years will be devoted to conducting the substantive research project.

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- **Project Title: PREDICTIONS OF REPORTING CHILD MALTREATMENT**

Principal Investigator & Institution: Ashton, Vicki; York College 94-20 Guy R Brewer Blvd New York, NY 11451

Timing: Fiscal Year 2001

Summary: Child abuse is a natural epidemic affecting millions of children annually. A major step in stopping maltreatment is to identify, and intervene in, situations where abuse and neglect exist. The long-term goal of the proposed research is to contribute to the reduction of **child abuse** and neglect in this country. The specific objective of this study is to identify those factors which lead human service workers to report **child abuse** and neglect. Data will be collected from a sample of 600 social workers in the New York City metropolitan area by means of a mailed, structured, self-report

questionnaire. The questionnaire measures variables within four domains of interest and the likelihood of reporting **child maltreatment**. That is, in all the cases, the children are young; there is physical hurt or violence to the child; and there is some risk of imminent harm. Respondents are asked to indicate the likelihood of their reporting each case. The primary hypothesis is that the likelihood of reporting **child maltreatment** is a joint function of the combination of a number of variables in four domains of law, worker experience and training, organizational culture, and the personal characteristics of the worker. The relationship between these combined variables and reporting **child abuse** and neglect is key to understanding the decision-making process in reporting **child maltreatment**. The findings from this study will be valuable in reducing the high incidence of non-reporting among professionals. These findings will also ultimately contribute to the protection and well being of children.

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- **Project Title: PREDICTORS OF ANTENATAL AND POSTPARTUM DEPRESSION**

Principal Investigator & Institution: Rich-Edwards, Janet W.; Harvard Pilgrim Health Care, Inc. 93 Worcester St Wellesley, MA 02481

Timing: Fiscal Year 2003; Project Start 01-JUL-2003; Project End 30-JUN-2006

Summary: (provided by applicant): Antenatal and postpartum depression together affect roughly 15% of mothers, and may have serious consequences for the health and well-being of the entire family. Despite significant advances in understanding major depression, the specific causes of antenatal and postpartum depression remain less understood. Like major depression, antenatal and postpartum depression appear to arise from interacting environmental and biological factors. A large volume of work implicates poverty and lack of social support as environmental determinants of major depression and postpartum depression. However, there has been little investigation into the impact of experiences of personal threat, such as violent abuse or racial discrimination, on the incidence of antenatal or postpartum depression. Among biological factors, disorders of the hypothalamic-pituitary-adrenal stress response have been implicated in depression. During normal pregnancy, cortisol levels are elevated, and the placenta contributes large quantities of corticotropin-releasing hormone (CRH) to maternal circulation. The implications of these high levels of stress hormones for onset of depression during and immediately following pregnancy are poorly understood. We predict that antenatal and postpartum depression are influenced by these endocrine factors as well as by the psychosocial environment. We hypothesize that: 1) Physical and/or sexual abuse in childhood, in adulthood, and/or during pregnancy are associated with antenatal and postpartum depression. 2) Experience of racial discrimination is associated with antenatal and postpartum depression among women of color. 3) Levels of CRH during pregnancy are associated with a history of depression, are correlated with antenatal depression, and predict postpartum depression; 4) Elevated morning cortisol and/or depressed evening cortisol levels in the first three postpartum months are associated with postpartum depression. Few studies have had the size or the data needed to investigate both biologic and environmental predictors of depression before, during, and after pregnancy. Project Viva and Project Access are two ongoing cohort studies of pregnant women and their children in Boston, supported by the National Institutes of Health and the March of Dimes to assess psychosocial and hormonal predictors of pregnancy outcome and child health. To date, they have enrolled over 2800 women; by the end of the project, the proposed project will include 3,500 participants. These ongoing longitudinal cohort studies will provide a

cost-effective and unique resource with which to determine factors predicting depression during pregnancy and the postpartum.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PRENATAL PREDICTORS OF RISK FOR CHILD MALTREATMENT**

Principal Investigator & Institution: Steinberg, Karen L.; Psychiatry; University of Connecticut Sch of Med/Dnt Bb20, Mc 2806 Farmington, CT 060302806

Timing: Fiscal Year 2001; Project Start 16-FEB-2001; Project End 31-JAN-2006

Summary: (Adapted from applicant's description): Over a 5-year period, the candidate will participate in training and didactic experiences with mentors and teachers in the areas of infant/child development and social/emotional functioning, developmental psychopathology, **child maltreatment**, maternal- infant interaction, maternal-infant observational assessment, as well as study in research methodology, biostatistics, and public health. These training experiences will prepare the candidate for developing a pilot study which will be conducted during from the middle of the second through the middle of the fifth years of the funding period. The study will involve recruiting and interviewing 120 low-income high-risk mothers at a prenatal baseline and then prospectively assessing 60 of them with their infant/toddler in clinic visits at two longitudinal follow-ups (i.e., 6- and 15-months postpartum). The overall goal of the study is to explore atypical (e.g., disorganized) attachment patterns within a high risk urban sample and identify prenatal factors (e.g., maternal internal working models, maternal psychosocial and personality functioning, parenting attitudes) that may be predictive of maladaptive attachment, infant social/emotional problems and competencies, and risk for **child maltreatment**. Through the process of training, education, and pilot work the candidate will develop knowledge/skill in evaluating (1) maternal working models, (2) parenting expectancies/abilities, (3) parent- infant interaction (adaptive, neglectful, traumatic), (4) infant psychosocial development, and (5) research design and statistical techniques for modeling these complex constructs and their interrelationships. With the collection of pilot maternal, infant, and interactional/observational data the candidate hopes to develop an empirically based conceptual framework and the necessary methodological skills to preliminarily address several questions related to attachment and child maltreatment: 1) How are maternal internal working models (assessed prenatally) associated with specific parenting attitudes, with later infant attachment security, with infant social and emotional problems and competencies at 15 months, and with risk for child maltreatment? 2) Is the quality of maternal internal working models (i.e. balanced, disengaged, distorted) associated systematically with specific patterns of infant attachment in a high risk sample (e.g., balanced-secure; disengaged-avoidant; distorted-anxious)? Finally, is the quality of maternal internal representations related to risks for specific types of maltreatment (e.g., disengaged-neglect, distorted-physical abuse)? The overall aim of this project is to prepare the candidate to conduct subsequent prospective and treatment development studies with R-01 and R-23 funding that will provide an empirical basis for enhanced early prevention and intervention by identifying predictors of severe attachment, social and emotional dysfunction in children and the potential for **child maltreatment**.

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- **Project Title: PROCESSES LINKING CHILD NEGLECT AND ADAPTATION TO SCHOOL**

Principal Investigator & Institution: Manly, Jody T.; Physician; Clinical/Social Psychology; University of Rochester Orpa - Rc Box 270140 Rochester, NY 14627

Timing: Fiscal Year 2001; Project Start 22-SEP-2000; Project End 30-JUN-2005

Summary: The proposed study is a longitudinal investigation of the impact of parental neglect on school adjustment and academic performance in children, ages 4 to 6 years old. The study aims: a) to confirm previously demonstrated links between **child neglect** and poor performance in school and b) examine possible mediators and moderators of the links between neglect and poor adaptation to school. The application proposes a prospective study of 180 preschool children beginning at age 4 years old with assessments conducted as the children complete kindergarten and first grade. Principle hypotheses are based on an ecological-transactional model that has been delineated by the Cicchetti research team. Effects of neglect are predicted to be mediated by proximal issues such as security of attachment, self-esteem, verbal and cognitive abilities and readiness to learn. Other hypothesized moderators include maternal mental health, poverty, domestic and community violence. Three cohorts of children will be recruited at age 4 and followed through the first grade. These include a) 60 children who have been neglected, but have experienced no other form of maltreatment, b) 60 children who have experienced neglect and another form of maltreatment and c) 60 demographically matched, non-neglected, non-maltreated children. Assessment will be at baseline (age 4 years old) and in the spring of kindergarten and first grade. Developmental assessments will be made at baseline and in the spring of kindergarten and first grade a) motivation for school, b) behavioral engagement and c) academic achievement will be assessed.

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- **Project Title: PROGRAM FOR DRUG ABUSING WOMEN AND THEIR CHILDREN**

Principal Investigator & Institution: Nair, Prasanna; Professor; Pediatrics; University of Maryland Balt Prof School Baltimore, MD 21201

Timing: Fiscal Year 2001; Project Start 30-SEP-1991; Project End 30-NOV-2002

Summary: (Applicant's Abstract) This proposal will continue following the mother/child dyads recruited into the original study, until the children reach age 7 years. The specific aims of this proposal is two fold: 1. To evaluate the long term effects of the early maternal/child intervention, on maternal functioning & child development. 2. To assess the effect of fetal drug exposure & post partum environment on child development and behavior. In the initial study we hypothesized that a comprehensive intervention based on a transactional theory which addresses psychosocial issues, functional skills and parenting skills would enhance maternal self esteem, maternal effectiveness, and use of social supports, leading to improved maternal infant attachment, improved infant development and decreased maternal substance use. 296 substance abusing women were recruited, over a 40 month period, from the obstetrical and neonatal services of Univ. of Md. Hospital. 265/296 kept the 2 week postpartum appointment and were randomly assigned to either the intervention or control group. Families recruited into the study group received an in home intervention, weekly 1-6 months, biweekly 7-12 months and monthly for the next 3 years. From 12 to 24 months mothers & infants participated 2 days a week at a community parent support center. To prevent attrition monthly tracking was maintained by an outreach worker for the control group. 225/265 (85%) of the children in the cohort have remained active in the study, and we have longitudinal developmental, health, growth and behavior data on

these children and social and drug use history on their mothers. As of January 1998 the children will range in age from 30-70 months. The longitudinal prospective data on mothers include: drug use, treatment readiness, entrance into treatment, maternal depression, parenting stress, **child abuse** potential, and repeat pregnancy. To be able to separate the effects of fetal drug exposure from environmental factors, a comparison group of 100 five year old children and their mothers will be recruited over a 3 year period, matched to the drug exposed children (Age, sex, race, maternal age and residence) and administered the same tests as the study population at 5 and 7 years of age. If an early parent/child intervention for drug abusing women can improve their health and psychosocial functioning and also reduce adverse consequences to their children, it would help in future planning for services for these high risk families.

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- **Project Title: PROMOTING CHILD MENTAL HEALTH--RCT OF HOME VISITING**
 Principal Investigator & Institution: Duggan, Anne K.; Pediatrics; Johns Hopkins University 3400 N Charles St Baltimore, MD 21218
 Timing: Fiscal Year 2001; Project Start 26-MAY-2000; Project End 31-MAR-2005
 Summary: This abstract is not available.
 Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen
- **Project Title: PSYCHOBIOLOGY OF INFANT ABUSE IN PRIMATES**
 Principal Investigator & Institution: Maestriperi, Dario; Assistant Professor; None; Emory University 1784 North Decatur Road Atlanta, GA 30322
 Timing: Fiscal Year 2001; Project Start 01-MAY-1998; Project End 28-FEB-2003
 Summary: (adapted from applicant's abstract): Although research with animal models figures prominently in the study of other major public health threats, little or no research with animal models of **child abuse** and neglect is currently being conducted. The spontaneous occurrence of maternal abuse of offspring in group-living monkeys is a phenomenon that shares several similarities with human **child abuse** and neglect. The determinants and consequences of this phenomenon, however, have not been systematically investigated. This project investigates the causes of the spontaneous occurrence of infant abuse in a large population of group-living rhesus macaques. The project will be conducted in 5 years at the Field Station of the Yerkes Regional Primate Research Center. The specific aims of this project are: to investigate the incidence of infant abuse within and across families over a period of 35 years, using a database already available; to gather a large set of data on the parenting style of abusive mothers, the behavior of abused infants, and the circumstances in which abuse occurs; to investigate the role of estrogen and the opioid and serotonergic systems in the etiology of maternal abusive behavior with physiological measurements and pharmacological challenges; to investigate the mechanisms underlying the intergenerational transmission of infant abuse by cross-fostering female infants between abusive and nonabusive mothers and then studying their maternal behavior and its physiological correlates when they give birth to their own infants. At the end of the proposed project, a large body of genealogical, demographic, behavioral, physiological, and pharmacological data concerning infant abuse will be available. This information will be used to develop biological, social, and behavioral predictors of infant abuse and to identify at-risk individuals and situations. This project will significantly enhance our understanding of the causes and consequences of infant abuse in primates and could have important implications for prevention and treatment of **child maltreatment** as well.

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- **Project Title: PTSD & CHILDHOOD SEXUAL ABUSE: PSYCHOBIOLOGY**

Principal Investigator & Institution: De Bellis, Michael D.; Associate Professor; Psychiatry; Duke University Durham, NC 27706

Timing: Fiscal Year 2002; Project Start 09-SEP-2002; Project End 31-AUG-2007

Summary: (provided by applicant): This application is a 5-year cross-sectional investigation with a one-year prospective follow-up to non-invasively examine the psychobiology of childhood posttraumatic stress disorder (PTSD) secondary to sexual abuse. In cross-sectional studies, we reported that clinically referred maltreated children with PTSD had elevated 24-hour urinary catecholamine and free cortisol levels and smaller intracranial and cerebral volumes, smaller midsagittal areas of the corpus callosum, and larger ventricles compared to non-abused controls. PTSD trauma for the majority of these children was sexual abuse. Earlier age of onset of abuse, longer duration of abuse, and greater PTSD symptoms each were associated with more extreme difference from normals on these measures. Animal studies suggest that elevated levels of catecholamines and cortisol during development may lead to adverse brain development. Our pilot study did not address to what extent our results were PTSD specific or the result of abuse. We will examine the diagnosis and severity of PTSD on outcomes of biological stress system regulation and brain maturation. We will study 3 groups of 70 children (35 males/35 females), aged 6 to 12 years: children with PTSD secondary to sexual abuse, sexually abused children without PTSD, and non-traumatized age and sociodemographically comparable controls. Biological stress system regulation will be assessed by 24-hour urinary catecholamine and free cortisol levels. Brain maturation will be assessed by: magnetic resonance spectroscopy-based brain N-acetylaspartate concentrations, which reflect neuronal integrity, magnetic resonance imaging-based brain morphometry (cerebral, amygdala/hippocampal volumes and corpus callosum area), and cognitive function. This study includes a cross-sectional component at entry (Time-01) and a one-year follow-up (Time-02). Study entry for abused subjects is within 3 months of abuse disclosure. Time-01 and -02 assessments measure known risk factors for the development of PTSD. Specific aims are to determine the relationship between sexual abuse with PTSD and without PTSD and these outcomes at Time-01 and to determine the one-year effects of sexual abuse with PTSD and sexual abuse without PTSD on these same children's biological stress systems and neuropsychological function. Secondary aims are: to identify the psychobiological predictors of the persistence of PTSD and resiliency to PTSD at the one-year period after abuse disclosure (Time-02). We hypothesize that sexually abused children with PTSD will show evidence of alterations in biological stress systems and brain maturation at Time-01 and Time-02. We further hypothesize that certain risk factors at Time-01 (e.g. age of onset of abuse, adverse life events, and biological measures) will predict the persistence of PTSD at Time-02.

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- **Project Title: RANDOMIZED, CONTROLLED TRIAL TO PREVENT CHILD VIOLENCE**

Principal Investigator & Institution: Barkin, Shari L.; Pediatrics; Wake Forest University Health Sciences Winston-Salem, NC 27157

Timing: Fiscal Year 2001; Project Start 18-SEP-2001; Project End 31-MAY-2005

Summary: Child and adolescent violence remains one of our most pressing public health problems today. Health care providers often serve critical roles when treating the results of violence. As with other injuries, pediatric providers serve as one of the necessary agents for prevention. Consequently, major health organizations have issued guidelines for incorporating violence prevention into routine primary care for children and adolescents. Currently, only limited tools are available to help pediatric clinicians address violence prevention-related issues in a consistent manner during the routine office visit. Moreover, no empirical evidence exists for the effectiveness of such approaches on parents or children's behaviors. Wake Forest University School of Medicine (WFUSM) and the American Academy of Pediatrics (AAP) Center for Child Health Research (CCHR) will collaborate to evaluate the effectiveness of a pediatric clinician's intervention that has been extensively pilot tested. Pediatric Research in Office Settings (PROS), a program of the CCHR, is a national network comprised of practice-based clinicians experienced in research participation. Their membership consists of more than 500 practices and 1500 clinicians across the country. PROS practices will be randomly assigned to either the intervention arm (Safety Check) or the control arm with an attention placebo. Safety Check will address four areas of behavior: media use; parental use of physical disciplining techniques; gun ownership and storage; and family/peer physical fights. Each arm of the study will have 68 practices, 136 providers, and 3,536 patients. The study will aim to gather data on sufficient numbers of Latino and African American patients to evaluate if the intervention has different effects on differing cultures/ethnicities. The intervention consists of 4 components: (1) a community violence prevention worksheet (to guide practices in identifying community specific violence prevention resources), (2) a household behavior survey for patient families with children 2-11 years to complete in the waiting room, identifying problem areas, (3) a recommendation guide that the provider directly utilizes to educate and engage the patient family on these issues, and (4) "tangible tools" to help the family adhere to provider recommendations. The two primary outcomes evaluated will be the pediatric provider's anticipatory guidance behaviors and the patient family's behaviors, e.g. media use, discipline, gun storage, and family/peer fights. Data will be collected at the baseline visit with patient family follow-up 1 and 6 months later via telephone interviews. Efforts to reduce the social morbidity of youth violence are essential. This study breaks new ground, serving as the first national randomized controlled trial focused on testing the effectiveness of a comprehensive violence prevention program for pediatric providers. As yet, there are no data driving the guidelines issued by major medical organizations; this study will provide scientifically sound data to do so.

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- **Project Title: RISK AND PROTECTIVE MECHANISMS IN CHILD MALTREATMENT**

Principal Investigator & Institution: Kim, Jungmeen; Clinical/Social Psychology; University of Rochester Orpa - Rc Box 270140 Rochester, NY 14627

Timing: Fiscal Year 2003; Project Start 01-JUL-2003; Project End 30-JUN-2008

Summary: (provided by applicant): This K-01 Award will allow the candidate to gain the skills and knowledge necessary to become a leading expert and independent investigator of **child maltreatment** and developmental psychopathology with focused expertise in the processes contributing to psychopathology in children and adolescents who have experienced maltreatment and other forms of trauma. **Child maltreatment** has been identified as a profound risk factor for compromised normal development and psychopathology. To understand the etiology, process, and sequelae of **child abuse** and

neglect and to inform prevention and intervention efforts, it is crucial to study mechanisms and processes that eventuate in adaptive versus maladaptive outcome. Research on **child maltreatment** and psychopathology will particularly benefit from applying advanced methodology for longitudinal analyses to study dynamic processes in the development of psychopathology among maltreated children. The proposed line of research focuses on longitudinal analyses of developmental pathways to psychopathology among maltreated children. Project #1 involves secondary data analyses of 814 children (492 maltreated and 322 nonmaltreated) ages of 5.5 to approximately 11.5 years who participated in a summer camp research program. The goals of Project #1 are: 1) to specify risk and protective mechanisms (self-esteem, social competence, and mother-child relationship quality) that are involved in negative developmental outcomes of **child abuse** and neglect, and 2) to investigate the longitudinal trajectory of psychopathology and maladjustment in maltreated children. Project #2 involves new data collection of 150 children (75 maltreated and 75 nonmaltreated), ages of 5.5 to approximately 11.5 years who participate in a summer camp research program, and their parents. The goal of Project #2 is to examine the associations of these parental context variables (marital conflict, depressive symptoms, PTSD, religiosity and perceived social support) with children's internalizing and externalizing symptomatology and PTSD. To achieve these research and career goals, the candidate will follow a career development plan that consists of: 1) mentorship and consultation with nationally and internationally recognized experts in **child maltreatment**, developmental psychopathology, and longitudinal data methodology; 2) academic course work to further develop research skills and to enhance knowledge of developmental psychopathology; 3) longitudinal analyses of developmental pathways of behavioral and psychological adjustment in children who have been abused and neglected. The proposed research will help the field move toward more focused research questions about the causes and consequences of **child maltreatment** and the multiple developmental pathways leading toward and away from lifelong patterns of psychopathology. Furthermore, the proposed research will provide critical information for the development of effective preventive interventions for **child abuse** and neglect.

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- **Project Title: RISK FACTORS FOR FATAL CHILD ABUSE AND NEGLECT**

Principal Investigator & Institution: Schnitzer, Patricia G.; Research Assistant Professor; Family and Community Medicine; University of Missouri Columbia 310 Jesse Hall Columbia, MO 65211

Timing: Fiscal Year 2001; Project Start 01-AUG-2000; Project End 31-JUL-2003

Summary: For my initial research, I plan to use population-based data on all deaths among children in Missouri over an eight-year period to 1) Calculate the incidence of fatal **child abuse** and fatal neglect (separately) among children less than five years old. 2) Conduct a case control study to evaluate the association between household composition and fatal physical abuse and fatal neglect, separately. 3) Refine a classification scheme for childhood injury deaths based on the behavioral and environmental circumstances of the death. Then, I will apply the classification to all the childhood deaths, conduct a descriptive analysis of the deaths, and compare the assigned classification to the cause of death listed on the death certificate. The data for this research are existing data that will be obtained from the Missouri Child Fatality Review Panel (CRRP) program, vital records, and the Department of Family Services. The CFRP data include detailed information on every child death in Missouri including information on household members and their relationship to the decedent at the time of

death, and each injury death includes details on the circumstances of injury. These unique data provides the opportunity to study individual and family risk factors for fatal **child abuse** and neglect while controlling for confounding factors and minimizing the potential for misclassification and underreporting that plague studies based on vital records or samples of abused children from child welfare agencies. The use of all eight years of available data will ensure that there are sufficient numbers for evaluation of fatal physical abuse and fatal neglect, separately, as well as evaluation of interaction effects. With these strengths, this research will provide new insights into the relationship between household composition and fatal **child abuse** and neglect, and provide a foundation for future research on the antecedents of **child abuse** and neglect.

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- **Project Title: SEXUAL ABUSE, SUBSTANCE ABUSE AND DEPRESSION**

Principal Investigator & Institution: Lewis-Jack, Ometha; Howard University 2400 6Th St Nw Washington, DC 20059

Timing: Fiscal Year 2002; Project Start 01-JUL-2002; Project End 30-JUN-2005

Summary: Clinicians that treat female substance abusers consistently report having to treat other pathologies besides substance abuse. It is typical for a female substance abuser to enter treatment because of drug use, yet, during the process of achieving abstinence, other issues such as depression and sexual abuse emerge and become major treatment concerns. Both depression and sexual abuse seem to be more inherent among the female substance abusing population than the male substance abusing population. Also, males tend to use alcohol for social reasons whereas women report using alcohol to escape from distress rather than for social reasons. Thus, women may tend to use alcohol and drugs more often to mediate distressful feelings. If this is the case, issues that are related to depression, such as sexual abuse, and the depression itself must be identified and then addressed therapeutically to maximize recovery. Additionally, substance-abusing women who have experienced childhood abuse may have children who will also encounter childhood abuse. Sedlak and Broadhurst cited reports from the National Clearinghouse on **Child Abuse** and Neglect indicating that illicit drug abuse probably contributed significantly to increased rates of suspected **child maltreatment** and documented injuries. Thus, needs of the mothers and children for which they are responsible. Subsequently, treatment should result in family preservation and prevention of further childhood abuse. The present study has two specific aims (1) to examine the relationship between childhood sexual abuse, depression, and substance abuse among women, and (2) to examine the relationship between substance abusing women who have experienced childhood abuse and the incidence of abuse among their children. The goal of the study is to gain a better understanding of substance abusing women's issues and their impact on recovery and family preservation. The present study also has two long-term objectives (1) to advanced a more comprehensive model of recovery that addresses the specific needs of African American women who have experienced childhood sexual and/or physical abuse and (2) to reduce the incidence of subsequent substance abuse and other mental illness resulting from childhood abuse by developing a more comprehensive model of treatment designed to detect, prevention, and treat abuse among children of substance abusing women. Utilizing factorial ANOVA's, MANOVA's, Pearson Correlation's and Multiple Regressions, the current research intends to examine the relationship childhood sexual abuse, depression, substance abuse and the incidence of sexual abuse among children of substance abusers.

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- **Project Title: SURVEYING MEN ABOUT ABUSE, RISK TAKING: PHONE ASSESSMENT**

Principal Investigator & Institution: Holmes, William C.; Associate Professor; Medicine; University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104

Timing: Fiscal Year 2002; Project Start 01-SEP-2002; Project End 30-JUN-2004

Summary: (provided by applicant): Between 1-in-6 and 1-in-14 men report histories of **child sexual abuse** (CSA). CSA rates in men from high HIV risk behavior groups are higher. Studies of the relationship between CSA histories and HIV risk behavior in men, however, are hampered by use of disparate, usually-clinical samples, divergent in the way they were sampled, when they were sampled (i.e., at different times during the shifting trends of HIV risk behavior), and from where they were sampled. Differing investigator-mandated CSA definitions also create interpretation difficulties. Using data from these sources, then, challenge efforts to create interventions to reduce HIV risk in men with past CSA. Random digit dialing (RDD) methodology offers an approach to studying CSA histories in a non-clinical sample of men, providing a relative snapshot of different HIV risk subpopulations simultaneously, thereby limiting the confounding of temporal trends in risk behavior. In addition, comparison subgroups of men without CSA histories can be recruited from the same underlying population. Thus, the independent contribution of a CSA history to HIV risk behavior activity can be studied in a more robust manner, allowing comparisons across different risk groups, while concomitantly exploring other effects such as how abuse self-definition differences affect findings. Some are concerned about feasibility of RDD use in urban sectors with large numbers of individuals engaged in high HIV risk behavior, where no specific RDD evaluation has been done. We propose a feasibility protocol: study one is a cross-sectional study of adult men recruited from high AIDS incidence areas in Philadelphia (PA); study two is a series of follow-up, in-person interviews with men from study one. In study one, 200 men will be recruited via RDD. Study participation rates will be obtained to determine whether similar methods can be used in future, large-scale studies. Injection drug use (IDU) rates will be obtained to determine whether participation rates by men with IDU histories allow study of this risk behavior. Sexual risk behavior rates also will be estimated, as will estimates of the association between CSA histories and sexual risk behavior. In study two, twenty and ten men with and without CSA histories, respectively, will be recruited. In-person interviews will focus on qualitative explorations of how men link an enumeration of their sexual histories with study one reports about CSA histories, as well as how they identify the salience of CSA as a factor in the presence or absence of their risk behavior.

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- **Project Title: TEEN DRUG USE/ABUSE: PATHWAYS FROM CHILD MALTREATMENT**

Principal Investigator & Institution: Cicchetti, Dante; Clinical/Social Psychology; University of Rochester Orpa - Rc Box 270140 Rochester, NY 14627

Timing: Fiscal Year 2001; Project Start 29-SEP-2000; Project End 30-JUN-2005

Summary: (adapted from Investigator's abstract): The proposed investigation will examine the links between **child maltreatment** and adolescent drug use and abuse. This investigation builds upon a prior study of the sequelae of **child maltreatment** during the early school-age years, which included two waves of data collection (participants were 6-8 and 9-11). In the proposed research, 350 children (234 maltreated and 116 non-maltreated) will continue to be followed prospectively and assessed at two time periods

(when participants are 13-15 and 15-17). Data will be collected from the adolescents and mothers/current guardians. Based on research linking risk and protective factors to problem adolescent drug use and guided by developmental theory, the proposed investigation will assess an extensive array of risk and protective factors for drug abuse, as well as determine the current developmental organization of the adolescents. Psychopathology and problem adolescent behaviors also will be assessed.

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- **Project Title: TEEN MOTHERS, SEXUAL TRAUMA AND RAPID REPEAT PREGNANCIES**

Principal Investigator & Institution: Mills, Lisa K.; Children's Hospital Med Ctr (Cincinnati) 3333 Burnet Ave Cincinnati, OH 45229

Timing: Fiscal Year 2002; Project Start 01-JUN-2002; Project End 31-MAY-2007

Summary: The Candidate (Dr. Mills) is entering her third year in an Assistant Professor faculty position. This Scientist Development Award for New Minority Faculty (K01) is expected to help her develop the skills necessary to examine the contribution of sexual to adolescent mothers' sexual decision-making and sexual risk-taking and subsequent risk for rapid repeat pregnancy (RRP) and to develop a programmatic line of research that will lead to the design and evaluation of an intervention program targeting sexual decision-making in first-time adolescent mothers with a history of sexual trauma. To accomplish this career goal Dr. Mills will: 1) acquire knowledge and skills on the assessment of sexual trauma; 2) increase her clinical understanding of the unique experiences of adolescent mothers with a history of sexual trauma; and 3) receive additional education and mentoring to learn advanced statistical models and data analytic techniques appropriate for application to longitudinal data. Dr. Mills proposes a five-year training program with mentors from a strong pediatric research department. Her primary mentor is a very experienced psychology researchers whose work has focused on prevention science, **child abuse**, and child and adolescent psychopathology. Her Co-mentor's expertise in childhood sexual trauma and her consultants' expertise in teenage pregnancy are directly to the research and career development plan. The career development plan describes activities focused on enhancing scientific knowledge of research-related approaches to sexual trauma history and sexual decision-making in adolescent mothers. These activities will include coursework, independent studies, and guided clinical treatment. Other activities in the plan include training in the design and responsible conduct of scientific research and mentored experiences with preparation of a review article and grant proposals for independent research support. Dr. Mills' proposed research involves a prospective study that examines mediating and moderating variables that influence the pathways leading from a sexual trauma history to RRP. The study involves the assessment of childhood sexual trauma history and its relation to psychological variables (e.g. depression and PTSD) that impact sexual decision-making and sexual risk-taking behaviors that lead to rapid repeat pregnancy in teenage mothers. The findings will contribute to understanding further the impact of sexual abuse histories on decision-making in sexually active teen mothers.

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- **Project Title: TESTING A MODEL OF RISK REDUCTION FOR HIV POSITIVE WOMEN**

Principal Investigator & Institution: Wyatt, Gail E.; Associate Professor; None; University of California Los Angeles 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024

Timing: Fiscal Year 2001; Project Start 20-SEP-1999; Project End 31-MAY-2003

Summary: (Adapted from Applicant's Abstract): As HIV infection continues to spread among women and people of color, it is important to develop interventions to reduce the incidence of risky sex and drug-related practices, improve HIV treatment adherence, and promote health care utilization. One factor not typically addressed in current interventions for women is **child sexual abuse** (CSA), an important predictor of high-risk sexual behaviors, substance use, and psychological sequelae. This revised proposal, a 4-year randomized clinical trial of a behavioral risk-reduction intervention builds on findings from the Women & Family Project (WFP), a natural history study of how HIV affects women, and other research. Specifically, we propose to develop and test an Enhanced Sexual Health Intervention (ESH), designed to reduce behavioral and interpersonal risks and increase health behaviors. After piloting a 12-week intervention on a multi-ethnic sample of 25 HIV-positive women (9 African Americans, 8 Latinas, 8 European Americans), we will recruit 220 HIV-positive women: 65 African American, 64 Latina and 65 European American women-110 from the WFP with CSA and 110 that are newly recruited with CSA. These women will be randomly assigned to 2 treatment conditions: a Basic Intervention (B), a usual-care/information control, and the Enhanced Sexual Health Intervention (ESH). The 12-week intervention includes pre- and post-testing, and 1- and 3-month follow-up for the B condition, followed by the 12-week ESH intervention. The B condition will then receive the 12-week intervention, followed by the 1-, 3-, and 6-month follow-ups. Each condition will be compared using a combination of univariate and multivariate procedures to determine whether 1) The ESH differentially reduces behavioral and interpersonal risks and promotes healthy behaviors; 2) the ESH yields differential outcomes as a function of language, ethnicity, drug use history, severity of abuse, disease, and relationship status, and, 3) the treatment outcomes are mediated by changes in self-efficacy, acquisition of new risk reduction skills, changes in sexual health domains, or changes in affective states (e.g., depression, anxiety, and psychological well-being). This project will generate a well-tested, women-centered curriculum that can be used in other HIV interventions or in HIV clinics with multi-ethnic samples of women, and help to broaden our understanding of consensual and non-consensual sexual experiences that contribute to sexual and drug-related risk taking, HIV treatment non-adherence, and ineffective health care utilization.

