U.S. PAIN
FOUNDATION

THE HIDDEN REALITY OF CHRONIC PAIN IN YOUTH

CONSOLIDATED FINDINGS FROM THE U.S. PAIN FOUNDATION 2025 CHILDREN, TEEN, AND YOUNG ADULT PAIN SURVEY

INTRODUCTION

Children and teens’ pain is often brushed aside as “growing pains” or exaggerations. But for many, pain is a daily reality that shapes school, friendships, and mental health. Yet despite its profound impact, pediatric chronic pain is often invisible, dismissed, and under-researched.

In May 2025, the U.S. Pain Foundation conducted the *Children, Teen, and Young Adult Pain Survey*, with 79 respondents ages 8–17. Through structured and open-ended questions, participants described persistent and disruptive pain, frequent disbelief from adults, and major gaps in medical and educational support.

Despite its small sample size, this survey revealed compelling findings and an urgent call to action. Listening directly to young people is the only way to design systems that truly meet the needs of youth living with chronic pain.

LISTENING DIRECTLY TO YOUNG PEOPLE WITH PAIN IS THE ONLY WAY TO DESIGN SYSTEMS THAT TRULY MEET THEIR NEEDS.

Separate survey reports explore adults with chronic pain, caregiver and parent experiences, and clinical perspectives.

KEY FINDINGS

The data reveal a powerful narrative: Pediatric pain is persistent, frequently dismissed, and profoundly disruptive. Key insights include:

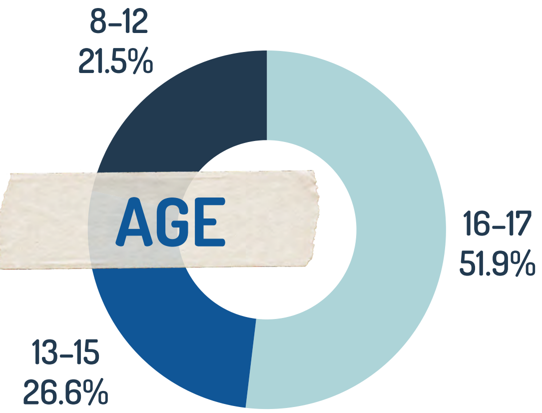
- **Chronic pain is long-lasting, and doesn't take a break.**
    - Over **41%** of youth reported living with pain for **more than five years**, and **53%** said the pain **never stops**.
- **Youth often feel disbelieved—especially by professionals.**
    - Only **9%** said they felt others **always believed them** when they talked about their pain. Teachers and doctors were **rarely** cited as sources of validation.
- **School life is significantly disrupted.**
    - **70%** missed **multiple school days** each month; **20%** received **no accommodations**, and **30%** felt teachers **didn't understand their needs**.
- **Emotional and psychological strain is nearly universal.**
    - **Loneliness** (89%), **frustration** (80%), **stress** (70%), and **sadness** (67%) were frequently reported.
- **Simply having access to health care is not enough—youth need providers who truly understand.**
    - Though **98%** had seen a doctor, **65%** found it hard to find one **who understood their pain**.

53% SAID THEIR PAIN NEVER STOPS.

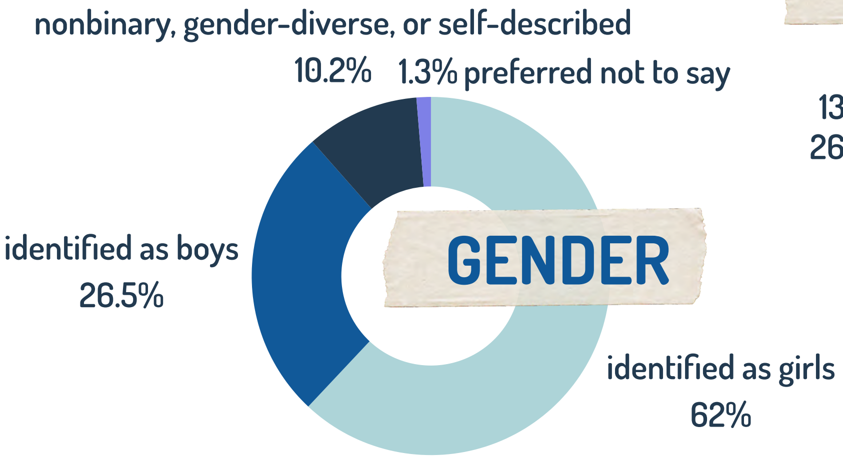
DEMOGRAPHICS

Youth responding to the survey spanned a range of characteristics and identities.

