

Chronic Pain: The Next Frontier in Child Maltreatment Research

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Key Words: Chronic Pain, Child Abuse, Irritable Bowel Syndrome, Fibromyalgia

Over the past 10 years, researchers have learned a great deal about the health effects of victimization. Adult survivors of childhood abuse visit the doctor more, have surgery more often, and have higher health care costs (Felitti, 1991; Kendall-Tackett, Marshall & Ness, 2000). One factor that may be driving this increased health care use is the presence of chronic pain (Kendall-Tackett, 2000).

Why Pain?

Chronic pain can teach us a lot about what makes child abuse harmful. Below, I have outlined some of the reasons why pain is important to study.

Pain Is A Common Symptom

Researchers have found that a variety of pain syndromes are related to a history of childhood abuse including chronic headaches and pelvic pain, fibromyalgia, and irritable bowel syndrome. In one recent German study, “almost all” of the community sample of female sexual abuse survivors reported pain symptoms and other somatic complaints. In fact, *pain was the most commonly occurring symptom* (Teegen, 1999).

Pain Can Teach Us About Mechanisms By Which Harm Occurs

Researchers have documented that pain occurs, but have barely scratched the surface in understanding it. Pain, depression and sleep disturbance often co-occur, and all could have a common underlying mechanism. All three of these are serotonergic—related to levels of the neurotransmitter serotonin. Could the trauma of childhood abuse change serotonin-producing nuclei, such as the raphe nuclei of the brainstem? Or could serotonin receptors become less sensitive or resistant to serotonin? And could these changes manifest themselves as sleep disturbance, depression or pain?

Pain Is A Microcosm Of All Long-Term Sequelae

Pain is a symptom that links mind and body. Medications alone are rarely effective for long-term pain management. The most effective pain management programs combine lifestyle, behavioral, cognitive, and social techniques. Past abuse may have affected adult survivors in all these areas. Clients may have a negative attribution style, an inability to adhere to treatment regimens or manage stress, and limited social support. Each of these can exacerbate the experience of pain. Pain can provide us a way of understanding all long-term sequelae of past abuse because it is a point where mind and body symptomatology come together.

Pain Is Expensive For Patients, And Time Consuming For Practitioners

Chronic pain translates into increased health care costs because chronic-pain patients are five times more likely to use health care services than are patients without chronic pain (Becker et al., 1997). Blanchard (1993) notes that patients with irritable bowel syndrome account for 17-50% of all new-patient visits to gastroenterologists. Similarly, chronic pelvic pain accounts for 10% of all out-patient gynecological visits, 33% of laparoscopies, and 12-16% of all hysterectomies in the U.S. (Walling et al., 1994).

In a fascinating study of spine surgery, patients were questioned about five types of childhood trauma: sexual abuse, physical abuse, emotional abuse, parental substance abuse, and abandonment. Those reporting three or more types of abuse had a surgery failure rate of 85%, compared with a 5% failure rate among those with no history of trauma (Schofferman, Anderson, Hinds, Smith, & White, 1992).

Chronic pain is also a source of frustration for many practitioners, as described in a recent edition of Harrison's *Principles of Internal Medicine* (Fauci et al., 1998).

Managing patients with chronic pain is intellectually and emotionally challenging. The patient's problem is often difficult to diagnose: such patients are demanding of the physician's time and often appear emotionally distraught (p. 56).

Past abuse is often the "missing piece" in cases of refractory pain, and practitioners are often eager to learn more about it.

Where Do Researchers Go From Here?

Pain offers the potential to increase our understanding of the sequelae of past abuse. With that in mind, there are a couple of things researchers can do.

Ask About Pain

Researchers need to start including pain in assessments of the effects of childhood abuse, and to move beyond asking simply whether subjects have pain (although this is a good place to start). We need to ask about some of the more subjective aspects of pain--how it has impacted activities of daily living, relationships, and how patients feel about themselves--and be broader in our conceptualization of pain rather than focusing on one particular type.

Use A Life-Span Developmental Approach To Pain

Another way to expand our thinking is to look at pain in a developmental way. Once we do this, it will become strikingly clear that researchers who have studied pain have completely missed the very young and the old.

In studying short-term effects of abuse, we rarely ask about pain in children. We should consider whether some of the behavioral and emotional problems we see in child victims may, in fact, be due to pain. In other words, are children acting out because their bodies hurt? And can practitioners reverse any of these effects with early interventions?

Patients at the other end of the spectrum also need to be considered. There is almost no research on the health effects of past abuse in middle and old age. Painful illnesses, such as osteoarthritis or cancer, are more common with age. Do child abuse survivors have worse experiences of these illnesses than people without a trauma history? A recent study on aging Holocaust survivors suggests that this might be the case (Solomon & Ginzburg, 1999).

One Caution Is In Order

While I want to encourage researchers in our field to study pain as a common symptom of past abuse, we must not jump to the erroneous conclusion that anyone with pain must have been abused. There are many other reasons for chronic pain, including disease or injury that have nothing to do with past abuse. But even when pain has an obvious cause, a history of childhood abuse may make the experience of that pain worse.

Conclusions

Pain is a variable whose time has come. It is not well understood nor is it easy to study. But researchers who dare enter this new frontier can significantly add to our knowledge about how childhood abuse affects those who have endured it.

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