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Committee on Health, Education, Labor and Pensions
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NIH Research on Child Abuse and Neglect

Statement of

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SUMMARY

Child abuse and neglect can have a profound impact on children's immediate and long-term mental and physical health. It is a complex public health issue, likely caused by a myriad of factors, including elements involving the individual, the family, and the community. Children and adolescents exposed to child abuse and neglect experience high rates of post-traumatic stress disorder, depression, isolation, self-destructive behaviors and comorbid problems including tobacco use; misuse of drugs and alcohol, as well as alcohol dependence; and neurological impairments. Reviews suggest that child abuse and neglect have adverse effects on academic and intellectual functioning and occupational functioning, which are likely to impact subsequent development and life trajectories as well.

Numerous prevention programs target caregivers to prevent maltreatment. Research has also demonstrated that there are numerous risk and protective factors that interact to affect maltreatment and are potential targets for effective interventions. Understanding the complexity of the many risk factors faced by children and families forms the basis for developing a new generation of targeted prevention and intervention research.

Introduction

Chairman Dodd and members of the Subcommittee, good afternoon and thank you for the opportunity to speak to you today on research conducted and supported by the National Institutes of Health (NIH) to address the public health problem of child abuse and neglect. I am Cheryl Anne Boyce, the Chief of the Child Abuse and Neglect Research Program at the National Institute of Mental Health (NIMH) within the NIH, an agency of the Department of Health and Human Services (HHS), as well as the co-chair of the NIH Child Abuse and Neglect Working Group. I am also a member of the Federal Interagency Workgroup on Child Abuse and Neglect led by the Office on Child Abuse and Neglect (OCAN) within the Children's Bureau of HHS's Administration for Children and Families (ACF) and a member of the technical working group for the National Survey of Child and Adolescent Well-Being.

I oversee research seeking to reduce and prevent the negative consequences of child abuse and neglect, specifically mental disorders. We at NIH believe that research on child abuse and neglect should be used to inform services and policy, and therefore, we work routinely with other agencies, including ACF, the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Justice, the Department of Education, and the Department of Defense; advocacy groups; and the public community to facilitate the dissemination of research knowledge funded by NIH.

Overview and Consequences of Child Abuse and Neglect

Child abuse and neglect can have a profound impact on children's immediate and long-term mental and physical health. In 2006, an estimated 905,000 children were victims of child abuse or neglect[1], and children ages birth to three years had the highest rates of victimization. Approximately 1,500 children die annually due to child abuse or neglect. Children and adolescents who have experienced abuse and neglect are exposed to various risk factors for subsequent health problems and experience high rates of post-traumatic stress disorder (PTSD), depression, isolation, self-destructive behaviors and comorbid problems such as tobacco use; misuse of drugs and alcohol, as well as alcohol dependence; and neurological impairments.[1]

Research Efforts to Address Child Abuse and Neglect

Because child abuse and neglect is a complex public health issue, likely caused by a myriad of factors, including elements involving the individual, the family, and the community, a research program focused on understanding and addressing these problems must necessarily draw upon interdisciplinary theories and approaches. In order to advance our knowledge of child abuse and neglect, NIH-funded research facilitates multi-disciplinary work in the basic biomedical, behavioral, and social sciences, including areas such as mental health, public health and prevention; tobacco use; misuse of drugs and alcohol, as well as alcohol dependence; neurology; injury; trauma; and child development. NIH research projects utilize rigorous scientific research designs that can

[1] http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can

inform prevention, assessment, treatment, demonstrations, or other types of service activities.

In 1997, NIH convened a working group of its major research Institutes and offices supporting research on child abuse and neglect to: (1) assess the state of the science; (2) make recommendations for a research agenda; and (3) develop plans for future coordination efforts at the agency. This group, the NIH Child Abuse and Neglect Working Group, meets routinely to coordinate relevant NIH research efforts and regularly meets with representatives of other Federal agencies. The working group has sponsored a number of workshops to stimulate research on child abuse and neglect. In addition, NIH Institutes are currently participating in two specific program initiatives to promote research related to child abuse and neglect. The first initiative, "Mental Health Consequences of Violence and Trauma"[2], is designed to enhance scientific understanding of the etiology of psychopathology related to violence and trauma, as well as studies to develop and test effective treatments, services, and prevention strategies. Along with HHS partner agencies including SAMSHA, CDC, and ACF, NIH is the lead agency on the second funding initiative, "Research Interventions on Child Abuse and Neglect"[3], which is designed to stimulate research on interventions that assist in changing the negative biological and behavioral health effects of child abuse and neglect and may target individuals or groups of individuals such as dyads, families, communities, or service systems.

