

toms in four annual clinic evaluations. Salivary cortisol levels were measured during the second and fourth years of the study. Peer nominations of aggression also were conducted during the first two annual evaluations.

The researchers found that low

cortisol levels were associated with persistence and early onset of aggression, especially when measures of cortisol concentrations were pooled. Boys with low cortisol concentrations at both years two and four had three times the number of aggressive symptoms. They also

were named as being most aggressive by peers three times as often as boys who had higher cortisol concentrations during either of the sampling times.

“A restricted [low] range of cortisol variability may be more indicative of persistent aggression than a low concentration of cortisol at any single point in time,” say the researchers.

McBurnett K, Lahey BB, Rathouz PJ, et al.: Low salivary cortisol and persistent aggression in boys referred for disruptive behavior. *Archives of General Psychiatry* 2000; 57:38-43. Reprint requests to: Keith McBurnett, Ph.D., Department of Psychiatry, University of Chicago, 5841 S. Maryland Ave., MC 3077, Chicago, IL 60637.

Resources

NCI Web site provides information on smoking for youth

The National Cancer Institute maintains a Web site, “Smoke-Free Kids,” to help motivate youth not to smoke and to get involved in smoke-free activities and environments. The Web site contains “facts and quotes” about smoking, tips for coaches on encouraging youth not to smoke and information for parents on how to encourage their children (especially girls) to play sports.

The Web site also contains information on smoking for youth, such as statistics on the detrimental effects of smoking on health. For example, smoking cuts down on fitness, and teens who smoke are more likely to drink heavily and use illegal drugs. For more information, go to the Web site at www.smokefree.gov/info.html or contact Damon Thompson by e-mail at dthompson@osophs.dhhs.gov.

Organizations address care of children with special needs

The American Academy of Pediatrics (AAP) and the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration have joined together to support a home program for children with special needs. The National Center of Medical Home Initiatives for Children with Special Needs will be established in the AAP Department of Community Pediatrics. The center’s resources include a training program for health care professionals, parents and administrators of public and private programs. The center also provides technical assistance for those who care for children with special needs and advocacy materials to promote competent health care coverage. A national contact network of individuals with expertise in ensuring the best care for children with special needs also is part of the initiative.

“The MCHB and AAP are committed to ensuring that all children, particularly those with special needs, have access to a medical home, and a primary care physician who is the focal point of care,” says AAP president Don Cook, M.D., F.A.A.P. “Quality care and assuring that children with special needs have a medical home is basic to comprehensive care for these children.”

For more information on the center, go to www.aap.org/advocacy/medhome.html

Parental monitoring reduces early sexual behavior

Research findings suggest that interventions with parents and other guardians to increase monitoring and communication about sexual risks may be promising health-promotion strategies for adolescents in high-risk settings.

Researchers designed a study to determine whether parental strategies to monitor children’s social behavior and to communicate with them about sexual risks helped reduce the initiation of risky sexual behavior. They surveyed a stratified cross-section of 355 African-American children ages nine to 17 who lived in urban public housing. Talking computers were used to increase confidentiality of the survey and to compare interviews across the wide age range of participants.

Children who reported high levels of parental monitoring were less likely to report initiating sex in pre-adolescence (age 10 or younger) and reported lower rates of sexual initiation as they aged.

Children who reported receiving

both greater monitoring and communication from parents concerning sexual risks were found to be less likely to have engaged in anal sex. Children who reported receiving more communication from parents also were more likely to report the use of condoms, both for

initial and subsequent sexual encounters.

The type of guardian the child had did not matter; mothers and other family members were found to be equally effective in reducing sexual risks with improved communication and monitoring.

Romer D, Stanton B, Galbraith J, et al.: Parental influence on adolescent sexual behavior in high-poverty settings. *Archives of Pediatrics & Adolescent Medicine* 1999; 153:1055-1062. Reprint requests to: Daniel Romer, Ph.D., Center for Community Partnerships, University of Pennsylvania, 133 South 36th St., Fifth Floor, Philadelphia, PA 19104-3246. E-mail: rdr@pobox.upenn.edu.

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youths in the institution, found that all had exhibited the triad behaviors. In addition to violent behavior, their histories included family chaos, serious drug use and sexual crimes ranging from exhibitionism and molestation of small girls to forcible rape.⁴ A follow-up study of these extremely violent boys determined that several of them had been victims of sexual abuse, and that they in turn perpetuated sadistic attacks on younger or weaker victims.⁵

Later researchers found that fire setting, enuresis and animal abuse behaviors by themselves did not necessarily predict future violence, unless the animal abuse was particularly aggressive and included some or all of the following characteristics:

- The child was directly involved with animal cruelty and not just a witness.
- He was impulsive and exhibited no remorse for his actions.
- He engaged in a variety of cruel acts and victimized different species.
- He mistreated valued animals, such as dogs (rather than rodents, for example).

Even in chaotic homes, animals play a very important role in the lives of children. Interestingly, and not surprisingly, children in violent

homes often rely more on their pets for love and loyalty than do other children. Yet in violent homes, animals seldom survive past age two. They are either killed, die from neglect or run away to escape the abuse. One side effect of this constant turnover, even where overt violence does not take place, is that the young child suffers from repeated cycles of attachment and loss.⁶

Several studies have linked animal abuse to interpersonal violence. In North Carolina, for example, researchers compared police reports with animal cruelty reports and found almost equal numbers of each at the same addresses. The calls to the police were for disturbances (32 percent), domestic violence (31 percent) and assault (16 percent). In a follow-up study, the majority of police calls to the animal abusing homes were for sexual assault (62 percent) and mental health (35 percent).⁷

Animal abuse and family violence

In New Jersey, a study found that a stunning 88 percent of the families who had physically abused their children also had records for animal abuse. The study found extensive "triangling" within the families, whereby pets were mistreated as a way of hurting another family member. While two-thirds of the animal abusers in the study were children's fathers, perhaps the most disturbing finding was that the other third were the

children themselves.⁸

In a Wisconsin study of battered women, four out of five victims reported that their partners had been violent toward their pets or livestock as well as to them. In most cases, the animal cruelty was carried out in the presence of the battered woman and her children. The women also reported that their partners frequently threatened to give away their pets as a way to control them.⁹

There is evidence that animal abuse in a family may be related to the lethality of domestic violence incidents. A few years ago, Nashville, Tenn., had one of the highest domestic homicide rates in the country. In response, the police department instituted a screening process for all domestic violence calls, wherein officers began collecting three pieces of information: Was the batterer brandishing or threatening his partner with a weapon? Had he threatened suicide? Had there been any abuse of family pets? Abusers with any of these characteristics were sent to special programs. Within one year of instituting this policy, Nashville's domestic homicide fatalities fell 80 percent, even though domestic calls went up 50 percent during the same period.¹⁰

Animal abuse and sexual violence

In addition to the studies already cited, research on convicted sex offenders found that 48 percent of the rapists and 30 percent of the child molesters admitted to acts of animal