ing children's recovery in the aftermath of violent incidents. This presentation summarizes initial results from a short-term, longitudinal study that aims to elucidate the factors predicting recovery over the first six months following children's exposure to an incident of traumatic, intimate partner violence. Following their calls for emergency police services for domestic violence, 30 mother-child dyads were recruited and interviewed three times within the six months following the violent incident. Applying a developmental risk and resilience perspective, it is hypothesized that factors influencing recovery of children following traumatic exposure include: (1) violence-related factors (ongoing violence exposure, dangerousness and proximity of the perpetrator); (2) child factors (psychopathology, IQ); (3) parenting factors (effective parenting of the non-abusive parent, and parent-child relationship factors), and (4) cumulative risk factors (history of exposure to violence and other significant risks, such as parental loss, poverty, homelessness, parent's mental illness, etc.).

Implications for the development of acute interventions for children exposed to violence and terrorism are discussed. There is a dearth of research on the utility of indicated prevention/crisis outreach efforts in the immediate aftermath of violence. Nonetheless, it is suggested that intervening as early as possible following exposure to violence may provide a valuable opportunity to improve the trajectory of recovery for traumatized children.

Keywords: children; domestic violence; intervention; prevention; psychosocial; terrorism; victim; violence; witness
Prehosp Disast Med 2005;20(2):s31-s32

Pediatric Surgical Patients in the Bam Earthquake

M.H. Radfar;[1] M. Sabzechian;[2] H. Abolghasemi;[2] N. Jonaidi Jafari;[2] H. Ghasemzadeh[2]
1. Iranian Pediatrics Hematology and Oncology society, Iran
2. Iran

Introduction: In December 2003, one of the most catastrophic natural disasters in recent years struck Bam, a city in southeast Iran. Due to the high vulnerability of children in natural disasters, the assessment has been focused on pediatric surgical injuries. Also, the general requirements for preparedness in a referral hospital that should admit pediatric patients in the aftermath of a natural disaster were assessed.
Methods: The cases include all patients under 16 years old, who were referred from Bam to three hospitals in Tehran (Milad, Imam Hossein, and Baqiyatallah Hospital) within one week of the Bam earthquake. Data on demographic characteristics, types of injury, and operative/non-operative treatment of patients were collected through visiting the cases and use of their medical records. Such data were applied to a questionnaire. Injuries of chest/abdomen, head, and spinal column were discussed as surgical injuries and classified in the same three groups. Patients also were classified in three age groups: (1) <6 years; (2) 6–10 years; and (3) 11–16 years.
Results: A total of 119 patients under 16 years old were admitted during the period of the study. Thirty-three patients (27.7%) were <6 years old, 26 patients (21.8%) were 6–10 years old, and 60 patients (50.4%) were 11–16 years old. A total of 27 patients (22.6%) had head trauma, 19 patients (15.9%) had chest/abdomen injury, and 11 patients (9.2%) had spinal column injury. It should be noted that eight cases belong to more than one of the injury groups. In total, according to our definition for surgical injuries, which excludes injuries of limbs and pelvis, 41 patients (34.4%) had surgical injuries.

Of the patients with chest/abdomen trauma, eight cases (42.1%) underwent abdominal surgery, a chest tube was inserted for for patients (21.0%), and one patient underwent a thoracotomy. Of the 33 patients with head trauma and/or spinal column injury, neurosurgical procedures were done in five cases (15.1%). There was a much higher frequency of chest/abdomen injury in the two older age groups than in the youngest group. The oldest age group had a much higher need for neurosurgery than the two younger groups.
Conclusions: The higher frequency of chest/abdomen injury and need for neurosurgery in older age groups might be related to the death of younger patients in earlier stages. However, it should be noted that as a hospital admits older children, non-orthopedic surgeries could be needed more than a hospital with younger pediatric patients. Also, a pediatric patient with chest/abdomen trauma, head and/or spinal column injury may be in need for an operation.

Keywords: Bam; earthquake; injury; Iran; pediatric; surgery
Prehosp Disast Med 2005;20(2):s32

Children during the 1999 Kosovo War—An Experience of the Polish Medical Mission in the Field Hospital of Ndroq, Albania

B. Badowicz;[1] E. Lipska;[2] C. Pakulski[1]
1. Pomeranian Medical University, Poland
2. Medical University of Warsaw, Poland

Objective: To present of pediatric problems among children in the refugee camp supervised by members of the Polish Medical Mission.
Methods: A retrospective analysis was done of medical records for 536 Kosovo children seen by medical volunteers—doctors, nurses, and paramedics—in the field hospital attached to the refugee camp of Ndroq, Albania, during two months (out of five) of work by the Polish Medical Mission.
Results: Medical records were incomplete for the majority of young patients. The majority of children belonged to the preschool or early-school-age groups. A total of 163 children underwent vaccination against hepatitis B. Medical problems were related to acute viral or bacterial infection, exacerbation of chronic diseases, and common hygiene problems.
Conclusion: Even during wartime, only a minority of pediatric problems seen in the field hospital located near the refugee camp were related to the war itself. There is a growing need for pediatric practitioners among volunteer medical staff of refugee camps.

Keywords: Albania; children; field hospital; Kosovo; pediatric practitioners; refugee; war
Prehosp Disast Med 2005;20(2):s32