

Pediatric research and child maltreatment: where have all the flowers gone?

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Several decades ago, I had the opportunity to participate in the 75th anniversary special issue of *Pediatrics*, writing a commentary on the three most important articles published by that Journal over its 75-y history (1). For that commentary, I was asked to identify the most important articles on child abuse over the years. There were three that were outstanding, in my view, but I described them as “three flowers in a desert”.

What I found interesting in looking back at the last several decades of issues of this journal for this commentary was how few research articles on child maltreatment there have been. Go to the Pediatric Research webpage and type “child abuse” into the search box. Several hundred items come up—the overwhelming majority of them abstracts from the Pediatric Academic Societies meetings. There are few basic or clinical research papers, and of the 125 citations, only two were from investigators with National Institutes of Health (NIH) funding for their work. In fact, in my view, this desert is directly related to the paucity of funding over the last 50 y from the NIH. The field of Child Abuse Pediatrics, just recently awarded subspecialty status from the American Board of Pediatrics, has had no opportunity to develop the research and training infrastructure that has led to the extraordinary advances in child health over the past half century many reported in this journal.

Given the significant prevalence and incidence of child maltreatment, given the significant morbidity and mortality of infants and children who are beaten and burned, physically and sexually assaulted, and emotionally abused and neglected, why has the body of knowledge surrounding these behaviors by abusers and the sequelae, their child victims been so ignored by the Pediatric Academic Community over the last half century? I do not know how many articles have been submitted to this Journal over the years that would advance research in Child Abuse. I suspect not many. It would be interesting to have the editorial data on what the submission and rejection rates have been through the years.

If as I suspect, there have been relatively few articles submitted; it is probably because there is not much basic research being done by pediatric research scientists. Why not? What

would be the possible reasons for the absence of interest? I can think of at least two:

1. Research in a field is usually generated by the physician scientists who are boarded and practicing in their subspecialty field of child health in academic settings and, importantly have received research training through their subspecialty fellowships or by getting a Masters or Doctoral degree in basic or clinical science. The subspecialty field of Child Abuse Pediatrics is relatively new, and has no specific NIH funding stream for either research or training, and has even fewer NIH funded physician scientists.
2. Child abuse is viewed as a social and legal problem, rather than a health problem and there have been only meagre resources allocated to this issue by NIH, including National Institute of Child Health and Human Development. In tight budgetary times, this is unlikely to change. It is easier not to reallocate funding streams to this area, even if it were acknowledged that it was a health, mental health, and public health problem. Of the \$30M listed on the NIH website in the “Child Abuse and Neglect” category (2), not many of these grants are addressing questions that need to be answered if we are to have evidence based diagnosis, treatment, and prevention, much less an understanding of the basic genetics and neurobiology that are likely at the core of our understanding of abusive and neglectful behavior and their sequelae (3).

For progress to be made, it is clear to me that both the locus and the amount of funding for the field needs to change. There have been two National Academy Reports on Child Maltreatment 20 y apart (4,5). Both pointed out the critical need for support for research and research infrastructure for this field that was already 30 y old when the first report was published. But just as society has “Gaze Aversion”—i.e., it turns away—when it comes to recognizing abuse in their family and neighbors, so too do professionals and policy makers when it comes to responding to calls for research on this problem. Both National Academy of Science reports have been failures to thrive! I suspect this is

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because the responsibility for funding research is housed on the Human Development (Child Welfare) side of the Department of Health and Human Services and not on the health side at the National Institutes of health.

Happily, all this may soon change. The recent overwhelmingly bipartisan passage of the 21st Century Cures bill in the House has \$2 Billion a year incremental funding for NIH for each of 5 y. This is an extraordinarily opportune time to develop the research infrastructure for basic, clinical and outcomes research in the area of child abuse and neglect. It would not be a significant portion of the overall child health research budget, and the well-developed areas of the specialty that have struggled with flat funding need some catch-up; but a somewhat increased increment of the new funding could start the building of the research infrastructure for the child maltreatment field would be disproportionately helpful.

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