

National Institutes of Health Violence Against Women Research Report, Fiscal Year 2011



National Institutes of Health

Violence Against Women Research Report, Fiscal Year 2011

Contents

Introduction.....	3
National Institute on Aging (NIA).....	4
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	4
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).....	5
National Institute on Drug Abuse (NIDA).....	5
Funding Opportunity Announcements (FOAs):	6
National Institute of Mental Health (NIMH).....	7
National Institute of Nursing Research (NINR)	8
NIH-wide Project Listing for VAW, Fiscal Year 2011	9
VAW Publications Generated through NIH Funding.....	9
NIAAA-supported VAW Publications	9
NICHD-supported VAW Publications	12
NIDA-supported VAW Publications	12
NIMH-supported VAW Publications (selected).....	14
Public Abstracts	16–131

Introduction

The National Institutes of Health (NIH), the nation's medical research agency, is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases.

Violence Against Women (VAW) research is one of the research areas that is reported annually, through the NIH Research Portfolio Online Reporting Tools (RePORT), where VAW is reported as one of the 229 major research/disease areas. In FY 2011, \$34 million of VAW research was funded across almost 100 projects. Most of the VAW research funding and activity is concentrated in the following institutes and centers: National Institute on Aging, (NIA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), and the National Institute of Nursing Research (NINR).

During FY 2011, additional VAW research funding was provided by: the National Heart, Lung and Blood Institute (NHLBI), the National Institute of General Medical Sciences (NIGMS), the National Institute on Minority Health and Health Disparities (NIMHD), the National Institute of Neurological Disorders and Stroke (NINDS), and the John E. Fogarty Center for Advanced Study in the Health Sciences (FIC). Administrative coordination and collaboration for this area of research is through the Office of Research on Women's Health (ORWH). Additional research collaboration occurs with the Office of Behavioral and Social Sciences Research (OBSSR). Both of these offices are located within the Office of the NIH Director.

National Institute on Aging (NIA)

The National Institute on Aging (NIA) supports research on issues of violence, abuse, and maltreatment in older Americans, including projects relating to violence against older women. Research studies that were ongoing in 2011 include a study aimed at gaining a better understanding of how childhood and adult adversity, including exposure to violence, contributes to early midlife adult health outcomes, and a study of the frequency and nature of resident-to-resident mistreatment in long-term care settings. NIA also supports a Midcareer Investigator Award to an investigator who is working to develop a national mentorship program for junior investigators in the field of elder abuse. In addition, intimate partner violence is among the topics explored in the National Social Life, Health, and Aging Study, a population-based study of health and social factors on a national scale that aims to understand the well-being of older, community-dwelling Americans by examining the interactions among physical health, illness, medication use, cognitive function, emotional health, sensory function, health behaviors, and social connectedness.

The NIA and the National Academy of Sciences jointly held an exploratory meeting in 2010 on research issues in elder mistreatment and financial fraud. Research participants identified several gaps in knowledge in these areas, and the group's findings will inform the research agenda in the coming years. A meeting summary, released in 2011, is available at http://www.nia.nih.gov/sites/default/files/meeting-report_1.pdf.

Several NIA publications contain brief discussions of elder abuse. Materials written for older people explain the various forms this problem can take and offer resources for help. Others aimed at family and/or caregivers address fraud and caregiver violence and neglect. Those publications for health professionals help them explore this sensitive topic with their older patients.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

The NIAAA research grant portfolio includes a number of studies that are relevant to the issue of alcohol-related violence against women. Such studies investigate the relationship between alcohol use and violence in adolescents and college-age women; the effects of childhood sexual and physical abuse on later-life re-victimization and risk behaviors among women; the psychological effects of sexual assault on women survivors, and the effects of intimate partner violence on women's services utilization. The NIAAA also funds human laboratory research that investigates the ability to process cues regarding potential violence following alcohol consumption.

Funding Opportunity Announcements (FOAs).

NIAAA welcomes research applications investigating alcohol-related violence against women under the following NIH announcements:

(NIAAA issued) PA-11-016, PA-11-017, PA-11-018 "Epidemiology and Prevention in Alcohol Research" (R01, R03, R21)

(NICHD issued, NIAAA participating) PA-09-169 and PA-09-170 "Research on Teen Dating Violence" (R01; R21)

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

The NICHD is dedicated to understanding the processes governing growth and development upon which the health of infants, children, youth, mothers, and families depend. One aspect of this research seeks to understand the antecedents and developmental consequences of a range of behaviors, including those related to intimate partner violence and to domestic violence. To that end, the NICHD funds several ongoing and new studies concerning violence against women, especially in the area of women's reproductive health. But the NICHD's interest extends beyond violence towards women. Recognizing that violence against one family member can have far-reaching and long-term impact within the entire family unit, the Institute also supports research that examines the antecedents and consequences of intimate partner violence and how it affects child development.

The NICHD, in collaboration with NIDA and OBSSR, are encouraging research on children in military families to better understand the impact of parental deployment and reintegration on child and family functioning <http://grants.nih.gov/grants/guide/pa-files/PA-11-200.html>. Interdisciplinary studies will examine the impact of parental military deployment, combat-related stress, and reintegration with the family on child social and affective development outcomes as well as on family functioning. Returning military personnel, particularly those with multiple deployments to combat zones, may have major depression or traumatic brain injury, and other co-morbid conditions. A developing body of literature suggests that these may be associated with an increased risk of domestic violence and child maltreatment.

The Institute plans to continue supporting the Maternal and Child Health and Human Development Research (MCHDR) program. Collaborative research projects involving U.S. and Indian investigators will enhance maternal and child health, disease prevention, product development and/or technology transfer <http://grants.nih.gov/grants/guide/pa-files/PA-11-092.html>. The program places specific emphasis on the need for research intended to move beyond basic science and discovery to product development, utilization, and improved care for women, infants and children. An emphasis will also be placed on studies addressing social, behavioral or other factors affecting implementation of established and/or new approaches to prevention, care, and treatment of disease/poor health in women, infants, and children—including the prevalence, risk factors or potential interventions for domestic violence.

National Institute on Drug Abuse (NIDA)

NIDA supports both quantitative and qualitative studies that examine the relationship between drug use and violence against women and girls. These studies aim to enhance our knowledge concerning the health and social consequences of drug use and violence against females. A wide range of topics are addressed, including the bi-directionality of drug abuse and violence; the linkages between violence, drug use, and HIV risk behavior; and research on promising interventions to address the myriad factors involved in interrelated current and past violence, substance abuse, and HIV. The FY 2011 NIDA activities focus on, or are related to, research on violence against women and girls, along with relevant publications, meeting activities, funding opportunity announcements, and future plans.

Meetings/Events:

NIDA has ongoing participation in the following:

- Federal Partner Teen Dating Violence Workgroup, with representatives from 18 agencies in the Departments of Health and Human Services, Justice, Education and Defense, as well as the Office of the

Vice President. Sponsored by the National Institute of Justice, the Workgroup coordinates teen dating violence program, policy, and research activities.

- HHS Steering Committee on Violence Against Women, which coordinates the Department's responses to research needs, program implementation, service provision, and crisis intervention.
- Think Tank Committee of the National Partnership to End Interpersonal Violence across the Lifespan (for which a NIDA staff member serves on the Executive Committee). The Think Tank is an umbrella organization of more than 100 research, policy, and governmental groups whose representatives work together to develop a blueprint to end interpersonal violence; the Executive Committee plans and develops the agenda of the annual meeting focused on violence, abuse, and trauma.
- Institute of Medicine (IOM) Forum on Global Violence Prevention, which works to reduce violence worldwide by promoting research on both protective and risk factors, encouraging evidence-based prevention efforts, and bringing together experts from all areas of violence prevention to promote exchange of ideas.

Past participation includes the following:

- Teen Dating Violence Measurement and Definition subgroup meeting of the (IOM) Forum on Global Violence Prevention, December, 2011.
- First Workshop of the IOM Forum on Global Violence Prevention, "Preventing Violence Against Women and Children," January 27-28, 2011.
- IOM Workshop, "Social and Economic Costs of Violence," April 28-29, 2011.
- National Institute of Justice (NIJ) Longitudinal Data on Teen Dating Violence Research meeting in Washington, DC, June 7-8, 2011.
- Federal Partners in Bullying Prevention federal working group, including participation in its steering committee, planning for its 2nd National Bullying Summit and chairing a symposium at the annual American Psychological Association convention, August 2011.
- IOM mPreventViolence: Communication and Technology for Violence Prevention Workshop, December 8-9, 2011.

NIDA also provided input into the draft Surgeon General document on preventing youth violence, December, 2011.

Funding Opportunity Announcements (FOAs):

- NIDA, along with NIAAA and ORWH, continues to participate in the Funding Opportunity Announcements (FOAs): PA-09-169 (R01) and PA-09-170 (R21), entitled, "Research on Teen Dating Violence," calling for research applications aimed at facilitating better understanding of the etiologies and precursors for reducing the risk for and incidence of teen dating violence (TDV). In addition, the FOAs call for research that examines the linkages and gaps among perceptions of appropriate responses to TDV from service providers, the criminal justice system, teens themselves, victims, perpetrators, and bystanders. The FOAs can be viewed at: <http://grants.nih.gov/grants/guide/pa-files/PA-09-169.html> (R01), and <http://grants.nih.gov/grants/guide/pa-files/PA-09-170.html> (R21). Expiration date for both FOAs is September 8, 2012.
- NIDA, along with NIAAA, reissued the FOAs, PA-11-047 (R01), PA-11-048 (R21) and PA-11-049 (R21), entitled "Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence," calling for research applications aimed at advancing research that focuses on male-female differences in drug and alcohol abuse and addiction and on factors specific to women. Areas of research interest include: prior stress, trauma, violence and victimization in the development and maintenance of drug abuse and dependence; developing interventions that consider the role of childhood and adulthood violence and victimization in differentially perpetuating drug abuse in males and females with attention to environmental, psychosocial and cultural factors that differentially keep them in the cycle of violence; and treatment and treatment services that examine sex/gender differences in

the impact of psychological trauma (e.g., childhood physical and sexual abuse, intimate partner violence) on drug abuse treatment process variables and outcomes. The program announcements can be viewed at: <http://grants.nih.gov/grants/guide/pa-files/PA-11-047.html> (R01), <http://grants.nih.gov/grants/guide/pa-files/PA-11-048.html> (R21), and <http://grants.nih.gov/grants/guide/pa-files/PA-11-049.html> (R03). Expiration date for these FOAs is January 8, 2014.

Future Plans

NIDA will continue to solicit and support high quality research on violence against women and girls, looking at the contributions of stress, abuse, trauma, and violence during adolescence and adulthood; intimate partner violence; and substance abuse and other co-occurring mental health disorders and HIV/AIDS. Findings will inform the development of integrated prevention and treatment strategies that address multiple risk and protective factors.

National Institute of Mental Health (NIMH)

Research on violence against women is part of a larger NIMH portfolio of research focused on understanding and addressing the mental health consequences of many different types of violence and trauma. NIMH research investments related to VAW are diverse; some projects are focused on basic science understanding of the effects of violence exposure upon the developing or adult brain, while others attempt to detect factors of risk and resilience, since we know that everyone exposed to violence does not develop post-traumatic stress disorder (PTSD) or other mental health disorders. Other studies focus on prevention, intervention research and studies of effective services to victims of violence. NIMH's larger portfolio on trauma has relevance to violence against women, since PTSD can develop after exposure to a terrifying event or ordeal, and women experience PTSD at twice the rate of men.

An example of a FY11 neuroscience study that attempts to understand the effects of abuse on brain functioning and mental health is "Neural Circuits in Women with Abuse and PTSD" (5R01MH056120-12). Studies of risk and resilience include "Early Traumatic Stress Exposure: Neurodevelopmental Mechanisms of Clinical Risk" (5R01MH090301-02) and "Prevention of Depression in Maltreated and Nonmaltreated Adolescents" (1R01MH091070-01A1). Genetic studies also show promise in identifying women and men who may be most at risk for developing PTSD when exposed to trauma, as is being investigated in these studies: "Genetic Determinants of PTSD in Women" (5R01MH078928-04) and "Genetic and Trauma-Related Risk Factors for Posttraumatic Stress Disorder" (5R01MH071537-07). In a finding from the latter study, published in Nature in 2011, (Post-traumatic stress disorder is associated with PACAP and the PAC1 receptor), researchers linked high levels of a stress-triggered, estrogen-related hormone to PTSD symptoms in women, with certain versions of the hormone receptor's gene conferring higher risk.

The major portion of NIMH research in this area studies prevention, intervention and services. Several of these studies also target particularly vulnerable populations, such as adolescents and those at risk for HIV: "Dating Violence and HIV Prevention in Girls: Adapting Mental Health Interventions" (1K23MH086328-03), and "HIV Prevention and Partner Abuse: Developing an Intervention for Adolescent Girls" (5K01MH080649-04). NIMH also funds FY11 studies seeking to determine the best way of delivering effective services, through such research as "Group Interventions for Abused, Suicidal Black Women" (5R01MH078002-05), "Treatment of PTSD in Recently Battered Women Living in Shelters" (5R34 MH08786-04), and "Effectiveness of Inter-Personal Therapy (IPT) Adapted for Depressed Women with Trauma Histories in a Community Mental Health Center (CMHC)" (5R01MH076928-05).

NIMH plans to continue funding trauma research, including studies on violence against women, in FY12 and beyond, as well as to continue participation in planning the Trauma Spectrum Conference series. NIMH participated in planning the last four Trauma Spectrum Conferences, which are sponsored by the NIH Office of Research on Women's Health, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and the Department of Veterans Affairs. The 4th Annual Trauma Spectrum Conference, held in Dec. 2011, "[Bridging the Gap Between Research and Clinical Practice of Psychological Health and Traumatic Brain Injury: Prevention, Diagnosis, Treatment and Recovery for the Iraq and Afghanistan Cohort,](#)" included several sessions focused on research on military women's exposure to violence, both combat exposure and sexual assault in the military. It should also be noted that NIMH continues to collaborate with the Army on the [Army STARRS Study](#), which includes research on men and women exposed to trauma during and outside of deployment, and may help expand scientific understanding of the factors that cause women exposed to violence to have higher rates of PTSD than males exposed to violence. Given the differences between men and women in rates of PTSD as well as other mental health disorders, NIMH has committed funding for FY13 for worthy applications in the areas of sex differences in risk and resilience:

[RFA-MH-13-020. Competitive Revision Applications for Research on Neural Processes Underlying Sex Differences Related to Risk and Resilience for Mental Illness \(R01\)](#)

[RFA-MH-13-021. Neural Processes Underlying Sex Differences Related to Risk and Resilience for Mental Illness \(R21\)](#)

[RFA-MH-13-022. Competitive Revision Applications for Research on Neural Processes Underlying Sex Differences Related to Risk and Resilience for Mental Illness \(P50\)](#)

National Institute of Nursing Research (NINR)

The National Institute of Nursing Research (NINR) supports clinical and basic research to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, enhance palliative and end-of-life care, and train the next generation of scientists. In doing so, NINR promotes and improves the health of individuals, families, and communities across the lifespan, in a variety of clinical settings and within diverse populations. NINR-supported research also seeks to understand the causes of health inequities, and to develop interventions to ameliorate such disparities. Within this mission NINR-supported research projects relevant to VAW have focused disease and injury prevention, health promotion, self- and symptom management, as well as the reduction and ultimate elimination of health disparities toward advancing health equity. Some examples from the current NINR-supported efforts are listed in the sections below (with links to RePORTER, PubMed, or other sources).

1) Grants that the IC supports on VAW (grant title, number, and PI 's name) and a hyperlink to the listing in the RePORTER

FY 2011 projects include:

- [COMMUNITY COPING INTERVENTION FOR SOMALI REFUGEE WOMEN](#)
 - Project Number: R21NR012055
 - PI: ROBERTSON, CHERYL LEE
 - Organization: UNIVERSITY OF MINNESOTA TWIN CITIES
 - http://projectreporter.nih.gov/project_info_details.cfm?aid=8060601&icde=11034204

- INJURY IN LATINA WOMEN AFTER SEXUAL ASSAULT: MOVING TOWARD HEALTH CARE EQUITY
 - Project Number: R01NR011589
 - PI: SOMMERS, MARILYN S
 - Organization: UNIVERSITY OF PENNSYLVANIA
 - http://projectreporter.nih.gov/project_info_description.cfm?aid=8069003&icde=10986511&ddparam=&ddvalue=&ddsub=

Future plans

Through a comprehensive portfolio that provides robust evidence to transform our health care system, foster innovation, and advance science, NINR will continue its focus on the unique social, cultural, societal, genetic, and biological factors that contribute to disease prevention, health promotion, and self-management of illness. For the future, NINR looks forward to continued nursing science advances focused on individuals, patients, and families that will make critical contributions toward eliminating health disparities and improving health care practice and quality of life across the disease spectrum and across the lifespan.

NIH-wide Project Listing for VAW, Fiscal Year 2011

NIH has developed a public-access link for all active grant awards, Research Portfolio Online Reporting Tools (RePORT), which can be accessed at: <http://report.nih.gov/rcdc/categories/>. The FY 2011 grant listing follows this summary report, and includes the title of each award, a brief abstract of the research, and other relevant information.

In closing, NIH remains committed to advancing the knowledge about VAW and will continue to support research and other activities in this area. In addition to direct support for research, NIH has also contributed funding to several Institute of Medicine-led workshops and forums, such as Preventing Violence Against Women and Children – January 27-28, 2011 Workshop Summary, (released September 2011). NIH staff are also members of the HHS VAW Steering Committee, and collaborate on trans-HHS activities.

VAW Publications Generated through NIH Funding

NIAAA-supported VAW Publications

Abbey A, Jacques-Tiura AJ. Sexual assault perpetrators' tactics: associations with their personal characteristics and aspects of the incident. *J Interpers Violence.* 2011 Sep;26(14):2866-89.

Abbey A, Jacques-Tiura AJ, LeBreton JM. Risk factors for sexual aggression in young men: an expansion of the confluence model. *Aggress Behav.* 2011 Sep-Oct;37(5):450-64.

Abbey A. Alcohol's role in sexual violence perpetration: theoretical explanations, existing evidence and future directions. *Drug Alcohol Rev.* 2011 Sep;30(5):481-9.

Cunradi CB, Mair C, Ponicki W, Remer L. Alcohol outlets, neighborhood characteristics, and intimate partner violence: ecological analysis of a California city. *J Urban Health.* 2011 Apr;88(2):191-200.

- Cunradi CB, Ames GM, Duke M. The relationship of alcohol problems to the risk for unidirectional and bidirectional intimate partner violence among a sample of blue-collar couples. *Violence Vict.* 2011;26(2):147-58.
- Lipsky S, Caetano R, Roy-Byrne P. Triple jeopardy: impact of partner violence perpetration, mental health and substance use on perceived unmet need for mental health care among men. *Soc Psychiatry Psychiatr Epidemiol.* 2011 Sep;46(9):843-52.
- Mattson RE, O'Farrell TJ, Lofgreen AM, Cunningham K, Murphy CM. The role of illicit substance use in a conceptual model of intimate partner violence in men undergoing treatment for alcoholism. *Psychol Addict Behav.* 2011 Aug 29. [Epub ahead of print].
- McGinley M, Richman JA, Rospenda KM. Duration of sexual harassment and generalized harassment in the workplace over ten years: effects on deleterious drinking outcomes. *J Addict Dis.* 2011 Jul-Sep;30(3):229-42.
- Najdowski CJ, Ullman SE. The effects of revictimization on coping and depression in female sexual assault victims. *J Trauma Stress.* 2011 Apr;24(2):218-21.
- Reyes HL, Foshee VA, Bauer DJ, Ennett ST. The role of heavy alcohol use in the developmental process of desistance in dating aggression during adolescence. *J Abnorm Child Psychol.* 2011 Feb;39(2):239-50.
- Rothman EF, Stuart GL, Greenbaum PE, Heeren T, Bowen DJ, Vinci R, Baughman AL, Bernstein J. Drinking style and dating violence in a sample of urban, alcohol-using youth. *J Stud Alcohol Drugs.* 2011 Jul;72(4):555-66.
- Rothman EF, Miller E, Terpeluk A, Glauber A, Randel J. The proportion of U.S. parents who talk with their adolescent children about dating abuse. *J Adolesc Health.* 2011 Aug;49(2):216-8.
- Rothman EF, Johnson RM, Young R, Weinberg J, Azrael D, Molnar BE. Neighborhood-level factors associated with physical dating violence perpetration: results of a representative survey conducted in Boston, MA. *J Urban Health.* 2011 Apr;88(2):201-13.
- Rothman EF, Exner D, Baughman AL. The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review. *Trauma Violence Abuse.* 2011 Apr;12(2):55-66.
- Schumacher JA, Coffey SF, Stasiewicz PR, Murphy CM, Leonard KE, Fals-Stewart W. Development of a Brief Motivational Enhancement Intervention for Intimate Partner Violence in Alcohol Treatment Settings. *J Aggress Maltreat Trauma.* 2011;20(2):103-127.
- Shorey RC, Stuart GL, Cornelius TL. Dating Violence and Substance Use in College Students: A Review of the Literature. *Aggress Violent Behav.* 2011 Nov;16(6):541-550.
- Smith PH, Homish GG, Leonard KE, Cornelius JR. Intimate partner violence and specific substance use disorders: Findings from the national epidemiologic survey on alcohol and related conditions. *Psychol Addict Behav.* 2011 Aug 8. [Epub ahead of print].
- Testa M, Hoffman JH, Leonard KE. Female intimate partner violence perpetration: stability and predictors of mutual and nonmutual aggression across the first year of college. *Aggress Behav.* 2011 Jul-Aug;37(4):362-73.

Testa M, Livingston JA, VanZile-Tamsen C. Advancing the study of violence against women using mixed methods: integrating qualitative methods into a quantitative research program. Violence Against Women. 2011 Feb;17(2):236-50

Testa M, Hoffman JH. Naturally Occurring Changes in Women's Drinking From High School to College and Implications for Sexual Victimization. J Stud Alcohol Drugs. 2012;73(1):26-33.

Ullman SE. Longitudinal tracking methods in a study of adult women sexual assault survivors. Violence Against Women. 2011 Feb;17(2):189-200.

Ullman SE, Najdowski CJ. Prospective changes in attributions of self-blame and social reactions to women's disclosures of adult sexual assault. J Interpers Violence. 2011 Jul;26(10):1934-62.

Vincent W, Parrott DJ, Peterson JL. Effects of Traditional Gender Role Norms and Religious Fundamentalism on Self-Identified Heterosexual Men's Attitudes, Anger, and Aggression Toward Gay Men and Lesbians. Psychol Men Masc. 2011 Oct;12(4):383-400.

Waller MW, Iritani BJ, Christ SL, Clark HK, Moracco KE, Halpern CT, Flewelling RL. Relationships Among Alcohol Outlet Density, Alcohol use, and Intimate Partner Violence Victimization Among Young Women in the United States. J Interpers Violence. 2011 Dec 28.

NICHD-supported VAW Publications

Kerr D.C.R., Capaldi D.M. (2011). Young men's intimate partner violence and relationship functioning: Long-term outcomes associated with suicide attempt and aggression in adolescence, *Psychological Medicine*, 41 (4), 759-769.

Noll J.G., Haralson K.J., Butler E.M., Shenk C.E. (2011). Childhood maltreatment, psychological dysregulation, and risky sexual behaviors in female adolescents, *Journal of Pediatric Psychology*, 36 (7), 743-752.

Rellini A.H., Ing A.D., Meston C.M. (2011). Implicit and explicit cognitive sexual processes in survivors of childhood sexual abuse, *Journal of Sexual Medicine*, 8 (11), 3098--3107.

Sousa C., Herrenkohl T.I., Moylan C.A., Tajima E.A., Klika J.B., Herrenkohl R.C., Russo M.J. (2011). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and antisocial behavior in adolescence, *Journal of Interpersonal Violence*, 26 (1), 111-136.

Tajima E.A., Herrenkohl T.I., Moylan C.A., Derr A.S. (2011). Moderating the effects of childhood exposure to intimate partner violence: The roles of parenting characteristics and adolescent peer support, *Journal of Research on Adolescence*, 21 (2), 376--394.

Boynton-Jarrett R., Fagnoli J., Suglia S.F., Zuckerman B., Wright R.J. (2010). Association between maternal intimate partner violence and incident obesity in preschool-aged children: Results from the fragile families and child well-being study, *Archives of Pediatrics and Adolescent Medicine*, 164 (6), 540--546.

Kwako L.E., Noll J.G., Putnam F.W., Trickett P.K. (2010). Childhood sexual abuse and attachment: An intergenerational perspective, *Clinical Child Psychology and Psychiatry*, 15 (3), 407--422.

Noll J.G., Shenk C.E., Yeh M.T., Ji J., Putnam F.W., Trickett P.K. (2010). Receptive language and educational attainment for sexually abused females, *Pediatrics*, 126 (3), 0--0.

Whitney S.D., Renner L.M., Herrenkohl T.I. (2010). Gender differences in risk and promotive classifications associated with adolescent delinquency, *Journal of Genetic Psychology*, 171 (2), 116--138.

Wiesner M., Capaldi D.M., Kim H.K. (2010). Arrests, recent life circumstances, and recurrent job loss for at-risk young men: An event-history analysis, *Journal of Vocational Behavior*, 76 (2), 344--354.

Violence during pregnancy linked to reduced birth weight
(<http://www.nichd.nih.gov/news/releases/090811-violence-low-birthweight.cfm>)

NIDA-supported VAW Publications

Andrews CM, Cao D, Marsh JC, Shin HC. The impact of comprehensive services in substance abuse treatment for women with a history of intimate partner violence. *Violence Against Women*. 2011 May; 17(5):550-67. Epub 2011 Apr 26.

Appleyard K, Berlin LJ, Rosanbalm KD, Dodge KA. Preventing early child maltreatment: implications from a longitudinal study of maternal abuse history, substance use problems, and offspring victimization. *Prev Sci.* 2011 Jun; 12(2):139-49.

Berlin LJ, Appleyard K, Dodge KA. Intergenerational continuity in child maltreatment: mediating mechanisms and implications for prevention. *Child Dev.* 2011 Jan-Feb; 82(1):162-76.

Cavazos-Rehg PA, Krauss MJ, Spitznagel EL, Schootman M, Cottler LB, Bierut LJ. Associations between multiple pregnancies and health risk behaviors among U.S. adolescents. *J Adolesc Health.* 2010 Dec; 47(6):600-3. Epub 2010 May 20.

Champion JD. Context of sexual risk behaviour among abused ethnic minority adolescent women. *Int Nurs Rev.* 2011 Mar; 58(1):61-7. doi: 10.1111/j.1466-7657.2010.00857.x. Epub 2011 Jan 11.

Champion JD, Collins JL. Comparison of a theory-based (AIDS Risk Reduction Model) cognitive behavioral intervention versus enhanced counseling for abused ethnic minority adolescent women on infection with sexually transmitted infection: Results of a randomized controlled trial. *Int J Nurs Stud.* 2011 Sep 19. [Epub ahead of print].

Derefinko K, DeWall CN, Metze AV, Walsh EC, Lynam DR. Do different facets of impulsivity predict different types of aggression? *Aggress Behav.* 2011 May-Jun;37(3):223-33. doi: 10.1002/ab.20387. Epub 2011 Jan 21.

Frye V, Ompad D, Chan C, Koblin B, Galea S, Vlahov D. Intimate partner violence perpetration and condom use-related factors: associations with heterosexual men's consistent condom use. *AIDS Behav.* 2011 Jan; 15(1):153-62.

Green KM, Doherty EE, Zebak KA, Ensminger ME. Association between adolescent drinking and adult violence: evidence from a longitudinal study of urban African Americans. *J Stud Alcohol Drugs.* 2011; 72(5): 701-710.

Humphreys J, Tsoh JY, Kohn MA, Gerbert B. Increasing discussions of intimate partner violence in prenatal care using Video Doctor plus Provider Cueing: a randomized, controlled trial. *Womens Health Issues.* 2011 Mar-Apr;21(2):136-44. Epub 2010 Dec 24.

Jones HE, Berkman ND, Kline TL, Ellerson RM, Browne FA, Poulton W, Wechsberg WM. Initial feasibility of a woman-focused intervention for pregnant African-American women. *Int J Pediatr.* 2011;2011:389285. Epub 2011 Mar 23.

Kim HK, Pears KC, Fisher PA, Connelly CD, Landsverk JA. Trajectories of maternal harsh parenting in the first 3 years of life. *Child Abuse Negl.* 2010 Dec;34(12):897-906. Epub 2010 Oct 27.

Meyer JP, Springer SA, Altice FL. Substance abuse, violence, and HIV in women: a literature review of the syndemic. *J Womens Health (Larchmt).* 2011 Jul; 20(7):991-1006.

Okuda M, Olfson M, Hasin D, Grant BF, Lin KH, Blanco C. Mental health of victims of intimate partner violence: results from a national epidemiologic survey. *Psychiatr Serv.* 2011 Aug; 62(8):959-62.

Ompad DC, Friedman SR, Hwahng SJ, Nandi V, Fuller CM, Vlahov D. HIV risk behaviors among young drug using women who have sex with women (WSWs) in New York City. *Subst Use Misuse.* 2011; 46(2-3):274-84.

Sullivan T, Khondkaryan E, Dos Santos N, Peters E. Applying experience sampling methods to partner violence research: Safety and feasibility in a 90-day study of community women. *Violence Against Women.* 2011; 17 (2): 251-266.

Ulibarri MD, Strathdee SA, Lozada R, Magis-Rodriguez C, Amaro H, O'Campo P, Patterson TL. Intimate partner violence among female sex workers in two Mexico-U.S. border cities: partner characteristics and HIV risk-behaviors as correlates of abuse. *Psychol Trauma.* 2010 Dec; 2(4):318-325.

Wolitzky-Taylor KB, Resnick HS, Amstadter AB, McCauley JL, Ruggiero KJ, Kilpatrick DG. Reporting rape in a national sample of college women. *J Am Coll Health.* 2011; 59(7):582-587.

Wong FY, DiGangi J, Young D, Huang ZJ, Smith BD, John D. Intimate partner violence, depression, and alcohol use among a sample of foreign-born Southeast Asian women in an urban setting in the United States. *J Interpers Violence.* 2011 Jan;26(2):211-29. Epub 2010 May 10.

Young A, Grey M, Boyd CJ, McCabe SE. Adolescent sexual assault and the medical and nonmedical use of prescription medication. *J Addict Nurs.* 2011 Mar;11(1-2):25-31.

Zinzow HM, Resnick HS, McCauley JL, Amstadter AB, Ruggiero KJ, Kilpatrick DG. Prevalence and risk of psychiatric disorders as a function of variant rape histories: results from a national survey of women. *Soc Psychiatry Psychiatr Epidemiol.* 2011 May 21. [Epub ahead of print].

NIMH-supported VAW Publications (selected)

Ressler KJ, Mercer KB, Bradley B et al. Post-traumatic stress disorder is associated with PACAP and the PAC1 receptor. *Nature.* 2011 Feb 24;470(7335):492-7. (See information about study above)

Wyatt, G E; Hamilton, AB; Myers, HF; et al. Violence prevention among HIV-positive women with histories of violence, healing women in their communities.

Womens Health Issues. 2011 Nov;21(6 Suppl):S255-60.

Sciolla A, Glover DA, Loeb TB et al. Childhood sexual abuse severity and disclosure as predictors of depression among adult African-American and Latina women.

Journal of Nervous and Mental Disease 2011 Jul;199(7):471-7.

Valentine JM.; Rodriguez MA.; Lapeyrouse LM.; et al.

Recent intimate partner violence as a prenatal predictor of maternal depression in the first year postpartum among Latinas. *Archives of Women's Mental Health,* Apr 2011. 14; 2: 135-143

Public Abstracts

PUBLIC ABSTRACTS

Grant: 1F31AA019846-01A1
Principal Investigator: GALLAGHER, KATHRYN ELISE PHD
Title: An Ecologically-Valid Intervention for Men's Intoxicated Aggression Toward Women
Institution: GEORGIA STATE UNIVERSITY ATLANTA ,GA
Project Period: 2011/04/01- 2013/03/31

DESCRIPTION (provided by applicant): The overarching goal of this application is to advance a programmatic line of research investigating interventions for alcohol-related aggression toward underrepresented populations (e.g., women, sexual minorities) to serve as the foundation for a career in academia as an independent research scientist. The impetus for the proposed project is to address a call in the literature to test theoretically-based, ecologically- valid interventions for men's alcohol-related aggression toward women. It is well established that alcohol is a contributing cause of men's aggression toward women. However, only recently has research demonstrated that cognitively focused manipulations (e.g., cognitive distraction) are effective at reducing alcohol-related aggression. From these studies, researchers have proposed ecologically-valid interventions for alcohol-related aggression. However, before these interventions can be utilized in real-world settings (e.g., a bar), laboratory research must be conducted to test (1) whether these interventions are associated with less aggression toward women, (2) the cognitive mechanisms that account for this effect , and (3) in whom such an intervention will have the greatest impact. These limitations are significant barriers to the development of effective interventions for men's alcohol-related aggression toward women and speak to the critical need for data to inform the direction of prevention programming in this area. To address this need, the proposed study seeks to investigate the following specific aims: (1) the effect of a theoretically-based intervention on intoxicated at-risk men's physical aggression and cognitions toward a female confederate following a gender-relevant provocation from that female, (2) the impact of masculine gender role stress in this relation, and (3) whether men's cognitions mediate the interactive effect of the intervention and masculine gender role stress on intoxicated men's aggression. To address these aims, 74 heavy drinking men with a recent history of physical aggression toward women will present to the laboratory for two sessions to occur on two separate days. During session 1, participants will complete several self-report questionnaires. During session 2, participants will be randomly assigned to complete the study in a room equipped (or not equipped) with salient stimuli shown to inhibit aggression (e.g., mirrors, self-awareness slogans, security cameras), consume an alcoholic beverage that results in a BrAC of at least .08%, and receive a gender-relevant provocation from a female confederate. Directly thereafter, participants will complete the Taylor Aggression Paradigm which will directly measure their physical aggression toward the female confederate. Upon completion, participants will be asked via closed-circuit intercom to "talk out loud" about their thoughts and feelings into a microphone using a modified version of the Articulated Thoughts in Simulated Situations Paradigm. It is expected that these findings will inform and provide the impetus for future prevention research in the area of alcohol-related aggression that will serve to decrease this serious public health concern. PUBLIC HEALTH RELEVANCE: The proposed research is relevant to public health because it will provide the first data toward the construction of a theoretically-based, ecologically-valid intervention for at-risk men's alcohol- related aggression toward women. It is well established that alcohol is a contributing cause of men's aggression toward women which affects approximately 25% of women during their lifetime (NVAWS; Tjaden & Thoennes, 2000). We expect that findings from this study will inform and provide the impetus for future prevention research in this area that will serve to decrease this serious public health malady.

PUBLIC ABSTRACTS

Grant: 1F31AA020131-01A1
Principal Investigator: SHOREY, RYAN CHRISTOPHER PHD
Title: The temporal association between alcohol, negative affect, dating violence.
Institution: UNIVERSITY OF TENNESSEE KNOXVILLE KNOXVILLE ,TN
Project Period: 2011/08/01- 2014/07/31

DESCRIPTION (provided by applicant): The long-term objective of the proposed project is to determine the temporal influence of alcohol use on the perpetration and victimization of psychological aggression among currently dating college students. Psychological aggression includes verbal and behavioral acts that are designed to intimidate, humiliate, threaten, and degrade one's partner. Further, psychological aggression results in increased mental health symptoms for victims and is a predictor of physical aggression perpetration. This project has the potential to provide important information that can be used to reduce dating violence and psychological aggression specifically. The proposed project aims to investigate the temporal relationship between alcohol use and the perpetration and victimization of psychological aggression in 125 male and 125 female college students in dating relationships. Unfortunately, there is a dearth of research on the temporal relationship between alcohol use and psychological aggression perpetration and victimization. In addition, the proposed project will examine whether state negative affect moderates and increases the strength of the relationship between acute alcohol use and psychological aggression. Participants will complete brief daily surveys for 90 consecutive days. The daily assessments will allow for more accurate reporting on the temporal relationship between alcohol use and dating violence. PUBLIC HEALTH RELEVANCE: This project has the potential to inform public health by identifying the influence of alcohol use on dating violence perpetration and victimization. The information that is obtained from the proposed investigation will have relevance for researchers and clinicians who are interested in the reduction of negative alcohol-related consequences, as well as the negative consequences associated with experiencing aggression from an intimate partner.

PUBLIC ABSTRACTS

Grant: 1F31AA020134-01A1
Principal Investigator: GILMORE, AMANDA KATHERINE PHD
Title: Reducing Sexual Assault Risk and Alcohol Use in College Women
Institution: UNIVERSITY OF WASHINGTON SEATTLE ,WA
Project Period: 2011/06/16- 2014/06/15

DESCRIPTION (provided by applicant): College women are at high risk for heavy drinking and sexual assault. In addition, drinking and sexual assault have consistently been found to be related, such that women with a sexual assault history drink more and women who drink are at higher risk for sexual assault. Despite the finding that alcohol is a critical risk factor for sexual assault, alcohol has not been included as a primary component in sexual assault risk reduction (SARR) programs. This project will involve 2 phases. Phase 1 includes the development and piloting of a web-based SARR program utilizing effective components of previous SARR programs for college women including sexual assault education, targeting sexual assault myths, and risk reduction strategies and skills. In addition, Phase 2 will evaluate the efficacy of a combined web-based personalized feedback alcohol intervention and sexual assault risk reduction (SARR) program (alcohol + SARR) compared to a personalized feedback alcohol intervention only condition, a SARR only condition, and an assessment only control condition on drinking behaviors and sexual assault incidence. Other sexual assault-related outcome measures will include sexual assault knowledge, sexual assault myths, alcohol use prior to sexual activity, and sexual assertiveness. The results from this study will be used to incorporate alcohol reduction programs in SARR programs. PUBLIC HEALTH RELEVANCE: Sexual assault risk reduction programs are essential to reducing the high risk of sexual assault for college women. A better understanding of the relationship between sexual assault and alcohol and the development of a sexual assault risk reduction program including an alcohol component has the potential to have implications for the understanding of the prevention and treatment of sexual assault.

PUBLIC ABSTRACTS

Grant: 1F31MH095649-01A1
Principal Investigator: WAGMAN, JENNIFER ANN PHD
Title: Assessing the impact of an intervention to prevent violence and HIV in Uganda
Institution: JOHNS HOPKINS UNIVERSITY BALTIMORE ,MD
Project Period: 2011/11/16- 2013/11/15

Rakai, Uganda is characterized by a mature HIV epidemic and high rates of intimate partner violence (IPV). In 2005, adult HIV prevalence was 16% (women) and 12% (men) and incidence was 1.5/100 person-years (PY); while 20% and 14.5% of women reported physical or sexual IPV (respectively) during the past year. This represents a significant public health concern because women who experience IPV are at increased risk for HIV acquisition and HIV-infected women are at increased risk for IPV. Although select interventions have independently reduced HIV and IPV, no one-dimensional approach has successfully decreased both outcomes. The objective of the proposed research is to assess the impact of the Safe Homes And Respect for Everyone (SHARE) Project, a combination HIV/IPV intervention conducted by Rakai Health Sciences Program (RHSP). The SHARE design was based on the Transtheoretical Model of behavior change and included work with community volunteers, health mobilization and education, capacity building activities, advocacy, media and special events. A cluster randomized trial design was used and data were collected via the parent study, the Rakai Community Cohort Study (RCCS), which collects survey and biological data every 12-18 months with all consenting people aged 15-49. At baseline there were 47 active RCCS communities grouped into 11 clusters, 4 of which were assigned to the intervention arm and 7 to the control arm of the trial. Intervention areas were exposed to SHARE and RHSP services including HIV testing, provision of ART and pre-ART care, general medical care, prevention of mother-to-child HIV transmission, family planning, health education and community mobilization. Control areas were not exposed to SHARE but were exposed to RHSP services. Impact assessment was done through RCCS surveys and HIV serology done pre-intervention (Feb 2005-June 2006) and at 2 post-intervention follow-ups (Aug 2006-Nov 2009). A total of 14,119 participants (3,316 in intervention communities and 10,803 in control communities) were enrolled at baseline. The proposed research has 3 aims. Aim 1: To assess the impact of the intervention on the period prevalence of physical and/or sexual IPV in the past 12 months compared to the control communities. Adjusted prevalence risk ratios (PRR) will be estimated using log-binomial or modified Poisson regression with random effects models to account for within-cluster correlation. Aim 2: To assess the impact of the intervention on HIV incidence compared with control communities. An intention-to-treat approach will be followed using a log link and Poisson distribution to estimate the incidence rate ratios (IRR) of HIV acquisition per 100 PY, using random effects models to account for intra-cluster correlation and adjusting by cluster. Aim 3: To assess the impact of the intervention on sexual risk behaviors (non-marital partnerships in the past year, condom use over the past 6 months and use of alcohol before sex) compared to the control communities. PRRs will be estimated using log-binomial or modified Poisson regression with random effects models to account for correlation within clusters.