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- **Project Title: THE ILLINOIS FAMILIES STUDY: CHILD WELL-BEING**

Principal Investigator & Institution: Holl, Jane L.; Assistant Professor; None; Northwestern University 633 Clark St Evanston, IL 60208

Timing: Fiscal Year 2001; Project Start 13-SEP-2000; Project End 31-MAR-2004

Summary: This study focuses on the etiology of two specific forms of child neglect: physical neglect and supervisory neglect. Welfare reform requires parents to spend more time in formal employment, subject them to time limits and sanctions on the receipt of income assistance, and may result in unstable health care coverage for their families. Assessing whether such changes results in a differential rate of **child maltreatment** in general, and different types of **child neglect** in particular, is the focus of this study. The specific aims of the project are to assess the relationship between child and (1) employment, (2) income (dynamics), and (3) health care coverage. We will also identify the factors that mediate or moderate such relationships and expand the knowledge about causal pathways leading to specific forms of **child neglect**. We will also include baseline assessments of child development so that future studies may assess the developmental impacts of these forms of **child neglect**. This study builds upon the

Illinois Families Study (IFS). The IFS will follow 1,500 families over six-years to study the effects of welfare and work by conducting annual surveys to gather information about demographics, employment, income, parenting, child care, health, and domestic violence and will gather, quarterly administrative data about use of welfare, Medicaid, unemployment, and social services. Nine Illinois counties have been selected for the study representing over 75% of the Illinois TANF caseload. This study will involve a sub-sample of children the IFS (500 children <2 years at the first interview). A parent will be interviewed, in-person, 6 months after the first IFS interview and then annually. The interview will focus on child development and temperament, parenting beliefs, household accident risks, adequacy of basic needs, and health care. Medical chart reviews will be conducted to assess access and adequacy of health care and to identify additional risks for neglect. Quarterly administrative data from the Illinois Department of Employment's Insurance database, the New-Hire registry, and all social agency registries (Food Stamps, Medicaid, Child Abuse) will be linked for each subject. Data from a continuously integrated database of children's services in Illinois that depicts a full network of relationships linking individual children and public services (e.g. child protection, juvenile justice, Medicaid, special education, and mental health services) will also be linked. The more likely statistical power levels for each neglect outcome range from .72 to .94 for a two-tailed test, and from .82 to .97 for a one-tailed test. This study will not rely solely on formal indicators of neglect, but will investigate other "informal" indicators based on operationalized definitions of environmental, physical, and supervisory neglect. Independent measures will include demographics, parental characteristics, parent-child interaction, parent and child physical and mental health, and child development. The means, standard deviations, and ranges associated with each indicators will be reported, and for repeated measured, the average change from one interview to the next will be provided. The primary goal of the multivariate analyses is to determine which factors or combinations of factors place children at greater risk for **child neglect** and CPS intervention.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: THIRTY YEAR FOLLOW-UP OF NEGLECTED CHILDREN**

Principal Investigator & Institution: Widom, Cathy S.; Professor; Psychiatry; Univ of Med/Dent Nj Newark Newark, NJ 07103

Timing: Fiscal Year 2001; Project Start 14-SEP-2000; Project End 30-JUN-2005

Summary: This is a sample of 543 documented cases of **child neglect** followed 30 years later. All cases were less than 11 years of age at the time the neglect/ abuse was documented. Neglect cases will be compared to cares of documented sexual abuse (N= 96) and documented physical abuse (N = 110) and a matched comparison group (N = 520). Assessments will include: (a) health status and health risk behavior; (b) economic productivity; (c) neighborhood hazards/ toxins; and (d) past and present service utilization and access to care. This study will also develop a self-report measure of neglect and assess correspondence of memories of neglect with documented history of neglect. Similar measures were developed in past research with this sample with regard to self report of childhood sexual and physical abuse. Some preliminary analyses from previous studies of this population have documented relatively high levels of health concerns, exposure to subsequent traumatic life events (e.g., rape) leading to PTSD, and relatively low SES. Within each domain of inquiry, several specific hypotheses are noted. Measures are drawn from previous epidemiological survey research, including the National Health Interview Survey, the Behavioral Risk Factor Surveillance Survey, and the Social Support measure from the Vietnam Veterans Readjustment Study. Some

established questionnaires will be administered to participants to measure self-esteem, locus of control, stressful life events, coping, and depression. Some limited neurobehavioral assessments will be completed, as well. Neighborhood characteristics will be assessed from census data on poverty, as well as by asking participants to describe their neighborhood during an interview. Economic productivity will be assessed using information about income, public assistance, size of home, etc. Plans are in place for a medical screening that will include immunological functioning and HIV status. The analysis plans were detailed and appropriate. Group comparisons will be made using MANOVAs with covariance, as necessary. Power analyses indicate adequate sample size, especially since the CSA and CPA groups will be aggregated for many of the analyses. Hierarchical multiple regressions are planned, as well as hierarchical linear modeling. Strategies for dealing with missing data are described. The investigators make appropriate cautions against overgeneralizing the results since current definitions and practices for documenting **child abuse** and neglect differ from those used 30 years ago.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: TREATMENT OF PTSD IN SEXUALLY ABUSED CHILDREN**

Principal Investigator & Institution: Cohen, Judith A.; Professor; Allegheny-Singer Research Institute 320 E North Ave Pittsburgh, PA 15212

Timing: Fiscal Year 2001; Project Start 15-AUG-1997; Project End 31-JUL-2003

Summary: (Adapted from applicant's abstract): **Child sexual abuse** is a common experience which has serious mental health consequences, including the development of Post-Traumatic Stress Disorder (PTSD) and other abuse-related and general psychopathological symptoms. The current project will evaluate the comparative efficacy of Sexual Abuse Specific Cognitive Behavioral Therapy (SAS-CBT) and nondirective supportive therapy (NST) in decreasing these symptoms following recent sexual abuse. Two hundred forty (240) subjects will be randomly assigned to one of these treatments at each of two sites, and will be provided with 12 weeks of individual therapy for children and parents. Treatment will be monitored for compliance with the respective treatment models through intensive supervision, audiotaping of sessions, rating of sessions with use of adherence checklists, and independent blind rating of audiotapes. Treatment outcome will be evaluated through the use of several self-, parent-, and teacher-report standardized instruments, to be administered at pre- and post-treatment and 6- and 12-month follow-up evaluations. In addition to evaluating main treatment effects, the project will assess differential treatment impact by gender and ethnicity. It will also attempt to evaluate the impact of specific components of the treatment process in mediating treatment outcome. Specifically, the project will evaluate the differential effectiveness of the two treatment modalities in improving the subject's abuse-related attributions and perceptions, parenting practices, familial adaptability and cohesiveness, parent support, and parental emotional reaction to the abuse will be evaluated, and the impact of improving these variables on treatment outcome will be assessed.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: USING BIOCHEMICAL MARKERS TO DETECT ABUSIVE HEAD TRAUMA**

Principal Investigator & Institution: Berger, Rachel P.; Professor; Children's Hosp Pittsburgh/Upmc Hlth Sys of Upmc Health Systems Pittsburgh, PA 15213

Timing: Fiscal Year 2003; Project Start 14-APR-2003; Project End 31-MAR-2008

Summary: (provided by applicant): **Child abuse** is a leading cause of serious traumatic brain injury (TBI) in infants and young children. Proper diagnosis of abusive head trauma (AHT) is difficult even for experienced, astute physicians. Misdiagnosis is common and can have catastrophic medical consequences for patients. Aside from increased awareness, there are currently no established strategies or diagnostic tests to help physicians properly identify AHT. A screening test that could alert physicians to the possibility of AHT and thereby aid in proper and timely diagnosis, could have an enormous impact. Biochemical markers of brain injury are released from the brain after TBI and diffuse into cerebrospinal fluid (CSF) and/or serum, where their concentrations can be measured. CSF and serum concentrations of three of these biochemical markers -- neuron-specific enolase (NSE), S100B, and myelin-basic protein (MBP) - are sensitive indicators of mild, moderate and severe TBI in adults and children. These markers may therefore have the potential to act as diagnostic adjuncts to complement physician acumen in properly diagnosing AHT. Specific Aim 1 is to determine the sensitivity and specificity of serum NSE concentrations for detecting AHT in infants at increased risk of AHT and to determine whether the use of a panel of NSE, S100B and MBP improves sensitivity or specificity when compared with NSE as a single marker. Specific Aim 2 is to determine whether increases in CSF and serum NSE, S100B and/or MBP are specific to TBI or whether their concentrations can be affected by four non-traumatic neurological insults: hypoxic-ischemic encephalopathy, meningitis, progressive encephalopathy and seizures. The candidate is a pediatrician at Children's Hospital of Pittsburgh (CHP). This Mentored Career Development Award will allow the candidate to pursue a unique and highly integrated mentored program in pediatric neurotrauma and **child abuse**. Pittsburgh is an ideal environment for this type of program because of the resources of CHP, the Safar Center for Resuscitation Research and The Child Advocacy Center. Dr. Patrick Kochanek, the primary mentor for this award, is internationally recognized for his work in the field of pediatric TBI, has served as a mentor on multiple K awards and is the PI of an NICHD-funded training grant (T32) in pediatric neurointensive care.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: VALIDITY OF REACTIVE ATTACHMENT DISORDER**

Principal Investigator & Institution: Stafford, Brian S.; Psychiatry and Neurology; Tulane University of Louisiana New Orleans, LA 70118

Timing: Fiscal Year 2002; Project Start 01-AUG-2002; Project End 31-JUL-2004

Summary: This proposed PAR-OO-119 (B-START) Award includes a plan to pilot a preliminary investigation toward the validation of the diagnosis of Reactive Attachment Disorder (RAD). Validation of child psychiatric disorders in general, and disorders in early childhood in particular, are few. This holds for RAD, although clinical experience suggests that serious disturbances, if not disorders, of attachment exist. The objectives of this study are to serve as a pilot project focused on determining the criterion and procedural validity for the diagnosis of Reactive Attachment Disorder (RAD), and the discriminant validity of RAD versus the Disruptive Behavior Disorders (DBD) of Attention-Deficit- Hyperactivity Disorder (ADHD). Oppositional-Defiant Disorder (ODD) and Conduct Disorder (CD) in children between the ages of 18 and 48 months. RAD is a disorder of early childhood associated with institutionalization, abuse, and neglect, and is associated with serious impairments in socio-emotional relatedness. Two index groups (Abuse/Neglect and Psychosocial At-Risk Group) and one Comparison Group will be included. The three groups will be assessed using clinical interviews of

the mothers focusing on attachment and disruptive behaviors as well as social competence. Finally, an interactional assessment that focuses on attachment related behavior will be administered jointly to the mother and child. All interviews and interactions will be videotaped and coded by trained raters, Data will be analyzed to assess criterion, procedural, and discriminant validity of the diagnosis of Reactive Attachment Disorder.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: WOMEN THRIVING ABUSE SURVIVORS**

Principal Investigator & Institution: Hall, Joanne M.; None; University of Tennessee Knoxville Knoxville, TN 37996

Timing: Fiscal Year 2002; Project Start 01-SEP-2002; Project End 31-MAY-2006

Summary: (provided by applicant) Health care providers must develop interventions for women **child abuse** survivors, encountered in a variety of health settings. Girls are more often maltreated than boys, and usually suffer multiple types of abuse. Adulthood aftereffects include depression, substance abuse, PTSD, and isolation. Some women survivors thrive, that is, they are successful in work and relationships, in despite of challenges to their mental health. It is imperative to develop interventions for adult survivors and determine how and when abused children can best be helped. In this critical narrative retrospective and prospective study, 50 multi-ethnic community-dwelling women survivors of **child abuse** will be screened for categorization into 2 groups of 25, struggling and thriving, to compare how they achieve and maintain well being. To capture past and current thriving a series of 4 semi-structured interviews spaced over 7 months will elicit focused life stories. The long-term goal is to promote health, improve services, and cut costs of psychiatric morbidity and lost productivity of women survivors. The specific aims are to: (1) Discover patterns of past and recent aftereffects of **child abuse** as described by women survivors that are currently thriving versus those still struggling. (after effects) (2) Identify self-protective, health-promoting strategies and resources that constitute strengths for thriving in developmental, transitional and everyday situations. (Strengths) (3) Explore thriving and struggling survivors' perceptions and evaluations of interactions with others, especially health care providers, as they affect abuse aftereffects and strengths. (Interactions) (4) As certain cultural structural and environmental dimensions of work and relationships with others that women survivors view as effective or not effective in helping them thrive (context). Interview transcripts will be examined for thematic commonalities and differences using narrative analytic techniques. Data will then be examined for social, cultural and political dynamics using discourse analysis. The results will inform practice and policy changes, and to add to the growing body of theory about thriving after childhood abuse.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: YOUNG SEXUALLY ABUSED CHILDREN: OPTIMAL CBT STRATEGIES**

Principal Investigator & Institution: Deblinger, Esther; Professor; Center for Children's Support; Univ of Med/Dent Nj-Sch Osteopathic Med Osteopathic Medicine Stratford, NJ 08084

Timing: Fiscal Year 2003; Project Start 01-MAY-2003; Project End 29-FEB-2008

Summary: Child sexual abuse is a serious public health problem that is both widespread and potentially very deleterious in its psychosocial impact. Children who have experienced sexual abuse are at high risk for suffering posttraumatic stress disorder

(PTSD), depression, conduct problems, substance abuse, sexually inappropriate behavior, and further violent victimization. It is critical that we identify empirically validated interventions that can prevent and/or ameliorate the difficulties experienced by young survivors of sexual abuse. Recent research has documented the efficacy of cognitive behavioral interventions in addressing abuse-related symptomatology in sexually abused children (SAC) and their nonoffending parents. However, there continues to be resistance by therapists and parents to the use of gradual exposure/processing (GE), a core feature of cognitive behavioral treatment (CBT), because of concerns about increasing the discomfort level of children. Additionally, there are no empirical data with regard to the amount (i.e., dose) of therapy required to achieve optimal treatment outcomes. The current collaborative multi-site investigation will examine the necessity and developmental appropriateness of including exposure interventions in individual CBT for SAC, while also examining the optimal length of treatment for this population as a function & age group (4-7 vs. 8-11 year olds). The findings of this study will establish developmental and clinical markers for the early identification of families who may require more focused (i.e., including gradual exposure) and/or longer treatment to achieve optimal outcomes. This information will assist us in more effectively allocating the limited mental health resources available to address the needs of this high risk population. Subjects in this study will be sexually abused children (4 to 11 years old) and their nonoffending parents. Standardized evaluations will be conducted to assess parents' distress and support levels, parent reports of children's behavior patterns, sexualized behaviors and PTSD symptoms, and children's self-reports of PTSD, depression and anxiety symptoms, body safety skills and victimization experiences. After the initial assessment, children and their parents will be randomly assigned to one of four treatment conditions: 1) brief CBT with gradual exposure (GE); 2) brief CBT without GE; 3) extended CBT with GE; and 4) extended CBT without GE. Assessments will be conducted at pre- and post-treatment, 6- and 12-month follow-ups.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central³

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).⁴ Access to this growing archive of e-journals is free and unrestricted.⁵ To search, go to <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc>, and type "child abuse" (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for child abuse in the PubMed Central database:

- **Alberta child abuse program swamped.** by Kent H. 2000 Nov 28;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=80430>

³ Adapted from the National Library of Medicine: <http://www.pubmedcentral.nih.gov/about/intro.html>.

⁴ With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

⁵ The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

- **Preventive health care, 2000 update: prevention of child maltreatment.** by MacMillan HL, the Canadian Task Force on Preventive Health Care W. 2000 Nov 28;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=80412>
- **Shaken baby syndrome in Canada: clinical characteristics and outcomes of hospital cases.** by King WJ, MacKay M, Sirnack A. 2003 Jan 21;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&artid=140423>

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.⁶ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with depression, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type "depression" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for depression (hyperlinks lead to article summaries):

- **A Clinical Practice Guideline approach to treating depression in long-term care.**
Author(s): Kaldyand J, Tarnove L.
Source: Journal of the American Medical Directors Association. 2003 March-April; 4(2 Suppl): S60-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12807572&dopt=Abstract
- **A comparative study into the one year cumulative incidence of depression after stroke and myocardial infarction.**
Author(s): Aben I, Verhey F, Strik J, Lousberg R, Lodder J, Honig A.
Source: Journal of Neurology, Neurosurgery, and Psychiatry. 2003 May; 74(5): 581-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12700297&dopt=Abstract
- **A computer algorithm for calculating the adequacy of antidepressant treatment in unipolar and bipolar depression.**
Author(s): Oquendo MA, Baca-Garcia E, Kartachov A, Khait V, Campbell CE, Richards M, Sackeim HA, Prudic J, Mann JJ.
Source: The Journal of Clinical Psychiatry. 2003 July; 64(7): 825-33.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12934985&dopt=Abstract

⁶ PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A confirmatory study on the mechanisms behind reduced P300 waves in depression.**
 Author(s): Roschke J, Wagner P.
 Source: Neuropsychopharmacology : Official Publication of the American College of Neuropsychopharmacology. 2003 July; 28 Suppl 1: S9-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12827138&dopt=Abstract
- **A double-blind, placebo-controlled study of sertraline in the prevention of depression in stroke patients.**
 Author(s): Rasmussen A, Lunde M, Poulsen DL, Sorensen K, Qvitzau S, Bech P.
 Source: Psychosomatics. 2003 May-June; 44(3): 216-21.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12724503&dopt=Abstract
- **A hidden problem: identifying depression in older people.**
 Author(s): Hope K.
 Source: British Journal of Community Nursing. 2003 July; 8(7): 314-20. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12920466&dopt=Abstract
- **A history of depression and smoking cessation outcomes among women concerned about post-cessation weight gain.**
 Author(s): Levine MD, Marcus MD, Perkins KA.
 Source: Nicotine & Tobacco Research : Official Journal of the Society for Research on Nicotine and Tobacco. 2003 February; 5(1): 69-76.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12745508&dopt=Abstract
- **A longitudinal evaluation of adolescent depression and adult obesity.**
 Author(s): Richardson LP, Davis R, Poulton R, McCauley E, Moffitt TE, Caspi A, Connell F.
 Source: Archives of Pediatrics & Adolescent Medicine. 2003 August; 157(8): 739-45.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12912778&dopt=Abstract
- **A pilot study of a parent-education group for families affected by depression.**
 Author(s): Sanford M, Byrne C, Williams S, Atley S, Miller J, Allin H.
 Source: Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie. 2003 March; 48(2): 78-86.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12655904&dopt=Abstract
- **A prospectively studied clinicopathological case of 'vascular depression'.**
 Author(s): O'Brien JT, Thomas A, English P, Perry R, Jaros E.
 Source: International Journal of Geriatric Psychiatry. 2003 July; 18(7): 656-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12833311&dopt=Abstract

- **A psychopathological study into the relationship between attention deficit hyperactivity disorder in adult patients and recurrent brief depression.**
 Author(s): Hesslinger B, Tebartz van Elst L, Mochan F, Ebert D.
 Source: Acta Psychiatrica Scandinavica. 2003 May; 107(5): 385-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12752035&dopt=Abstract
- **A qualitative study of clinical nurse specialists' views on depression in palliative care patients.**
 Author(s): Lloyd Williams M, Payne S.
 Source: Palliative Medicine. 2003 June; 17(4): 334-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12822850&dopt=Abstract
- **A randomized controlled trial of the effect of psychotherapy on anxiety and depression in chronic obstructive pulmonary disease.**
 Author(s): de Godoy DV, de Godoy RF.
 Source: Archives of Physical Medicine and Rehabilitation. 2003 August; 84(8): 1154-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12917854&dopt=Abstract
- **A screening program for depression.**
 Author(s): American College of Occupational and Environmental Medicine.
 Source: Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine. 2003 April; 45(4): 346-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12708137&dopt=Abstract
- **A sib-pair study of the Temperament and Character Inventory scales in major depression.**
 Author(s): Farmer A, Mahmood A, Redman K, Harris T, Sadler S, McGuffin P.
 Source: Archives of General Psychiatry. 2003 May; 60(5): 490-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12742870&dopt=Abstract
- **A simplified predictive index for the detection of women at risk for postnatal depression.**
 Author(s): Webster J, Pritchard MA, Creedy D, East C.
 Source: Birth (Berkeley, Calif.). 2003 June; 30(2): 101-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12752167&dopt=Abstract
- **A study comparing patients with amyotrophic lateral sclerosis and their caregivers on measures of quality of life, depression, and their attitudes toward treatment options.**
 Author(s): Trail M, Nelson ND, Van JN, Appel SH, Lai EC.
 Source: Journal of the Neurological Sciences. 2003 May 15; 209(1-2): 79-85.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12686407&dopt=Abstract

- **A survey of prescribing preferences in the treatment of refractory depression: recent trends.**
Author(s): Kornbluh R, Papakostas GI, Petersen T, Neault NB, Nierenberg AA, Rosenbaum JF, Fava M.
Source: Psychopharmacology Bulletin. 2001 Summer; 35(3): 150-6.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12397884&dopt=Abstract
- **A tripartite of HIV-risk for African American women: the intersection of drug use, violence, and depression.**
Author(s): Johnson SD, Cunningham-Williams RM, Cottler LB.
Source: Drug and Alcohol Dependence. 2003 May 21; 70(2): 169-75.
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- **Abnormal nocturnal blood pressure fall in senile-onset depression with subcortical silent cerebral infarction.**
Author(s): Hamada T, Murata T, Omori M, Takahashi T, Kosaka H, Wada Y, Yoshida H.
Source: Neuropsychobiology. 2003; 47(4): 187-91.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12824741&dopt=Abstract
- **Acceleration and augmentation strategies for treating bipolar depression.**
Author(s): Altshuler LL, Frye MA, Gitlin MJ.
Source: Biological Psychiatry. 2003 April 15; 53(8): 691-700. Review.
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- **ADA: isolated bouts of depression do not qualify as a disability.**
Author(s): Prieto-Gonzalez M.
Source: The Journal of Law, Medicine & Ethics : a Journal of the American Society of Law, Medicine & Ethics. 2003 Spring; 31(1): 165-7.
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- **Addressing depression in obstetrics/gynecology practice.**
Author(s): Scholle SH, Haskett RF, Hanusa BH, Pincus HA, Kupfer DJ.
Source: General Hospital Psychiatry. 2003 March-April; 25(2): 83-90.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12676420&dopt=Abstract
- **Adolescent depression, cortisol and DHEA.**
Author(s): Angold A.
Source: Psychological Medicine. 2003 May; 33(4): 573-81.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12785459&dopt=Abstract

- **Adult brain neurogenesis and depression.**
 Author(s): Jacobs BL.
 Source: Brain, Behavior, and Immunity. 2002 October; 16(5): 602-9. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12401475&dopt=Abstract
- **Adult oncology and chronically ill patients: comparison of depression, anxiety and caregivers' quality of life.**
 Author(s): Sherif T, Jehani T, Saadani M, Andejani AW.
 Source: East Mediterr Health J. 2001 May; 7(3): 502-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12690772&dopt=Abstract
- **Advances in the pharmacologic treatment of bipolar depression.**
 Author(s): Keck PE Jr, Nelson EB, McElroy SL.
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http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12706953&dopt=Abstract
- **Age and major depression after mild traumatic brain injury.**
 Author(s): Rapoport MJ, McCullagh S, Streiner D, Feinstein A.
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http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12724117&dopt=Abstract
- **Age differences in symptoms of depression and anxiety: examining behavioral medicine outpatients.**
 Author(s): Goldberg JH, Breckenridge JN, Sheikh JI.
 Source: Journal of Behavioral Medicine. 2003 April; 26(2): 119-32.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12776382&dopt=Abstract
- **Age-specific norms and determinants of anxiety and depression in 731 women with breast cancer recruited through a population-based cancer registry.**
 Author(s): Osborne RH, Elsworth GR, Hopper JL.
 Source: European Journal of Cancer (Oxford, England : 1990). 2003 April; 39(6): 755-62.
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Author(s): Grunze H, Kasper S, Goodwin G, Bowden C, Baldwin D, Licht R, Vieta E, Moller HJ; World Federation of Societies of Biological Psychiatry Task Force on Treatment Guidelines for Bipolar Disorders.
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CHAPTER 2. NUTRITION AND CHILD ABUSE

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and child abuse.

Finding Nutrition Studies on Child Abuse

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.⁷ The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: <http://ods.od.nih.gov/databases/ibids.html>. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "child abuse" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

⁷ Adapted from <http://ods.od.nih.gov>. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the "Full IBIDS Database" to search for "child abuse" (or a synonym):

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 Author(s): Department of Internal Medicine, University of Virginia Medical Center, Charlottesville 22908.
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 Author(s): Oregon Health and Sciences University, Department of Pediatrics, Portland, OR 97201-2901, USA.
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- **Child abuse--controversies and imposters.**
 Author(s): Department of Pediatrics, University of Oklahoma Health Sciences Center-Tulsa Campus, Tulsa, USA.
 Source: Block, R W Curr-Probl-Pediatr. 1999 October; 29(9): 249-72 0045-9380
- **Child abuse--true or false?**
 Author(s): Hurley Clinic, London.
 Source: Ashworth, M Practitioner. 1993 February; 237(1523): 108-9 0032-6518
- **Cultural health care or child abuse? The Southeast Asian practice of cao gio.**
 Author(s): Millersville University, Pennsylvania, USA.
 Source: Davis, R E J-Am-Acad-Nurse-Pract. 2000 March; 12(3): 89-95 1041-2972
- **Fatal cardiomyopathy: suspected child abuse by chronic ipecac administration.**
 Author(s): North Texas Poison Center, Parkland Memorial Hospital, Dallas, Texas 75235.
 Source: Day, L Kelly, C Reed, G Andersen, J M Keljo, J M Vet-Hum-Toxicol. 1989 June; 31(3): 255-7 0145-6296
- **Folk remedies and child abuse: a review with emphasis on caida de mollera and its relationship to shaken baby syndrome.**
 Author(s): University of Utah, Department of Pediatrics, Salt Lake City, USA.
 Source: Hansen, K K Child-Abuse-Negl. 1998 February; 22(2): 117-27 0145-2134
- **Intraosseous infusion of iodinated contrast in an abused child.**
 Author(s): Department of Radiology, MCP Hahnemann School of Medicine, St. Christopher's Hospital for Children, Philadelphia, PA 19134, USA.
 Source: Geller, E Crisci, K L Pediatr-Emerg-Care. 1999 October; 15(5): 328-9 0749-5161
- **Late-form hemorrhagic disease of the newborn: a fatal case report with illustration of investigations that may assist in avoiding the mistaken diagnosis of child abuse.**
 Author(s): Department of Forensic Pathology, Medico-Legal Centre, Sheffield, UK.
 Source: Ruddy, G N Smith, C M Malia, R G Am-J-Forensic-Med-Pathol. 1999 March; 20(1): 48-51 0195-7910
- **Lethal child neglect.**
 Author(s): Institute of Legal Medicine, Hannover Medical School, Carl-Neuberg-Strasse 1, 30625 Hannover, Germany.
 Source: Fieguth, A Gunther, D Kleemann, W J Troger, H D Forensic-Sci-Int. 2002 November 5; 130(1): 8-12 0379-0738

- **Munchausen syndrome/bulimia by proxy: ipecac as a toxin in child abuse.**
Author(s): Department of Pediatrics, Children's Hospital and Medical Center, Seattle, WA.
Source: Feldman, K W Christopher, D M Opheim, K B Child-Abuse-Negl. 1989; 13(2): 257-61 0145-2134
- **Nickel allergy from a bed-wetting alarm confused with herpes genitalis and child abuse.**
Author(s): Dept of Pediatrics, Fitzsimons Army Medical Center, Aurora, CO.
Source: Hanks, J W Venters, W J Pediatrics. 1992 September; 90(3): 458-60 0031-4005
- **Serotonergic functioning in depressed abused children: clinical and familial correlates.**
Author(s): Yale University, Department of Psychiatry, New Haven, CT 06511, USA.
Source: Kaufman, J Birmaher, B Perel, J Dahl, R E Stull, S Brent, D Trubnick, L al Shabbout, M Ryan, N D Biol-Psychiatry. 1998 November 15; 44(10): 973-81 0006-3223
- **Sudden infant death syndrome, child sexual abuse, and child development.**
Author(s): State University of New York, Health Science Center at Syracuse 13210, USA.
Source: Blatt, S D Meguid, V Church, C C Botash, A S Jean Louis, F Siripornsawan, M P Weinberger, H L Curr-Opin-Pediatr. 1999 April; 11(2): 175-86 1040-8703

Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: <http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0>
- The United States Department of Agriculture's Web site dedicated to nutrition information: www.nutrition.gov
- The Food and Drug Administration's Web site for federal food safety information: www.foodsafety.gov
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: <http://www.surgeongeneral.gov/topics/obesity/>
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: <http://vm.cfsan.fda.gov/>
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: <http://www.usda.gov/cnpp/>
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: <http://www.nal.usda.gov/fnic/>
- Food and Nutrition Service sponsored by the United States Department of Agriculture: <http://www.fns.usda.gov/fns/>

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=174&layer=&from=subcats>
- Family Village: http://www.familyvillage.wisc.edu/med_nutrition.html
- Google: <http://directory.google.com/Top/Health/Nutrition/>
- Healthnotes: <http://www.healthnotes.com/>
- Open Directory Project: <http://dmoz.org/Health/Nutrition/>
- Yahoo.com: <http://dir.yahoo.com/Health/Nutrition/>
- WebMD®Health: <http://my.webmd.com/nutrition>
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,,00.html>

CHAPTER 3. ALTERNATIVE MEDICINE AND CHILD ABUSE

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to child abuse. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (<http://nccam.nih.gov/>) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to child abuse and complementary medicine. To search the database, go to the following Web site: <http://www.nlm.nih.gov/nccam/camonpubmed.html>. Select "CAM on PubMed." Enter "child abuse" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to child abuse:

- **A chemical burn simulating child abuse.**
Author(s): Nunez AE, Taff ML.
Source: The American Journal of Forensic Medicine and Pathology : Official Publication of the National Association of Medical Examiners. 1985 June; 6(2): 181-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3927710&dopt=Abstract
- **A culture of one: case study of play therapy with an abused child.**
Author(s): Kapsch LA.
Source: Journal of Pediatric Nursing. 1991 December; 6(6): 368-73.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1722251&dopt=Abstract
- **A drama of growth and recognition. Drama in therapy with abused children.**
Author(s): Martin J.

