

The impact of a history of child sexual assault on women's decisions and experiences of cervical screening

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Prevalence studies in Australia quote rates of sexual abuse of females at approximately 34%.¹⁻⁴ There is substantial evidence that child sexual assault is associated with a wide range of physical and mental health conditions affecting the victim in childhood and later, in adult life.⁵⁻⁸

Perhaps such women are at an increased risk of developing cervical cancer because of the association of sexual abuse with early commencement of sexual intercourse, higher smoking rates and multiple sexual partners.⁹⁻¹³ Therefore, it may be more important for these women to undergo regular cervical screening.

However, the experience of cervical screening can resemble childhood abuse. Both events involve the genitals, occur in a situation where there is a distinct power differential, and potentially involve pain or discomfort. The procedure can trigger distressing flashbacks for the patient.¹⁴⁻¹⁶

Method

In November 1999, the Sexual Assault Service and a women's health service of a large metropolitan New South Wales area health service commenced a small scale

preliminary investigation into the effects of child sexual assault on cervical screening behaviour.

Our aim was to investigate the impact a child sexual assault history had in respect to a woman's decision to have, and her experiences of, cervical screening. This enabled us to estimate cervical screening rates in respondents.

The difficulty in accessing women who were survivors of child sexual assault lead us to convenience sample two groups of women. One comprised of women with known histories of child sexual assault who were attending either the sexual assault service or one of a number of private counsellors. The other comprised of women attending their general practitioner for cervical screening.

We intended to recruit 100 child sexual assault survivors and 200 women in the comparison group. We developed a seven item questionnaire asking information on demographics, cervical screening history, any experience of inappropriate and/or unwanted sexual contact before turning 16 years of age, and if so, how this affected a decision to have, and the experience of, cervical screening.

Completion of the survey tool was anonymous, confidential and voluntary. Approval was obtained from the relevant institutional ethics committee to conduct this study.

Categorical data were analysed using descriptive and inferential statistics. Responses to open ended questions were subjected to thematic analysis whereby similarities and differences in the responses were identified and grouped.

Results

Of the 78 surveys returned by identified survivors, two were incomplete and are not included in this analysis. The comparison group comprised 169 women who completed the demographic component of the survey although nine did not complete the section relating to child sexual assault. The self reported cervical screening rate of the identified survivor group was 67% which is in accord with the New South Wales average and the area health service average.

Twenty-one (12%) respondents from the comparison group reported having had unwanted sexual contact under the

age of 16 years. Out of the total of 97 respondents who identified themselves as having a history of child sexual assault, 12% said counselling, and 17% said health concerns, had motivated them to undertake screening.

Avoidance behaviour and feelings of fear and distress about the test were reported by 26% of respondents, 35% had experienced negative experiences, and 24% had sought out women doctors. Unpleasant screening experiences caused by the screening doctors were reported by 4% of women. However, 14% described behaviour that facilitated having the test (usually by taking time, being gentle, sympathetic and explaining well).

Discussion

The prevalence rate of under age sexual abuse among the comparison was lower than previous reports. This may result from a number of factors including under reporting by study participants (especially among the nine women choosing not to complete the questions relating to abuse) and possible under reporting by women with child sexual assault histories who do not present for cervical screening.

We found that having a history of child sexual assault was associated with a decreased intent to undergo cervical screening, and of having a negative experience during the procedure. Counselling and appropriate clinician behaviours were important factors in assisting survivors to undertake screening.

Conflict of interest: none declared.

Implications of this study for general practice

What is known

- Australian studies quote rates of sexual abuse of females at 34%.

This study

- Having a history of child sexual assault has a negative impact on the decision to have cervical screening and on the experience of having the procedure.

Future implications

- Tailor cervical screening to the needs of the individual patient.
- If a patient shows reluctance to undergo cervical screening, present opportunities for disclosure of child sexual assault, eg. history taking.
- Place relevant posters or pamphlets in the surgery to indicate an awareness and a willingness to discuss child sexual assault.

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