AGE

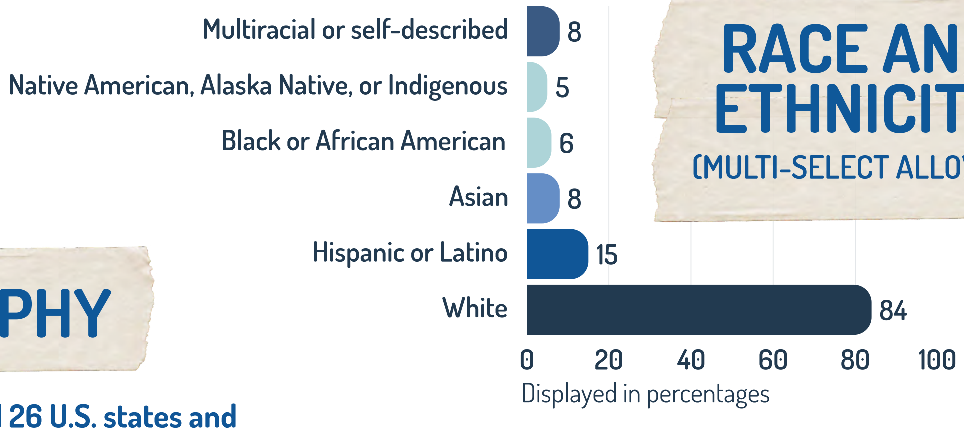


GENDER



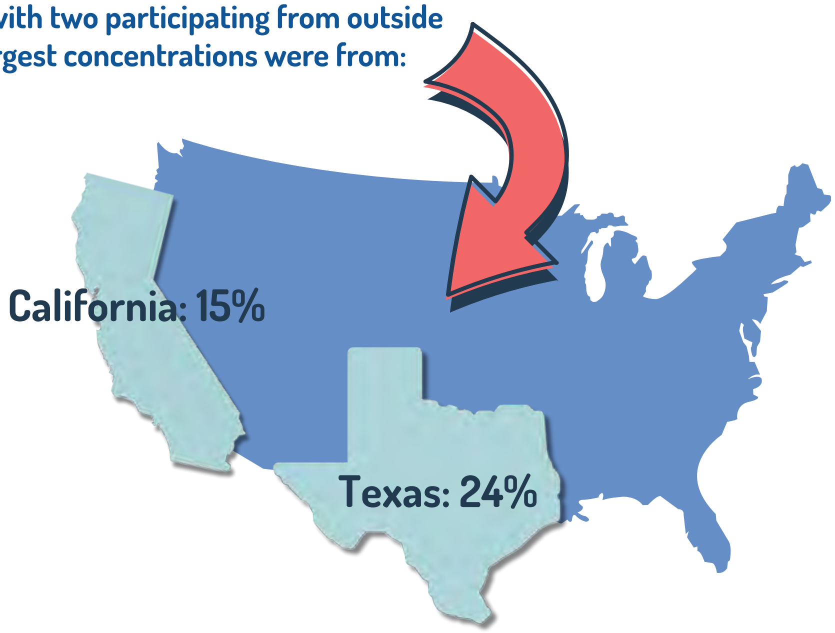
RACE AND ETHNICITY

(MULTI-SELECT ALLOWED)



