

PERCEPTIONS OF FATHERS BY FEMALE HOMOSEXUALS.

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Since the 1970's, a liberalized view of homosexuality has led to an increasing awareness of this clinical entity. There is evidence that early parent-child interaction among homosexual females may be associated with sexual identity. There is, however, a paucity of research in this area with inconsistent findings. The present study was undertaken to explore more fully perceptions of parents by female homosexuals.

A study was conducted on a college population of female homosexuals and controls. There was a total of 34 subjects. Each evaluated her mother and father using the Adjective Check List of human behaviors and the Liphe Test of parent-child relationships.

Fathers were viewed differently by the homosexuals and controls ( $p < .01$ ). In the former group they were described as being less nurturing, more aggressive, less heterosexual, and more abusing. These fathers were viewed as having less interest in their daughters ( $p < .01$ ) and less respect for them ( $p < .05$ ). The two groups viewed their mothers more similarly.

While we cannot be certain these women have accurately described their fathers, women's perceptions of their fathers appear to be centrally involved in the dynamics of female homosexuality.

This study further supports the pediatrician's increasing awareness of the importance of fathers in the family constellation.

**26** PSYCHOSOCIAL ADJUSTMENT OF ADOLESCENT SEXUAL ABUSE VICTIMS. Donald P. Orr, Maureen Downes (Spon. by Beverly C. Morgan). University of California,

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To assess adolescent psychosocial adjustment, 20 female sexual abuse victims completed the Offer Self-Image Questionnaire (OSIQ). The mean age of the victims was 12.9 years (9-15). Alleged assault was intrafamilial in 13 cases lasting several months to 10 years in 7 instances, of unknown length in 5, and was an isolated event in 1 case. All extrafamilial abuse were isolated events, committed by strangers in 5 cases and acquaintances in 2. Intercourse was alleged in 18 of the 20 cases. Results of the OSIQ demonstrated group mean scores in the poorly adjusted range for 3 scales indicating serious problems with sexual attitudes, family relationships and feelings of inability to master the external environment. While the group mean score for the Overall Adjustment Scale was within normal limits, 10 of the 20 girls had scores in the range indicating severe problems in adjustment; 7 of these 10 poorly adjusted individuals were incest victims. When mean sexual abuse OSIQ scores were compared to mean OSIQ scores for adolescent patients from a general adolescent medicine clinic, a significant difference was found only on the Sexual Attitude Scale ( $p < .05$ ). While adolescent sexual abuse victims experience and report many problems and distressing conflicts that warrant intervention, we can find no evidence to support the previous contention that these victims are uniformly seriously psychologically disturbed or represent a deviant population.

**27** A PROSPECTIVE STUDY OF ADOLESCENT CHEST PAIN. Robert H. Pantell, Benjamin W. Goodman Jr., Univ. of Calif. S.F. Dept. Ped., San Francisco. Spon. by Melvin M. Grumbach

We prospectively studied patients presenting at a university adolescent clinic with a primary complaint of chest pain to determine the prevalence, etiology, perception and functional impact of chest pain ( $n=73$ ) and to compare demographic and behavioral characteristics with 2 control groups: adolescents with abdominal pain ( $n=100$ ) and adolescents making visits for reasons other than pain ( $n=100$ ). While 35% of all adolescent patients claimed to have had chest pain in the past year, 13% made clinic visits for this symptom. The etiologies were: idiopathic 41%, musculoskeletal 32%, hyperventilation 18%. Breast, GI, pulmonary, cardiac and psychiatric problems accounted for 9%. Despite the paucity of significant pathology, 49% feared a heart attack or other serious cardiac problem and 12% suspected cancer; 71% believed adolescents are susceptible to heart attacks. Forty one percent missed school for chest pain. Chest pain was more likely to bring males to the clinic than control group symptoms. No group differences were noted for family structure or functioning, general health, school performance or drug usage. Pain groups were no more likely to have other pain problems (headache, backache) than the non-pain controls. Pain groups missed more school, but were no more likely to have repeated a grade.

