

Physically abused children report higher levels of psychosomatic symptoms

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Children who display multiple psychosomatic symptoms, such as regular aches and pains and sleep and appetite problems, are more than twice as likely to be experiencing physical abuse at home than children who do not display symptoms, according to a study in the March edition of *Acta Paediatrica*.

Swedish researchers who studied 2,510 children aged 10, 12 and 15 from 44 schools found a strong association between reported [physical abuse](#) and three or more psychosomatic symptoms. The association was highest in children who were physically abused and also witnessed intimate partner violence (IPV). However, there was no significant association between IPV on its own and multiple symptoms.

"The children were asked if they had experienced any of the following symptoms at least twice in the last month: stomach ache, headache, sleeplessness, [dizziness](#), [back pain](#) and loss of appetite" explains co-author Professor Staffan Janson from the Division of Public Health Sciences at Karlstad University, Sweden.

"They were also asked about 13 common [chronic conditions](#), bullying and [school performance](#), to eliminate any other factors that could cause the symptoms, and about whether they had been physically abused and witnessed IPV at home."

The study sample was equally split between [girls and boys](#), with approximately one third of the sample coming from each of the three

[age groups](#).

Key findings of the study included:

- Most of the children were born in Sweden (89%) and living with both [biological parents](#) (74%). Just under half (42%) had at least one chronic condition, 10% had two chronic conditions and 4% had three or more.
- One in six of the children (16%) had suffered physical abuse or witnessed IPV in the home – 9% reported just physical abuse, 4% reported IPV alone and 3% reported both.
- Two-thirds of the children (66%) reported at least one psychosomatic symptom and just over a third of these children (35%) reported three symptoms or more.
- The most common symptoms were [headache](#) (38%), sleeplessness (36%) and stomach ache (31%).
- 86% of the children who reported that they were physically abused and had witnessed IPV at home reported at least one psychosomatic symptom, with 41% reporting three or more, compared with 17% of the non-abused children.
- 82% of the children who reported physical abuse only reported at least one symptom, with 35% reporting three or more symptoms compared with 17% of the non-abused children.
- There was no significant difference in the symptoms reported by children who did or did not report just IPV.
- When confounding factors, such as chronic conditions, bullying and school performance were taken into account, the odds of a child suffering physical abuse, with or without IPV, was 112% higher (OR 2.12) than a child who was not being abused. When IPV was added into the equation, this rose to 171% higher (OR 2.71)
- The odds for a child suffering physical abuse only was 72%

higher (OR 1.72) and the odds for IPV only was 9% higher (OR 1.09).

- Abused children with chronic conditions reported significantly more psychosomatic symptoms than abused children without chronic conditions.

"Our study demonstrates a clear association between high levels of psychosomatic symptoms and an increased risk of physical abuse" says Professor Janson. "The association was even stronger in abused children who also witnessed [intimate partner violence](#) at home.

"The findings suggest that healthcare professionals should consider the possibility of physical abuse if a child presents with three or more regular psychosomatic symptoms a month.

"However, it is also important that they rule out any confounding factors, such as chronic illness, bullying and school performance when assessing the child."

More information: Multiple psychosomatic symptoms can indicate child physical abuse – results from a study of Swedish schoolchildren. Jernbro et al. *Acta Paediatrica*. 101, pp. 324-329. (March 2012). [DOI:10.1111/j.1651-2227.2011.02518.x](https://doi.org/10.1111/j.1651-2227.2011.02518.x)

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