PUBLIC ABSTRACTS

Grant: 1K01DA031593-01
Principal Investigator: STOCKMAN, JAMILA KINSHASA PHD
Title: Impact of Violence and Power on a HIV Behavioral Intervention for Female MA Users
Institution: UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA ,CA
Project Period: 2011/04/01- 2016/03/31

DESCRIPTION (provided by applicant): The purpose of the proposed Mentored Scientist Career Development Award (K01) is to provide the candidate with mentoring and research experiences that will promote her development as an independent researcher, with particular emphasis in the field of mixed methods HIV intervention research in drug-using populations. Objectives of the training are to develop knowledge and skills in: 1) substance abuse epidemiology, assessment and prevention, to understand how intimate partner violence (IPV) affects drug-using populations and the subsequent risk for HIV/STIs; 2) theoretically-driven behavioral HIV prevention interventions; 3) mixed methods research, specifically related to HIV interventions; and 4) advanced statistics such as structural equation modeling. Training activities will include didactic coursework and specific workshops, directed readings and one-on-one tutorials with mentors, and instruction in the responsible conduct of research. The candidate will receive mentorship from a Training Committee comprised of nationally renowned experts in the fields of substance abuse, behavioral interventions, and mixed methodology research at the University of California, San Diego. The specific aims of the proposed research are to: 1) assess the effect of recent IPV and sexual relationship power differentials on the sexual risk behaviors of HIV-negative heterosexual methamphetamine (MA)-using women enrolled in the intervention arm of an HIV behavioral intervention; 2) examine whether cognitive mediators (e.g., condom use self-efficacy and outcome expectancies) mediate the relationship between recent IPV and sexual relationship power and sexual risk behaviors; and 3) qualitatively characterize how the context of IPV and sexual relationship power differentials affect the implementation of safer sex behaviors during and after participation in the HIV behavioral intervention. The research aims will be accomplished by conducting a mixed methods HIV intervention study. Quantitative data will come from an ethnically diverse sample of 100 MA-using women enrolled in the intervention group of an HIV prevention intervention study designed to reduce sexual risk behaviors, MA use, and depressive symptoms (FASTLANE2, PI: Patterson). Qualitative data will come from in-depth interviews of a subsample of 30 MA-using women enrolled in the FASTLANE2 study, reporting IPV and varying sexual relationship power differentials. Findings from the proposed research will position the candidate to propose an R34 or R01 proposal to pilot test a theoretically-driven, mixed methods behavioral HIV prevention intervention that addresses the multiplicity of risks among drug-using women in the context of female-controlled barrier methods and empowerment. Moreover, the candidate's ethnic minority background combined with the proposed training and research will support a career trajectory focused on vulnerable, underserved populations at risk for HIV while becoming an influential mentor to underrepresented women. PUBLIC HEALTH RELEVANCE: Female methamphetamine users often experience a multiplicity of risks including, intimate partner violence, relationship power differentials, conflict between sex partners over sharing of drugs, and mental illness; yet, there is no best practice evidence on interventions that concurrently address gender-based issues, HIV and drug use. Findings from the proposed research will be critical to the development, implementation, and evaluation of theoretically-driven, mixed methods HIV behavioral interventions that address the multiplicity of risks faced by drug-using women, in the context of female empowerment. Further, developing skills in mixed methods HIV intervention research will uniquely position the candidate as one of only a handful of epidemiologists in gender-based violence research with expertise in applying mixed methodology to HIV interventions focused on drug-using populations.

PUBLIC ABSTRACTS

Grant: 1K18DE022324-01
Principal Investigator: WESTLUND-HIGH, KARIN N PHD PHYSIOLOGY
Title: Physiological and Emotional Reactivity to Pain after Physical and Sexual Abuse
Institution: UNIVERSITY OF KENTUCKY LEXINGTON ,KY
Project Period: 2011/09/23- 2012/08/31

DESCRIPTION (provided by applicant): This proposal details a short-term career enhancement plan for a seasoned pain research scientist paired with experienced clinical behavioral scientists in the College of Dentistry at the University of Kentucky, as mentors. The proposed training opportunity for the faculty level candidate includes: (1) formal Certificate training in Clinical and Translational Science (CTS) and (2) mentored training in a clinical orofacial pain study. Chronic pain is a long lasting but less well documented outcome associated with post-traumatic stress disorder (PTSD) after exposure to interpersonal violence. The mentored pilot study will be performed in women with a history of physical and/or sexual abuse from local community shelters. Laboratory findings of mentor, Dr. Charles Carlson, and his colleagues have established a link between PTSD and chronic orofacial pain for women. Coincident physiological response changes in these chronic pain sufferers include decreased heart rate variability (HRV). Alterations in responsivity of this physiological biomarker suggest it as an appropriate target for interventional strategies. Recent evidence suggests controlling rate and pattern of respiration can restore an increase in HRV. Dr. Carlson has developed a method of individual skills training in self-regulation of respiration that may help offset enduring physiological changes precipitated by exposure to traumatic events. Hypothesis: Improved self-regulation of autonomic nervous system function with controlled breathing can offset altered physiological responses to a painful heat stress precipitated by exposure to traumatic events. AIM 1: To evaluate differences in physiological activity and emotional reactivity in participants with/without PTSD symptoms who have experience physical or sexual abuse. Physiological activation and emotional reactivity will be assessed in 60 participants who have experienced interpersonal violence. Participants will fill out questionnaires: Emotion Assessment Scale (EAS), Pittsburgh Sleep Quality Index (PSQI), Post Traumatic Stress Disorder Checklist (PCL-C), Self Report Depression Scale (CES-D), and Current Stage of Menstrual Cycle. Baseline physiologic measures will include heart rate, end- tidal CO₂ (ETCO₂), and respiration rate. AIM 2: To study responses to a physical stressor (heat stimulation) and the effects of a brief physical self-regulation breathing intervention on the physiological variables. A physical stressor consisting of application of unilateral intermittent painfully hot stimulation will be applied to the orofacial area while physiological recordings (heart rate, ETCO₂, respiration rate) continue. The procedure will be repeated after instruction in a slow diaphragmatic breathing intervention that is introduced to one-half of the participants selected at random using a table of random numbers. The long-term goal of this training is to prepare the candidate to design, perform and analyze clinical translational studies in patients with chronic orofacial pain after formal CTS training and participation in a mentored pilot study to understand adverse physiological outcomes of PTSD after physical/sexual abuse. **PUBLIC HEALTH RELEVANCE:** Severe psychological trauma produced by abuse can produce well characterized chronic physiological and psychological responses, including decreased heart rate variability and increased responsivity to pain. Individual skills training in self-regulation of respiration will be used to offset persisting physiological changes and increased reactivity to noxious heat-induced orofacial pain precipitated by exposure to traumatic physical or sexual abuse.

PUBLIC ABSTRACTS

Grant: 1K23DA031881-01
Principal Investigator: CHOO, ESTHER K MD
Title: A Computer-based Intervention for Women with Substance Use and IPV in the ED
Institution: RHODE ISLAND HOSPITAL PROVIDENCE ,RI
Project Period: 2011/08/15- 2016/07/31

DESCRIPTION (provided by applicant): Dr. Esther K. Choo is Assistant Professor in the Department of Emergency Medicine at Warren Alpert Medical School of Brown University. Her long-term goal is to become an independent investigator with a focus on developing effective interventions for high-risk women with substance use disorders. The overall aim of Dr. Choo's proposal is to target co-occurring problems of substance use and intimate partner violence (IPV) using a computer-based intervention, B-SAFER (Brief intervention for Substance use and partner Abuse for Females in the Emergency Room). This K23 Mentored Patient-Oriented Career Development Award proposal is in keeping with NIDA's mission, with great potential to significantly improve treatment of drug abuse through an intervention that could be rapidly and effectively disseminated to other emergency departments (EDs) and to other clinical settings. Substance use and IPV have a close, bidirectional relationship, and the coexisting disorders place women at high risk for poor mental and physical health outcomes. The ED presents a great opportunity to intervene in this population, as coexisting problems are highly prevalent, while adequate assessment, intervention and referrals are not routinely available. Further, no resource is available in the ED to address related problems of substance use and IPV in an integrated manner. As a computer-based intervention, B-SAFER has great potential as a feasible and acceptable ED resource. The research project has two phases. The Development Phase will use focus groups to inform and refine the development of the computer-based intervention, and will conclude with a small open trial. The Testing Phase will be a pilot RCT of the intervention in a high-volume urban ED, examining primary outcomes of substance use and utilization of relationship safety resources. In completing this research and associated training activities, Dr. Choo plans to gain the skills, knowledge and experience needed to become a national leader in research on technology-based interventions for women with substance use. Her goals are to gain skills in: 1) using qualitative health research methodology to inform the development of interventions; 2) developing and testing computerized interventions for substance use and IPV; 3) conducting clinical trials of substance use and IPV interventions; 4) analyzing longitudinal data; and 5) addressing the ethical issues related to research using computerized interventions for individuals with substance use and victimization. PUBLIC HEALTH RELEVANCE: This project seeks to address the health care of women with coexisting substance use and IPV presenting to the ED setting, a population at high risk and with high health care needs and yet few available resources. The results of this research could contribute to national models of care in ED settings and will provide opportunities for Dr. Choo to develop, test and disseminate similar interventions for women with substance use and IPV in other clinical and community settings.

PUBLIC ABSTRACTS

Grant: 1K24AA019707-01A1
Principal Investigator: STUART, GREGORY L PHD
Title: A Program of Research and Mentorship on Alcohol Use and Intimate Partner Violence
Institution: UNIVERSITY OF TENNESSEE KNOXVILLE KNOXVILLE ,TN
Project Period: 2011/04/01- 2016/03/31

DESCRIPTION (provided by applicant): My long term professional goals are to improve the understanding of the link between substance misuse and intimate partner violence (IPV), to enhance treatment options available, and to serve as a role model and mentor to the next generation of patient-oriented alcohol researchers. My goal is to have protected time to spend focused effort on mentoring at least 10 faculty mentees, including at minimum, one NIAAA-funded K01 award recipient, one NICHHD-funded K23 recipient, one NIAAA-funded F-32 recipient, and 7 additional assistant or associate professors who have recently or are in the process of applying for external funding. For my own career development I would like to conduct multidisciplinary research and learn the necessary skills to expand my program of research to the genetics of alcohol treatment and aggression. This will involve obtaining training in molecular genetics, advanced statistical modeling of genetic variants influencing human behavior and psychiatric conditions, and focused attention on the ethical ramifications of conducting genetics research. IPV results in devastating consequences, including physical and mental health problems, divorce, suicide, and spousal homicide. There is substantial evidence for the association between alcohol use and IPV. Recent research has shown that IPV perpetration and victimization by both genders is 5-20 times more likely to occur on a drinking day than on a non-drinking day. In populations of individuals with alcohol problems, research has shown that extended interventions specifically designed to reduce alcohol use also produce decreases in IPV. However, research suggests that treatment for IPV among individuals arrested for domestic violence is relatively ineffective, particularly among individuals who use alcohol excessively. Batterer treatment outcome research has shown that men with alcohol problems are 16 times more likely to recidivate to violence after the intervention than men without alcohol problems. To date, there is minimal research on the extent to which treatment for hazardous alcohol use will ameliorate subsequent IPV in batterers. I am currently conducting two randomized clinical trials wherein male and female hazardous drinkers who have been arrested for domestic violence and court-referred to batterer intervention programs are assigned to either a brief, motivationally focused alcohol intervention plus standard batterer intervention or standard batterer intervention alone. Alcohol use, problems arising from alcohol use, and physical, sexual, and psychological aggression are assessed at baseline, 3-, 6-, and 12-month follow-up. Arrest records and protection orders are obtained as further indices of violence recidivism. We hypothesize that adding a brief alcohol treatment to standard batterer intervention will result in less alcohol use and IPV perpetration and victimization at follow-up, relative to standard care alone. To date, our findings support these hypotheses. These grants focus on the incremental efficacy of a brief alcohol intervention in reducing alcohol use and by extension intimate partner violence (IPV), including the identification of moderators of the interventions. In this K24 application, I seek support for genotyping empirically-supported candidate genes in biologically driven pathways and using an aggregate genetic risk score (AGRS) approach to examining genetic associations with alcohol-related phenotypes (including treatment response) as well as IPV-related phenotypes over time. Research participants will be recruited from my ongoing randomized clinical trials. This proposed K24 award affords an excellent opportunity to improve our knowledge base regarding the association between genes, IPV, and alcohol and violence treatment outcome. I propose to collect and analyze DNA from a minimum of 175-200 male batterer participants and at least 175-200 arrested women participants to examine the role of empirically selected candidate genes in association with phenotypes of aggression and alcohol treatment response. We will examine whether aggregate genetic risk scores derived from empirically- selected candidate polymorphisms in the dopaminergic and serotonergic systems are associated with the frequency and severity of IPV, and substance use,

at baseline and over time. We will also examine whether GABRA2 polymorphisms and haplotypes are associated with IPV and alcohol treatment outcome. For exploratory purposes, we will investigate whether gender differences emerge in genetic models, and whether sex-linked variation in the MAO-A gene is associated with IPV perpetration over time. Knowledge regarding genetic predictors of violence and substance use treatment outcomes could advance theoretical models of substance use and aggression and could ultimately be used for patient-treatment matching. Results will significantly contribute to our understanding of the biological underpinnings of these societal problems, and may suggest immediate translational benefits to targeting behavioral interventions by genetic background. Banking the DNA samples will allow us to examine other candidate genes as their relevance emerges in the literature. Identifying the role of genetics in alcohol use and aggressive behavior will facilitate the development of more robust treatments and prevention strategies. The proposed K24 award will provide the protected time required to cultivate my knowledge of behavioral genetics research, while allowing me considerable time to mentor an outstanding group of junior colleagues.

PUBLIC ABSTRACTS

Grant: 1R01DA031275-01A1
Principal Investigator: SULLIVAN, TAMI P PHD
Title: Racial/ethnic Differences in Daily Dynamics of PTSD, Sexual-Risk & Substance Use
Institution: YALE UNIVERSITY NEW HAVEN ,CT
Project Period: 2011/07/15- 2016/05/31

DESCRIPTION (provided by applicant): Women who experience intimate partner violence (IPV) have rates of substance misuse that are 2 to 7 times higher than women nationally. IPV-exposed women also have extremely high rates of risky sexual behavior (behavior that puts women at risk for HIV, sexually transmitted infections, and unwanted pregnancies). Despite such high rates, little research has examined mechanisms by which IPV may increase the risk of substance use and risky sexual behavior. IPV-exposed women are more likely to suffer from PTSD symptoms, which may make them especially vulnerable to these problems. Women's recurrent experience of IPV and chronic exposure to traumatic stressors (e.g., abusive partner) likely contribute to unique profiles of PTSD symptoms, which in turn, may be related to use of different classes of substances and risky sexual behavior. Yet no data exist to test the hypothesis that PTSD symptoms trigger substance use and risky sexual behavior among this high risk population. Aims: Among IPV-exposed women, the proposed study aims to: 1. Test within-person effects of acute PTSD symptom severity by cluster on proximal (a) drug, (b) alcohol, and (c) tobacco use. 2. Test within-person effects of acute PTSD symptom severity by cluster on proximal risky sexual behavior and to test the potentially mediating and moderating effects of (a) drug and (b) alcohol use on these relationships. 3. Test the moderating effects of race/ethnicity and culturally relevant risk and protective factors on the within-person associations between acute PTSD symptom severity by cluster and (a) drug, (b) alcohol, and (c) tobacco use, and separately on (d) risky sexual behavior. The short-term objective is to evaluate contingencies among PTSD symptom severity by cluster, substance use, and risky sexual behavior. Because integrated interventions for this special population have more effective outcomes, the long-term objective is to develop integrated intervention and prevention strategies addressing symptoms of PTSD, substance use, risky sexual behavior, and IPV-related problems to be implemented in community settings. Methods: An experience sampling method will be used to collect intensive longitudinal data in near real time from 300 IPV-exposed women in the community, allowing experiences and behaviors to be captured as they unfold in their natural environment. Women will use cell phones connected to interactive voice response technology to report their experiences 4 times a day for 30 days to determine if PTSD symptoms trigger substance use and risky sexual behavior at the within-person level. The sample will be stratified to examine potential moderating effects of race/ethnicity (100 each, African American, Latina, and White women). Significance: The proposed project addresses the critical need to determine mechanisms through which IPV is related to increased drug, alcohol, and tobacco use and risky sexual behavior so that integrated intervention and prevention strategies tailored to the unique needs of this population can be developed. Reducing substance use and risky sexual behavior among IPV-exposed women will improve the health of countless women in our nation. PUBLIC HEALTH RELEVANCE: Women who experience intimate partner violence (IPV) have extremely high rates of drug, alcohol, and tobacco problems and risky sexual behavior; yet little research has examined mechanisms by which IPV contributes to these problems. One likely mechanism is PTSD; IPV-exposed are more likely to suffer from PTSD symptoms than women who have not been exposed to IPV. Thus, the purpose of this research is to evaluate contingencies among PTSD symptom severity by cluster; drug, alcohol, and tobacco use; and risky sexual behavior, and to elucidate differences by race/ethnicity to inform the development of community-based, integrated intervention and prevention programs for this understudied, high-risk population.

PUBLIC ABSTRACTS

Grant: 1R01HD064407-01A1
Principal Investigator: MILLER, ELIZABETH MD, PHD
Title: Family Planning-based Partner Abuse Intervention to Reduce Unintended Pregnancy
Institution: UNIVERSITY OF PITTSBURGH AT PITTSBURGH PITTSBURGH ,PA
Project Period: 2011/09/16- 2015/06/30

DESCRIPTION (provided by applicant): This is a second submission of a New Investigator-initiated community-based participatory study to test, via a 2-armed cluster (RCT), a brief intervention to reduce risk for intimate partner violence (IPV) and associated unintended pregnancy among young, medically underserved women attending family planning (FP) clinics. Women ages 16-29 years utilizing FP clinics report higher rates of IPV compared to their same-age peers, experiences associated with unintended pregnancy. A critical mechanism connecting IPV with poor reproductive health is abusive partners' control of women's reproduction through condom refusal, pressuring women to get pregnant, and birth control sabotage, a phenomenon described as reproductive coercion. In our pilot intervention study (NICHD R21 HD057814-01), 53% of young women using FP clinics reported ever experiencing IPV, and 25% reported reproductive coercion, the combination of which was strongly associated with unintended pregnancy. The proposed reproductive coercion/partner violence intervention (RCPVI) was developed collaboratively by community-based practitioners, advocates, and researchers, with significant input from FP clients. Designed to be implemented within routine FP care, maximizing feasibility and sustainability of this program, the RCPVI provides 1) client education and assessment regarding IPV and reproductive coercion; 2) discussion of harm reduction behaviors to reduce risk for unintended pregnancy and IPV victimization; 3) supported referrals to IPV victim services. In the pilot, women in the intervention arm experiencing recent IPV reported a 71% reduction in a key element of reproductive coercion, pregnancy coercion, highlighting the potential for significant impact of this intervention. Based on this pilot, we are proposing a full-scale RCT (i.e., sufficiently powered and of adequate duration) to conclusively assess the effects of this innovative program on IPV, reproductive coercion and unintended pregnancy, major health threats for medically underserved women. Evaluation of this RCPVI will involve random assignment of 16 FP clinics in Northern California to either intervention or control (i.e., standard-of-care) conditions. Female FP clients ages 16-29 (N=3600) will be assessed at baseline, 12-20 weeks (FU1), and 12 months (FU2) to assess intervention effects on knowledge and behaviors related to IPV, reproductive coercion and related harm reduction, as well as unintended pregnancy. Data at each time point will be collected via audio computer-assisted self-interview in English or Spanish. Chart extraction will track clinic utilization, pregnancy testing, and diagnosed pregnancies. Intervention effects on patient-level follow-up outcomes will be assessed using multilevel regression analyses that account for clustering of individual participants within clinics. All project partners, including client and clinician advisors, will participate in implementation, interpretation of results, and dissemination of findings. PUBLIC HEALTH RELEVANCE: Intimate partner violence (IPV) and male partners' attempts to control women's reproductive health are associated with unintended pregnancy. Identifying community-partnered interventions to reduce IPV and associated reproductive coercion, particularly those effective in the context of social disadvantage, is critical. The proposed community-based participatory study will test, via a 2-armed cluster randomized controlled trial, a brief intervention integrated into family planning clinics to reduce risk for IPV and associated unintended pregnancy, both major public threats that disproportionately affect young women in medically underserved communities.

PUBLIC ABSTRACTS

Grant: 1R01HD064407-01A1
Principal Investigator: SILVERMAN, JAY G PHD
Title: Family Planning-based Partner Abuse Intervention to Reduce Unintended Pregnancy
Institution: UNIVERSITY OF PITTSBURGH AT PITTSBURGH PITTSBURGH ,PA
Project Period: 2011/09/16- 2015/06/30

DESCRIPTION (provided by applicant): This is a second submission of a New Investigator-initiated community-based participatory study to test, via a 2-armed cluster (RCT), a brief intervention to reduce risk for intimate partner violence (IPV) and associated unintended pregnancy among young, medically underserved women attending family planning (FP) clinics. Women ages 16-29 years utilizing FP clinics report higher rates of IPV compared to their same-age peers, experiences associated with unintended pregnancy. A critical mechanism connecting IPV with poor reproductive health is abusive partners' control of women's reproduction through condom refusal, pressuring women to get pregnant, and birth control sabotage, a phenomenon described as reproductive coercion. In our pilot intervention study (NICHD R21 HD057814-01), 53% of young women using FP clinics reported ever experiencing IPV, and 25% reported reproductive coercion, the combination of which was strongly associated with unintended pregnancy. The proposed reproductive coercion/partner violence intervention (RCPVI) was developed collaboratively by community-based practitioners, advocates, and researchers, with significant input from FP clients. Designed to be implemented within routine FP care, maximizing feasibility and sustainability of this program, the RCPVI provides 1) client education and assessment regarding IPV and reproductive coercion; 2) discussion of harm reduction behaviors to reduce risk for unintended pregnancy and IPV victimization; 3) supported referrals to IPV victim services. In the pilot, women in the intervention arm experiencing recent IPV reported a 71% reduction in a key element of reproductive coercion, pregnancy coercion, highlighting the potential for significant impact of this intervention. Based on this pilot, we are proposing a full-scale RCT (i.e., sufficiently powered and of adequate duration) to conclusively assess the effects of this innovative program on IPV, reproductive coercion and unintended pregnancy, major health threats for medically underserved women. Evaluation of this RCPVI will involve random assignment of 16 FP clinics in Northern California to either intervention or control (i.e., standard-of-care) conditions. Female FP clients ages 16-29 (N=3600) will be assessed at baseline, 12-20 weeks (FU1), and 12 months (FU2) to assess intervention effects on knowledge and behaviors related to IPV, reproductive coercion and related harm reduction, as well as unintended pregnancy. Data at each time point will be collected via audio computer-assisted self-interview in English or Spanish. Chart extraction will track clinic utilization, pregnancy testing, and diagnosed pregnancies. Intervention effects on patient-level follow-up outcomes will be assessed using multilevel regression analyses that account for clustering of individual participants within clinics. All project partners, including client and clinician advisors, will participate in implementation, interpretation of results, and dissemination of findings. PUBLIC HEALTH RELEVANCE: Intimate partner violence (IPV) and male partners' attempts to control women's reproductive health are associated with unintended pregnancy. Identifying community-partnered interventions to reduce IPV and associated reproductive coercion, particularly those effective in the context of social disadvantage, is critical. The proposed community-based participatory study will test, via a 2-armed cluster randomized controlled trial, a brief intervention integrated into family planning clinics to reduce risk for IPV and associated unintended pregnancy, both major public threats that disproportionately affect young women in medically underserved communities.

PUBLIC ABSTRACTS

Grant: 1R01HD066087-01A1

Principal Investigator: GIORDANO, PEGGY C PHD
SOCIOLOGY:CRIMINOLOGY/DELINQUENCY

Title: Life Course, Relationship, and Situational Contexts of Teen Dating Violence

Institution: BOWLING GREEN STATE UNIV BOWLING GREEN BOWLING GREEN ,OH

Project Period: 2011/05/16- 2015/03/31

DESCRIPTION (provided by applicant): Relationship violence negatively affects well-being, and is costly for individuals, couples, children, and society. Research has been conducted on teen dating violence (TDV) and marital relationships, but little research has focused on early adulthood, the period in which intimate partner violence (IPV) increases exponentially in frequency and seriousness. IPV necessarily occurs within a relationship context, but knowledge of the dynamics of young adult violent relationships is especially limited. Our symbolic interactionist theory emphasizes respondents' perceptions of the meanings and impact of IPV, and the need to identify universal and uniquely gendered aspects of IPV as individual's transition from adolescence to adulthood. We build on a large, prospective longitudinal study of adolescent and young adults' intimate relationships (Toledo Adolescent Relationships Study-TARS). In addition to four waves of previously collected interview data (n=1,319), currently we have funding to conduct a fifth wave of interviews with the youngest cohort (about one-third of the existing sample), focusing on three forms of violent victimization and perpetration (physical violence, psychological abuse, and sexual coercion). We request funding to conduct interviews with the two older cohorts (ages 24 & 26 at interview) who are at the peak ages of IPV, and to conduct separate in-depth interviews with both partners of a subsample of respondents (50 couples, n=100) reporting experience with IPV. We will address the following specific aims: 1: To analyze the incidence, prevalence, and patterns of relationship abuse from adolescence to young adulthood. The longitudinal design (ages 13-26) permits assessments of the sociodemographic patterning and developmental progressions of IPV experience. We will explore early risk factors and contemporaneous circumstances associated with trajectories of perpetration and victimization. We will identify factors linked to IPV escalation and persistence, and determine the long term effects of IPV on behavioral and emotional health as well as adult union formation and stability. 2: To examine similarities and differences in the nature, qualities and dynamics within violent and non-violent relationships. We focus on the subjectively experienced dynamics of intimate relationships that we hypothesize amplify the risk of violence, and identify ways in which gender affects these subjective experiences. We include attention to positive features of intimate relationships which have not figured heavily into either research or prevention efforts, but may be critical to understanding relationship dynamics associated with heightened risk, as well as decisions to continue or leave a violent relationship. The TARS elicits information about multiple relationships at each wave, so we can examine within-individual changes across time and different relationships. 3: To identify situational contexts that amplify risk for violence. In most instances, relationship violence is not a routine event highlighting the need for research on situational factors that amplify risk. We will document the progression of abuse within relationships by assessing cognitive, emotional, behavioral and social factors that influence patterns of escalation and de-escalation. PUBLIC HEALTH RELEVANCE: Our analysis of social relationships and their influence across the period of adolescence into adulthood encompasses the NICHD goal of applying "a life course approach to research on health" and fits squarely in the mission of NICHD to investigate the health and well-being of individuals, families and populations. Relationship violence negatively influences physical health and emotional well being, and is costly for individuals, couples, children, and society. The study is also consistent with the 2007 Long Range Planning Report, which calls for research on the "the mechanisms through which social and economic realities shape individual health, especially among disadvantaged populations" with context as the key mechanism, including

dyadic relationships.

PUBLIC ABSTRACTS

Grant: 1R01HD066087-01A1
Principal Investigator: LONGMORE, MONICA A. OTH (PHD)
Title: Life Course, Relationship, and Situational Contexts of Teen Dating Violence
Institution: BOWLING GREEN STATE UNIV BOWLING GREEN BOWLING GREEN ,OH
Project Period: 2011/05/16- 2015/03/31

DESCRIPTION (provided by applicant): Relationship violence negatively affects well-being, and is costly for individuals, couples, children, and society. Research has been conducted on teen dating violence (TDV) and marital relationships, but little research has focused on early adulthood, the period in which intimate partner violence (IPV) increases exponentially in frequency and seriousness. IPV necessarily occurs within a relationship context, but knowledge of the dynamics of young adult violent relationships is especially limited. Our symbolic interactionist theory emphasizes respondents' perceptions of the meanings and impact of IPV, and the need to identify universal and uniquely gendered aspects of IPV as individual's transition from adolescence to adulthood. We build on a large, prospective longitudinal study of adolescent and young adults' intimate relationships (Toledo Adolescent Relationships Study-TARS). In addition to four waves of previously collected interview data (n=1,319), currently we have funding to conduct a fifth wave of interviews with the youngest cohort (about one-third of the existing sample), focusing on three forms of violent victimization and perpetration (physical violence, psychological abuse, and sexual coercion). We request funding to conduct interviews with the two older cohorts (ages 24 & 26 at interview) who are at the peak ages of IPV, and to conduct separate in-depth interviews with both partners of a subsample of respondents (50 couples, n=100) reporting experience with IPV. We will address the following specific aims: 1: To analyze the incidence, prevalence, and patterns of relationship abuse from adolescence to young adulthood. The longitudinal design (ages 13-26) permits assessments of the sociodemographic patterning and developmental progressions of IPV experience. We will explore early risk factors and contemporaneous circumstances associated with trajectories of perpetration and victimization. We will identify factors linked to IPV escalation and persistence, and determine the long term effects of IPV on behavioral and emotional health as well as adult union formation and stability. 2: To examine similarities and differences in the nature, qualities and dynamics within violent and non-violent relationships. We focus on the subjectively experienced dynamics of intimate relationships that we hypothesize amplify the risk of violence, and identify ways in which gender affects these subjective experiences. We include attention to positive features of intimate relationships which have not figured heavily into either research or prevention efforts, but may be critical to understanding relationship dynamics associated with heightened risk, as well as decisions to continue or leave a violent relationship. The TARS elicits information about multiple relationships at each wave, so we can examine within-individual changes across time and different relationships. 3: To identify situational contexts that amplify risk for violence. In most instances, relationship violence is not a routine event highlighting the need for research on situational factors that amplify risk. We will document the progression of abuse within relationships by assessing cognitive, emotional, behavioral and social factors that influence patterns of escalation and de-escalation. PUBLIC HEALTH RELEVANCE: Our analysis of social relationships and their influence across the period of adolescence into adulthood encompasses the NICHD goal of applying "a life course approach to research on health" and fits squarely in the mission of NICHD to investigate the health and well-being of individuals, families and populations. Relationship violence negatively influences physical health and emotional well being, and is costly for individuals, couples, children, and society. The study is also consistent with the 2007 Long Range Planning Report, which calls for research on the "the mechanisms through which social and economic realities shape individual health, especially among disadvantaged populations" with context as the key mechanism, including dyadic relationships.

PUBLIC ABSTRACTS

Grant: 1R01HD066087-01A1

Principal Investigator: MANNING, WENDY D. PHD SOCIOLOGY

Title: Life Course, Relationship, and Situational Contexts of Teen Dating Violence

Institution: BOWLING GREEN STATE UNIV BOWLING GREEN BOWLING GREEN ,OH

Project Period: 2011/05/16- 2015/03/31

DESCRIPTION (provided by applicant): Relationship violence negatively affects well-being, and is costly for individuals, couples, children, and society. Research has been conducted on teen dating violence (TDV) and marital relationships, but little research has focused on early adulthood, the period in which intimate partner violence (IPV) increases exponentially in frequency and seriousness. IPV necessarily occurs within a relationship context, but knowledge of the dynamics of young adult violent relationships is especially limited. Our symbolic interactionist theory emphasizes respondents' perceptions of the meanings and impact of IPV, and the need to identify universal and uniquely gendered aspects of IPV as individual's transition from adolescence to adulthood. We build on a large, prospective longitudinal study of adolescent and young adults' intimate relationships (Toledo Adolescent Relationships Study-TARS). In addition to four waves of previously collected interview data (n=1,319), currently we have funding to conduct a fifth wave of interviews with the youngest cohort (about one-third of the existing sample), focusing on three forms of violent victimization and perpetration (physical violence, psychological abuse, and sexual coercion). We request funding to conduct interviews with the two older cohorts (ages 24 & 26 at interview) who are at the peak ages of IPV, and to conduct separate in-depth interviews with both partners of a subsample of respondents (50 couples, n=100) reporting experience with IPV. We will address the following specific aims: 1: To analyze the incidence, prevalence, and patterns of relationship abuse from adolescence to young adulthood. The longitudinal design (ages 13-26) permits assessments of the sociodemographic patterning and developmental progressions of IPV experience. We will explore early risk factors and contemporaneous circumstances associated with trajectories of perpetration and victimization. We will identify factors linked to IPV escalation and persistence, and determine the long term effects of IPV on behavioral and emotional health as well as adult union formation and stability. 2: To examine similarities and differences in the nature, qualities and dynamics within violent and non-violent relationships. We focus on the subjectively experienced dynamics of intimate relationships that we hypothesize amplify the risk of violence, and identify ways in which gender affects these subjective experiences. We include attention to positive features of intimate relationships which have not figured heavily into either research or prevention efforts, but may be critical to understanding relationship dynamics associated with heightened risk, as well as decisions to continue or leave a violent relationship. The TARS elicits information about multiple relationships at each wave, so we can examine within-individual changes across time and different relationships. 3: To identify situational contexts that amplify risk for violence. In most instances, relationship violence is not a routine event highlighting the need for research on situational factors that amplify risk. We will document the progression of abuse within relationships by assessing cognitive, emotional, behavioral and social factors that influence patterns of escalation and de-escalation. PUBLIC HEALTH RELEVANCE: Our analysis of social relationships and their influence across the period of adolescence into adulthood encompasses the NICHD goal of applying "a life course approach to research on health" and fits squarely in the mission of NICHD to investigate the health and well-being of individuals, families and populations. Relationship violence negatively influences physical health and emotional well being, and is costly for individuals, couples, children, and society. The study is also consistent with the 2007 Long Range Planning Report, which calls for research on the "the mechanisms through which social and economic realities shape individual health, especially among disadvantaged populations" with context as the key mechanism, including

dyadic relationships.

PUBLIC ABSTRACTS

Grant: 1R01HD067505-01A1
Principal Investigator: MCDONELL, JAMES R DOTH (DSW), PHD
Title: A multi-level, cohort-sequential study of rural adolescent dating violence victim
Institution: CLEMSON UNIVERSITY CLEMSON ,SC
Project Period: 2011/09/01- 2015/08/31

DESCRIPTION (provided by applicant): A multi-year cohort-sequential study of rural adolescent dating violence victimization and perpetration is proposed. The project's goal is to define an ecological, multilevel model of dating violence victimization and perpetration among adolescents in the rural south as a prelude to developing a comprehensive, community-based prevention and intervention initiative and generating specific policy and program recommendations for the prevention of adolescent dating violence. Data will be collected across a four-year study period from a random sample of females and males in grades 6 through 12 (approximate age range of 12 to 19), a parent or caregiver, and school and youth serving organization personnel. Data will also be collected through an observational study of the adolescents' neighborhoods, through third party sources of neighborhood-level data and through an observational study of adolescent couples who have been dating for a minimum of three months. Finally, data will be collected on factors characterizing the organizational setting where youth spend substantial amounts of time, including schools and youth serving organizations. Latent growth curve analysis will be used to model the data. Specifically, the project will 1) describe the developmental trajectory of dating violence victimization and perpetration among adolescent females and males in a rural southern setting; 2) identify multilevel risk factors for dating violence victimization and perpetration in the population; 3) define predictive models for dating violence victimization and perpetration, taking individual, dyadic, familial, organizational, and neighborhood and community factors into account; 4) describe the dyadic context of adolescent dating relationships relative to victimization and perpetration; 5) design a multi-level ecological intervention approach to preventing and ameliorating adolescent dating violence victimization and perpetration based on predictive risk models; 6) develop specific policy and program recommendations for responding to rural adolescent dating violence victimization and perpetration; and 7) disseminate research findings and policy and program recommendations. PUBLIC HEALTH RELEVANCE: The proposed research will contribute to a better understanding of dating violence and its consequences, particularly among adolescents in the rural South, leading to improved public health policies and programs for preventing dating violence and stimulating additional research using multilevel, ecological models. The project will also contribute to identifying the complex interactions among individual, family, and community factors contributing to dating violence, informing clinical practice and community-based interventions. [Specifically, the research will provide an empirical basis for tailoring prevention and intervention policies and programs to fit the development of dating violence over time and for incorporating strategies responding to dating violence at the individual, family, neighborhood, and organizational levels. The results are expected to point to the need to plan and implement comprehensive, community-wide prevention programs targeting teens and their families in natural community settings, arming youth service workers with generalized dating violence prevention strategies, and bringing about changes in the normative structure of communities to engage community residents in prevention efforts. The research will contribute to future empirical investigation by highlighting the utility of accelerated longitudinal designs and growth curve modeling.]

PUBLIC ABSTRACTS

Grant: 1R01HD067505-01A1
Principal Investigator: WOLFE, DAVID A. PHD PSYCHOLOGY, OTHER
Title: A multi-level, cohort-sequential study of rural adolescent dating violence victim
Institution: CLEMSON UNIVERSITY CLEMSON ,SC
Project Period: 2011/09/01- 2015/08/31

DESCRIPTION (provided by applicant): A multi-year cohort-sequential study of rural adolescent dating violence victimization and perpetration is proposed. The project's goal is to define an ecological, multilevel model of dating violence victimization and perpetration among adolescents in the rural south as a prelude to developing a comprehensive, community-based prevention and intervention initiative and generating specific policy and program recommendations for the prevention of adolescent dating violence. Data will be collected across a four-year study period from a random sample of females and males in grades 6 through 12 (approximate age range of 12 to 19), a parent or caregiver, and school and youth serving organization personnel. Data will also be collected through an observational study of the adolescents' neighborhoods, through third party sources of neighborhood-level data and through an observational study of adolescent couples who have been dating for a minimum of three months. Finally, data will be collected on factors characterizing the organizational setting where youth spend substantial amounts of time, including schools and youth serving organizations. Latent growth curve analysis will be used to model the data. Specifically, the project will 1) describe the developmental trajectory of dating violence victimization and perpetration among adolescent females and males in a rural southern setting; 2) identify multilevel risk factors for dating violence victimization and perpetration in the population; 3) define predictive models for dating violence victimization and perpetration, taking individual, dyadic, familial, organizational, and neighborhood and community factors into account; 4) describe the dyadic context of adolescent dating relationships relative to victimization and perpetration; 5) design a multi-level ecological intervention approach to preventing and ameliorating adolescent dating violence victimization and perpetration based on predictive risk models; 6) develop specific policy and program recommendations for responding to rural adolescent dating violence victimization and perpetration; and 7) disseminate research findings and policy and program recommendations. PUBLIC HEALTH RELEVANCE: The proposed research will contribute to a better understanding of dating violence and its consequences, particularly among adolescents in the rural South, leading to improved public health policies and programs for preventing dating violence and stimulating additional research using multilevel, ecological models. The project will also contribute to identifying the complex interactions among individual, family, and community factors contributing to dating violence, informing clinical practice and community-based interventions. [Specifically, the research will provide an empirical basis for tailoring prevention and intervention policies and programs to fit the development of dating violence over time and for incorporating strategies responding to dating violence at the individual, family, neighborhood, and organizational levels. The results are expected to point to the need to plan and implement comprehensive, community-wide prevention programs targeting teens and their families in natural community settings, arming youth service workers with generalized dating violence prevention strategies, and bringing about changes in the normative structure of communities to engage community residents in prevention efforts. The research will contribute to future empirical investigation by highlighting the utility of accelerated longitudinal designs and growth curve modeling.]

PUBLIC ABSTRACTS

Grant: 1R01MD006075-01
Principal Investigator: GLASS, NANCY E PHD
Title: A microfinance intervention to improve health of rape survivors in the DRC
Institution: JOHNS HOPKINS UNIVERSITY BALTIMORE ,MD
Project Period: 2010/12/24- 2015/11/30

DESCRIPTION (provided by applicant): The United States plays a significant role in global health. It is both the largest funder of innovation in global health and the largest donor to care and support programs in sub-Saharan Africa. The effectiveness and sustainability of these efforts are limited by gaps in knowledge of the role of social determinants, such as poverty, social isolation, chronic stress and trauma, and limited access to health care services has on disparities in health. The overall goal of the study is to build the science base for large-scale implementation of economic programs to improve the health of women survivors of sexual and gender based violence (SGBV). The last decade in the Democratic Republic of Congo (DRC) has seen the use of rape as a weapon of war, where rebels and soldiers subject women and girls to brutalizing attacks, rape, torture, and mutilation. Survivors of rape are often further traumatized by infections, disease, poverty, stigma and social isolation. The study objective is to test the effectiveness of an innovative, village-led microfinance program on SGBV survivor's health, household economic stability, and reintegration to family and village. Our preliminary evidence indicates that a village-led microfinance program improves Congolese women's health and household economic stability, through increased funds to purchase food, housing and medication and to pay school fees for children. Survivors also report a reduction in the negative health impacts of chronic stress, stigma and trauma associated with SGBV because they are once again productive family and village members. As a result of our preliminary work, our microfinance-academic research collaboration proposes a five-year experimental trial using mixed-methods (quantitative and qualitative techniques). In this trial, 10 villages in the Ngweshe Chiefdom in the Walungu Territory in South Kivu DRC will be randomized to either the microfinance intervention (n=5) or delayed control (n=5) group. Outcomes will be measured at the individual and household levels in both intervention and control villages. We estimate 50 household in each of the intervention and control villages will participate for a total of 500 households. Measurement of outcomes in each village will be collected at baseline and 3, 6, 12 and 18-months post-baseline assessment. The study addresses the National Center for Minority Health and Health Disparities (NCMHD) priorities to develop and test structural interventions to reduce health disparities. Research findings will inform the science base for large-scale implementation of structural interventions, with the aim to establish a causal relationship between a microfinance intervention and improved health, household economic security, and reintegration for survivors of sexual and gender-based violence and their families. **PUBLIC HEALTH RELEVANCE:** The study addresses the National Center for Minority Health and Health Disparities (NCMHD) priorities to develop and test structural interventions to reduce health disparities. Research findings will inform the science base for large-scale implementation of structural interventions, with the aim to establish a causal relationship between a microfinance intervention and improved health, household economic security, and reintegration for survivors of sexual and gender-based violence and their families.

