“Green Shoots” of Hope for Funding Child Abuse Medical Research

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An estimated four to eight children die every day from abuse and neglect. Unfortunately, child abuse medical research is one of the clearest examples of how research funding is not targeted to the burden of disease. In general, research funding is determined by dozens of factors including how scientifically “interesting” a topic is, whether a novel methodology can be used to investigate the topic and, not inappropriately, politics. The power of political will to catalyze dramatic change can be seen in the progress on HIV/AIDS in the 1990s, the space program of the 1960s as well as current advances in many types of cancer research. Unfortunately, this is not the case for child abuse research.

Relative to the number of children affected by maltreatment (similar to the number of people living with HIV in the U.S.), research funding has been both low and sporadic. Until recently, child abuse research struggled to find a home in federal research funding agencies like the National Institutes of Health (NIH) or Centers for Disease Control and Prevention (CDC). Funded research often focused on epidemiology and the long-term

effects of abuse, rather than questions faced by doctors who must recognize and treat abused children.

Unfortunately, with potential NIH funding cuts on the horizon, child abuse research stands to lose what little ground it already has. At this point, we have clearly established that abuse is common, and that it has severe and long-lasting effects that transcend individuals, families and generations. But there has been little success with primary prevention, early recognition or targeted treatment for abusive injuries. These core questions are stark examples of how far we have left to go, and why continued research funding is crucial to protect children and families.

Green Shoots of Change

New funding can accelerate a hopeful trend in child abuse research: the emergence of top-flight research mentors. In the past, child maltreatment research was caught in the classic research catch-22: projects were not funded for lack of experienced investigators and experienced investigators could not be found for lack of funding. Today, a handful of child abuse pediatricians have completed career development awards and emerged as independent investigators who can catalyze the work of the new class of early-career investigators.

Other gains in the field of child abuse medical research include the newly established branch for Pediatric Trauma and Critical Illness within the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). This branch consistently includes abuse among its funding priorities, and in 2016, announced substantial funding for CAPSTONE centers of excellence in child abuse research.

Making the Most of These Changes – Research Networks

But while we are starting to see funding and mentorship increase, the current rates of growth will not produce research commensurate with the burden of disease, or sufficient enough to answer the most pressing questions.

Research networks are force-multipliers that could leverage new funding and mentorship. Both within and outside child abuse pediatrics, several research networks -- such as the Pediatric Emergency Care Applied Research Network (PECARN), Pediatric Brain Injury Research Network (PediBIRN) and Abusive Head Trauma Consortium -- have demonstrated the potential of large consortia to serve as “on ramps” to academic research for junior investigators and deliver practice-altering research. And the new Child Abuse Pediatrics Network (CAPNET) will extend the work of these prior groups to establish a sustainable platform to address multiple specific questions in this field.

The Road Ahead

These new developments are cause for cautious optimism. Junior investigators should see a clearer path than those who went before us. But success will come back to politics. HIV/AIDS research is a priority because of a committed and vocal advocacy community. Breast cancer research has flourished because patients and families can advocate for themselves. With rare exceptions, abused children are especially *unlikely* to have this sort of advocacy. Policymakers and researchers can help fill this gap by working to include funding for abuse research with other child health-related priorities and advocating for the children who cannot speak for themselves.

One thing we know from experience – unexpected tragedies will continue to occur because of child abuse and neglect. When people come asking, “What can we do?” it is up to us to have answers ready.