Source: Prof Nurse. 1993 April; 8(7): 457-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8475151&dopt=Abstract

- **A folk medical practice mimicking child abuse.**
Author(s): Levin NR, Levin DL.
Source: Hosp Pract (Off Ed). 1982 July; 17(7): 17. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6809564&dopt=Abstract
- **Accidents and child abuse in bathtub submersions.**
Author(s): Kemp AM, Mott AM, Sibert JR.
Source: Archives of Disease in Childhood. 1994 May; 70(5): 435-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8017969&dopt=Abstract
- **Adult hypnotic susceptibility, childhood punishment, and child abuse: a brief communication.**
Author(s): Nash MR, Lynn SJ, Givens DL.
Source: Int J Clin Exp Hypn. 1984 January; 32(1): 6-11. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6693223&dopt=Abstract
- **Attribution retraining with sexually abused children: review of techniques.**
Author(s): Celano M, Hazzard A, Campbell SK, Lang CB.
Source: Child Maltreatment. 2002 February; 7(1): 65-76. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11838516&dopt=Abstract
- **Capsicum and capsaicin--a review: case report of the use of hot peppers in child abuse.**
Author(s): Tominack RL, Spyker DA.
Source: Journal of Toxicology. Clinical Toxicology. 1987; 25(7): 591-601. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3328791&dopt=Abstract
- **Changes in the treatment of abused children: a retrospective review of a practice.**
Author(s): Tsaltas MO.
Source: The Journal of the American Academy of Psychoanalysis. 1994 Fall; 22(3): 533-43. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7844026&dopt=Abstract
- **Child abuse and multiple personality disorder.**
Author(s): Coons PM.
Source: The American Journal of Psychiatry. 1994 June; 151(6): 948.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8185018&dopt=Abstract

- **Child abuse and neglect and the brain--a review.**
 Author(s): Glaser D.
 Source: Journal of Child Psychology and Psychiatry, and Allied Disciplines. 2000 January; 41(1): 97-116. Review. Erratum In: J Child Psychol Psychiatry 2000 November; 41(8): 1076.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10763678&dopt=Abstract
- **Child abuse and neglect from an indigenous Australian's perspective.**
 Author(s): Smallwood G.
 Source: Child Abuse & Neglect. 1995 March; 19(3): 281-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9278727&dopt=Abstract
- **Child abuse and/or neglect. Two case reports.**
 Author(s): Dubowitz H, Altemeier WA, Elmer E, Gelles RJ, Wald MS.
 Source: Child Abuse & Neglect. 1985; 9(4): 555-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4084836&dopt=Abstract
- **Child abuse or deep faith: medical neglect as a result of spiritual beliefs.**
 Author(s): Daileader C.
 Source: Med Moral Newsl. 1999 January-February; 36(1-2): 1-5. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11913441&dopt=Abstract
- **Child abuse prevention and intervention.**
 Author(s): Wolfe DS.
 Source: Pediatric Annals. 1984 October; 13(10): 766-70.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6504588&dopt=Abstract
- **Child abuse prevention--implementation within the curriculum.**
 Author(s): Riggs RS, Evans DW.
 Source: The Journal of School Health. 1979 May; 49(5): 255-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=256600&dopt=Abstract
- **Child abuse reporting requirements: liabilities and immunities for clergy.**
 Author(s): Bullis RK.
 Source: J Pastoral Care. 1990 Fall; 44(3): 244-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10107504&dopt=Abstract
- **Child abuse--controversies and imposters.**
 Author(s): Block RW.
 Source: Curr Probl Pediatr. 1999 October; 29(9): 249-72. Review. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10536748&dopt=Abstract

- **Child abuse--true or false?**
 Author(s): Ashworth M.
 Source: Practitioner. 1993 February; 237(1523): 108-9. No Abstract Available.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7784312&dopt=Abstract

- **Coin rolling misdiagnosed as child abuse.**
 Author(s): Rosenblat H, Hong P.
 Source: Cmaj : Canadian Medical Association Journal = Journal De L'association Medicale Canadienne. 1989 February 15; 140(4): 417.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2914263&dopt=Abstract

- **Conditions mistaken for child abuse: Part II.**
 Author(s): Stewart GM, Rosenberg NM.
 Source: Pediatric Emergency Care. 1996 June; 12(3): 217-21.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8806151&dopt=Abstract

- **Cultural controversies on child abuse.**
 Author(s): Lamson R, Doran T.
 Source: American Family Physician. 2001 October 1; 64(7): 1142, 1147.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11601797&dopt=Abstract

- **Cultural health care or child abuse? The Southeast Asian practice of cao gio.**
 Author(s): Davis RE.
 Source: Journal of the American Academy of Nurse Practitioners. 2000 March; 12(3): 89-95.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11033688&dopt=Abstract

- **Culturally based interventions for substance use and child abuse among native Hawaiians.**
 Author(s): Mokuau N.
 Source: Public Health Reports (Washington, D.C. : 1974). 2002; 117 Suppl 1: S82-7.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12435831&dopt=Abstract

- **Cupping lesions simulating child abuse.**
 Author(s): Asnes RS, Wisotsky DH.
 Source: The Journal of Pediatrics. 1981 August; 99(2): 267-8.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7252690&dopt=Abstract

- **Early indicators of pathological dissociation in sexually abused children.**
 Author(s): McElroy LP.

Source: Child Abuse & Neglect. 1992 November-December; 16(6): 833-46.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1486512&dopt=Abstract

- **Ethical basis for repealing religious exemptions from child abuse statutes.**
 Author(s): Jecker NS.
 Source: Pediatrics. 1989 April; 83(4 Pt 2): 651-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2928024&dopt=Abstract

- **Fatal cardiomyopathy: suspected child abuse by chronic ipecac administration.**
 Author(s): Day L, Kelly C, Reed G, Andersen JM, Keljo JM.
 Source: Vet Hum Toxicol. 1989 June; 31(3): 255-7. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2568029&dopt=Abstract

- **Folk remedies and child abuse: a review with emphasis on caida de mollera and its relationship to shaken baby syndrome.**
 Author(s): Hansen KK.
 Source: Child Abuse & Neglect. 1998 February; 22(2): 117-27. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9504214&dopt=Abstract

- **Group therapy: a treatment of choice for young victims of child abuse.**
 Author(s): Steward MS, Farquhar LC, Dicharry DC, Glick DR, Martin PW.
 Source: Int J Group Psychother. 1986 April; 36(2): 261-77. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3733294&dopt=Abstract

- **How to spot child abuse.**
 Author(s): Jurgrau A.
 Source: Rn. 1990 October; 53(10): 26-33.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2218321&dopt=Abstract

- **Interpreting Parents Anonymous as a source of help for those with child abuse problems.**
 Author(s): Powell TJ.
 Source: Child Welfare. 1979 February; 58(2): 105-14.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=436551&dopt=Abstract

- **Magdeleine des Aymards: demonism or child abuse in early modern France?**
 Author(s): Walker AM, Dickerman EH.
 Source: Psychohist Rev. 1996 Spring; 24(3): 239-64. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11613424&dopt=Abstract

- **Malnutrition in infants receiving cult diets: a form of child abuse.**
 Author(s): Roberts IF, West RJ, Ogilvie D, Dillon MJ.

Source: British Medical Journal. 1979 February 3; 1(6159): 296-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=105778&dopt=Abstract

- **Measuring actual reduction of risk to child abuse: a new approach.**
 Author(s): Fryer GE Jr, Kraizer SK, Miyoshi T.
 Source: Child Abuse & Neglect. 1987; 11(2): 173-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3594277&dopt=Abstract

- **Munchausen syndrome/bulimia by proxy: ipecac as a toxin in child abuse.**
 Author(s): Feldman KW, Christopher DM, Opheim KB.
 Source: Child Abuse & Neglect. 1989; 13(2): 257-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2568160&dopt=Abstract

- **Perceptual responses to infant crying after EEG biofeedback assisted stress management training: implications for physical child abuse.**
 Author(s): Tyson PD, Sobschak KB.
 Source: Child Abuse & Neglect. 1994 November; 18(11): 933-43.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7850602&dopt=Abstract

- **Physicians' recognition of and response to child abuse: Northern Ireland and the U.S.A.**
 Author(s): Benson DE, Swann A, O'Toole R, Turbett JP.
 Source: Child Abuse & Neglect. 1991; 15(1-2): 57-67.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2029673&dopt=Abstract

- **Preventing rural child abuse: progress in spite of cutbacks.**
 Author(s): Andrews DD, Linden RR.
 Source: Child Welfare. 1984 September-October; 63(5): 443-52.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6488947&dopt=Abstract

- **Rib fractures in children--resuscitation or child abuse?**
 Author(s): Betz P, Liebhardt E.
 Source: International Journal of Legal Medicine. 1994; 106(4): 215-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8038115&dopt=Abstract

- **Skin conditions simulating child abuse.**
 Author(s): Saulsbury FT, Hayden GF.
 Source: Pediatric Emergency Care. 1985 September; 1(3): 147-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3842886&dopt=Abstract

- **Storytelling, hypnosis and the treatment of sexually abused children.**
 Author(s): Rhue JW, Lynn SJ.

Source: Int J Clin Exp Hypn. 1991 October; 39(4): 198-214.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1937990&dopt=Abstract

- **The challenge of ritualistic child abuse.**
 Author(s): Valente SM.
 Source: J Child Adolesc Psychiatr Ment Health Nurs. 1992 April-June; 5(2): 37-46.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1602365&dopt=Abstract

- **The long-term impact of child abuse on religious behavior and spirituality in men.**
 Author(s): Lawson R, Drebing C, Berg G, Vincelle A, Penk W.
 Source: Child Abuse & Neglect. 1998 May; 22(5): 369-80.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9631249&dopt=Abstract

- **The long-term treatment of victims of child abuse.**
 Author(s): Hayes P.
 Source: Nurs Clin North Am. 1981 March; 16(1): 139-47.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6787569&dopt=Abstract

- **The mistaken diagnosis of child abuse. A form of medical abuse?**
 Author(s): Kirschner RH, Stein RJ.
 Source: Am J Dis Child. 1985 September; 139(9): 873-5.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4036918&dopt=Abstract

- **Treating sexually abused children with posttraumatic stress symptoms: a randomized clinical trial.**
 Author(s): King NJ, Tonge BJ, Mullen P, Myerson N, Heyne D, Rollings S, Martin R, Ollendick TH.
 Source: Journal of the American Academy of Child and Adolescent Psychiatry. 2000 November; 39(11): 1347-55.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11068889&dopt=Abstract

- **Treating the sexually abused child: a recursive, multimodal program.**
 Author(s): Sheinberg M, True F, Fraenkel P.
 Source: Family Process. 1994 September; 33(3): 263-76.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7828710&dopt=Abstract

- **Understanding mass allegations of satanist child abuse in early modern Sweden: demographic data relevant to the Rattvik outbreak of 1670-1671.**
 Author(s): Sjoberg RL.
 Source: History of Psychology. 2003 February; 6(1): 3-13.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12696561&dopt=Abstract

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: <http://www.herbmed.org/>
- AOL: <http://search.aol.com/cat.adp?id=169&layer=&from=subcats>
- Chinese Medicine: <http://www.newcenturynutrition.com/>
- drkoop.com®: <http://www.drkoop.com/InteractiveMedicine/IndexC.html>
- Family Village: http://www.familyvillage.wisc.edu/med_altn.htm
- Google: <http://directory.google.com/Top/Health/Alternative/>
- Healthnotes: <http://www.healthnotes.com/>
- MedWebPlus:
http://medwebplus.com/subject/Alternative_and_Complementary_Medicine
- Open Directory Project: <http://dmoz.org/Health/Alternative/>
- HealthGate: <http://www.tnp.com/>
- WebMD®Health: http://my.webmd.com/drugs_and_herbs
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,,00.html>
- Yahoo.com: http://dir.yahoo.com/Health/Alternative_Medicine/

The following is a specific Web list relating to child abuse; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation (some Web sites are subscription based):

- **General Overview**

- **Burns**

- Source: Integrative Medicine Communications; www.drkoop.com

- **Shingles and Postherpetic Neuralgia**

- Source: Healthnotes, Inc. www.healthnotes.com

- **Alternative Therapy**

- **Meditation**

- Source: WholeHealthMD.com, LLC. www.wholehealthmd.com

- Hyperlink:

- http://www.wholehealthmd.com/refshelf/substances_view/0,1525,717,00.html

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page

dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at <http://www.nlm.nih.gov/medlineplus/alternativemedicine.html>. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 4. DISSERTATIONS ON CHILD ABUSE

Overview

In this chapter, we will give you a bibliography on recent dissertations relating to child abuse. We will also provide you with information on how to use the Internet to stay current on dissertations. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical dissertations that use the generic term “child abuse” (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on child abuse, we have not necessarily excluded non-medical dissertations in this bibliography.

Dissertations on Child Abuse

ProQuest Digital Dissertations, the largest archive of academic dissertations available, is located at the following Web address: <http://wwwlib.umi.com/dissertations>. From this archive, we have compiled the following list covering dissertations devoted to child abuse. You will see that the information provided includes the dissertation’s title, its author, and the institution with which the author is associated. The following covers recent dissertations found when using this search procedure:

- **A Cognitive-behavioral Analysis of Stress and Coping in Parents at Risk of Abusing (child Abuse)** by Hoekstra, Kathleen O'connor, Dsw from Columbia University, 1990, 227 pages
<http://wwwlib.umi.com/dissertations/fullcit/9127879>
- **A Community Approach to the Prevention of Child Abuse and Neglect** by Bricker, Sandra Goode, Phd from The Ohio State University, 1986, 281 pages
<http://wwwlib.umi.com/dissertations/fullcit/8618751>
- **A Comparative Analysis of Multiple Level Risk Factors between Child Homicide and Child Abuse and Neglect** by Stanley, Debra L., Phd from University of Maryland College Park, 1995, 207 pages
<http://wwwlib.umi.com/dissertations/fullcit/9622156>
- **A Comparative Analysis of the Incidence, Type and Trends of Child Abuse** by Downing, Leo Charles, Jr., Phd from Oklahoma State University, 1980, 131 pages
<http://wwwlib.umi.com/dissertations/fullcit/8103293>

- **A Comparative Study of Professionals on Knowledge and Attitudes Regarding Child Abuse** by Smith-cannady, Montressia E. James, Edd from Wayne State University, 1998, 137 pages
<http://wwwlib.umi.com/dissertations/fullcit/9915733>
- **A Comparative Study of Social Caseworkers' Judgments of Child Abuse Cases** by Roberts, Robert Winston, Dsw from Columbia University, 1970, 291 pages
<http://wwwlib.umi.com/dissertations/fullcit/7106247>
- **A Comparison of Parenting Profiles of Adolescent Mothers (alternative School, Child Abuse)** by White-parson, Willar Florence, Phd from Old Dominion University, 1984, 127 pages
<http://wwwlib.umi.com/dissertations/fullcit/8512660>
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- **The Relationship between Child Abuse and Childhood Exposure to Family Violence As Mediated by Self-esteem, Hostility, Marital Conflict, Social Isolation and Stress (discipline, Parenting, Multivariate)** by Watson, William Harrison, Phd from Rosemead School of Psychology, Biola University, 1985, 194 pages
<http://wwwlib.umi.com/dissertations/fullcit/8512110>
- **The Relationship between Mother-child Interaction, Potential Child Abuse, and Parenting Stress of Adolescent Mothers in Substitute Care** by Asencio, Diana Lea; Phd from Depaul University, 2002, 121 pages
<http://wwwlib.umi.com/dissertations/fullcit/3076216>
- **The Relative Effectiveness of Programmed Instruction Versus the Lecture and Discussion Method on the Assessment Skills and Reporting Patterns of Child Abuse and Neglect among Undergraduate Nursing Students** by Hammond, Pamela Valleria Wilson, Phd from Old Dominion University, 1992, 233 pages
<http://wwwlib.umi.com/dissertations/fullcit/9307008>
- **The Reporting Decisions and Ethical Reasoning of Professionals in Reporting Child Abuse (child Abuse Reporting, Family Therapists, School Counselors, Psychologists)** by Wilson, Linda Sue, Phd from Georgia State University, 1993, 171 pages
<http://wwwlib.umi.com/dissertations/fullcit/9237913>

- **The Role of Parental Stress in Physically-abusive Families (child Abuse)** by Whipple, Ellen Elizabeth, Phd from University of Washington, 1989, 136 pages
<http://wwwlib.umi.com/dissertations/fullcit/9007011>
- **The Role of Social Stressors in the Etiology of Child Maltreatment** by Fryer, George Edgar, Jr., Phd from University of Colorado at Boulder, 1989, 240 pages
<http://wwwlib.umi.com/dissertations/fullcit/9024827>
- **The Safe Child Program for the Prevention of Child Abuse: Development and Evaluation of a School-based Curriculum (child Abuse Prevention)** by Kraizer, Sherryll, Phd from The Union Institute, 1991, 102 pages
<http://wwwlib.umi.com/dissertations/fullcit/9202326>
- **The Sin of the World: Schoonenberg's Theology As a Hermeneutic for the Problem of Child Abuse** by Smith, Gillian, Phd from University of Ottawa (canada), 1996, 234 pages
<http://wwwlib.umi.com/dissertations/fullcit/NN15676>
- **The Social Construction of Child Abuse: a Qualitative Investigation of Child Maltreatment** by Janko, Kathleen Susan, Phd from University of Oregon, 1991, 189 pages
<http://wwwlib.umi.com/dissertations/fullcit/9137352>
- **The Sociology of Public Compassion (child Abuse, Collective Interests, Morality)** by Sznaider, Nusi Nathan, Phd from Columbia University, 1992, 233 pages
<http://wwwlib.umi.com/dissertations/fullcit/9313694>
- **The Treatment of Adult Survivors of Child Abuse: a Comparison of Interventions** by Wagner, Karen Schiess, Phd from University of Missouri - Columbia, 1993, 219 pages
<http://wwwlib.umi.com/dissertations/fullcit/9412525>
- **The Treatment of the Adult Survivor of Child Sexual Abuse** by Spies, Gloudina Maria, Phd from University of South Africa (south Africa), 1996
<http://wwwlib.umi.com/dissertations/fullcit/f2772354>
- **The Use of Communication Factors in the Differentiation of Physically Abusive, Sexually Abusive and Neglecting Caregivers (child Abuse)** by Sharp-henricks, Elizabeth Anne, Phd from University of Denver, 1994, 189 pages
<http://wwwlib.umi.com/dissertations/fullcit/9432608>
- **Therapist Ascription to Theoretical Statements Taken from the Literature on Father Daughter Incest (child Abuse, Sex)** by Liles, Ray Everett, Dsw from University of California, Los Angeles, 1984, 303 pages
<http://wwwlib.umi.com/dissertations/fullcit/8428540>
- **Toward the Prevention of Child Maltreatment Through Risk Assessment: Evaluation of an Ecological, Prospective Model of Risk for Child Abuse Potential** by Galasso, Lisa B. Phd from Michigan State University, 2002, 144 pages
<http://wwwlib.umi.com/dissertations/fullcit/3064225>
- **Training School Administrators in the Prevention of Child Sexual Abuse in the School Setting** by Just, Valva Dorree, Edd from Oregon State University, 1996, 211 pages
<http://wwwlib.umi.com/dissertations/fullcit/9711834>
- **Treating Child Maltreatment As a Crime (abuse, Neglect, Courts)** by Brown, H. Frederick, Phd from The University of Wisconsin - Madison, 1984, 244 pages
<http://wwwlib.umi.com/dissertations/fullcit/8422677>

- **Using the Poetry of the Young to Examine Psychological and Learning Child Abuse and Neglect** by Savage, John William, EdD from Oklahoma State University, 1981, 142 pages
<http://wwwlib.umi.com/dissertations/fullcit/8123857>
- **Who Abuses and Who Does Not: a Social Competence Model of Child Abuse** by Deutsch, Milton Arnold, Dsw from University of Maryland at Baltimore, 1980, 400 pages
<http://wwwlib.umi.com/dissertations/fullcit/8102522>
- **Who Shall Protect the Silent Interest of the Child? a Multi-ethnic Study of Child Abuse in Dallas County** by Soldner, Doris Bridges, Phd from Southern Methodist University, 1996, 747 pages
<http://wwwlib.umi.com/dissertations/fullcit/9717010>

Keeping Current

Ask the medical librarian at your library if it has full and unlimited access to the *ProQuest Digital Dissertations* database. From the library, you should be able to do more complete searches via <http://wwwlib.umi.com/dissertations>.

CHAPTER 5. CLINICAL TRIALS AND CHILD ABUSE

Overview

In this chapter, we will show you how to keep informed of the latest clinical trials concerning child abuse.

Recent Trials on Child Abuse

The following is a list of recent trials dedicated to child abuse.⁸ Further information on a trial is available at the Web site indicated.

- **Preventing Child Abuse in Infants**

Condition(s): Child Abuse

Study Status: This study is no longer recruiting patients.

Sponsor(s): National Institute of Mental Health (NIMH)

Purpose - Excerpt: The purpose of this study is to compare 2 approaches (interventions) to prevent child-abuse (maltreatment) in infants: Psychoeducational Home Visitation (PHV) vs Infant-Parent Psychotherapy (IPP). Non-maltreated infants and their mothers are studied as a comparison group. Twelve-month-old infants and their mothers are assigned randomly (like tossing a coin) to receive 1 of 3 types of intervention for 12 months: 1) Services normally available in the community when a family is reported for child maltreatment (Child Protective Services, CPS); 2) CPS involvement plus weekly PHV; 3) CPS involvement plus weekly IPP. Intervention will be provided until the infant's second birthday. All mother-infant pairs (including comparison non-maltreated infants and their mothers) will be assessed when the infant is 12, 18, 24, 36, and 48 months old. Assessments will look at the effectiveness of the intervention in preventing child maltreatment, improving parenting, and reducing future abuse. The study will last for 3 years. Eligibility includes a mother and her 12-month-old child that has been abused by her (the mother) or the father. (Non-maltreated infants and their mothers also will be enrolled.)

Phase(s): Phase III; MEDLINEplus consumer health information

Study Type: Interventional

⁸ These are listed at www.ClinicalTrials.gov.

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00000382>

- **Treatment of Post-Traumatic Stress Disorder (PTSD) in Sexually Abused Children**

Condition(s): Child Abuse, Sexual; Sexual abuse

Study Status: This study is no longer recruiting patients.

Sponsor(s): National Institute of Mental Health (NIMH)

Purpose - Excerpt: The purpose of this study is to compare the effectiveness of two psychological therapies used to treat PTSD in children who have recently been sexually abused: Sexual Abuse-Specific Cognitive Behavioral Therapy (SAS-CBT) vs nondirective supportive therapy (NST). **child sexual abuse** is a common experience that has serious mental health consequences, including the development of PTSD and other abuse-related problems. All children will be assigned randomly (like tossing a coin) to receive either SAS-CBT or NST at each of two sites. In addition, the parents and the child will receive individual therapy for 12 weeks. The child will be monitored to evaluate his/her response to therapy. Assessments will take place before and just following treatment, and then 6 and 12 months post-treatment. A child may be eligible for this study if he/she: Has been sexually abused, is suffering from PTSD as a result of the abuse, and is 8 to 14 years old.

Phase(s): Phase III; MEDLINEplus consumer health information

Study Type: Interventional

Contact(s): see Web site below

Web Site: <http://clinicaltrials.gov/ct/show/NCT00000383>

Keeping Current on Clinical Trials

The U.S. National Institutes of Health, through the National Library of Medicine, has developed ClinicalTrials.gov to provide current information about clinical research across the broadest number of diseases and conditions.

The site was launched in February 2000 and currently contains approximately 5,700 clinical studies in over 59,000 locations worldwide, with most studies being conducted in the United States. ClinicalTrials.gov receives about 2 million hits per month and hosts approximately 5,400 visitors daily. To access this database, simply go to the Web site at <http://www.clinicaltrials.gov/> and search by "child abuse" (or synonyms).

While ClinicalTrials.gov is the most comprehensive listing of NIH-supported clinical trials available, not all trials are in the database. The database is updated regularly, so clinical trials are continually being added. The following is a list of specialty databases affiliated with the National Institutes of Health that offer additional information on trials:

- For clinical studies at the Warren Grant Magnuson Clinical Center located in Bethesda, Maryland, visit their Web site: <http://clinicalstudies.info.nih.gov/>
- For clinical studies conducted at the Bayview Campus in Baltimore, Maryland, visit their Web site: <http://www.jhbmc.jhu.edu/studies/index.html>
- For cancer trials, visit the National Cancer Institute: <http://cancertrials.nci.nih.gov/>

- For eye-related trials, visit and search the Web page of the National Eye Institute: <http://www.nei.nih.gov/neitrials/index.htm>
- For heart, lung and blood trials, visit the Web page of the National Heart, Lung and Blood Institute: <http://www.nhlbi.nih.gov/studies/index.htm>
- For trials on aging, visit and search the Web site of the National Institute on Aging: <http://www.grc.nia.nih.gov/studies/index.htm>
- For rare diseases, visit and search the Web site sponsored by the Office of Rare Diseases: http://ord.aspensys.com/asp/resources/rsch_trials.asp
- For alcoholism, visit the National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov/intramural/Web_dicbr_hp/particip.htm
- For trials on infectious, immune, and allergic diseases, visit the site of the National Institute of Allergy and Infectious Diseases: <http://www.niaid.nih.gov/clintrials/>
- For trials on arthritis, musculoskeletal and skin diseases, visit newly revised site of the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health: <http://www.niams.nih.gov/hi/studies/index.htm>
- For hearing-related trials, visit the National Institute on Deafness and Other Communication Disorders: <http://www.nidcd.nih.gov/health/clinical/index.htm>
- For trials on diseases of the digestive system and kidneys, and diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases: <http://www.niddk.nih.gov/patient/patient.htm>
- For drug abuse trials, visit and search the Web site sponsored by the National Institute on Drug Abuse: <http://www.nida.nih.gov/CTN/Index.htm>
- For trials on mental disorders, visit and search the Web site of the National Institute of Mental Health: <http://www.nimh.nih.gov/studies/index.cfm>
- For trials on neurological disorders and stroke, visit and search the Web site sponsored by the National Institute of Neurological Disorders and Stroke of the NIH: http://www.ninds.nih.gov/funding/funding_opportunities.htm#Clinical_Trials

CHAPTER 6. PATENTS ON CHILD ABUSE

Overview

Patents can be physical innovations (e.g. chemicals, pharmaceuticals, medical equipment) or processes (e.g. treatments or diagnostic procedures). The United States Patent and Trademark Office defines a patent as a grant of a property right to the inventor, issued by the Patent and Trademark Office.⁹ Patents, therefore, are intellectual property. For the United States, the term of a new patent is 20 years from the date when the patent application was filed. If the inventor wishes to receive economic benefits, it is likely that the invention will become commercially available within 20 years of the initial filing. It is important to understand, therefore, that an inventor's patent does not indicate that a product or service is or will be commercially available. The patent implies only that the inventor has "the right to exclude others from making, using, offering for sale, or selling" the invention in the United States. While this relates to U.S. patents, similar rules govern foreign patents.

In this chapter, we show you how to locate information on patents and their inventors. If you find a patent that is particularly interesting to you, contact the inventor or the assignee for further information. **IMPORTANT NOTE:** When following the search strategy described below, you may discover non-medical patents that use the generic term "child abuse" (or a synonym) in their titles. To accurately reflect the results that you might find while conducting research on child abuse, we have not necessarily excluded non-medical patents in this bibliography.

Patents on Child Abuse

By performing a patent search focusing on child abuse, you can obtain information such as the title of the invention, the names of the inventor(s), the assignee(s) or the company that owns or controls the patent, a short abstract that summarizes the patent, and a few excerpts from the description of the patent. The abstract of a patent tends to be more technical in nature, while the description is often written for the public. Full patent descriptions contain much more information than is presented here (e.g. claims, references, figures, diagrams, etc.). We will tell you how to obtain this information later in the chapter. The following is an

⁹Adapted from the United States Patent and Trademark Office:
<http://www.uspto.gov/web/offices/pac/doc/general/whatis.htm>.

example of the type of information that you can expect to obtain from a patent search on child abuse:

- **Anatomical doll for child abuse investigations**

Inventor(s): Pedersen; Carol M. (20075 SW. Imperial, Aloha, OR 97006)

Assignee(s): None specified.

Patent Number: D310,856

Date filed: March 16, 1987

Abstract: The ornamental design for an anatomical doll for child abuse investigations, as shown and described.

Web site: http://www.delphion.com/details?pn=USD0310856__

Patent Applications on Child Abuse

As of December 2000, U.S. patent applications are open to public viewing.¹⁰ Applications are patent requests which have yet to be granted. (The process to achieve a patent can take several years.) The following patent applications have been filed since December 2000 relating to child abuse:

- **Shaken baby syndrome educational doll**

Inventor(s): Ray, Nena R. (Indianapolis, IN)

Correspondence: Woodard, Emhardt, Naughton, Moriarty and McNett; Bank One Center/Tower; Suite 3700; 111 Monument Circle; Indianapolis; IN; 46204-5137; US

Patent Application Number: 20030044758

Date filed: August 26, 2002

Abstract: A doll for educating caregivers about Shaken Baby Syndrome comprises a head portion, a body, and may comprise transparent skin. The head portion may have a simulated brain disposed therein. The head portion is floppably connected to the body. The doll may further comprise a first chamber and a second chamber containing simulated blood, the simulated blood being visible in the first chamber after acceleration experienced during a shaking episode, but otherwise being concealed from view in the second chamber. A plurality of acceleration sensors may be disposed within the doll to detect acceleration experienced during a shaking episode, and the plurality of acceleration sensors may trigger warnings to the caregiver when portions of the doll experience acceleration sufficient to endanger an infant.

Excerpt(s): This application claims priority to, and incorporates herein by reference, U.S. Provisional Patent Application Serial No. 60/316,043, filed Aug. 30, 2001.... Shaken Baby Syndrome, or Shaken Infant Syndrome, occurs when caregivers shake an infant forcefully. Shaken Baby Syndrome can cause a wide range of serious health problems, including broken bones, blindness, spinal injury, brain damage, and death. When the infant is shaken, it can cause internal bleeding inside the brain that can go undetected. It is therefore important to take an infant who has been shaken to a hospital or doctor in order to prevent severe permanent injury.... The problem of Shaken Baby Syndrome is

¹⁰ This has been a common practice outside the United States prior to December 2000.

beginning to draw more attention. Doctors and other healthcare professionals are beginning to study more thoroughly the causes and effects of Shaken Baby Syndrome. In September of 2001, an international conference was held in Sydney, Australia to help healthcare professionals to disseminate and to learn information about Shaken Baby Syndrome.

Web site: <http://appft1.uspto.gov/netahtml/PTO/search-bool.html>

Keeping Current

In order to stay informed about patents and patent applications dealing with child abuse, you can access the U.S. Patent Office archive via the Internet at the following Web address: <http://www.uspto.gov/patft/index.html>. You will see two broad options: (1) Issued Patent, and (2) Published Applications. To see a list of issued patents, perform the following steps: Under "Issued Patents," click "Quick Search." Then, type "child abuse" (or synonyms) into the "Term 1" box. After clicking on the search button, scroll down to see the various patents which have been granted to date on child abuse.

You can also use this procedure to view pending patent applications concerning child abuse. Simply go back to the following Web address: <http://www.uspto.gov/patft/index.html>. Select "Quick Search" under "Published Applications." Then proceed with the steps listed above.

CHAPTER 7. BOOKS ON CHILD ABUSE

Overview

This chapter provides bibliographic book references relating to child abuse. In addition to online booksellers such as www.amazon.com and www.bn.com, excellent sources for book titles on child abuse include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Federal Agencies

The Combined Health Information Database collects various book abstracts from a variety of healthcare institutions and federal agencies. To access these summaries, go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. You will need to use the "Detailed Search" option. To find book summaries, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer. For the format option, select "Monograph/Book." Now type "child abuse" (or synonyms) into the "For these words:" box. You should check back periodically with this database which is updated every three months. The following is a typical result when searching for books on child abuse:

- **Understanding child abuse and neglect. (3rd ed.)**

Source: Boston, MA: Allyn and Bacon. 1996. 450 pp.

Contact: Available from Simon and Schuster, Allyn and Bacon, 160 Gould Street, Needham Heights, MA 02194. \$29.00 plus shipping and handling.