PUBLIC ABSTRACTS

Grant: 1R01MH086611-01A2
Principal Investigator: CLOITRE, MARYLENE PHD
Title: Implementation of an Evidence-Based PTSD Treatment in Public Sector Settings
Institution: PALO ALTO INSTITUTE FOR RES & EDU, INC. PALO ALTO ,CA
Project Period: 2011/07/01- 2015/04/30

DESCRIPTION (provided by applicant): PTSD among women is a particularly pernicious and chronic disorder associated with significant psychiatric comorbidity, high rates of suicidality, substance abuse, self-injury and multiple traumatization including repeated sexual assault and domestic violence. Public-sector mental health services are the disproportionate recipient of traumatized women with between 62% to 98% of treatment seeking women reporting a history of trauma and of those, up to 40% carry a diagnosis of PTSD with various comorbidities. Over 40 single-site randomized trials of cognitive-behavioral therapy for PTSD have been conducted. However, to date, there are only two large-sample randomized clinical trials which have evaluated the effectiveness of such treatments in the community and both of them concerned military populations. This application proposes to evaluate the effectiveness of an evidence-based PTSD treatment in the context of a collaborative partnership of four public mental health clinics serving diverse populations. The intervention is a two module, sequential treatment (STAIR/MPE) in which the first module emphasizes present-focused skills training in affective interpersonal regulation (STAIR) for day-to-day life difficulties and the second module incorporates past-focused work on the processing of the trauma, using a modified version of prolonged exposure (MPE). This cognitive behavioral treatment was specifically designed to treat high risk, multiply traumatized women with chronic PTSD and has been demonstrated to provide significant and clinically substantial relief from PTSD as well as improvement in emotion management and interpersonal functioning. We will assess the effectiveness of STAIR/MPE compared to Treatment as Usual (TAU) in the context of every day clinical care. The study is a randomized, controlled repeated measures intent-to-treat design to assess STAIR/MPE as compared to TAU at post-treatment and three and six-month follow-up. Four sites (Western Ontario, Boston, New York and Atlanta), each situated within a large public sector mental health network, will enroll 88 treatment-seeking women with PTSD related to interpersonal violence yielding a total of 352 study participants. The primary outcome will be PTSD symptom severity. Secondary outcomes will be negative mood regulation self-efficacy, interpersonal problems and general level of psychiatric impairment (GAF scores). Exploratory aims include the examination of the relationship between variations in treatment implementation and treatment outcome as well as the influence of patient characteristics and other contextual (therapist and organization) variables likely to impact implementation. We will also introduce web-based technology as a resource intended to strengthen clinical networks and maintain use of study materials after the trial has ended. PUBLIC HEALTH RELEVANCE: The primary aim of the current proposal is to evaluate the effectiveness of a cognitive-behavioral treatment in resolving PTSD related to interpersonal violence among women seeking treatment in public sector mental health services. The therapy, a sequential modular treatment comprised of skills training followed by exposure (STAIR/MPE) will be compared to Treatment as Usual (TAU) in a multisite randomized controlled trial of four public mental health outpatient clinics.

PUBLIC ABSTRACTS

Grant: 1R01MH091070-01A1
Principal Investigator: CICCHETTI, DANTE CICCHETTI PHD
Title: Prevention of Depression in Maltreated and Nonmaltreated Adolescents
Institution: UNIVERSITY OF ROCHESTER ROCHESTER ,NY
Project Period: 2011/07/13- 2016/05/31

DESCRIPTION (provided by applicant): Research has consistently demonstrated that child maltreatment places children at heightened risk for the emergence of psychopathology, including major depressive disorders (MDD; Cicchetti & Valentino, 2006; Thompson, 2005; Widom et al., 2007). Adolescents with maltreatment histories have been found to be three times more likely to become depressed or suicidal than adolescents without histories of maltreatment (Brown et al., 1999). Because adolescence represents a peak time for the emergence of depressive disorders, as well as a developmental period during which rates of depression for girls begin to exceed those of boys, the provision of preventive intervention for adolescent girls with elevated depressive symptoms is particularly important. Moreover, because studies examining processes underlying depression have begun to elucidate differential pathways based on the presence of maltreatment (Heim et al., 2008), the evaluation of a preventive intervention for subsyndromal depressed adolescent girls with or without histories of maltreatment addresses a critical gap in the prevention literature. As increased knowledge on the biological consequences of child abuse and neglect has emerged (Watts-English et al., 2006), it is increasingly important to incorporate a multiple- levels-of-analysis perspective into the design and evaluation of preventive interventions. The proposed research seeks to extend knowledge on an efficacious preventive intervention for depression in adolescent girls with and without histories of maltreatment. The investigation will utilize a developmental psychopathology framework with 350 low-income ethnically and culturally diverse adolescent girls to evaluate the efficacy of Interpersonal Psychotherapy for Adolescents (IPT-A) for preventing depression. 140 of these adolescents with depressive symptoms will have histories of child maltreatment and 140 will be demographically comparable but without maltreatment history. Within each group, half will be randomly assigned to IPT-A and half to enhanced care with comparable duration. An additional group of 70 nonmaltreated nonsymptomatic girls will serve as a comparison for to determining how psychological and neurobiological functioning in the depressive groups may approximate that seen in a nonsymptomatic group of adolescents. The investigation will apply a multiple- levels-of-analysis approach to evaluate IPT-A efficacy in decreasing depressive symptoms and preventing MDD in maltreated and nonmaltreated adolescent girls through examining genetic, neuroendocrine, cognitive, and interpersonal domains at baseline, mid-treatment, post-treatment, and at one-year follow-ups. Group differences in the network of causative processes in depression for maltreated and nonmaltreated adolescents will be examined in relation to outcomes. Additionally, potential mechanisms involved in the intervention process will be examined, including changes in neuroendocrine regulation, cognitive processes, and interpersonal relations. Additionally, analyses will determine whether genetic differences moderate the efficacy of IPT-A in reducing depressive symptomatology in maltreated and in nonmaltreated girls. PUBLIC HEALTH RELEVANCE: Investigations comparing maltreated youth with demographically similar youth have found that abuse and neglect increase risk for the development of subsequent psychopathology, including depression. The proposed investigation will apply a multiple- levels-of-analysis approach to evaluating the efficacy of Interpersonal Psychotherapy for Adolescents (IPT-A) efficacy in reducing depressive symptoms and preventing Major Depressive Disorder in low-income culturally diverse maltreated and nonmaltreated adolescent girls through examining genetic, neuroendocrine, cognitive, and interpersonal domains at baseline, mid-treatment, post-treatment, at a one-year follow-up, and depressive symptoms will be further assessed at an 18-month follow-up. Given the paucity of evidence-based preventive interventions for depression associated with maltreatment, and the utilization of a multiple-levels-of-analysis of intervention effects, the provision and evaluation of IPT-A to low-income culturally diverse girls with and without histories of child maltreatment is particularly important and innovative and possesses very high public

health significance.

PUBLIC ABSTRACTS

Grant: 1R01MH091070-01A1
Principal Investigator: MANLY, JODY TODD PHD
Title: Prevention of Depression in Maltreated and Nonmaltreated Adolescents
Institution: UNIVERSITY OF ROCHESTER ROCHESTER ,NY
Project Period: 2011/07/13- 2016/05/31

DESCRIPTION (provided by applicant): Research has consistently demonstrated that child maltreatment places children at heightened risk for the emergence of psychopathology, including major depressive disorders (MDD; Cicchetti & Valentino, 2006; Thompson, 2005; Widom et al., 2007). Adolescents with maltreatment histories have been found to be three times more likely to become depressed or suicidal than adolescents without histories of maltreatment (Brown et al., 1999). Because adolescence represents a peak time for the emergence of depressive disorders, as well as a developmental period during which rates of depression for girls begin to exceed those of boys, the provision of preventive intervention for adolescent girls with elevated depressive symptoms is particularly important. Moreover, because studies examining processes underlying depression have begun to elucidate differential pathways based on the presence of maltreatment (Heim et al., 2008), the evaluation of a preventive intervention for subsyndromal depressed adolescent girls with or without histories of maltreatment addresses a critical gap in the prevention literature. As increased knowledge on the biological consequences of child abuse and neglect has emerged (Watts-English et al., 2006), it is increasingly important to incorporate a multiple- levels-of-analysis perspective into the design and evaluation of preventive interventions. The proposed research seeks to extend knowledge on an efficacious preventive intervention for depression in adolescent girls with and without histories of maltreatment. The investigation will utilize a developmental psychopathology framework with 350 low-income ethnically and culturally diverse adolescent girls to evaluate the efficacy of Interpersonal Psychotherapy for Adolescents (IPT-A) for preventing depression. 140 of these adolescents with depressive symptoms will have histories of child maltreatment and 140 will be demographically comparable but without maltreatment history. Within each group, half will be randomly assigned to IPT-A and half to enhanced care with comparable duration. An additional group of 70 nonmaltreated nonsymptomatic girls will serve as a comparison for to determining how psychological and neurobiological functioning in the depressive groups may approximate that seen in a nonsymptomatic group of adolescents. The investigation will apply a multiple- levels-of-analysis approach to evaluate IPT-A efficacy in decreasing depressive symptoms and preventing MDD in maltreated and nonmaltreated adolescent girls through examining genetic, neuroendocrine, cognitive, and interpersonal domains at baseline, mid-treatment, post-treatment, and at one-year follow-ups. Group differences in the network of causative processes in depression for maltreated and nonmaltreated adolescents will be examined in relation to outcomes. Additionally, potential mechanisms involved in the intervention process will be examined, including changes in neuroendocrine regulation, cognitive processes, and interpersonal relations. Additionally, analyses will determine whether genetic differences moderate the efficacy of IPT-A in reducing depressive symptomatology in maltreated and in nonmaltreated girls. PUBLIC HEALTH RELEVANCE: Investigations comparing maltreated youth with demographically similar youth have found that abuse and neglect increase risk for the development of subsequent psychopathology, including depression. The proposed investigation will apply a multiple- levels-of-analysis approach to evaluating the efficacy of Interpersonal Psychotherapy for Adolescents (IPT-A) efficacy in reducing depressive symptoms and preventing Major Depressive Disorder in low-income culturally diverse maltreated and nonmaltreated adolescent girls through examining genetic, neuroendocrine, cognitive, and interpersonal domains at baseline, mid-treatment, post-treatment, at a one-year follow-up, and depressive symptoms will be further assessed at an 18-month follow-up. Given the paucity of evidence-based preventive interventions for depression associated with maltreatment, and the utilization of a multiple-levels-of-

analysis of intervention effects, the provision and evaluation of IPT-A to low-income culturally diverse girls with and without histories of child maltreatment is particularly important and innovative and possesses very high public health significance.

PUBLIC ABSTRACTS

Grant: 1R01MH091070-01A1
Principal Investigator: TOTH, SHEREE LYNN PHD
Title: Prevention of Depression in Maltreated and Nonmaltreated Adolescents
Institution: UNIVERSITY OF ROCHESTER ROCHESTER ,NY
Project Period: 2011/07/13- 2016/05/31

DESCRIPTION (provided by applicant): Research has consistently demonstrated that child maltreatment places children at heightened risk for the emergence of psychopathology, including major depressive disorders (MDD; Cicchetti & Valentino, 2006; Thompson, 2005; Widom et al., 2007). Adolescents with maltreatment histories have been found to be three times more likely to become depressed or suicidal than adolescents without histories of maltreatment (Brown et al., 1999). Because adolescence represents a peak time for the emergence of depressive disorders, as well as a developmental period during which rates of depression for girls begin to exceed those of boys, the provision of preventive intervention for adolescent girls with elevated depressive symptoms is particularly important. Moreover, because studies examining processes underlying depression have begun to elucidate differential pathways based on the presence of maltreatment (Heim et al., 2008), the evaluation of a preventive intervention for subsyndromal depressed adolescent girls with or without histories of maltreatment addresses a critical gap in the prevention literature. As increased knowledge on the biological consequences of child abuse and neglect has emerged (Watts-English et al., 2006), it is increasingly important to incorporate a multiple- levels-of-analysis perspective into the design and evaluation of preventive interventions. The proposed research seeks to extend knowledge on an efficacious preventive intervention for depression in adolescent girls with and without histories of maltreatment. The investigation will utilize a developmental psychopathology framework with 350 low-income ethnically and culturally diverse adolescent girls to evaluate the efficacy of Interpersonal Psychotherapy for Adolescents (IPT-A) for preventing depression. 140 of these adolescents with depressive symptoms will have histories of child maltreatment and 140 will be demographically comparable but without maltreatment history. Within each group, half will be randomly assigned to IPT-A and half to enhanced care with comparable duration. An additional group of 70 nonmaltreated nonsymptomatic girls will serve as a comparison for to determining how psychological and neurobiological functioning in the depressive groups may approximate that seen in a nonsymptomatic group of adolescents. The investigation will apply a multiple- levels-of-analysis approach to evaluate IPT-A efficacy in decreasing depressive symptoms and preventing MDD in maltreated and nonmaltreated adolescent girls through examining genetic, neuroendocrine, cognitive, and interpersonal domains at baseline, mid-treatment, post-treatment, and at one-year follow-ups. Group differences in the network of causative processes in depression for maltreated and nonmaltreated adolescents will be examined in relation to outcomes. Additionally, potential mechanisms involved in the intervention process will be examined, including changes in neuroendocrine regulation, cognitive processes, and interpersonal relations. Additionally, analyses will determine whether genetic differences moderate the efficacy of IPT-A in reducing depressive symptomatology in maltreated and in nonmaltreated girls. PUBLIC HEALTH RELEVANCE: Investigations comparing maltreated youth with demographically similar youth have found that abuse and neglect increase risk for the development of subsequent psychopathology, including depression. The proposed investigation will apply a multiple- levels-of-analysis approach to evaluating the efficacy of Interpersonal Psychotherapy for Adolescents (IPT-A) efficacy in reducing depressive symptoms and preventing Major Depressive Disorder in low-income culturally diverse maltreated and nonmaltreated adolescent girls through examining genetic, neuroendocrine, cognitive, and interpersonal domains at baseline, mid-treatment, post-treatment, at a one-year follow-up, and

depressive symptoms will be further assessed at an 18-month follow-up. Given the paucity of evidence-based preventive interventions for depression associated with maltreatment, and the utilization of a multiple-levels-of-analysis of intervention effects, the provision and evaluation of IPT-A to low-income culturally diverse girls with and without histories of child maltreatment is particularly important and innovative and possesses very high public health significance.

PUBLIC ABSTRACTS

Grant: 1R01MH091212-01A1
Principle Investigator: GROSSMAN, ARNOLD H PHD
Title: Risk and Protective Factors for Suicide among Sexual Minority Youth
Institution: NEW YORK UNIVERSITY NEW YORK ,NY
Project Period: 2011/06/09- 2016/03/31

DESCRIPTION (provided by applicant): The risk for suicide is a major health concern for lesbian, gay, bisexual, and transgender (LGBT) youth. We propose a longitudinal study to recruit and follow a diverse sample of 1160 LGBT youth aged 15 to 21 youth from community-based organizations in three metropolitan areas across the United States. We will use snowball and respondent-driven sampling to increase the number and diversity of the participants. The youth will be assessed four times, post baseline, over a three-year period. These assessments will allow us to determine changes in constellations, magnitudes, and developmental sequences of risk and protective factors for suicidal behaviors with a particular emphasis on the major components of the interpersonal psychological theory of suicide: thwarted belongingness, perceived burdensomeness, and the capacity for self-lethal injury. We will simultaneously document whether or not risk and protective factors for suicide are uniquely related to LGBT youths' developmental milestones. Our emphasis will be comparing LGBT youth who do and do not experience any suicidal behaviors, i.e., ideation, threats, and serious attempts. Documenting the protective factors of the youth who emerge with positive psychological adjustment is crucial to the generation of knowledge of those youth whose adjustment is compromised by LGBT-related experiences emanating from society's negative view of youth who do not conform to sexual and gender role expectations. The knowledge we generate will allow us to more accurately assess LGBT youth at risk for suicidal behaviors, identify those risk factors that are malleable to change at various developmental milestones, and to create preventive messaging and intervention models that simultaneously increase protective factors and reduce risk factors. **PUBLIC HEALTH RELEVANCE:** Studies have repeatedly found higher rates of suicidal behaviors among lesbian, gay, bisexual, and transgender (LGBT) youth than their heterosexual peers. Recent studies have also found that compared to prior cohorts, contemporary LGBT youth are increasingly aware of, identifying and disclosing their sexual and gender identities earlier in their developmental trajectories; these factors have been related to suicidal risk factors such as bullying, harassment, marginalization, and victimization by family members and peers. As society has not been able to change the negative experiences that lead to suicidal behaviors among some LGBT youth, we need to provide public and mental health workers with evidenced-based research so that they can identify and enhance protective factors while simultaneously reducing malleable risk factors for suicidal behaviors when working with LGBT youth.

PUBLIC ABSTRACTS

Grant: 1R03AA020617-01

Principal Investigator: ROTHMAN, EMILY F DSC MATERNAL & CHILD HEALTH

Title: The Temporal Relationship between Youth Drinking and Dating Violence Perpetration

Institution: BOSTON UNIVERSITY MEDICAL CAMPUS BOSTON ,MA

Project Period: 2011/09/10- 2013/06/30

DESCRIPTION (provided by applicant): More than 15 studies have found an association between adolescent alcohol use and dating violence perpetration using gross measures of past-month or past-year behavior, but none have determined the temporal order of alcohol use and dating violence on days when both occur. Evidence about the potentially causal relationship between adolescent alcohol use and dating violence is essential in order to develop effective interventions to reduce both. The proposed longitudinal cohort study will use an innovative data collection method (Interactive Voice Response, or IVR) to collect daily reports on alcohol use and dating violence from 80 urban, primarily low-income and non-White, adolescents over a 12 week period. The study will provide feasibility data about the use of IVR to collect sensitive information from a "hard-to-reach" population, will yield information about the sequence of events on days when participants drink and perpetrate dating violence, and will compare event data collected via IVR and TLFB for the same time period. Specifically, we hypothesize that: (1) Using a high-intensity retention strategy, it will be feasible to collect IVR drinking and dating violence data from this sample and achieve a good participation rate: e70% of participants will provide data on e75% of the follow-up days;(2) Dating violence perpetration will be significantly more likely to occur within a 4 hr. window following alcohol use than when alcohol has not been used for >4 hrs; (3)The mean average number of drinks consumed prior to a dating violence event will significantly exceed the number consumed afterwards; and (4) Males and females will be equally likely to have an increased risk of dating violence perpetration within a 4 hr. window after alcohol use. We will also conduct exploratory analyses to investigate whether there is concordance between events reported via IVR and TLFB. The proposed research is innovative because it will (1) produce knowledge about a high-risk population that the NIAAA has determined is under-researched; (2) generate new information about the feasibility of using IVR with hard-to-reach youth; and (3) has the potential to improve both youth alcohol and partner violence prevention practice by contributing evidence about the potential connection. This study will evaluate the temporal relationship between adolescent alcohol use and dating violence perpetration, and provide information about the feasibility of using IVR for these purposes with "hard to reach" youth. Ultimately, results will inform evidence- based interventions designed to reduce both underage behaviors. Findings have the potential to answer important research questions, enhance data quality, and make a substantial contribution to prevention practice. PUBLIC HEALTH RELEVANCE: The proposed longitudinal cohort study will use an innovative data collection method (Interactive Voice Response) to collect daily reports on alcohol use and dating violence from a sample of urban, primarily low-income and non-White, adolescents recruited from a pediatric emergency department. These data will yield information about the sequence of events on days when participants drink and perpetrate dating violence. Ultimately, knowledge about the temporal order of youth alcohol use and dating violence will help clarify whether drinking elevates risk for this form of interpersonal violence, and will inform evidence-based prevention strategies.

Grant: 1R03HD069602-01
Principal Investigator: WISE, LAUREN A SCD
Title: Psychosocial factors and risk of uterine fibroids in black women
Institution: BOSTON UNIVERSITY MEDICAL CAMPUS BOSTON ,MA
Project Period: 2011/08/01- 2013/07/31

DESCRIPTION (provided by applicant): Uterine leiomyomata (UL), or fibroids, are a major source of gynecologic morbidity among reproductive aged women and account for 2.1 billion dollars in health care costs each year in the United States. Black women are 2-3 times more likely than white women to be diagnosed with UL and they have more severe disease at the time of diagnosis. Known risk factors for UL do not explain the high incidence among black women. Recent evidence suggests that stress may play an etiologic role in UL development. We propose to assess the role of various psychosocial stressors-abuse victimization, adverse socioeconomic conditions, family caregiver responsibilities, depressive symptoms, and self-reported daily stress-in relation to incident UL diagnosed over 14 years of follow-up (1997-2011) in the Black Women's Health Study (BWHS), a large prospective cohort study of African-American women. We will also examine the role of coping in buffering these effects. To date, only abuse victimization has been assessed in relation to incident UL, in a study of white women. Thus, the proposed study will provide novel data on plausible causes of UL that have been little studied. Since the inception of the BWHS in 1995, participants have been followed biennially by questionnaire, and cohort retention has been high (>80%). Validation studies in the BWHS have demonstrated high accuracy of self-reported UL (>96%) and high reproducibility of various psychosocial measures. During follow-up from 1997-2011, more than 7,500 incident cases of UL will have been diagnosed by ultrasound or surgery. The large number of incident cases will provide excellent statistical power to achieve the study aims and will also allow for informative analyses of subgroups of special interest, such as women under age 35 (N=3,000 cases). The high incidence of UL in black women is a problem of public health importance. Psychosocial factors hypothesized to increase risk (e.g., childhood abuse victimization and socioeconomic adversity) are more prevalent in black women than white women. Thus, the proposed study will assess potential risk factors for UL that are of special relevance to black women. The study can be carried out at low cost because follow-up and data collection are supported by other grants. The identification of modifiable risk factors could yield useful data for primary prevention efforts and potentially have a large impact on the public health burden of disease. PUBLIC HEALTH RELEVANCE: Uterine leiomyomata, or fibroids, are associated with considerable gynecologic morbidity among reproductive aged women. The incidence of uterine fibroids is 3 times higher among African-Americans than among Whites, but reasons for the racial discrepancy are poorly understood. Recent evidence suggests that stress plays a role in uterine fibroid development. The goal of the proposed research is to investigate psychosocial stressors and risk of uterine fibroids in a large prospective cohort study of African-American women.

PUBLIC ABSTRACTS

Grant: 1R21AA020522-01
Principal Investigator: PARKS MARSH, KATHLEEN A PHD
Title: Video Vignettes: Measuring Risk Perception in Alcohol-Related Sexual Assault
Institution: STATE UNIVERSITY OF NEW YORK AT BUFFALO BUFFALO ,NY
Project Period: 2011/07/20- 2013/06/30

DESCRIPTION (provided by applicant): Both greater alcohol consumption and a history of sexual assault (SA) have been associated with increased risk for adult SA (e.g., Testa & Parks, 1996). One mechanism through which both alcohol consumption and a history of SA are hypothesized to increase risk for SA is through their impact on women's ability to perceive risk cues prior to a SA. At greater levels of alcohol consumption, women may fail to recognize (e.g., alcohol myopia) risk cues for impending SA which may result in failure to extract themselves from a high risk situation (Norris et al., 1996). Several studies have shown that ability to resist SA is decreased with greater alcohol consumption (Abbey et al., 2002). Similarly, as a result of trauma from a prior SA, women may experience affect dysregulation (e.g., dissociation) that prevents them from reacting appropriately (e.g., over or under react) when faced with a threat of SA, thus preventing them from protecting themselves (Cloitre, 1998). Therefore, both alcohol use and SA history lead to impaired cognitive (i.e., decreased risk recognition) and behavioral (removal of oneself) responses when faced with a new threat of SA. Several studies have assessed deficits in risk perception among women under different alcohol conditions (e.g., Cue et al., 1996) or as a function of SA history (e.g., Soler-Baillo et al., 2005) by manipulating specific risk cues in written (e.g., Yeater et al., 2010) or audio-taped (e.g., Wilson et al., 1999) vignettes. These studies have found evidence to support reductions in risk perception at higher levels of alcohol consumption and among women with SA histories. While these modes of vignette delivery have been successful, they limit or are missing nonverbal and environmental cues that could signal risk for SA that are likely to be present in a real life situation. Video vignettes provide a mode in which nonverbal (e.g., facial expressions) and visual environmental cues (e.g., isolation), as well as verbal risk cues can be presented, thus allowing for a more realistic reflection of a SA situation and full assessment of potential risk cues. This R21 application proposes the development and validation of an innovative computerized, video vignette measure for use in assessing young women's perceptions of risk cues for SA. Multiple methods are proposed for developing and validating the vignettes (i.e., focus groups, expert panel feedback, and pilot testing with and without alcohol administration). The primary goal of developing the new measure is to capture all of the dimensions of risk perception so that we can more fully understand the mechanisms through which other factors, such as alcohol consumption and SA history, interfere with this perception to place women at greater risk for SA. A secondary goal of this R21 is to compare the newly developed video vignettes to written and audio versions of the same vignettes. In comparing the different modes of vignette administration, we hope to determine which mode is perceived most realistically and accurately for cue recognition. Future applications would involve development of unique prevention programs using the video measure as a training tool to improve women's risk perception to reduce SA risk. **PUBLIC HEALTH RELEVANCE:** The proposed research aims to develop a new computerized video vignette measure to assess women's ability to perceive risks for sexual assault during heterosexual drinking situations. This measure improves upon existing written and audio-taped measures by including non-verbal risk cues that are missing in these other modes of vignette presentation, yet are important components in any social interaction that involves communication. Development and validation of this measure will occur through a rigorous multi-method process.

PUBLIC ABSTRACTS

Grant: 1R21DA027140-01A2
Principal Investigator: VERONA, EDELYN PHD
Title: Genes, Gendered Contexts, and Substance Use Outcomes
Institution: UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN CHAMPAIGN ,IL
Project Period: 2011/07/15- 2013/05/31

DESCRIPTION (provided by applicant): It is becoming increasingly clear that risk factors for use and trajectories toward desistance may differ significantly for men and women (e.g., Westermeyer & Boedicker, 2000). For example, recent work has uncovered different effects of monoamine genotypes (e.g., serotonin transporter, MAO-A) on male and female psychopathology and behavior (Sjoberg et al., 2007a; Verona, Joiner, Johnson & Bender, 2006). In addition, there is evidence that pubertal onset, childhood sexual abuse, and intimate partner violence (IPV) constitute unique risk factors for antisocial behavior and drug use among women compared to men (Dick, Rose, Kaprio, & Viken, 2000) and can predict drug relapse in women many years later in adulthood (Hyman, Garcia, & Sinha, 2006). Thus, a primary goal of the present application is to identify gender differences in biological and environmental risk factors for substance use outcomes as a way of advancing nuanced conceptualizations of female drug problems. The current project intends to (1) explore various gene by environment (GxE) effects on drug use outcomes, by examining different monoamine genes (5HTT, DRD4, MAO-A) and incorporating gendered environmental risk factors that are not commonly included in studies of drug use (e.g., intimate partner violence), (2) examine the extent to which GxE effects or individual risk factors are specific to substance use outcomes in women relative to men, and (3) identify multivariate models involving GxE effects and mediators of these effects to predict substance use pathways in men and women. The goal is to examine not only GxE effects (e.g., gene-by-abuse, gene-by-IPV) that directly influence substance use outcomes, but identify potential mediators (pubertal development, internalizing symptoms) in an effort to understand nuanced pathways for female substance use. The ultimate goal is to help in the development of tailored interventions to address gender-specific manifestations and etiologies. PUBLIC HEALTH RELEVANCE: Women's drug arrests have increased in the last two decades, whereas men's arrests have decreased. Thus, women's drug use has become a significant social problem. An innovative aspect of the project is the attempt to identify genetic and environmental factors that are female specific for substance use outcomes. Given important sex differences in biology, gene expression, and motives, this project can inform psychosocial and pharmacological treatments for substance use so that they are tailored to address gender-specific issues.

PUBLIC ABSTRACTS

Grant: 1R21HD067834-01
Principal Investigator: SCHULER, SIDNEY RUTH PHD
Title: Understanding Attitudes Toward Intimate Partner Violence in Vietnam
Institution: EMORY UNIVERSITY ATLANTA ,GA
Project Period: 2011/09/16- 2013/08/31

DESCRIPTION (provided by applicant): International research suggests that levels of men's violence against their female partners and wives, or intimate partner violence (IPV), is a significant global health problem with a wide range of adverse physical, psychological, social, and economic consequences for women and their children. Both men's and women's attitudes about violence are believed to be correlated with actual violent behavior; yet, surprisingly, research on attitudes about IPV is relatively limited, and researchers only recently have developed standard instruments to measure individual attitudes about IPV in developing country settings. Although modifying individual attitudes and community-level norms related to IPV is potentially important for behavioral change, our ability to investigate them cross-culturally may be severely limited because the responses to existing, commonly used survey questions may conflate women's own attitudes regarding IPV and their perceptions of norms about IPV in their local communities. The objective of this research is to develop better methodological tools for understanding women's and men's individual attitudes about IPV and their perceptions of norms about IPV in their own communities. The project combines cognitive interviewing, in-depth ethnographic methods, and survey experiments to develop new questions and survey modules on the social acceptability of IPV in which individual attitudes can be distinguished clearly from perceptions of community norms. Qualitative data from women and men will be compared to examine whether questions and response categories have gendered cognitive and semantic meanings, and the qualitative and cognitive data will inform the development of the survey experiment and analysis of the survey data. These refined survey tools for understanding attitudes and norms about IPV will be made publicly available for possible use in large-scale national surveys, such as the DHS. **PUBLIC HEALTH RELEVANCE:** The survey instruments developed in this project will enable a more fruitful analysis of the dynamic between individual attitudes and social norms about intimate partner violence (IPV) and individual women's exposure to IPV and their help-seeking behavior. The project will provide a valuable comparative perspective to research on this topic underway in Bangladesh. The insights and tools developed through this project will lay the groundwork for a multilevel study of IPV attitudes, norms, and individual risk and help-seeking behavior for which separate funding will be sought. Improved knowledge about the attitudinal and normative environment related to IPV will inform the development of contextually appropriate ideational interventions to reduce the prevalence and consequences of IPV.

PUBLIC ABSTRACTS

Grant: 1R21HD067834-01
Principal Investigator: YOUNT, KATHRYN M PHD
Title: Understanding Attitudes Toward Intimate Partner Violence in Vietnam
Institution: EMORY UNIVERSITY ATLANTA ,GA
Project Period: 2011/09/16- 2013/08/31

DESCRIPTION (provided by applicant): International research suggests that levels of men's violence against their female partners and wives, or intimate partner violence (IPV), is a significant global health problem with a wide range of adverse physical, psychological, social, and economic consequences for women and their children. Both men's and women's attitudes about violence are believed to be correlated with actual violent behavior; yet, surprisingly, research on attitudes about IPV is relatively limited, and researchers only recently have developed standard instruments to measure individual attitudes about IPV in developing country settings. Although modifying individual attitudes and community-level norms related to IPV is potentially important for behavioral change, our ability to investigate them cross-culturally may be severely limited because the responses to existing, commonly used survey questions may conflate women's own attitudes regarding IPV and their perceptions of norms about IPV in their local communities. The objective of this research is to develop better methodological tools for understanding women's and men's individual attitudes about IPV and their perceptions of norms about IPV in their own communities. The project combines cognitive interviewing, in-depth ethnographic methods, and survey experiments to develop new questions and survey modules on the social acceptability of IPV in which individual attitudes can be distinguished clearly from perceptions of community norms. Qualitative data from women and men will be compared to examine whether questions and response categories have gendered cognitive and semantic meanings, and the qualitative and cognitive data will inform the development of the survey experiment and analysis of the survey data. These refined survey tools for understanding attitudes and norms about IPV will be made publicly available for possible use in large-scale national surveys, such as the DHS. PUBLIC HEALTH RELEVANCE: The survey instruments developed in this project will enable a more fruitful analysis of the dynamic between individual attitudes and social norms about intimate partner violence (IPV) and individual women's exposure to IPV and their help-seeking behavior. The project will provide a valuable comparative perspective to research on this topic underway in Bangladesh. The insights and tools developed through this project will lay the groundwork for a multilevel study of IPV attitudes, norms, and individual risk and help-seeking behavior for which separate funding will be sought. Improved knowledge about the attitudinal and normative environment related to IPV will inform the development of contextually appropriate ideational interventions to reduce the prevalence and consequences of IPV.

PUBLIC ABSTRACTS

Grant: 1R21NR012415-01A1
Principal Investigator: BARROSO, JULIE V PHD
Title: Feasibility of a Stigma Reduction Intervention for HIV-infected Women
Institution: DUKE UNIVERSITY DURHAM ,NC
Project Period: 2011/04/07- 2013/02/28

DESCRIPTION (provided by applicant): Nearly 30 years into the AIDS epidemic, stigma is still hampering efforts to stop its spread. HIV-infected women are particularly vulnerable to both perceived and enacted stigma, which together are referred to as internalized stigma. As the demographic face of HIV infection in the US has changed from being largely a disease of gay white men to one of poor minority women, the debilitating effects of stigma have worsened. It has a profound impact on prevention and treatment efforts; women with HIV infection may be fearful of insisting that their sexual partners wear condoms because of the possibility that this may signal their serostatus, and they may not want to take antiretroviral medications in front of others, fearing that people may ask questions about their pills and the reasons for taking them. The effects of stigma include a cascade of other negative outcomes as well, including poor self-esteem and self-efficacy, especially self-efficacy for disclosure and for coping. Yet it is nearly impossible to intervene with those who stigmatize others because this group is often as broad as the general public, and they may not be interested in an intervention. Therefore, the best approach may be to work with women who are experiencing stigma, in an effort to decrease stigma, improve self-esteem and coping self-efficacy, and facilitate safe disclosure. To date, there have been few interventions to help HIV-infected women deal with stigma. One option would be a video converted to an MP4 file that can be viewed on an iPod Touch, a small portable viewing device, allowing the woman privacy and safety in viewing. Barroso (PI on the proposed study) assisted in the creation of a video on stigma for women with HIV infection, based on the results of a qualitative metasynthesis. The 45-minute video presents vignettes about five seropositive women and the ways in which stigma has impacted their lives. The primary aim of the proposed study is to assess the feasibility, acceptability and utility of implementing this low-cost, technologically delivered intervention to mitigate the negative effects of HIV-related stigma on seropositive women. The secondary aim is to compare outcomes across time in women who receive the stigma intervention with those of a control group receiving usual care at baseline, 30, and 90 days, and to determine effect sizes for a larger definitive study to test the efficacy of this intervention in reducing internalized stigma, improving coping self-efficacy and self-esteem, and facilitating safe disclosure in HIV-infected women. We believe that this intervention is innovative because we are the first investigators to propose using a video, developed from the findings of a metasynthesis of studies about stigma as it is experienced by HIV-infected women, for this purpose. It is also innovative in the use of a portable viewing device which will allow the women to safely and privately view the video. We further believe that this intervention has the potential to make a significant impact, at a low cost in terms of money and personnel time, in mitigating stigma. PUBLIC HEALTH RELEVANCE: Stigma is a serious problem for HIV-infected women; it has an adverse impact on disclosure to sex partners and adherence to antiretroviral medication. There are few interventions to help them deal with it. This study will test an intervention developed for HIV-infected women to help them feel less stigmatized, and better about themselves and their ability to cope. It will also help them figure out when and how to safely disclose their HIV status to others. The intervention is a video that has been converted to an MP4 file to be viewed on an iPod Touch. The video was developed from many studies conducted with HIV-infected women about stigma. We will see if this is a feasible, acceptable, and useful way to intervene with stigma.

PUBLIC ABSTRACTS

Grant: 1R25HD072587-01
Principal Investigator: JONSON-REID, MELISSA A PHD
Title: CHILD MALTREATMENT AND PARTNER VIOLENCE: BRIDGING THE MEDICAL/SOCIAL SCIENCE GAP
Institution: WASHINGTON UNIVERSITY SAINT LOUIS ,MO
Project Period: 2011/09/30- 2012/09/29

DESCRIPTION (provided by applicant): Child abuse and neglect and intimate partner violence are prevalent and extremely harmful public health concerns in the United States. Their complex etiology and impacts on individuals at multiple levels necessitates contributions of multiple academic disciplines to advance prevention and intervention. Yet little training is available outside the social and behavioral sciences to encourage researchers in other disciplines such as biomedicine or economics to participate in this important effort. This short-term interdisciplinary education project "Child Maltreatment and Partner Violence: Bridging the Medical/Social Science Gap" combines the expertise of faculty from multiple disciplines across four universities to create and conduct a three-part educational training program for young scholars that will facilitate their development of research on child maltreatment and/or intimate partner violence. This one-year R25 is led by the directors of two multidisciplinary CDC Injury Control Research Centers, the Brown Center for Violence and Injury Prevention at Washington University and the University of North Carolina Injury Prevention Research Center in collaboration with the Injury Research Center at the Medical College in Wisconsin. The aims of the project are to (1) create and implement an interdisciplinary training program designed to provide post-doctoral/young scientist trainees with the foundational knowledge to encourage their participation in behavioral and social science related to child maltreatment and/or intimate partner violence, including attention to ethical and measurement issues; (2) provide mentored, field research experiences for trainees after their training to help them develop concrete research plans; (3) assist trainees in developing and refining their own research plan to integrate their biomedical, clinical, economic and/or other training to focus on the prevention of or response to child maltreatment, intimate partner violence or their intersection; and (4) provide ongoing nationwide access to training materials by archiving lecture material from the seminars via the Society for the Advancement of Violence and Injury Research (SAVIR). Evaluation measures include implementation and satisfaction (process) as well as participant outcomes measured through post-tests and the quality and content of their research plans. This unique multi-disciplinary collaborative training project will help bridge gaps between researchers trained in health, neuroscience, genetics, economics, public health, public policy and other disciplines with those trained in social behavioral sciences so we can truly move to a transdisciplinary approach to preventing and treating child maltreatment and intimate partner violence. PUBLIC HEALTH RELEVANCE: Child maltreatment and intimate partner violence are significant public health concerns that result in tremendous personal, social and economic costs. The multi-determined nature of these public health concerns and the impact on multiple outcomes requires we move beyond work in single disciplines. This unique multi-disciplinary collaborative training project, "Child Maltreatment and Partner Violence: Bridging the Medical/Social Science Gap" will help bridge gaps between researchers trained in health, neuroscience, genetics, economics, public health, public policy and other disciplines so we can truly move to a transdisciplinary approach to preventing and treating child maltreatment and intimate partner violence.

