

# Chronically ill children are 88 percent more likely to suffer physical abuse

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Children with chronic health conditions are 88% more likely to suffer physical abuse than healthy children, according to research in the March issue of *Acta Paediatrica*. They are also 154% more likely to suffer a combination of physical abuse and exposure to intimate partner violence than their healthy school friends.

Researchers from Karlstad University, Sweden, analysed 2,510 questionnaires completed anonymously by [children](#) aged ten, 12 and 15 from 44 schools. Nearly one in four had at least one chronic health condition, including visual, hearing or speech problems, diabetes, mental illness, physical disabilities, allergies, weight issues, epilepsy or [Attention Deficit Hyperactivity Disorder](#).

"Twelve per cent of all the children who took part in the survey said they had been physically abused, 7% had witnessed intimate partner violence and 3% had experienced both" says lead author Birgitta Svensson from the Department of Health and Environmental Sciences at the University. "But when we looked at children with chronic illness, the figures were significantly higher for physical abuse and for physical abuse combined with intimate partner violence."

Child physical abuse ranged from severe shaking, ear boxing and hair pulling by an adult to being severely beaten with a hand or device. Intimate partner violence was defined as a child seeing adults in their family hit each other.

"It is clear from our study that children with chronic health conditions face an increased risk of child physical abuse and intimate partner violence and that certain factors may unite this group, regardless of the nature or severity of their health problem" says Svensson.

"Further analysis showed that children with chronic health conditions faced an even higher risk of physical abuse when they were also born outside Sweden or lived in a low income family. The most vulnerable children were those that fell into all three categories."

Key findings of the study include:

Chronic health problems:

- 39% of the children reported chronic health problems – 25% reported one, 10% reported two and 4% reported three or more. Children aged 15 reported significantly more chronic health problems than younger children.  
All child physical abuse (with or without intimate partner violence):
- Having a chronic health condition raised the risk of physical abuse by 88%, as did being 15-years-old (+77%), male (+30%), born outside Sweden (+113%) and not living with both biological parents (+90%).

Child physical abuse only:

- 7% of the healthy children and 12% of the children with chronic health problems had suffered physical abuse only.

- Chronic health raised the risk of physical abuse only (+ 67%) as did being 15 (+37%) male (+49%) and born outside Sweden (+89%).
- Abuse rates increased with the number of chronic health conditions, from 10% for children with one to 16% for children with three or more.

### Child physical abuse plus intimate partner violence

- 2% of the healthy children and 5% of the children with chronic health had suffered [physical abuse](#) and witnessed intimate partner violence.
- Chronic health raised the risk of experiencing both (+154%) as did being 15 (+192%), born outside Sweden (+128%) and not living with both biological parents (+314%).
- The chance of experiencing both increased with the number of chronic conditions, from 3.5% for children with one to 12% for children with three or more.

"This information, and the other trends identified by this study, will be very useful to anyone who works with children" concludes Svensson.

"We are now taking our research a stage further to look at how families handle this internal conflict and at the professional support they need and receive."

**More information:** Chronic conditions in children increase the risk for physical abuse – but vary with socio-economic circumstances.

Svensson et al. Acta Paediatrica. 100, pp. 407-412. (March 2011). [DOI: 10.1111/j.1651-2227.2010.02029.x](https://doi.org/10.1111/j.1651-2227.2010.02029.x)

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