GEOGRAPHY

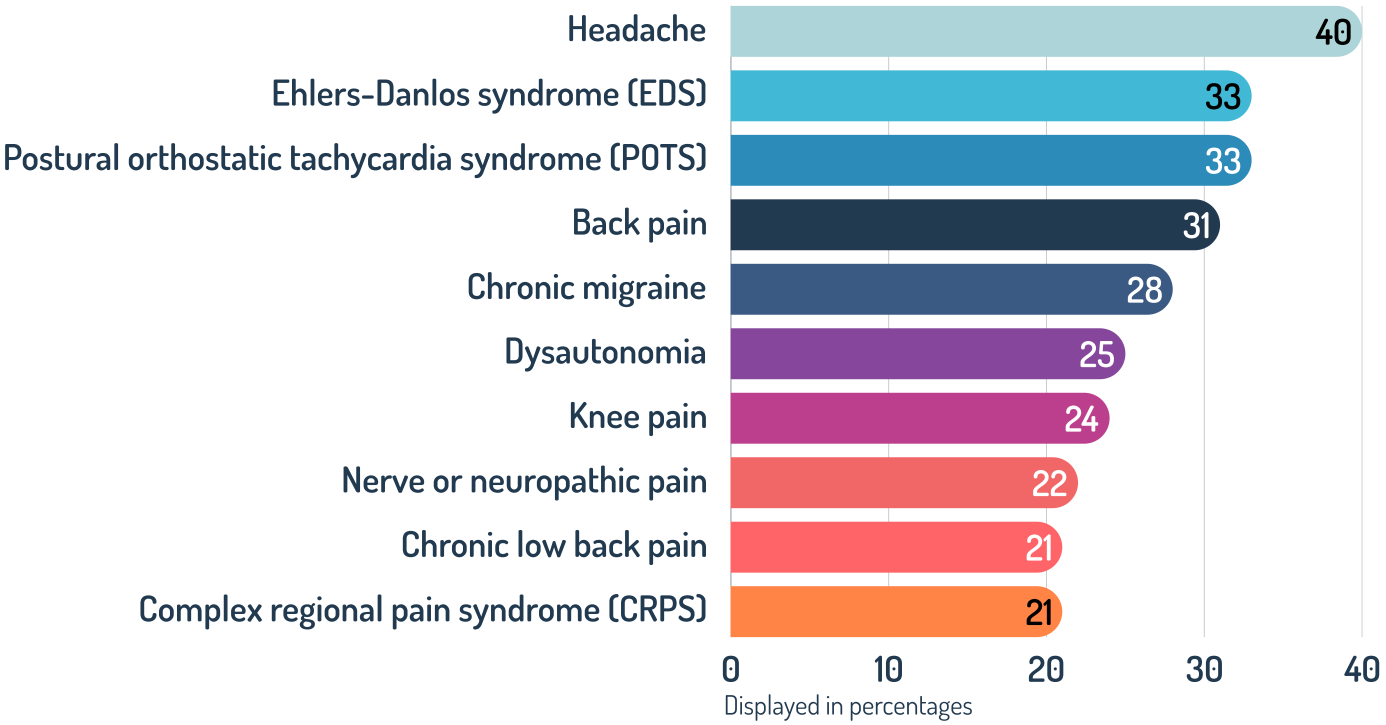
Participants represented 26 U.S. states and Washington, D.C. (with two participating from outside the U.S.). The largest concentrations were from:



THE PAIN EXPERIENCE

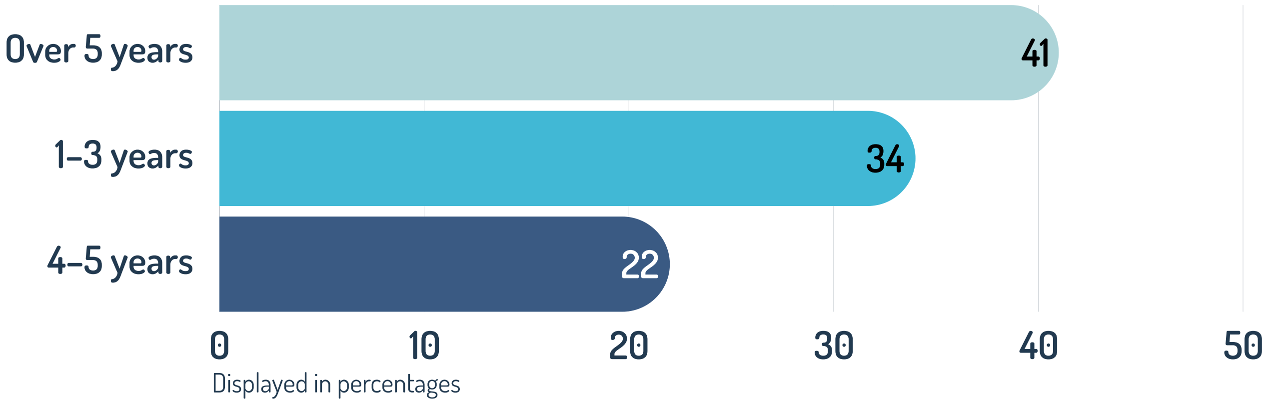
DIAGNOSES

85% of participants had **doctor-confirmed pain conditions**. Most common were:



Many also wrote in additional conditions, including **amplified musculoskeletal pain syndrome (AMPS), mast cell activation syndrome (MCAS),** and **rare genetic syndromes**.