Summary: This textbook covers a range of topics associated with child abuse and neglect. It provides an overview on the problem, considers the rights and responsibilities of parents and children, and reviews the effects of abuse and neglect on the development of children. Individual chapters cover physical, emotional, and sexual abuse, and neglect. Other chapters examine ways to prevent or intervene in abusive situations through the judicial system and consider treatment methodologies including the use of foster care. The book also includes a chapter on adults who were abused as children but who had not reported the fact.

- **Detecting child abuse: Recognizing children at risk through drawings**

Source: Santa Barbara, CA: Holly Press. 1996. 115 pp.

Contact: Available from Holly Press, P.O. Box 24136-1215, Santa Barbara, CA 93121.

Telephone: (805) 563-9923 / fax: (805) 563-9923. \$19.95 plus shipping and handling.

Summary: This book provides information to persons who care for children to help them recognize signs of distress in children's drawings; these signs can alert caregivers of the need to consult experts for additional assistance. The book includes a brief history of diagnosing child abuse, an outline of normal developmental stages of drawing, basic steps for drawing analysis, and a practice section.

- **Guidelines for the identification and reporting of child abuse and neglect by the dental health team**

Source: Helena, MT: Montana Department of Public Health and Human Services. [1996]. 32 pp.

Contact: Available from Mary Lou Abbott, Montana Department of Public Health and Human Services, 1400 Broadway, Helena, MT 59620-0901. Telephone: (406) 444-0276 / fax: (406) 444-2606. Single copies available at no charge.

Summary: This publication contains information to assist the oral health team in identifying, reporting, and responding to abused and neglected children with whom they have contact. The following issues are addressed: the extent of abuse and neglect; the importance of oral health team members becoming involved; the relevant Montana state laws; reporting, investigation, and intervention; ways to recognize indicators of maltreatment and to distinguish abuse from accidental injury; physical abuse, emotional maltreatment, neglect, sexual abuse, and myths about sexual abuse; steps to take if a child indicates abuse or neglect; profiles of abusers; and support for children and their families. Appendices include a protocol for identification and reporting, description of a child abuse helpline, a resource list, and references for further information.

- **Why kids kill parents: Child abuse and adolescent homicide**

Source: Thousand Oaks, CA: Sage Publications. 1992, 1995r. 198 pp.

Contact: Available from Sage Publications, 2455 Teller Road, Thousand Oaks, CA 91320-2218. Telephone: (805) 499-9774 / fax: (805) 499-0871 / e-mail: order@sagepub.com / Web site: <http://www.sagepub.com>. \$16.95 plus \$2.00 shipping and handling; prepayment required for orders under \$25.00.

Summary: This book examines the role that child abuse plays in subsequent adolescent parricide. It focuses on dysfunctional families, theories on parenting, child abuse, and reform efforts. It considers facts and issues that contribute to parricide, develops a context for the problem, reviews risk factors, and discusses legal and psychological issues. It discusses current assessment techniques in regard to the case studies it includes; and it concludes with an analysis of the implications and future directions.

- **Understanding child abuse and neglect**

Source: Washington, DC: National Academy Press. 1993. 393 pp.

Contact: Available from National Academy Press, 2101 Constitution Avenue, N.W., Lockbox 285, Washington, DC 20002 / Web site: <http://www.nap.edu>. \$44.95 plus \$4.00

shipping and handling; prepayment required by check, money order, or credit card; purchase orders accepted.

Summary: This book reports the findings of an expert panel established to develop a research agenda for future studies of child and adolescent maltreatment. The panel was to examine the quality of existing research, determine areas of strength and weakness, and offer guidance regarding ways in which current and future research resources might be directed to improve the development of the field. Topics include identification and definitions of child maltreatment, scope of the problem, etiology of maltreatment, prevention, consequences of abuse and neglect, intervention and treatment, human resources, instrumentation, and research infrastructure, ethical and legal issues in maltreatment research, and research priorities.

- **Child abuse and neglect: A shared community concern**

Source: Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. 1992. 31 pp.

Contact: Available from National Clearinghouse on Child Abuse and Neglect Information, 330 C Street, S.W., Washington, DC 20447. Telephone: (703) 385-7565 or (800) FYI-3366 / fax: (703) 385-3206 / e-mail: nccanch@calib.com / Web site: <http://www.calib.com/nccanch>. Available at no charge.

Summary: This report provides information regarding child abuse and neglect in the United States. A discussion of the definitions of child abuse and neglect; statistics on occurrence; recognizing and reporting abuse; and a breakdown of the policies, procedures, and resources available at federal, state, and local levels are included along with a selected bibliography on child abuse and neglect.

- **Dentist's Responsibility in Identifying and Reporting Child Abuse and Neglect. 3rd ed**

Source: Chicago, IL: Council on Dental Practice, American Dental Association (ADA). December 1995. 57 p.

Contact: Available from American Dental Association. Council on Dental Practice, 211 East Chicago Avenue, Chicago, IL 60611. (800) 621-8099, ext. 2662; Fax (312) 440-7494. PRICE: Single copy free.

Summary: This book provides an overview of the dentist's role in helping to identify and report possible cases of child abuse or neglect. Six chapters cover the history of child abuse identification in professional groups, a historical dental perspective, responses of the dental profession, observing the signs or symptoms of abuse or neglect, signs or symptoms of abuse or neglect that may be recognizable to the dental team, and the dentist's role. Three appendices provide the child abuse reporting statutes, data from the 1994 Survey of Constituent Dental Societies Regarding Child Abuse, and a listing of state child abuse reporting agencies. 202 references.

- **Child sexual abuse: The initial effects**

Source: Newbury Park, CA: Sage Publications. 1990. 205 pp.

Contact: Available from Sage Publications, 2455 Teller Road, Thousand Oaks, CA 91320-2218. Telephone: (805) 499-9774 / fax: (805) 499-0871 / e-mail: order@sagepub.com / Web site: <http://www.sagepub.com>. \$17.95, paper; \$36.00, cloth; plus shipping and handling; prepayment required for orders under \$25.00.

Summary: The Family Crisis Program (FCP) for sexually abused children was established in 1980 with funds from the Office of Juvenile Justice and Delinquency Prevention in an overall effort to establish in depth analyses of the effects of sexual abuse on the victims and their families. Primary objectives were to provide services to victims and families and conduct research of several types. One focus of the research is on the initial effects of the sexual abuse on the child and his or her family (as opposed to the long term effects as manifested by many adults). That research is presented here and may address some information needs of several types of professionals (e.g., judges, psychologists, police) who must intervene in the abuse situation and/or its aftermath. These findings are presented in a readily accessible format for those professionals and for policy makers and intervention designers. A deeper statistical analysis may be gleaned from various points in the text for those who need more detailed information.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "child abuse" at online booksellers' Web sites, you may discover non-medical books that use the generic term "child abuse" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "child abuse" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **A Parent's & Teacher's Handbook on Identifying and Preventing Child Abuse** by James A. Monteleone (1998); ISBN: 1878060279;
<http://www.amazon.com/exec/obidos/ASIN/1878060279/icongroupinterna>
- **Abuse and Neglect: The Educator's Guide to the Identification and Prevention of Child Abuse** by Barbara Lowenthal (2001); ISBN: 1557665184;
<http://www.amazon.com/exec/obidos/ASIN/1557665184/icongroupinterna>
- **Breaking the Cycle: Survivors of Child Abuse and Neglect** by Pamela Fong, Robert Coles (Contributor); ISBN: 0393029794;
<http://www.amazon.com/exec/obidos/ASIN/0393029794/icongroupinterna>
- **Charred Souls: A Story of Recreational Child Abuse** by Trena Cole; ISBN: 097235350X;
<http://www.amazon.com/exec/obidos/ASIN/097235350X/icongroupinterna>
- **Child Abuse** by Eli H. Newberger; ISBN: 0316597945;
<http://www.amazon.com/exec/obidos/ASIN/0316597945/icongroupinterna>
- **Child Abuse (Contemporary Issues Companion)** by Bryan J. Grapes (Editor) (2001); ISBN: 1565108930;
<http://www.amazon.com/exec/obidos/ASIN/1565108930/icongroupinterna>
- **Child Abuse (Encyclopedia of Health: Psychological Disorders and Their Treatment)** by William A. Check, et al; ISBN: 0791000435;
<http://www.amazon.com/exec/obidos/ASIN/0791000435/icongroupinterna>
- **Child Abuse : Implications for Child Development and Psychopathology** by David A. Wolfe (Author) (1999); ISBN: 0803972288;
<http://www.amazon.com/exec/obidos/ASIN/0803972288/icongroupinterna>

- **Child Abuse and Delinquency** by Suman Kakar, Susan Kakar; ISBN: 0761803696;
<http://www.amazon.com/exec/obidos/ASIN/0761803696/icongroupinterna>
- **Child Abuse and Neglect: A Look at the States CWLA's 1999 Stat Book** by Michael R. Petit (Editor), et al (1999); ISBN: 0878687718;
<http://www.amazon.com/exec/obidos/ASIN/0878687718/icongroupinterna>
- **Child Abuse and Neglect: Cases and Materials (American Casebook Series)** by Robert D. Goldstein (1999); ISBN: 031421156X;
<http://www.amazon.com/exec/obidos/ASIN/031421156X/icongroupinterna>
- **Child Abuse and Neglect: Examining the Psychological Components (Encyclopedia of Psychological Disorders)** by Elizabeth Russell Connelly, et al; ISBN: 0791049558;
<http://www.amazon.com/exec/obidos/ASIN/0791049558/icongroupinterna>
- **Child Abuse and Neglect: Multidisciplinary Approaches** by Mark A. Winton (Author), Barbara A. Mara (Author); ISBN: 0205308775;
<http://www.amazon.com/exec/obidos/ASIN/0205308775/icongroupinterna>
- **Child Abuse and Neglect: The Family and the Community** by Mass Ballinger Pu Cambridge, et al; ISBN: 0884102173;
<http://www.amazon.com/exec/obidos/ASIN/0884102173/icongroupinterna>
- **Child Abuse and Neglect: The School's Response** by Connie Burrows Horton, Tracy K. Cruise; ISBN: 1572306734;
<http://www.amazon.com/exec/obidos/ASIN/1572306734/icongroupinterna>
- **Child Abuse in the Classroom** by Phyllis Schlafly (Editor); ISBN: 0891073655;
<http://www.amazon.com/exec/obidos/ASIN/0891073655/icongroupinterna>
- **Child Abuse on the Internet: Ending the Silence** by Carlos A. Arnaldo (Editor); ISBN: 1571812466;
<http://www.amazon.com/exec/obidos/ASIN/1571812466/icongroupinterna>
- **Child Abuse Phrase Book: Family-Social Worker Interview Manual/Manual Bilingue Para Familias** by Edward Stresino (2002); ISBN: 0826328415;
<http://www.amazon.com/exec/obidos/ASIN/0826328415/icongroupinterna>
- **Child Abuse Trauma: Theory and Treatment of the Lasting Effects (Interpersonal Violence: The Practice Series)** by John Briere (Author) (1992); ISBN: 080393713X;
<http://www.amazon.com/exec/obidos/ASIN/080393713X/icongroupinterna>
- **Child Abuse, Domestic Violence, and Animal Abuse: Linking the Circles of Compassion for Prevention and Intervention** by Frank R. Ascione (Editor), Phil Arkow (Editor) (1999); ISBN: 1557531420;
<http://www.amazon.com/exec/obidos/ASIN/1557531420/icongroupinterna>
- **Child Abuse: A Global View (A World View of Social Issues)** by Beth M. Schwartz-Kenney (Author), et al; ISBN: 0313307458;
<http://www.amazon.com/exec/obidos/ASIN/0313307458/icongroupinterna>
- **Child Abuse: Empowering Victims to Become Survivors** by Margo C. Sanders, Patricia Devargas-Walker; ISBN: 0961810009;
<http://www.amazon.com/exec/obidos/ASIN/0961810009/icongroupinterna>
- **Child Abuse: Medical Diagnosis and Management** by Robert M., Md. Reece (Editor), Stephen, Md. Ludwig (Editor); ISBN: 0781724449;
<http://www.amazon.com/exec/obidos/ASIN/0781724449/icongroupinterna>

- **Child Abuse: Opposing Viewpoints (Opposing Viewpoints Series (Unnumbered).)** by Louise Gerdes (Editor) (2004); ISBN: 0737716746;
<http://www.amazon.com/exec/obidos/ASIN/0737716746/icongroupinterna>
- **Child Abuse: Towards A Knowledge Base** by Brian Corby; ISBN: 0335205682;
<http://www.amazon.com/exec/obidos/ASIN/0335205682/icongroupinterna>
- **Death from Child Abuse... and No One Heard** by Eve Krupinski (Photographer), et al; ISBN: 0930507045;
<http://www.amazon.com/exec/obidos/ASIN/0930507045/icongroupinterna>
- **Diagnostic Imaging of Child Abuse** by Paul K. Kleinman; ISBN: 081515139X;
<http://www.amazon.com/exec/obidos/ASIN/081515139X/icongroupinterna>
- **Dialogues with Forgotten Voices: Relational Perspectives on Child Abuse Trauma and the Treatment of Severe Dissociative Disorders** by Harvey L., Ph.D. Schwartz; ISBN: 0465095739;
<http://www.amazon.com/exec/obidos/ASIN/0465095739/icongroupinterna>
- **Domestic Crimes, Family Violence and Child Abuse: A Study of Contemporary American Society** by R. Barri Flowers (2000); ISBN: 0786408235;
<http://www.amazon.com/exec/obidos/ASIN/0786408235/icongroupinterna>
- **Domestic Violence and Child Abuse Sourcebook** by Helene Henderson (Editor) (2001); ISBN: 0780802357;
<http://www.amazon.com/exec/obidos/ASIN/0780802357/icongroupinterna>
- **Emotional Child Abuse: The Family Curse** by Joel D. Covitz; ISBN: 0938434233;
<http://www.amazon.com/exec/obidos/ASIN/0938434233/icongroupinterna>
- **Expert Witnesses in Child Abuse Cases: What Can and Should Be Said in Court** by Stephen J. Ceci, Helene Hembrooke (2002); ISBN: 155798915X;
<http://www.amazon.com/exec/obidos/ASIN/155798915X/icongroupinterna>
- **For Their Sake: Recognizing, Responding To, and Reporting Child Abuse** by Becca Cowan Johnson, et al; ISBN: 0876031289;
<http://www.amazon.com/exec/obidos/ASIN/0876031289/icongroupinterna>
- **From Child Abuse to Permanency Planning: Child Welfare Services Pathways and Placements (Modern Applications of Social Work)** by Richard P. Barth, et al; ISBN: 0202360865;
<http://www.amazon.com/exec/obidos/ASIN/0202360865/icongroupinterna>
- **Heed the Call : Psychological Perspectives on Child Abuse** by Barbara Lipinski, Barbara Lipinsky; ISBN: 1928702058;
<http://www.amazon.com/exec/obidos/ASIN/1928702058/icongroupinterna>
- **It Should Never Happen Here: A Guide for Minimizing the Risk of Child Abuse in Ministry** by Ernest J., Iii Zarra, Ernest J. III Zarra; ISBN: 0801090318;
<http://www.amazon.com/exec/obidos/ASIN/0801090318/icongroupinterna>
- **Leaping upon the Mountains: Men Proclaiming Victory over Sexual Child Abuse** by Mike Lew, Richard Hoffman (2000); ISBN: 155643345X;
<http://www.amazon.com/exec/obidos/ASIN/155643345X/icongroupinterna>
- **Making an Issue of Child Abuse: Political Agenda for Social Problems** by Barbara J. Nelson (1986); ISBN: 0226572013;
<http://www.amazon.com/exec/obidos/ASIN/0226572013/icongroupinterna>

- **Mandated Reporting of Suspected Child Abuse: Ethics, Law & Policy** by Seth C. Kalichman; ISBN: 1557986029;
<http://www.amazon.com/exec/obidos/ASIN/1557986029/icongroupinterna>
- **My Past Was Written, the Taking of Innocence: A Diary of Child Abuse and Escape** by Arlene D. Arnold (2002); ISBN: 1403355290;
<http://www.amazon.com/exec/obidos/ASIN/1403355290/icongroupinterna>
- **Patterns of Child Abuse: How Dysfunctional Transactions Are Replicated in Individuals, Families, and the Child Welfare System** by Michael Karson (2001); ISBN: 0789015889;
<http://www.amazon.com/exec/obidos/ASIN/0789015889/icongroupinterna>
- **Physical Signs of Child Abuse** by Christopher J., Bsc, Frcp, Frcpch Hobbs, et al; ISBN: 0702025828;
<http://www.amazon.com/exec/obidos/ASIN/0702025828/icongroupinterna>
- **Preparing and Presenting Expert Testimony in Child Abuse Litigation : A Guide for Expert Witnesses and Attorneys** by Paul Stern (Author) (1997); ISBN: 0761900128;
<http://www.amazon.com/exec/obidos/ASIN/0761900128/icongroupinterna>
- **Preventing Child Abuse and Neglect Through Parent Education** by N. Dickon Reppucci, et al (1997); ISBN: 1557662894;
<http://www.amazon.com/exec/obidos/ASIN/1557662894/icongroupinterna>
- **Quick Reference Child Abuse** by James A. Monteleone (1998); ISBN: 1878060287;
<http://www.amazon.com/exec/obidos/ASIN/1878060287/icongroupinterna>
- **Recognition of Child Abuse for the Mandated Reporter** by Angelo P. Giardino, Eileen Giardino; ISBN: 187806052X;
<http://www.amazon.com/exec/obidos/ASIN/187806052X/icongroupinterna>
- **Recognizing Child Abuse: A Guide For The Concerned** by Douglas J. Besharov (1990); ISBN: 002903082X;
<http://www.amazon.com/exec/obidos/ASIN/002903082X/icongroupinterna>
- **Safe Sanctuaries: Reducing the Risk of Child Abuse in the Church** by Joy Thornburg Melton (2003); ISBN: 0881772208;
<http://www.amazon.com/exec/obidos/ASIN/0881772208/icongroupinterna>
- **Suffer the Children: A Theology of Liberation by a Victim of Child Abuse** by Janet Pais (1991); ISBN: 0809132265;
<http://www.amazon.com/exec/obidos/ASIN/0809132265/icongroupinterna>
- **The Child Protection Team Handbook: A Multidisciplinary Approach to Managing Child Abuse and Neglect** by Barton D. Schmitt; ISBN: 0824070003;
<http://www.amazon.com/exec/obidos/ASIN/0824070003/icongroupinterna>
- **The Encyclopedia of Child Abuse (Facts on File Library of Health and Living)** by Robin E. Clark, et al (2000); ISBN: 0816040605;
<http://www.amazon.com/exec/obidos/ASIN/0816040605/icongroupinterna>
- **The Franklin Cover-Up: Child Abuse, Satanism, and Murder in Nebraska** by John W. Decamp (1996); ISBN: 0963215809;
<http://www.amazon.com/exec/obidos/ASIN/0963215809/icongroupinterna>
- **The Politics of Child Abuse in America** by Lela B. Costin, et al (1997); ISBN: 0195116682;
<http://www.amazon.com/exec/obidos/ASIN/0195116682/icongroupinterna>

- **The Role of Professional Background, Case Characteristics, and Protective Agency Response in Mandated Child Abuse Reporting, January 1990/R-3825-Hhs** by Gail L. Zellman, Robert M. Bell (1990); ISBN: 0833009990;
<http://www.amazon.com/exec/obidos/ASIN/0833009990/icongroupinterna>
- **Trust and Betrayal in the Treatment of Child Abuse** by Laurie K. MacKinnon; ISBN: 1572305231;
<http://www.amazon.com/exec/obidos/ASIN/1572305231/icongroupinterna>
- **Understanding Child Abuse and Neglect (5th Edition)** by Cynthia Crosson-Tower (Author); ISBN: 0205337953;
<http://www.amazon.com/exec/obidos/ASIN/0205337953/icongroupinterna>
- **Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse** by Mike Lew (Author) (1990); ISBN: 0060973005;
<http://www.amazon.com/exec/obidos/ASIN/0060973005/icongroupinterna>
- **War Against Schools: Academic Child Abuse** by Siegfried Engelmann (1992); ISBN: 0894202871;
<http://www.amazon.com/exec/obidos/ASIN/0894202871/icongroupinterna>
- **When Child Abuse Comes to Church: Recognizing Its Occurrence and What to Do About It** by B. Darrell Anderson; ISBN: 1556612869;
<http://www.amazon.com/exec/obidos/ASIN/1556612869/icongroupinterna>
- **Why Kids Kill Parents : Child Abuse and Adolescent Homicide** by Kathleen M. Heide (Author) (1995); ISBN: 0803970609;
<http://www.amazon.com/exec/obidos/ASIN/0803970609/icongroupinterna>
- **Wounded Boys Heroic Men: A Man's Guide to Recovering from Child Abuse** by Daniel Jay Sonkin (1998); ISBN: 1580620108;
<http://www.amazon.com/exec/obidos/ASIN/1580620108/icongroupinterna>
- **Wounded Innocents: The Real Victims of the War Against Child Abuse** by Richard Wexler (1995); ISBN: 0879759364;
<http://www.amazon.com/exec/obidos/ASIN/0879759364/icongroupinterna>
- **Writing Our Way Out of the Dark: An Anthology by Child Abuse Survivors** by Elizabeth Claman (Editor); ISBN: 0963899228;
<http://www.amazon.com/exec/obidos/ASIN/0963899228/icongroupinterna>

The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, <http://locatorplus.gov/>, and then select "Search LOCATORplus." Once you are in the search area, simply type "child abuse" (or synonyms) into the search box, and select "books only." From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:¹¹

¹¹ In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a "Books" button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created

- **78 battered children; a retrospective study [by] Angela E. Skinner [and] Raymond L. Castle.** Author: Skinner, Angela E.; Year: 1969; London, NSPCC, 1969
- **A collection of papers presented at a national meeting in Charleston, South Carolina, October 23, 1973, to explore on an interdisciplinary basis the problems of child abuse and neglect.** Author: American Humane Association. Children's Division.; Year: 1970; Denver, American Humane Assn., Children's Division, c1975
- **A collection of papers presented at a national meeting in Denver, Colorado, October 11, 1972, to explore on an interdisciplinary basis the problems of child abuse and sexual exploitation of children.** Author: American Humane Association. Children's Division.; Year: 1979; Denver, American Humane Assn., Children's Division, c1973
- **A silent tragedy; child abuse in the community, by Peter and Judith DeCourcy.** Author: DeCourcy, Peter.; Year: 2003; [Port Washington, N. Y.] Alfred [c1973]; ISBN: 0882480061
- **Bibliography on the battered child.** Author: United States. Children's Bureau.; Year: 1970; [Washington] 1969
- **Child abuse in New Zealand; a report on a nationwide survey of the physical ill-treatment of children in New Zealand. [By] David M. Fergusson, Joan Fleming [and] David P. O'Neill.** Author: Fergusson, David Murray;; Year: 1973; Wellington, Government Printer, 1972
- **Child abuse legislation in the 1970's.** Author: De Francis, Vincent.; Year: 1972; Denver, Colo., American Humane Assn., Children's Division, c1970
- **Child abuse: intervention and treatment. Edited by Nancy B. Ebeling [and] Deborah A. Hill.** Author: Ebeling, Nancy B.; Year: 1975; Acton, Mass., Publishing Sciences Group [c1975]; ISBN: 0884160262
<http://www.amazon.com/exec/obidos/ASIN/0884160262/icongroupinterna>
- **Child abuse; a community challenge. The authors: Ellen M. Thomson [et al].** Author: Thomson, Ellen M.; Year: 1973; Buffalo, N. Y., Stewart in conjunction with Children's Aid and Society for the Prevention of Cruelty to Children [c1971]
- **Child abuse; a preview of a nationwide survey.** Author: De Francis, Vincent.; Year: 1967; [Denver] Children's Division, American Humane Assn. [1963?]
- **Concerning child abuse; papers presented by the Tunbridge Wells Study Group on non-accidental injury to children. Edited by Alfred White Franklin.** Author: Tunbridge Wells Study Group.; Year: 1975; Edinburgh, New York, Churchill Livingstone [distributed in U. S. by Longman, New York] 1975
- **Helping the battered child and his family. Edited by C. Henry Kempe and Ray E. Helfer.** Author: Kempe, C. Henry.; Year: 1973; Philadelphia, Lippincott [c1972]; ISBN: 0397590520
<http://www.amazon.com/exec/obidos/ASIN/0397590520/icongroupinterna>
- **Protecting the battered child [by Edgar J. Merrill, et al.** Author: American Humane Association. Children's Division.; Year: 1972; Denver, 1962]
- **Survey of legislation to protect the battered child.** Author: Arkansas. Legislative Council. Research Dept.; Year: 1964; Little Rock, 1964
- **The battered child syndrome, by Jørgen Vesterdal. Abstracts: The battered child.** Author: Vesterdal, J. (Jørgen); Year: 1973; [Lindau, Nestlé Scientific Services, 1972]

between the books and other types of information, such as gene and protein sequences and macromolecular structures. See <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books>.

- **The battered child syndrome.** Author: Smith, Selwyn M. (Selwyn Michael); Year: 1969; London; Boston: Butterworth, 1975; ISBN: 0407000461
<http://www.amazon.com/exec/obidos/ASIN/0407000461/icongroupinterna>
- **The battered child, edited by Ray E. Helfer and C. Henry Kempe.** Author: Helfer, Ray E.; Year: 1963; Chicago, London, Univ. of Chicago Press [1968]
- **The battered child, edited by Ray E. Helfer and C. Henry Kempe.** Author: Helfer, Ray E.; Year: 2003; Chicago, Univ. of Chicago Press [c1974]; ISBN: 0226326292
<http://www.amazon.com/exec/obidos/ASIN/0226326292/icongroupinterna>
- **The child abuse reporting laws; a tabular view.** Author: Columbia Law School Project on Child Abuse Reporting Legislation.; Year: 1967; Washington, U. S. Children's Bureau; for sale by the Supt. of Doc., U. S. Govt. Print. Off., 1966 [i. e. 1967]
- **The Governor's Conference on Child Abuse. Sponsoring agency: Coordinating Committee on Children with Special Needs, North Carolina Health Council. Co-sponsoring agencies: North Carolina Council on Mental Retardation, [et al.].** Author: North Carolina Council on Mental Retardation.; Year: 1966; Raleigh, 1966?]
- **Violence against children; physical child abuse in the United States.** Author: Gil, David G.; Year: 1972; Cambridge, Harvard Univ. Press, 1970; ISBN: 674939417

Chapters on Child Abuse

In order to find chapters that specifically relate to child abuse, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and child abuse using the "Detailed Search" option. Go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "child abuse" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on child abuse:

- **Child Abuse and Neglect**

Source: in McDonald, R.E. and Avery, D.A., eds. *Dentistry for the Child and Adolescent*. 7th ed. St. Louis, MO: Mosby, Inc. 2000. p. 24-33.

Contact: Available from Harcourt Health Sciences. 11830 Westline Industrial Drive, St. Louis, MO 63146. (800) 325-4177. Fax (800) 874-6418. Website: www.harcourthealth.com. PRICE: \$72.00 plus shipping and handling. ISBN: 0815190174.

Summary: This chapter on child abuse and neglect is from a textbook on dentistry for the child and adolescent that is designed to help undergraduate dental students and postdoctoral pediatric dentistry students provide comprehensive oral health care for infants, children, teenagers, and individuals with various disabilities. The authors of this chapter stress that health care and dental professionals are in unique positions to identify the possibly abused child and must be knowledgeable in the recognition, documentation, treatment, and reporting of suspected child abuse cases. This chapter includes a discussion of the types of child maltreatment frequently encountered, the clinical presentation and management of such issues, and the documentation and reporting of suspected child abuse. Types of abuse covered include physical abuse, sexual abuse, neglect, emotional abuse, and Munchausen syndrome by proxy. The authors conclude by reminding readers that it is suspicions of child abuse or neglect that

must be reported; proof is not required. Awareness of local child protective community resources and professionals can facilitate interaction with the legal system and improve the ability to appropriately protect abused or neglected children. 4 figures. 24 references.

- **Oral Injuries of Child Abuse**

Source: in Monteleone, J.A., ed. *Child Abuse: Quick-Reference for Healthcare Professionals, Social Services, and Law Enforcement*. St. Louis, MO: G.W. Medical Publishing, Inc. 1998. p. 95-102.

Contact: Available from G.W. Medical Publishing, Inc. 2601 Metro Boulevard, St. Louis, MO 63043. (800) 600-0330 or (314) 298-0330. Fax (314) 298-2820. Website: www.gwmedical.com. PRICE: \$39.95 plus shipping and handling. ISBN: 1878060287.

Summary: Injuries to the mouth and oral structures are a common factor in child abuse cases. This chapter on the oral injuries of child abuse is from a child abuse quick reference guide for health care professionals. The types of oral injuries encountered in child abuse include trauma not only to the teeth but also to supporting and surrounding oral tissues. The principal oral injuries of abuse are missing and fractured teeth (32 percent of reported cases), oral contusions (24 percent), oral lacerations (14 percent), jaw fractures (11 percent), and oral burns (5 percent). Thus, proper evaluation of an abused child must include a thorough visual oral examination and referral to the dentist as necessary. The chapter outlines oral injuries to infants, injuries to teeth, abuse injuries to oral soft tissues, and the dental implications of child neglect. 6 figures. 7 references.

Directories

In addition to the references and resources discussed earlier in this chapter, a number of directories relating to child abuse have been published that consolidate information across various sources. The Combined Health Information Database lists the following, which you may wish to consult in your local medical library:¹²

- **Organizations concerned with child abuse and neglect and family violence issues**

Source: Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. 1993. 65 pp.

Contact: Available from National Clearinghouse on Child Abuse and Neglect Information, 330 C Street, S.W., Washington, DC 20447. Telephone: (703) 385-7565 or (800) FYI-3366 / fax: (703) 385-3206 / e-mail: nccanch@calib.com / Web site: <http://www.calib.com/nccanch>. \$7.00.

Summary: This directory of child abuse and neglect organizations lists the services, products, and publications of each center along with a description of their program.

- **Child abuse**

Source: Rockville, MD: National Clearinghouse for Alcohol and Drug Information. 1992. 24 pp.

¹² You will need to limit your search to "Directory" and "child abuse" using the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find directories, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Select your preferred language and the format option "Directory." Type "child abuse" (or synonyms) into the "For these words:" box. You should check back periodically with this database as it is updated every three months.

Contact: Available from National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345. Telephone: (301) 468-2600 or (800) 729-6686 or (800) 487-4889 TDD / fax: (301) 468-6433 / e-mail: info@health.org / Web site: <http://www.health.org>. Available at no charge.

Summary: This guide lists prevention materials and programs for child abuse. Studies, articles, and reports on child abuse and alcohol and other drug use are provided. The guide also lists groups, organizations, and programs on child abuse.

- **Child Abuse Prevention Programs Which Target an Adolescent Population: Resource Directory of Program Models**

Source: Tulsa, OK, National Resource Center for Youth Services, University of Oklahoma, 27 p., 1988.

Contact: National Resource Center for Youth Services, University of Oklahoma, 202 West 8th Street, Tulsa, OK 74119. (918) 585-2986.

Summary: The Child Abuse Prevention Programs Which Target an Adolescent Population resource directory of 18 program models identifies and profiles the various approaches currently available which target the adolescent in the prevention of child abuse. This directory is the outgrowth of a project of the National Network of Runaway and Youth Services entitled Resources for Abused Youth. The Office of Human Development Services funded the project in 1985 to increase the linkages between youth programs and Children's Trust Funds. In the past 6 years, over two-thirds of the 50 States have adopted legislation which creates a special fund for the prevention of child abuse. By contacting Children's Trust Fund administrators, the project identified adolescent programs that had received funding from trust funds. The project then contacted each program for profile information. The directory provides a mix of urban, rural, and minority programs as well as a variety of approaches. The book has four sections: (1) Using media and theater in prevention programs; (2) working with teen parents; (3) curricula and outreach in the schools; and (4) community and youth development models. The profile information for each program includes a general program description, the target population, history and linkages, specific methodology or materials used, budget, staffing, and products.