The results indicate chest pain is a prevalent problem of benign etiology causing considerable concern and functional impairment in adolescents. It does not generally represent a proxy for underlying family dysfunction or a pain-prone patient.

**28** A PROSPECTIVE, RANDOMIZED STUDY OF TESTOSTERONE TREATMENT OF CONSTITUTIONAL SHORT STATURE IN ADOLESCENT MALES. Ron G. Rosenfeld, Gregory B. Northcraft, and

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Constitutional short stature (CSS) is a frequent cause of impaired self-image, social isolation and depression in adolescent males. We have prospectively evaluated the physiological and psychological responses to androgen treatment of CSS. 16 boys, ages 14-17 years, were randomly assigned to a course of testosterone enanthate (T), 200 mg I.M. q3wks x4, or to observation. At entry, all subjects were below 5th percentile in height, Tanner I-II pubertal status, and exhibited disturbed self-image on the Offer Test. At 1 year followup, all subjects in the (T) group exhibited excellent growth: 7.2-11.6 cm/yr, with a mean of 9.2 cm/yr. Growth in control subjects was highly variable: 2.6-10.6 cm/yr, with a mean of 6.0 cm/yr, significantly lower than the (T) group ( $p < 0.02$ ). Growth in controls correlated with baseline serum testosterone ( $r=0.85$ ), with growth rates below 5cm/yr in control subjects with testosterone  $< 100$  ng/dl. Mean annual increment in bone age was 1.1 years for both groups. A height age/ $\Delta$  bone age ratio was slightly higher in the (T) group (1.3 vs 1.1), and the (T) group had a 1.7 cm increase in predicted adult height. Both groups showed improved self-image on the Offer Test, and subjects in the (T) group also demonstrated dramatic increases in both school-related and extra-school social activity. We conclude that a brief course of (T) is an effective safe means of promoting growth in select adolescent males.

**29** LEARNING DISORDERS - AN INAPPARENT BUT MAJOR CONSEQUENCE OF HIGH RISK PREGNANCY. Henry P. Staub,

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The year of birth and home address of each child in regular and in special classes (25,000) during the school years 1977-78 in the Buffalo, N.Y., public and parochial schools was obtained. A computer program placed each address into its proper census tract. The population was divided into quartiles according to average census tract incomes. This permitted matching the number of children in grades 1 - 6 in special classes with the total number of students for each of the four income groups. Birth data were then examined for the years this cohort of children was born.

Fifty-three per 1,000 school children were in special classes, with a lower rate for high income and a higher rate for low income. The difference in rate was most marked for mental retardation where the prevalence was twice as high in the low income group as it was in the high income group (32.7 versus 15.8 per 1,000 school children). Racial differences did not appear to be significant. The change in rates for infant mortality, low birthweight infants and teenage pregnancy for this group of children paralleled the subsequent rate for mental retardation. This suggests that a considerable percentage of mental retardation is linked to problems of pregnancy and birth.

**30** PARENTAL FACTORS RELATED TO ADOLESCENT SUICIDE, Carl L. Tishler (Spon. by Grant Morrow, III) Ohio State University College of Medicine, The Children's

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It is the purpose of this study to assess the relationship between adolescent suicide attempts and parental depression, parental self-esteem, parental marital adjustment, and parental suicidal behavior. The phenomenal increase in suicide among the young is frequently related to family dysfunction although the few existing studies of this phenomenon are characterized by very small sample sizes, lack of controls, clinical impressions, unsophisticated data analysis, and the exclusion of information from parents themselves. The sample for this study consists of 46 adolescents between the ages of 12 and 20 (and their parents) who were treated for attempted suicide in 1979 and 1980 at Children's Hospital Emergency Room, Columbus, Ohio. These families were matched by sex, race, and socioeconomic status with a control group of 46 families of non-suicidal adolescents who were treated at the same emergency room for minor injuries. Preliminary correlational and regression analysis indicates a significant relationship between parental depression and parental self-esteem and adolescent suicide attempts.