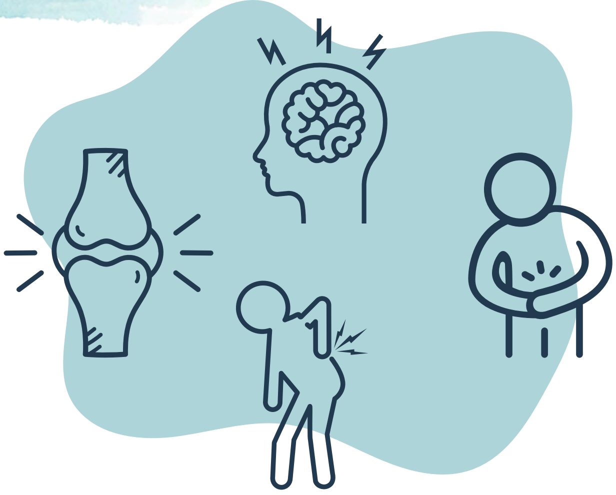
DURATION OF PAIN



PAIN CHARACTERISTICS

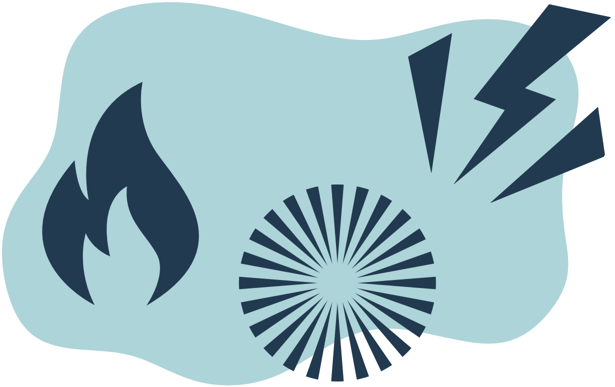
Common Pain Locations

- Joints: 63%
- Head: 58%
- Back: 53%
- Stomach: 46%
- Muscles: 46%
- 43% reported **"all-over" pain**



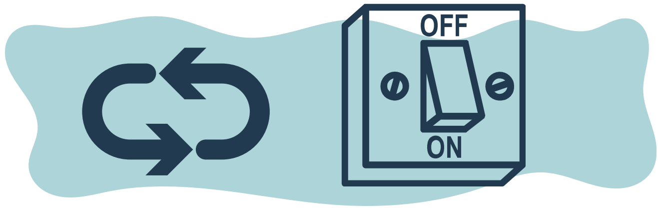
How Pain Feels

- **Dull/achy:** 82%
- **Sharp/stabbing:** 73%
- **Burning/tingling:** 60%
- Self-described pain sensations included: *freezing, shocking, pulsing, squeezing, pulling, drilling, radiating, twisting*



Pain Frequency

- 53% reported pain that **never stops**
- 46% said it **comes and goes**



Top Pain Triggers

- Certain movements: 85%
- Standing: 71%
- Stress: 67%
- Weather changes: 62%
- Sitting too long: 60%
- Lack of sleep: 56%

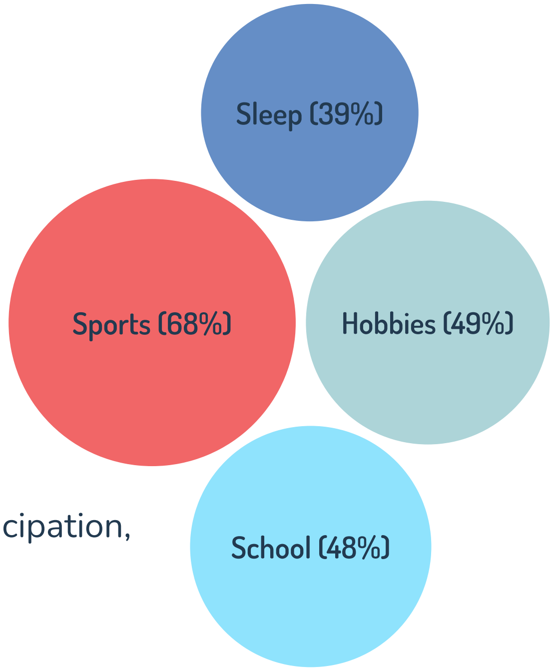
Additional factors that caused or increased pain included **bright lights**, **loud sounds**, **certain foods**, **certain types of clothes**, and **screen exposure**—illustrating how lifestyle and environmental conditions compound medical issues and **amplify the pain burden**.