CHAPTER 8. MULTIMEDIA ON CHILD ABUSE

Overview

In this chapter, we show you how to keep current on multimedia sources of information on child abuse. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Video Recordings

An excellent source of multimedia information on child abuse is the Combined Health Information Database. You will need to limit your search to "Videorecording" and "child abuse" using the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find video productions, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Videorecording (videotape, videocassette, etc.)." Type "child abuse" (or synonyms) into the "For these words:" box. The following is a typical result when searching for video recordings on child abuse:

- **Project PEACH: An injury prevention program for family child care providers**

Source: Houston, TX: University of Texas Health Science Center. 1991. 4 items.

Contact: Available from Nancy O'Hara, University of Texas School of Public Health, Center for Health Promotion Research and Development, P.O. Box 20186, Houston, TX 77225. Telephone: (713) 792-8540 / fax: (712) 794- 1756. \$25.00.

Summary: The acronym PEACH signifies Protect EAch CHild. The project is designed to help family child care providers identify hazards in the home and correct them. Project PEACH includes four components: 1) a videotape, 2) an Observation Checklist, 3) an Observer Training Manual, and 4) a Technical Assistance Manual. The Observation Checklist (99 pages) is accompanied by a 15 minute videotape, and is a self-instructional injury prevention guide for family child care providers. The guidebook explains hazards to children, identifies the hazards, and offers suggestions for correcting or eliminating the hazards. It is divided into sections: kitchen, bathroom, household items, heaters, guns, fire and poison safety, fans, furniture and rugs, electrical sockets and cords,

outdoor equipment and play area, stairs, doors, and windows, toys and art supplies, and cribs and playpens. The videotape shows how family child care providers have inspected their homes for hazards and corrected them. The Observer Training Manual (41 pages) is designed to assist in training individuals doing the actual home visits. It includes information about observation procedure, confidentiality issues, problems and **child abuse**, observer payment, hazard identification instructions, topic specific information, etc. In addition, it contains the specific forms/surveys used on home visits (e.g. questionnaire on personal beliefs regarding family child care, the safety observation checklist, and a scoring sheet). The Technical Assistance Manual is designed to provide further technical information in responding to specific questions raised. It provides information for each topic (e.g. why is it a hazard, whether or not there is a regulation, law, standard or guideline and what it is specifically, how to fix the hazard, how much it will cost to fix the hazard, where to buy specific devices, and other practical information).

- **Families in trouble: Learning to cope**

Source: Pleasantville, NY: Sunburst Communications. 1990. 1 videotape (35 minutes, VHS 1/2 inch).

Contact: Available from Sunburst Communications, 101 Castleton Street, P.O. Box 40, Pleasantville, NY 10570-9971. Telephone: (800) 431-1934 / fax: (914) 747-4109. \$199.00 plus 6 percent shipping and handling.

Summary: This videotape helps adolescents struggling with family trouble understand that they are not at fault for someone else's problems. It tells the stories of three adolescents who experience the coping process by dealing with the crises they face at home: divorce, sibling alcoholism, and **child abuse**. It also helps adolescents understand family dynamics and the important of family roles. The learning objectives include: illustrate a step-by-step process for use in a crisis situation; demonstrate the importance of identifying and acknowledging one's feelings; encourage adolescents to talk about their problems; explain the importance of family roles; and identify possible community resources.

- **The diary**

Source: Bountiful, UT: Team Entertainment Productions Unlimited. n.d. 1 videotape (18 minutes).

Contact: Available from Team Entertainment Productions Unlimited, 861 East Millbrook Way, Bountiful, UT 84010. Telephone: (801) 298-5843 / fax: (801) 298-5843. \$198.00 plus \$5.00 shipping and handling.

Summary: This videotape is designed to help children begin to understand the meaning of **child abuse** and the different kinds of feelings abused children experience. It emphasizes the difference between feelings for a person and feelings about what that person may do. In the video, an 11-year-old boy who is the victim of emotional and physical abuse is visited by his future son who has traveled back in time. The son has come to keep his father from growing up to be a child abuser, and they discuss the 11-year-old's feelings and options.

Bibliography: Multimedia on Child Abuse

The National Library of Medicine is a rich source of information on healthcare-related multimedia productions including slides, computer software, and databases. To access the multimedia database, go to the following Web site: <http://locatorplus.gov/>. Select "Search LOCATORplus." Once in the search area, simply type in child abuse (or synonyms). Then, in the option box provided below the search box, select "Audiovisuals and Computer Files." From there, you can choose to sort results by publication date, author, or relevance. The following multimedia has been indexed on child abuse (for more information, follow the hyperlink indicated):

- **A Discussion of child abuse [videorecording]** Source: National College of District Attorneys; Year: 1977; Format: Videorecording; Chapel Hill, N. C.: Health Sciences Consortium, c1977
- **An Overview of child abuse [videorecording]** Source: National College of District Attorneys; Year: 1977; Format: Videorecording; Chapel Hill, N. C.: Health Sciences Consortium, c1977
- **Battered child syndrome [filmstrip]** Source: Trainex Corporation; Year: 1972; Format: Filmstrip; [Garden Grove, Calif.]: Trainex, c1972
- **CEC invisible college conference on child abuse and neglect [sound recording]** Source: Council for Exceptional Children; Year: 1977; Format: Sound recording; Reston, Va.: The Council, 1977
- **Child abuse: a report [videorecording]** Source: Cheston M. Berlin, Jr. [made by] Penn State Television; Year: 1977; Format: Videorecording; University Park, Pa.: Pennsylvania State University: [for loan or sale by its Audio-Visual Services], c1977
- **Child abuse: a study in fragmentation [videorecording]** Source: written by Paulina G. McCullough and Ruth Drescher; produced by Western Psychiatric Institute & Clinic, Family Therapy Clinic; Year: 1978; Format: Videorecording; Pgh. [i.e. Pittsburgh]: The Institute, c1978
- **Child abuse: disease or crime [videorecording]** Source: University of Virginia, School of Medicine; Year: 1976; Format: Videorecording; [Charlottesville]: The University; [for loan and sale by its Medical Center, Audiovisual Center], 1976
- **Child abuse: nonorganic failure to thrive [videorecording]** Source: National College of District Attorneys; Year: 1977; Format: Videorecording; Chapel Hill, N. C.: Health Sciences Consortium, c1977
- **Child abuse [filmstrip]** Source: Medical Electronic Educational Services; Year: 1975; Format: Filmstrip; Tucson: The Services, c1975
- **Child abuse [videorecording]** Source: Nursing Service, Grady Memorial Hospital; Year: 1979; Format: Videorecording; Atlanta: Emory Medical Television Network: [for loan and sale by A. W. Calhoun Medical Library], 1979
- **Child abuse and neglect [filmstrip]: what the educator sees** Source: National Center on Child Abuse and Neglect, Children's Bureau, Office of Child Development, U. S. Dept. of Health, Education, and Welfare; Year: 1977; Format: Filmstrip; [Washington]: The Center; [Reston, Va.: for sale by the Council for Exceptional Children], 1977
- **Interviewing the abused child [videorecording]** Source: Motorola Teleprograms, inc. [produced by] Cavalcade Productions; Year: 1978; Format: Videorecording; [Wheaton, Ill.]: Cavalcade Productions; [Schiller Park, Ill.: for loan and sale by Motorola Teleprograms], c1978

- **Medical diagnosis: abused child [videorecording]** Source: Child Abuse Programme, Ministry of Community and Social Services, Government of Ontario; [produced by] IMS; Year: 1979; Format: Videorecording; Toronto: Instructional Media Services, Faculty of Medicine, University of Toronto, c1979
- **Ordinary people [motion picture]: a film about child abuse** Source: UCIR, University of Pittsburgh and the Parental Stress Center; Year: 1977; Format: Motion picture; Pittsburgh: Bureau of Children's Services, Pennsylvania Dept. of Health; [Schiller Park, Ill.: for loan or sale by Motorola Teleprograms], c1977
- **Recognition and prevention of child abuse [slide]** Source: University of Michigan Medical Center; Year: 1974; Format: Slide; [Ann Arbor: The University: for sale by Its Media Library], c1974
- **The Battered child [motion picture]** Source: WTTW/Chicago; produced for National Educational Television; Year: 1969; Format: Motion picture; [New York: National Educational Television; Bloomington, Ind.: for loan or sale by Indiana University Audio-Visual Center, 1969]
- **The Battered child [motion picture]** Source: Emory University School of Medicine; Year: 1969; Format: Motion picture; [Atlanta]: National Medical Audiovisual Center, 1969
- **The Battered child syndrome [videorecording]** Source: [UCLA School of Medicine]; Year: 1975; Format: Videorecording; Los Angeles: Univ. of California: [for sale by its Instructional Media Library], 1975
- **The Orthopaedic surgeon and child abuse [slide]** Source: American Academy of Orthopaedic Surgeons; Year: 1975; Format: Slide; [Chicago]: The Academy, [1975]
- **The Sexually abused child [videorecording]: identification interview** Source: Motorola Teleprograms, inc. [produced by] Cavalcade Productions; Year: 1978; Format: Videorecording; [Wheaton, Ill.]: Cavalcade Productions; [Schiller Park, Ill.: for loan and sale by Motorola Teleprograms], c1978

CHAPTER 9. PERIODICALS AND NEWS ON CHILD ABUSE

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover child abuse.

News Services and Press Releases

One of the simplest ways of tracking press releases on child abuse is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type “child abuse” (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters’ Medical News and Health eLine databases can be very useful in exploring news archives relating to child abuse. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by “child abuse” (or synonyms). The following was recently listed in this archive for child abuse:

- **Head injuries may go undetected in abused children**
 Source: Reuters Health eLine
 Date: June 06, 2003
<http://www.reutershealth.com/archive/2003/06/06/eline/links/20030606elin011.htm>
 1

- **Helping parents problem-solve reduces child abuse**
Source: Reuters Health eLine
Date: October 01, 2002
- **Early child abuse linked to behavioral problems in adolescence**
Source: Reuters Medical News
Date: August 07, 2002
- **Child abuse linked to behavioral problems in teens**
Source: Reuters Health eLine
Date: August 07, 2002
- **US child abuse deaths sharply underestimated: study**
Source: Reuters Health eLine
Date: August 05, 2002
- **Genotype moderates effect of child abuse on adult antisocial behavior**
Source: Reuters Medical News
Date: August 02, 2002
- **Japan reports sharp rise in cases of child abuse**
Source: Reuters Health eLine
Date: July 23, 2002
- **South Africa unable to deal with child abuse**
Source: Reuters Medical News
Date: April 23, 2002
- **S. Africa unable to deal with child abuse: report**
Source: Reuters Health eLine
Date: April 23, 2002
- **Study shows link between child abuse, drugs**
Source: Reuters Health eLine
Date: January 07, 2002
- **'Oliver Twist' a textbook account of child abuse**
Source: Reuters Health eLine
Date: November 23, 2001
- **Computer simulation may help identify child abuse**
Source: Reuters Health eLine
Date: September 14, 2001

- **Some skin injuries may signal child abuse**
Source: Reuters Health eLine
Date: August 07, 2001
- **US child abuse numbers continue to fall: report**
Source: Reuters Health eLine
Date: April 02, 2001
- **Child sexual abuse prevention program targets abusers**
Source: Reuters Medical News
Date: February 08, 2001
- **Child abuse prevention program deemed a success**
Source: Reuters Health eLine
Date: February 08, 2001
- **US child sexual abuse rate dropped since 1992**
Source: Reuters Health eLine
Date: January 31, 2001
- **Child sexual abuse cases declined since 1992**
Source: Reuters Medical News
Date: January 29, 2001
- **Child abuse risk reduced thanks to new program**
Source: Reuters Health eLine
Date: January 25, 2001
- **Past child abuse more common among single moms**
Source: Reuters Health eLine
Date: January 17, 2001
- **UK report disputes child abuse myths**
Source: Reuters Health eLine
Date: November 21, 2000
- **UK report challenges conventional wisdom about child abuse**
Source: Reuters Medical News
Date: November 21, 2000
- **Head trauma from child abuse more common than thought**
Source: Reuters Health eLine
Date: November 03, 2000

- **Shaken baby syndrome more common in UK than previously thought**
Source: Reuters Medical News
Date: November 02, 2000
- **Japan child abuse cases soar over past year**
Source: Reuters Health eLine
Date: November 02, 2000
- **Home visits by nurses may not prevent child abuse**
Source: Reuters Health eLine
Date: September 20, 2000
- **Domestic violence limits the effectiveness of child abuse, neglect prevention**
Source: Reuters Medical News
Date: September 20, 2000
- **Evidence inconsistent for intergenerational continuity of child abuse**
Source: Reuters Medical News
Date: September 05, 2000
- **Intestinal injuries may signal child abuse**
Source: Reuters Health eLine
Date: August 08, 2000
- **Sexually abused children at risk for subsequent problems**
Source: Reuters Medical News
Date: July 28, 2000
- **Child abuse, elder abuse share risk factors**
Source: Reuters Health eLine
Date: May 24, 2000
- **Rates of child abuse and neglect continue to decline for fifth straight year in US**
Source: Reuters Medical News
Date: April 12, 2000
- **US child abuse cases continue to decline**
Source: Reuters Health eLine
Date: April 10, 2000
- **Child abuse injuries often worse than accident injuries**
Source: Reuters Health eLine
Date: January 13, 2000

- **High risk of child abuse said to justify covert video surveillance**
Source: Reuters Medical News
Date: October 06, 1999
- **Blood in lungs may be sign of child abuse**
Source: Reuters Health eLine
Date: August 17, 1999
- **Deaths due to child abuse may be underreported in US**
Source: Reuters Medical News
Date: August 04, 1999
- **Child abuse deaths underreported**
Source: Reuters Health eLine
Date: August 03, 1999
- **Abused children at risk of personality disorder in adulthood**
Source: Reuters Medical News
Date: July 15, 1999
- **One in three child abuse head injuries missed**
Source: Reuters Health eLine
Date: February 16, 1999
- **Doctors miss some child abuse cases**
Source: Reuters Health eLine
Date: December 04, 1998
- **Risk factors for infanticide similar to predictors of nonfatal child abuse**
Source: Reuters Medical News
Date: October 22, 1998
- **Brain helps in child abuse recovery**
Source: Reuters Health eLine
Date: July 10, 1998
- **Halting domestic violence stops child abuse**
Source: Reuters Health eLine
Date: June 24, 1998
- **\$30 billion annual cost attributed to child abuse and neglect in US**
Source: Reuters Medical News
Date: June 05, 1998

- **Use of covert video surveillance to detect child abuse debated in Britain**
Source: Reuters Medical News
Date: May 22, 1998
- **Spotting Shaken Baby Syndrome**
Source: Reuters Health eLine
Date: March 30, 1998
- **Severe Child Abuse Linked To Dissociative Identity Disorder**
Source: Reuters Medical News
Date: January 05, 1998
- **Covert Video Recording Uncovers Intentional Child Abuse**
Source: Reuters Medical News
Date: November 04, 1997
- **Using Video to Stop Child Abuse**
Source: Reuters Health eLine
Date: November 03, 1997

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at http://www.nlm.nih.gov/medlineplus/alphanews_a.html. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "child abuse" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "child abuse" (or synonyms). If you know the name of a company that is relevant to child abuse, you can go to any stock trading Web site (such as <http://www.etrade.com/>) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "child abuse" (or synonyms).

Newsletters on Child Abuse

Find newsletters on child abuse using the Combined Health Information Database (CHID). You will need to use the "Detailed Search" option. To access CHID, go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. Limit your search to "Newsletter" and "child abuse." Go to the bottom of the search page where "You may refine your search by." Select the dates and language that you prefer. For the format option, select "Newsletter." Type "child abuse" (or synonyms) into the "For these words:" box. The following list was generated using the options described above:

- **Interchange: Working Together to Promote Health**

Source: Austin, TX, Texas Department of Health, Public Health Promotion Division.

Contact: Texas Department of Health, 1100 West 49th Street, Austin, TX 78756. (512) 458-7405.

Summary: The Interchange: Working Together to Promote Health is a health education-health promotion newsletter produced by the Public Health Promotion Division of the Texas Department of Health since 1984. Published quarterly, The Interchange targets individuals involved in health promotion activities in communities, worksites, clinics, and schools in both the public and private sectors. The Interchange facilitates networking between varied disciplines and provides for the exchange of innovative program ideas and initiatives. Health topics addressed in The Interchange include heart disease, cancer prevention, safety, nutrition, **child abuse**, and health promotion initiatives. A quarterly calendar of events highlighting health-related activities throughout Texas and a resource update describing new services and materials available are regular features of The Interchange.

- **A young mother's guide to pregnancy and parenting**

Source: Prospect, KY: Care Comm. 1994. 19 pp.

Contact: Available from Mary Anne Arnold, Care Comm, 2901 Wayzata Boulevard, Minneapolis, MN 554052. Telephone: (502) 228-4650 or (800) 328-4650 / fax: (502) 228-2187 / e-mail: Care C I@aol.com. Contact publisher for cost information.

Summary: This newsletter lets pregnant adolescent girls know what they can expect during pregnancy, labor, and delivery. It also lets them learn about prenatal health and how to best care for themselves before delivery. Newborn care basics and parenting skills that help prevent **child abuse** and neglect after birth are also mentioned in the newsletter.

- **The Review**

Source: Jefferson City, MO: Missouri Department of Social Services. 1992-.

Contact: Available from Missouri Department of Social Services, State Technical Assistance Team, P.O. Box 88, Jefferson City, MO 65103-0088. (573) 751-5980, (800) 487-1626, (573) 751-1479 (Fax), dssstat@mail.state.mo.us (E-mail), <http://www.state.mo.us/dss/stat/stathml> (Web site).

Summary: This newsletter is devoted to sudden, unexplained fatalities in children. Articles discuss topics of concern to persons who investigate child deaths, including deaths due to sudden infant death syndrome (SIDS); the distinction between **child abuse** deaths and SIDS; and other unexplained child fatalities. The newsletter was developed specifically for Missouri Child Fatality Review Panels.

- **Clearinghouse network**

Source: Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. 1993-. frequency unknown.

Contact: Available from National Clearinghouse on Child Abuse and Neglect Information, 330 C Street, S.W., Washington, DC 20447. Telephone: (703) 385-7565 or (800) FYI-3366 / fax: (703) 385-3206 / e-mail: nccanch@calib.com / Web site: <http://www.calib.com/nccanch>.

Summary: This is the newsletter of the Clearinghouse on **child abuse** and Neglect Information, containing information related to Clearinghouse activities and other matters of interest to professionals in the child maltreatment field.

Academic Periodicals covering Child Abuse

Numerous periodicals are currently indexed within the National Library of Medicine's PubMed database that are known to publish articles relating to child abuse. In addition to these sources, you can search for articles covering child abuse that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to <http://www.ncbi.nlm.nih.gov/pubmed>, type the name of the periodical into the search box, and click "Go."

If you want complete details about the historical contents of a journal, you can also visit the following Web site: <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At <http://locatorplus.gov/>, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button "Search LOCATORplus." Then type in the name of the journal and select the advanced search option "Journal Title Search."

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute¹³:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

¹³ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.¹⁴ Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:¹⁵

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html>
- **NLM Online Exhibitions:** Describes “Exhibitions in the History of Medicine”: <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- **Cancer Information:** Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

¹⁴ Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

¹⁵ See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:
http://www.nlm.nih.gov/research/visible/visible_human.html

The Combined Health Information Database

A comprehensive source of information on clinical guidelines written for professionals is the Combined Health Information Database. You will need to limit your search to one of the following: Brochure/Pamphlet, Fact Sheet, or Information Package, and "child abuse" using the "Detailed Search" option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For the publication date, select "All Years." Select your preferred language and the format option "Fact Sheet." Type "child abuse" (or synonyms) into the "For these words:" box. The following is a sample result:

- **Child Abuse Prevention Month, August 1991**

Source: Austin, TX, Texas Department of Health, Public Health Promotion, 16-page report, 14-page informational booklet, four 3-fold brochures, 8-page fact sheet, 1991.

Contact: Texas Department of Health, Public Health Promotion, 1100 West 49th Street, Austin, TX 78756. (512) 458-7405.

Summary: Child Abuse Prevention Month is the August 1991 topic for the Texas Pharmaceutical Association and the Texas Department of Health Joint Health Promotion Project. This information package contains materials on the prevention and treatment of child abuse. Background information, fact sheets, newsletters, annual reports, contact cards, and pamphlets are included in this package from Parent's Anonymous of Texas Inc., the Texas Court Appointed Special Advocate (CASA), and the Children's Trust Fund of Texas.

- **Child abuse prevention: New partnerships for protecting children and supporting families**

Source: Madison, WI: Policy Institute for Family Impact Seminars. 1997. 55 pp.

Contact: Available from Karen Bogenschneider, Director, Policy Institute for Family Impact Seminars, University of Wisconsin, Madison, 120 Human Ecology, 1300 Linden Drive, Madison, WI 53706. \$15.00, including shipping.

Summary: This report is designed to provide an overview of child abuse prevention research and program and policy strategies. Parts I and II discuss how child abuse and neglect are defined and measured, what the incidence rates and trends are, and what has been learned about the causes of child maltreatment. Part III defines the scope of preventive services and some promising models, including several home visiting programs that have demonstrated promising results. Parts IV and V describe the federal role in prevention and state and local efforts that are pointing towards a new vision of prevention and child protection. Part VI describes community partnerships between public and private funders.

- **Diagnostic imaging and child abuse: Technologies, practices, and guidelines**

Source: Washington, DC: MTPPI Press. 1996. 103 pp.

Contact: Available from National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. Telephone: (703) 356-1964 or (888) 434-4MCH / fax: (703) 821-2098 / e-mail: nmchc@circsol.com / Web site: <http://www.nmchc.org>. Available at no charge.

Summary: This book reviews the literature on the use of imaging technology, from simple photography to the most complex digitally-generated images, in the protection of children. The review discusses the scope and ramifications of the problem, then presents the current consensus about imaging in child abuse, and raises questions about the costs and benefits, its future use, and the need for research. It also discusses barriers to applying this technology to the field of child protection.

- **A nation's shame: Fatal child abuse and neglect in the United States**

Source: Washington, DC: U.S. Advisory Board on Child Abuse and Neglect; For sale by the U.S. Government Printing Office. 1995. 248 pp.

Contact: Available from Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954. Telephone: (202) 512-1991 for public information (D.C. office) or (202) 512-1800 for ordering and publication information (D.C. office) / fax: (202) 512-1293 (public information); (202) 512-2250 (ordering) / Web site: <http://www.access.gpo.gov>. \$19.00; prepayment required.

Summary: This report assesses the current state of fatal child abuse and neglect, evaluates current programs addressing the problem, and recommends strategies for improving those programs and services in the future. The report describes the mission and composition of the U.S. Advisory Board on Child Abuse and Neglect; provides an executive summary; defines the scope and nature of fatal abuse and neglect; considers factors affecting case investigation and prosecution; discusses the need for a national system of child death review teams; and considers future services, interventions, and prevention strategies. Appendices include a review of child fatality research and literature, and contact information for child death review teams.

- **Final report of the Child Abuse Prevention Project**

Source: [Jefferson City, MO]: Association of State and Territorial Dental Directors. 1995. ca. 100 pp., 60 slides.

Contact: Available from Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802 / fax: (703) 524- 9335 / e-mail: info@ncemch.org / Web site: <http://www.ncemch.org>. Available for loan.

Summary: This final report of the Association of State and Territorial Dental Directors' Child Abuse Prevention Project summarizes the activities of the project during its 12-month term. The report includes a synopsis of state laws concerning the reporting of child abuse and neglect (including those states in which dentists qualify as mandated reporters). The report includes a sample survey and the survey results on the role of dentists in reporting child abuse. The report also contains materials related to the group Prevent Abuse and Neglect through Dental Awareness (PANDA) and efforts to build PANDA coalitions. Materials include a slide set, samples of the Paw Prints newsletter sent to coalition members, documentation of the formation of PANDA coalitions in

various states, a reading list, and articles on dentistry's role in preventing child abuse and neglect. [Funded by the Maternal and Child Health Bureau].

- **Responding to child abuse and neglect: A continuing challenge**

Source: Pittsburgh, PA: Public Health Social Work Training Program, University of Pittsburgh. 1994. 27 pp.

Contact: Available from Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802 / fax: (703) 524- 9335 / e-mail: info@ncemch.org / Web site: <http://www.ncemch.org>. Available for loan.

Summary: This document provides information and guidance for professionals in maternal and child health programs to give them an expanded perspective for responding to the issues of child abuse and neglect. It reaffirms the importance of prevention through legislation, policy initiatives, education, and early intervention, and emphasizes the roles and responsibilities of the professional in assuring the system's continued effectiveness. It was prepared for the Maternal and Child Health Bureau, U.S. Department of Health and Human Services, and updates a previous publication from 1985.

- **Community based approaches to child abuse prevention: Nine projects funded by the National Center on Child Abuse and Neglect (NCCAN)**

Source: Washington, DC: National Resource Center on Child Abuse and Neglect. [1994]. 14 pp.

Contact: Available from National Resource Center on Child Abuse and Neglect, P.O. Box 1182, Washington, DC 20013-1182. Telephone: (800) 394-3366. \$7.00 (refer to NRCCAN 2010047). (NRCCAN 2010047).

Summary: This briefing describes the programs of nine community based child abuse prevention projects funded by the National Resource Center on Child Abuse and Neglect. The projects, located in Columbus, Ohio; Boston, Massachusetts; Chicago, Illinois; Puerto Rico; Chemung County, New York; Maine; Philadelphia, Pennsylvania; Fairfax County, Virginia; and Pittsburgh, Pennsylvania, stress parenting education and support services for parents. Brief discussions of community and grantee characteristics, program component priorities, and community organization strategies are included in the report.

- **Joint investigations of child abuse: Report of a symposium**

Source: Washington, DC: Office of Justice Programs, U.S. Department of Justice. 1993. 29 pp.

Contact: Available from National Institute of Justice, 810 Seventh Street, N.W., Washington, DC 20531. Telephone: (202) 307-2942 / fax: (202) 307-6394 / Web site: <http://www.ojp.usdoj.gov>. Available at no charge.

Summary: This booklet reports on a symposium which looked at the issue of interagency cooperation and joint investigations in suspected cases of child abuse. Symposium participants discussed current practice in various jurisdictions, the components of a coordinated system, barriers to cooperation, and solutions already available to improve cooperation. The report closes with recommendations for future

action. The symposium agenda, the list of participants, and lists of states with laws mandating or encouraging interagency cooperation are appended.

- **Who's in the shadows: Child abuse and neglect in the metropolitan Washington region**

Source: Washington, DC: Metropolitan Washington Council of Governments. 1993. 62 pp.

Contact: Available from Information Center, Metropolitan Washington Council of Governments, 777 North Capitol Street, N.E., Suite 300, Washington, DC 20002-4226. Telephone: (202) 962-3256 / Web site: <http://www.mwcog.org>. \$20.00, make check payable to Metropolitan Washington Council of Governments.

Summary: This report provides statistical and causal information about child abuse and neglect in the metropolitan Washington region. It highlights areas in need of attention and makes recommendations for improvement with respect to treatment, staffing, information, and prevention. Included in the report are data on the problem of child abuse and neglect on the national, state (Maryland, District of Columbia, and Virginia), and local level.

- **Child abuse: Prevention programs need greater emphasis**

Source: Washington, DC: U.S. General Accounting Office. 1992. 83 pp.

Contact: Available from U.S. General Accounting Office, P.O. Box 37050, Washington, DC 20013. Telephone: (202) 512-6806 or (202) 512-2537 TDD / fax: (202) 512-2837 / e-mail: info@www.gao.gov / Web site: <http://www.gao.gov>. First copy available at no charge; additional copies \$2.00; prepayment required; make check or money order to Superintendent of Documents; bulk discounts available.

Summary: This report, prepared by General Accounting Office (GAO) at the request of Sen. Carl M. Levin, Subcommittee on Oversight of Government Management, Senate Committee on Governmental Affairs, reviews a variety of child abuse prevention programs, their effectiveness and describes funding or other obstacles to wider implementation. GAO studied primary prevention programs in 8 states considered to be the leaders in the field: California, Florida, Hawaii, Illinois, Michigan, New York, Oregon, and Washington. GAO visited 27 program sites, interviewed officials from 7 others that pulled in four additional states: Maryland, Colorado, Mississippi, and Oklahoma. Some of the programs visited are summarized. In-depth discussion of programs in Hawaii and Elmira, New York is presented in the appendices, as is a list of all programs contacted by GAO. GAO found that federal funding for prevention is most often via short term grants, and only one state had its own statewide prevention program. The report compares this status to the federal costs paid for assistance to children after the abuse has occurred. The GAO recommendations and the U.S. Department of Health and Human Services response are presented.

- **The Austin challenge: The crisis of child abuse in our town**

Source: Austin, TX: Austin Health and Human Services Department. 1992. 72 pp.

Contact: Available from Austin Health and Human Services Department, 327 Congress Avenue, Suite 500, Austin, TX 78702.

Summary: This report presents information about child abuse to influence decision-makers and the general public to address public policy and funding patterns,

particularly in Austin, Texas. The first section discusses the extent of the problem in terms of numbers of victims and damage to the victims; the nature of abusive situations; the lack of treatment for the victims; and the documented failure of our child protection systems to cope with the rapidly escalating problems. The second section describes the relationships between child abuse and other serious human problems. The third section discusses financial consequences of child abuse and neglect.

- **Children's justice act grant program: A report to Congress on state programs for the investigation and prosecution of child abuse and neglect**

Source: Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. 1992. 139 pp.

Contact: Available from National Clearinghouse on Child Abuse and Neglect Information, 330 C Street, S.W., Washington, DC 20447. Telephone: (703) 385-7565 or (800) FYI-3366 / fax: (703) 385-3206 / e-mail: nccanch@calib.com / Web site: <http://www.calib.com/nccanch>. Available at no charge.

Summary: This report provides of an overview of the state-based programs funded by the Children's Justice Act Grants. These programs were designed to improve approaches to the investigation and prosecution of child abuse cases, particularly those in which sexual abuse is a factor. Key program accomplishments and initiatives as well as a summary of findings and conclusions are presented. Examples of areas highlighted in the report where improvement was shown include training, establishment of child advocacy centers, development of multidisciplinary teams, legal process simplification, and research and evaluation. The report also includes initiatives that have addressed sentencing laws as well as indirect testimony admission procedures. The report explores the various methods states have used to meet eligibility requirements, as well as methods to implement the goals of the Children's Justice Act. The appendices include a copy of the legislation authorizing the Children's Act Grant Program, program instructions, recipients of grant monies in FY 1988, and a sample report from one of the state multidisciplinary task forces.

- **Child abuse and neglect fatalities: Federal and state issues and responses**

Source: Washington, DC: Congressional Research Service, Library of Congress. 1992. 18 pp.

Contact: Available from Library of Congress, Congressional Research Service, 101 Independence Avenue, S.E., Washington, DC 20540. Telephone: (202) 707-5700 / fax: (202) 707-3097 / e-mail: MFord@CRS.LOC.GOV.

Summary: This report examines the problem of child fatalities caused by parental or caretaker abuse or neglect. The intended audience of the report is the United States Congress. Trends in these deaths, issues in identifying the fatalities, and the federal role in child abuse prevention and treatment are covered. Three major sections describe state and local child fatality review teams, confidentiality of records, and the federal response to these fatalities. A bibliography concludes the report.

- **Child Sexual Abuse and HIV/AIDS: Health and Social Needs Assessment; Final Report**

Contact: Wakefield Healthcare, White Rose House, West Parade. Barnardos, Yorkshire & Humberside Division, St. James's Project, 67 Bayswater Grove, Leeds.

