

Sexually abused women much less likely to be screened for cervical cancer

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Women who have been sexually abused as children or young adults are much less likely to get screened for cervical cancer than other women, indicates exploratory research published in the *Journal of Family Planning and Reproductive Health Care*.

Figures published last year by the national NHS [Cervical Cancer Screening Programme](#) indicate that around one in five eligible [women](#) had not been tested for the disease within the previous five years, as recommended.

Screening can help cut the risk of developing an invasive and potentially fatal cervical cancer. And a recent audit showed that only just over a quarter of such cases in England arose in women who had attended for regular checks as part of the national screening programme.

The research team analysed the responses of 135 women to a survey posted on the website of the British charity, the National Association for People Abused in Childhood (NAPAC). Four respondents also took part in a discussion group early in 2011.

The women were asked for their views and [experiences](#) of cervical screening, and what type of abuse they had endured.

Among those aged 24 to 65—the current age band for [cervical screening](#) in England—three out of four (77.5%) said they had been screened at some point, and almost half had been screened within the previous five

years.

But only just over four out of 10 (42%) of those aged 25 to 49 had been screened within the previous 3 years, in line with the current UK recommendation.

And one in four of this age group had not been screened for more than five years while one in 10 had not been screened at all.

Among the 124 women who responded to the open ended questions about what put them off screening, 32 said they had no [intention](#) of going or going again. Two said they would rather die than endure the procedure ever again.

Almost one in four (23%) [respondents](#) made comments reflecting [low self esteem](#), and one in five (21%) said they found the procedure painful. And almost one in three (29%) said the procedure made them feel powerless, while 38% said it evoked similar feelings to those they experienced at the time of the abuse.

One in five highlighted issues relating to trust, safety and disclosure, while one in three made at least one comment relating to fear and anxiety.

One in eight also complained that few healthcare professionals understood the impact of sexual abuse on the ability to go through with the procedure and that the screening invitation letters contain no signposting to sources of information and support for those who might have been abused.

An accompanying editorial, written by NAPAC's training and development manager Sarah Kelly, points out that the charity receives around 350 calls/emails from adult survivors every month, two thirds of

whom are women.

"Self worth, self esteem, and self concept....impact on how women access health services or care for and value themselves," writes Ms Kelly.

"Many of the female survivors we hear from, talk about their fears and anxieties when accessing services, particularly sexual health, gynaecology, and breast wellbeing," she says.

And she adds: "Many survivors are aware of the increased risk of not being screened and we repeatedly hear that some would rather deal with cervical cancer if it develops than face the experience of regular testing."

More information: Barriers to cervical screening in women who have experienced sexual abuse: an exploratory study 2012; 38: 214-20

Editorial: The effect of childhood sexual abuse on women's lives and their attitudes to cervical screening 2012; 38:1-2

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