Background and Aims  Functional disability and bodily pain seem to be the most important determinants of physical and psychosocial well-being in young people with juvenile idiopathic arthritis (JIA) into adulthood. Disease course and self-reported daily life experiences through adolescence, and health professionals’ guidance and counselling in the transition process to adult life are explored.

Method  Telephone interviews based on a questionnaire including open-ended and closed questions among 51 informants as part of a second follow-up of a Norwegian cohort of patients with JIA 18.4 years after symptom onset. Descriptive statistics were used to analyse quantitative data. Data from the open-ended questions were categorised and quantified manually.

Results  Main findings are the high frequency of symptoms related to JIA the previous year (70.6%) and disease residua (78.4%). A considerable proportion experienced limitations in education planning and job accessibility, yet 46 informants (90.2%) felt satisfactory in their study and/or job situation. More than 55% of the informants answered that they to some/great extent were informed about illness related issues. However, more than 70% answered ‘no’ when asked whether they had received counselling with regard to psychosocially related issues, and 70.6% stated that they had not been prepared for transfer to adult ward.

Conclusion  JIA-related plagues and worries seem to impact the entire period of adolescence into adult life for a considerable proportion of the informants. Guidance and counselling should be formalised and should focus on both illness- and psychosocially related implications of the disease in young people with JIA.

Introduction  Prevalence estimates suggest that between 12% and 35% of women and between 4% and 9% of men report having experienced sexual abuse before 18 years of age. Although no sexual abuse-specific syndrome has been described, aggressive behaviour, social isolation, somatization, anxiety, depression, nightmares, inappropriate sexualized behaviours and symptoms of post-traumatic stress disorder (PTSD) are the most frequent sequelae reported.

Methods  The following sources were searched: Medline and hand searches of relevant journals from 1998–2009.

Results  The sequelae of child sexual abuse indicates that children not only express short-term adaptation problems, but are also at risk of adolescence and adulthood revictimization, drug and alcohol abuse and a host of other symptoms. Vulnerability to victimization and varied outcomes are determined by interactions of three sets of mutually influential factors: personal variables, event factors, and environmental factors. Based on the literature, we predicted a high prevalence of psychiatric disturbance in these abused children (30% or greater). Children who have been both physically/sexually abused appear to be at highest risk of psychiatric disturbance. Results show that in the sexual abuse group, single-parent families were more frequent (55.7% versus 32.3%; P<0.01), mothers were less educated (10.8% versus 13.1%; P<0.0001) and socioeconomic level was lower (36.8% versus 47.9%; P<0.0001).

Conclusions  Child sexual abuse is a common problem in our society and medical professionals who provide evaluations of children who may have been abused need.