ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 11, Issue, 09, pp.6950-6953, September, 2019

DOI: https://doi.org/10.24941/ijcr.36573.09.2019

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

THE PERCEPTION OF WOMEN VICTIMS OF SEXUAL VIOLENCE AGAINST CERVICAL CANCER SCREENING

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ARTICLE INFO

Article History:
Received 17th June, 2019
Received in revised form
20th July, 2019
Accepted 28th August, 2019
Published online 30st September, 2019

Key Words:
Sexual Violence, Cervical cancer Screening, post-Traumatic Stress, South Kivu.

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ABSTRACT

Background: Sexual violence is a huge scourge due to its impact on the future lives of victims who are at a high risk of developing sexually transmitted diseases, including human papillomavirus diseases. The purpose of this work is to diagnose and share the different reactions of women victims of sexual violence during the screening process, from awareness to the announcement of the results. **Methodology**: This is a qualitative and observational survey of the 126 girls and women aged 13 to 54 listed at the City of Joy(Panzi) and in the service of VSV (Victims of sexual violence) of Panzi General Reference Hospital (PGRH) in South Kivu (DRC) andhaving benefited a screening for a period of 9 months, from January to September 2018. Data analysis was done using SPSS statistics software 20. **Results**: Patients aged less than 15 years represented 9.1% of the population, the tendency to refuse awareness was found in 80% of cases, with a categorical refusal in 20%. Retrograde ideas in terms of organ sales were raised during screening; there was 25% categorical refusal of screening; 4% of patients had their menses a few minutes before screening. We noted an exaggerated fear in the patients before the announcement of the results with a tendency to 80% to the rejection of this one for fear to be declared seropositive. For the negative cases, it was a total euphoria, whereas for the positive cases, which seemed to ask a lot of questions, glimpsed death directly. **Conclusion:** This study, which is the first in the region to our knowledge, supports the idea that women who have been victims of sexual violence are reluctant to screen for cervical cancer. Sexual violence therefore constitutes an obstacle to the preventive screening of the latters. Clinicians are called upon to know about the impact of sexual violence on victims' lives and to know that they need both physical and psychotherapeutic comfort to overcome their history. We hope that more studies will be done in the region and will provide many other solutions against this torment of victims of sexual violence.

Citation: NYAKIO Olivier, KIBUKILA Fabrice, Deschryver Christine, Bwami joyeux, Kafilongo Vanessa6, Mukwege Denis, TAMBWE Albert, KAKUDJI Prosper, KALENGA Prosper and KAKOMA Jean Baptiste, **2019.** "The perception of women victims of sexual violence against cervical cancer screening", *International Journal of Current Research*, 11, (09), 6950-6953.

INTRODUCTION

Sexual violence is defined by the United Nations as: "any sexual act, attempt to obtain a sexual act, comment or advance of a sexual nature, or acts directed at trafficking or otherwise directed against the sexuality of a person using the coercion, committed by a person regardless of his or her relationship with the victim, in any context, including, but not limited to, home and work "[World Health Organisation, 2010]. Every year, more than 1.6 million people are victims of violence. Beyond death and trauma, violence has serious consequences that will continue throughout life and have serious repercussions for both families and countries [OMS, 2002]. Violence can be expressed in different ways, including verbal, social, economic, sexual abuse; the latter being the one in vogue and whose repercussions are without appeal. Sexual violence is an immense scourge whose frequency is poorly studied because of the difficulty of conducting methodologically flawless epidemiological studies, the silence of the number of victims, the lack of active screening of the medical profession and the taboo surrounding sexuality [Jehel, 2015]. The evaluation of damage secondary to sexual assault is also poorly done. Although psychological and psychiatric

disorders are often put forward, the somatic repercussions are largely unknown [Jehel, 2015]. All the studies performed do not take into account those for whom speech is impossible or those who are affected by post-traumatic amnesia mechanisms; it is the submerged part of the iceberg of sexual violence [Guérin, 2015]. Sexual violence affects one in four women and one in six men in their lives. All the countries that have a collection of serious epidemiological data, before effective prevention is put in place, publish statistics of the same order of magnitude, the damage being even higher for the countries at war where the rapes of women and children are used as a weapon [Guérin, 2015]. In a growing number of studies, there is evidence of an increased risk of cancer among those who have been sexually abused [Brown, 2013; Coker, 2009; Cadman, 2018; Leite, 2017]. A 2013 study of 4230 women in the United States found a 21% increase in the risk of developing cancer in adulthood among people who experienced childhood sexual abuse [Brown, 2013].

A similar study of 4732 women in the United States, aged 18 to 88, found an increased risk of cervical cancer of 40% among women who had been sexually abused during their lifetime. childhood and 70% among women who have experienced conjugal sexual violence [Coker, 2009]. The mechanism by which conjugal sexual violence affects the occurrence of cervical cancer would be direct, through repeated sexual assaults, at the base of a traumatized cervix, which in contact with the human papillomavirus, should constitute the beginning of a cervical carcinogenic process [Coker]. Alternatively, conjugal sexual violence is indirectly linked to a risk of cervical neoplasia through a mechanism of increased chronic stress in the victim, at the base of an immuno Bailey zsuppression, thus affecting the body's ability to fight against human papillomavirus infection or to detect and eliminate cervical tumor cells [Coker]. Girls who have been sexually abused run the risk of using addictive substances, early pregnancy, and other changes in their personality [Bailey, 2005; Leite, 2018; Noll, 2008; Silverman, 2001]. Women who have experienced sexual violence at an early age are also at high risk of developing sexually transmitted infections (STIs) [Trent, 2007], including human papillomavirus infections [Moscicki, 1996]. The persistent high risk of human papillomavirus is the cause of cervical neoplasia and is implicated in nearly one hundred percent of cervical neoplasia [Schiffman, 2007; Bosch, 2007]. It is therefore worth mentioning, in the light of the foregoing, that screening for cervical cancer is still of interest in the diagnosis of cervical cancer, especially among women who are victims of sexual violence. The present work will therefore aim to identify and share the different reactions of women victims of sexual violence during the screening process, from awareness to the announcement of results.