THE IMPACT OF PAIN

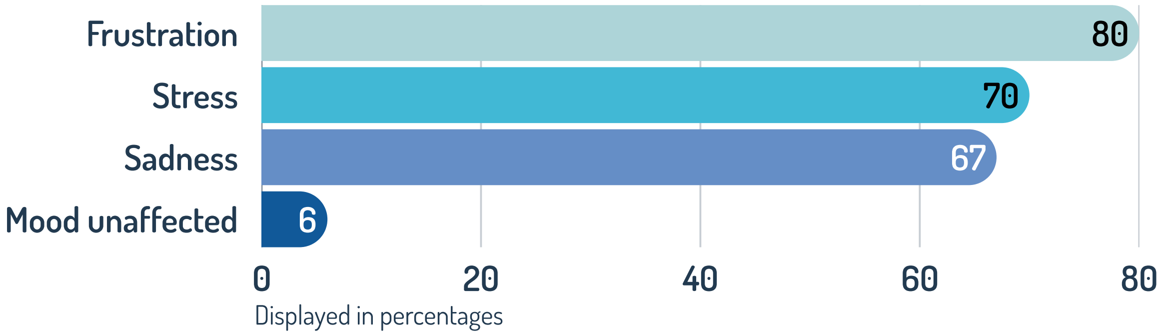
Chronic pain shapes nearly every aspect of daily living for young people—affecting their mental health, impacting their relationships, and disrupting their ability to participate fully in life.

Physical and Functional Limitations

Respondents reported that pain limited their participation, attendance, or capacity in the following areas:



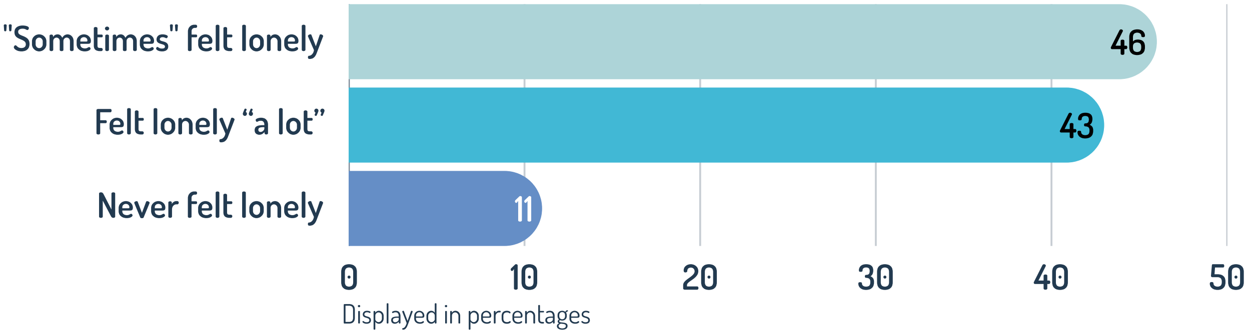
Emotional Consequences



Open-ended responses revealed themes of **hopelessness**, **isolation**, **overwhelm**, **embarrassment**, **fear**, **not being good enough**, and **grief**.

Loneliness

Social disconnection emerged as a commonality:



THE IMPACT OF PAIN

Belief and Support

- **Only 9%** felt others **always believed** their pain
    - 19% said they were **rarely or never believed**
    - 61% said they were **believed "sometimes"**
- Most (75%) cited **parents, guardians, or caregivers** as their primary source of belief and support
    - 10% listed **friends**
    - 4% cited **siblings**
- Feeling unheard: **1 in 5** had **no one to talk to** about their pain

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Coping Methods

- 44% watched **TV or movies**
- 29% engaged in **art projects**
- 17% each turned to **reading**, **music**, **Legos**, or **video games**
- Others mentioned *pets*, *friends*, *rest*, and *using weighted blankets*

Confidence in Managing Pain

- 27% felt they **knew what to do** during a pain episode
    - 57% said they knew what to do **"sometimes"**
    - 17% **did not know what to do** at all

Peer Support Participation

Peer support group participation was generally underutilized; **34%** had joined a group. Of those:

- 41% found it very helpful
- 52% somewhat helpful
- 7% not helpful

EDUCATION, SCHOOLING, AND ACCOMMODATIONS

Pain-related challenges were reflected in educational disruptions and alternative schooling arrangements.

Mode of Schooling

- **60%** attended in-person
- **27%** were homeschooled
- **8%** followed a hybrid model
- **4%** were hospital-homebound
- **3%** were not enrolled in school

Absenteeism

- **28%** missed **2–4 days per month**
- **26%** missed **5–6 days per month**
- **15%** missed **7 or more days per month**
- Just **13%** said they don't miss school due to their pain

Disclosure of Pain

- **75%** disclosed their condition to teachers or staff
- **16%** relied on parents for disclosure
- **9%** did not disclose their condition at all

Accommodations Received

While many respondents (**75%**) reported receiving at least some school-based accommodations, 1 in 5 did not have accommodations in place.