PUBLIC ABSTRACTS

Grant: 1R25HD072587-01
Principal Investigator: RUNYAN, CAROL WOLF PHD
Title: CHILD MALTREATMENT AND PARTNER VIOLENCE: BRIDGING THE MEDICAL/SOCIAL SCIENCE GAP
Institution: WASHINGTON UNIVERSITY SAINT LOUIS ,MO
Project Period: 2011/09/30- 2012/09/29

DESCRIPTION (provided by applicant): Child abuse and neglect and intimate partner violence are prevalent and extremely harmful public health concerns in the United States. Their complex etiology and impacts on individuals at multiple levels necessitates contributions of multiple academic disciplines to advance prevention and intervention. Yet little training is available outside the social and behavioral sciences to encourage researchers in other disciplines such as biomedicine or economics to participate in this important effort. This short-term interdisciplinary education project "Child Maltreatment and Partner Violence: Bridging the Medical/Social Science Gap" combines the expertise of faculty from multiple disciplines across four universities to create and conduct a three-part educational training program for young scholars that will facilitate their development of research on child maltreatment and/or intimate partner violence. This one-year R25 is led by the directors of two multidisciplinary CDC Injury Control Research Centers, the Brown Center for Violence and Injury Prevention at Washington University and the University of North Carolina Injury Prevention Research Center in collaboration with the Injury Research Center at the Medical College in Wisconsin. The aims of the project are to (1) create and implement an interdisciplinary training program designed to provide post-doctoral/young scientist trainees with the foundational knowledge to encourage their participation in behavioral and social science related to child maltreatment and/or intimate partner violence, including attention to ethical and measurement issues; (2) provide mentored, field research experiences for trainees after their training to help them develop concrete research plans; (3) assist trainees in developing and refining their own research plan to integrate their biomedical, clinical, economic and/or other training to focus on the prevention of or response to child maltreatment, intimate partner violence or their intersection; and (4) provide ongoing nationwide access to training materials by archiving lecture material from the seminars via the Society for the Advancement of Violence and Injury Research (SAVIR). Evaluation measures include implementation and satisfaction (process) as well as participant outcomes measured through post-tests and the quality and content of their research plans. This unique multi-disciplinary collaborative training project will help bridge gaps between researchers trained in health, neuroscience, genetics, economics, public health, public policy and other disciplines with those trained in social behavioral sciences so we can truly move to a transdisciplinary approach to preventing and treating child maltreatment and intimate partner violence. PUBLIC HEALTH RELEVANCE: Child maltreatment and intimate partner violence are significant public health concerns that result in tremendous personal, social and economic costs. The multi-determined nature of these public health concerns and the impact on multiple outcomes requires we move beyond work in single disciplines. This unique multi-disciplinary collaborative training project, "Child Maltreatment and Partner Violence: Bridging the Medical/Social Science Gap" will help bridge gaps between researchers trained in health, neuroscience, genetics, economics, public health, public policy and other disciplines so we can truly move to a transdisciplinary approach to preventing and treating child maltreatment and intimate partner violence.

PUBLIC ABSTRACTS

Grant: 1R34DA031325-01
Principal Investigator: GILBERT, LOUISA
Title: A Computerized Service Tool to Address Partner Abuse among Women in Drug Court
Institution: COLUMBIA UNIV NEW YORK MORNINGSIDE NEW YORK ,NY
Project Period: 2011/08/01- 2013/07/31

DESCRIPTION (provided by applicant): This study aims to develop and test the feasibility and preliminary effects of a self-paced Computerized Multimedia Screening, Brief Intervention and Referral Service tool on identification of victimization from intimate partner violence (IPV) and on utilization of IPV-related services among female offenders under drug court supervision. The proposed study responds to an initiative outlined in PA-09- 146 entitled "Pilot and Feasibility studies in Preparation for Drug Abuse Prevention Trials" which calls for applications that will develop and test novel prevention services for problems that co-occur with drug use. IPV is a serious public health problem that disproportionately affects drug-involved female offenders under community supervision. Numerous studies have found associations between experiencing IPV and continued drug use among women in drug treatment. This research suggests that failure to prevent IPV among female offenders mandated to drug treatment is likely to result in higher rates of relapse, treatment attrition and recidivism, underscoring the need for cost-effective services to identify IPV and improve linkages to IPV services that may be deployed in drug courts. Computerized IPV service tools, which have been shown to be feasible and effective in identifying IPV and conducting referrals in emergency care settings, hold promise for overburdened drug court settings. For this proposed study, 180 female offenders from the four largest drug treatment courts in New York City will be enrolled and randomized to either: (1) a one-hour self-paced Computerized Multimedia IPV Screening, Brief Intervention and Referral Service session that includes evidence-based activities of screening for IPV, safety assessment, safety planning, setting relationship safety goals, identifying IPV service needs and selecting targeted service referrals; or (2) a one-hour Case Manager delivered IPV screening, brief intervention and referral service session covering the same activities. Participants will complete a baseline assessment and repeated assessments at one-month and three-month follow-ups. This study will be conducted by Dr. Louisa Gilbert, Dr. Nabila El-Bassel, Dr. Elwin Wu and Dr. Matthew Epperson at the Social Intervention Group in collaboration with Dr. Frank Moretti from the Columbia Center for New Media, Teaching and Learning and with Justin Barry, Citywide Drug Court Coordinator for the Criminal Court of the City of New York. If the proposed tool is found to be feasible and effective in identifying IPV and in improving linkages to IPV services, it represents a cost-effective service that may be scaled up with ease, fidelity and speed in the growing number of drug courts nationwide. This study aims to make a significant impact on advancing health services research by introducing and testing a novel and potentially powerful service tool that may improve service delivery to address the co-occurring epidemic of IPV among drug-involved female offenders. PUBLIC HEALTH RELEVANCE: The proposed study addresses a significant public health problem of intimate partner violence (IPV) among drug-involved female offenders. This study aims to design and test the feasibility and preliminary effects of a self-paced computerized multimedia service tool on identifying different types of IPV victimization and on improving linkages to IPV- services among female offenders under drug court supervision. This innovative computerized multimedia tool holds promise for increasing the capacity, quality, and cost- effectiveness of IPV prevention services in overburdened drug court settings.

Grant: 1R34MH087223-01A2
Principal Investigator: BETANCOURT, THERESA STICHICK SCD
Title: Reducing Violence and HIV Risk Among War-Exposed Liberian Youth
Institution: YALE UNIVERSITY NEW HAVEN ,CT
Project Period: 2011/07/13- 2014/06/30

DESCRIPTION (provided by applicant): **Problem:** Fourteen years of civil war in Liberia have devastated the nation's infrastructure and economy. It is estimated that over 250,000 people of the country's 3.5 million (over 7% of the population) were killed in the war. The majority of youth in Liberia-both combatants and civilians-have been exposed to high levels of violence. Past psychological trauma, high levels of psychiatric disorders, substance use and risky and transactional sex all put youth in Liberia at significant risk for HIV infection. **Aims:** In partnership with the Liberian Ministry of Health and Social Welfare, Mother Patern College of Health Sciences, and Medecins du Monde, this proposal will develop, culturally adapt, and pilot test a group-based intervention integrating HIV prevention and mental health for Liberian youth to: (1) increase adaptive coping and health-promoting behavior; (2) decrease maladaptive coping strategies such as high-risk sexual behavior and substance use; and (3) decrease traumatic distress, depressive symptoms and social-isolation. **Methods:** This research proposal aims to: (1) Develop a group-based mental health and HIV prevention intervention. We will develop a conceptual model to guide intervention development based on 20 key informant interviews with health care workers, religious leaders, educators, elders, and other youth leaders and 40 interviews with Liberian youth (20 male, 20 female) to identify key problems facing youth, as well as potential solutions and barriers. Based on this conceptual model, we will develop a treatment manual culturally-adapted to the Liberian context, clinician training material, satisfaction scales, and quality assurance and process rating scales. (2) Pilot test the group intervention with 80 Liberian youth (40 male, 40 female) who exhibit traumatic stress symptoms to establish preliminary evidence concerning the intervention's feasibility, acceptability and effect in reducing HIV-risk, traumatic stress and depressive symptoms, and increasing adaptive coping. **Significance:** The legacy of trauma increases HIV-risk for war affected youth. In Liberia, extreme poverty, traumatic stress, substance abuse, sexual and gender-based violence, transactional sex, the lack of health infrastructure, and the lack of HIV prevention programming increase the vulnerability of youth to HIV infection and transmission. Integrated mental health and substance abuse treatment is required for these individuals to fully benefit from HIV prevention interventions. However, Liberia currently lacks both (1) culturally appropriate, evidence-based mental health interventions to address trauma, substance use, and HIV risk behaviors; and (2) health care workers trained to address the consequences of trauma and loss due to the war. Developing an effective intervention integrating HIV prevention and mental health could have a significant impact in Liberia as it develops its mental health policy and expands its professional capacity in HIV prevention and mental health services, as well as relevance to other countries in the region, such as Sierra Leone, Guinea, and Cote D'Ivoire which share similar histories of violence and trauma and large populations of vulnerable youth.

PUBLIC HEALTH RELEVANCE: **Narrative:** During fourteen years of civil war, the majority of Liberian youth have been exposed to extensive psychological trauma, resulting in high levels of psychiatric disorders, substance use and risky and transactional sex that combine to put youth in Liberia at significant risk for HIV infection. Although mental health care is necessary to maximize HIV prevention interventions, Liberia currently lacks trained mental health workers and culturally appropriate intervention strategies to address trauma, substance use, and HIV risk behaviors. In partnership with the Liberian Ministry of Health and Social Welfare, Mother Patern College of Health Sciences, and Medecins du Monde this research will (1) develop a group-based intervention integrating HIV prevention and mental health treatment and (2) pilot test this intervention with 80 Liberian youth.

PUBLIC ABSTRACTS

Grant: 1R34MH087223-01A2

Principal Investigator: HANSEN, NATHAN B PHD CLINICAL
PSYCHOLOGY

Title: Reducing Violence and HIV Risk Among War-Exposed Liberian Youth

Institution: YALE UNIVERSITY NEW HAVEN ,CT

Project Period: 2011/07/13- 2014/06/30

DESCRIPTION (provided by applicant): Problem: Fourteen years of civil war in Liberia have devastated the nation's infrastructure and economy. It is estimated that over 250,000 people of the country's 3.5 million (over 7% of the population) were killed in the war. The majority of youth in Liberia-both combatants and civilians-have been exposed to high levels of violence. Past psychological trauma, high levels of psychiatric disorders, substance use and risky and transactional sex all put youth in Liberia at significant risk for HIV infection. Aims: In partnership with the Liberian Ministry of Health and Social Welfare, Mother Patern College of Health Sciences, and Medecins du Monde, this proposal will develop, culturally adapt, and pilot test a group-based intervention integrating HIV prevention and mental health for Liberian youth to: (1) increase adaptive coping and health-promoting behavior; (2) decrease maladaptive coping strategies such as high-risk sexual behavior and substance use; and (3) decrease traumatic distress, depressive symptoms and social-isolation. Methods: This research proposal aims to: (1) Develop a group-based mental health and HIV prevention intervention. We will develop a conceptual model to guide intervention development based on 20 key informant interviews with health care workers, religious leaders, educators, elders, and other youth leaders and 40 interviews with Liberian youth (20 male, 20 female) to identify key problems facing youth, as well as potential solutions and barriers. Based on this conceptual model, we will develop a treatment manual culturally-adapted to the Liberian context, clinician training material, satisfaction scales, and quality assurance and process rating scales. (2) Pilot test the group intervention with 80 Liberian youth (40 male, 40 female) who exhibit traumatic stress symptoms to establish preliminary evidence concerning the intervention's feasibility, acceptability and effect in reducing HIV-risk, traumatic stress and depressive symptoms, and increasing adaptive coping. Significance: The legacy of trauma increases HIV-risk for war affected youth. In Liberia, extreme poverty, traumatic stress, substance abuse, sexual and gender-based violence, transactional sex, the lack of health infrastructure, and the lack of HIV prevention programming increase the vulnerability of youth to HIV infection and transmission. Integrated mental health and substance abuse treatment is required for these individuals to fully benefit from HIV prevention interventions. However, Liberia currently lacks both (1) culturally appropriate, evidence-based mental health interventions to address trauma, substance use, and HIV risk behaviors; and (2) health care workers trained to address the consequences of trauma and loss due to the war. Developing an effective intervention integrating HIV prevention and mental health could have a significant impact in Liberia as it develops its mental health policy and expands its professional capacity in HIV prevention and mental health services, as well as relevance to other countries in the region, such as Sierra Leone, Guinea, and Cote D'Ivoire which share similar histories of violence and trauma and large populations of vulnerable youth.

PUBLIC HEALTH RELEVANCE: Narrative: During fourteen years of civil war, the majority of Liberian youth have been exposed to extensive psychological trauma, resulting in high levels of psychiatric disorders, substance use and risky and transactional sex that combine to put youth in Liberia at significant risk for HIV infection. Although mental health care is necessary to maximize HIV prevention interventions, Liberia currently lacks trained mental health workers and culturally appropriate intervention strategies to address trauma, substance use, and HIV risk behaviors. In partnership with the Liberian Ministry of Health and Social Welfare, Mother Patern College of Health Sciences, and Medecins du Monde this research will (1) develop a group-based intervention integrating HIV prevention and mental health treatment and (2) pilot test this intervention with 80 Liberian youth.

PUBLIC ABSTRACTS

Grant: 1R34MH094188-01
Principal Investigator: JOHNSON, JENNIFER E PHD
Title: HIV/STI Risk Reduction for Incarcerated Women with Interpersonal Violence
Institution: BROWN UNIVERSITY PROVIDENCE ,RI
Project Period: 2011/04/15- 2014/02/28

DESCRIPTION (provided by applicant): Interpersonal violence (IV) and HIV and other sexually transmitted infections (HIV/STIs) are frequent and interconnected public health problems facing women, especially incarcerated women. Incarcerated women are of public health concern because they have extremely high rates of lifetime IV and they are extremely likely to engage in behaviors which place them and others at risk for HIV/STI infection as they re-enter the community. Furthermore, psychopathology and impairment related to interpersonal violence exposure, in particular affect dysregulation and social dysfunction, may further compromise HIV safety behaviors in women who have experienced interpersonal violence. To date, no interventions have been developed or tested to address the needs of incarcerated women with lifetime IV, which include the challenges of addressing violence-related deficits (poor affect modulation and poor social support) within the context of sexual safety, sexual safety with violent partners, and maintaining sexual and personal safety in the context of the stresses of community re-integration. The empirically supported Women's CoOp HIV prevention intervention (WC) has been successful in reducing sex risk, violent victimization, substance use, and homelessness in other populations of high-risk women; key concerns in the lives of incarcerated women who have experienced violence, especially in their transition to the community. Our study proposes to tailor WC for the context of incarcerated women with lifetime IV and then integrate it with novel intervention components (i.e., skills to increase affect modulation and social support) to maintain sexual safety. More specifically, the purposes of this R34 Exploratory Research Project are to (a) integrate strategies for affect management and increased social support/access to community resources into WC and tailor the integrated intervention for incarcerated women with lifetime interpersonal violence, and (b) conduct a randomized pilot trial in a sample of 40 incarcerated women with IV to demonstrate the feasibility and acceptability of the proposed recruitment methods and research design, of the therapist training methods and of delivering the proposed intervention, which will lay the groundwork for future R01 clinical trials. We will also explore confidence intervals around preliminary differences between the enhanced WC intervention and a dose-matched control condition (Nutrition Program) on the following outcomes through 8 months post prison release: reduced unprotected vaginal or anal sex occasions and fewer cases of vaginal trichomoniasis (primary); reduced interpersonal violence episodes, symptoms of PTSD and depression, and drug using/heavy drinking days (secondary); and increased affect management and social support (including effectiveness in obtaining substance use, mental health treatment and other resources) (tertiary). If the proposed intervention is found to be efficacious in our vulnerable target population, we anticipate that it could have significant implications for HIV/STI prevention efforts for a more heterogeneous population of individuals who have experienced interpersonal violence. PUBLIC HEALTH RELEVANCE: Interpersonal violence and HIV and other sexually transmitted infections (HIV/STIs) are significant and interconnected public health problems facing women, especially incarcerated women. Incarcerated women with histories of interpersonal violence are of public health concern because they are extremely likely to engage in behaviors which place them and others at risk for HIV and STI infection as they re-enter the community. This study proposes to pilot test an HIV prevention intervention that has empirical support in other vulnerable populations of women that we will enhance and tailor to address the needs of incarcerated women who have experienced interpersonal violence.

PUBLIC ABSTRACTS

Grant: 1R34MH094188-01
Principal Investigator: ZLOTNICK, CARON PHD
Title: HIV/STI Risk Reduction for Incarcerated Women with Interpersonal Violence
Institution: BROWN UNIVERSITY PROVIDENCE ,RI
Project Period: 2011/04/15- 2014/02/28

DESCRIPTION (provided by applicant): Interpersonal violence (IV) and HIV and other sexually transmitted infections (HIV/STIs) are frequent and interconnected public health problems facing women, especially incarcerated women. Incarcerated women are of public health concern because they have extremely high rates of lifetime IV and they are extremely likely to engage in behaviors which place them and others at risk for HIV/STI infection as they re-enter the community. Furthermore, psychopathology and impairment related to interpersonal violence exposure, in particular affect dysregulation and social dysfunction, may further compromise HIV safety behaviors in women who have experienced interpersonal violence. To date, no interventions have been developed or tested to address the needs of incarcerated women with lifetime IV, which include the challenges of addressing violence-related deficits (poor affect modulation and poor social support) within the context of sexual safety, sexual safety with violent partners, and maintaining sexual and personal safety in the context of the stresses of community re-integration. The empirically supported Women's CoOp HIV prevention intervention (WC) has been successful in reducing sex risk, violent victimization, substance use, and homelessness in other populations of high-risk women; key concerns in the lives of incarcerated women who have experienced violence, especially in their transition to the community. Our study proposes to tailor WC for the context of incarcerated women with lifetime IV and then integrate it with novel intervention components (i.e., skills to increase affect modulation and social support) to maintain sexual safety. More specifically, the purposes of this R34 Exploratory Research Project are to (a) integrate strategies for affect management and increased social support/access to community resources into WC and tailor the integrated intervention for incarcerated women with lifetime interpersonal violence, and (b) conduct a randomized pilot trial in a sample of 40 incarcerated women with IV to demonstrate the feasibility and acceptability of the proposed recruitment methods and research design, of the therapist training methods and of delivering the proposed intervention, which will lay the groundwork for future R01 clinical trials. We will also explore confidence intervals around preliminary differences between the enhanced WC intervention and a dose-matched control condition (Nutrition Program) on the following outcomes through 8 months post prison release: reduced unprotected vaginal or anal sex occasions and fewer cases of vaginal trichomoniasis (primary); reduced interpersonal violence episodes, symptoms of PTSD and depression, and drug using/heavy drinking days (secondary); and increased affect management and social support (including effectiveness in obtaining substance use, mental health treatment and other resources) (tertiary). If the proposed intervention is found to be efficacious in our vulnerable target population, we anticipate that it could have significant implications for HIV/STI prevention efforts for a more heterogeneous population of individuals who have experienced interpersonal violence. PUBLIC HEALTH RELEVANCE: Interpersonal violence and HIV and other sexually transmitted infections (HIV/STIs) are significant and interconnected public health problems facing women, especially incarcerated women. Incarcerated women with histories of interpersonal violence are of public health concern because they are extremely likely to engage in behaviors which place them and others at risk for HIV and STI infection as they re-enter the community. This study proposes to pilot test an HIV prevention intervention that has empirical support in other vulnerable populations of women that we will enhance and tailor to address the needs of incarcerated women who have experienced interpersonal violence.

PUBLIC ABSTRACTS

Grant: 1R36DA031996-01

Principal Investigator: SMITH, PHILIP H.

Title: Intimate partner violence in newly married couples: The role of illicit drug use.

Institution: STATE UNIVERSITY OF NEW YORK AT BUFFALO BUFFALO ,NY

Project Period: 2011/08/01- 2013/07/31

DESCRIPTION (provided by applicant): Illicit drug use (IDU) and intimate partner violence (IPV) are important and interrelated public health issues. There is strong evidence for a cross-sectional association between IDU and IPV, but there is a shortage of research testing a longitudinal association and potential mediation/moderation effects. Leonard (1993) proposed a heuristic model of the association between substance use and IPV, whereby distal risk factors (e.g. antisocial personality, hostility) in conjunction with proximal risk factors (e.g. situational cues, psychopharmacological effects of substance use), increase the likelihood of violent events. Experimental evidence that the psychopharmacological effects of different illicit drug types (i.e. cannabis, cocaine) elicit aggressive behavior is equivocal, suggesting that it is important to research more distal effects of IDU. Previous research has speculated that IDU may increase verbal conflict in relationships, which in turn can result in a greater likelihood of IPV. A host of other variables (e.g., hostility, avoidance coping, life stress, race, antisocial personality, alcohol use and partner IDU) have been suggested as possible moderators of an association; however, there is a lack of research that directly tests these effects. This proposed study will use secondary data analysis to test a longitudinal association between IDU and IPV, and mediation\ moderation effects. To do so, data will be analyzed from the Adult Development Study (ADS), a longitudinal survey of newly married couples in Buffalo, NY. Research on IPV among newly married couples is particularly important because rates of IPV are high in this population. Couples were recruited for the ADS as they applied for their marriage license, and subsequently followed-up at their first, second, fourth, seventh and ninth wedding anniversaries. It will be important to limit the sample to the early years of marriage while retaining enough time-points to conduct meaningful longitudinal analyses; thus, data will be analyzed from the first four waves only (i.e. baseline through 4th anniversary). ADS data were collected from both spouses of 634 couples, allowing this proposed study to examine the potentially important effect of partner behaviors on relationship violence. It will be important to first examine consistency with previous findings; thus, the first specific aim of this proposed study is to test a cross-sectional relation between IDU and IPV. The second specific aim is to examine the longitudinal association between husband/wife IDU and husband/wife IPV in newly married couples. The third specific aim is to test possible mediators/moderators of an IPV-IDU association, including: a) the moderation effect of partner IDU, b) the mediation effect of verbal conflict, and c) the moderation effect of hostility, avoidance coping, life stress, antisocial personality, alcohol use, and race/ethnicity. Descriptive statistics, chi-square tests, t-tests and logistic regression will be used to examine the prevalence of IDU and IPV in the sample, and to test cross-sectional relations between IDU and IPV. Multi Level Modeling will be used to test for a longitudinal relation between IDU and IPV, as well as mediation and moderation effects. PUBLIC HEALTH RELEVANCE: The proposed study will improve our understanding of the association between illicit drug use and intimate partner violence in newly married couples, a population that is at high risk for relationship violence. The information learned from this proposed study will likely inform prevention and intervention strategies that aim to reduce substance use and intimate partner violence, both of which are important public health concerns.

PUBLIC ABSTRACTS

Grant: 1R43HD069066-01
Principal Investigator: WELLS, JENNIFER J. PHD
Title: Reducing Violence in the Lives of People with Intellectual Disabilities
Institution: TECH ASSISTANCE INST/INTELLECTUAL DISABL Eugene ,OR
Project Period: 2011/07/01- 2012/06/30

DESCRIPTION (provided by applicant): As measured by the National Crime Victimization Survey (NCVS), people with disabilities age 12 and older experienced approximately 716,000 nonfatal violent crimes and 2.3 million property crimes in 2007. Rape, sexual assault, robbery, aggravated assault and simple assault are classified as nonfatal violent crimes. Property crimes consist of household burglary, motor vehicle theft, and property theft. Significant findings from the NCVS report indicate that people with a cognitive functioning disability had a higher risk of violent victimization than persons with any other type of disability, that violent crime was 1.5 times higher than the rate for people without a disability, and the rate of rape or sexual assault was more than twice the rate for people without a disability.⁹ In studies specific to individuals with cognitive functioning disabilities, Sobsey (1994) found people with ID are 4 to 10 times more likely to be victims of crime than are people without disabilities.¹ In a series of studies involving people with intellectual disabilities (ID), Sobsey and Doe found that of 166 respondents, 82 percent of women and 18 percent of men had experienced sexual abuse.¹⁰ In a related study of 215 respondents, 79 percent of females and 21 percent of males had experienced sexual abuse¹ with penetration in 62 percent of cases. In an Australian study, Wilson and Brewer (1992) found that victimization rates for assault were 3 times higher than for the nondisabled population, sexual assault was 11 times higher, and robbery was 13 times higher.¹¹ It is widely accepted that people with ID fail to report crimes committed against them for a variety of reasons ranging from lack of understanding and limited communication skills to feeling threatened by a perpetrator who is also a caregiver.¹² Maltreatment of people with ID is a problem, and people with ID are at especially high risk of maltreatment. ^{1,13-15} The application's long-term objectives are to reduce the deleterious and traumatic impact of maltreatment on people with intellectual disabilities through increasing awareness and the ability of individuals with intellectual disabilities to take action in the face of potential maltreatment. The relevance to the mission of the Eunice Kennedy Schriver NICHD is that MRDD branch is interested in assistive technologies that improve an individual's mental health. The proposed study would enable rapid translation of basic behavioral research findings from the field of MRDD into means to improve the lives of individuals with ID, and to minimize the burden on society. This feasibility study will use a single-group pretest posttest design to study the feasibility of using a computer-assisted program to teach people with ID to differentiate between supportive relationships and those characterized by maltreatment. PUBLIC HEALTH RELEVANCE: The relevance of this study to the public health is the fact that violence and maltreatment has a negative effect on victims, often leading to psychological and emotional disruptions in functioning. People with intellectual disabilities are often victims of violence and maltreatment from an early age. In an effort to promote psychological and emotional health, people with intellectual disabilities will be self-empowered to recognize and respond to violence and maltreatment in the areas of sexual and psychological abuse or threats thereof.

PUBLIC ABSTRACTS

Grant: 1U13HD067818-01
Principal Investigator: FORD, ANGELA FRANCINE
Title: Academic-Community Partnership to Address Maternal and Child Health in Allegheny
Institution: UNIVERSITY OF PITTSBURGH AT PITTSBURGH PITTSBURGH ,PA
Project Period: 2011/01/12- 2013/12/31

DESCRIPTION (provided by applicant): The purpose of this project is to establish a partnership, related to maternal and child health, between the University of Pittsburgh and local community organizations to: (1) establish an Advisory Board consisting of both University researchers and community organizations; (2) provide health information to community members about issues that affect African Americans; (3) to get a better understanding of what community members believe are the most important health issues for research investigators to study; (4) to develop a formal agreement (Memorandum of Understanding/ MOU) with University faculty members who have previous experience in conducting Community-based Participatory Research with local community organizations so that we can learn from them; and (5) to develop a MOU with at least one local community organization interested in partnering with the University to conduct a Community- Based Participatory Research (CBPR) project related to maternal and child health. As a research team, we are most interested in maternal and child health issues such as intimate partner violence during pregnancy and postpartum; the impact of intimate partner violence on women's reproductive health and pregnancy outcome; and intimate partner violence associated with unintended pregnancy. However, we are also very interested in hearing what community members believe are the important issues in this area as well as what other health issues they believe should be priorities for research investigation. What further strengthens this project, in addition to the partnership with community organizations, is that it builds on years of community engagement by the Center for Minority Health and a strong relationship between the Graduate School of Public Health (GSPH) and the Allegheny County Health Department (ACHD). PUBLIC HEALTH RELEVANCE: Issues related to prematurity and its associated complications of persisting physical or mental, cognitive disabilities for some children (subsequently adults) remain a national focus. Women who experience interpersonal partner violence are more likely to begin their care late or describe their pregnancy as unwanted or unplanned; and a woman with an unwanted pregnancy is less likely to look after herself or attend regular prenatal appointments. This project will address pregnancy and violence through Community Based Participatory Research.

PUBLIC ABSTRACTS

Grant: 3R01HD062226-02S1
Principal Investigator: DILILLO, DAVID PHD
Title: Sexual Revictimization: Emotional and Psychosocial Mechanisms
Institution: UNIVERSITY OF NEBRASKA LINCOLN LINCOLN ,NE
Project Period: 2010/07/15- 2015/06/30

DESCRIPTION (provided by applicant): A vast literature has documented that early sexual victimization is associated with a variety of mental health difficulties for adult women (e.g., PTSD, substance abuse). Even more disturbing is that the same women who suffer maltreatment during childhood or adolescence are up to ten times more likely to be sexually victimized again as adults. Known as "revictimization," this problem has generated tremendous research interest in recent years geared largely at establishing prevalence rates and identifying factors associated with this phenomenon. Although informative, this initial work has yet to explain the processes by which childhood or adolescence victimization is linked to adult revictimization. In response to this need, the present project integrates past findings within a longitudinal framework to elucidate pathways linking initial maltreatment to adult revictimization. In particular, mechanisms related to psychopathology, sexual risk taking, and alcohol use will be examined. The present study also takes the additional step of examining the antecedents that give rise to the more immediate determinants of adult sexual victimization. Specifically, drawing on recent theoretical and empirical findings we propose that difficulties with emotion regulation stemming from early abuse serve as underlying risk factors for the more immediate psychosocial predictors of revictimization. Together, these findings will permit the testing of a comprehensive model of revictimization. PUBLIC HEALTH RELEVANCE: Sexual violence against women is an endemic societal problem that has been associated with myriad sequelae such as posttraumatic stress disorder, substance abuse, interpersonal difficulties, and serious health problems such as HIV. Understanding risk factors for victimization is critical to the development of effective sexual assault prevention and treatment programs designed to reduce the societal burden of these experiences.

PUBLIC ABSTRACTS

Grant: 5F31AA018237-03
Principal Investigator: KOO, KELLY H. MS
Title: Alcohol and Cultural Factors and the Underreporting of Rape
Institution: UNIVERSITY OF WASHINGTON SEATTLE ,WA
Project Period: 2009/08/04- 2013/08/03

DESCRIPTION (provided by applicant): The US Department of Justice has identified rape as the most common violent crime on US college campuses, and fueling rape is alcohol. Less than five percent of female college rapes in a year are estimated to be reported to police, resulting in inaccurate prevalence rates of rape. This may be especially true for Asian American (AA) women, a group researchers speculate heavily underreports due to cultural reasons. However, this relationship has remained scientifically unexamined and has lacked a crucial incorporation of alcohol as an influential factor in underreporting. This is particularly noteworthy given that Asian American college-aged women's alcohol use is significantly increasing as same-aged females of other ethnic groups' alcohol use stabilizes or decreases. Because our current understanding of rape reporting and disclosure is limited and has thus far primarily focused on White American (WA) women, the goal of the proposed research is to examine underreporting behavior as a consequence of alcohol use within the context of being an AA college woman. Using a mixed methods approach, the current research aims to demonstrate the hypothesized lower rates of reporting alcohol-involved rape among AA versus WA college women, which will be assessed through three studies. First, an anonymous survey on alcohol-involved rape history and subsequent reporting behavior will be administered to a sample of AA and WA college women, and hypothesized cultural predictors of reporting behavior will be examined. Second, cultural differences in deterrents and motives for reporting alcohol-involved rape will be qualitatively investigated through individual interviews. And third, an experimental design will assess differences among a sample of AA and WA college women in likelihood to report an acquaintance rape when alcohol use is manipulated in a presented vignette; cultural predictors of reporting behavior will once again be examined. Ethnic health disparities related to sexual victimization are unclear due to underreporting, which may be a consequence of alcohol use and cultural factors. The proposed research aims to inform current inaccurate prevalence rates of alcohol-involved rape for a potentially highly vulnerable population, given the rising rates of alcohol use and the steady high enrollment of AA women in college. Encouraging reporting is essential to enhance support, treatment, and recovery for victimized women of all ethnic groups. Hopefully, this research will lead to culturally-relevant interventions designed to empower all women to voice grievances against them, despite cultural barriers related and unrelated to alcohol use.

PUBLIC ABSTRACTS

Grant: 5F31AA018935-02
Principal Investigator: LA FLAIR, LAREINA NADINE MPH
Title: Patterns of Alcohol Use, Traumatic Stress, and Women's Revictimization Risk
Institution: JOHNS HOPKINS UNIVERSITY BALTIMORE ,MD
Project Period: 2010/08/18- 2013/08/17

Using data from a nested longitudinal case-control study on workplace violence, this proposal will be among the first to examine prospectively the role of alcohol as both predictor and consequence of significantly distinct yet interrelated forms of violence against women, intimate partner violence and workplace violence. Although there is an ample literature attesting to the strong positive association between violent victimization and alcohol abuse, an over-reliance on cross-sectional data may mask the temporality of this relationship as well as potential social and behavioral predictors of both alcohol abuse and violence revictimization. This study will use longitudinal data analysis methods to a) investigate the direct and indirect effects of violence victimization on alcohol intake and patterns of alcohol abuse b) identify social and behavioral risk and protective factors of alcohol abuse and c) evaluate two hypotheses of women's vulnerability to revictimization: vulnerability to revictimization potentially varies by degree of adult attachment security and according to PTSD symptom clusters. The proposed research will elucidate the impact of patterns of harmful drinking on risk of violence victimization across the lifespan in a heterogeneous sample of employed women, thus providing public health professionals with an opportunity to develop treatment and prevention intervention activities for women with multiple trauma histories. These prevention and treatment aims are in accordance with the current strategic plan of the National Institute on Alcohol Abuse and Alcoholism.

PUBLIC ABSTRACTS

Grant: 5F31HD063279-02
Principal Investigator: SELK, SABRINA CHARISE MOTH (SCM)
Title: Childhood Abuse and PTSD: Associations with Select Reproductive Outcomes
Institution: HARVARD UNIVERSITY (SCH OF PUBLIC HLTH) BOSTON ,MA
Project Period: 2010/09/30- 2012/09/29

To date, there is insufficient empirical evidence exploring the long term health consequences of childhood sexual abuse on adulthood reproductive health. Although negative health behaviors subsequent to the abuse and mental health correlates have been identified, the future health consequences are not as well understood. The purpose of this dissertation is to investigate the long term reproductive health outcomes associated with childhood exposures to physical, sexual, and emotional abuse. In order to examine this relationship, an observational dataset of a large cohort of female nurses, Nurses Health Study II, is being explored to see whether a relationship exists between childhood maltreatment and adult pregnancy outcomes, such as, preterm delivery and spontaneous abortion. Furthermore, the relationship of psychopathology to reproductive outcomes will be explored, by assessing the relationship between post-traumatic stress disorder (PTSD) symptoms with these pregnancy outcomes. Utilizing a life course model of health linking childhood exposures to adult health outcomes, this research will help explore the potential role of childhood abuse as an exposure with repercussions that last far beyond the immediate period of childhood and adolescence. There is a persistent and growing need for research to provide empirical evidence with regards to the possible long term health impacts related to childhood maltreatment. This research can be used to support the promotion of high quality care to meet the needs of children who have suffered maltreatment, as well as increasing awareness of the need for prevention services that will be of benefit not only to children, but may also serve to decrease the burden of disease across the life course.

PUBLIC ABSTRACTS

Grant: 5F31NR011106-03
Principal Investigator: EVERETT, JANINE STODDARD PHD
Title: Skin Elasticity and Skin Color: Understanding Health Disparity in Sexual Assault
Institution: UNIVERSITY OF PENNSYLVANIA PHILADELPHIA ,PA
Project Period: 2009/01/01- 2011/04/30

DESCRIPTION (provided by applicant): Sexual assault is a violent event that affects millions of females each year. Of the estimated 6.8 million rapes and physical assaults annually in the U.S., 2.6 million will result in an injury to a women and almost 800,000 will result in the survivor receiving some type of healthcare. Assessment of injuries to the skin resulting from sexual assault is known to play an important role in the health care and criminal justice systems. Recent published findings indicate that women with dark skin who have a forensic examination have a significantly lower genital injury prevalence as compared to women with light skin. These findings, which raise important questions about the relationship of skin elasticity and skin color, may indicate a spurious nature of the relationship between race/ethnicity and injury prevalence. They demonstrated that skin color rather than race/ethnicity is likely the important variable that predicts genital injury prevalence. If women with dark skin are less likely to have injuries detected than women with light skin, a health disparity exists. Little is known about the role of skin elasticity across the continuum of skin colors, and whether or not differences skin elasticity may also explain the findings that injury prevalence varies by skin color. The overall objective of this pre-doctoral application is to determine if skin elasticity varies by skin color. The applicant proposes an innovative approach to answer the question: Can the previous findings that genital injury prevalence varies by skin color be better understood because skin elasticity varies by skin color? The applicant anticipates that variations in skin elasticity will also be explained by age, body mass index, sun exposure, and health status. The proposed clinical research study and training plan are integral to the applicant's long-term goals, which include elucidation of potential differences in skin physiology related to color and other variables, understanding the protective and injurious mechanisms of the skin, and dissemination of applicable findings to further skin science and reduce health disparities in vulnerable populations. Results obtained during this study, to take place at the University of Pennsylvania, have potentially large scale public health benefits. Findings will provide information that will influence the procedure for forensic examinations after sexual assault and guidelines for evaluating injuries in a legal setting. If skin elasticity is indeed different in women with different skin colors, addressing these differences may improve techniques for the forensic examination and provide the impetus for increased reporting rates following sexual assault.

PUBLIC ABSTRACTS

Grant: 5K01AA017630-03

Principal Investigator: ROTHMAN, EMILY F DSC MATERNAL & CHILD HEALTH

Title: Underage alcohol use and dating abuse perpetration

Institution: BOSTON UNIVERSITY MEDICAL CAMPUS BOSTON ,MA

Project Period: 2009/06/10- 2014/05/31

DESCRIPTION (provided by applicant): Underage drinking and adolescent dating abuse are significant and related public health problems. The frequency of alcohol use is one of the strongest correlates of adolescent dating abuse perpetration. Information about the mechanisms that mediate the relationship between alcohol use and abuse perpetration is needed, as are cost-effective interventions with high-risk youth. The integrated career development plan will prepare the candidate to become an independent investigator with expertise in the intersection of underage alcohol use and dating abuse perpetration. It will provide training and experience in (a) alcohol research, (b) adolescent psychology, (c) translational research methods, (d) structural equation modeling, and (e) human subjects. The K01 research plan is comprised of three related studies. Through Study 1 the candidate will develop and test a conceptual model of the relationship between underage alcohol use and dating abuse perpetration among adolescents who utilize an urban emergency department. Through Study 2 the candidate will develop and test the content validity of an emergency department-based brief intervention that will address dating abuse perpetration, underage alcohol use and their co-occurrence. Through Study 3 the candidate will pilot test the feasibility and acceptability of the intervention in a randomized controlled trial using a racially diverse sample. The proposed research will be supported by the resources of the NIAAA-funded Youth Alcohol Prevention Center at the candidate's institution. It stands to make several important contributions. First, there is a dearth of research on underage drinking among racial minority and non-college-bound adolescents. The proposed research will utilize a sample of adolescents who are primarily non-White and with an elevated rate of school drop-out. Second, the correlation between underage alcohol use and dating abuse perpetration needs explication. The proposed research will test a conceptual model that will yield this information. Finally, there is an urgent need to develop effective interventions for perpetrators of dating abuse. The proposed research will develop and test an emergency department-based brief intervention. PUBLIC HEALTH RELEVANCE: Reducing underage drinking is a component of the NIAAA strategic plan. Although the frequency of alcohol use is one of the strongest correlates of dating abuse perpetration, how underage drinking is related to dating abuse perpetration remains understudied. The proposed research will explicate this relationship and test a brief intervention to address both issues. The career plan will prepare the candidate to undertake independent investigations related to the intersection of underage alcohol use and dating abuse perpetration

PUBLIC ABSTRACTS

Grant: 5K01DA026307-02
Principal Investigator: ULIBARRI, MONICA DEANNE PHD
Title: Dyad-level Predictors of HIV Risk Among High-risk Couples in Tijuana, Mexico
Institution: UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA ,CA
Project Period: 2010/04/01- 2015/03/31

DESCRIPTION (provided by applicant): This Mentored Research Scientist Development Award will allow the candidate to pursue her research and training goals at the University of California, San Diego and Pro-COMUSIDA, a community health clinic in Tijuana, Mexico. The candidate's long-term career goal is to become a leader in the area of international HIV prevention. She aims to develop a base of skills and knowledge necessary to facilitate her transition into an independent investigator. Her specific training objectives are to: 1) develop a thorough understanding of individual- and dyad-level factors that contribute to HIV risk among couples with particular emphasis on drug use, sexual relationship power, and intimate partner violence; 2) gain proficiency in research design and statistical techniques necessary for conducting dyad-level analyses with couples; 3) acquire an in-depth understanding of theory-based HIV prevention interventions in order to design a couples-based HIV prevention intervention for female sex workers (FSWs) and their regular sexual partners; 4) obtain further training in the ethical conduct of research, particularly with unique populations such as FSWs; and 5) to build general skills for an academic career. Recently, HIV prevalence among FSWs in Tijuana has increased from 2% to 6%, and 14% among FSW who inject drugs (FSW-IDUs). Globally, FSWs are considered a "bridge" population who may transmit HIV/STIs to the general population. While the majority of research thus far has focused on individual-level risk factors among FSWs, comparatively little is known about their sexual partners and relationship characteristics. To address these gaps in knowledge, the proposed cross-sectional study will utilize quantitative methods to examine individual- and dyad-level correlates of HIV drug- and sex-risk behaviors among FSWs and their regular sexual partners in Tijuana.

