

appropriateness of pain assessment tools that have been validated only in Caucasian and English-speaking children (see [Cultural Considerations](#) and [Research Focus](#) boxes). Cultural background may influence the validity and reliability of pain assessment tools developed in a single cultural context.

## Cultural Considerations

### Pain Scales

Observational scales and interview questionnaires for pain may not be as reliable for pain assessment as self-report scales in children of Hispanic origin. Children of Asian descent, who may learn to read Chinese characters vertically downward and from right to left, may have difficulty using horizontally-oriented scales.

## Research Focus

### Pain Reporting in Non-English-Speaking Children

[Jacob, McCarthy, Sambuco, et al \(2008\)](#) examined the pain experience of Spanish-speaking children with cancer who were asked about their pain during the week before a scheduled oncology clinic appointment. They found that 41% of the patients were experiencing pain. Some were experiencing moderate to severe pain and did not receive medications because they did not report their pain.

## Children with Chronic Illness and Complex Pain

Questionnaires and pain assessment scales do not always provide the most meaningful means of assessing pain in children, particularly for those with complex pain. Some children cannot relate to a face or a number that describes their pain. Other children, such as those with cancer, are experiencing multiple symptoms and may find it difficult to isolate the pain from other symptoms. Rating the pain is only one aspect of assessment and does not always accurately convey to others how they really feel