- These accommodations were most commonly listed as helpful:
  - Less physical activity required (**45%**)
  - Flexible schedules or extended time for assignments (**33%**)
  - Rest or breaks at school (**29%**)
  - Direct support from staff (e.g., teachers, counselors, nurses) (**26%**)
  - Access to staff elevators (**24%**)

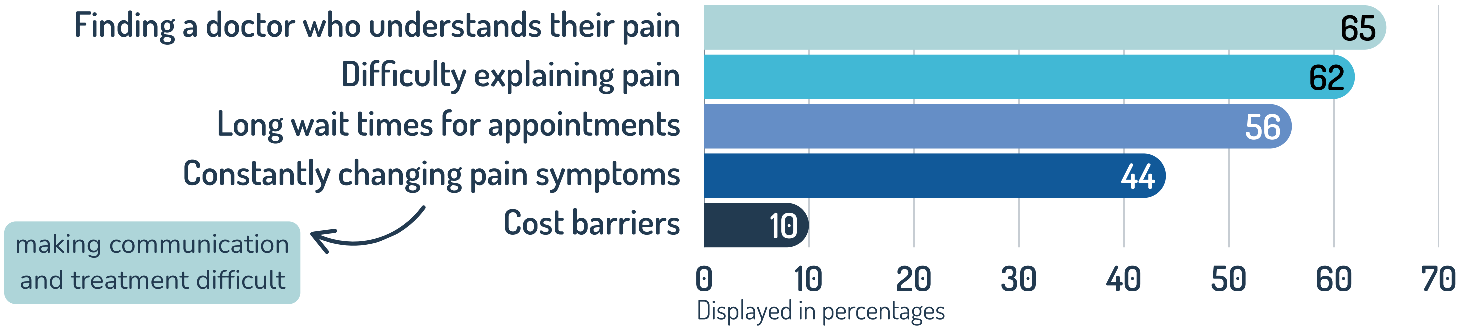
Understanding from Adults and Peers

Youth living with chronic pain described inconsistent levels of empathy and understanding from teachers and peers:

- **30%** reported that **no teachers understood** their experience
- Just **3%** felt peers **completely understood** their pain; another **22%** said peers **made an effort to understand**

HEALTH CARE ACCESS AND TREATMENT BARRIERS

Most youth **(98%)** had seen a doctor for pain-related concerns. Yet significant barriers in access, communication, and trust remain. Respondents reported the following challenges:

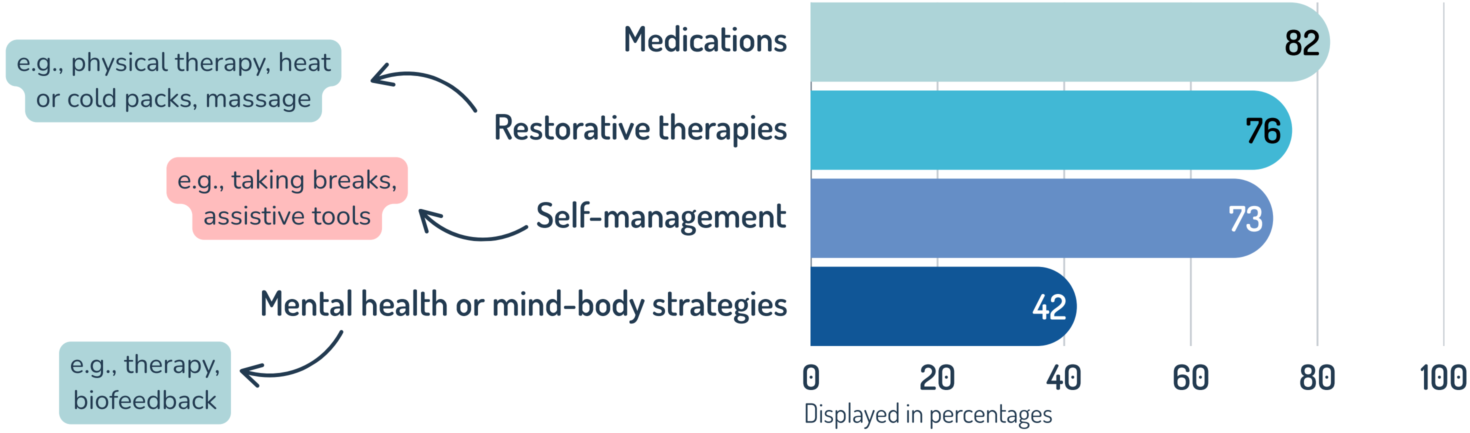


making communication and treatment difficult

More than a third **(35%)** reported facing a **lack of belief from adults**, highlighting the stigma around pediatric pain.