Grant: 5K01HD061230-02
Principal Investigator: SIMON, VALERIE A PHD
Title: The Emergence of Sexual Risk Among Sexually Abused Adolescent Females
Institution: WAYNE STATE UNIVERSITY DETROIT ,MI
Project Period: 2010/05/01- 2015/04/30

DESCRIPTION (provided by applicant): There is a pressing need to understand how child sexual abuse (CSA) affects adolescent females' sexual risk behavior. Adolescent females have disproportionately high rates of sexually transmitted infections, largely due to heterosexual contact (CDC, 2008). CSA females are especially vulnerable, as they tend to initiate sex at early ages, engage in higher rates of sexual risk behavior, and benefit less from traditional risk reduction efforts than their non-abused peers (Senn et al., 2008; Greenberg, 2001). Although the sexual risks associated with CSA begin in adolescence, little is known about the early sexual development of CSA youth or the mechanisms by which CSA confers heightened risk. This K01 Career Development Award proposes a plan of training and mentored research experiences that will lay the foundation for an independent program of developmentally-informed prospective research directed at articulating mechanisms of sexual risk among CSA youth. Training will be acquired in (1) sexual risk and risk-reduction; (2) methods and issues in conducting prospective longitudinal research with CSA youth; (3) physiological assessment of affect regulation; and (4) advanced longitudinal data analytic techniques. Training will occur in a resource-rich environment that encourages innovative and collaborative research. Training is also integrated into the research plan, which includes two studies that seek to identify CSA-specific pathways to emergent sexual risk. Study 1 examines longitudinal associations between psychopathology (PTSD and externalizing problems), physiological regulation of trauma-related affect, and sexual risk behavior using extant data from a long-term prospective study of CSA. Study 2 entails a new prospective data collection to examine trajectories of sexual risk during early adolescence and test two potential risk mechanisms: (1) traumatic sexualization (TS), the process by which CSA distorts cognitive and affective orientations towards sexuality, and (2) psychopathology (PTSD and externalizing problems). TS is conceptualized in terms of cognitive and affective distortions that are manifest in youths' subjective and physiological experiences. Participants will include 120 sexually abused and non-abused young adolescent females between the ages of 11-14 years who will be followed over an 18-month period. TS and PTSD are expected to play a unique role in the emergence of sexual risk among CSA youth. Externalizing behavior problems are expected to predict sexual risk among non-abused youth. The proposed work will increase our knowledge of the factors that increase sexual risk among CSA youth so that more effective risk reduction programs can be developed for this highly vulnerable population. Results will inform the development of an R01 proposal for a longer-term, more comprehensive study of the role that traumatic sexualization plays in sexual health within casual and romantic relationships. PUBLIC HEALTH RELEVANCE: Existing sexual risk reduction programs are less effective for sexually abused youth, and the reasons for this are unclear. This is particularly concerning because sexually abused youth are at heightened risk for sexual health problems beginning in early adolescence. The proposed work will increase our knowledge of the factors that increase sexually abused youths' sexual risk so that more effective risk reduction programs can be developed for this highly vulnerable population.

PUBLIC ABSTRACTS

Grant: 5K01MH080649-04
Principal Investigator: TEITELMAN, ANNE M. PHD
Title: HIV Prevention and Partner Abuse: Developing an Intervention for Adolescent Girls
Institution: UNIVERSITY OF PENNSYLVANIA PHILADELPHIA ,PA
Project Period: 2008/01/05- 2012/12/31

DESCRIPTION (provided by applicant): This K01 Career Development Award proposes to establish a rigorous academic foundation for a research career devoted to developing and testing novel interventions for reducing HIV risk for adolescents. Thematically, the K01 will address the social context of HIV risk by integrating effective theory-based adolescent HIV prevention with promising partner abuse prevention strategies, emphasizing promotion of healthy relationships. It uses family planning clinics as a venue for providing a skill-based, culturally-tailored HIV and partner abuse prevention educational and advocacy program for African American girls living in economically disadvantaged circumstances. Partner abuse, which significantly increases risk for HIV, disproportionately affects low income African-American adolescent girls, as does HIV. Critical to this project is the candidate's demonstrated ability to conduct HIV/STD research in partnership with minority communities, a long term engagement in interdisciplinary scholarship aimed at improving health and a 20- year history as a primary care provider. However, to meet her long term career objective she requires additional instruction and mentorship in 6 key areas: 1) Methods for developing theory-driven, culture- specific, developmental^ appropriate curricula in HIV prevention intervention; 2) Design and evaluation of RCT prevention programs with specific considerations for reducing HIV risk associated with partner violence among adolescent girls; 3) Advanced skills in statistical analysis, particularly techniques relevant to intervention research; 4) Study in HIV and intimate partner violence among adolescents, with special attention to racial, economic and gender disparities; 5) Responsible conduct of research with particular attention to legal and ethical considerations for adolescent HIV and partner abuse issues; 6) Manuscript preparation skills. The research plan is divided into two phases, both guided by social cognitive and gender theory. In phase 1 we will conduct focus groups and individual interviews in order to develop and tailor the HIV/partner abuse intervention for adolescent girls and in phase 2 we will evaluate the initial acceptability and feasibility of this intervention in a limited RCT. Over the 5 years of the award, instruction, training, mentorship, and applied experiences are expected to significantly enhance the candidate's skills and expertise as a researcher and also contribute greatly to launching an independent research program.

PUBLIC ABSTRACTS

Grant: 5K05DA015226-09

Principal Investigator: DODGE, KENNETH A PHD

Title: Adolescent Drug Use: Development, Prevention and Policy

Institution: DUKE UNIVERSITY DURHAM ,NC

Project Period: 2002/09/01- 2013/02/28

DESCRIPTION (provided by applicant): This revised competing continuation application of a K05 Senior Scientist Award requests salary support for the PI to contribute to the societal prevention of serious problem outcomes, including substance abuse, behaviors that place one at risk for HIV/AIDS, and child abuse, in two related populations: multi-problem adolescents and young high-risk mothers. The PI's strategy for each population is an integrated three-part program of research in translation science that corresponds to the first three specific aims. The first aim is to understand how chronic problem behaviors develop in these two populations. Two ongoing longitudinal studies will be completed during this award: 1) the Child Development Project of 585 boys and girls who have been followed since age 4 and will turn 29 during the award; and 2) Project MOM, a study of 500 women being followed from mid-pregnancy through the infant's first three years of life. Findings from both studies indicate high comorbidity of substance use, sexual behaviors that place one at risk of HIV/AIDS, and conduct disorder/antisocial behavior. The second aim is to translate findings from basic science into tests of ongoing prevention programs for these two populations: 1) The Fast Track randomized trial of 891 kindergarteners at risk for adolescent problem behaviors tests a 10-year comprehensive intervention that includes parent training, social-cognitive skills training, and peer coaching. Findings indicate that assignment to intervention prevents 75% of diagnosed adolescent conduct disorder in the highest-risk subgroup; and 2) The Durham Family Initiative (DFI) is an attempt to lower the county-wide incidence of child abuse through screening, triage, and intervention with pregnant women. Findings thus far indicate a 41% reduction in official child abuse, contrasted with 12% for 5 control counties. The third aim is to learn how to translate efficacious prevention models into community-wide change. Adolescent deviance will be addressed through economic evaluation of Fast Track; and maternal substance abuse, HIV/AIDS risk, and child abuse will be addressed through evaluation of a state-wide Multiple Response System. The fourth aim is to integrate studies of these populations in order to understand comorbidity of substance use, behaviors that place one at risk for HIV/AIDS, and conduct disorder. Developmental studies will examine the temporal relations among these problems over time, and intervention trials will test the hypothesis that change in one problem leads to changes in other problems. The fifth aim is to enhance the Pi's ability to provide research mentorship, through directorship of research centers and training of new scholars in a translation science approach to substance use and HIV/AIDS prevention. The sixth aim is to enhance the Pi's research skills and knowledge in HIV/AIDS and substance abuse, especially in economic analysis and public policy. This award will contribute to the prevention of multi-problem outcomes.

PUBLIC ABSTRACTS

Grant: 5K08AA017921-03

Principal Investigator: SARTOR, CAROLYN E PHD CLINICAL PSYCHOLOGY

Title: GENETIC AND ENVIRONMENTAL CONTRIBUTIONS TO THE COURSE OF ALCOHOL USE IN WOMEN

Institution: YALE UNIVERSITY NEW HAVEN ,CT

Project Period: 2010/09/10- 2015/08/31

DESCRIPTION (provided by applicant): The PI is a clinical psychologist in the Department of Psychiatry at Washington University School of Medicine, an international leader in psychiatric research with well-established research programs in addictions and genetics. The PI is developing a program of research on genetic and environmental contributions to alcohol use and dependence rooted in a developmental psychopathology framework. Her research focuses on problem drinking behaviors and associated psychiatric disorders from the adolescent to young adult years, with an emphasis on the progression through stages of use and the rate at which those transitions occur. The role of childhood assaultive trauma in shaping the course of alcohol use disorders has figured prominently in her work in this area and will be a major focus of the proposed K-award project, which integrates her extensive experience with trauma-exposed populations (clinical as well as research experience) with behavioral genetic approaches to studying substance-related behaviors. The K08 will be instrumental in moving her toward her goal of establishing an independent R01-funded research program aimed at characterizing the course of alcohol use and alcohol use disorders in genetically-informative frameworks. This program of research will address three core issues: 1) the degree of variability in heritable and environmental influences on alcohol-related outcomes across stages of use and as contributors to the rate of transitions through these stages; 2) the extent to which the contributions of use and misuse of other substances, trauma exposure, and co-occurring psychiatric disorders to alcohol-related problems vary over time; and 3) the nature of the association between short-term patterns of drinking behaviors and current as well as future alcohol-related problems, including the consistency of this relationship across developmental periods. A second critical component of the PI's long-term career plans is to increase collaborations with researchers conducting treatment outcome studies and prevention program development to promote translational efforts of this line of research. The proposed career development plan, which will be undertaken under the guidance of mentor Dr. Andrew Heath, co-mentor Dr. Kenneth Sher, and consultants Dr. James Anthony and Dr. Phillip Wood, is designed to prepare the PI for the transition to independent investigator status through tutorials, hands-on experience conducting statistical analyses with existing data as well as data from the proposed new data collection, and formal coursework. The four major goals of the training plan are to gain expertise in genetically-informative approaches to characterizing the course of alcohol use, advance skills in longitudinal data analysis, establish a foundation in the basic principles of genetics and genomics, and develop proficiency in web-based data collection on alcohol-related behaviors. The proposed research project will address genetic and environmental contributions to two dimensions of the course of alcohol use: the rate of progression between drinking milestones, and day to day patterns in alcohol use. Their underrepresentation in alcohol-related studies makes identifying distinct vulnerabilities or patterns of use in women a challenging task. The current project focuses exclusively on female samples in an effort to address this issue. Progression through drinking milestones, specifically, the potential mediating and moderating effects of psychiatric and psychosocial risk factors (e.g., conduct disorder, depression, childhood assaultive trauma) on genetic contributions to transitions in alcohol use and dependence, will be examined in secondary analyses with retrospective reports of drinking history in two existing datasets. The first is a sample comprised of 4,417 female

twins from the Missouri Adolescent Female Twin Study (MOAFTS) and 535 female participants from the Missouri Family Study, a high risk alcoholism family study oversampled for African-American ethnicity (50%); and b) 2,632 female twins from an Australian twin cohort. Day to day patterns of alcohol use will be investigated in a new web-based data collection with a subset of twin pairs (n=100), selected by childhood sexual abuse (CSA) status from MOAFTS. Brief telephone diagnostic interviews will be followed up with weekly web-based surveys of alcohol consumption and other substance use (as well as exposure to substance-using environments) administered in a daily diary format over a period of 12 weeks. An additional measure assessing trauma exposure in the previous 12 weeks will be included in the week 12 assessment. One year after completion of the web-based component of the study, participants will be re-contacted for a follow-up telephone interview covering the same domains of psychiatric and psychosocial functioning covered in the baseline interview. The 12 month follow-up will also involve recall of substance use and related behaviors reported over the 12 week assessment period in an effort to test consistency in reporting between prospective reports and retrospective summaries. Analyses will be aimed at quantifying familial liability and environmental contributions to patterns of problem alcohol use and determining whether women with CSA histories exhibit unique patterns of use. The project will provide feasibility data for an R01 application to conduct a longitudinal genetic association study of short-term patterns of alcohol and other substance use in adolescents using web-based data collection methods. By enhancing understanding of genetic and environmental contributions to the course of alcohol use and the development of problem drinking behaviors in women, the proposed K-award project will facilitate development of interventions targeting high-risk patterns of use and transition points in drinking course distinguished by elevated liability to problem alcohol use. PUBLIC HEALTH RELEVANCE: This K08 award will provide the applicant with the training and resources to establish a program of research that will inform etiological models of alcohol use disorders and prevention efforts by studying the course of alcohol use within genetically-informative frameworks. The proposed project's goal of quantifying genetic and environmental contributions to patterns of problem drinking and their variation across stages of alcohol use in women will help identify those junctures where drinking course can be most easily modified.

PUBLIC ABSTRACTS

Grant: 5K23DA023334-03

Principal Investigator: STOVER, CARLA S PHD

Title: Integrated Treatment for Fathers Who Perpetrate Domestic Violence

Institution: YALE UNIVERSITY NEW HAVEN ,CT

Project Period: 2009/07/01- 2014/06/30

DESCRIPTION (provided by applicant): The overarching, long-term career goal of the candidate is to run her own clinical laboratory to develop best practice treatment approaches for families impacted by intrafamilial violence. The immediate career goals of this K23 award will aid the candidate in development of independent skills in: 1) substance abuse and violence assessment, 2) the stage model of psychotherapy development, 3) treatment evaluation (including longitudinal, multisite data collection and analysis, and 4) qualitative and treatment fidelity measurement. To achieve these goals, courses in biostatistics, qualitative and longitudinal data collection/analysis have been selected along with seminars in best practice treatment, forensics, and treatment evaluation with this population. Travel to the labs of several internationally known researchers in the field of coordinated substance abuse treatment (Dr. Fals-Stewart), child-parent treatment for domestic violence (Dr. Lieberman) and qualitative assessment of trauma and parent-child interactions (Dr Scheeringa) for intensive training is included in the first eighteen months to prepare the candidate to undertake the psychotherapy development research proposed. This K23 outlines a program of research to develop and evaluate an integrated treatment for fathers with co-morbid substance abuse and domestic violence that targets their roles as fathers under the mentorship of Drs. Bruce Rounsaville, Caroline Easton and Thomas McMahon in the Departments of Child and Adult Psychiatry at the Yale University School of Medicine. To facilitate this goal, this POR will support the following research projects: 1) collection of quantitative data on the self-reported parenting stress, behaviors, and child-parent relationships of male perpetrators of intimate partner violence with comorbid substance abuse compared to matched controls; 2) manual development and pre-piloting for the development of adherence and fidelity tools; and 3) initial evaluation via a Stage I b randomized pilot of Integrated Father Treatment for Domestic Violence (IFT-DV) for this population of men which incorporates state-of-the-art substance abuse, domestic violence, and child-trauma treatment approaches. PUBLIC HEALTH RELEVANCE: Social service systems rarely acknowledge the status of men as fathers in the conceptualization and delivery of treatment for substance abuse or domestic violence. The enormous rates of intimate partner violence, substance abuse, and child maltreatment constitute a major public health concern. Given the high rates of comorbidity, there is a pressing need for more integrated evidence-based treatments to address the issues facing these families.

PUBLIC ABSTRACTS

Grant: 5K23HD057180-04

Principal Investigator: BAIR-MERRITT, MEGAN H MD

Title: Intimate Partner Violence and Child Health

Institution: JOHNS HOPKINS UNIVERSITY BALTIMORE ,MD

Project Period: 2008/03/06- 2013/02/28

DESCRIPTION (provided by applicant): How can the negative impact of intimate partner violence (IPV) on child health be minimized? IPV often continues in families despite social or legal interventions to stop the violence. Children therefore remain vulnerable to adverse health outcomes. This suggests that, to protect children's health, we must shape IPV interventions to reduce risks and to increase protective factors even if IPV continues. This requires a theoretically-guided, empirically-based understanding of the mechanisms by which IPV adversely influences child health, with a focus on the mediating influences. The goal of the proposed research is to gain such an understanding. The overarching framework guiding this research is that IPV leads to poor child health indirectly through its influence on maternal emotional health and parenting, which in turn affect child outcomes. Two related considerations include that patterns (based on variables such as severity, frequency and directionality) of IPV exist and that these patterns likely affect children differently. This proposal outlines two studies. The first is a cohort study of children followed from birth to middle childhood in which advanced analytical methods including structural equation modeling will be used to: Aim 1: Define the latent construct of IPV, assessing typologies of IPV and identifying patterns of IPV over time; Aim 2: Determine the relationship between these IPV constructs and children's health and health care use; Aim 3: Assess the role of maternal emotional health and parenting as mediators of the relationship between IPV and child health. A second qualitative study involving semi-structured interviews with abused women with young children will: Aim 4: Characterize abused women's perceptions of the relationship among IPV, their emotional health, their parenting and their child's health. These aims fit with NICHD's mission of "all children achieving their potential for healthy and productive lives." The proposed career development program for this candidate, a pediatrician with a degree in epidemiology, focuses on: 1) understanding the etiology and epidemiology of IPV; 2) obtaining a theoretical understanding of the impact of family conflict on children's health; 3) learning higher level data analysis methods; and 4) acquiring qualitative research skills. The candidate's long-term career goal is to lead multidisciplinary efforts to facilitate the healthy development of children exposed to IPV. Upon completion of this award, she will submit an R01 application for a longitudinal cohort study collecting primary data on the health of a local cohort of children with and without IPV exposure. From a public health perspective, childhood is a critical time period in establishing an individual's lifetime health trajectory; IPV has the potential to significantly compromise children's health. A better understanding of the IPV-child health relationship will facilitate the design of effective, targeted interventions.

PUBLIC ABSTRACTS

Grant: 5K23HD059916-03

Principal Investigator: TEMPLE, JEFFREY R PHD COUNSELING / PSYCHOLOGY

Title: Longitudinal investigation in the Risk and Protective Factors of Dating Violence

Institution: UNIVERSITY OF TEXAS MEDICAL BR GALVESTON GALVESTON ,TX

Project Period: 2009/08/20- 2014/07/31

DESCRIPTION (provided by applicant): Approximately 25% of US teens are physically, psychologically, or sexually abused by dating partners each year. Victims of dating violence experience a host of devastating consequences, including acute and chronic mental and physical health problems, suicide, delinquency, risky sexual behavior, substance abuse, and school failure. Moreover, individuals who perpetrate violence and sexual aggression in their adolescent relationships are at a heightened risk for continuing this behavior in their adult intimate relationships. Preventing this form of violence would not only improve the health and lives of adolescents, but it would have the potential to curb the prevalence and consequences of subsequent domestic violence. Despite these critical needs, theoretically driven and research-based prevention programs are conspicuously lacking, and the factors that increase or decrease the likelihood of adolescents experiencing dating violence are poorly understood. In addition, few data exist on how the different forms of dating violence develop over time. For example, does psychological abuse precede physical violence? Does physical violence precede sexual aggression? Developmental information would be invaluable in identifying youth at risk for dating violence and to ultimately prevent the occurrence and escalation of violent behavior. To address these questions and gaps in the literature, I propose to conduct a longitudinal study assessing dating violence perpetration and victimization, and modifiable risk and protective factors in adolescents from ethnically and socioeconomically diverse backgrounds. Participants will be recruited from standard and alternative high schools. Dating history, experiences with dating violence (perpetration and victimization), and potential modifiable risk and protective factors will be assessed at baseline, and 1 and 2 years thereafter. A total of 500 participants will be recruited, which will provide sufficient statistical power to achieve the primary aims of this study. The overall objectives of this K23 award are (1) to advance my knowledge of and expand my research into the area of violence prevention, and (2) to provide a sound foundation for developing a dating violence prevention program that will explicitly target identified risk and protective factors. The proposed research study will allow me to apply my current knowledge and skill base to learning the technical and practical issues related to prevention research so I can approach future research endeavors from a truly developmental perspective. RELEVANCE: Adolescent dating violence is an enormous public health concern, resulting in a host of acute and chronic mental and physical health problems. Consistent with a primary goal of Healthy People 2010, this study will identify predictors important in the onset and development of violent behavior among adolescents. Further, data obtained from this study will inform dating violence prevention and intervention efforts, with the ultimate goal of improving individuals' health and quality of life.

PUBLIC ABSTRACTS

Grant: 5K23MH086328-03

Principal Investigator: RIZZO, CHRISTIE JADE PHD

Title: Dating Violence and HIV Prevention in Girls: Adapting Mental Health Interventions

Institution: RHODE ISLAND HOSPITAL PROVIDENCE ,RI

Project Period: 2009/05/01- 2014/02/28

DESCRIPTION (provided by applicant): This application is to request a Mentored Patient-Oriented Research Career Development Award (K23) that will enable Dr. Rizzo to continue to develop her programmatic line of research in the prevention of HIV and dating violence among high risk adolescent girls. A growing body of research reveals that dating violence plays a significant role in adolescent girls' HIV risk. DV has been associated with less condom use, younger age at first intercourse, having multiple sex partners and alcohol use prior to sexual encounters. Thus, prevention strategies that address dating violence and HIV risk may hold promise for reducing sexual risk behavior among a particularly at-risk population. In this proposed research plan, a cognitive-behaviorally based intervention to be named "Skills to Manage Aggression in Relationships for Teens" (SMART) will be developed and tested. The program will be implemented with a sample of underserved youth, as economic disadvantage and minority status have been found to be related to increased rates of adolescent dating violence. A primary focus of the intervention will be to address mental health problems (i.e. psychological distress and behavioral dysregulation) that underlie the development and maintenance of both dating violence and sexual risk behavior among adolescent girls. Dr. Rizzo's training goals are to (1) increase her expertise in conducting preventive interventions for HIV, (2) receive intensive clinical and research training in adolescent HIV risk, (3) acquire expertise in conducting research with, and providing clinical treatment for, adolescent girls exposed to dating violence, (4) advance her skills in intervention research with ethnic minority and economically disadvantaged populations, (5) develop R01 -level skills in prevention research methodology and statistics and (6) receive mentorship regarding professional development issues. These training goals will be achieved through a combination of formal coursework and seminars, focused clinical and research experiences, and ongoing close research supervision by members of the mentorship team. The training plan of this K-Award will provide the opportunities needed to research the effects of a preventive intervention for a vulnerable group of young women.

PUBLIC HEALTH RELEVANCE: (See instructions): Adolescent dating violence and HIV infection constitute two significant public health problems. A developing literature has linked dating violence to HIV risk, yet no existing preventive interventions have been developed to reduce HIV risk behaviors among adolescent girls victimized in dating relationships. The development of a prevention program for this population is crucial and is consistent with recent public health objectives.

PUBLIC ABSTRACTS

Grant: 5R01AA013328-07
Principal Investigator: HUGHES, TONDA L PHD
Title: Cumulative Stress and Hazardous Drinking in a Community Sample of Adult Lesbians
Institution: UNIVERSITY OF ILLINOIS AT CHICAGO CHICAGO ,IL
Project Period: 2001/07/01- 2014/04/30

DESCRIPTION (provided by applicant): Studies using both probability and nonprobability samples provide ample evidence of lesbians' vulnerability to hazardous drinking. However, very little is known about the factors that increase lesbians' risk for hazardous drinking. We propose to build on and extend our study of sexual identity and drinking, using both cross-sectional and longitudinal data to model effects of cumulative stress on hazardous drinking among lesbians. Lesbians report high rates of traumatic events. Added to these acute stressors are chronic stressors unique to sexual minorities, creating cumulative stress that may be compounded in lesbians of color. Data will be collected from a large, diverse sample of 384 adult lesbians (50% racial/ethnic minority) interviewed previously in 2000 and 2004 and from a new panel (n=250) recruited by respondent-driven sampling, with oversampling of young (age 18-25), Black, and Latina lesbians. Data will be collected in computer-assisted personal interviews conducted by highly trained female interviewers. The specific aims of the proposed study are (1) to test models of the relationships between cumulative stress and hazardous drinking in lesbians using cross-sectional data; (2) to test models of the relationships between early and later risk factors and hazardous drinking using longitudinal data from the new survey and our previous surveys (3 time points for the original sample); and (3) to compare longitudinal models of associations among early and later risk factors and hazardous drinking in our lesbian sample and in a subsample of heterosexual women from the National Study of Health and Life Experiences of Women (NSHLEW). Cross-sectional analyses will permit fuller assessment of racial/ethnic minority, age and cohort effects on hazardous drinking. We will use structural equation modeling to determine whether the accumulation of early risk factors (e.g., childhood sexual abuse) and adult risk factors (e.g., adult sexual assault, sexual-minority stressors, and racial/ethnic-minority stressors) predict hazardous drinking in lesbians, and to identify characteristics of lesbians at highest risk for hazardous drinking. Longitudinal analyses will allow us to examine changes in drinking patterns and problems over time, and to compare patterns and predictors of drinking changes in lesbians with those among heterosexual women in the NSHLEW. The proposed study, combined with the 2000 and 2004 surveys, will provide the most comprehensive data yet available on the characteristics and determinants of hazardous drinking among lesbians. Such information is critical for explicating similarities and differences across subgroups of women and for planning prevention and treatment strategies to effectively target the needs of these groups. Findings will have important scientific and public health implications for identifying groups at greatest risk for hazardous drinking and for developing culturally sensitive prevention and intervention strategies. PUBLIC HEALTH RELEVANCE: This study will examine how the accumulation of life stressors such as childhood sexual abuse, adult sexual assault, and discrimination based on race/ethnicity or sexual orientation are related to psychological distress and hazardous drinking in adult women. Understanding how different groups of women respond to and cope with multiple life stressors will aid the development of more effective alcohol abuse prevention and intervention strategies for understudied groups of women.

Grant: 5R01AA014512-08
Principal Investigator: NORRIS, JEANETTE PHD SOCIAL PSYCHOLOGY
Title: Alcohol Effects on Cognitive & Affective Mediation of Women's Decision Making
Institution: UNIVERSITY OF WASHINGTON SEATTLE ,WA
Project Period: 2003/09/22- 2014/08/31

DESCRIPTION (provided by applicant): The proposed project is a competing renewal of RO1AA014512 and will continue a program of research concerned with alcohol's effects on women's risk-related decision making. The original project applied a cognitive mediation model to understanding alcohol's effects, in conjunction with other contextual and background factors, on women's risk decisions. Alcohol consumption is known to increase risk-related behavior, and decision-making is cognitively and emotionally complex when a person is intoxicated. Understanding in-the-moment processes affecting women's decisions while intoxicated is critical to informing prevention efforts. The proposed project will examine relationships among alcohol consumption, a partner's coercion, and women's risk-related decisions. It will draw on four theoretical lines: 1) the Cognitive Mediation Model (Norris et al., 2004), which examines the extent to which cognitive appraisals mediate the influence of background and situational factors on emotional and risk-related decisions ; 2) Alcohol Myopia Theory (Taylor & Leonard, 1983), which explicates the influence of alcohol-related cognitive impairment on behavior; 3) the Appraisal-Disruption Model (Sayette, 1993), which addresses alcohol's cognitive impairment effects on emotional responding; and 4) Alcohol Expectancy Theory (Goldman, 1999; MacAndrew & Edgerton, 1969), which describes how alcohol influences behavior through cultural and individual expectations about alcohol's effects. The proposed research will include a laboratory-based alcohol administration experiment to establish causal connections between manipulated situational factors, including alcohol consumption, and cognitive appraisals, emotional responses, and in-the-moment risk-related decisions. It will also employ a longitudinal survey to examine how in-the-moment decisions translate to actual situations. Structural equation modeling will be used to examine background and situational factors, as well as situationbased cognitive and emotional mediators, as predictors of in-the-moment decisions. Background and situational models will be examined using longitudinal data analytic techniques, including survival analysis, latent transition analysis, and growth curve modeling. Relevance: Alcohol consumption increases the likelihood of risk-related decisions and outcomes. The proposed project will examine this major public health concern by studying the influence of alcohol on women's decision making in high-risk situations.

Grant: 5R01AA016127-05
Principal Investigator: TESTA, MARIA L PHD
Title: Alcohol, Relationship Conflict, and Intimate Partner Violence
Institution: STATE UNIVERSITY OF NEW YORK AT BUFFALO BUFFALO ,NY
Project Period: 2007/07/05- 2012/06/30

DESCRIPTION (provided by applicant): Although alcohol consumption has long been recognized as a risk factor in intimate partner violence, few studies have addressed whether acute alcohol consumption is a causal factor in episodes of relationship conflict or aggression. The proposed research will address the proximal relationship between alcohol consumption and relationship aggression among a community sample of young married and cohabiting couples. Two methods are proposed. First, an experimental study will examine the effects of alcohol, administered independently to male and female partners, on communication behaviors and verbal aggression within a conflict resolution paradigm. We hypothesize that alcohol consumption by either partner will increase behavioral negativity and verbal aggression. Second, a daily diary study will allow us to examine whether the likelihood of relationship conflict or aggression occurring on a given day is increased when either the man, the woman, or both have consumed alcohol earlier that day. In-depth, event-based interviews, conducted at the conclusion of the 8-week diary period, will provide insight into how alcohol may contribute to the initiation, escalation, and desistance of conflict. There are several unique aspects to the research. First, although the majority of research has focused on the role of men's drinking in their perpetration of aggression, women's drinking may contribute to relationship conflict and aggression as well. Thus, we will explicitly consider the role of women's drinking, independent of the drinking of their male partners, on relationship conflict and aggression both within the laboratory and in naturally-occurring conflict episodes. Second, the diary study promises to be the first to examine daily relationship between alcohol and episodes of relationship conflict in a non-clinical sample and is expected to address the relative importance of alcohol in naturally occurring relationship conflict. Third, recognizing that alcohol may not facilitate conflict or aggression for all couples, both studies will consider the role of potential moderating variables, including propensity toward aggression, behavioral self-control, and alcohol expectancies. Considering the proximal relationship between alcohol consumption and relationship conflict is expected to provide important insight into the causal mechanisms underlying the alcohol-intimate partner violence relationship.

Grant:	5R01AA016281-05		
Principal Investigator:	GEORGE, WILLIAM H	PHD	CLINICAL
		PSYC:CLINICAL	
		PSYCHOLOGY-UNSPEC	
Title:	Women's HIV Risk: Alcohol Intoxication, Victimization History & Partner Factors		
Institution:	UNIVERSITY OF WASHINGTON	SEATTLE ,WA	
Project Period:	2007/09/27- 2012/08/31		

DESCRIPTION (provided by applicant): Project Summary: HIV infection is currently the 6th leading cause of death among American women aged 25-34 years, and heterosexual contact accounts for 80% of HIV infections in women. Highly controlled laboratory experiments have indicated that alcohol intoxication fosters HIV-related risk behaviors; this may be particularly true among women with a history of child sexual abuse (CSA) or later sexual assault (SA), who it is estimated comprise over 20% of all women. Research has also shown CSA-positive (CSA+) and SA-positive (SA+) women are at higher risk of HIV infection than those without such a history. This heightened risk may in part be related to alcohol use. Because the bulk of the extant research has been descriptive and correlational, virtually nothing is known about how alcohol and contextual factors such as partner characteristics operate in-the-moment to affect sexual decision-making (SDM) processes of CSA+/SA+ women, potentially increasing their risk of contracting HIV. The present project addresses this knowledge gap. Two large scale alcohol administration experiments will examine risky SDM processes among female social drinkers, aged 21-30, with and without victimization histories, in an experimental dating analogue. Drawing on existing theory, one type of partner characteristic will be manipulated in each experiment: a recent partner's relationship potential (low v. high); and an ongoing partner's pressure to have unprotected intercourse (low pressure vs. high pressure). Alcohol myopia theory will be employed as a potentially useful theoretical framework. Possible mediators of the risky SDM-alcohol connection that will be investigated in-the-moment include risk perception, self-efficacy, and anticipated partner reaction to condom negotiation. Potential moderating influences of background characteristics will also be explored, including alcohol expectancies and drinking habits, sensation seeking, traumatic sexualization, condom attitudes and sexual experiences, as well as prior victimization factors, such as type, age, and severity. Relevance: The proposed studies will advance our understanding of in-the-moment dynamics of risky HIV-related decision-making and behavior in intoxicated and sober binge-drinking women who have and have not been sexually victimized. Findings will greatly inform designers of prevention programs, who remain frustrated in their efforts to stem the spread of HIV in women and eager to learn of new and promising targets for intervention. The information gleaned from the proposed studies could be used to design HIV prevention programs that work for social-drinking women, particularly those with a history of victimization, a substantial but underserved population.

PUBLIC ABSTRACTS

Grant: 5R01AA016315-06
Principal Investigator: STUART, GREGORY L PHD
Title: Brief Intervention to reduce drinking and intimate partner violence in women
Institution: UNIVERSITY OF TENNESSEE KNOXVILLE KNOXVILLE ,TN
Project Period: 2007/05/01- 2012/04/30

DESCRIPTION (provided by applicant): Intimate partner violence (IPV) results in devastating consequences. There is a growing body of research examining the link between women's alcohol use and their perpetration and victimization of IPV. Research has shown that women who perpetrate IPV or are victims of IPV are more likely than control groups to have alcohol problems. Recent research also demonstrates that women are 3-7 times more likely to be victims of IPV on days in which they consume alcohol relative to days that they do not drink. Furthermore, over onehalf of the women arrested for IPV and court-referred to batterer intervention groups drink hazardously; these women experience higher levels of violence perpetration and victimization relative to violent women who do not drink hazardously. To date, methods for reducing alcohol use in women arrested for IPV have not been explored, and the extent to which treatment for hazardous alcohol use will ameliorate subsequent IPV perpetration and victimization is currently unknown. We propose to conduct a randomized clinical trial in which 160 hazardous drinking violent women will be assigned to: (a) a brief, motivationally focused alcohol intervention plus standard batterer intervention (BI) or (b) standard batterer intervention alone (ST). Alcohol use, alcoholrelated problems, and IPV will be assessed at baseline, 3-, 6-, and 12-month follow-up in violent women and their relationship partners. Both partners will provide corroborating reports of the other's alcohol use and violence. Arrest records will be obtained as further indices of violence recidivism. We hypothesize that adding a brief alcohol treatment to standard batterer intervention will result in less alcohol use and less IPV perpetration and victimization at all follow-up assessments, relative to standard batterer intervention alone. If it is efficacious, this low cost, research supported brief alcohol treatment can be easily exported to community violence intervention programs across the United States Relevance to public health: The proposed study will examine whether adding a brief alcohol treatment to standard violence intervention programs for women will result in reduced drinking, reduced partner violence perpetration, and reduced partner violence victimization. If it is effective, the brief alcohol treatment can be disseminated to violence programs across the country to improve alcohol use and violence outcomes.

PUBLIC ABSTRACTS

Grant: 5R01AA016799-04

Principal Investigator: RYCHTARIK, ROBERT G. PHD CLINICAL
PSYCHOLOGY

Title: Reducing Violence Against Women with Alcoholic Partners

Institution: STATE UNIVERSITY OF NEW YORK AT BUFFALO BUFFALO ,NY

Project Period: 2008/05/01- 2013/04/30

DESCRIPTION (provided by applicant): This application builds on the investigators' prior work assessing and training more effective coping skills in women with an alcoholic partner who is not in treatment. To date, that work has focused largely on the effects of Coping Skills Training (CST) and an alternate, 12-step Facilitation (TSF) treatment on the woman's own functioning and, secondarily, on the partner's drinking. However, exploratory analyses suggest that CST may be particularly effective (relative to TSF) in reducing partner physical violence against the woman, reducing violent-partner drinking over time, and eliminating the positive relationship between partner drinking and violence during follow-up. In this application, we use improved relationship-violence methodology to (a) test the replicability of these findings, (b) evaluate the effects of the treatments on the woman's own violence toward her partner-heretofore not assessed, and (c) explore the constructs and putative causal pathways operating in a heuristic model of alcoholic partner and spouse negative affect, partner alcohol involvement, aversive marital behaviors, and spouse self-control (coping) skills. With respect to the latter, we will explore whether an increase in the woman's coping skill in CST, relative to TSF, will moderate (buffer) the effects of partner alcohol involvement and partner violence on her own negative affect. Skill level also is thought to further moderate the effect of the woman's negative affect on her own violent relationship behaviors. A reduction in the woman's own violence is hypothesized to reduce partner violence and the partner's own negative affect. A reduction in the latter then is thought to account for a reduction in his drinking and a further reduction in his violence against the woman. The above a priori and exploratory aims will be evaluated in a 2- group CST vs. TSF longitudinal design. One hundred and fifty women with a physically-violent alcoholic partner not currently in treatment will be randomly assigned within therapy groups to either CST or TSF. All participants will be followed at 90-day intervals for a period of 12 months posttreatment during which both the woman's and partner's negative affect and aversive marital behaviors are assessed, partner drinking measured, and the woman's coping skill acquisition evaluated. Estimates suggest that nearly half of all women with alcoholic partners experience some partner physical violence. Although these women typically have been advised by family, friends, and others to leave the relationship, many remain. Helping these individuals improve their own functioning and reduce the violence they experience may have a greater public health benefit than simply advising them to leave the partner or referring them to 12-step groups.

PUBLIC ABSTRACTS

Grant: 5R01AA016829-05

Principal Investigator: LEONARD, KENNETH E PHD CLINICAL
PSYCHOLOGY

Title: Binge Drinking in Couples and Intimate Partner Violence

Institution: STATE UNIVERSITY OF NEW YORK AT BUFFALO BUFFALO ,NY

Project Period: 2007/05/01- 2012/04/30

DESCRIPTION (provided by applicant): Although frequent heavy drinking patterns are related to the occurrence of intimate partner violence (IPV) among men, the role of these women's drinking patterns in IPV is poorly understood. Moreover, there is little data that addresses the joint influence of men's and women's drinking on both members' IPV perpetration and victimization. This proposal involves a three wave longitudinal study designed to examine husband and wife binge drinking as prospective predictors of verbal and physical marital aggression. The project emphasizes the moderating influence of executive cognitive functioning and negative affect on the relationship between binge drinking and IPV. Methodologically, this application involves mailed questionnaires to a community sample of households to recruit couples who are married or have been living together for at least one year and are between the ages of 18 and 45. The couples will be screened with respect to husband and wife drinking behavior. Approximately 300 families in which the husband, the wife, both, or neither meet criteria for binge drinking will be recruited for a two year longitudinal study. The couple will be assessed at baseline and one and two years later. The assessments will focus on executive cognitive functioning, negative affect, verbal and physical aggression, and alcohol-related variables. In addition, couples will be interviewed with respect to the most severe verbal and most severe physical aggression events in the relationship in order to conduct event-based analyses. Statistical analyses will examine the relationships among husband and wife binge drinking, and their interaction on husband and wife marital aggression and whether ECF or negative affect moderate these relationships. The results will provide important insights with respect to the role of women's drinking, alone and in combination with men's drinking, on the occurrence of IPV.

PUBLIC ABSTRACTS

Grant: 5R01AA017429-02

Principal Investigator: ULLMAN, SARAH E PHD

Title: Longitudinal Study of Social Support, PTSD and Drinking in Rape Victims

Institution: UNIVERSITY OF ILLINOIS AT CHICAGO CHICAGO ,IL

Project Period: 2010/04/01- 2015/03/31

DESCRIPTION (provided by applicant): Research shows that PTSD and problem drinking are common sequelae experienced by women victims of adult sexual assault, yet the role of social support in understanding these outcomes is still unclear. The proposed project builds on the PI's prior research by testing a theoretical model of relations between social support received by sexual assault victims and their post-assault adjustment, including PTSD, problem drinking, and positive adaptation, which is a novel aspect of this project. Approximately 1,832 women who (a) experienced either attempted or completed rape and (b) disclosed their experience to at least 1 informal support provider will be recruited from the local community, universities, and victim service agencies to complete a series of 4 mail surveys, distributed at 6-month intervals over the course of 2 years. We propose to investigate how women's experiences of general and assault-specific social support relate to their coping and behavioral responses and post-assault adjustment over time. Second, we propose to examine the prospective influence of women's experiences of social support on risk for sexual and nonsexual revictimization, and whether such effects are mediated by women's coping and behavioral responses and post-assault adjustment. We will also examine how revictimization influences women's subsequent coping and behavioral responses and post-assault adjustment. Further, for the first time, we will compare these processes in victims of alcohol-related and non-alcohol-related sexual assaults. Finally, qualitative data gleaned from interviews with victims and an informal support provider will yield a new understanding of how social support influences victims' post-assault adjustment and whether there are differences as a function of whether the victim is a problem drinker and whether alcohol was involved in the assault. PUBLIC HEALTH RELEVANCE: Sexual assault is a serious public health issue that affects approximately 25% of American women (Bachar & Koss, 2001; Russell & Bolen, 2000; Tjaden & Thoennes, 1998). This crime can result in both physical injuries and psychological symptoms, including PTSD and alcohol abuse problems (Foa & Riggs, 1993; Resick, 1993). The proposed longitudinal study will examine how victims' experiences of general and assault-specific social support relate to their coping and behavioral responses, post-assault adjustment, and risk for revictimization, as well as whether relations between these factors differ depending on whether the victim was drinking prior to being assaulted. Results of this study could be used to inform the development of specialized interventions to improve sexual assault victims' recovery, tailored specifically to victims of alcohol-related and non-alcohol-related sexual assaults, as well as prevention programs designed to reduce the incidence of revictimization.