Summary: This final report examines and explores the health and social needs of children who have been sexually abused in relation to HIV, and identifies services available to them, as well as unmet needs. It discusses the health and social needs of professionals and caregivers working with these children and disseminates these findings to organizations as a means of increasing awareness of the issue. The report consists of sections containing information from a review of the literature, individual and group interviews with workers involved in the fields of HIV and/or child sexual abuse, and information provided by survivors of child sexual abuse.

The NLM Gateway¹⁶

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.¹⁷ To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "child abuse" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	15605
Books / Periodicals / Audio Visual	1692
Consumer Health	168
Meeting Abstracts	96
Other Collections	58
Total	17619

HSTAT¹⁸

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹⁹ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.²⁰ Simply search by "child abuse" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

¹⁶ Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

¹⁷ The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

¹⁸ Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

¹⁹ The HSTAT URL is <http://hstat.nlm.nih.gov/>.

²⁰ Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists²¹

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.²² Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.²³ This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeekbreak/>.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

²¹ Adapted from <http://www.ncbi.nlm.nih.gov/Coffeekbreak/Archive/FAQ.html>.

²² The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

²³ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on child abuse can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to child abuse. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to child abuse. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “child abuse”:

- Other Guides

- Adoption**

- <http://www.nlm.nih.gov/medlineplus/adoption.html>

- Birth Defects**

- <http://www.nlm.nih.gov/medlineplus/birthdefects.html>

- Child Abuse**

- <http://www.nlm.nih.gov/medlineplus/childabuse.html>

- Child Behavior Disorders**

- <http://www.nlm.nih.gov/medlineplus/childbehaviordisorders.html>

- Child Day Care**

- <http://www.nlm.nih.gov/medlineplus/childdaycare.html>

- Child Mental Health**

- <http://www.nlm.nih.gov/medlineplus/childmentalhealth.html>

- Child Safety**

- <http://www.nlm.nih.gov/medlineplus/childsafety.html>

- Domestic Violence**

- <http://www.nlm.nih.gov/medlineplus/domesticviolence.html>

- Down Syndrome**

- <http://www.nlm.nih.gov/medlineplus/downsyndrome.html>

- Family Issues**

- <http://www.nlm.nih.gov/medlineplus/familyissues.html>

- Head and Brain Injuries**

- <http://www.nlm.nih.gov/medlineplus/headandbraininjuries.html>

- Motor Vehicle Safety**

- <http://www.nlm.nih.gov/medlineplus/motorvehiclesafety.html>

- Sudden Infant Death Syndrome**

- <http://www.nlm.nih.gov/medlineplus/suddeninfantdeathsyndrome.html>

Within the health topic page dedicated to child abuse, the following was listed:

- General/Overviews

- Child Abuse and Neglect**

- Source: American Academy of Pediatrics

- http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZ3S3DRUDC&sub_cat=355

- Child Maltreatment**

- Source: National Center for Injury Prevention and Control

- <http://www.cdc.gov/ncipc/factsheets/cmfacts.htm>

- JAMA Patient Page: Protecting Our Children from Child Abuse**

- Source: American Medical Association

- http://www.medem.com/medlb/article_detailb.cfm?article_ID=ZZZDPBQXMAC&sub_cat=355

- **Diagnosis/Symptoms**
 - **Recognizing Child Abuse: What Parents Should Know**
http://www.preventchildabuse.org/learn_more/parents/recognizing_abuse.pdf
 - **Recognizing Signs of Child Abuse**
Source: Nemours Foundation
http://kidshealth.org/parent/positive/family/signs_child_abuse.html
- **Treatment**
 - **Going to a Psychologist, Psychiatrist, or Therapist**
Source: Nemours Foundation
http://kidshealth.org/kid/feeling/emotion/going_to_therapist.html
- **Specific Conditions/Aspects**
 - **Adult Manifestations of Childhood Sexual Abuse**
Source: American College of Obstetricians and Gynecologists
http://www.medem.com/medlb/article_detailb.cfm?article_ID=ZZZMXNDEKEC&sub_cat=351
 - **Child Fatalities**
Source: National Clearinghouse on Child Abuse and Neglect Information
<http://www.calib.com/nccanch/pubs/factsheets/fatality.cfm>
 - **Osteogenesis Imperfecta Issues: Child Abuse**
Source: Osteogenesis Imperfecta Foundation
<http://www.oif.org/site/PageServer?pagename=ChildAbuse>
 - **Parenting the Sexually Abused Child**
Source: National Adoption Information Clearinghouse
http://www.calib.com/naic/pubs/f_abused.cfm
 - **Responding to a Disclosure of Child Abuse**
Source: National Network for Child Care
http://www.nncc.org/Abuse/rspond_disclos.html
 - **Sexual Abuse: What Is Child Sexual Abuse?**
Source: American Academy of Pediatrics
http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZ1LW3YA7C&sub_cat=348
 - **Shaken Baby Syndrome**
http://www.ninds.nih.gov/health_and_medical/disorders/shakenbaby.htm
 - **Some More Things You Should Know about Physical and Emotional Child Abuse**
Source: American Academy of Pediatrics
<http://www.aap.org/advocacy/childhealthmonth/abuse2.htm>
 - **Talking to Your Child about Sexual Abuse**
Source: Nemours Foundation
http://kidshealth.org/parent/positive/talk/sexual_abuse.html

- Children

- **How to Handle Abuse**

- Source: Nemours Foundation

- http://kidshealth.org/kid/feeling/emotion/handle_abuse.html

- **Tips for Kids: What to Do about Abuse or Neglect**

- Source: Prevent Child Abuse America

- http://www.preventchildabuse.org/learn_more/cap_2000/kid_tips.pdf

- Law and Policy

- **About the Federal Child Abuse Prevention and Treatment Act**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/pubs/factsheets/about.cfm>

- **Frequently Asked Questions on Child Abuse and Neglect**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/faq.cfm>

- **Permanency Planning: Termination of Parental Rights**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/statutes/stats02/termin/index.cfm>

- **Reporting Laws: Immunity for Reporters**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/statutes/stats02/immun.cfm>

- **Reporting Laws: Reporting Procedures**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/statutes/stats02/report/index.cfm>

- **Reporting Laws: Special Reporting Procedures: Drug-Exposed Infants**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/statutes/stats02/druginf.cfm>

- **Reporting Laws: Special Reporting Procedures: Suspicious Deaths**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/statutes/stats02/susdeath.cfm>

- **What Is Child Maltreatment?**

- Source: National Clearinghouse on Child Abuse and Neglect Information

- <http://www.calib.com/nccanch/pubs/factsheets/childmal.cfm>

- Organizations

- **American Academy of Child and Adolescent Psychiatry**

- <http://www.aacap.org/>

- **American Academy of Pediatrics**

- <http://www.aap.org/>

- **National Clearinghouse on Child Abuse and Neglect Information**

- <http://www.calib.com/nccanch/>

- Prevention/Screening
 - Building Gateways to Prevention in Your Community**
Source: National Clearinghouse on Child Abuse and Neglect Information
<http://www.calib.com/nccanch/prevention/individuals/build.cfm>
 - How to Start a Child Abuse Prevention Program in Your Community**
Source: National Clearinghouse on Child Abuse and Neglect Information
<http://www.calib.com/nccanch/pubs/prevenres/prevprog.cfm>
 - Sexual Abuse Prevention**
Source: American Academy of Pediatrics
http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZ7PP1YA7C&sub_cat=355
 - What Is Child Abuse Prevention?**
Source: National Clearinghouse on Child Abuse and Neglect Information
<http://www.calib.com/nccanch/prevention/overview/prevention.cfm>

- Research
 - Childhood Sex Abuse Increases Risk for Drug Dependence in Adult Women**
Source: National Institute on Drug Abuse
http://www.nida.nih.gov/NIDA_Notes/NNVol17N1/Childhood.html
 - NICHD Researchers Improve Techniques for Interviewing Child Abuse Victims**
Source: National Institute of Child Health and Human Development
<http://www.nichd.nih.gov/new/releases/interviewing.cfm>
 - Understanding the Effects of Maltreatment on Early Brain Development**
Source: National Clearinghouse on Child Abuse and Neglect Information
<http://www.calib.com/nccanch/pubs/focus/earlybrain.cfm>

- Statistics
 - Child Maltreatment 2001: Summary of Key Findings**
Source: National Clearinghouse on Child Abuse and Neglect Information
<http://www.calib.com/nccanch/pubs/factsheets/canstats.cfm>
 - Homicide Risk Among Infants**
Source: Centers for Disease Control and Prevention
<http://www.cdc.gov/od/oc/media/pressrel/fs020308.htm>
 - Perpetrators by Relationship to Child Victims SDC 1998**
Source: Administration for Children and Families
<http://www.acf.dhhs.gov/news/stats/perps.htm>

- Teenagers
 - Abuse**
Source: Nemours Foundation
http://kidshealth.org/teen/your_mind/families/family_abuse.html

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the

exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on child abuse. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is <http://chid.nih.gov/>. To search this database, go to <http://chid.nih.gov/detail/detail.html>. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Detecting and reporting child abuse: Guidelines to determine symptoms of abuse and neglect**

Source: Phoenix, AZ: Office of Oral Health, Arizona Department of Health Services. [1997]. 4 pp.

Contact: Available from Laurie Harig, RDH, Arizona Department of Health Services, Office of Oral Health, State Health Building, Room 10, 1740 West Adams, Phoenix, AZ 85007. Telephone: (602) 542-1866 / fax: (602) 542-2936. Available at no charge.

Summary: This brochure provides a checklist and color photographs of possible general and intraoral signs of child abuse and neglect that might be observed by oral health professionals. Instructions on reporting suspected neglect and abuse are also provided, including information to have available when making such a report and information to be placed in the patients record.

- **Consortium of clearinghouses on child abuse and neglect**

Source: Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. 1994. 16 pp.

Contact: Available from National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. Telephone: (703) 356-1964 or (888) 434-4MCH / fax: (703) 821-2098 / e-mail: nmchc@circsol.com / Web site: <http://www.nmchc.org>. Available at no charge.

Summary: This brochure lists 15 federal information clearinghouses and resource centers that address issues of child abuse and neglect from differing disciplines and perspectives. A brief description of each clearinghouse includes its address and phone numbers, its services, its fees, its primary users, and its sponsor. The subject areas of the clearinghouses include abuse and neglect, adoption, alcohol and drug information, infants and children with special needs, juvenile justice, maternal and child health, military families, missing and exploited children, perinatal abuse, runaway and homeless youth, victims of crime, work and family, and Sudden Infant Death Syndrome (SIDS).

- **Gateways to prevention: What everyone can do to prevent child abuse**

Source: Washington, DC: U.S. Office on Child Abuse and Neglect, and Chicago, IL: Prevent Child Abuse America. 2003. 62 pp., 1 poster (17 x 22 inches).

Contact: Available from Prevent Child Abuse America, 200 South Michigan Avenue, 17th Floor, Chicago, IL 60604-2404. Telephone: (312) 663-3520 / fax: (312) 939-8962 / e-mail: mailbox@preventchildabuse.org / Web site: <http://www.preventchildabuse.org>. Contact for cost information.

Summary: This folder provides information and reproducible handouts intended to help communities promote child abuse prevention programs and support families. Topics include an overview of child abuse prevention and suggestions for what organizations and families can do to prevent child abuse. A resource directory of national organizations that provide information, training, and technical assistance is included. An evaluation form and awareness poster are also provided.

- **OI Issues: Child Abuse**

Source: Gaithersburg, MD: Osteogenesis Imperfecta Foundation (OIF). 1997. 2 p.

Contact: Available from Osteogenesis Imperfecta Foundation. 804 West Diamond Avenue, Suite 210, Gaithersburg, MD 20878. (800) 981-2663 or (301) 947-0083. Fax (301) 947-0456. Website: www.oif.org. PRICE: Single copy free.

Summary: This fact sheet intended for parents of children with osteogenesis imperfecta (OI), focuses on the issue of child abuse. False accusations of child abuse may occur in families with children who have milder forms of OI or those in whom OI has not yet been diagnosed. The fact sheet identifies the types of fractures that typically occur in both child abuse and OI. In addition, it provides advice for parents who have been accused of child abuse, including securing the services of a family law attorney as soon as charges are brought, seeking the best possible medical diagnosis, consulting with a geneticist familiar with OI, and avoiding changing the hospital or physicians providing medical services to the child. Other suggestions include keeping the case worker up-to-date on what is happening, requesting that a child who is removed from the home be taken to the home of a grandparent or other relative, and insisting that the charges be removed from all records once the problem is resolved.

- **Child abuse and neglect fact sheet**

Source: Washington, DC: National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. ca. 1991. 1 p.

Contact: Available from National Clearinghouse on Child Abuse and Neglect Information, 330 C Street, S.W., Washington, DC 20447. Telephone: (703) 385-7565 or (800) FYI-3366 / fax: (703) 385-3206 / e-mail: nccanch@calib.com / Web site: <http://www.calib.com/nccanch>. Available at no charge.

Summary: This fact sheet provides a brief overview of child abuse and neglect. It addresses causal factors for abuse as well as some long term effects of childhood abuse.

- **Diagnostic and treatment guidelines on child sexual abuse**

Source: Chicago, IL: American Medical Association. 1992. 26 pp.

Contact: Available from Jean Owens, American Medical Association, Department of Mental Health, 515 North State Street, Chicago, IL 60610. Telephone: (312) 464-5066.

Single copies available at no charge to members of the National Coalition of Physicians Against Family Violence. Contact Jane Owens for membership information.

Summary: This booklet produced for health care providers is one in a four-part set of guidelines on violence. It addresses the problem of child sexual abuse and covers facts about child sexual abuse, ethical considerations, presentation in the clinical setting, behavioral findings, interviewing process, physical examination, documentation, reporting requirements, obtaining an order of temporary custody, testimony, risk management, and trends in treatment and prevention. A list of state reporting agencies is also included.

- **Child sexual abuse: What it is and what you can do about it: Guidelines for parents**

Source: Elk Grove Village, IL: American Academy of Pediatrics. 1990. 2 p.

Contact: Available from Publications Department, American Academy of Pediatrics, 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, IL 60009-0927. Telephone: (847) 228-5005 or (800) 433-9016 / fax: (847) 228-5097 / e-mail: ksanabria@aap.org / Web site: <http://www.aap.org>. \$22.50 for 100 copies, (members; \$27.50, nonmembers. Minimum order: 100 copies.

Summary: This brochure discusses what sexual abuse is, how to know if it is happening to the child, what to do about it, and what parents can do to prevent it.

- **Child Sexual Abuse II: A Risk Factor for HIV/STDs and Teen Pregnancy**

Contact: Advocates for Youth, 1025 Vermont Ave NW Ste 200, Washington, DC, 20005, (202) 347-5700, <http://www.advocatesforyouth.org>.

Summary: The focus of this fact sheet is child sexual abuse as a risk factor for the transmission of HIV and other sexually transmitted diseases (STDs). It emphasizes that while still under-reported, child sexual abuse is widespread in the United States. Prevention programs using skills-based approaches need to recognize that abuse survivors have difficulty making choices to prevent negative sexual outcomes, since they often feel powerless. The authors urge including sexual abuse prevention in any adolescent sexual health program.

- **Child Sexual Abuse I, An Overview**

Contact: Advocates for Youth, 1025 Vermont Ave NW Ste 200, Washington, DC, 20005, (202) 347-5700, <http://www.advocatesforyouth.org>.

Summary: This fact sheet reviews statistics on child sexual abuse. It states that child sexual abuse is underreported, that children and adolescents who have been sexually victimized are at increased risk for HIV infection and unplanned pregnancy, and that sexual abuse prevention is a necessary component of any program promoting adolescent reproductive and sexual health. The sheet provides the American Medical Association definition of child sexual abuse, examples of acts of child abuse, demographic information, and statistical data on child sexual abuse. It identifies characteristics of teens most likely to be at risk for sexual victimization. They include those who have: few friends, absent parents, conflict with or between parents, physical or mental disability, alcohol and/or substance abuse, a parent who was sexually abused as a child, and homes with transient adults. The sheet discloses that child sexual abuse survivors experience negative repercussions which affect healthy psychological, social, and behavioral development.

- **Shaken baby syndrome**

Source: Tallahassee, FL: Florida Department of Health and Rehabilitative Services. 1991. 2 pp.

Contact: Available from Jennie Hefelfinger, Florida Department of Health and Rehabilitative Services, Health Promotion and Education, Building 2- HSDH, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700. Telephone: (904) 487-2542 / fax: (904) 488-3480. Available at no charge. May be photocopied.

Summary: This brochure provides simple information on Shaken Baby Syndrome, its causes and complications, and provides some stress management and stress reduction techniques. The brochure has been pilot tested with public health clinic clients and has been distributed in Florida through counseling, clinics, and other community distribution.

The National Guideline Clearinghouse™

The National Guideline Clearinghouse™ offers hundreds of evidence-based clinical practice guidelines published in the United States and other countries. You can search this site located at <http://www.guideline.gov/> by using the keyword “child abuse” (or synonyms). The following was recently posted:

- **(1) Distinguishing sudden infant death syndrome from child abuse fatalities; (2) Distinguishing sudden infant death syndrome from child abuse fatalities (Addendum)**

Source: American Academy of Pediatrics - Medical Specialty Society; 2001 February (addendum published 2001 Sep); 5 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=2763&nr=1989&string=child+AND+abuse

- **Preventive health care, 2000 update: prevention of child maltreatment**

Source: Canadian Task Force on Preventive Health Care - National Government Agency [Non-U.S.]; 1993 (updated 2000); 8 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=2701&nr=1927&string=child+AND+abuse

- **Substance abuse treatment for persons with child abuse and neglect issues**

Source: Substance Abuse and Mental Health Services Administration (U.S.) - Federal Government Agency [U.S.]; 2000; Various pagings

http://www.guideline.gov/summary/summary.aspx?doc_id=2543&nr=1769&string=child+AND+abuse

- **When inflicted skin injuries constitute child abuse**

Source: American Academy of Pediatrics - Medical Specialty Society; 2002 September; 2 pages

http://www.guideline.gov/summary/summary.aspx?doc_id=3453&nbr=2679&string=child+AND+abuse

Healthfinder™

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at <http://www.healthfinder.gov>. Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **Bitter Earth: Child Sexual Abuse in Indian Country**

Summary: Bitter Earth is an educational tool for increasing the awareness of child sexual abuse in Indian Country among community members and non-Indian service providers.

Source: U.S. Department of Justice

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=6843>

- **Calendar and Events - National Clearinghouse on Child Abuse and Neglect Information (NCCAN)**

Summary: This page offers up-to-date listings of upcoming conferences, events, national meetings, and national health observances related to this agency's services and programs.

Source: National Clearinghouse on Child Abuse and Neglect Information, Children's Bureau, Administration for Children and Families

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1907>

- **Child Maltreatment 2001**

Summary: An estimated 903,000 children across the country were victims of abuse or neglect in 2001, according to national data released by the Department of Health and Human Services.

Source: Children's Bureau, Administration for Children and Families

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=7426>

- **FAQ - About Shaken Baby Syndrome (SBS)**

Summary: Answers to commonly asked questions about shaken baby syndrome (SBS) including medical consequences, prevention and ways to get help and additional information related to SBS.

Source: National Center on Shaken Baby Syndrome

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5939>

- **FAQ - On Child Abuse and Neglect**

Summary: To answer the most commonly asked questions on child abuse and neglect, this fact sheet synthesizes information from several federally-supported sources.

Source: National Clearinghouse on Child Abuse and Neglect Information, Children's Bureau, Administration for Children and Families

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2599>

- **Health Topic: Infants and Children Page - Centers for Disease Control and Prevention**

Summary: An index of health and safety topics that are specific to infants and children including childhood diseases, immunization, injuries, developmental disabilities, child abuse, birth defects and more.

Source: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=365>

- **National Clearinghouse on Child Abuse and Neglect Information**

Summary: The National Clearinghouse on Child Abuse and Neglect Information (NCCAN Clearinghouse) offers information on the prevention, identification, and treatment of child abuse and neglect.

Source: Administration for Children and Families, U.S. Department of Health and Human Services

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=281>

- **National Data Archive on Child Abuse and Neglect**

Summary: The primary activity of the Archive is the acquisition, preservation, and dissemination of high quality datasets relevant to the study of child abuse and neglect.

Source: Administration for Children and Families, U.S. Department of Health and Human Services

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=283>

- **National Indian Child Welfare Association Resource Library**

Summary: NICWA's library contains approximately 3,800 entries including some child welfare, child abuse, or neglect information that is culturally relevant and useful to the American Indian population.

Source: National Indian Child Welfare Association

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5573>

- **News and Press Releases - National Clearinghouse on Child Abuse and Neglect Information (NCCAN Clearinghouse)**

Summary: This page provides the latest press releases and announcements from this U.S. Department of Health and Human Services agency.

Source: National Clearinghouse on Child Abuse and Neglect Information, Children's Bureau, Administration for Children and Families

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1513>

- **News and Press Releases - Prevent Child Abuse America**

Summary: Browse this site for current news, reports and releases related to this organization's services.

Source: Prevent Child Abuse America

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=1556>

- **Parenting the Sexually Abused Child**

Summary: This article provides some basic information about child sexual abuse as well as some special considerations for parents who adopt children who have been victims of sexual abuse.

Source: National Adoption Information Clearinghouse, Administration for Children and Families

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=4739>

- **Quiz on Child Abuse**

Summary: Play this word game and get important messages about abuse and what to do if you or a friend are being abused. This page is designed especially for Native American children but can benefit all kids.

Source: Indian Health Service

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5842>

- **The Effects of Child Sexual Abuse On An Adult Survivor**

Summary: This fact sheet discusses the repercussions of child sexual abuse in adulthood. Social, emotional, and parenting problems are among the topics addressed.

Source: Survivors of Incest Anonymous

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=5402>

- **What is Child Maltreatment**

Summary: The information on this web site defines the various forms of abuse that qualify as maltreatment in children. These include sexual abuse, physical abuse, child neglect, and emotional abuse.

Source: National Clearinghouse on Child Abuse and Neglect Information, Children's Bureau, Administration for Children and Families

<http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2598>

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is "crawled" and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to child abuse. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: http://dmz.org/Health/Conditions_and_Diseases/
- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD® Health: http://my.webmd.com/health_topics

Associations and Child Abuse

The following is a list of associations that provide information on and resources relating to child abuse:

- **Ambulatory Pediatric Association**

Telephone: (703) 556-9222 Toll-free:

Fax: (703) 556-8729

Email: info@ambpeds.org

Web Site: <http://www.ambpeds.org/>

Background: The Ambulatory Pediatric Association (APA) is a professional medical association dedicated to improving the teaching of general pediatrics, improving services in general pediatrics, and affecting public and government opinion regarding issues vital to teaching, research, and patient care in general pediatrics. The Association has also developed a web site entitled 'APA Online' that is dedicated to extending the research of the APA to a worldwide audience via the Internet. The Ambulatory Pediatric Association was founded in 1960 and currently consists of approximately 1,500 members. To fulfill its mission and goals, the Association has standing committees on education, research, health care delivery, and public policy and offers a variety of special interest groups on such interests as adolescence, advocacy training, AIDS/HIV, behavioral pediatrics, child abuse, complementary and alternative pediatrics, emergency medicine, injury control, international health, managed care, medical informatics, medical student education, nutrition, pediatrics for family practice, school and community health, and serving the underserved. The Ambulatory Pediatric Association's activities include providing recognition through several awards, such as the APA Health Care Delivery Award, Research Award, Teaching Award, Distinguished Career Award, and International Health Award; offering APA-NET, an electronic bulletin board that enables members to communicate about shared concerns via the Internet; and publishing the 'Journal of the Ambulatory Pediatric Association.' The principal purposes of the Journal are to provide a forum for the publication of general pediatric materials, further define the field of academic general pediatrics, and strengthen the field's research and educational base. The Journal's content areas reflect the general interests of Association members as viewed from the topic areas of the Association's special interest groups, including such diverse topics as emergency medicine, behavioral pediatrics, international pediatrics, abuse, education, day care, holistic medicine, child health services, injury, and the environment. The Journal publishes research studies in primary care, general pediatrics, and child/adolescent health services; systematic reviews of primary care and general pediatric topics; studies and descriptions of educational interventions; educational symposia and methodologic papers; products of the Association's committees, special interest groups, and board; and APA policy statements.

- **ARCH National Respite Network and Resource Center**

Telephone: (919) 490-5577 Toll-free: (800) 473-1727

Fax: (919) 490-4905

Email: edgar@zipcon.net

Web Site: www.archrespite.org

Background: Established in 1991, ARCH National Resource Center for Respite and Crisis Care Services, a not-for-profit consortium of several organizations, is dedicated to providing support to service providers and families through training, technical assistance, evaluation, and research. Respite, temporary relief for caregivers and families, is a service in which care is provided to children with disabilities, with chronic or terminal illnesses, and/or who are at risk of abuse or neglect. Respite can occur in out-of-home and in-home settings for any length of time depending upon family needs and available resources. Crisis nurseries are a form of respite that focus on children who are at risk of abuse or neglect. Respite helps prevent out-of-home placements and possible abuse and neglect situations, preserves the family unit, and supports family stability. The Center's staff offers training, technical assistance, and support materials to state and local agencies to help them develop and maintain effective respite programs.

The Center also conducts surveys of local programs, state level summaries, site visits, and other activities to evaluate and manage current services and improve the system of family support services. In addition, the Center offers informational resources to the public including access to electronic bulletin boards; a national registry of consultants; a database of respite options for families/caregivers; and a lending library of books, journals, and audiovisuals.

Relevant area(s) of interest: Child Abuse, Child Neglect

- **Childhelp USA**

Telephone: (408) 922-8212 Toll-free: (800) 422-4453

Fax: (408) 922-7061

Web Site: <http://www.childhelpusa.org>

Background: Each year, Childhelp USA directly provides help and hope to more than 161,000 children and adults whose lives have been traumatized by child abuse. The organization, which is based in Scottsdale, Arizona, is one of the largest and oldest national nonprofits dedicated to the treatment and prevention of child abuse and neglect. Its programs and services include the Childhelp USA National Child Abuse Hotline 1-800-4-A-CHILD, which serves the United States, its territories, and Canada 24 hours per day, 7 days per week. Established in 1982, the hotline is staffed by professional crisis counselors who, through translators, can provide assistance in 140 languages. Services also include residential treatment facilities for severely abused children and a mobile Children's Advocacy Center, as well as prevention, education, and training programs.

- **National Burn Victim Foundation**

Telephone: (908) 953-9091 Toll-free: (800) 803-5879

Fax: (908) 953-9099

Email: nbvf@intac.com

Web Site: <http://www.nbvf.org>

Background: The National Burn Victim Foundation (NBVF) is a national not-for-profit organization dedicated to providing advocacy services to burn victims and their families free of charge. Established in 1973, the Foundation is committed to assisting in the development of burn centers and rehabilitation programs for burn victims; assisting in medical research to improve the treatment of burns, reduce time spent in the hospital, and reduce associated costs; participating in the development of personnel training programs in burn care; and developing a burn prevention program for the general public. The NBVF also has developed the 'Forensic Burn Unit (FBU)' to investigate and forensically reconstruct how burn injuries have occurred for child protective services cases, medical personnel, law enforcement agencies, etc. In addition, the Foundation has developed a disaster response system; serves as a national resource for burn related information and referrals; and offers professional seminars on several topics including returning to school after burns, burn awareness, disaster support services, and post traumatic stress disorders. The NBVF's educational materials include a variety of brochures and pamphlets including 'Guard Your Child Against Burns,' 'Child Abuse... Think Again,' and 'Our Hopes, Our Mission.'

- **National Healthy Mothers, Healthy Babies**

Telephone: (703) 836-6110

Fax: (703) 836-3470

Email: None.

Web Site: None

Background: National Healthy Mothers, Healthy Babies is a not-for-profit, self-help, service organization dedicated to promoting public awareness and education concerning perinatal health issues, particularly preventive health habits for pregnant women and their families. Established in 1990, this national coalition has over 100 members, representing national voluntary organizations, health professional organizations, and the Federal Government. This service group is organized into several working issue committees: adolescent pregnancy, breast feeding promotion, genetics, immunization, injury/violence prevention, oral health, and substance abuse. National Healthy Mothers, Healthy Babies assists the development of state and local Healthy Mothers, Healthy Babies Coalitions. The organization provides technical assistance and resource materials; develops networks for sharing information among groups concerned about improving the health of mothers and babies; and conducts quarterly membership meetings. It promotes maternal and infant health educational campaigns and conducts biennial national conferences for health care professionals and administrators. Healthy Mothers, Healthy Babies also distributes public and professional educational materials including a quarterly newsletter, brochures, audiovisual aids, posters, and resource lists of additional publications.

- **National Respite Locator Service**

Telephone: (919) 490-5577 Toll-free: (800) 773-5433

Fax: (919) 490-4905

Email: Tcabarga@chtop.org

Web Site: <http://www.respitelocator.org>

Background: The National Respite Locator Service is a national not-for-profit organization dedicated to assisting parents, caregivers, and professionals in finding agencies in their state and local area that provide respite services. Respite is temporary care for a child or adult with a disability or a chronic illness, or for a child who is at risk of abuse and neglect. The National Respite Locator Service was established in 1994.

- **Shaken Baby Alliance**

Telephone: (817) 237-7355 Toll-free: (877) 636-3727

Fax: (817) 238-9632

Email: Barmstrong@shakenbaby.com

Web Site: <Http://www.ShakenBaby.com>

Background: The Shaken Baby Alliance is a voluntary, not-for-profit, service and advocacy organization serving victim family members and professionals concerned about shaken baby syndrome (SBS). This syndrome occurs when a child is shaken back and forth in a 'whiplash' motion so that delicate veins over the brain tear and bleed, causing pressure on the brain. The damaged brain begins to swell, and vital functions, such as heart rate and breathing, are affected. Many people do not realize the harm that can result from shaking an infant or young child. The goal of the Alliance is to provide

information and support to affected families, serve as advocates for victims, and provide educational services as a preventive measure. The Alliance is international in scope, and provides brochures in English and Spanish.

