Article

Linking Cancer and Intimate Partner Violence:
The Importance of Screening Women in the Oncology Setting

Sandra K. Cesario, PhD, RNC, FAAN, Judith McFarlane, RN, DrPH, FAAN, Angeles Nava, PhD, RN, Heidi Gilroy, MSN, APHN-BC, and John Maddoux, MA

© BananaStock/Thinkstock

Millions of women in the United States experience physical abuse because of intimate partner violence (IPV) that results in injuries, social and family dysfunction, mental health disorders, chronic pain and illness, and death. Cancer causes a quarter of the deaths of women in the United States. When IPV and a cancer diagnosis intersect, a special population of women with unique needs is created. The purpose of the current study was to determine the rates of IPV and the types of cancer reported by women seeking services for IPV. Safety, community agency use, severity of violence, danger, psychological distress, post-traumatic stress disorder, self-efficacy, social support, pain, and marginality also were assessed. Three hundred abused women were interviewed in person to determine their health, safety, and functioning. Of the 300 women, eight reported receiving a cancer diagnosis, and most of those women had cervical cancer. The prevalence of cervical cancer reported by abused women was 10 times higher than the general population. Higher danger scores and risk for revictimization were reported. Increased awareness of the potential connection between IPV and cancer is needed, and evidence-based strategies that promote IPV screening in the oncology setting should be developed.

Sandra K. Cesario, PhD, RNC, FAAN, is a PhD program coordinator in the College of Nursing, Judith McFarlane, RN, DrPH, FAAN, is the party chair in Health Promotion and Disease Prevention, and Angeles Nava, PhD, RN, and Heidi Gilroy, MSN, APHN-BC, are grant project managers, all at Texas Woman's University in Houston; and John Maddoux, MA, is a statistical consultant at Elite Research, LLC, in Carrollton, TX, and a research and statistical analyst at Texas Woman's University. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Cesario can be reached at scesario@twu.edu, with copy to editor at CJONEditor@ons.org. (Submitted March 2013. Revision submitted May 2013. Accepted for publication June 11, 2013.)

Key words: epidemiology; gynecologic malignancies; psychosocial aspects; intimate partner violence

Digital Object Identifier: 10.1188/14.CJON.65-73

Cancer incidence and mortality in the United States has decreased slightly since 1990, but it remains a primary health concern. About 25% of all deaths in the United States are attributed to malignancies (Siegel, Naishadham, & Jemal, 2012). Women who have experienced intimate partner violence (IPV) are diagnosed with cancer, particularly cervical cancer, at higher rates than women who have not been abused (Coker, Hopenhayn, DeSimone, Bush, & Crofford, 2009; Dutton, Goodman, Lennig, Murphy, & Kaltman, 2006). A higher incidence of cervical cancer is reported among women who have experienced sexual abuse as adults and children, when compared to women who have experienced other forms of abuse or have not experienced abuse at all (Quinlivan, Petersen, Davy, & Evans, 2004). Chronic stress, depression, lower self-efficacy, smoking, multiple intimate partners, sexual abuse, and childhood physical abuse may be contributing factors that lead to the higher incidence of cancer among adult women who report abuse (Champion, Piper, Holden, Korte, & Shain, 2004; Chida, Hamer, Wardle, & Steptoe, 2008; Dalton, Boesen, Ross, Schapiro, & Johansen, 2002; Fuller-Thomson & Brennenstuhl, 2009; Hamer, Chida, & Molloy, 2009). Although accurate statistics are difficult to compile, an estimated 1.3 million women in the United States are affected by physical assault by an intimate partner each year (National Coalition Against Domestic Violence, 2013). That large group of women who have experienced abuse is less likely to receive preventive women's healthcare services, including Papanicolaou (Pap) testing and mammography (Gandhi et al., 2010; Farley, Golding, & Minkoff, 2002; Lemon, Verhoek-Oftedahl, & Donnelly, 2002; Quinlivan et al., 2004; Wilson, Silberberg, Brown, & Yaggy, 2007). In some instances, women have reported feeling that the abuse could have caused the cancer (Sawin, Laughon, Parker, & Steeves, 2009). Because of emotional and financial strain precipitated by a cancer diagnosis, one study suggested