PUBLIC ABSTRACTS

Grant: 5R01AA017705-03

Principal Investigator: CUNRADI, CAROL B PHD

Title: Neighborhoods, Alcohol Outlets and Intimate Partner Violence

Institution: PACIFIC INSTITUTE FOR RES AND EVALUATION Beltsville ,MD

Project Period: 2009/05/01- 2013/04/30

DESCRIPTION (provided by applicant): For couples living in socially disorganized neighborhoods, alcohol outlets can act with neighborhood conditions to increase their risks for intimate partner violence (IPV). This may happen by two mechanisms: greater numbers of alcohol outlets within a neighborhood may (1) be a sign of loosened normative constraints against violence and (2) promote problem alcohol use among at-risk couples. The first mechanism suggests that the presence of alcohol outlets, in the context of disorganized neighborhood conditions, may signal to residents that the mechanisms of informal social control are not working, making them less likely to intervene if others engage in IPV, or making them less constrained in their own behavior toward their spouse/partner. The second mechanism suggests that exposure to alcohol outlets, along with other noxious neighborhood conditions, may lead to heavier drinking, thereafter increasing IPV risk. The overall goal of this study is to gain a deeper understanding of how environmental factors, such as alcohol outlet density and neighborhood social disorganization, along with individual- and couple-level characteristics, increase risk for IPV. Using a multi-methods approach, including geo-statistical analyses of archival (i.e., Census and alcohol outlet) data from 50 California cities with populations between 50,000 and 500,000, and multilevel analysis of survey data from 2,000 married/cohabiting couples, our specific aims are to: 1. Estimate the prevalence of self-reported IPV and problem drinking among married/cohabiting couples in relation to alcohol outlet density (and type) and aggregate neighborhood social disorganization. 2. Investigate constituent couple characteristics (i.e., low collective efficacy, community nonintervention norms, and psychological distress) that mediate relationships between neighborhood social disorganization and self-reported IPV, and determine if alcohol outlet density (and type) affects these relationships. 3. Determine if greater availability of alcohol (i.e., alcohol outlet density) is associated with patterns of venue use associated with heavier drinking that affects increased self-reported IPV, and if neighborhood social disorganization affects these associations. 4. Determine if the relationships between other important couple- and individual-level risk factors for IPV (e.g., non-white race/ethnicity, younger age, lower household socioeconomic status) are differentially affected by level of neighborhood social disorganization. By linking individual/couple factors, such as drinking behavior, to environmental factors, this study will help to illuminate the interrelationships between individual and place in the production of IPV. Understanding these mechanisms is of critical public health importance for developing environmental strategies aimed at prevention of IPV, such as changes in zoning, community action and education, and policing. PUBLIC HEALTH RELEVANCE: The overall goal of this study is to gain a deeper understanding of how environmental factors, such as alcohol outlet density and neighborhood social disorganization, interact with individual- and couple-level characteristics to increase risk for intimate partner violence (IPV). By linking individual/couples factors, such as drinking behavior, to environmental factors, this study will help to illuminate the interrelationships between individual and place in the production of IPV. Understanding these mechanisms is of critical public health importance for developing environmental strategies aimed at IPV prevention, such as changes in zoning, community action and education, and policing.

PUBLIC ABSTRACTS

Grant: 5R01AA017915-03

Principal Investigator: HEATH, ANDREW C. DOTH (DPHIL)

Title: ALCOHOL USE DISORDER IN YOUNG WOMEN: GENETIC EPIDEMIOLOGY: MOAFTS WAVE 7

Institution: WASHINGTON UNIVERSITY SAINT LOUIS ,MO

Project Period: 2009/09/30- 2014/08/31

DESCRIPTION (provided by applicant): We propose a wave seven telephone diagnostic interview follow-up of the MOAFTS (Missouri Adolescent Female Twin Study) young cohorts A and B (target N=2100 twin interviews), and for some participants who have not yet provided samples, saliva sample collection (target N=840) for genotyping for zygosity confirmation. MOAFTS is a prospective study of a birth cohort of female like-sex twin pairs (N=370 African- American pairs, N=1999 European/Other Ancestry pairs) identified from birth records and first assessed in adolescence, at median age 16. Goals of the project are to characterize, in a broadly representative general population female twin cohort, gene-environment interplay in alcoholism and associated substance use disorders, focusing on (i) parental alcoholism and its associated twin offspring environmental risk-exposures and outcomes, and (ii) the development and course of female drinking and alcohol-related problems, as well as other substance use and problems (particularly tobacco use and dependence), through adolescence into young adulthood, emphasizing precursors/mediators and moderators of genetic and environmental effects on both onset of and recovery from problems. In the most recent data-collection, interviews were completed with approximately 3500 respondents at ages 21-30. Wave seven will provide a further follow-up of alcohol and other substance use and problems, and proximal environmental exposures, so that most twins are through their period of greatest risk for onset of alcohol problems, and the sample will be old enough to be informative about the predictors of remission versus persistence of alcohol problems and heavy drinking (target N=700 assessed at age 30, N=1400 assessed at age 28/N=100 new dependence cases). Our research is motivated by the concern that the genetic transmission of risks of alcohol and other substance use disorders frequently occurs in the context of high-risk environmental exposures commonly associated with parental alcoholism - including interpersonal conflict and divorce or never-cohabitation, step-parent presence, childhood assaultive trauma, family socioeconomic disadvantage - risks that need not be reduced by the departure of an alcoholic parent from the home. Through completion of the wave seven data-collection and data-analyses, our goals are to understand how these early environmental exposures, in combination with genetic effects, influence onset and course of heavy drinking and alcohol problems, either directly, or through effects on timing of onset of alcohol use and on comorbid substance use, and effects on subsequent adult role changes of the twins (early or delayed parenting; relationship formation, conflict and dissolution; education completion, employment, and adult peer relationships); and to identify other variables (history of childhood or adolescent-onset psychopathology, other substance use disorders) that may mediate or moderate these relationships. Current understanding of the genetic epidemiology of female alcohol use disorders is based largely on either retrospective or underpowered studies - a gap that the MOAFTS cohort will help to fill.

PUBLIC HEALTH RELEVANCE: Alcohol misuse by young women is associated with significant impairments including difficulties in forming and maintaining stable romantic relationships, delayed reproduction, and impaired parenting, as well as risks associated with hazardous use. Better understanding of risk-mechanisms leading to the onset and persistence versus remission of female alcohol misuse in adolescence and young adulthood will have important implications for motivating and better targeting prevention and intervention efforts for young women and, in some cases, mitigating risks to their children.

PUBLIC ABSTRACTS

Grant: 5R01AA018074-04

Principal Investigator: KALICHMAN, SETH C PHD

Title: Alcohol-Related HIV Risks among South African Women

Institution: UNIVERSITY OF CONNECTICUT STORRS STORRS-MANSFIELD ,CT

Project Period: 2008/09/30- 2013/08/31

DESCRIPTION (provided by applicant): This project will conduct a multilevel prospective analysis of alcohol-related HIV/AIDS risks among women who drink in alcohol serving establishments (shebeens, taverns and bottle stores) in Cape Town South Africa. As many as one in five South Africans is HIV positive and there are an estimated 1,500 new HIV infections in South Africa each day. Research consistently shows that alcohol is closely related to HIV transmission risks in southern Africa, although most research in drinking establishments has focused on men. Our proposed multilevel analysis is grounded in Social Action Theory and incorporates factors derived from three levels of analysis: structural/environmental, social/interpersonal, and individual. We propose collecting environmental level data from two informal drinking places (shebeens), two larger drinking places (taverns), and businesses that sell and do not serve alcohol (bottle stores) in two racial/cultural communities (Black Africans of Xhosa heritage and mixed racial background Coloured), for a total of 12 drinking establishments. Data will be collected from key informants (n=20), alcohol serving business owners, managers and servers (n=60), interviews (n=240) and cross-sectional surveys (n= 900) of men and women drinkers, and a prospective cohort of women (n=300). Assessments at the structural/environmental, social/interpersonal, and individual levels will be collected at 4 time points: baseline, 4-, 8-, and 12-months. We will test the associations of alcohol serving establishment characteristics, socioeconomic conditions, gender dynamics, social norms and collective efficacy, and individual risk characteristics including alcohol expectancies and risk reduction self-efficacy of women who drink in the target settings. We will use multilevel modeling to test whether contextual factors, including socioeconomic conditions and drinking setting characteristics, directly predict social interactions and social dynamics of women's risks for HIV/AIDS. We will also examine characteristics of drinking settings, propensity for gender violence, and men's gender attitudes in relation to women's alcohol-related HIV risks. We also propose conducting a series of intervention development activities that will be informed by our multilevel study, providing a new intervention model as the study end-product available for subsequent testing. The proposed study will therefore directly meet the urgent need for new multilevel HIV prevention intervention models for women who drink in alcohol serving establishments in South Africa. **PUBLIC HEALTH RELEVANCE:** Alcohol is associated with sexual risks for HIV/AIDS in South Africa. Research has shown that men who drink at alcohol serving establishments are at high risk for HIV transmission, but little research has focused on South African women who drink in these settings. Structural/environmental, social/interpersonal, and individual level factors influence alcohol use and risk behavior, although the complex interplay of these factors has not been examined among women who drink. This study will test a multilevel model of alcohol and HIV risks among African and Coloured women in South Africa using a prospective study design. Multilevel risk factors will be examined at small informal alcohol serving establishments (shebeens), larger more formal drinking places (taverns), and alcohol sales business (bottle stores). Guided by Social Action Theory, we will examine structural, social, and individual level influences on women's drinking and HIV risks.

PUBLIC ABSTRACTS

Grant: 5R01AA018074-04

Principal Investigator: SIKKEMA, KATHLEEN J PHD

Title: Alcohol-Related HIV Risks among South African Women

Institution: UNIVERSITY OF CONNECTICUT STORRS STORRS-MANSFIELD ,CT

Project Period: 2008/09/30- 2013/08/31

DESCRIPTION (provided by applicant): This project will conduct a multilevel prospective analysis of alcohol-related HIV/AIDS risks among women who drink in alcohol serving establishments (shebeens, taverns and bottle stores) in Cape Town South Africa. As many as one in five South Africans is HIV positive and there are an estimated 1,500 new HIV infections in South Africa each day. Research consistently shows that alcohol is closely related to HIV transmission risks in southern Africa, although most research in drinking establishments has focused on men. Our proposed multilevel analysis is grounded in Social Action Theory and incorporates factors derived from three levels of analysis: structural/environmental, social/interpersonal, and individual. We propose collecting environmental level data from two informal drinking places (shebeens), two larger drinking places (taverns), and businesses that sell and do not serve alcohol (bottle stores) in two racial/cultural communities (Black Africans of Xhosa heritage and mixed racial background Coloured), for a total of 12 drinking establishments. Data will be collected from key informants (n=20), alcohol serving business owners, managers and servers (n=60), interviews (n=240) and cross-sectional surveys (n= 900) of men and women drinkers, and a prospective cohort of women (n=300). Assessments at the structural/environmental, social/interpersonal, and individual levels will be collected at 4 time points: baseline, 4-, 8-, and 12-months. We will test the associations of alcohol serving establishment characteristics, socioeconomic conditions, gender dynamics, social norms and collective efficacy, and individual risk characteristics including alcohol expectancies and risk reduction self-efficacy of women who drink in the target settings. We will use multilevel modeling to test whether contextual factors, including socioeconomic conditions and drinking setting characteristics, directly predict social interactions and social dynamics of women's risks for HIV/AIDS. We will also examine characteristics of drinking settings, propensity for gender violence, and men's gender attitudes in relation to women's alcohol-related HIV risks. We also propose conducting a series of intervention development activities that will be informed by our multilevel study, providing a new intervention model as the study end-product available for subsequent testing. The proposed study will therefore directly meet the urgent need for new multilevel HIV prevention intervention models for women who drink in alcohol serving establishments in South Africa. **PUBLIC HEALTH RELEVANCE:** Alcohol is associated with sexual risks for HIV/AIDS in South Africa. Research has shown that men who drink at alcohol serving establishments are at high risk for HIV transmission, but little research has focused on South African women who drink in these settings. Structural/environmental, social/interpersonal, and individual level factors influence alcohol use and risk behavior, although the complex interplay of these factors has not been examined among women who drink. This study will test a multilevel model of alcohol and HIV risks among African and Coloured women in South Africa using a prospective study design. Multilevel risk factors will be examined at small informal alcohol serving establishments (shebeens), larger more formal drinking places (taverns), and alcohol sales business (bottle stores). Guided by Social Action Theory, we will examine structural, social, and individual level influences on women's drinking and HIV risks.

PUBLIC ABSTRACTS

Grant: 5R01AA018076-04

Principal Investigator: WECHSBERG, WENDEE M PHD

Title: Venue-Based Recruitment and HIV Prevention for AOD Using Couples in South Africa

Institution: RESEARCH TRIANGLE INSTITUTE RESEARCH TRIANGLE ,NC

Project Period: 2008/09/30- 2013/08/31

DESCRIPTION (provided by applicant): Previous studies in South Africa have identified problem drinking, sexual risk, and gender-based violence as high prevalence interrelated behaviors. Research has shown that empowering interventions that increase self-efficacy through skills-building activities have reduced risky behavior. However, there is still a substantial gap in knowledge regarding how interventions might address the interrelationships of these risky behaviors between men and women and how these behaviors are influenced by environmental factors (e.g., place where people drink, violence in and around these drinking venues, and neighborhood characteristics). This suggests a need to test interventions that target patrons of drinking venues where these risk behaviors occur as well as conducting HIV prevention interventions in close proximity to these venues to challenge community behaviors. This proposal responds to this need by conducting a venue-based recruitment from drinking venues in randomized neighborhood blocks identified through geographic information systems (GIS) mapping to three study conditions. The proposed team of U.S. and South African investigators will build upon its initial studies to address these interrelated risk behaviors by first focusing on the environmental context and on refining the proposed interventions for the group randomized trial of neighborhoods to one of three intervention conditions in which individual assessments, HIV testing, and group interventions will be conducted in a mobile unit outside drinking venues. The three interventions are Condition 1-Men's Control Group and Women's CoOp; Condition 2-Men as Partners and Women's CoOp; and Condition 3-Men as Partners, Women's CoOp, and Couples' Sessions. Both the Women's CoOp and the couples are evidenced-based HIV interventions that have been adapted internationally. Men as Partners is conducted in South Africa, as well as worldwide. The specific aims of this proposal are: Aim 1. To characterize the types of drinking venues (e.g., licensure status and size), their immediate context (e.g., observed availability of other drugs, violence and sexual activity), and surrounding neighborhood characteristics (e.g., number of drinking venues) in the sampled neighborhood blocks in two large Black/African and Coloured communities in Cape Town, South Africa. Aim 2. To refine through qualitative methods the proposed interventions in relation to skills-building to address gender-role expectations, sexual partnering, gender power, violence, and environments where drinking and sexual risk behaviors occur. Aim 3. To conduct a randomized group trial to compare the relative efficacy of a comprehensive intervention (Condition 3: Enhanced Couples) to the gender-focused intervention (Condition 2: Gender) and to Condition 1: Men's Control and Women's CoOp on AOD use, sexual risk behavior, and gender-based violence at 6- and 12-month follow-ups. PUBLIC HEALTH RELEVANCE: Although there has been substantial focus on the HIV/AIDS epidemic in South Africa, particularly among at-risk women, less attention has been given to environmental factors that may promote risky behaviors and interfere with intervention efficacy, such as where one drinks and use of other drugs. Reaching men, who have much of the control over sexual decision-making, is essential in reducing HIV risk among women and men. It is time to merge successful, evidence-based interventions for both genders into an innovative and testable approach that considers sociocultural traditions, including AOD use, sexual partnerships, violence against women, and men's reluctance to use condoms; and environmental context (e.g. venues where drinking occurs, neighborhoods) to reach men to recruit couples to improve their resilience to these high risk neighborhoods and empower positive behavior change.

PUBLIC ABSTRACTS

Grant: 5R01AA018686-02

Principal Investigator: LIPSKY, SHERRY PHD

Title: Racial and Ethnic Disparities in Partner Violence, PTSD and Alcohol Outcomes

Institution: UNIVERSITY OF WASHINGTON SEATTLE ,WA

Project Period: 2010/07/01- 2014/04/30

DESCRIPTION (provided by applicant): This application is submitted in response to PA-08-167, Secondary Analysis of Existing Alcohol Epidemiology Data (R01). The prevalence of alcohol use disorders (AUD) is substantially greater among women with posttraumatic stress disorder (PTSD), and the prevalence of PTSD among women who have experienced intimate partner violence (IPV) exceeds that of women in the general population. Substantial unanswered questions remain, however, regarding the effect of PTSD on the course of hazardous alcohol use and alcohol treatment utilization and the role IPV may play in that relationship. Further, even less is known about how racial and ethnic health disparities might moderate these complex relationships. Nationally representative longitudinal epidemiologic studies are essential to clarify these questions, particularly those related to disparities, given the dearth of longitudinal studies and the biases associated with clinical studies. A prospective cohort study will be conducted using two waves of the longitudinal National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). This study will draw on both retrospective and prospective data covering alcohol and other drug use, psychiatric disorders, traumatic experiences, and the social context in which these events occur. The use of these rich data provides a unique and cost-effective opportunity to address the Specific Aims of this study: 1) To examine the overall effect of PTSD on subsequent alcohol use (i.e. binge drinking, frequent heavy drinking, and AUD) among non-Hispanic White, Hispanic/Latina, and Black/African American women with a traumatic history of IPV victimization relative to women without such a history, and whether recency of IPV among women with a traumatic history of IPV increases the effect of PTSD on alcohol outcomes; 2) To examine racial/ethnic disparities in the effect of PTSD on alcohol use outcomes among women with a traumatic history of IPV victimization relative to women without such a history, and whether U.S. nativity or acculturation and discrimination increase the risk of poor alcohol outcomes associated with PTSD; and 3) To examine the role of ethnicity, IPV and PTSD in alcohol treatment utilization and perceived unmet need for alcohol treatment. The findings derived from this study have the potential to: 1) inform the development of secondary prevention and intervention efforts targeting IPV and PTSD-affected women as well as tertiary prevention efforts, including those aimed at improving access to alcohol treatment for trauma-affected women; 2) inform the development of effective and culturally relevant alcohol prevention and treatment programs for ethnic minorities; 3) alert health care providers and treatment programs to the socio-cultural factors that may affect ethnic minority clients, resulting in more culturally sensitive and specific care, increased treatment completion, and satisfaction with treatment; and 4) reduce the social costs related to alcohol use and service utilization. PUBLIC HEALTH RELEVANCE: The findings derived from this study have the potential to inform secondary and tertiary prevention strategies to reduce the risk of alcohol use disorders among women and limit the severity and progression of those disorders. The results of this study also may serve to illustrate ethnic-specific pathways to AUD and alcohol treatment, and thus inform the development of culturally relevant alcohol prevention, intervention, and treatment programs. Finally, the implications of these findings may be particularly relevant for abused women, given the potential to improve outcomes through trauma-informed services.

PUBLIC ABSTRACTS

Grant: 5R01AA018705-02

Principal Investigator: RHODES, KARIN V MD

Title: An RCT of Brief Intervention for Problem Drinking and Partner Violence

Institution: UNIVERSITY OF PENNSYLVANIA PHILADELPHIA ,PA

Project Period: 2010/09/01- 2015/05/31

DESCRIPTION (provided by applicant): Intimate partner violence (IPV) remains a major source of morbidity and mortality in the United States, with women suffering the majority of adverse long-term consequences. While both men and women perpetrate IPV at similar rates, this grant will focus on IPV-involved women drinkers (victims, perpetrators, or both). IPV and heavy drinking (4 or more drinks/day for women) are commonly seen in as co-occurring conditions in the emergency department (ED) setting, both acutely and chronically, with apparent bi-directional causation; but these two conditions are rarely addressed together. There is evidence that brief opportunistic interventions in the ED setting are effective in reducing subsequent hazardous drinking and alcohol-related injuries, but results have been less clear in women. Interventions that take a collaborative treatment approach to IPV and substance abuse have resulted in improved outcomes but have focused almost exclusively on male perpetrators, even though heavy drinking is also associated with IPV victimization and perpetration in women; indeed a woman's perpetration of IPV puts her at increased risk of violent victimization. Advised by international experts on gender and alcohol use and motivational enhancement therapy, the multidisciplinary group of investigators with experience in IPV, emergency medicine, brief ED interventions, motivational interviewing, psychotherapy efficacy research, and the modeling of complex psychosocial data, propose a randomized controlled trial with 600 women ED patients who self-disclose co-occurring problem drinking and intimate partner violence to assess whether a brief motivational intervention can decrease primary outcomes of episodes of heavy drinking and incidents of IPV, assessed weekly using an Interactive Voice Response System for 12 weeks. Both the intervention and the assessed control group will also be contacted every at 3, 6 and 12 months using individualized "safe" phone contact by interviewers blinded to group assignment for 12 months following the ED visit. To identify the impact of assessment alone, we will include a no-contact control group assessed for outcomes only at 3 months. All groups will receive standard written referrals. Secondary outcomes include IPV severity, alcohol quantity/frequency, self-rated health, health behaviors, quality of life, and relationship satisfaction. We will explore likely mediators and moderators of the intervention. The brief 25 minute manual-guided motivational intervention, which will be monitored for fidelity, will be delivered by trained social workers at the time of the ED visit, followed by a 15 minute phone booster at 10 days, as this is a model that could be generalizable to other acute health care settings. PUBLIC HEALTH RELEVANCE: We propose a randomized controlled trial with 600 women emergency department (ED) patients to assess whether a brief motivational enhancement intervention can decrease co-occurring heavy drinking and IPV (both victimization and perpetration) and encourage follow up with community-based resources. The 25 minute manual-guided intervention, monitored for fidelity, will be delivered at the time of the ED visit by social workers trained in motivational interviewing, followed by a phone booster at 10 days. Primary outcomes of episodes of heavy drinking and incidents of IPV will be assessed weekly using an Interactive Voice Response System for 12 weeks. The intervention and the assessed control group will also be contacted at 3, 6 and 12 months using individualized "safe" phone contact by interviewers blinded to group assignment. To identify the impact of assessment alone, we will include a no-contact control group assessed only at 3 months. All groups will receive standard written referrals.

PUBLIC ABSTRACTS

Grant: 5R01DA015605-08
Principal Investigator: RILEY, ELISE D. PHD
Title: Effects of housing and HIV on risk behavior and victimization of indigent women
Institution: UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO ,CA
Project Period: 2002/07/01- 2012/06/30

DESCRIPTION (provided by applicant): The primary goal of the proposed study is to assess the impact of housing type, drug use, social isolation, PTSD, dissociation, depression, manic episodes and HIV serostatus on the risk behavior and victimization of poor and marginally housed women. In addition to the 105 HIV-infected women recruited during the first study phase, we will recruit an additional 45 HIV-positive women and 150 HIV-negative women in the same manner. We will do this in order to identify whether victimization and risk behavior patterns differ between women who are at risk to become HIV-infected and those who are already infected. We will no longer collect data on homeless and marginally housed men. Guided by Chu's model of revictimization, we will test whether predictors of victimization differ between women who do and do not report a history of childhood sexual abuse; we will also test whether the impact PTSD and dissociation on victimization are modified by depression, manic episodes, or housing status. Guided by the Rhodes approach to HIV risk as a function of structural barriers, we will conduct qualitative interviews regarding SRO hotels as potential high-risk environments, additional structural barriers regarding the context in which risk occurs, and intentional social isolation. This will be one of the first longitudinal studies of victimization and risk behavior to focus on indigent women and structural barriers. Understanding changes over time will facilitate the development of structural interventions and sustainable trauma service provision that will assist service providers in finding or creating safer housing for their clients, helping clients understand how their current situation still leaves them vulnerable, and offering alternate options.

PUBLIC ABSTRACTS

Grant: 5R01DA017873-06
Principal Investigator: MBILINYI, LYUNGAI FILELA PHD
Title: Motivating Substance Abusing Batterers To Seek Treatment
Institution: UNIVERSITY OF WASHINGTON SEATTLE ,WA
Project Period: 2004/04/01- 2012/08/31

Abstract Section The proposed project, the Men's Domestic Abuse Check-Up (MDACU), will evaluate a telephone-delivered Motivational Enhancement Therapy (MET) intervention for untreated and non-adjudicated substance-abusing men who are intimate partner violence (IPV) perpetrators. The objective is to contribute to the cessation of substance abuse (SA) and IPV which in turn protects victims, their children, and society from the adverse psychological, economic, and health-related consequences of violence (e.g., HIV infection) in the home. The findings from our first trial offer considerable promise for the check-up with substance-abusing perpetrators. A second Stage Ib trial is proposed for the following reasons: (1) the intervention has potential for prevention of further IPV and SA; (2) the experience of conducting the previous trial supports the likelihood of greater efficacy if several components of the experimental intervention are substantially revised; (3) the feasibility of expanding the window of time in which post-treatment behavioral and treatment engagement outcomes are assessed is important to test; (4) assessing the feasibility of obtaining corroborative data partners, treatment providers, and arrest records is important; (5) preliminarily evaluating HIV risk behaviors in the context of IPV and SA is significant; and (6) the Theory of Planned Behavior (TPB) may provide insight into how this intervention works with IPV perpetrators. These enhancements are significant enough to warrant a second Stage Ib study to determine if a Stage II project is warranted (Rounsaville, Carroll, & Onken, 2001). This study is predicated on the following premises: (a) a substantial number of substance abusers and perpetrators of IPV engage in both behaviors concurrently, however the majority are unreported to authorities and remain untreated; (b) a percentage of them are likely to have episodic internal conflict concerning their SA and IPV; (c) a marketing campaign can motivate these individuals to "take stock" of their behaviors and their behavior change options; (d) an anonymous telephone service will reduce barriers to the voluntary initiation of contact by unreported perpetrators; and (f) the study's MET intervention can effectively motivate individuals to take steps (e.g. entering treatment in the community) toward ending IPV and SA. The specific aims are to: (1) revise the current treatment manual to incorporate an enhanced MET intervention (including discussion of treatment resources); (2) pilot-test protocols for the collection of data from spouses/partners, treatment providers, and the criminal justice system in order to corroborate participant self-report; (3) using elicitation interviews, develop a questionnaire on salient beliefs (norms, self-efficacy, outcomes) about the behavioral outcome being modeled by the TPB (i.e., intake and assessment attendance at a community IPV agency); (4) conduct a pilot study in which effect sizes for key outcomes are determined and the theoretical foundation (mediators and moderators) for the intervention is explored; and (5) investigate the association between HIV risk behaviors in the context of SA and IPV.

PUBLIC ABSTRACTS

Grant: 5R01DA017873-06
Principal Investigator: WALKER-SCHRAMM, DENISE D PHD PSYCHOLOGY
Title: Motivating Substance Abusing Batterers To Seek Treatment
Institution: UNIVERSITY OF WASHINGTON SEATTLE ,WA
Project Period: 2004/04/01- 2012/08/31

Abstract Section The proposed project, the Men's Domestic Abuse Check-Up (MDACU), will evaluate a telephone-delivered Motivational Enhancement Therapy (MET) intervention for untreated and non-adjudicated substance-abusing men who are intimate partner violence (IPV) perpetrators. The objective is to contribute to the cessation of substance abuse (SA) and IPV which in turn protects victims, their children, and society from the adverse psychological, economic, and health-related consequences of violence (e.g., HIV infection) in the home. The findings from our first trial offer considerable promise for the check-up with substance-abusing perpetrators. A second Stage Ib trial is proposed for the following reasons: (1) the intervention has potential for prevention of further IPV and SA; (2) the experience of conducting the previous trial supports the likelihood of greater efficacy if several components of the experimental intervention are substantially revised; (3) the feasibility of expanding the window of time in which post-treatment behavioral and treatment engagement outcomes are assessed is important to test; (4) assessing the feasibility of obtaining corroborative data partners, treatment providers, and arrest records is important; (5) preliminarily evaluating HIV risk behaviors in the context of IPV and SA is significant; and (6) the Theory of Planned Behavior (TPB) may provide insight into how this intervention works with IPV perpetrators. These enhancements are significant enough to warrant a second Stage Ib study to determine if a Stage II project is warranted (Rounsaville, Carroll, & Onken, 2001). This study is predicated on the following premises: (a) a substantial number of substance abusers and perpetrators of IPV engage in both behaviors concurrently, however the majority are unreported to authorities and remain untreated; (b) a percentage of them are likely to have episodic internal conflict concerning their SA and IPV; (c) a marketing campaign can motivate these individuals to "take stock" of their behaviors and their behavior change options; (d) an anonymous telephone service will reduce barriers to the voluntary initiation of contact by unreported perpetrators; and (f) the study's MET intervention can effectively motivate individuals to take steps (e.g. entering treatment in the community) toward ending IPV and SA. The specific aims are to: (1) revise the current treatment manual to incorporate an enhanced MET intervention (including discussion of treatment resources); (2) pilot-test protocols for the collection of data from spouses/partners, treatment providers, and the criminal justice system in order to corroborate participant selfreport; (3) using elicitation interviews, develop a questionnaire on salient beliefs (norms, self-efficacy, outcomes) about the behavioral outcome being modeled by the TPB (i.e., intake and assessment attendance at a community IPV agency); (4) conduct a pilot study in which effect sizes for key outcomes are determined and the theoretical foundation (mediators and moderators) for the intervention is explored; and (5) investigate the association between HIV risk behaviors in the context of SA and IPV.

PUBLIC ABSTRACTS

Grant: 5R01DA021174-05
Principal Investigator: SCOTT, CHRISTY K PHD
Title: Recovery Management Checkups for Women Offenders (RMC-WO) Experiment
Institution: CHESTNUT HEALTH SYSTEMS, INC. BLOOMINGTON ,IL
Project Period: 2007/07/01- 2012/06/30

DESCRIPTION (provided by applicant): Women offenders released from jail are a growing and vulnerable population who are at high risk of relapsing to substance use, recidivating to the criminal justice system, contracting or spreading HIV, and becoming involved in violence as observers, victims, and/or perpetrators. While this is the largest group of women offenders re-entering the community, it is a relatively under studied population and represents a critical point in time for changing the course of the chronic and cyclical nature of their condition. The proposed study is designed to test the effectiveness of recovery management checkups for women offenders (RMC-WO) released from jail to provide continuity of care immediately upon release and to help them manage their long-term recovery. The components of the checkup will include: on-going monitoring via a re-entry meeting and quarterly assessments for 3 years, personalized feedback on substance use and high risk behaviors, linkage to community-based substance abuse treatment (when needed), on-site HIV booster sessions (when needed), and treatment engagement and retention support. Motivational interviewing will provide the therapeutic approach to transition women from one step of the change process to another. Combined, these components and therapeutic milieu afford an opportunity for immediate linkage to community-based treatment and HIV prevention as well as ongoing monitoring for relapse and early re-intervention for both substance use and HIV risk behaviors (both public health priorities). The research team will recruit 425 women offenders with substance use problems from sequential admissions to a jail-based substance abuse treatment program. While in jail, all women will receive a baseline assessment, substance abuse treatment, HIV testing, counseling and education, and prior to release referrals to community-based treatment. Following the baseline assessment, approximately half of the women will be randomly assigned to the Recovery Management Checkups-Women Offenders (RMCWO) condition and the other half to a control condition. All women will complete 12 quarterly assessments over 3 years (5525 total observations). All RMC-WO interventions will occur post release and provide the vehicle for immediate and ongoing monitoring of substance use and HIV risk behaviors, early re-intervention, access and retention in community-based treatment. The specific aims of this experiment are to examine the impact of: 1) RMC-WO on accessing and staying in community-based treatment during the first 90 days after release from jail and over the course of 3 years; 2) RMC-WO and substance abuse treatment on substance use and HIV risk behaviors over 3 years; and 3) RMC-WO, substance abuse treatment, and reductions in substance use and HIV risk behaviors on psychiatric co-morbidity, interpersonal violence, illegal activity, and arrest and re-incarceration over 3 years.

PUBLIC ABSTRACTS

Grant: 5R01DA021624-04
Principal Investigator: OLDS, DAVID L PHD OTHER AREAS
Title: Age-17 Follow-up of Home Visiting Intervention
Institution: UNIVERSITY OF ROCHESTER ROCHESTER ,NY
Project Period: 2008/05/15- 2013/02/28

DESCRIPTION (provided by applicant): This study is a longitudinal follow-up of 670 primarily African-American women and their 17-year-old first-born children enrolled since 1990 in a highly significant randomized controlled trial of prenatal and infancy home visiting by nurses. Nurses in this program are charged with improving pregnancy outcomes, child health and development, and maternal economic self-sufficiency. The current study is designed to determine whether earlier program effects on maternal and child functioning lead to less violent antisocial behavior, psychopathology, substance abuse, and risk for HIV; whether these effects are greater for those at both genetic and environmental risk; and whether program effects replicate those found in an earlier trial with whites. To date, the program affected women's prenatal health, fertility, partner relations, and use of welfare; children's injuries, cognition, language, achievement, depression/anxiety, and use of substances through child age 12. Hypotheses for the proposed follow-up are based upon the pattern of results found to date. Compared to control-group counterparts: 1) the program will continue to improve maternal life-course (fewer short inter-birth intervals, less use of welfare, more stable partner relations), especially for mothers with higher psychological resources; 2) the program will reduce maternal substance use disorders (SUDs) and depression, effects that will be more pronounced for a) mothers with low psychological resources, and b) those living in the most disadvantaged neighborhoods at registration; 3) the program will improve the health and development of firstborn children who will exhibit: a) superior cognitive, language, and academic functioning, and executive cognitive functioning (ECF); b) less depression and anxiety; c) fewer failed conduct grades and school disciplinary actions, d) less violent behavior and gang membership, and fewer arrests, juvenile detentions, and convictions - especially for crimes involving interpersonal violence; 4) the program will reduce children's risk for HIV infection, including a) use of substances and SUDs; b) risky sexual behaviors; c) sexually transmitted infections (STIs) and d) pregnancies; 5) program effects on children will be more pronounced for a) males, b) those born to low-resource mothers, and c) those living in the most disadvantaged neighborhoods at registration; 6) Program effects on mothers and children, in preliminary analyses, will be more pronounced for those with genetic vulnerabilities; and 7) program effects on adolescent functioning will be explained by the program's improvement in prenatal health, early care of the child, maternal life-course, and earlier child academic and behavioral functioning.

PUBLIC ABSTRACTS

Grant: 5R01DA023858-04
Principal Investigator: OTTO-SALAJ, LAURA L PHD
Title: Etiology of Sexual Risk, Substance Abuse, & Trauma; A Bioecological Systems Model
Institution: UNIVERSITY OF WISCONSIN MILWAUKEE MILWAUKEE ,WI
Project Period: 2008/09/15- 2013/06/30

DESCRIPTION (provided by applicant): The literature on HIV risk behavior has shown that women who are at risk for HIV sexual disease transmission tend also to be at risk for a host of other issues, including increased substance use and past and current experiences with interpersonal violence. From increasing evidence in the relatively separate literatures on sexual risk behavior, substance use, and interpersonal violence (IPV), there is a pressing need for research to evaluate the intersection, or syndemic (Singer, 1994), of these risk issues with women's HIV sexual risk, so that interventions can attend to needs in domains that are interrelated and can theoretically effect behavioral changes of greater magnitude and greater duration. Bioecological Systems Theory (BST; Bronfenbrenner, 1993) may provide a framework for a greater understanding of the context of multiple risk behaviors in women. This prospective study will examine factors corresponding to the four levels of the BST model as they relate to the interaction of sexual risk behavior, substance use, and violence in women of lower socioeconomic status. Further, we will also examine changes in their reports over a six-month interval. The specific aims are: (1) To recruit 396 inner-city women living in urban housing developments between the ages of 18 and 45 in order to retain 375 participants; (2) To perform multiple assessments on factors pertaining to the levels of the BST model, as they relate to sexual risk, substance use, and trauma/victimization history; these levels and factors include but are not restricted to: a) Individual ("Ontogenic") factors, b) Interpersonal ("Microsystem") factors (the immediate context of the behavior and relationships with others); c) Community ("Exosystem") factors (encompassing community structures, institutions, and the social networks surrounding the individual's life); and d) Socio-cultural ("Macrosystem") factors (attitudes, practices, and convictions shared throughout society at large); (3) To perform similar follow-up assessments with these participants six-months and 12-months following the first set of assessments; and (4) To analyze the above variables in relation to occurrence and severity of sexual risk behavior, substance use, and interpersonal violence (either perpetrated or as a victim of) using structural equation modeling to examine application of variables related to Bronfenbrenner's BST (1993) model. Findings from this research will provide important new information: (1) leading to greater insight of the dynamics and complexity of sexual risk behavior, substance use and trauma history in at-risk women; (2) needed to design interventions that attend to multiple risk issues in at-risk women; (3) needed to design effective strategies to prevent these issues from occurring; and (4) to evaluate the applicability and validity of BST to the context of women's sexual risk behaviors, substance use, and trauma history. PUBLIC HEALTH RELEVANCE: The primary goals of this project are to examine individual, interpersonal, community and sociocultural factors (Bioecological Systems Theory; Bronfenbrenner, 1995) as they relate to the interaction of sexual risk behavior, substance use, and trauma history/victimization in low income African American women living in urban housing developments in Milwaukee, as measured at three points over a 12-month interval. Findings from this research will provide important new information: (1) leading to greater insight of the dynamics and complexity of sexual risk behavior, substance use and trauma history in low income African American women; (2) needed to design interventions that attend to multiple risk issues in low income African American women; (3) needed to design effective strategies to prevent these issues from occurring; and (4) to evaluate the applicability and validity of Bioecological Systems Theory to the context of low income African American women's sexual risk behaviors, substance use, and trauma history.

PUBLIC ABSTRACTS

Grant: 5R01DA024740-03
Principal Investigator: KELLEY, MICHELLE L PHD
Title: Secondary Effects of Parent Treatment for Drug Abuse on Children
Institution: OLD DOMINION UNIVERSITY NORFOLK ,VA
Project Period: 2009/07/01- 2014/06/30

DESCRIPTION (provided by applicant): Children who live with a substance-abusing father often manifest significant emotional, behavioral, and social problems. Although directly treating these children may be ideal, many parents are very reluctant to allow the child to take part in individual or family therapy. Preliminary research suggests that Learning Sobriety Together (LST; the "brand" name of Behavioral Couples Therapy for alcohol and drug abuse), a comprehensive psychosocial intervention for substance abuse that focuses both on reducing substance abuse and improving couple functioning, may provide an entry point into the family system from which to benefit children in these homes. To address this we will conduct a randomized clinical trial (RCT) to compare the emotional and behavioral adjustment, beliefs about aggression, and serious negative behaviors of youth ages 8 to 16 (as rated from mothers, fathers, teachers, and children themselves) whose drug- abusing fathers and non-substance-abusing mothers take part in LST as compared to youth whose fathers take part in an equally intensive individual-based treatment (IBT). We will examine whether LST is associated with significantly higher levels of adjustment (e.g., fewer internalizing and externalizing symptoms, less acceptability of aggression, less delinquency, aggression/violence, and substance use) at post treatment and during the 12-month follow-up as compared to IBT; whether participation in LST will result in lower addiction severity, increase couple functioning, lower interparental conflict, improve parenting, reduce risk for child maltreatment, and improve parental psychological functioning as compared to IBT, whether changes in addiction severity, dyadic adjustment, interparental conflict, parenting, and parental psychological adjustment during and after treatment will be associated with changes in children's adjustment; and whether changes in addiction severity, dyadic adjustment, interparental conflict, parenting, and parental psychological functioning will partially or fully mediate the direct effect of treatment condition (LST versus IBT) on youth outcomes. Finally, we will test a moderated-mediation hypothesis to determine whether adolescents experience a significantly weaker effect than preadolescents. We intend to use the information collected from the proposed study to refine and modify LST to enhance its positive effects on children and provide an option for agencies to support youth in these homes. PUBLIC HEALTH RELEVANCE: Children of drug-abusing parents are at extremely high risk for a host of problems throughout childhood and into adulthood, yet their parents are reluctant to involve them in any treatment services. Empirically-based interventions are needed that can benefit not only the drug-abusing parent, but also extend further to the family system to improve their children's current psychosocial adjustment as they prepare for transitions to adulthood. Learning Sobriety Together holds great potential for having such broad and prolonged effects that will benefit families affected by drug abuse as well as the treatment community that serves them.