Treatments Attempted

The most commonly used treatments were:

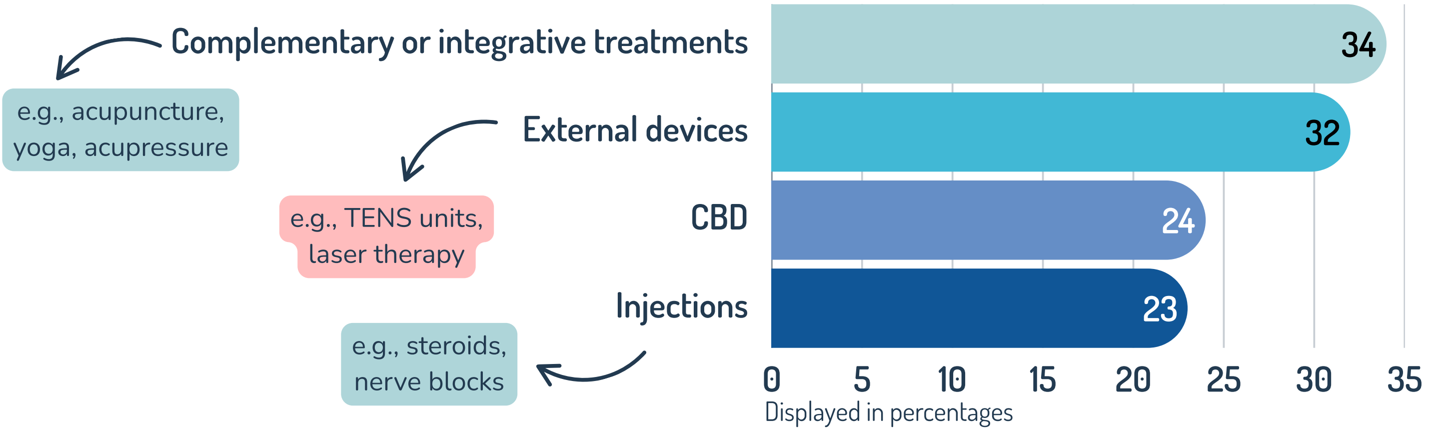


e.g., physical therapy, heat or cold packs, massage

e.g., taking breaks, assistive tools

e.g., therapy, biofeedback

Several additional interventions were used by smaller segments of the population:



