

Letter sent from the Science Committee, Division of Trauma Psychology (Division 56), American Psychological Association, in response to the NIMH Draft Strategic Plan: <http://www.nimh.nih.gov/about/strategic-planning-reports/nimh-draft-strategic-plan.shtml> .

10 December 2007

National Institute of Mental Health
Attn: Draft Strategic Plan
Sent by email to Strategicplanning2@mail.nih.gov

Dear Colleagues,

We are writing in response to your call for comments on the November 20, 2007 draft of "The National Institute of Mental Health Strategic Plan."

Numerous epidemiological studies indicate that a majority of American adults in the general population have experienced some sort of traumatic event (i.e. death of a loved one, major motor vehicle accident, natural disaster, assault, child abuse). Experiencing trauma -- particularly violent, chronic, and interpersonal trauma such as child abuse, rape, and combat -- is associated with a host of psychopathological outcomes, including anxiety, depression, suicidality, dissociative disorders, psychosis, personality disorders, substance abuse, severe interpersonal problems and physical illness. This fact -- that trauma exposure is empirically associated with psychopathology -- has been documented in hundreds of research studies employing diverse samples and multiple methodologies.

Thus, identifying risk factors for, and protective factors against, psychopathology associated with trauma is imperative from a public health perspective. Moreover, understanding the mechanisms by which trauma disrupts mental health will certainly lead to insights and directions regarding treatment. See the attached one-page policy forum published in *Science* in 2005 regarding the impact of child sexual abuse (CSA) on health and the urgent need for research funding. As this paper illustrates, the associations between trauma and health outcomes have been confirmed in large scale community and well-patient samples after controlling for family dysfunction and other risk factors, in longitudinal investigations that measure pre- and post- CSA functioning, and in twin studies that control for environmental and genetic factors. Similarly, research demonstrates that this particular form of trauma markedly interferes with the healthy development of numerous cognitive, affective, relational, neurological, and hormonal systems. Our understanding of the mechanisms of harm for this trauma and others is in its early stages. There is a pressing need for more research to elucidate these processes and translate mechanistic understandings into effective interventions.

We strongly recommend that traumatic events that capture the impact of combat, domestic and community violence, and especially interpersonal sexual and physical assault be explicitly acknowledged and identified as a priority in the strategic plan. The study of these events at all levels of analysis should be considered: at the individual, family, community, and economic levels. While the November 20 draft of the strategic plan does not rule out funding for this essential research, we urge that the role of trauma in mental health be explicitly stated so that the importance of much needed research funding in this area is clearly supported. Although there is mention of "cultural/sociodemographic factors," "exposure to toxic substances in utero," and "stress," acknowledgement of the substantial impact of particularly disaster, interpersonal, and occupational trauma on psychopathology is entirely missing. Similarly, just as the draft plan

plainly identifies the need for studies on the impact of genomic variation on mental disorders, we urge that the plan also identify the need for studies on the impact of trauma exposure on mental disorders, including the mechanisms underlying those effects and translating that knowledge into effective treatments. There is substantial work to be done on trauma and violence exposure as a mechanism for the development and exacerbation of mental disorders.

We hope you will explicitly recognize the extensive body of scientific evidence documenting the role of trauma/violence exposure in mental health. Research is urgently needed on the biopsychosocial mechanisms linking trauma exposure to mental health, and this critical area should be an explicit part of the NIMH's mission and strategic plan.

Sincerely,

Science Committee, Division of Trauma Psychology, American Psychological Association:

Jennifer Freyd, Ph.D., Chair
Professor of Psychology
University of Oregon

Lisa D. Butler, Ph.D.
Department of Psychiatry & Behavioral Sciences
Stanford University School of Medicine

Catherine Clara Classen, Ph.D.
Associate Professor of Psychiatry
University of Toronto

David H. Gleaves, Ph.D.
Associate Professor of Psychology
University of Canterbury

Terence M. Keane, Ph.D.
Professor and Vice Chairman of Psychiatry
Professor of Psychology, Boston University

Mary P. Koss, Ph.D.
Arizona Regents Professor of Public Health
University of Arizona

Sarah E. Ullman, Ph.D.
Professor of Criminal Justice
University of Illinois at Chicago

Attached document:

Freyd, J.J., Putnam, F.W., Lyon, T.D., Becker-Blease, K. A., Cheit, R.E., Siegel, N.B., & Pezdek, K. (2005). The science of child sexual abuse. *Science*, **308**, 501.

Full text at: <http://dynamic.uoregon.edu/~jjf/articles/science05.pdf>