PUBLIC ABSTRACTS

Grant: 5R01DA025878-04
Principal Investigator: EL-BASSEL, NABILA DSW SOCIAL WORK
Title: Multimedia HIV/STI Prevention for Drug-Involved Female Offenders
Institution: COLUMBIA UNIV NEW YORK MORNINGSIDE NEW YORK ,NY
Project Period: 2008/09/30- 2013/05/31

DESCRIPTION (provided by applicant): The proposed study responds to RFA-DA-08-007, which calls for research to "develop and test integrated drug use and HIV risk behavior prevention interventions in criminal justice settings". Despite the large and growing number of drug-involved female offenders under community supervision and accumulating evidence of their elevated risk for HIV/STIs, there remains a critical gap in evidence-based HIV prevention interventions for this population. The proposed study is designed to address this critical gap by conducting a randomized controlled trial (RCT) that will rigorously test the efficacy of a multimedia version of 4-session, gender-specific, integrated drug use and HIV/STI prevention intervention (Multimedia WORTH) in increasing condom use and decreasing the incidence of sexually transmitted infections (STIs) among 420 drug-involved female offenders in a large Alternative-to-Incarceration(ATI) Probation Program in New York City, compared to a non-media version of the same intervention (Traditional WORTH) and to a 4-session NIDA standard HIV prevention control condition, which is not gender-specific (NIDA Control). Participants will be assessed with repeated measures at baseline, immediate post test (IPT), 6-month, and at 12-month post-intervention follow-ups. Multimedia interventions have been found to be efficacious in promoting HIV risk reduction and reducing substance use compared to non-multimedia interventions. Furthermore, multimedia interventions hold promise for increasing the fidelity of implementation and the speed, scale and quality of dissemination. The Traditional WORTH intervention was developed by this study's investigative team as a group-based, integrated drug use and HIV prevention intervention for low income, urban female offenders which addresses intimate partner violence (IPV) and other gender specific risk factors for HIV. WORTH has been tested in two different RCTs and found to be efficacious in increasing condom use among drug-involved female inmates and among women in drug treatment. Multimedia WORTH contains the same content as Traditional WORTH, but employs multimedia interactive tools and culturally tailored animation and video enhancements that are designed to enhance the delivery of the intervention by maximizing individual learning opportunities and feedback, while at the same time optimizing the group format to build positive peer norms and social support for HIV risk reduction. This rigorous RCT will advance the science and extend the boundaries of multimedia HIV prevention research while aiming to close a critical gap in HIV prevention efforts in the criminal justice system. **PUBLIC HEALTH RELEVANCE:** The proposed study addresses a significant public health threat of HIV and other STIs among drug-involved female offenders under community supervision. The proposed randomized controlled trial will rigorously test the efficacy of a gender specific multimedia HIV prevention intervention on increasing condom use and reducing incidence of STIs. This innovative multimedia approach may enhance the impact and delivery of standardized group-based HIV prevention interventions and holds promise for increasing capacity, quality, and speed in disseminating evidenced-based HIV prevention interventions in overburdened criminal justice settings.

PUBLIC ABSTRACTS

Grant: 5R01DA027981-02
Principal Investigator: GOLDER, SEANA PHD
Title: Victimization and Women in the Criminal Justice System
Institution: UNIVERSITY OF LOUISVILLE LOUISVILLE ,KY
Project Period: 2010/04/01- 2015/02/28

DESCRIPTION (provided by applicant): This proposed study (R01; PA-07-070) will examine the heterogeneity of victimization, its relationship with substance use and psychological distress, as well as the combined affect of these factors on the health seeking process among victimized women in the criminal justice (CJ) system. Study aims are to 1) identify and characterize latent class trajectories based on victimization, substance use, and psychological distress among 400 victimized women on probation and parole; 2) determine the extent to which women in the identified trajectory classes vary, over a two year time period, in levels of risk and protection in the health seeking process; and 3) examine the theory based components of the health seeking process among 400 victimized women on probation and parole. Findings from this research will be used to identify those groups of women that are most at risk for engagement in high risk behaviors (current drug use; psychological distress; HIV risk behavior; lawbreaking and continued CJ involvement) and to identify and characterize their associated levels of risk and protection in the health seeking process across a two year time period. Study findings will provide a theoretically guided understanding of the relationship among the component parts of the health seeking process that affect engagement in high risk behavior, over time, among this population. These data are necessary prerequisites to the development of tailored intervention strategies that target specific groups of women within the CJ system; these data can provide practitioners, administrators and policy makers with direct information about which groups of women will be most amenable to which intervention/prevention approaches. Study findings have the potential to have broad relevance within the CJ system and other care systems (e.g. substance abuse and mental health treatment systems) that provide services to this marginalized and growing population. **PUBLIC HEALTH RELEVANCE:** The confluence of race and class among women in the CJ system means that increases in this population disproportionately affect the health and well-being of women of color, particularly poor women of color; the increased involvement of women in the CJ system has perpetuated and fueled racial disparities and biases in the areas of child well-being and the child welfare system, infectious diseases and other markers of public health, and other domains of psychosocial functioning such as employment and educational attainment. Results of this study will contribute directly to the development of targeted intervention strategies to address the needs of this population; study results will allow for the identification of those groups of victimized women in the CJ system that are most at risk for engagement in high risk behaviors (current drug use; psychological distress; HIV risk behavior; lawbreaking and continued CJ involvement) and to characterize their associated levels of risk and protection in the health seeking process across time. Results will also provide a theoretically guided understanding of the health seeking process by which these women come to engage in high risk behavior.

PUBLIC ABSTRACTS

Grant: 5R01HD026456-20
Principal Investigator: BORKOWSKI, JOHN G PSYD PSYCHOLOGY
Title: Precursors of Retardation in Children with Teen Mothers
Institution: UNIVERSITY OF NOTRE DAME NOTRE DAME ,IN
Project Period: 1991/04/01- 2012/05/31

DESCRIPTION (provided by applicant): The goal of the proposed research is to understand the social and psychological factors that precipitate academic failures and socioemotional problems in children of adolescent mothers as they reach late adolescence (age 18). Salient characteristics in teenage mothers have been identified during infancy and early childhood and, in combination with emergent characteristics during childhood, including MR/DD, are used to predict development at ages 8, 10, and 14, thus setting the stage for assessing outcomes during late adolescence. Measures of maternal and child functioning for 102 dyads will be gathered when participants reach 18 years of age. The central focus is on predicting academic achievement, socioemotional adjustment, and conduct disorders as well as isolating the precursors of resilient development, using new and already gathered maternal, child, and social-environmental data. The selection of predictor variables (both risk and protective factors) has been guided by a conceptual model of adolescent parenting that features maternal cognitive readiness, socioemotional adjustment, parenting behaviors, and child/adolescent characteristics, such as attachment, self-regulation, exposure to violence, and father involvement. The selection of mediator, moderator, and outcome variables has been influenced by our interests in metacognitive theory, academic failures among at-risk students, mental retardation, and psychopathologies as the target children transition into late adolescence. All of the measures to be collected at 18 should be considered within the context of data already gathered during pregnancy, infancy, childhood, and early adolescence as part of previous grants. The project's overall aim is to identify the factors that underlie major, but not well understood, problems, including developmental delays and delinquency in children of teen mothers as they move through adolescence. We are especially interested in documenting, predicting, and understanding the causes of "risky behaviors" during adolescence as well as factors that lead to resilience, as reflected in a set of 10 major hypotheses. Secondary interests lie in tracing maternal development and interrelating maternal and child-adolescent developmental trajectories using HLM. The significance of the proposed project lies in the attempt to unravel the "new morbidity phenomenon" in a representative sample of adolescent mothers and their children over an 18-year period through the use of a prospective, longitudinal design.

PUBLIC ABSTRACTS

Grant: 5R01HD046364-17
Principal Investigator: CAPALDI, DEBORAH M. PHD
Title: Risk for Dysfunctional Romantic Relationships for Adults
Institution: OREGON SOCIAL LEARNING CENTER, INC. EUGENE ,OR
Project Period: 1994/09/01- 2014/08/31

DESCRIPTION (provided by applicant): Early mid-adulthood is a period when an increase is seen in indicators of both health risk (e.g., obesity) and poor health. Although studies of the behavioral etiology of poor health frequently focus on individual habits (e.g., diet) and general environmental risk (e.g., socioeconomic status; SES), there is little information available about the potential role of dyadic processes between romantic partners in explaining physical health outcomes in mid-adulthood. Conflictual and dysfunctional romantic relationships are a major cause of unhappiness and stress in adulthood and are associated with domestic violence, high divorce rates, psychopathology, and poor health and adjustment for the partners. Furthermore, there is evidence that some poor health habits are associated across partners. The proposed study will test a comprehensive model for couples from at-risk backgrounds on the basis of a dynamic developmental systems approach and stress and support processes to examine the risk and protective impacts of romantic relationships on health in adulthood. It is posited that both general and specific developmental and relationship risks have significant implications for health outcomes in mid-adulthood, and that effects of such risk factors are mediated by stress sensitive biological indicators of sympathetic nervous system (SNS) and hypothalamic-pituitary-adrenal (HPA) functioning (cortisol and alpha amylase assayed from saliva) and lower cell-mediated immune function (Epstein-Barr Virus antibodies and C-Reactive Protein assayed from blood spots). In addition, the course of intimate partner violence in early mid-adulthood will be examined. To address the aims, we plan to continue following the young men in the Oregon Youth Study (OYS) and their romantic partners. The OYS men comprise an at-risk community sample first recruited in Grade 4 and assessed yearly, with a current N of 191 and a 94% retention rate. The OYS Couples Study began when the men were in late adolescence, and 195 OYS men have participated in the study. Proposed data collection includes two additional waves 2 years apart, when the men will be in their mid 30s (OYS Couples Study Time 8 and Time 9) and will involve assessment of both partners and observation of a series of discussions, including a problem-solving discussion. Innovative analytic multilevel modeling techniques with a strong focus on social processes within the dyad and on both individual and couple level outcomes will be used to address the hypotheses. PUBLIC HEALTH RELEVANCE: Conflictual and dysfunctional romantic relationships are a major cause of unhappiness in adulthood and are associated with areas of national concern such as intimate partner violence, high divorce rates, chronic stress and poor health. Focus areas of Healthy People 2010 (U.S. DHHS) include prevention and control of a number of chronic diseases (e.g., heart disease, diabetes) as well as a focus on several of the causal risk factors for these diseases (e.g., nutrition and obesity, exercise, substance use). The proposed study will shed new light on the development of poor health in these areas by testing etiological models for the effects of developmental risk, stress, and romantic relationship influences (including negative and positive influences) on stress sensitive biological systems, health habits, and ultimately health outcomes for at-risk lower socioeconomic status couples in early midlife.

PUBLIC ABSTRACTS

Grant: 5R01HD052533-05
Principal Investigator: NOLL, JENNIE G PHD
Title: Preventing Teen Pregnancy: Prepregnancy Psychosocial Mechanisms for at-risk Females
Institution: CHILDREN'S HOSPITAL MEDICAL CENTER CINCI CINCINNATI ,OH
Project Period: 2007/03/10- 2013/02/28

DESCRIPTION (provided by applicant): Few conditions affect optimal psychosocial development to a greater degree than childhood abuse. High- risk sexual behaviors and teen pregnancy are among the most tangible manifestations of developmental disruption for females. Adverse childhood experiences such as maltreatment (e.g., neglect, physical abuse, or sexual abuse) are clearly associated with inordinately high rates of teen pregnancy, as the rate of teen pregnancy for maltreated adolescents has been estimated to be approximately 4 times higher than the national average. The proposed study is a prospective longitudinal study of 345 maltreated and 204 comparison nulliparous adolescent females aged 14 through 18 and seeks to identify pre-pregnancy factors and predispositional antecedents of subsequent pregnancy-risk defined as: high-risk sexual behaviors, teen pregnancy, and teen motherhood. Informed by past research, the proposed study will employ a comprehensive, multivariate assessment strategy of hypothesized pre-pregnancy mechanisms previously demonstrated to be important correlates of subsequent pregnancy-risk. The proposed study will improve on past research by 1) providing solid prospective evidence that maltreated adolescents have inordinately high pregnancy-risk, 2) testing whether pre-pregnancy mechanisms measured earlier in development mediate the effect of maltreatment on subsequent pregnancy-risk, 3) illuminating unique pathways to pregnancy-risk for maltreated females, and 4) providing a better understanding of the points in adolescent development when females are at particular risk for subsequent high-risk sexual behaviors, teen pregnancy, and teen motherhood. The proposed study will also identify the differential impact of abuse characteristics on outcome, and explore protective factors that may serve to moderate the effects of maltreatment. Finally, the proposed study will contrast pathways to high-risk sexuality, teen pregnancy, and teen motherhood across diverse ethnic groups including African Americans, Whites, and a largely understudied and underserved ethnic group of urban Appalachians. Results will inform new directions in treatment and intervention strategies for adolescents who are at particular risk for engaging in high-risk sexual behaviors, becoming pregnant, or becoming a teenage parent.

PUBLIC ABSTRACTS

Grant: 5R01HD053586-04

Principal Investigator: FARAONE, STEPHEN V

Title: The Intergenerational Transmission of Trauma from Terror: A Developmental Perspective

Institution: UPSTATE MEDICAL UNIVERSITY SYRACUSE ,NY

Project Period: 2008/11/01- 2012/07/31

DESCRIPTION (provided by applicant): The proposed work addresses a key goal of NIMH Program Announcement PA-07-312, which seeks to enhance scientific understanding about the etiology of psychopathology related to violence and trauma". The almost 4000 missiles that fell within Northern Israel in the summer of 2006, the damage suffered by property and persons, and the confinement of many families in bomb shelters during the terror period created a unique 'naturalistic' laboratory for assessing the effects of PTSD caused by exposure to a circumscribed period of terror. Within this context, we will examine the health and behavior of fetuses and birth parameters of pregnant women who were residents of the North at the time of the war and test for gene and environmental moderation of fetal and birth measures. We will study two groups: (1) 150 women who are residents of cities attacked during the "war" and who meet full criteria for posttraumatic stress disorder (PTSD) as a result of their exposure to attacks, and (2) 150 women from the same cohort, who show no symptoms of PTSD. The study will be the first study to examine fetal health and behavior in pregnant women with PTSD and the first study to test for gene-based vulnerabilities and Gene x Environment on these measures. The study speaks to the impact of terror induced PTSD on fetal development, the potential transmission of biological events associated with PTSD from mother to fetus, and environmental and genetic factors that may exacerbate fetal risk. The specific aims of the study are: Aim 1. Fetal health and behavior will be adversely affected by maternal PTSD. Hypothesis 1 asserts that fetuses of mothers exposed to terror and suffer from PTSD will show signs of poorer health (stunted fetal growth measures, atypical reactivity and regulation of heart rate and torso/limb movement to challenge, and complications) and poorer birth/neonatal parameters (birth weight, head circumference, gestational age at delivery, and complications) than women who were exposed to terror, but who do not develop PTSD. We also predict an association between posttraumatic stress symptoms and outcome measures, across the sample. Aim 2. Psychosocial stresses and maternal depression predict fetal health, behavior, and stress reactivity and regulation. Hypothesis 2 posits that, among women with PTSD, psychosocial stressors (life events, chronic stressors) and maternal depression will add significant risk to their fetus. Hypothesis 3 predicts that, in the full sample, psychosocial stress and maternal depression will moderate the effects of maternal PTSD. Aim 3. Analyses of candidate gene associations with fetal/neonatal outcomes. We will evaluate the association between offspring's genotype (indexed by a battery of candidate genes) and fetal/neonatal outcomes. Hypothesis 4 predicts that variants of these genes will have main effects on infant outcomes. Hypothesis 5 predicts we will find gene-environment interactions as follows: a) risk variants implicated in hypothesis 4 will moderate the impact that mothers' PTSD and mother's psychosocial stress each have on fetal/neonatal outcomes (i.e., we expect to observe gene-environment interactions). PUBLIC HEALTH RELEVANCE PARAGRAPH: The violence outside the home, as experienced in some US communities (sporadic and frequent) can affect anyone near by. Information regarding the relation between exposure to violence and PTSD on fetal development and birth outcome is important for understanding the processes that can promote developmental risk in communities with such violence. In this regard, the distribution of adverse reproductive health outcomes in the US and other developed nations is characterized by large racial/ethnic disparities (Anachebe 2003). In the US, an almost two-fold disparity persists in the rate of premature birth between African American and non-Hispanic White women, even after accounting for obstetric, socio demographic, and behavioral risk factors (Collins & Hammond 1996; MacDorman et

al 2002); and it has been suggested that differences in risk may be related to variations in stress and stress physiology (Wadwa et al 2001). The results of the proposed study, which examines genetic and environmental risk in relation to fetal health, can further understanding of individual differences in psycho- neuroendocrine processes that underlie or contribute to the risk of pre maturity and adverse neurodevelopment, and both represent major public health issues in the US.

Grant: 5R01HD058320-05
Principal Investigator: WECHSBERG, WENDEE M PHD
Title: Women-Focused HIV Prevention in the Western Cape
Institution: RESEARCH TRIANGLE INSTITUTE RESEARCH TRIANGLE ,NC
Project Period: 2007/09/30- 2012/06/30

DESCRIPTION (provided by applicant): Results from a 2005 antenatal survey conducted in all nine South African provinces indicate that the Western Cape Province had the highest rate of increase of HIV infection among all provinces: from 13.1% in 2003 to 15.7% in 2005. Among Black African and Coloured women, noninjecting drug use is associated with high-risk sexual behavior, HIV seropositivity, and sexually transmitted infections (STIs). In addition, violence against women is widespread in South Africa, which further exacerbates their HIV risks. A recent pilot study conducted in the Western Cape townships explored an evidence-based woman-focused intervention to reduce drug use, sexual risk, and victimization by addressing the intersection of these factors among poor, substance-using women. The pilot study explored the feasibility and promise of the woman-focused intervention in both an individual and group-based format through a small randomized trial. Both Black African and Coloured women reported high levels of substance abuse, as well as high levels of sexual risk behavior (e.g., multiple partners and unprotected sex) and victimization. Findings from the pilot study suggest that women reduced substance use (with biological verification), sexual risk behavior, and victimization. The group intervention, however, created an ongoing effect in the community in which women who participated in the two group sessions continued to meet after the study ended to provide support for one another and reinforce positive changes. The group format complemented the strong sense of community cohesion intrinsic to the Western Cape townships. The proposed revised study builds on this pilot study and is designed to reach a larger sample of women via a full-scale effectiveness study by adding a woman-focused intervention after voluntary counseling and testing (VCT). This multi-method research will conduct an extensive evaluation using qualitative and quantitative methods, repeated measures, and biological testing to determine the effectiveness of the woman-focused intervention to increase knowledge and skills to reduce substance abuse, sexual risk behaviors, and victimization. Former pilot study participants indigenous to the target communities will be trained as outreach workers to screen, recruit, and track 900 female study participants. The primary aim of the study is: Aim 1. To test the effectiveness, through a randomized controlled trial, of VCT plus a woman-focused intervention relative to VCT only to increase knowledge and skills to reduce substance abuse, sexual risk, and victimization, and to an equal-attention (nutrition) control group at 3-, 6-, 9-, and 12-month follow-ups. The secondary aim of the study is as follows: Aim 2. To examine the moderating effect of victimization (i.e., sexual and physical) and the mediating effects of HIV risk knowledge, condom use skills, sexual negotiation assertiveness, and relationship power on the effectiveness of the woman-focused groups to decrease risk related to drug use, sexual risk, and sex-related-victimization relative to the rapid testing group and to the equal-attention control group.

PUBLIC ABSTRACTS

Grant: 5R01HD059835-02
Principal Investigator: WILLIAMS, MICHELLE A. SCD EPIDEMIOLOGY
Title: A Cohort Study of Preterm Delivery in Relation to Partner Abuse, Mood and Anxiety
Institution: UNIVERSITY OF WASHINGTON SEATTLE ,WA
Project Period: 2010/09/01- 2015/07/31

DESCRIPTION (provided by investigator): Project Summary/Abstract (Description) Preterm delivery (PTD) continues to be one of the most significant unsolved problems of public health and perinatology. There is increasing evidence that PTD is a complex cluster of problems with a set of overlapping factors and influences. As recently summarized by the Institute of Medicine (IOM) the causes of PTD include individual-level behavioral and psychological factors, environmental exposures, medical conditions, biological factors, and genetics, many of which occur in combination. Members of the IOM expert panel also noted that persistent methodological limitations in previous studies, including treating PTD as a single entity and failure to recognize important common pathophysiological pathways that may lead to PTD (e.g., systematic inflammation, endothelial dysfunction, oxidative stress, and placental ischemia) have hindered discovery of potential treatment and prevention strategies. Previous studies have not rigorously evaluated the independent and joint effects of potent highly relevant social and neuropsychological risk factors of PTD in high risk populations. Increased efforts that integrate interdisciplinary research approaches are clearly needed to understand PTD from biological, clinical, and public health perspectives. The overarching objective of this study is to provide much-needed fundamental information concerning risk of PTD in relation to women's mental health status and exposure to violence before and during pregnancy. We will develop a prospective cohort of 6,000 Peruvian women. We will study the relation of maternal history of childhood sexual abuse, lifetime- and pregnancy-IPV with the prevalence of mood and anxiety disorders (e.g., major depression, minor depression, generalized anxiety and post-traumatic stress disorder [PTSD]). We will also study associations of PTD risk with mood disorder and anxiety disorder early in pregnancy. We will evaluate the extent to which risk of PTD is influenced by alternations in multiple biological markers of maternal neuroendocrine, vascular, and immune status. Finally, we will study the mediational effect of maternal mental health and physiological status in the relation between IPV and PTD. PUBLIC HEALTH RELEVANCE: Public Health Relevance Statement (Project Narrative-revised) Preterm delivery (PTD) continues to be one of the most significant unsolved problems of public health and perinatology. There is increasing evidence that PTD is a complex cluster of problems with a set of overlapping factors and influences. Violence against women is a more serious and widespread problem than previously recognized. Results from studies conducted in some countries indicate that 10-52 percent of women report physical abuse by an intimate partner at some point in their lives, and that 10-27 percent of women report experiences of sexual abuse. Mood and anxiety disorders, like intimate partner violence (IPV), are prevalent among reproductive age women, and are risk factors of preterm delivery (PTD) an important determinant of infant mortality. We submit that our research is significant and can make a difference insofar as helping to: (1) identify those at greatest risk (i.e. Among women exposed to IPV, who is at risk for adverse outcomes?) and (2) identify specific targets for intervention (i.e. Should interventions be directed at management of mood or anxiety symptoms in pregnancy? At mitigating neuroendocrine consequences of PTSD? Or at providing anti-inflammatory therapy?). Exposure to IPV is an important risk factor for PTD. However, that knowledge alone has limited practical value because eliminating IPV is probably not a feasible goal for healthcare systems. Our overarching goal, therefore, is to generate new knowledge that can be used to design and implement interventions based in the healthcare system; and to understand pathways from IPV to PTD. These goals are in accordance with those articulated by the Institute of Medicine⁹⁰ and the recent US Surgeon's General's Conference on the Prevention of Preterm Birth²³³; and are underscored by the U.S. Congress's passing of the Prematurity Research Expansion and Education for Mothers who Deliver Infants Early (PREEMIE)

PUBLIC ABSTRACTS

Grant: 5R01HD062226-02
Principal Investigator: DILILLO, DAVID PHD
Title: Sexual Revictimization: Emotional and Psychosocial Mechanisms
Institution: UNIVERSITY OF NEBRASKA LINCOLN LINCOLN ,NE
Project Period: 2010/07/15- 2015/06/30

DESCRIPTION (provided by applicant): A vast literature has documented that early sexual victimization is associated with a variety of mental health difficulties for adult women (e.g., PTSD, substance abuse). Even more disturbing is that the same women who suffer maltreatment during childhood or adolescence are up to ten times more likely to be sexually victimized again as adults. Known as "revictimization," this problem has generated tremendous research interest in recent years geared largely at establishing prevalence rates and identifying factors associated with this phenomenon. Although informative, this initial work has yet to explain the processes by which childhood or adolescence victimization is linked to adult revictimization. In response to this need, the present project integrates past findings within a longitudinal framework to elucidate pathways linking initial maltreatment to adult revictimization. In particular, mechanisms related to psychopathology, sexual risk taking, and alcohol use will be examined. The present study also takes the additional step of examining the antecedents that give rise to the more immediate determinants of adult sexual victimization. Specifically, drawing on recent theoretical and empirical findings we propose that difficulties with emotion regulation stemming from early abuse serve as underlying risk factors for the more immediate psychosocial predictors of revictimization. Together, these findings will permit the testing of a comprehensive model of revictimization. PUBLIC HEALTH RELEVANCE: Sexual violence against women is an endemic societal problem that has been associated with myriad sequelae such as posttraumatic stress disorder, substance abuse, interpersonal difficulties, and serious health problems such as HIV. Understanding risk factors for victimization is critical to the development of effective sexual assault prevention and treatment programs designed to reduce the societal burden of these experiences.

PUBLIC ABSTRACTS

Grant: 5R01HD064870-02
Principal Investigator: BAGGETT, KATHLEEN MARIE PHD
Title: Web-based Parenting Intervention for Mothers of Infants At-Risk for Maltreatment
Institution: OREGON RESEARCH INSTITUTE EUGENE ,OR
Project Period: 2010/09/28- 2014/07/31

DESCRIPTION (provided by applicant): Web-based Parenting Intervention for Mothers of Infants at Risk for Maltreatment Project Summary/Abstract Parents of infants living in poverty are at significantly elevated risk of a host of detrimental outcomes, including the development of child behavior problems, neglect and abuse of children, child learning problems and parental substance abuse. Research has found that early interventions to improve parenting practices were effective to ameliorate these outcomes. Yet, there exist major obstacles to the effective delivery of mental health services, particularly in rural areas. The need of rural families for mental health services is reaching crisis proportions due to the dearth of trained professionals. In addition, the meteoric rise of Internet use has created a new avenue for people to communicate and share ideas. These two trends are helping fuel the demand for mental health services and on-line support. Internet programs can be interactive and provide social support from peers and professionals. Through the use of recent advances in multimedia technology and software as well as the rise of computer networking via the Internet, there now exists an opportunity to provide such monitoring of outcomes and remote contact for rural locations. Prior developmental R34 research ("Infant Net") successfully adapted and pilot tested an existing empirically proven parenting program, for delivery via the Internet, enhanced with weekly professional contact. This research provided 40 mothers of infants 3.5 to 7 months (at enrollment) with a computer, computer camera, Internet connection, and technical training/support for 6 months to evaluate the digital translation. Mother-infant dyads were randomized to Experimental or Computer/Control conditions. Results found significant change with infant-behavioral and positive trends were demonstrated in parenting behaviors. Mothers rated the both computer program and interaction with coaches to be very high. These encouraging developmental research results provide a very good empirical base for a fully powered randomized control trial to test effectiveness. In its developmental current form, Infant Net successfully delivered the PALS program to mothers in English. In the current study, we seek to broaden our scope to include monolingual Spanish-speaking Latino families. Using the existing Spanish-language translation of the PALS program as a foundation, we will develop a culturally and linguistically appropriate Infant Net-Spanish intervention delivery tool. In this proposed application using an experimental design, we will evaluate the impact of the interactive Internet parent training intervention as compared to control. After recruiting from Early Head Start program in rural and urban Oregon and Kansas, 200 English- and Spanish-speaking mothers (in 4 cohorts) will be randomized to either the intervention or computer-control conditions. Parent coaches will make weekly, phone calls and email to assist parents with the use of the computer and questions/concerns about the program. Parenting practices will serve as the primary outcome. The proposed randomized control trial design will test the effectiveness of an Internet parenting intervention in effecting parenting behavior. PUBLIC HEALTH RELEVANCE: This innovative interactive Internet-based parent education intervention will help serve to promote the social emotional development and communication skills of infants to decrease the chances of child maltreatment in low-income, culturally diverse, families.

PUBLIC ABSTRACTS

Grant: 5R01HD064870-02
Principal Investigator: FEIL, EDWARD GUSTAV PHD
Title: Web-based Parenting Intervention for Mothers of Infants At-Risk for Maltreatment
Institution: OREGON RESEARCH INSTITUTE EUGENE ,OR
Project Period: 2010/09/28- 2014/07/31

DESCRIPTION (provided by applicant): Web-based Parenting Intervention for Mothers of Infants at Risk for Maltreatment Project Summary/Abstract Parents of infants living in poverty are at significantly elevated risk of a host of detrimental outcomes, including the development of child behavior problems, neglect and abuse of children, child learning problems and parental substance abuse. Research has found that early interventions to improve parenting practices were effective to ameliorate these outcomes. Yet, there exist major obstacles to the effective delivery of mental health services, particularly in rural areas. The need of rural families for mental health services is reaching crisis proportions due to the dearth of trained professionals. In addition, the meteoric rise of Internet use has created a new avenue for people to communicate and share ideas. These two trends are helping fuel the demand for mental health services and on-line support. Internet programs can be interactive and provide social support from peers and professionals. Through the use of recent advances in multimedia technology and software as well as the rise of computer networking via the Internet, there now exists an opportunity to provide such monitoring of outcomes and remote contact for rural locations. Prior developmental R34 research ("Infant Net") successfully adapted and pilot tested an existing empirically proven parenting program, for delivery via the Internet, enhanced with weekly professional contact. This research provided 40 mothers of infants 3.5 to 7 months (at enrollment) with a computer, computer camera, Internet connection, and technical training/support for 6 months to evaluate the digital translation. Mother-infant dyads were randomized to Experimental or Computer/Control conditions. Results found significant change with infant-behavioral and positive trends were demonstrated in parenting behaviors. Mothers rated the both computer program and interaction with coaches to be very high. These encouraging developmental research results provide a very good empirical base for a fully powered randomized control trial to test effectiveness. In its developmental current form, Infant Net successfully delivered the PALS program to mothers in English. In the current study, we seek to broaden our scope to include monolingual Spanish-speaking Latino families. Using the existing Spanish-language translation of the PALS program as a foundation, we will develop a culturally and linguistically appropriate Infant Net-Spanish intervention delivery tool. In this proposed application using an experimental design, we will evaluate the impact of the interactive Internet parent training intervention as compared to control. After recruiting from Early Head Start program in rural and urban Oregon and Kansas, 200 English- and Spanish-speaking mothers (in 4 cohorts) will be randomized to either the intervention or computer-control conditions. Parent coaches will make weekly, phone calls and email to assist parents with the use of the computer and questions/concerns about the program. Parenting practices will serve as the primary outcome. The proposed randomized control trial design will test the effectiveness of an Internet parenting intervention in effecting parenting behavior. PUBLIC HEALTH RELEVANCE: This innovative interactive Internet-based parent education intervention will help serve to promote the social emotional development and communication skills of infants to decrease the chances of child maltreatment in low-income, culturally diverse, families.

Grant: 5R01HD066161-02
Principal Investigator: LANSING, AMY E PHD
Title: Testing a Comorbid PTSD & Substance/Alcohol Use Intervention in Delinquent Girls
Institution: UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA ,CA
Project Period: 2010/08/20- 2015/07/31

DESCRIPTION (provided by applicant): Many youth with the most serious mental health problems resulting from violence exposure and maltreatment never receive mental health services [MHS].^{8,11} These youth are disproportionately found in juvenile delinquent populations where 67% - 75% have impairing psychiatric disorders, 20% have severe mental disorders and more than 1/3 need ongoing clinical MHS care- a figure twice the rate of the general adolescent population.^{7-10,12} Girls are the most vulnerable, understudied and underserved but fastest growing delinquent subgroup, with data strongly suggesting they have the most serious MHS needs: 75-95% have histories of child maltreatment, 95-100% have poly-trauma histories of violence exposure, sexual assault and child maltreatment, up to 50% have current Post Traumatic Stress Disorder [PTSD] and substance and alcohol use disorders [SAUD] and they have higher rates of PTSD and suicidality than delinquent boys.^{7,10,12,26-28} However there are few, if any, rigorously tested interventions available in the juvenile justice system [JJS] for youth with these comorbid problems. Our primary aim in this proposed study is to evaluate the efficacy of Seeking Safety [SS], an intervention for concurrently treating comorbid PTSD and SAUD that also addresses self harm and negative affect regulation, for female delinquents. This study lays the groundwork for developing a model for importing evidence based treatment [EBT] to high-risk youth who gain the attention of the JJS. We will recruit 250 female delinquents, 13 to 18 years old, with comorbid PTSD and SAUD through the San Diego Probation Department's Girls' Rehabilitation Facility. Our primary aims are to 1) use a randomized control trial design to determine the efficacy of an 8-week, 24 session manualized PTSD/SAUD intervention, 13 compared to the 'treatment as usual' [TAU] (8-week, 24 sessions) provided by the Probation Department for SAUD problems and 2) determine if cognitive factors (verbal skills, executive function) are related to treatment outcomes for SS and TAU. Our secondary aims are to 1) evaluate possible modifications to the SS treatment for improving services to the subject population and 2) use this study as a model for importing EBTs to other high-risk youth in Child Welfare and the JJS by partnering with (a) UC San Diego Comprehensive Research Center in Health Disparities to determine the best approach for fostering collaborative relationships within the alliance of San Diego's community clinics and identify funding streams to provide community-based services for a larger high-risk youth population and (b) Center for Criminality & Addiction Research, Training & Application to learn how to disseminate data about EBTs for youth in JJS across the nation and explore strategies to train correctional officers to work more effectively with traumatized and SAUD youth. With unprecedented support and access through the San Diego County Juvenile Court and Probation Department and a currently embedded multi-disciplinary, translational research program (spanning neurocognitive, psychiatric, imaging, genetics research), we are in a unique position to implement this proposed study that bears far reaching policy implications. PUBLIC HEALTH RELEVANCE: Youth who become involved with the Juvenile Court, either through the Child Welfare or Juvenile Justice system, demonstrate elevated rates of psychopathology and functional impairment, pose significant social and fiscal costs to society and often escape the attention of traditional mental health services. This research examines the efficacy of an evidence based intervention that simultaneously treats comorbid Post Traumatic Stress Disorder and Substance/Alcohol Use Disorders, the most prevalent comorbid pattern observed among high-risk and delinquent girls and a pattern that often results in future arrests (substance use, prostitution). This research will serve as a model for implementing and evaluating evidence based treatments with high-risk youth who gain the attention of the Juvenile Court but are traditionally underserved in the general community.

PUBLIC ABSTRACTS

Grant: 5R01HD066503-02
Principal Investigator: WILLIAMS, JAMES HERBERT
Title: Children exposed to intimate partner violence: Mental health correlates of concom
Institution: UNIVERSITY OF DENVER (COLORADO SEMINARY) DENVER ,CO
Project Period: 2010/09/02- 2014/06/30

DESCRIPTION (provided by applicant): The potentially deleterious effects of children's exposure to intimate partner violence (IPV) have been well documented and include both externalizing and internalizing problems as well as compromised socioemotional functioning. Recent research suggests that concomitant exposure to animal abuse may occur in families with pets and who have experienced IPV. To our knowledge, no study has compared the mental health correlates of a) exposure to IPV coupled with exposure to animal abuse with b) exposure to IPV absent exposure to animal abuse. We hypothesize, based on social learning, attachment, and empathy development theories, that concomitant exposure to animal abuse may provide children an additional model of antisocial behavior, increase their emotional distress if the animal abuse to which they have been exposed involves pets to which children are emotionally attached, and may affect personal distress and empathy. Using a prospective design, we will assess levels of IPV and the presence or absence of threatened or actual harm of pets and relate these variables to children's behavior problems, including their perpetration of animal abuse. We will use state-of-the-art assessment instruments, a number of which have yet to be used in clinical samples of children. We will also include exploratory analyses of the relation between children's perpetration of animal abuse and their levels of empathy, callous and unemotional traits, and attachment to pet animals. Greater focus on exposure to IPV and animal abuse may enhance our understanding of the processes implicated in the effects of exposure to violence generally and illustrate how addressing human-animal relationships in childhood could inform therapeutic interventions. PUBLIC HEALTH RELEVANCE: Our study will provide a better understanding of potential mental health problems in children (7- to 12-year-olds) associated with living in a home with intimate partner violence as well as abuse of pet animals. Children's attachments to their pets may be an important buffer in circumstances of family distress. When their pets are threatened or harmed, children's coping ability may be compromised.

PUBLIC ABSTRACTS

Grant: 5R01HL081557-05
Principal Investigator: RICH-EDWARDS, JANET W DSC, SCD
Title: Violence, Genes and Cardiovascular Events in Women
Institution: BRIGHAM AND WOMEN'S HOSPITAL BOSTON ,MA
Project Period: 2007/06/01- 2012/04/30

DESCRIPTION (provided by applicant): Exposure to intimate violence is a pervasive stressor associated with adverse impact on women's psychological and physical health. No prospective study has examined whether the prevalent and often severe stressor of intimate violence is associated with cardiovascular disease (CVD) events. We propose to examine type of abuse (physical, sexual or emotional) and lifestage at abuse (childhood, adolescence, or adulthood) as predictors of incident hypertension, hypercholesterolemia, diabetes, and CVD events in a prospective cohort of 68,518 women who answered a detailed lifetime abuse questionnaire in 2001 as participants in the Nurses' Health Study II. Preliminary retrospective data from this cohort show dose-response associations of abuse exposures with CVD risk factors, myocardial infarction, and stroke. Primary aims will test the associations of emotional, physical and sexual abuse with incident coronary heart disease, stroke, type 2 diabetes mellitus, hypertension, and hypercholesterolemia. Secondary aims will explore whether polymorphisms in the glucocorticoid receptor, tumor necrosis factor alpha (TNF α), serotonin transporter (5-HTT) and catechol-O-methyltransferase (COMT) genes interact with abuse history to alter CVD risk in women. We have collected abuse histories from 68,518 participants who are now being followed prospectively for incident disease events, making this the largest cohort ever assembled to examine the impact of abuse. We have also collected data on social support, coping style, depressive symptoms, socioeconomic position, and lifestyle risk factors for CVD, which will permit us to explore issues of confounding and effect modification. The ongoing NHSII cohort presents an ideal population and working infrastructure to facilitate the carrying out of the proposed studies at relatively low cost. The availability of biological samples already collected allows us to examine gene by environment interactions cost-effectively.

PUBLIC ABSTRACTS

Grant: 5R01MD004598-03
Principal Investigator: COKER, ANN L PHD
Title: Does Violence Against Women result in disparities in cancer care for women with b
Institution: UNIVERSITY OF KENTUCKY LEXINGTON ,KY
Project Period: 2009/09/25- 2014/04/30

DESCRIPTION (provided by the applicant): Violence against women (VAW) is defined by the United Nations as "any act of gender based violence that results in physical, sexual, or psychological harm or suffering to women." In Kentucky almost 40% of women had experienced some form of VAW in their lifetime. The frequency of VAW poses a serious public health challenge not only due to the prevalence but also the long term impact on women's health, documented in an impressive body of literature. However, very little research has explored the effect of lifetime VAW on cancer prevention and control. Kentucky has a high cancer burden with the highest cancer mortality rate of all US states. Incidence rates of cancer and the proportion of women diagnosed at a later stage are higher in the Appalachian region of Kentucky. VAW frequently co-occurs with social factors leading to health disparities including unemployment, less education and minority race. Overall objectives of this project are to determine the extent to which VAW may explain noted disparities in cancer care based on women's race/ethnicity, socioeconomic status, access to health insurance, or residence in high poverty and rural areas of Kentucky. Specific aims: To determine whether VAW is associated with disparities in breast cancer (aim 1), colorectal cancer (aim 2) and cervical cancer (aim 3) care outcomes to include not receiving cancer screening at recommended intervals, being diagnosed with cancer at a later stage, not receiving recommended cancer treatment including supportive/palliative care, and poorer cancer specific survival among women diagnosed with these cancers in Kentucky and adjusting for relevant confounders including race, socioeconomic status, having health insurance, rural residence, and specific regions of high poverty (e.g., living in the Appalachian region of eastern Kentucky or the Delta region of western Kentucky). Methods: We propose a prospective cohort using the Kentucky Cancer Registry (KCR) as the source of 3150 breast cancer cases, 1575 colorectal cancer cases and 525 cervical cancer cases. These 5250 women will be interviewed by phone to determine their lifetime exposure to VAW and comorbid conditions. These data will be linked with state level Medicare claims data for women completing phone surveys who are 65 or older. The Medicare claims data, administered by the Center for Medicare and Medicaid Services include comprehensive coverage of medical services regardless of where the patients seek care in the nation, which would allow the detailed examination of the proposed cancer care continuum: cancer screening, stage at diagnosis, treatment, supportive or palliative care and survivorship. Both logistic regression and Cox proportional hazards modeling will be used to determine the role of VAW (by frequency, duration, severity, and type) and socioeconomic attributes influencing disparities in cancer care. These associations will be investigated for each of the hypothesized five cancer care outcomes and by specific cancer. The mediating or moderating role of socioeconomic factors will also be explored using structural equation modeling. Relevance: This will be the first population-based cohort of the influence of VAW on the life course of cancer care in a state with high cancer burden and regions of extreme poverty. Findings will have significant public health impact in reducing disparities and improving cancer prevention and control in women.