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to child abuse. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with child abuse.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about child abuse. For more information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "child abuse" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "child abuse". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "child abuse" (or synonyms) into the "For

these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type "child abuse" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.²⁴

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nnlm.gov/members/adv.html> or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

²⁴ Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)²⁵:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfghdean.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rdwdlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

²⁵ Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), <http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), <http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), <http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), <http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nnlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nnlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), http://www.lvcld.org/special_collections/medical/index.htm
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commmlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscars.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on child abuse:

- **Basic Guidelines for Child Abuse**

Battered child syndrome

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001552.htm>

Child abuse

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001552.htm>

Ehlers-Danlos syndrome

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001468.htm>

Henoch-Schonlein purpura

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000425.htm>

Mongolian spots

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001472.htm>

- **Signs & Symptoms for Child Abuse**

Blindness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003040.htm>

Depression

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003213.htm>

Ecchymoses

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003235.htm>

Edema

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003103.htm>

Rashes

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Stress

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003211.htm>

Sutures - separated

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003307.htm>

- **Diagnostics and Tests for Child Abuse**

Bleeding time

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003656.htm>

Bone scan

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003833.htm>

Bone X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003808.htm>

BUN

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003474.htm>

CBC

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>

Creatinine

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003475.htm>

Platelet count

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003647.htm>

Pregnancy test

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003432.htm>

Protoporphyrin levels

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003372.htm>

PT

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003652.htm>

PTT

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003653.htm>

Skeletal survey

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003381.htm>

Skull X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003802.htm>

Sweat test

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003630.htm>

Toxicology screen

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003578.htm>

X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003337.htm>

- **Background Topics for Child Abuse**

Bleeding

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000045.htm>

Burns

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000030.htm>

Fractures

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000001.htm>

Incidence

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002387.htm>

Long bones

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002249.htm>

Physical examination

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002274.htm>

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization): <http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): <http://mel.lib.mi.us/health/health-dictionaries.html>

- Patient Education: Glossaries (DMOZ Open Directory Project):
http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):
<http://www.yourdictionary.com/diction5.html#medicine>

CHILD ABUSE DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

Abdominal: Having to do with the abdomen, which is the part of the body between the chest and the hips that contains the pancreas, stomach, intestines, liver, gallbladder, and other organs. [NIH]

Abortion: 1. The premature expulsion from the uterus of the products of conception - of the embryo, or of a nonviable fetus. The four classic symptoms, usually present in each type of abortion, are uterine contractions, uterine haemorrhage, softening and dilatation of the cervix, and presentation or expulsion of all or part of the products of conception. 2. Premature stoppage of a natural or a pathological process. [EU]

Abscess: Accumulation of purulent material in tissues, organs, or circumscribed spaces, usually associated with signs of infection. [NIH]

Acidity: The quality of being acid or sour; containing acid (hydrogen ions). [EU]

Acidosis: A pathologic condition resulting from accumulation of acid or depletion of the alkaline reserve (bicarbonate content) in the blood and body tissues, and characterized by an increase in hydrogen ion concentration. [EU]

Adjustment: The dynamic process wherein the thoughts, feelings, behavior, and biophysiological mechanisms of the individual continually change to adjust to the environment. [NIH]

Adolescence: The period of life beginning with the appearance of secondary sex characteristics and terminating with the cessation of somatic growth. The years usually referred to as adolescence lie between 13 and 18 years of age. [NIH]

Adolescent Health Services: Organized services to provide health care to adolescents, ages ranging from 13 through 18 years. [NIH]

Adolescent Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders in individuals 13-18 years. [NIH]

Agonist: In anatomy, a prime mover. In pharmacology, a drug that has affinity for and stimulates physiologic activity at cell receptors normally stimulated by naturally occurring substances. [EU]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alkaline: Having the reactions of an alkali. [EU]

Alkaloid: A member of a large group of chemicals that are made by plants and have nitrogen in them. Some alkaloids have been shown to work against cancer. [NIH]

Alopecia: Absence of hair from areas where it is normally present. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Alveoli: Tiny air sacs at the end of the bronchioles in the lungs. [NIH]

Amino acid: Any organic compound containing an amino (-NH₂) and a carboxyl (-COOH) group. The 20 α-amino acids listed in the accompanying table are the amino acids from which proteins are synthesized by formation of peptide bonds during ribosomal translation of messenger RNA; all except glycine, which is not optically active, have the L configuration. Other amino acids occurring in proteins, such as hydroxyproline in collagen, are formed by posttranslational enzymatic modification of amino acid residues in polypeptide chains. There are also several important amino acids, such as the neurotransmitter γ-aminobutyric acid, that have no relation to proteins. Abbreviated AA. [EU]

Amphetamines: Analogs or derivatives of amphetamine. Many are sympathomimetics and central nervous system stimulators causing excitation, vasopression, bronchodilation, and to varying degrees, anorexia, analepsis, nasal decongestion, and some smooth muscle relaxation. [NIH]

Anal: Having to do with the anus, which is the posterior opening of the large bowel. [NIH]

Analogous: Resembling or similar in some respects, as in function or appearance, but not in origin or development;. [EU]

Anaphylatoxins: The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

Animal model: An animal with a disease either the same as or like a disease in humans. Animal models are used to study the development and progression of diseases and to test new treatments before they are given to humans. Animals with transplanted human cancers or other tissues are called xenograft models. [NIH]

Annual Reports: Annual statements concerning the administrative and operational functions of an institution or organization. [NIH]

Anogenital: Pertaining to the anus and external genitals. [EU]

Antecedent: Existing or occurring before in time or order often with consequential effects. [EU]

Antibacterial: A substance that destroys bacteria or suppresses their growth or reproduction. [EU]

Antibiotic: A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Antidote: A remedy for counteracting a poison. [EU]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Antigen-Antibody Complex: The complex formed by the binding of antigen and antibody

molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

Anus: The opening of the rectum to the outside of the body. [NIH]

Anxiety: Persistent feeling of dread, apprehension, and impending disaster. [NIH]

Anxiety Disorders: Disorders in which anxiety (persistent feelings of apprehension, tension, or uneasiness) is the predominant disturbance. [NIH]

Aphakia: Absence of crystalline lens totally or partially from field of vision, from any cause except after cataract extraction. Aphakia is mainly congenital or as result of lens dislocation and subluxation. [NIH]

Apnea: A transient absence of spontaneous respiration. [NIH]

Aqueous: Having to do with water. [NIH]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Asphyxia: A pathological condition caused by lack of oxygen, manifested in impending or actual cessation of life. [NIH]

Aspiration: The act of inhaling. [NIH]

Audiovisual Aids: Auditory and visual instructional materials. [NIH]

Authoritarianism: The personality pattern or syndrome consisting of behavioral and attitudinal characteristics reflecting a preoccupation with the factors of power and authority in interpersonal relationships. [NIH]

Autopsy: Postmortem examination of the body. [NIH]

Avulsion: The forcible separation, or tearing away, of a part of an organ. [NIH]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccid, rodlike or bacillary, and spiral or spirochetal. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Battered Child Syndrome: Repeated physical injuries inflicted on the child by the parent, parents, or surrogate parent; often triggered by the child's minor and normal irritating behavior. [NIH]

Benign: Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Biochemical: Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

Biopsy: Removal and pathologic examination of specimens in the form of small pieces of tissue from the living body. [NIH]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning

technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Bladder: The organ that stores urine. [NIH]

Blood Coagulation: The process of the interaction of blood coagulation factors that results in an insoluble fibrin clot. [NIH]

Blood Platelets: Non-nucleated disk-shaped cells formed in the megakaryocyte and found in the blood of all mammals. They are mainly involved in blood coagulation. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Bone Marrow: The soft tissue filling the cavities of bones. Bone marrow exists in two types, yellow and red. Yellow marrow is found in the large cavities of large bones and consists mostly of fat cells and a few primitive blood cells. Red marrow is a hematopoietic tissue and is the site of production of erythrocytes and granular leukocytes. Bone marrow is made up of a framework of connective tissue containing branching fibers with the frame being filled with marrow cells. [NIH]

Bowel: The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

Bowel Movement: Body wastes passed through the rectum and anus. [NIH]

Brachial: All the nerves from the arm are ripped from the spinal cord. [NIH]

Brain Injuries: Acute and chronic injuries to the brain, including the cerebral hemispheres, cerebellum, and brain stem. Clinical manifestations depend on the nature of injury. Diffuse trauma to the brain is frequently associated with diffuse axonal injury or coma, post-traumatic. Localized injuries may be associated with neurobehavioral manifestations; hemiparesis, or other focal neurologic deficits. [NIH]

Brain Stem: The part of the brain that connects the cerebral hemispheres with the spinal cord. It consists of the mesencephalon, pons, and medulla oblongata. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Breakdown: A physical, mental, or nervous collapse. [NIH]

Bulimia: Episodic binge eating. The episodes may be associated with the fear of not being able to stop eating, depressed mood, or self-deprecating thoughts (binge-eating disorder) and may frequently be terminated by self-induced vomiting (bulimia nervosa). [NIH]

Bullous: Pertaining to or characterized by bullae. [EU]

Burns: Injuries to tissues caused by contact with heat, steam, chemicals (burns, chemical), electricity (burns, electric), or the like. [NIH]

Burns, Electric: Burns produced by contact with electric current or from a sudden discharge of electricity. [NIH]

Calcification: Deposits of calcium in the tissues of the breast. Calcification in the breast can be seen on a mammogram, but cannot be detected by touch. There are two types of breast calcification, macrocalcification and microcalcification. Macrocalcifications are large deposits and are usually not related to cancer. Microcalcifications are specks of calcium that may be found in an area of rapidly dividing cells. Many microcalcifications clustered together may

be a sign of cancer. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Calcium Chloride: A salt used to replenish calcium levels, as an acid-producing diuretic, and as an antidote for magnesium poisoning. [NIH]

Capsaicin: Cytotoxic alkaloid from various species of *Capsicum* (pepper, paprika), of the Solanaceae. [NIH]

Cardiac: Having to do with the heart. [NIH]

Cardiomyopathy: A general diagnostic term designating primary myocardial disease, often of obscure or unknown etiology. [EU]

Cardiopulmonary: Having to do with the heart and lungs. [NIH]

Cardiopulmonary Resuscitation: The artificial substitution of heart and lung action as indicated for heart arrest resulting from electric shock, drowning, respiratory arrest, or other causes. The two major components of cardiopulmonary resuscitation are artificial ventilation and closed-chest cardiac massage. [NIH]

Cardiovascular: Having to do with the heart and blood vessels. [NIH]

Carotene: The general name for a group of pigments found in green, yellow, and leafy vegetables, and yellow fruits. The pigments are fat-soluble, unsaturated aliphatic hydrocarbons functioning as provitamins and are converted to vitamin A through enzymatic processes in the intestinal wall. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Cataract: An opacity, partial or complete, of one or both eyes, on or in the lens or capsule, especially an opacity impairing vision or causing blindness. The many kinds of cataract are classified by their morphology (size, shape, location) or etiology (cause and time of occurrence). [EU]

Causal: Pertaining to a cause; directed against a cause. [EU]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Cerebellum: Part of the metencephalon that lies in the posterior cranial fossa behind the brain stem. It is concerned with the coordination of movement. [NIH]

Cerebral: Of or pertaining of the cerebrum or the brain. [EU]

Cerebral hemispheres: The two halves of the cerebrum, the part of the brain that controls muscle functions of the body and also controls speech, emotions, reading, writing, and learning. The right hemisphere controls muscle movement on the left side of the body, and the left hemisphere controls muscle movement on the right side of the body. [NIH]

Cerebrospinal: Pertaining to the brain and spinal cord. [EU]

Cerebrospinal fluid: CSF. The fluid flowing around the brain and spinal cord. Cerebrospinal fluid is produced in the ventricles in the brain. [NIH]

Chemoreceptor: A receptor adapted for excitation by chemical substances, e.g., olfactory and gustatory receptors, or a sense organ, as the carotid body or the aortic (supracardial) bodies, which is sensitive to chemical changes in the blood stream, especially reduced oxygen content, and reflexly increases both respiration and blood pressure. [EU]

Chemotactic Factors: Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

Child Abuse, Sexual: Sexual maltreatment of the child or minor. [NIH]

Child Advocacy: Promotion and protection of the rights of children; frequently through a legal process. [NIH]

Child Behavior: Any observable response or action of a child from 24 months through 12 years of age. For neonates or children younger than 24 months, infant behavior is available. [NIH]

Child Care: Care of children in the home or institution. [NIH]

Child Development: The continuous sequential physiological and psychological maturing of the child from birth up to but not including adolescence. It includes healthy responses to situations, but does not include growth in stature or size (= growth). [NIH]

Child Health Services: Organized services to provide health care for children. [NIH]

Child Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders in children. [NIH]

Child Welfare: Organized efforts by communities or organizations to improve the health and well-being of the child. [NIH]

Chin: The anatomical frontal portion of the mandible, also known as the mentum, that contains the line of fusion of the two separate halves of the mandible (symphysis menti). This line of fusion divides inferiorly to enclose a triangular area called the mental protuberance. On each side, inferior to the second premolar tooth, is the mental foramen for the passage of blood vessels and a nerve. [NIH]

Cholinergic: Resembling acetylcholine in pharmacological action; stimulated by or releasing acetylcholine or a related compound. [EU]

Chromosome: Part of a cell that contains genetic information. Except for sperm and eggs, all human cells contain 46 chromosomes. [NIH]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

CIS: Cancer Information Service. The CIS is the National Cancer Institute's link to the public, interpreting and explaining research findings in a clear and understandable manner, and providing personalized responses to specific questions about cancer. Access the CIS by calling 1-800-4-CANCER, or by using the Web site at <http://cis.nci.nih.gov>. [NIH]

Clear cell carcinoma: A rare type of tumor of the female genital tract in which the inside of the cells looks clear when viewed under a microscope. [NIH]

Clinical Medicine: The study and practice of medicine by direct examination of the patient. [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Cloning: The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA

molecules. [NIH]

Coca: Any of several South American shrubs of the *Erythroxylon* genus (and family) that yield cocaine; the leaves are chewed with alum for CNS stimulation. [NIH]

Cocaine: An alkaloid ester extracted from the leaves of plants including coca. It is a local anesthetic and vasoconstrictor and is clinically used for that purpose, particularly in the eye, ear, nose, and throat. It also has powerful central nervous system effects similar to the amphetamines and is a drug of abuse. Cocaine, like amphetamines, acts by multiple mechanisms on brain catecholaminergic neurons; the mechanism of its reinforcing effects is thought to involve inhibition of dopamine uptake. [NIH]

Cofactor: A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

Cognition: Intellectual or mental process whereby an organism becomes aware of or obtains knowledge. [NIH]

Cognitive restructuring: A method of identifying and replacing fear-promoting, irrational beliefs with more realistic and functional ones. [NIH]

Collagen: A polypeptide substance comprising about one third of the total protein in mammalian organisms. It is the main constituent of skin, connective tissue, and the organic substance of bones and teeth. Different forms of collagen are produced in the body but all consist of three alpha-polypeptide chains arranged in a triple helix. Collagen is differentiated from other fibrous proteins, such as elastin, by the content of proline, hydroxyproline, and hydroxylysine; by the absence of tryptophan; and particularly by the high content of polar groups which are responsible for its swelling properties. [NIH]

Collapse: 1. A state of extreme prostration and depression, with failure of circulation. 2. Abnormal falling in of the walls of any part of organ. [EU]

Comorbidity: The presence of co-existing or additional diseases with reference to an initial diagnosis or with reference to the index condition that is the subject of study. Comorbidity may affect the ability of affected individuals to function and also their survival; it may be used as a prognostic indicator for length of hospital stay, cost factors, and outcome or survival. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement

activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Comprehensive Health Care: Providing for the full range of personal health services for diagnosis, treatment, follow-up and rehabilitation of patients. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Computed tomography: CT scan. A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan. [NIH]

Computerized tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized axial tomography (CAT) scan and computed tomography (CT scan). [NIH]

Conception: The onset of pregnancy, marked by implantation of the blastocyst; the formation of a viable zygote. [EU]

Condyloma: *C. acuminatum*; a papilloma with a central core of connective tissue in a treelike structure covered with epithelium, usually occurring on the mucous membrane or skin of the external genitals or in the perianal region. [EU]

Cones: One type of specialized light-sensitive cells (photoreceptors) in the retina that provide sharp central vision and color vision. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Consciousness: Sense of awareness of self and of the environment. [NIH]

Constitutional: 1. Affecting the whole constitution of the body; not local. 2. Pertaining to the constitution. [EU]

Constriction: The act of constricting. [NIH]

Consultation: A deliberation between two or more physicians concerning the diagnosis and the proper method of treatment in a case. [NIH]

Consumption: Pulmonary tuberculosis. [NIH]

Continuum: An area over which the vegetation or animal population is of constantly

changing composition so that homogeneous, separate communities cannot be distinguished. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Contusions: Injuries resulting in hemorrhage, usually manifested in the skin. [NIH]

Cornea: The transparent part of the eye that covers the iris and the pupil and allows light to enter the inside. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Corpus: The body of the uterus. [NIH]

Cortical: Pertaining to or of the nature of a cortex or bark. [EU]

Cranial: Pertaining to the cranium, or to the anterior (in animals) or superior (in humans) end of the body. [EU]

Cutaneous: Having to do with the skin. [NIH]

Day Care: Institutional health care of patients during the day. The patients return home at night. [NIH]

Deception: The act of deceiving or the fact or condition of being deceived. [NIH]

Decision Making: The process of making a selective intellectual judgment when presented with several complex alternatives consisting of several variables, and usually defining a course of action or an idea. [NIH]

Degenerative: Undergoing degeneration : tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

Delusions: A false belief regarding the self or persons or objects outside the self that persists despite the facts, and is not considered tenable by one's associates. [NIH]

Dental Care: The total of dental diagnostic, preventive, and restorative services provided to meet the needs of a patient (from Illustrated Dictionary of Dentistry, 1982). [NIH]

Dentists: Individuals licensed to practice dentistry. [NIH]

Dentition: The teeth in the dental arch; ordinarily used to designate the natural teeth in position in their alveoli. [EU]

Deprivation: Loss or absence of parts, organs, powers, or things that are needed. [EU]

Dermatitis: Any inflammation of the skin. [NIH]

Dermatologist: A doctor who specializes in the diagnosis and treatment of skin problems. [NIH]

DES: Diethylstilbestrol. A synthetic hormone that was prescribed from the early 1940s until 1971 to help women with complications of pregnancy. DES has been linked to an increased risk of clear cell carcinoma of the vagina in daughters of women who used DES. DES may also increase the risk of breast cancer in women who used DES. [NIH]

Diabetes Mellitus: A heterogeneous group of disorders that share glucose intolerance in common. [NIH]

Diagnosis, Differential: Determination of which one of two or more diseases or conditions a patient is suffering from by systematically comparing and contrasting results of diagnostic measures. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Diastolic: Of or pertaining to the diastole. [EU]

Diffuse Axonal Injury: A relatively common sequela of blunt head injury, characterized by a global disruption of axons throughout the brain. Associated clinical features may include neurobehavioral manifestations; persistent vegetative state; dementia; and other disorders. [NIH]

Digestion: The process of breakdown of food for metabolism and use by the body. [NIH]

Digestive system: The organs that take in food and turn it into products that the body can use to stay healthy. Waste products the body cannot use leave the body through bowel movements. The digestive system includes the salivary glands, mouth, esophagus, stomach, liver, pancreas, gallbladder, small and large intestines, and rectum. [NIH]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Discrete: Made up of separate parts or characterized by lesions which do not become blended; not running together; separate. [NIH]

Dislocation: The displacement of any part, more especially of a bone. Called also luxation. [EU]

Disposition: A tendency either physical or mental toward certain diseases. [EU]

Dissociation: 1. The act of separating or state of being separated. 2. The separation of a molecule into two or more fragments (atoms, molecules, ions, or free radicals) produced by the absorption of light or thermal energy or by solvation. 3. In psychology, a defense mechanism in which a group of mental processes are segregated from the rest of a person's mental activity in order to avoid emotional distress, as in the dissociative disorders (q.v.), or in which an idea or object is segregated from its emotional significance; in the first sense it is roughly equivalent to splitting, in the second, to isolation. 4. A defect of mental integration in which one or more groups of mental processes become separated off from normal consciousness and, thus separated, function as a unitary whole. [EU]

Dissociative Disorders: Sudden temporary alterations in the normally integrative functions of consciousness. [NIH]

Domestic Violence: Deliberate, often repetitive, physical abuse by one family member against another: marital partners, parents, children, siblings, or any other member of a household. [NIH]

Dopamine: An endogenous catecholamine and prominent neurotransmitter in several systems of the brain. In the synthesis of catecholamines from tyrosine, it is the immediate precursor to norepinephrine and epinephrine. Dopamine is a major transmitter in the extrapyramidal system of the brain, and important in regulating movement. A family of dopaminergic receptor subtypes mediate its action. Dopamine is used pharmacologically for its direct (beta adrenergic agonist) and indirect (adrenergic releasing) sympathomimetic effects including its actions as an inotropic agent and as a renal vasodilator. [NIH]

Duodenum: The first part of the small intestine. [NIH]

Dystrophic: Pertaining to toxic habitats low in nutrients. [NIH]

Effector: It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Elder Abuse: Emotional, nutritional, or physical maltreatment of the older person generally

by family members or by institutional personnel. [NIH]

Electric shock: A dangerous patho-physiological effect resulting from an electric current passing through the body of a human or animal. [NIH]

Embolus: Bit of foreign matter which enters the blood stream at one point and is carried until it is lodged or impacted in an artery and obstructs it. It may be a blood clot, an air bubble, fat or other tissue, or clumps of bacteria. [NIH]

Embryo: The prenatal stage of mammalian development characterized by rapid morphological changes and the differentiation of basic structures. [NIH]

Embryo Transfer: Removal of a mammalian embryo from one environment and replacement in the same or a new environment. The embryo is usually in the pre-nidation phase, i.e., a blastocyst. The process includes embryo or blastocyst transplantation or transfer after in vitro fertilization and transfer of the inner cell mass of the blastocyst. It is not used for transfer of differentiated embryonic tissue, e.g., germ layer cells. [NIH]

Emergency Medicine: A branch of medicine concerned with an individual's resuscitation, transportation and care from the point of injury or beginning of illness through the hospital or other emergency treatment facility. [NIH]

Emergency Treatment: First aid or other immediate intervention for accidents or medical conditions requiring immediate care and treatment before definitive medical and surgical management can be procured. [NIH]

Emetic: An agent that causes vomiting. [EU]

Emetine: The principal alkaloid of ipecac, from the ground roots of *Uragoga* (or *Cephaelis*) *ipecauanha* or *U. acuminata*, of the Rubiaceae. It is used as an amebicide in many different preparations and may cause serious cardiac, hepatic, or renal damage and violent diarrhea and vomiting. Emetine inhibits protein synthesis in eucaryotic but not prokaryotic cells. [NIH]

Empirical: A treatment based on an assumed diagnosis, prior to receiving confirmatory laboratory test results. [NIH]

Encephalopathy: A disorder of the brain that can be caused by disease, injury, drugs, or chemicals. [NIH]

Encopresis: Incontinence of feces not due to organic defect or illness. [NIH]

Endotoxins: Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzymes: Biological molecules that possess catalytic activity. They may occur naturally or be synthetically created. Enzymes are usually proteins, however catalytic RNA and catalytic DNA molecules have also been identified. [NIH]

Epidemic: Occurring suddenly in numbers clearly in excess of normal expectancy; said especially of infectious diseases but applied also to any disease, injury, or other health-related event occurring in such outbreaks. [EU]

Epidemiological: Relating to, or involving epidemiology. [EU]

Epidermal: Pertaining to or resembling epidermis. Called also epidermic or epidermoid. [EU]

Epidermis: Nonvascular layer of the skin. It is made up, from within outward, of five

layers: 1) basal layer (stratum basale epidermidis); 2) spinous layer (stratum spinosum epidermidis); 3) granular layer (stratum granulosum epidermidis); 4) clear layer (stratum lucidum epidermidis); and 5) horny layer (stratum corneum epidermidis). [NIH]

Epidermolysis Bullosa: Group of genetically determined disorders characterized by the blistering of skin and mucosae. There are four major forms: acquired, simple, junctional, and dystrophic. Each of the latter three has several varieties. [NIH]

Epigastric: Having to do with the upper middle area of the abdomen. [NIH]

Epithelium: One or more layers of epithelial cells, supported by the basal lamina, which covers the inner or outer surfaces of the body. [NIH]

Esophagus: The muscular tube through which food passes from the throat to the stomach. [NIH]

Exocrine: Secreting outwardly, via a duct. [EU]

Extraction: The process or act of pulling or drawing out. [EU]

Extravasation: A discharge or escape, as of blood, from a vessel into the tissues. [EU]

Facial: Of or pertaining to the face. [EU]

Facial Injuries: General or unspecified injuries to the soft tissue or bony portions of the face. [NIH]

Failure to Thrive: A condition in which an infant or child's weight gain and growth are far below usual levels for age. [NIH]

Family Characteristics: Size and composition of the family. [NIH]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Family Practice: A medical specialty concerned with the provision of continuing, comprehensive primary health care for the entire family. [NIH]

Fat: Total lipids including phospholipids. [NIH]

Fathers: Male parents, human or animal. [NIH]

Feces: The excrement discharged from the intestines, consisting of bacteria, cells exfoliated from the intestines, secretions, chiefly of the liver, and a small amount of food residue. [EU]

Fertilization in Vitro: Fertilization of an egg outside the body when the egg is normally fertilized in the body. [NIH]

Fetus: The developing offspring from 7 to 8 weeks after conception until birth. [NIH]

Fold: A plication or doubling of various parts of the body. [NIH]

Free Radicals: Highly reactive molecules with an unsatisfied electron valence pair. Free radicals are produced in both normal and pathological processes. They are proven or suspected agents of tissue damage in a wide variety of circumstances including radiation, damage from environment chemicals, and aging. Natural and pharmacological prevention of free radical damage is being actively investigated. [NIH]

Gallbladder: The pear-shaped organ that sits below the liver. Bile is concentrated and stored in the gallbladder. [NIH]

Ganglion: 1. A knot, or knotlike mass. 2. A general term for a group of nerve cell bodies located outside the central nervous system; occasionally applied to certain nuclear groups within the brain or spinal cord, e.g. basal ganglia. 3. A benign cystic tumour occurring on a aponeurosis or tendon, as in the wrist or dorsum of the foot; it consists of a thin fibrous capsule enclosing a clear mucinous fluid. [EU]

Gas: Air that comes from normal breakdown of food. The gases are passed out of the body

through the rectum (flatus) or the mouth (burp). [NIH]

Gastric: Having to do with the stomach. [NIH]

Gastric Mucosa: Surface epithelium in the stomach that invaginates into the lamina propria, forming gastric pits. Tubular glands, characteristic of each region of the stomach (cardiac, gastric, and pyloric), empty into the gastric pits. The gastric mucosa is made up of several different kinds of cells. [NIH]

Gastrointestinal: Refers to the stomach and intestines. [NIH]

Gastrointestinal tract: The stomach and intestines. [NIH]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

Genetics: The biological science that deals with the phenomena and mechanisms of heredity. [NIH]

Genital: Pertaining to the genitalia. [EU]

Gestation: The period of development of the young in viviparous animals, from the time of fertilization of the ovum until birth. [EU]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Glucose: D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

Glucose Intolerance: A pathological state in which the fasting plasma glucose level is less than 140 mg per deciliter and the 30-, 60-, or 90-minute plasma glucose concentration following a glucose tolerance test exceeds 200 mg per deciliter. This condition is seen frequently in diabetes mellitus but also occurs with other diseases. [NIH]

Glycine: A non-essential amino acid. It is found primarily in gelatin and silk fibroin and used therapeutically as a nutrient. It is also a fast inhibitory neurotransmitter. [NIH]

Glycogen: A sugar stored in the liver and muscles. It releases glucose into the blood when cells need it for energy. Glycogen is the chief source of stored fuel in the body. [NIH]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Grade: The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer. [NIH]

Growth: The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

Growth Plate: The area between the epiphysis and the diaphysis within which bone growth occurs. [NIH]

Habitual: Of the nature of a habit; according to habit; established by or repeated by force of habit, customary. [EU]

Haematoma: A localized collection of blood, usually clotted, in an organ, space, or tissue, due to a break in the wall of a blood vessel. [EU]

Haemorrhage: The escape of blood from the vessels; bleeding. Small haemorrhages are classified according to size as petechiae (very small), purpura (up to 1 cm), and ecchymoses

(larger). The massive accumulation of blood within a tissue is called a haematoma. [EU]

Health Education: Education that increases the awareness and favorably influences the attitudes and knowledge relating to the improvement of health on a personal or community basis. [NIH]

Health Promotion: Encouraging consumer behaviors most likely to optimize health potentials (physical and psychosocial) through health information, preventive programs, and access to medical care. [NIH]

Health Services: Services for the diagnosis and treatment of disease and the maintenance of health. [NIH]

Heart Arrest: Sudden and usually momentary cessation of the heart beat. This sudden cessation may, but not usually, lead to death, sudden, cardiac. [NIH]

Hematoma: An extravasation of blood localized in an organ, space, or tissue. [NIH]

Hemiparesis: The weakness or paralysis affecting one side of the body. [NIH]

Hemophilia: Refers to a group of hereditary disorders in which affected individuals fail to make enough of certain proteins needed to form blood clots. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Hemostasis: The process which spontaneously arrests the flow of blood from vessels carrying blood under pressure. It is accomplished by contraction of the vessels, adhesion and aggregation of formed blood elements, and the process of blood or plasma coagulation. [NIH]

Hereditary: Of, relating to, or denoting factors that can be transmitted genetically from one generation to another. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

Herpes: Any inflammatory skin disease caused by a herpesvirus and characterized by the formation of clusters of small vesicles. When used alone, the term may refer to herpes simplex or to herpes zoster. [EU]

Herpes Genitalis: Herpes simplex of the genitals. [NIH]

Herpes Zoster: Acute vesicular inflammation. [NIH]

Histiocytosis: General term for the abnormal appearance of histiocytes in the blood. Based on the pathological features of the cells involved rather than on clinical findings, the histiocytic diseases are subdivided into three groups: Langerhans cell histiocytosis, non-Langerhans cell histiocytosis, and malignant histiocytic disorders. [NIH]

Homeless Youth: Runaway and homeless children and adolescents living on the streets of cities and having no fixed place of residence. [NIH]

Homicide: The killing of one person by another. [NIH]

Homogeneous: Consisting of or composed of similar elements or ingredients; of a uniform quality throughout. [EU]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Host: Any animal that receives a transplanted graft. [NIH]

Humeral: 1. Of, relating to, or situated in the region of the humerus: brachial. 2. Of or belonging to the shoulder. 3. Of, relating to, or being any of several body parts that are analogous in structure, function, or location to the humerus or shoulder. [EU]

Hydrogen: The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

Hydroxyproline: A hydroxylated form of the imino acid proline. A deficiency in ascorbic acid can result in impaired hydroxyproline formation. [NIH]

Hypersensitivity: Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Hypnotic: A drug that acts to induce sleep. [EU]

Hypoxic: Having too little oxygen. [NIH]

Id: The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

Ileum: The lower end of the small intestine. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immune Sera: Serum that contains antibodies. It is obtained from an animal that has been immunized either by antigen injection or infection with microorganisms containing the antigen. [NIH]

Immunity: Nonsusceptibility to the invasive or pathogenic effects of foreign microorganisms or to the toxic effect of antigenic substances. [NIH]

Immunization: Deliberate stimulation of the host's immune response. Active immunization involves administration of antigens or immunologic adjuvants. Passive immunization involves administration of immune sera or lymphocytes or their extracts (e.g., transfer factor, immune RNA) or transplantation of immunocompetent cell producing tissue (thymus or bone marrow). [NIH]

Immunologic: The ability of the antibody-forming system to recall a previous experience with an antigen and to respond to a second exposure with the prompt production of large amounts of antibody. [NIH]

Impairment: In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

Indicative: That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

Infancy: The period of complete dependency prior to the acquisition of competence in walking, talking, and self-feeding. [NIH]

Infant Behavior: Any observable response or action of a neonate or infant up through the age of 23 months. [NIH]

Infanticide: The killing of infants at birth or soon after. [NIH]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized,

subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Infiltration: The diffusion or accumulation in a tissue or cells of substances not normal to it or in amounts of the normal. Also, the material so accumulated. [EU]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Information Science: The field of knowledge, theory, and technology dealing with the collection of facts and figures, and the processes and methods involved in their manipulation, storage, dissemination, publication, and retrieval. It includes the fields of communication, publishing, library science and informatics. [NIH]

Infusion: A method of putting fluids, including drugs, into the bloodstream. Also called intravenous infusion. [NIH]

Ingestion: Taking into the body by mouth [NIH]

Inhalation: The drawing of air or other substances into the lungs. [EU]

Inpatients: Persons admitted to health facilities which provide board and room, for the purpose of observation, care, diagnosis or treatment. [NIH]

Instillation: . [EU]

Intensive Care: Advanced and highly specialized care provided to medical or surgical patients whose conditions are life-threatening and require comprehensive care and constant monitoring. It is usually administered in specially equipped units of a health care facility. [NIH]

Interpersonal Relations: The reciprocal interaction of two or more persons. [NIH]

Intestines: The section of the alimentary canal from the stomach to the anus. It includes the large intestine and small intestine. [NIH]

