

Breast and Cervical Cancer Screening and Trauma-Informed Care



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Breast and cervical cancer screening, through mammograms and Pap/HPV testing, has provided significant decreases in the incidence of these diseases.

Mammography screening has also proven to reduce rates of advanced and fatal breast cancers.

Barriers to screening

There are a great number of barriers women encounter that interfere with their receiving the appropriate screening. A history of trauma, abuse, or violence can contribute to those barriers. Trauma can be an event, or a set of circumstances experienced that causes an effect on an individual's sense of well being.

- **Poverty.** Poverty and/or lack of adequate healthcare coverage is a practical and emotional barrier. Patients may avoid the stigma associated with presenting to a healthcare facility.
- **History of physical, sexual, or emotional abuse.** Breast and Cervical cancer screening procedures can potentially be embarrassing, uncomfortable, and sometimes painful. If the patient has a history of abuse, these exams could be a trigger.
- **Unknown documentation status.** Women who are undocumented may fear that their status will be reported. They may also suffer from trauma due to unrest, violence or hunger they experienced in their homeland.
- **Language barriers.**
- **Physical handicaps.** Patients may have difficulty accessing exam tables, mammogram machines.
- **Autism spectrum.** Non-verbal patients may have difficulty understanding such a physically invasive examination. A trusted representative present may help with communication needs.

Approaching these challenges

The most important element is to develop trust. Cultural beliefs and low literacy can result in a mistrust of the health care system. Embarrassment, anxiety, and fear can be present.

Providers must also provide culturally competent care. Translation services should be offered whenever possible. Also, considering the nature of these exams, the patient should be offered a female provider when one is available. The provider should also be open to the presence of a trusted family member or friend allowed in the exam room.

Screening Recommendations

The current United States Preventative Service Task Force (USPSTF) recommends:

Cervical Cancer Screening

Women 21-29 - Pap screening alone every 3 years

Women 30-65: - Every 3 years with pap alone, every 5 years with HPV alone, or every 5 years with co-testing (Pap and HPV)

Women over 65 - Screening is NOT recommended if she has had adequate prior testing and is not otherwise at high risk for cervical cancer.

Breast Cancer Screening

Women 50-74 - Recommends biennial screening mammography.

Women 40-49 - Should be determined by provider on an individual basis.

The Children's Health of Orange County (CHOC) provides a comprehensive list of actions to approach all patients, but is particularly sensitive to the needs of those with a history of trauma.

- Ask before touching
- Introduce yourself each time you enter the room
- Explain procedures prior to performing
- Offer choices as often as possible
- Create a therapeutic relationship
- Alter the environment

For additional information on Breast and Cervical Cancer:
in.gov/health/cdpc/cancer/early-detection-bccp