e.g., acupuncture, yoga, acupressure

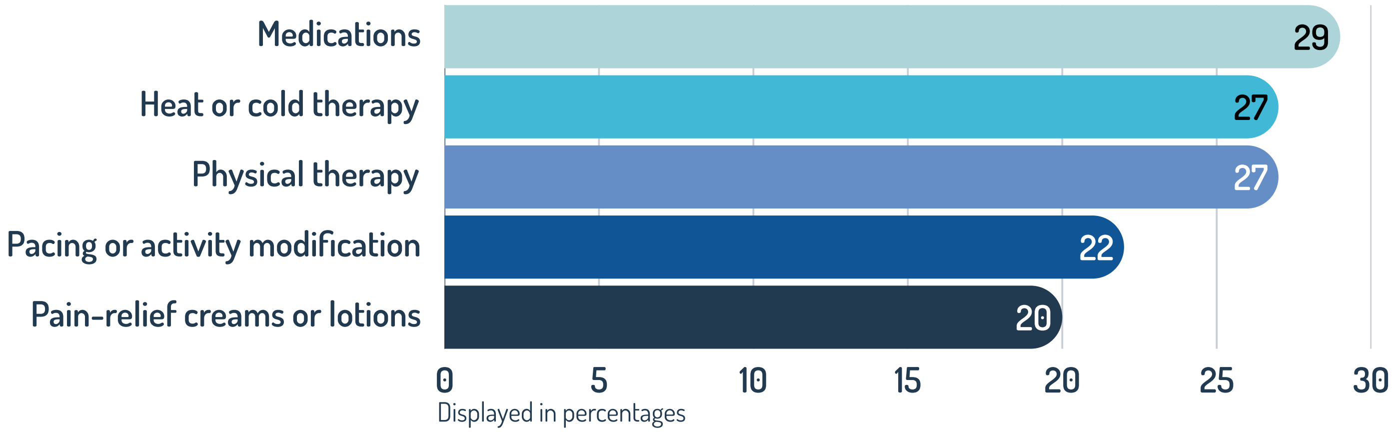
e.g., TENS units, laser therapy

e.g., steroids, nerve blocks

HEALTH CARE ACCESS AND TREATMENT BARRIERS

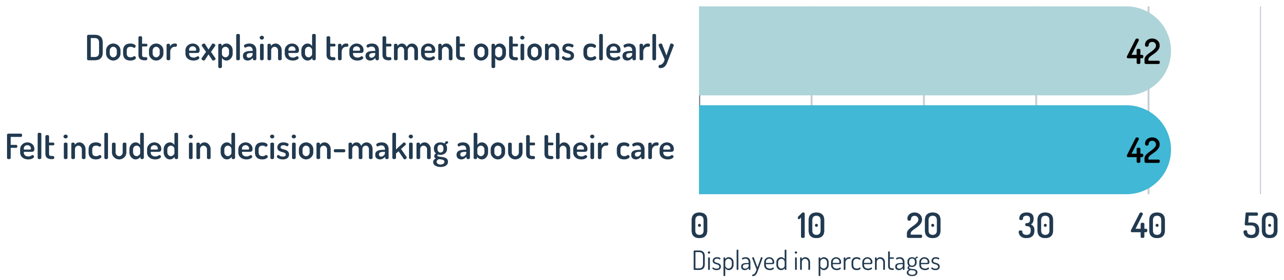
Most-Helpful Treatments

Respondents highlighted the following treatments as being **most beneficial:**



Notably, **10%** had found ***no* effective treatment.**

Communication and Decision-Making



However, **more than half** described only partial clarity or involvement—or **none at all.**

IN THEIR OWN VOICES

Key themes emerged from children and adolescents' narrative responses.

"If I was going to choose an illness, I would choose something people believed."

"I'm not just being dramatic. Something is wrong"

Need for Validation: Being Seen, Heard, Believed, and Taken Seriously

"It's hard to know how to describe it at times because I get so used to having it."

"I learned very quickly that no one wants to hear about my suffering, and that my illness makes others uncomfortable."

"When we talk to you about our pain, listen- don't just pretend to."

Difficulty Communicating the Complexity of Pain

"Drinking water and going to therapy doesn't fix everything."

"Chronic means chronic. If there was a magic fix, I wouldn't be in this situation"

"We need doctors to focus on pain reduction, not fixing the issue."

Frustration with Treatment and Medical Responses

IN THEIR OWN VOICES

Kids and teens shared the challenges they face—and what they need.

"Most school systems don't understand chronic pain the way they understand other diagnoses."

"I have to drive 6 hours away to see a doctor."

Systemic Barriers in Schools and Health Care

"I wish I had a group to go to, so I could meet kids like me."

"Opening up is hard, but when you do it, it's very helpful and rewarding."

"Going to chronic pain camp made me feel seen."

A Call for Peer Connection—and Support Without Judgment

RECOMMENDATIONS

Improve Provider Education and Validation of Pediatric Pain

Train clinicians to recognize and respond to chronic pain in youth—especially when it is invisible, fluctuating, or difficult to describe.

Broaden Access to Multimodal, Individualized Treatment Plans

Ensure availability of diverse, age-appropriate therapies—including mental health, physical, complementary, and experimental options—and expand pediatric-focused pain research.

Enhance Communication and Shared Decision-Making in Care

Encourage clinicians to clearly explain treatment options and actively involve youth in decision-making.

Integrate School-Based Accommodations and Awareness Programs

Increase training for educators and provide flexible supports like time or space to rest, modified schedules, and reduced physical activity requirements.

Invest in Peer Support Networks and Community Programs

Expand programs like family pain camps, peer support groups, and online communities.

CONCLUSION

These findings reveal a clear and urgent truth. Chronic pain in youth is not rare, imagined, or temporary—it is **real, ongoing, and deeply disruptive**. Even when communicating clearly what hurts and what helps, young people often face disbelief, delays, and limited choices in both medical and educational systems. They don't want pity, just help: to be heard, believed, and supported in ways that **reflect the gravity of their experience**—and that **center them in decisions about their care**.

This report offers more than data; it shares the voices of children who are **navigating pain with resilience and insight**. Their recommendations illustrate opportunities for practical and compassionate change: clearer communication, more-diverse treatments, peer connection, and informed adults who **respond with empathy instead of doubt**.

These findings serve as both **a mirror and a mandate**. The question is no longer whether children with pain need more support—it is **if they will receive it, and when**.

YOUTH WITH PAIN DON'T WANT PITY, JUST HELP: TO BE HEARD, BELIEVED, AND SUPPORTED.

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