Intracellular: Inside a cell. [NIH]

Intravenous: IV. Into a vein. [NIH]

Invasive: 1. Having the quality of invasiveness. 2. Involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; said of diagnostic techniques. [EU]

Involution: 1. A rolling or turning inward. 2. One of the movements involved in the gastrulation of many animals. 3. A retrograde change of the entire body or in a particular organ, as the retrograde changes in the female genital organs that result in normal size after delivery. 4. The progressive degeneration occurring naturally with advancing age, resulting in shrivelling of organs or tissues. [EU]

Ions: An atom or group of atoms that have a positive or negative electric charge due to a gain (negative charge) or loss (positive charge) of one or more electrons. Atoms with a positive charge are known as cations; those with a negative charge are anions. [NIH]

Ipecac: A syrup made from the dried rhizomes of two different species, *Cephaelis ipecacuanha* and *C. acuminata*, belonging to the Rubiaceae family. They contain emetine, cephaeline, psychotrine and other isoquinolines. Ipecac syrup is used widely as an emetic acting both locally on the gastric mucosa and centrally on the chemoreceptor trigger zone. [NIH]

Jaw Fractures: Fractures of the upper or lower jaw. [NIH]

Jejunum: That portion of the small intestine which extends from the duodenum to the ileum; called also *intestinum jejunum*. [EU]

Joint: The point of contact between elements of an animal skeleton with the parts that surround and support it. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Labile: 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

Lacerations: Torn, ragged, mangled wounds. [NIH]

Large Intestine: The part of the intestine that goes from the cecum to the rectum. The large intestine absorbs water from stool and changes it from a liquid to a solid form. The large intestine is 5 feet long and includes the appendix, cecum, colon, and rectum. Also called colon. [NIH]

Library Services: Services offered to the library user. They include reference and circulation. [NIH]

Linkage: The tendency of two or more genes in the same chromosome to remain together from one generation to the next more frequently than expected according to the law of independent assortment. [NIH]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Longitudinal study: Also referred to as a "cohort study" or "prospective study"; the analytic method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or in the future may be exposed or not exposed, or exposed in different degrees, to a factor or factors hypothesized to influence the probability of occurrence of a given disease or other outcome. The main feature of this type of study is to observe large numbers of subjects over an extended time, with comparisons of incidence rates in groups that differ in exposure levels. [NIH]

Luxation: The displacement of the particular surface of a bone from its normal joint, without fracture. [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphatic system: The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

Lymphocyte: A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

Malignant: Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

Mammogram: An x-ray of the breast. [NIH]

Manic: Affected with mania. [EU]

Manic-depressive psychosis: One of a group of psychotic reactions, fundamentally marked by severe mood swings and a tendency to remission and recurrence. [NIH]

Marijuana Abuse: The excessive use of marijuana with associated psychological symptoms

and impairment in social or occupational functioning. [NIH]

Mediator: An object or substance by which something is mediated, such as (1) a structure of the nervous system that transmits impulses eliciting a specific response; (2) a chemical substance (transmitter substance) that induces activity in an excitable tissue, such as nerve or muscle; or (3) a substance released from cells as the result of the interaction of antigen with antibody or by the action of antigen with a sensitized lymphocyte. [EU]

Medical Informatics: The field of information science concerned with the analysis and dissemination of medical data through the application of computers to various aspects of health care and medicine. [NIH]

Medical Records: Recording of pertinent information concerning patient's illness or illnesses. [NIH]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Melanocytes: Epidermal dendritic pigment cells which control long-term morphological color changes by alteration in their number or in the amount of pigment they produce and store in the pigment containing organelles called melanosomes. Melanophores are larger cells which do not exist in mammals. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Memory: Complex mental function having four distinct phases: (1) memorizing or learning, (2) retention, (3) recall, and (4) recognition. Clinically, it is usually subdivided into immediate, recent, and remote memory. [NIH]

Meninges: The three membranes that cover and protect the brain and spinal cord. [NIH]

Mental: Pertaining to the mind; psychic. 2. (L. mentum chin) pertaining to the chin. [EU]

Mental Disorders: Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

Mental Health: The state wherein the person is well adjusted. [NIH]

Mental Processes: Conceptual functions or thinking in all its forms. [NIH]

Meta-Analysis: A quantitative method of combining the results of independent studies (usually drawn from the published literature) and synthesizing summaries and conclusions which may be used to evaluate therapeutic effectiveness, plan new studies, etc., with application chiefly in the areas of research and medicine. [NIH]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Microbe: An organism which cannot be observed with the naked eye; e. g. unicellular animals, lower algae, lower fungi, bacteria. [NIH]

Microcalcifications: Tiny deposits of calcium in the breast that cannot be felt but can be detected on a mammogram. A cluster of these very small specks of calcium may indicate that cancer is present. [NIH]

Mode of Transmission: Hepatitis A [NIH]

Modeling: A treatment procedure whereby the therapist presents the target behavior which the learner is to imitate and make part of his repertoire. [NIH]

Modification: A change in an organism, or in a process in an organism, that is acquired from its own activity or environment. [NIH]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Motility: The ability to move spontaneously. [EU]

Multiple Personality Disorder: A dissociative disorder in which the individual adopts two or more distinct personalities. Each personality is a fully integrated and complex unit with memories, behavior patterns and social friendships. Transition from one personality to another is sudden. [NIH]

Mutilation: Injuries to the body. [NIH]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Myopia: That error of refraction in which rays of light entering the eye parallel to the optic axis are brought to a focus in front of the retina, as a result of the eyeball being too long from front to back (axial m.) or of an increased strength in refractive power of the media of the eye (index m.). Called also nearsightedness, because the near point is less distant than it is in emmetropia with an equal amplitude of accommodation. [EU]

Narcissism: A psychoanalytic term meaning self-love. [NIH]

Natural Disasters: Sudden calamitous events producing great material damage, loss, and distress. They are the result of natural phenomena such as earthquakes, floods, etc. [NIH]

NCI: National Cancer Institute. NCI, part of the National Institutes of Health of the United States Department of Health and Human Services, is the federal government's principal agency for cancer research. NCI conducts, coordinates, and funds cancer research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer. Access the NCI Web site at <http://cancer.gov>. [NIH]

Need: A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

Neonatal: Pertaining to the first four weeks after birth. [EU]

Neonatal period: The first 4 weeks after birth. [NIH]

Nerve: A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

Nervous System: The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

Networks: Pertaining to a nerve or to the nerves, a meshlike structure of interlocking fibers or strands. [NIH]

Neural: 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis, as the neural arch. [EU]

Neurobehavioral Manifestations: Signs and symptoms of higher cortical dysfunction caused by organic conditions. These include certain behavioral alterations and impairments of skills involved in the acquisition, processing, and utilization of knowledge or information. [NIH]

Neurologic: Having to do with nerves or the nervous system. [NIH]

Neurons: The basic cellular units of nervous tissue. Each neuron consists of a body, an axon, and dendrites. Their purpose is to receive, conduct, and transmit impulses in the nervous system. [NIH]

Neuropathy: A problem in any part of the nervous system except the brain and spinal cord. Neuropathies can be caused by infection, toxic substances, or disease. [NIH]

Neurotransmitter: Any of a group of substances that are released on excitation from the axon terminal of a presynaptic neuron of the central or peripheral nervous system and travel across the synaptic cleft to either excite or inhibit the target cell. Among the many substances that have the properties of a neurotransmitter are acetylcholine, norepinephrine, epinephrine, dopamine, glycine, γ -aminobutyrate, glutamic acid, substance P, enkephalins, endorphins, and serotonin. [EU]

Nevus: A benign growth on the skin, such as a mole. A mole is a cluster of melanocytes and surrounding supportive tissue that usually appears as a tan, brown, or flesh-colored spot on the skin. The plural of nevus is nevi (NEE-vye). [NIH]

Nicotine: Nicotine is highly toxic alkaloid. It is the prototypical agonist at nicotinic cholinergic receptors where it dramatically stimulates neurons and ultimately blocks synaptic transmission. Nicotine is also important medically because of its presence in tobacco smoke. [NIH]

Nitrogen: An element with the atomic symbol N, atomic number 7, and atomic weight 14. Nitrogen exists as a diatomic gas and makes up about 78% of the earth's atmosphere by volume. It is a constituent of proteins and nucleic acids and found in all living cells. [NIH]

Nurseries: Facilities which provide care for infants. [NIH]

Opsin: A protein formed, together with retinene, by the chemical breakdown of meta-rhodopsin. [NIH]

Optometrist: A primary eye care provider who diagnoses, manages, and treats disorders of the visual system and eye diseases. [NIH]

Oral Health: The optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease. [NIH]

Organ Procurement: The administrative procedures involved with acquiring organs for transplantation through various programs, systems, or organizations. It includes obtaining consent and arranging for transportation of donor organs, after tissue harvesting, to the hospital for processing and transplant. [NIH]

Ossification: The formation of bone or of a bony substance; the conversion of fibrous tissue or of cartilage into bone or a bony substance. [EU]

Osteogenesis: The histogenesis of bone including ossification. It occurs continuously but particularly in the embryo and child and during fracture repair. [NIH]

Otolaryngologist: A doctor who specializes in treating diseases of the ear, nose, and throat. Also called an ENT doctor. [NIH]

Palsy: Disease of the peripheral nervous system occurring usually after many years of increased lead absorption. [NIH]

Pancreas: A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

Pancreatic: Having to do with the pancreas. [NIH]

Papilloma: A benign epithelial neoplasm which may arise from the skin, mucous membranes or glandular ducts. [NIH]

Pathologic: 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural

and functional changes in tissues and organs of the body caused by the disease). [EU]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Patient Simulation: The use of persons coached to feign symptoms or conditions of real diseases in a life-like manner in order to teach or evaluate medical personnel. [NIH]

Pediatric Dentistry: The practice of dentistry concerned with the dental problems of children, proper maintenance, and treatment. The dental care may include the services provided by dental specialists. [NIH]

Pediatrics: A medical specialty concerned with maintaining health and providing medical care to children from birth to adolescence. [NIH]

Peptide: Any compound consisting of two or more amino acids, the building blocks of proteins. Peptides are combined to make proteins. [NIH]

Perception: The ability quickly and accurately to recognize similarities and differences among presented objects, whether these be pairs of words, pairs of number series, or multiple sets of these or other symbols such as geometric figures. [NIH]

Percutaneous: Performed through the skin, as injection of radiopaque material in radiological examination, or the removal of tissue for biopsy accomplished by a needle. [EU]

Perforation: 1. The act of boring or piercing through a part. 2. A hole made through a part or substance. [EU]

Perianal: Located around the anus. [EU]

Perinatal: Pertaining to or occurring in the period shortly before and after birth; variously defined as beginning with completion of the twentieth to twenty-eighth week of gestation and ending 7 to 28 days after birth. [EU]

Peripheral Nervous System: The nervous system outside of the brain and spinal cord. The peripheral nervous system has autonomic and somatic divisions. The autonomic nervous system includes the enteric, parasympathetic, and sympathetic subdivisions. The somatic nervous system includes the cranial and spinal nerves and their ganglia and the peripheral sensory receptors. [NIH]

Personal Health Services: Health care provided to individuals. [NIH]

Petechiae: Pinpoint, unraised, round red spots under the skin caused by bleeding. [NIH]

pH: The symbol relating the hydrogen ion (H⁺) concentration or activity of a solution to that of a given standard solution. Numerically the pH is approximately equal to the negative logarithm of H⁺ concentration expressed in molarity. pH 7 is neutral; above it alkalinity increases and below it acidity increases. [EU]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Phosphorus: A non-metallic element that is found in the blood, muscles, nerves, bones, and teeth, and is a component of adenosine triphosphate (ATP; the primary energy source for the body's cells.) [NIH]

Physical Examination: Systematic and thorough inspection of the patient for physical signs of disease or abnormality. [NIH]

Physical Fitness: A state of well-being in which performance is optimal, often as a result of physical conditioning which may be prescribed for disease therapy. [NIH]

Physiologic: Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

Pigments: Any normal or abnormal coloring matter in plants, animals, or micro-organisms.

[NIH]

Pilot Projects: Small-scale tests of methods and procedures to be used on a larger scale if the pilot study demonstrates that these methods and procedures can work. [NIH]

Pilot study: The initial study examining a new method or treatment. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absence of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Play Therapy: A treatment technique utilizing play as a medium for expression and communication between patient and therapist. [NIH]

Pneumonia: Inflammation of the lungs. [NIH]

Poisoning: A condition or physical state produced by the ingestion, injection or inhalation of, or exposure to a deleterious agent. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Postnatal: Occurring after birth, with reference to the newborn. [EU]

Postnatal Care: The care provided a woman following the birth of a child. [NIH]

Post-traumatic: Occurring as a result of or after injury. [EU]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Precursor: Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

Pregnancy Outcome: Results of conception and ensuing pregnancy, including live birth, stillbirth, spontaneous abortion, induced abortion. The outcome may follow natural or artificial insemination or any of the various reproduction techniques, such as embryo transfer or fertilization in vitro. [NIH]

Prenatal: Existing or occurring before birth, with reference to the fetus. [EU]

Prenatal Care: Care provided the pregnant woman in order to prevent complications, and decrease the incidence of maternal and prenatal mortality. [NIH]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Primary Prevention: Prevention of disease or mental disorders in susceptible individuals or populations through promotion of health, including mental health, and specific protection, as in immunization, as distinguished from the prevention of complications or after-effects of existing disease. [NIH]

Private Sector: That distinct portion of the institutional, industrial, or economic structure of a country that is controlled or owned by non-governmental, private interests. [NIH]

Program Evaluation: Studies designed to assess the efficacy of programs. They may include the evaluation of cost-effectiveness, the extent to which objectives are met, or impact. [NIH]

Programmed Instruction: Instruction in which learners progress at their own rate using workbooks, textbooks, or electromechanical devices that provide information in discrete steps, test learning at each step, and provide immediate feedback about achievement. (ERIC, Thesaurus of ERIC Descriptors, 1996). [NIH]

Progression: Increase in the size of a tumor or spread of cancer in the body. [NIH]

Progressive: Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

Prospective Studies: Observation of a population for a sufficient number of persons over a sufficient number of years to generate incidence or mortality rates subsequent to the selection of the study group. [NIH]

Prospective study: An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Proteolytic: 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

Protocol: The detailed plan for a clinical trial that states the trial's rationale, purpose, drug or vaccine dosages, length of study, routes of administration, who may participate, and other aspects of trial design. [NIH]

Proxy: A person authorized to decide or act for another person, for example, a person having durable power of attorney. [NIH]

Psychiatric: Pertaining to or within the purview of psychiatry. [EU]

Psychiatry: The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

Psychic: Pertaining to the psyche or to the mind; mental. [EU]

Psychology: The science dealing with the study of mental processes and behavior in man and animals. [NIH]

Psychopathology: The study of significant causes and processes in the development of mental illness. [NIH]

Psychosis: A mental disorder characterized by gross impairment in reality testing as evidenced by delusions, hallucinations, markedly incoherent speech, or disorganized and agitated behaviour without apparent awareness on the part of the patient of the incomprehensibility of his behaviour; the term is also used in a more general sense to refer to mental disorders in which mental functioning is sufficiently impaired as to interfere grossly with the patient's capacity to meet the ordinary demands of life. Historically, the term has been applied to many conditions, e.g. manic-depressive psychosis, that were first described in psychotic patients, although many patients with the disorder are not judged psychotic. [EU]

Public Health: Branch of medicine concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the

international, national, state, or municipal level. [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Punishment: The application of an unpleasant stimulus or penalty for the purpose of eliminating or correcting undesirable behavior. [NIH]

Purpura: Purplish or brownish red discoloration, easily visible through the epidermis, caused by hemorrhage into the tissues. [NIH]

Purulent: Consisting of or containing pus; associated with the formation of or caused by pus. [EU]

Race: A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

Radioactive: Giving off radiation. [NIH]

Radiological: Pertaining to radiodiagnostic and radiotherapeutic procedures, and interventional radiology or other planning and guiding medical radiology. [NIH]

Radiologist: A doctor who specializes in creating and interpreting pictures of areas inside the body. The pictures are produced with x-rays, sound waves, or other types of energy. [NIH]

Radiology: A specialty concerned with the use of x-ray and other forms of radiant energy in the diagnosis and treatment of disease. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Randomized clinical trial: A study in which the participants are assigned by chance to separate groups that compare different treatments; neither the researchers nor the participants can choose which group. Using chance to assign people to groups means that the groups will be similar and that the treatments they receive can be compared objectively. At the time of the trial, it is not known which treatment is best. It is the patient's choice to be in a randomized trial. [NIH]

Reality Testing: The individual's objective evaluation of the external world and the ability to differentiate adequately between it and the internal world; considered to be a primary ego function. [NIH]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Receptors, Serotonin: Cell-surface proteins that bind serotonin and trigger intracellular changes which influence the behavior of cells. Several types of serotonin receptors have been recognized which differ in their pharmacology, molecular biology, and mode of action. [NIH]

Rectum: The last 8 to 10 inches of the large intestine. [NIH]

Refer: To send or direct for treatment, aid, information, or decision. [NIH]

Refraction: A test to determine the best eyeglasses or contact lenses to correct a refractive error (myopia, hyperopia, or astigmatism). [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Registries: The systems and processes involved in the establishment, support, management, and operation of registers, e.g., disease registers. [NIH]

Reliability: Used technically, in a statistical sense, of consistency of a test with itself, i. e. the

extent to which we can assume that it will yield the same result if repeated a second time. [NIH]

Reproduction Techniques: Methods pertaining to the generation of new individuals. [NIH]

Research Design: A plan for collecting and utilizing data so that desired information can be obtained with sufficient precision or so that an hypothesis can be tested properly. [NIH]

Respiration: The act of breathing with the lungs, consisting of inspiration, or the taking into the lungs of the ambient air, and of expiration, or the expelling of the modified air which contains more carbon dioxide than the air taken in (Blakiston's Gould Medical Dictionary, 4th ed.). This does not include tissue respiration (= oxygen consumption) or cell respiration (= cell respiration). [NIH]

Restoration: Broad term applied to any inlay, crown, bridge or complete denture which restores or replaces loss of teeth or oral tissues. [NIH]

Resuscitation: The restoration to life or consciousness of one apparently dead; it includes such measures as artificial respiration and cardiac massage. [EU]

Retina: The ten-layered nervous tissue membrane of the eye. It is continuous with the optic nerve and receives images of external objects and transmits visual impulses to the brain. Its outer surface is in contact with the choroid and the inner surface with the vitreous body. The outer-most layer is pigmented, whereas the inner nine layers are transparent. [NIH]

Retinal: 1. Pertaining to the retina. 2. The aldehyde of retinol, derived by the oxidative enzymatic splitting of absorbed dietary carotene, and having vitamin A activity. In the retina, retinal combines with opsins to form visual pigments. One isomer, 11-cis retinal combines with opsin in the rods (scotopsin) to form rhodopsin, or visual purple. Another, all-trans retinal (trans-r.); visual yellow; xanthopsin) results from the bleaching of rhodopsin by light, in which the 11-cis form is converted to the all-trans form. Retinal also combines with opsins in the cones (photopsins) to form the three pigments responsible for colour vision. Called also retinal, and retinene1. [EU]

Retinal Detachment: Separation of the inner layers of the retina (neural retina) from the pigment epithelium. Retinal detachment occurs more commonly in men than in women, in eyes with degenerative myopia, in aging and in aphakia. It may occur after an uncomplicated cataract extraction, but it is seen more often if vitreous humor has been lost during surgery. (Dorland, 27th ed; Newell, Ophthalmology: Principles and Concepts, 7th ed, p310-12). [NIH]

Retinal Hemorrhage: Bleeding from the vessels of the retina. [NIH]

Retinol: Vitamin A. It is essential for proper vision and healthy skin and mucous membranes. Retinol is being studied for cancer prevention; it belongs to the family of drugs called retinoids. [NIH]

Retrograde: 1. Moving backward or against the usual direction of flow. 2. Degenerating, deteriorating, or catabolic. [EU]

Retrospective: Looking back at events that have already taken place. [NIH]

Retrospective study: A study that looks backward in time, usually using medical records and interviews with patients who already have or had a disease. [NIH]

Rhodopsin: A photoreceptor protein found in retinal rods. It is a complex formed by the binding of retinal, the oxidized form of retinol, to the protein opsin and undergoes a series of complex reactions in response to visible light resulting in the transmission of nerve impulses to the brain. [NIH]

Ribosome: A granule of protein and RNA, synthesized in the nucleolus and found in the cytoplasm of cells. Ribosomes are the main sites of protein synthesis. Messenger RNA

attaches to them and there receives molecules of transfer RNA bearing amino acids. [NIH]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Salivary: The duct that convey saliva to the mouth. [NIH]

Salivary glands: Glands in the mouth that produce saliva. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Seizures: Clinical or subclinical disturbances of cortical function due to a sudden, abnormal, excessive, and disorganized discharge of brain cells. Clinical manifestations include abnormal motor, sensory and psychic phenomena. Recurrent seizures are usually referred to as epilepsy or "seizure disorder." [NIH]

Serotonin: A biochemical messenger and regulator, synthesized from the essential amino acid L-tryptophan. In humans it is found primarily in the central nervous system, gastrointestinal tract, and blood platelets. Serotonin mediates several important physiological functions including neurotransmission, gastrointestinal motility, hemostasis, and cardiovascular integrity. Multiple receptor families (receptors, serotonin) explain the broad physiological actions and distribution of this biochemical mediator. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Sex Characteristics: Those characteristics that distinguish one sex from the other. The primary sex characteristics are the ovaries and testes and their related hormones. Secondary sex characteristics are those which are masculine or feminine but not directly related to reproduction. [NIH]

Sexually Transmitted Diseases: Diseases due to or propagated by sexual contact. [NIH]

Shame: An emotional attitude excited by realization of a shortcoming or impropriety. [NIH]

Shock: The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

Skeletal: Having to do with the skeleton (boney part of the body). [NIH]

Skeleton: The framework that supports the soft tissues of vertebrate animals and protects many of their internal organs. The skeletons of vertebrates are made of bone and/or cartilage. [NIH]

Small intestine: The part of the digestive tract that is located between the stomach and the large intestine. [NIH]

Social Environment: The aggregate of social and cultural institutions, forms, patterns, and processes that influence the life of an individual or community. [NIH]

Social Problems: Situations affecting a significant number of people, that are believed to be sources of difficulty or threaten the stability of the community, and that require programs of amelioration. [NIH]

Social Support: Support systems that provide assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by churches, groups, etc. [NIH]

Social Work: The use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments. It includes social service agencies. [NIH]

Sodium: An element that is a member of the alkali group of metals. It has the atomic symbol Na, atomic number 11, and atomic weight 23. With a valence of 1, it has a strong affinity for oxygen and other nonmetallic elements. Sodium provides the chief cation of the extracellular body fluids. Its salts are the most widely used in medicine. (From Dorland, 27th ed) Physiologically the sodium ion plays a major role in blood pressure regulation, maintenance of fluid volume, and electrolyte balance. [NIH]

Soft tissue: Refers to muscle, fat, fibrous tissue, blood vessels, or other supporting tissue of the body. [NIH]

Somatic: 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

Sound wave: An alteration of properties of an elastic medium, such as pressure, particle displacement, or density, that propagates through the medium, or a superposition of such alterations. [NIH]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Spectrum: A charted band of wavelengths of electromagnetic vibrations obtained by refraction and diffraction. By extension, a measurable range of activity, such as the range of bacteria affected by an antibiotic (antibacterial s.) or the complete range of manifestations of a disease. [EU]

Spinal cord: The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

Spirochete: Lyme disease. [NIH]

Spontaneous Abortion: The non-induced birth of an embryo or of fetus prior to the stage of viability at about 20 weeks of gestation. [NIH]

Sports Medicine: The field of medicine concerned with physical fitness and the diagnosis and treatment of injuries sustained in sports activities. [NIH]

Spouse Abuse: Deliberate severe and repeated injury to one domestic partner by the other. [NIH]

Stillbirth: The birth of a dead fetus or baby. [NIH]

Stimulus: That which can elicit or evoke action (response) in a muscle, nerve, gland or other excitable issue, or cause an augmenting action upon any function or metabolic process. [NIH]

Stomach: An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

Strangulation: Extreme compression or constriction of the trachea or of any part. [NIH]

Streptococcal: Caused by infection due to any species of streptococcus. [NIH]

Streptococcus: A genus of gram-positive, coccoid bacteria whose organisms occur in pairs or chains. No endospores are produced. Many species exist as commensals or parasites on man or animals with some being highly pathogenic. A few species are saprophytes and occur in the natural environment. [NIH]

Stress: Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

Stress management: A set of techniques used to help an individual cope more effectively

with difficult situations in order to feel better emotionally, improve behavioral skills, and often to enhance feelings of control. Stress management may include relaxation exercises, assertiveness training, cognitive restructuring, time management, and social support. It can be delivered either on a one-to-one basis or in a group format. [NIH]

Stroke: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Subungual: Beneath a nail. [NIH]

Symptomatology: 1. That branch of medicine with treats of symptoms; the systematic discussion of symptoms. 2. The combined symptoms of a disease. [EU]

Synaptic: Pertaining to or affecting a synapse (= site of functional apposition between neurons, at which an impulse is transmitted from one neuron to another by electrical or chemical means); pertaining to synapsis (= pairing off in point-for-point association of homologous chromosomes from the male and female pronuclei during the early prophase of meiosis). [EU]

Synaptic Transmission: The communication from a neuron to a target (neuron, muscle, or secretory cell) across a synapse. In chemical synaptic transmission, the presynaptic neuron releases a neurotransmitter that diffuses across the synaptic cleft and binds to specific synaptic receptors. These activated receptors modulate ion channels and/or second-messenger systems to influence the postsynaptic cell. Electrical transmission is less common in the nervous system, and, as in other tissues, is mediated by gap junctions. [NIH]

Syphilis: A contagious venereal disease caused by the spirochete *Treponema pallidum*. [NIH]

Systemic: Affecting the entire body. [NIH]

Systolic: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

Technetium: The first artificially produced element and a radioactive fission product of uranium. The stablest isotope has a mass number 99 and is used diagnostically as a radioactive imaging agent. Technetium has the atomic symbol Tc, atomic number 43, and atomic weight 98.91. [NIH]

Temperament: Predisposition to react to one's environment in a certain way; usually refers to mood changes. [NIH]

Thermal: Pertaining to or characterized by heat. [EU]

Threshold: For a specified sensory modality (e. g. light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Thrombus: An aggregation of blood factors, primarily platelets and fibrin with entrapment of cellular elements, frequently causing vascular obstruction at the point of its formation. Some authorities thus differentiate thrombus formation from simple coagulation or clot formation. [EU]

Thymus: An organ that is part of the lymphatic system, in which T lymphocytes grow and

multiply. The thymus is in the chest behind the breastbone. [NIH]

Time Management: Planning and control of time to improve efficiency and effectiveness. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tissue Harvesting: The removal of organs or tissue for reuse, for example, for transplantation. [NIH]

Tomography: Imaging methods that result in sharp images of objects located on a chosen plane and blurred images located above or below the plane. [NIH]

Torsion: A twisting or rotation of a bodily part or member on its axis. [NIH]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicity: The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxin: A poison; frequently used to refer specifically to a protein produced by some higher plants, certain animals, and pathogenic bacteria, which is highly toxic for other living organisms. Such substances are differentiated from the simple chemical poisons and the vegetable alkaloids by their high molecular weight and antigenicity. [EU]

Trachea: The cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi. [NIH]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Transfer Factor: Factor derived from leukocyte lysates of immune donors which can transfer both local and systemic cellular immunity to nonimmune recipients. [NIH]

Translation: The process whereby the genetic information present in the linear sequence of ribonucleotides in mRNA is converted into a corresponding sequence of amino acids in a protein. It occurs on the ribosome and is unidirectional. [NIH]

Transmitter: A chemical substance which effects the passage of nerve impulses from one cell to the other at the synapse. [NIH]

Transplantation: Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

Trauma: Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

Trichotillomania: Compulsion to pull out one's hair. [NIH]

Trigger zone: Dolorogenic zone (= producing or causing pain). [EU]

Tryptophan: An essential amino acid that is necessary for normal growth in infants and for nitrogen balance in adults. It is a precursor serotonin and niacin. [NIH]

Ultrasonography: The visualization of deep structures of the body by recording the reflections of echoes of pulses of ultrasonic waves directed into the tissues. Use of ultrasound for imaging or diagnostic purposes employs frequencies ranging from 1.6 to 10 megahertz. [NIH]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the

"personal unconscious". [NIH]

Uranium: A radioactive element of the actinide series of metals. It has an atomic symbol U, atomic number 92, and atomic weight 238.03. U-235 is used as the fissionable fuel in nuclear weapons and as fuel in nuclear power reactors. [NIH]

Urban Population: The inhabitants of a city or town, including metropolitan areas and suburban areas. [NIH]

Urine: Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

Vaccine: A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

Vagina: The muscular canal extending from the uterus to the exterior of the body. Also called the birth canal. [NIH]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

VE: The total volume of gas either inspired or expired in one minute. [NIH]

Veins: The vessels carrying blood toward the heart. [NIH]

Venereal: Pertaining or related to or transmitted by sexual contact. [EU]

Venous: Of or pertaining to the veins. [EU]

Ventilation: 1. In respiratory physiology, the process of exchange of air between the lungs and the ambient air. Pulmonary ventilation (usually measured in litres per minute) refers to the total exchange, whereas alveolar ventilation refers to the effective ventilation of the alveoli, in which gas exchange with the blood takes place. 2. In psychiatry, verbalization of one's emotional problems. [EU]

Ventricle: One of the two pumping chambers of the heart. The right ventricle receives oxygen-poor blood from the right atrium and pumps it to the lungs through the pulmonary artery. The left ventricle receives oxygen-rich blood from the left atrium and pumps it to the body through the aorta. [NIH]

Ventricular: Pertaining to a ventricle. [EU]

Vertebrae: A bony unit of the segmented spinal column. [NIH]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Video Recording: The storing or preserving of video signals for television to be played back later via a transmitter or receiver. Recordings may be made on magnetic tape or discs (videodisc recording). [NIH]

Videodisc Recording: The storing of visual and usually sound signals on discs for later reproduction on a television screen or monitor. [NIH]

Viral: Pertaining to, caused by, or of the nature of virus. [EU]

Virulence: The degree of pathogenicity within a group or species of microorganisms or viruses as indicated by case fatality rates and/or the ability of the organism to invade the tissues of the host. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Vitreous: Glasslike or hyaline; often used alone to designate the vitreous body of the eye (corpus vitreum). [EU]

Vitreous Body: The transparent, semigelatinous substance that fills the cavity behind the

crystalline lens of the eye and in front of the retina. It is contained in a thin hyoid membrane and forms about four fifths of the optic globe. [NIH]

Vitreous Humor: The transparent, colorless mass of gel that lies behind the lens and in front of the retina and fills the center of the eyeball. [NIH]

Vulva: The external female genital organs, including the clitoris, vaginal lips, and the opening to the vagina. [NIH]

Vulvovaginitis: Inflammation of the vulva and vagina, or of the vulvovaginal glands. [EU]

War: Hostile conflict between organized groups of people. [NIH]

Warts: Benign epidermal proliferations or tumors; some are viral in origin. [NIH]

Water Intoxication: A condition resulting from the excessive retention of water with sodium depletion. [NIH]

Weight Gain: Increase in body weight over existing weight. [NIH]

Xenograft: The cells of one species transplanted to another species. [NIH]

X-ray: High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

Zoster: A virus infection of the Gasserian ganglion and its nerve branches, characterized by discrete areas of vesiculation of the epithelium of the forehead, the nose, the eyelids, and the cornea together with subepithelial infiltration. [NIH]

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