Child maltreatment received heightened attention as a result of a March 2005 Workshop convened by the Surgeon General entitled, "Making Prevention of Child

[2] http://grants.nih.gov/grants/guide/pa-files/PA-07-312.html
[3] http://grants.nih.gov/grants/guide/pa-files/PA-07-437.html

Maltreatment a National Priority--Implementing Innovations of a Public Health Approach"[4]. The workshop participants generated ideas for eliminating obstacles to change; and identified opportunities for advancing innovations in science, service delivery, care coordination, and prevention. As an outgrowth of the workshop, the NIH Child Abuse and Neglect Working Group called for additional studies to provide a solid evidence base for prevention and intervention programs. The goal of this new initiative is to provide a scientific basis for understanding the biological and behavioral trajectories that can lead to child abuse and neglect in order to intervene at an early age.

A great deal of research has focused on identifying contextual factors that protect against maltreatment, as well as individual factors that better predict which children are likely to benefit from intervention. Innovative research funded by NIH has explored complex gene and environment interactions among maltreated children that may account in part for these differences. For example, a recent study has shown that past child abuse experiences plus a variation in a specific gene accounted for more than twice the number of PTSD symptoms in adults who had later undergone other traumas, compared to traumatized adults who were not abused in childhood.[5] A history of child abuse was not enough alone to lead to increase in PTSD symptoms, nor was variations in the stress-related gene enough by itself; it was the interaction between the two factors. This is a single illustration of the complexity of the interactions that must be taken into account to

[4] http://www.surgeongeneral.gov/healthychild/workshop.html

[5] Binder EB, Bradley RG, Wei L, Epstein MP, Deveau TC, Mercer KB, Tang Y, Gillespie CF, Heim CM, Nemeroff CB, Schwartz AC, Cubells JF, Ressler KJ. Association of FKBP5 Polymorphisms and Childhood Abuse With Risk of Posttraumatic Stress Disorder Symptoms in Adults. *JAMA* 299 (11): 1291-1305. March 19, 2008.

understand the consequences of maltreatment and the factors that may promote resiliency in the face of adverse experience.

A body of research that encompasses prospective longitudinal studies have offered critical information about the developmental trajectories of children who have been maltreated, as well as information about their pathways. Reviews suggest that child abuse and neglect have adverse effects on academic and intellectual functioning and occupational functioning, which are likely to impact subsequent development and life trajectories as well.[6] Of these studies, the National Survey of Child and Adolescent Well-Being (NSCAW), begun in 1999, includes a nationally representative sample of children and families who are reported to child protective services.[7] A grant from NIMH allowed for the collection of additional contextual information about the service systems for these children, as well as for data analyses related to children's services. Some notable findings from NSCAW are:

- 48 percent of children older than 2 years with completed child welfare investigations had indication of mental health problems, while only a quarter of them received mental health services.[8]
- 48 percent of toddlers and 68 percent of preschool aged children in child welfare evidenced behavioral problems or developmental delays, but only 22 percent received services.[9]

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[6] Widom, C.S. (1998) Childhood victimization: Early adversity and subsequent psychopathology. In B.P. Dohrenwend. (Ed.) Adversity, Stress, and Psychopathology, (pp. 81-95) New York, NY: Oxford University Press.

[7] http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html

[8] Burns B, Phillips S, Wagner R, et al: Mental health need and access to mental health services by youth involved with child welfare: a national survey. *Journal of the American Academy of Child Adolescent Psychiatry* 43:960–970, 2004.

[9] Stahmer, A. C. Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., & Zhang, J.

- 28 percent are reported as having chronic health conditions within the three years after a report to child protective services.[10] [11]

Nearly 80 percent of perpetrators of child maltreatment were parents, according to data reports in 2006.[12] Findings suggest that among caregivers, partner violence, substance abuse, and parental depression are robust risk factors for future maltreatment.[12] By unraveling the complex, multi-level risk factors faced by children and families that may lead to child abuse and neglect, and understanding the multitude of trajectories that may result from it, research provides a solid underpinning for developing a new generation of targeted prevention and intervention research.

Conclusion

We know that we must continue to find ways to prevent child abuse in this country and decrease its negative consequences. This is a challenge that requires research translation, dissemination and collaboration across Federal, State, and local agencies and entities. I hope you will find the information that I have provided useful and helpful. I would be pleased to answer any questions at this time.

(2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics* 116(4), 891-900.

[10] Ringeisen, H., C.E. Casanueva, M.P. Urato, and T.P. Cross (Forthcoming). "Special Health Care Needs among Children in Child Welfare." Pediatrics.

[11] http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/special_health/special_health.html

[12] http://www.childwelfare.gov/can/