PUBLIC ABSTRACTS

Grant: 5R01MH051246-13
Principal Investigator: GIRDLER, SUSAN S. PHD
Title: Childhood Trauma in the Adrenergic and HPA-Axis Regulation and Symptoms of PMDD
Institution: UNIVERSITY OF NORTH CAROLINA CHAPEL HILL CHAPEL HILL ,NC
Project Period: 1995/08/01- 2012/03/31

DESCRIPTION (provided by applicant): Prior research indicates that women with premenstrual dysphoric disorder (PMDD) have alterations in sympathetic nervous system (SNS) and adrenergic receptor (AR) function. Our work suggests that PMDD women with histories of sexual and physical abuse, especially childhood abuse (CA) show even greater adrenergic dysregulation, since they exhibit greater heart rate and blood pressure levels, greater B-AR responsivity and lower plasma norepinephrine (NE) relative to non-abused PMDD women. Animal studies clearly indicate a role for B-AR activation in producing hyperalgesia, while NE pathways and HPA-axis activation are involved in pain inhibition. Thus, alterations in B-AR function and diminished NE and cortisol output in PMDD women with abuse may have implications for the hyperalgesia that has been documented in PMDD. It is hypothesized that increased B-AR responsivity coupled with blunted NE will contribute to worse premenstrual symptoms and to hyperalgesia to experimental pain in PMDD women with prior CA. Sixty PMDD and 90 non-PMDD women will be tested in the luteal phase of the menstrual cycle for SNS (e.g., plasma NE, blood pressure) and HPA-axis (cortisol, ACTH, B-end) activation at rest and during stress, B-AR responsivity, and pain sensitivity to ischemic, thermal heat, and cold pain. Five groups will be compared for differences in pain sensitivity and relationship to physiological measures: 1) PMDD women with prior CA (n=30); 2) never abused PMDD women (n=30); 3) non-PMDD women with prior CA (n=30); 4) never abused non-PMDD women (n=30); and 5) non-PMDD women with no abuse and no psychiatric histories (n=30) as a healthy control group. Since our prelim studies show that all women with abuse have lower cortisol and non-PMDD women with CA show some degree of adrenergic dysregulation, we predict a rank order of effects PMDD/CA+ > non-PMDD/CA+ > PMDD/CA- > non-PMDD/CA- for adrenergic dysregulation and hyperalgesia. Following this testing, using double-blind, placebo-controlled, cross-over procedures, all women will be retested in 2 subsequent luteal phases for SNS measures, pain sensitivity, and dysphoric mood; once during a low dose, i.v. propranolol session (0.1 mg/kg) and once during placebo. Since propranolol is a B-AR blocker, we intend to use propranolol as a pharmacological probe to investigate SNS and adrenergic factors that contribute to hyperalgesia and dysphoric mood in PMDD. We hypothesize that propranolol will be associated with differentially greater normalization of SNS, NE and hyperalgesia measures, and greater reductions in dysphoria in PMDD women with CA. These results are intended to provide important insights into the pathophysiological significance of altered adrenergic activation in the subgroup of PMDD women with CA.

PUBLIC ABSTRACTS

Grant: 5R01MH056120-12
Principal Investigator: BREMNER, JAMES DOUGLAS MD
Title: Neural Circuits in Women with Abuse and PTSD
Institution: EMORY UNIVERSITY ATLANTA ,GA
Project Period: 1999/04/10- 2012/04/30

DESCRIPTION (provided by applicant): Early childhood sexual abuse is an important public health problem that affects 16% of women before their 18th birthday and leads to chronic symptoms of posttraumatic stress disorder (PTSD) in as many as a third of women. Preclinical and clinical research has established a network of brain regions that are sensitive to stress and mediate PTSD symptoms, including decreased function in the hippocampus and anterior cingulate/medial prefrontal cortex, and increased function in the amygdala. During prior funding periods in women with early abuse related PTSD we have shown smaller hippocampal volume, a failure of hippocampal activation with declarative memory tasks, deficits in verbal declarative memory on neuropsychological testing, decreased anterior cingulate, medial prefrontal and hippocampal function, and increased amygdala function during fear acquisition, as well as smaller anterior cingulate volume. Little is known about the effects of treatment for PTSD on the brain. Such information may be useful in the development of better treatments for this disorder. Studies in animals have shown that treatment with antidepressants, including selective serotonin reuptake inhibitors (SSRI), promote neurogenesis in the hippocampus, which may even represent the mechanism of treatment response for these medications. Our pilot data has shown a 5% increase in hippocampal volume and improvements in neuropsychological testing of memory in patients with PTSD treated with paroxetine, as well as increases in medial temporal NAA. The current project assesses the effects of paroxetine on memory, brain structure and function in women with early childhood abuse related PTSD. Women with PTSD undergo baseline assessment with neuropsychological testing of memory, magnetic resonance imaging (MRI) for assessment of hippocampal volume and NAA, and high resolution positron emission tomography (PET) with PET O-15 water during verbal declarative memory and traumatic memory tasks. Women are then treated in a randomized double-blind fashion with paroxetine or placebo on a flexible dose schedule for three months, followed by a repeat of these assessments. All subjects then receive open label paroxetine for nine months followed by a repeat of all assessments. We hypothesize that paroxetine will result in an improvement in memory function, increased hippocampal volume and NAA, and increased frontal and hippocampal function

PUBLIC ABSTRACTS

Grant: 5R01MH056630-14

Principal Investigator: LOEBER, ROLF PHD CLINICAL
PSYCHOLOGY

Title: Conduct Disorder & Depression in Girls: Precursors, Development and Comorbidity

Institution: UNIVERSITY OF PITTSBURGH AT PITTSBURGH PITTSBURGH ,PA

Project Period: 1998/09/30- 2013/05/31

DESCRIPTION (provided by applicant): Preventive interventions depend in large part on the availability of reliable and specific information about the development of psychopathology. Three of the priority areas for clinical research identified in the 2007/2008 NIMH Strategic Plan are the 1) prediction of individuals at risk for developing disease; 2) personalization of knowledge about individual biological, environmental and social factors to better personalize interventions; and 3) participation of the diversity of people and settings in clinical research. The Pittsburgh Girls Study (PGS), a large-scale (n=2,451), longitudinal study of a representative, urban sample of African American and European American girls, is uniquely poised to illuminate each of these topic areas as they pertain to Conduct Disorder (CD) and Major Depressive Disorder (MDD): two disorders that generate the greatest amount of morbidity among adolescent females and contribute the largest portion to the global burden of disease among women (Murray & Lopez, 1997). In particular, the PGS aims to predict female CD and MDD by building developmental models of risk and protection from the early identification of individual vulnerabilities that serve as childhood precursors to disorders, and the contexts in which such vulnerabilities are more likely to lead to disorder, by operationalizing sub-syndromal phenotypes of disorders, and by examining developmental changes in the pattern of comorbid conditions. Prediction will be based on multiple annual assessments of this racially and economically diverse sample with high rates of participant retention (average of 94 percent over 7 waves). Thus far, we have generated data on the onset, stability and developmental course of DSM-IV symptoms for CD and MDD and a broad range of other disorders. We also have assessed potential moderating and mediating factors on the development of symptomatology in girls. We are seeking funds to continue this prospective study through adolescence with five annual assessments of the girls and their mothers and fathers. The girls will be aged 13-16 in wave 1, and aged 17-20 years in wave 5. The planned assessments, when linked to the developmental data already collected during childhood, will elucidate precursors to CD and MDD in adolescence, their sub-syndromal phenotypes, common patterns of comorbidity, and risk, promotive and protective factors associated with transitions from precursor, to sub-syndrome, to disorder, and to comorbid disorders. The study is relevant for understanding ethnic disparities in the manifestation of CD and MDD and can serve as a building block for personalized, preventive and remedial treatments to be developed for specific subgroups of girls at risk of CD, MDD, their co-occurrence, and comorbidity with other disorders. PUBLIC HEALTH RELEVANCE: The proposed study will provide information on specific emotional and behavioral problems assessed in young girls that are markers for later serious problems in adolescence and young adulthood. The study also examines family, peer, school, and neighborhood factors that increase or reduce these risks. The diversity of the participants in this community sample (e.g. equal numbers of African American and European American girls, broad range of income levels) will allow information to be gathered about early and ongoing risks and problems that are more important for different subgroups, which can serve as building blocks for screening devices and the prevention of adolescent emotional and behavioral problems.

PUBLIC ABSTRACTS

Grant: 5R01MH075787-05
Principal Investigator: LEFF, STEPHEN S PHD
Title: Determining the Effectiveness of a Relational Aggression Intervention for Urban A
Institution: CHILDRENS HOSPITAL OF PHILADELPHIA PHILADELPHIA ,PA
Project Period: 2007/06/01- 2012/04/30

DESCRIPTION (provided by applicant): Although aggression among girls was once thought to be relatively rare, more recent research suggests that girls frequently engage in relational aggression (e.g., manipulating relationships and social standing through gossip and social exclusion). Despite advances in understanding relational aggression and its repercussions, almost all aggression intervention efforts have been designed for physical aggression and for boys. Further, given the increased risk experienced by African American students in inner-city, under-resourced areas, strategies for building the capacity of inner-city schools to promote high-risk girls' productive social problem solving skills while decreasing their levels of relational and physical aggression are critically needed. With funding from NIMH (K23 Award), the principal investigator has designed a 20 session school-based group intervention, called Friend to Friend (F2F). The goal of F2F is to teach 3rd-5th grade inner-city African American relationally aggressive girls social problem-solving skills and reduce their levels of aggression. In the K23 Award, relationally aggressive girls from two inner-city schools participating in F2F were compared to relationally aggressive girls in a no treatment control condition. Results were extremely promising and were used to establish effect size estimates for the planning of a clinical trial. The proposed trial will examine program impact across six inner-city elementary schools, a wider range of outcome measures, and will use a more sophisticated research design by comparing F2F to a psychoeducational attention control group. Further, the trial will explore the relation between girls' social problem solving skills and relationally aggressive behaviors, whether positive changes are maintained at 9 month follow-up, and whether F2F has an impact upon broader indicators of school safety, psychological adjustment, and school performance. Relevance: Aggression among today's youth has been documented as one of society's most costly problems, and recent research suggests relational aggression may be associated with later internalizing and externalizing disorders among girls. As such, developing early interventions for relationally aggressive girls may help to reduce serious mental health disorders later in life.

PUBLIC ABSTRACTS

Grant: 5R01MH076928-05

Principal Investigator: TALBOT, NANCY LYNN PHD CLINICAL PSYCHOLOGY

Title: Effectiveness of IPT Adapted for Depressed Women with Trauma Histories in a CMHC

Institution: UNIVERSITY OF ROCHESTER ROCHESTER ,NY

Project Period: 2007/09/14- 2012/05/31

DESCRIPTION (provided by applicant): Evidence-based treatments for depression have rarely been studied in community settings where low income and ethnic minority patients receive care. Among the most in need of effective treatments are depressed women with histories of early interpersonal trauma, who suffer disproportionate burden characterized by chronic depression, multiple comorbidities, and marked interpersonal difficulties. The aim of the proposed randomized controlled trial (RCT), based in a community mental health center, is to evaluate the effectiveness of Interpersonal Psychotherapy-Trauma in Community Settings (IPT-TCS). IPT-TCS is Interpersonal Psychotherapy with modifications specifically designed for the treatment of depressed patients with trauma histories seen in community settings. Substantial pilot data providing preliminary support for IPTTCS and supporting the feasibility of the proposed RCT have been collected during the P.I.'s NIMH-K23 Career Development Award. An ongoing pilot RCT of IPT-TCS has demonstrated high rates of patient recruitment and acceptance of randomization. The proposed RCT (n=180) will compare IPT-TCS to treatment as usual (TAU) for women with major depression and histories of childhood sexual abuse. A hybrid efficacy-effectiveness design will be used. Urn randomization procedures will balance groups with respect to medication status; active post-traumatic stress disorder (PTSD); active anxiety disorder other than PTSD; fully-remitted substance use disorders; and, borderline personality disorder. Medication dosage and adherence, medication management visits, and case management visits will not be controlled by design, but will be controlled statistically in secondary analyses. We hypothesize that IPT-TCS will be more effective than TAU in reducing depression at 32-weeks after treatment assignment. Improvements in social functioning, health-related functioning, post-traumatic stress symptoms, and mental health functioning are also expected. To monitor post-treatment course, outcome variables will be assessed at 6-month intervals over a 2-year period, and longer-term effects will be examined via repeated-measure analyses. The proposed research is designed to provide definitive results regarding the effectiveness of IPT-TCS compared to usual care in a community mental health center. The next stage of our research program will be directed at transporting IPT-TCS and comparison therapies into community agencies.

PUBLIC ABSTRACTS

Grant: 5R01MH078002-05

Principal Investigator: KASLOW, NADINE JOY PHD CLINICAL
PSYCHOLOGY

Title: Group Interventions for Abused, Suicidal Black Women

Institution: EMORY UNIVERSITY ATLANTA ,GA

Project Period: 2007/09/19- 2012/06/30

DESCRIPTION (provided by applicant): African American women's responses to intimate partner violence (IPV) and suicidality are influenced by cultural norms. This application compares a gender sensitive, culturally competent psychoeducational intervention (PEI) guided by the Theory of Triadic Influence (TTI) risk-protective model versus enhanced treatment as usual (ETAU) for reducing suicidal behavior, IPV, and associated risk factors and bolstering protective factors. The hybrid efficacy-effectiveness design uses a nonshelter sample, random assignment, and an intervention manual. Assessments informed by the TTI risk-protective framework focus on suicide and IPV-related outcome variables, risk and protective factors (intrapersonal, social/situation, culture/environment), and moderators of intervention response. The TTI-informed 10 session empowerment group (PEI) builds on our research and relevant intervention programs and the control condition is mental health treatment as usual plus an adherence enhancement protocol to facilitate treatment engagement (ETAU). Women are followed over time. The study is a prospective, RCT, using a 2X4 mixed-model design; the between-subjects variable is intervention condition (experimental (PEI), control (ETAU)) and the within-subjects variable is time (pre- intervention, post-intervention, 6 month follow-up, 1 year follow-up). The RCT follows the CONSORT recommendations. The sample consists of two groups of low-income, African American women in abusive relationships with a recent suicide attempt who seek services at Grady Health System: (a) women randomly assigned to PEI (experimental condition) (n = 95) and (b) women randomly assigned to ETAU (control condition) (n = 95). It is hypothesized that at post-intervention and follow-up, compared to women in the ETAU, women in the PEI will: (1) evidence more improvements in suicidal behavior and associated correlates (efficacy outcomes); (2) report greater reductions in IPV and greater improvements in associated correlates (efficacy outcomes); (3) evidence fewer risk factors (effectiveness outcomes); (4) evidence more protective factors (effectiveness outcomes); and (5) intrapersonal, social/situation, and cultural/environment variables will interact with intervention effects (moderators). Hierarchical linear modeling and structural equation modeling will be used to examine these predictions. Findings will guide our understanding of using interdisciplinary teams to target preventive interventions for IPV and suicide attempts in low-income, African American women, aid in disseminating the intervention, and inform State and national advocacy and policy efforts.

PUBLIC ABSTRACTS

Grant: 5R01MH085641-02
Principal Investigator: EDEN, KAREN BEEKMAN PHD
Title: Internet-Based Intervention to Improve Mental Health Outcomes for Abused Women
Institution: JOHNS HOPKINS UNIVERSITY BALTIMORE ,MD
Project Period: 2010/05/05- 2015/02/28

DESCRIPTION (provided by applicant): The application proposes a study to prevent women's exposure to intimate partner violence (IPV) and reduce the negative mental health outcomes strongly associated with IPV, including depression, post-traumatic stress disorder (PTSD), substance abuse and suicidality. Using an experimental design, the interdisciplinary team will test the effectiveness of an interactive internet based safety decision aid on reducing abused women's decisional conflict and increasing safety-seeking behaviors, thus preventing exposure to repeat violence and improving mental health. To our knowledge, there have been no experimental studies that have evaluated safety planning effectiveness or use of a safety decision aid to address this significant health priority for women. Addressing this paucity of research is important because the stakes are high for women faced with safety decisions and planning for themselves and families. Relatively few women have the opportunity to assess their own danger level or systematically examine how they weigh the competing safety preferences under consideration (e.g., having adequate resources, such as housing, employment and childcare as well as keeping her children safe). Women who decide to end an abusive relationship are at increased risk of lethal violence by the abusive ex-partner following the estrangement. Because of the danger of leaving or staying in an abusive relationship, it is critical that women gain understanding of their own danger level and fully explore the complex safety preferences that influence their decision before taking action. This interactive internet-based safety decision aid will give women a much-needed opportunity to prioritize and plan for safety for themselves and their families. In the future, this internet-based safety decision aid should provide a cost-effective, evidence-based safety- planning tool to be translated into practice by multiple disciplines, including mental health care professionals and advocates who work with victims of IPV. **PUBLIC HEALTH RELEVANCE:** Narrative This study will build the evidence necessary to advance violence prevention and mental health service programs and policies to support victims of domestic violence and their families.

PUBLIC ABSTRACTS

Grant: 5R01MH085641-02
Principal Investigator: GLASS, NANCY E PHD
Title: Internet-Based Intervention to Improve Mental Health Outcomes for Abused Women
Institution: JOHNS HOPKINS UNIVERSITY BALTIMORE ,MD
Project Period: 2010/05/05- 2015/02/28

DESCRIPTION (provided by applicant): The application proposes a study to prevent women's exposure to intimate partner violence (IPV) and reduce the negative mental health outcomes strongly associated with IPV, including depression, post-traumatic stress disorder (PTSD), substance abuse and suicidality. Using an experimental design, the interdisciplinary team will test the effectiveness of an interactive internet based safety decision aid on reducing abused women's decisional conflict and increasing safety-seeking behaviors, thus preventing exposure to repeat violence and improving mental health. To our knowledge, there have been no experimental studies that have evaluated safety planning effectiveness or use of a safety decision aid to address this significant health priority for women. Addressing this paucity of research is important because the stakes are high for women faced with safety decisions and planning for themselves and families. Relatively few women have the opportunity to assess their own danger level or systematically examine how they weigh the competing safety preferences under consideration (e.g., having adequate resources, such as housing, employment and childcare as well as keeping her children safe). Women who decide to end an abusive relationship are at increased risk of lethal violence by the abusive ex-partner following the estrangement. Because of the danger of leaving or staying in an abusive relationship, it is critical that women gain understanding of their own danger level and fully explore the complex safety preferences that influence their decision before taking action. This interactive internet-based safety decision aid will give women a much-needed opportunity to prioritize and plan for safety for themselves and their families. In the future, this internet-based safety decision aid should provide a cost-effective, evidence-based safety- planning tool to be translated into practice by multiple disciplines, including mental health care professionals and advocates who work with victims of IPV. **PUBLIC HEALTH RELEVANCE:** Narrative This study will build the evidence necessary to advance violence prevention and mental health service programs and policies to support victims of domestic violence and their families.

PUBLIC ABSTRACTS

Grant: 5R01MH090301-02
Principal Investigator: BRIGGS-GOWAN, MARGARET J PHD
Title: Early Traumatic Stress Exposure: Neurodevelopmental Mechanisms of Clinical Risk
Institution: UNIVERSITY OF CONNECTICUT SCH OF MED/DNT FARMINGTON ,CT
Project Period: 2010/09/08- 2015/03/31

DESCRIPTION (provided by applicant): Exposure to extreme stressors in early life is thought to substantially increase the risk of developmental psychopathology in children through effects of trauma processes on neurodevelopment. The aim of this proposal is to elucidate the neurodevelopmental and clinical sequelae of one particularly common and pernicious form of early traumatic stress, i.e., family violence exposure. Both inter-parental violence and child-directed violence have considerable empirical linkage to increased clinical risk, as indicated by broad-band externalizing and internalizing problems and post-traumatic stress symptoms in clinical and community samples. Recent evidence from neuroscientific studies using small samples of extreme group contrasts (e.g., comparing maltreated vs. non-maltreated children) provides strong empirical grounding for postulating candidate neurodevelopmental mechanisms by which violence exposure exerts its effects, including atypical patterns of cognitive processing of emotion reflecting heightened sensitivity to anger and threat cues. Building on this foundational work, we employ a community-based sampling approach to amplify and extend this work along the full spectrum of family violence exposure and test applications to the broader population during the critical early childhood period. Specific aims are to: (1) identify the optimal scaling of family violence exposure with a dimensional approach, which reflects variations in severity and forms of child violence exposure (from normative to extreme); (2) test the relationship of extent of violence exposure to specific patterns of preschool disruptive behavior, anxiety, and impairment; and (3) test whether atypical emotion processing characteristics mediate the link between exposure extent and psychopathology symptoms and functioning over time and establish whether these patterns are specific to violence exposure or are a more general effect of stress. We capitalize on a large pediatric sample (N=2,200) to be ascertained for the recently funded MAPS study on developmentally-sensitive characterization of preschool disruptive behavior (R01MH082830, Wakschlag, PI). From the sociodemographically stratified MAPS cohort, we draw a sample (N=300) enriched for family violence exposure and non-violent family stressors, but otherwise representative of the overall stratification. Parallel to the procedures of the MAPS study, a multi-informant, multi-method, developmentally-sensitive approach will be employed to assess preschool disruptive behavior and anxiety in a baseline laboratory visit and 6-month follow-up. In a second laboratory visit, family violence exposure will be assessed via an in-depth interview and preschoolers' emotion processing will be assessed with neurocognitive tasks (e.g., affective dot probe). Patterns of brain reactivity will be directly assessed during face processing using event-related potentials (ERPs) for a subset of 160 children. This approach shows promise for elucidating the role of traumatic stress exposure in the emergence of psychopathology and for providing a basis for broadly-applicable, novel interventions that can reduce the burden of mental disorder associated with early traumatic experiences. PUBLIC HEALTH RELEVANCE: The proposed study applies a translational perspective that combines a population-based approach to characterizing a dimensional spectrum of family violence exposure with neuroscientific paradigms that enable testing of putative neurodevelopmental mechanisms and their links to emergent psychopathology in young children. This line of inquiry provides a broadly useful paradigm for tracing how early experiences affect brain-behavior relations with long-term implications for the development of neuropsychiatric disorders including PTSD and other anxiety disorders, disruptive behavior disorders, and corollary bipolar and other mood disorders.

PUBLIC ABSTRACTS

Grant: 5R01NR011589-03
Principal Investigator: SOMMERS, MARILYN S PHD NURSING SCIENCE
Title: Injury in Latina Women after Sexual Assault: Moving Toward Health Care Equity
Institution: UNIVERSITY OF PENNSYLVANIA PHILADELPHIA ,PA
Project Period: 2009/09/30- 2014/06/30

DESCRIPTION (provided by applicant): Skin color plays a distinct role in the detection of and perhaps the protection from skin injury in sexual assault. We have found significant differences in ano-genital injury prevalence in Black and White females after consensual sexual intercourse and sexual assault that can be more fully explained by skin color than by race/ethnicity. Little is known about the generalizability of this phenomenon to the largest minority population in the US: Latinos. While major developments in the empirical basis of DNA and toxicology samples have occurred in the past 20 years, the development of empirically-based science in the context of sexual assault has not occurred with respect to injuries. We are proposing to study ano-genital injury prospectively through digital image analysis in 200 Latinas in the U.S. and Puerto Rico following consensual sexual intercourse, and compare their injuries to those documented in medical records of 200 Latinas following sexual assault. We will combine these data with a sample of predominantly Black and White women (n=800) and analyze approximately 36,000 digital images from consensual participants and records of sexual assault victims (N=1,200) to achieve the following aims: 1) determine prevalence, frequency, and severity of intercourse-related ano-genital injuries in consensual participants and sexual assault victims; 2) determine if sexual assault victims have more discrete digital image characteristics than women who have had consensual sexual intercourse (e.g., larger area of injury, better-defined shape, more localized location, texture more distinct from adjacent areas, more redness than adjacent areas); 3) determine if previously reported differences in the prevalence, frequency, and severity of intercourse-related ano-genital injury between racial/ethnic groups will be accounted for by quantification of skin color; 4) investigate if ano-genital injuries significantly vary as a function of skin mechanics (skin elasticity and skin hydration) and factors that could potentially determine the overall health of epidermal tissue (age, body mass index, sun exposure, and health status); 5) identify the constellation of ano-genital injury type and location, socio-demographic, and intercourse-related variables that most effectively differentiates those who experienced consensual intercourse versus sexual assault. PUBLIC HEALTH RELEVANCE: Forensic documentation of ano-genital injuries influences decision-making throughout the criminal justice process, especially at pivotal gate-keeping stages from victim reporting to sentencing. The forensic exam used to collect evidence after rape needs to be equally sensitive for females with dark skin as well as females with light skin.

PUBLIC ABSTRACTS

Grant: 5R03HD057984-02
Principal Investigator: HOWARD, DONNA ELISE DRPH
Title: Girls Healthy Dating Relationship Study
Institution: UNIVERSITY OF MARYLAND COLLEGE PK CAMPUS COLLEGE PARK ,MD
Project Period: 2010/01/15- 2012/12/31

DESCRIPTION (provided by applicant): Adolescent dating relationships lay the foundation for intimacy and healthy sexuality; moreover, patterns which develop in adolescence influence the establishment of intimate partner relationships in adulthood. Conversely, the occurrence of adolescent dating violence may disrupt normative development and may be associated with other risk engagement, including unhealthy sexual behaviors that can lead to unintended pregnancy, STDs, including HIV infections. Furthermore, adolescents who are in abusive relationships may carry these unhealthy patterns of abuse into future relationships. Thus, by understanding the factors that may prevent or predict adolescent dating violence, we may ultimately reduce the incidence of adult partner violence. Within this context, the overall aim of this study is to better understand how conceptualizations of healthy and harmful dating relationships are informed by religious socialization and whether such socialization may be related to risk of dating violence victimization. More specifically, this study will make use of the Socialization Influence Framework (SIF), which identifies multiple domains of socialization influence and socialization mechanisms that shape adolescent health-related attitudes, beliefs and behaviors, to examine the influence of religious socialization on adolescent dating relationships. Utilizing the SIF model, this study aims to gain an understanding of how family, peers, religious institutions, religious schooling, parental and personal religiosity influence adolescent girls' conceptualizations of healthy and harmful dating relationships, the appropriateness of adolescent dating and acceptable dating behaviors. The study will be conducted across six high schools in the greater Baltimore, MD area, including 4 religious day schools, 1 private school and 1 secular public school. A total of 50 in-depth interviews will be conducted, transcribed and analyzed by a multi-disciplinary team using Atlas.ti, qualitative data management software that enables coding, retrieval, data management and linkage. After all the analyses are completed, a series of 10 focus groups will be conducted. One focus group at each school will consist of girls who were interview participants; the other will consist of girls who were not interview participants. In focus group sessions, the researchers will discuss the emerging findings to verify its authenticity and validity. The qualitative approach will facilitate the development of a textured and nuanced understanding of adolescent conceptualizations of healthy and harmful dating relationships and how these are shaped by religious socialization. Employing the SIF in a largely qualitative study offers an unparalleled opportunity to examine the mechanisms by which religious socialization influences early sexual behaviors among adolescents. PUBLIC HEALTH RELEVANCE: The aim of this study is to better understand how adolescent girls' ideas about healthy and harmful dating relationships may be shaped by religious affiliation, beliefs and practices and whether these factors may be related to their risk of being a victim of dating violence. Information gathered from this study can contribute greatly to our understanding of the ways religious socialization may influence adolescent development and sexual health.

PUBLIC ABSTRACTS

Grant: 5R03TW007964-03

Principal Investigator: WYATT, GAIL E PHD EDUCATIONAL PSYCHOLOGY

Title: The Aftermath of Rape on Mental Health

Institution: UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES ,CA

Project Period: 2009/09/01- 2012/06/30

DESCRIPTION (provided by applicant): Rape or coerced sex in girls and women is a frequent and increasing occurrence in the Republic of South Africa. Few studies documenting the short and long term effects have been conducted. It is important to document how different rape treatment services mediate the aftermath of rape. This resubmission in response to PAR-08-223 for innovative collaborations requests three years of funding to follow 154 rural South African women ages 16 and above with recent reports of rape. The sites will be the Thohoyandou Victim Empowerment Programme (TVEP) located in Limpopo Province and the Mafikeng Trauma Clinic located in the North West Province. Women will be interviewed by trained staff within the first 6 months of clinic enrollment and again at 6 and 12 months. Women's psychosocial responses to rape will be assessed and changes related to exposure to different treatment services will be evaluated and compared at the two clinic sites. The Specific Aims are to: (1) Describe the circumstances of rape, and immediate and long-term (6 and 12 months) psychological distress (post- traumatic stress, anxiety, depressive symptoms and somatic complaints) of 154 rural Black South African women at the TVEP in the Limpopo Province and Mafikeng clinic in the North West Province, South Africa; (2) Test moderating variables of psychological distress such as demographics, socio cultural and trauma-related characteristics two treatment sites; (3) Test mediating variables of psychological distress such as social support, coping and treatment related services two time points 6 and 12 months; and (4) Compare and evaluate the influence of treatment related services on psychological distress at two clinic sites, at two time points 6 and 12 months. This proposal seeks to contribute to the gaps in the scientific literature by examining the psychosocial sequelae of rape and treatment-related factors among treatment seeking rural Black South African rape survivors. Also important to this study are possible moderator and mediators in the relationship between psychosocial, cultural beliefs, and treatment factors and psychological distress. PUBLIC HEALTH RELEVANCE: The Fulufhelo Project is a longitudinal study of 154 rural South African females who have been raped in the previous six months at either the Non-governmental supported Thohohoyandou Victim Empowerment Programme, or at the government supported Mafikeng Trauma Clinic in the North West Province. This proposal will increase the understanding of the short and long-term psychosocial sequelae of rape and treatment services to inform tailored treatment services and interventions and increase research capacity within collaborating South African universities.

Grant: 5R03TW008350-03

Principal Investigator: SCHENSUL, JEAN J. PHD
ANTHROPOLOGY:MEDICAL,
INCL. MENTAL

Title: Smokeless Tobacco Use and Reproductive Health Among Married Women in a Low-income

Institution: INSTITUTE FOR COMMUNITY RESEARCH HARTFORD ,CT

Project Period: 2009/09/01- 2012/08/31

DESCRIPTION (provided by applicant): This FIRCA application entitled "Smokeless Tobacco Use And Reproductive Health Among Women Users In A Low Income Community Of Mumbai" proposes to explore the use of new and highly addictive forms of smokeless tobacco increasingly used by Indian women during their reproductive years. Smokeless tobacco use is increasing dramatically among women in India and has been shown to contribute to reproductive health problems including premature birth, low birth weight, still birth and maternal morbidity among (low income) Indian women. The study will be conducted with Drs. Saritha Nair, Scientist and Donta Balaiah, Deputy Director and Scientist, National Institute for Research on Reproductive Health, Mumbai and is an extension of NIH Grant number 1 R01 DA020393-01A2. The five study aims are: 1) to conduct qualitative research with a sample of 90 women and 20 community experts in one large low income/slum area of Western Mumbai on the meanings, and practices associated with smokeless tobacco during three stages in reproductive history, immediately post marriage, during first (or second) pregnancy, and between 2nd and 4th pregnancy. 2) to understand marketing, promotion and availability of SL to low income women; 3) to conduct a survey with 400 women in one low income/slum area of western Mumbai known to be receptive to prevention studies, approximately 125 in each reproductive health category. 4) to use data to generate and evaluate social acceptability of intervention approaches with women in the study community and others affected by smokeless tobacco use: 5) to increase capacity of NIRRH, the partner organization, to conduct social and behavioral intervention research on smokeless tobacco and reproductive health issues in India through capacity building training on qualitative research methods, tobacco's implications for morbidity and mortality prior to, after and during pregnancy and proposal development. The proposed research will contribute to culturally and contextually appropriate interventions focused on smokeless tobacco prevention and cessation among women in low income communities of Mumbai. Consultants to the study will include P.C. Gupta, Ph.D. internationally recognized expert on tobacco use/control in India and tobacco use, pregnancy and female morbidity and mortality, Stephen Schensul, Ph.D., and partners conducting intervention research in a similar community on life stress (tenshun), perceived reproductive health symptoms (kamjori and safed pani) marital conflict and STI/HIV risk. Other Indian and U.S. consultants will be added to capacity building workshops each year based on topic. Significance lies in the study's capacity to address a critical public health problem in India, the apparent increase in risky and addictive new forms of smokeless tobacco with potentially serious implications for pregnancy and morbidity and mortality of women, and to provide the basis for educational and other forms of appropriate intervention to reduce smokeless tobacco use, a practice intertwined with other aspects of their lives, among women of reproductive age. PUBLIC HEALTH RELEVANCE: This study addresses a significant public health problem unique to the Indian context, the growing use of dangerous and addictive forms of smokeless tobacco among women living in low-income urban communities. New ways of conducting research to highlight the cultural and contextual factors contributing to smokeless tobacco use among women of reproductive age will contribute to the development of situationally and culturally appropriate interventions in the India context, and to multilevel approaches that can be applied to diverse communities of smokeless tobacco users in the U.S.

Grant: 5R21HD061559-02

Principal Investigator: HARDESTY, JENNIFER L PHD HUMAN DEVELOPMENT

Title: Coparenting After Separation from an Abusive Partner: Trajectories and Outcome

Institution: UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN CHAMPAIGN ,IL

Project Period: 2010/07/20- 2012/05/31

DESCRIPTION (provided by applicant): The overarching goal of this study is to explore pathways and outcomes associated with mothers' postseparation coparenting relationships, with a particular focus on experiences of intimate partner violence (IPV). The quality of coparenting relationships after separation is known to have a major impact on parental and child health outcomes. Although many separated and divorced women have experienced IPV, studies only rarely distinguish relationships that are characterized by violence as opposed to conflict. Women with children may be at particular risk for ongoing violence after separation due to their continued contact with former partners as coparents, and violence may exacerbate the negative effects associated with coparenting conflict in general. To explore these complex issues, the proposed prospective study brings together two bodies of theory and literature: IPV and coparenting after separation/divorce. The study aims are to delineate trajectories of coparenting relationships among mothers with and without a history of marital IPV, identify potential predictors (risk and protective factors) of differences in coparenting relationships after separation, and examine the effects of differences in coparenting relationships on mothers' and their children's health over time. A randomly selected sample of 120 mothers who filed for divorce within the last 12 weeks will be recruited through public divorce records in Champaign County, Illinois and interviewed five times over one year. Longitudinal data analytic techniques will be used to examine relationship trajectories and evaluate key pieces of the integrated conceptual model. Consistent with the goals of the R21 mechanism, this exploratory/developmental study will position the P.I. to submit a future R01 application aimed at further model testing and refinement. In addition, the study will contribute to the theoretical, methodological, and applied literatures. The conceptual model integrates theory and findings from two largely disparate fields; bringing these bodies of knowledge together will allow us to answer questions that cut across these areas. The synthesis will also allow us to differentiate coparenting relationships and health outcomes among divorcing mothers affected by IPV compared to divorcing mothers in general. Finally, the research will generate findings that can be used to inform policy and practice. For example, post-divorce interventions typically assume that parents are capable of cooperating, which may be unrealistic and unsafe for some women. Also, understanding how IPV affects divorcing mothers can inform efforts within health care settings to identify abused women at the highest risk for negative health outcomes. The proposed study is part of a larger program of research that will ultimately generate data to inform the debate of how policies and programs can best meet the unique needs of those most vulnerable to ongoing violence and negative health outcomes.

PUBLIC HEALTH RELEVANCE: The study is directly relevant to several focus areas laid out in Healthy People 2010, including injury and violence prevention, maternal and child health, and mental health disorders, such as depression, anxiety, sleep problems, and PTSD.

PUBLIC ABSTRACTS

Grant: 5R21HD062821-02
Principal Investigator: KRISHNAN, SUNEETA PHD
Title: Empowering Daughters and Mother-in-laws to Mitigate Gender-based Violence and Pro
Institution: RESEARCH TRIANGLE INSTITUTE RESEARCH TRIANGLE ,NC
Project Period: 2010/08/16- 2012/07/31

DESCRIPTION (provided by applicant): The prevalence of physical, psychological, and sexual gender-based violence (GBV) is staggeringly high among young, married women in India. However, few GBV prevention interventions have been implemented, and none of these interventions has been rigorously evaluated. We aim to fill this gap by conducting exploratory research on an innovative women's empowerment-based GBV prevention intervention. The proposed study builds on our previous research in urban poor communities in Bangalore, India, which revealed that efforts to enhance young, married women's power and to mitigate GBV will be limited if the broader context of their lives, which is shaped mainly by the marital family, is unaddressed. Previous research suggests that mothers-in-law (MILs) are a strategic familial entry point and that it may be possible to redirect the power they wield in the family toward reducing GBV against daughters-in-law (DILs). Based on this evidence and women's empowerment approaches that have successfully reduced GBV elsewhere, we developed the intervention Dil Mil (meaning "Hearts Together" in India's national language, Hindi). Guided by the Social Cognitive Theory and Heise's social-ecological framework of GBV, Dil Mil aims to empower DIL-MIL dyads with knowledge, skills, and social support critical to the mitigation of GBV and related adverse health outcomes among DILs. We chose antenatal care as the context for implementing this intervention because of women's nearly universal use of antenatal care in urban India. A phase 1 pilot study demonstrated that our approach is acceptable and likely to be safe. The aim of this R21 is to conduct a phase 2 trial to examine the feasibility, safety, and potential effectiveness of Dil Mil in order to determine if a phase 3 effectiveness trial is merited. The proposed study is a randomized controlled trial with 140 dyads comprising pregnant DILs (aged 18 to 30 years, in their first or second trimester of pregnancy, with a history of GBV) and their MILs. Recruitment will take place at four primary health centers serving poor communities in Bangalore. Dyads will be offered standard care or standard care plus the Dil Mil intervention, and evaluations will be conducted at 3 months and 6 months postpartum. We will characterize the study population using descriptive statistics and assess feasibility and safety of the intervention using qualitative and quantitative data (Aim 1). Data on the effect of the intervention on intermediary outcomes-the empowerment of DILs and MILs (Aim 2)-and on the incidence of GBV among DILs during the first 6 months postpartum, DILs' perceived quality of life and psychosocial status, and maternal and infant health outcomes (Aim 3) will be analyzed using the intention-to-treat principle. Based on this evidence, we will determine if a phase 3 trial is merited. In conclusion, this study will generate important insights on a novel, urgently needed response to GBV in a high prevalence setting and is highly likely to have a significant public health impact. PUBLIC HEALTH RELEVANCE: A growing body of research indicates that gender-based violence (GBV) is a major global public health challenge. Yet, there is a dearth of evidence to guide program planning and policy-making efforts to reduce GBV. Our study will evaluate the feasibility, safety, and potential effectiveness of an innovative women's empowerment intervention to reduce GBV and related adverse health outcomes. It is expected that the study findings will provide evidence to determine if a phase 3 effectiveness trial is merited and advance the science underlying GBV prevention.

PUBLIC ABSTRACTS

Grant: 5R24MH075941-05
Principal Investigator: SULLIVAN, CRIS M PHD PSYCHOLOGY
Title: RISP for Mental Health Services in the Aftermath of Violence Against Women
Institution: MICHIGAN STATE UNIVERSITY EAST LANSING ,MI
Project Period: 2007/09/03- 2012/05/31

DESCRIPTION (provided by applicant): The NIH/NIMH "Bridging Science and Service" report recommends supporting collaborative partnerships between academic researchers and public care systems as a way to fuse mental health research with mental health practice. PA 04-015, the "Interventions and Practice Research Infrastructure Program" IP- RISP, resulted from that report. It specifically seeks to "foster an active, synergistic partnership between mental health researchers and community-based, clinical/services staff, clinicians and patients/clients to: (1) advance our knowledge about developing research infrastructure in community settings and the establishment of collaborative partnerships; (2) identify and incorporate those factors (e.g., organizational, sociocultural, interpersonal) in community settings that may be associated with quality care and optimal outcomes for patients and clients; and (3) test adapted, evidence-based interventions (treatment, rehabilitative, and preventive) in community settings." The current application aims to address all three of these goals in collaboration with a community-based, specialty care agency serving female victims of domestic or sexual violence. Violence against women is a pervasive social problem, often resulting in severe mental health consequences for its victims. The purpose of this R24 IP-RISP application, then, is to collaborate with a well-established domestic violence-rape crisis mental health services organization to develop a research infrastructure in a community setting that is supportive of collaborative research on mental health services for battered women and rape victims. This application has 4 specific aims: (1) Develop a research infrastructure that supports conducting community-based mental health services research pertaining to violence against women. (2) Develop a community based, specialty care agency's infrastructure to enhance their capacity to engage in collaborative research. (3) Test an evidence-based intervention in a community-based agency setting. (4) Systematically evaluate an integrated model of the collaborative research process. Within these aims five studies will be conducted. The achievement of these aims will result in a community-based research infrastructure able to support and sustain a wide variety of research studies pertaining to the mental health consequences of intimate and sexual violence. Further, the empirically assessed model of collaborative research will be made available to other researchers seeking to bridge mental health research and practice.