



ADVANCING HEALTH EDUCATION & RESEARCH

AVA Research Reviews provides AVA members with recent published, peer-reviewed articles in a broad array of violence and abuse topics. The goal is to highlight and disseminate violence and abuse research in a timely fashion, and to enhance healthcare providers' practice by fostering the educational mission of AVA

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AVA Research Review

ADVANCING HEALTH EDUCATION & RESEARCH

Review Title: Pap testing among women who have experienced abuse

Reviewer: Deborah Loxton B Psych Hons, Dip Mgmt, PhD
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Article:

A History of Interpersonal Trauma and the Gynecological Exam. Ackerson K. *Qualitative Health Research* 2012 22(5) 679–688 DOI: 10.1177/1049732311424730

Article Summary:

Brief Overview:

There is an association between women who have lived with a violent partner or spouse and the occurrence of cervical cancer. This may be due to the fact that these women have also been found to have a decreased likelihood of undertaking Papanicolaou (Pap) smears in accordance with current

recommendations. Ackerson aimed to shed light on this phenomenon by using a qualitative approach to examine women's experiences with gynaecological examinations subsequent to interpersonal trauma.

Context and Aims of the Article:

Past research has demonstrated that a history of intimate partner violence (IPV) or childhood sexual abuse (or both) are associated with increased risky sexual behaviours, sexually transmitted infections as well as a wide range of other physical health problems. Women in middle age who have experienced IPV are at higher risk of both cervical cancer and surgical menopause which is likely linked to earlier exposure to HPV. Despite their increased risk of cervical cancer, there is a growing body of population-based evidence that points to an increased risk of inadequate Pap testing

among women with a history of IPV. These quantitative investigations do not provide the reasons underlying these findings for the lower rates of Pap testing among women who have experienced IPV. Qualitative methods offer a potential avenue for further inquiry into this issue.

The author of this paper had previously conducted focus groups with African American women to contrast the experiences of women who had and had not undertaken pap testing within recommended guidelines. Findings from that study had suggested that a history of sexual abuse in childhood or of IPV in adulthood might have adversely impacted women's capacity or willingness to undertake regular Pap tests. However, this previous study was not designed to adequately investigate these issues. Thus, the author designed the research described in this paper to build on her previous work by specifically including past trauma (defined as previous IPV or childhood sexual abuse) as a factor that impacted on women's experiences of gynaecological examinations.

Relevant findings:

The author interviewed 15 low-income African American women using a fixed interview protocol designed to elicit

individual factors that influenced their interactions with healthcare providers. Although other factors were also included in the interview protocol, this paper was largely focused on results that pertained to past trauma and gynaecological examinations. This review includes results pertinent to that aim.

Previous gynaecologic examination experiences were noted by about half the women as being unproblematic, particularly when women had a positive relationship with their provider. However, 8 of the participants noted discomfort, particularly around the use of the speculum which they reported as painful. These participants indicated a preference for female health providers when obtaining a Pap.

Despite reports of past experiences being uneventful, all but one participant became emotional when asked about the relationship between trauma and their reactions to having Pap tests; that participant could not recall what a Pap test was. In the context of this question, only four participants said the Pap test was 'easy' and, of these, two had developed specific techniques to cope with the experience. For other women, the Pap examination acted as a trigger for abuse memories,

especially if the examination was performed in a hurried fashion and/or by a male healthcare provider. The need to remove clothing and the position in which the examinations were conducted also acted as triggers for negative emotions. Seven of the participants reported that negative emotions caused them to avoid Pap testing.

Few of these women had disclosed abuse histories to providers and only three said they had been asked about abuse experiences. Even had they been asked, most of the women in this study said they would not disclose past abuse.

The most important section of this paper received little in the way of elaboration; however, it is likely the most useful section for healthcare providers. When asked how they would prefer pap tests to be conducted, the women responded that they wanted more information about pap tests and "wanted the provider to be gentle, compassionate, and to explain what he or she was doing during the exam."

Authors' conclusions:

The author of this paper concluded that the use of the speculum, gender of the provider (when male), lack of knowledge as to the importance of the examination, and negative emotional

reactions contributed to women's reluctance to undertake regular Pap testing. The author suggests negative emotional reactions could be due to symptoms of PTSD, exacerbated by male providers (where the past abuser was male) and a perceived lack of control during the examination.

Potential limitations:

The author notes that the study results are not generalizable due to the nature and size of the sample. The study was further limited by the use of a set interview schedule, which did not appear to allow for further questions or in-depth interviewing. Nevertheless, the findings offer some insight into what might be happening for women who have an abuse history when it comes to Pap testing.

Reviewer's comments:

I found this an interesting article, although the research and recommendations for practitioners could have been expanded. In terms of research, it would be useful for further qualitative research to be conducted with more diverse samples which might allow for the development of more targeted interventions. In the future, uncovering the extent of these findings at the population level would be useful. For practice, the recommendations from this

paper are that clinicians should approach women having pap tests in a caring manner. The results offered more information that, although not generalizable, would be useful to recommend. Specifically, practitioners could explain what was happening during the exam and do their best to be unhurried during the process. With regard to the gender of the provider, this is an issue for both female and male patients, yet may be an exacerbating factor if a patient has experienced trauma. Choice of provider gender, when available may be a compassionate approach to reduce the risk of trauma symptoms during this important medical evaluation for women.