MATERIALS AND METHODS

Type and framework: This is a qualitative and observational survey of the 126 girls and women aged 13 to 54 listed at the City of Joy(Panzi) and in the service of VSV (Victims of sexual violence) at Panzi General Referance Hospital (PGRH) and benefiting from cervical cancer screening for a period of 9 months, from January to September 2018.

Investigation procedure: We started by going at the PGRHin the service which deals with the victims of sexual violence, by giving them the consent form to be examined by their agents. After their approval, they gathered the women concerned. We exposed them the purpose of the work, guaranteeing them the absence of any lucrative interest and signifying how much we counted on their understanding and frank collaboration. However, many were curious and asked us questions like, "Are you going to take away my womb? ", "Will I die if it happens that I have cancer? ", "Are you going to conduct on us an operation us to carry out the examination? ", "Can rape be at the root of the cervical cancer?" etc. We answered all the questions that were addressed to us and, as a result, reassured women of all their concerns. Note however that we had some difficulties before the begining of the work, 20% of women said their categorical refusal to the survey, and in the remaining category, 25% refused the screening just at the beginning of it.

Collection of data: We used a survey questionnaire for data collection. Several parameters were discussed: information on the participant (date of birth, age, telephone number, background, residence, health zone); demographic information (marital status, education, occupation, nationality, tribe, socio-economic level, religion). Included in the survey are all women victims of sexual violence whose nature is penetration. Excluded from the study are those who have been sexually abused and who are victims of domestic violence.

Data analysis: Data analysis was done using SPSS software. Ethical considerations were taken into account after raising awareness of the local ethics committee as proof of its approval.

RESULTS

The Age of patients

Table 1. Age of patients

Age	Effective	Percentage
< 15 years	12	9,5
16 to 20 years	45	35,7
21 to 25 years	22	17,5
> 25 years	47	37,3
Total	126	100

Patients aged less than 15 represented 9.1% of the victims. The age group beyond 25 years constituted the modal class with 37.3% of cases.

Awareness

Responsiveness of the information	Reaction to information
-Tendency to refuse in 80% of cases -Categorical refusal in 20% of cases -High level of curiosity	-Several questions of the type why and how with a tendency to demedicalization -Direct link: cancer = death -Questions about the possibilities of salvation in case of confirmation

Screening

Responsiveness of the information	Reaction before the act
-At the beginning: about 90% of abstraction cases -The Past action, retrograde ideas in terms of selling organs such as the uterus	-Revivification: once in a gynecological position, the patient remembers the rape, she retracts immediately, becomes anxious to finally refute everything -Categorical rejection of screening in 25% of cases -4% of patients had menstrual periods a few minutes before screening

Announcement of the results

When the results were announced, the following patients were noted:

- An exaggerated fear (phobia);
- An 80% tendency to rejection for fear of being declared seropositive;
- For positive cases, patients saw death directly;
- For the negative cases, it was a total euphoria.

Supported: The patients declared positive were very motivated at this step. They asked a lot of questions about the next steps, the obstetric and sexual future.

DISCUSSION

Age of patients: Among the 126 patients surveyed, 37.3% of patients were older than 25 years, while 9.5% were under 15 years old; which supports the idea that sexual violence is not only the preserve of adults, but also of adolescents and children. This high proportion of sexual violence among young women in our study environment can be explained by the increase in insecurity in the region related to the influx of armed groups that are carrying out abuses and massacres while proceeding organ mutilations and murders after rape of their victims. Many other studies in this direction have also shown that all age groups can be affected by sexual violence [Jehel, 2015; Guérin, 2015; Lisa, 2012].

Awareness: This step was one of the most complex of the investigation. When it was time to go on the awareness, 80% of those concerned tended to refuse to be sensitized and 20% had categorically refused. This negativistic trend would be correlated with the dramatic perception of the "cancer" concept. Some cannot invalidate the consideration given to cancer, which is even taken wrongly as synonymous with death; unfortunately, this perception is even common among some members of the medical profession. This difficulty related to the refusal has been found in several similar surveys [Coker; Bailey, 2005; Leite, 2018; Noll, 2008; Silverman, 2001; Trent, 2007; Moscicki, 1996; Schiffman, 2007; Bosch, 2007; Lisa, 2012; Gandhi, 2010]. Coker *et al.* had a refusal rate of about 11% in their investigation of "conjugal sexual violence and cervical neoplasia".

Screening: As for the awareness, the screening stage experienced some resistance in some patients. The majority of them, with a low level of education, already had a mistaken belief of the act, some even believing in a possible sale of organs such as the uterus. Faced with this fear of the positivity of the results, 25% of the patients had to abandon the screening while 4% had menses a few minutes before this one.All this attitude, which shines by its sudden and unexpected character, is part of post traumatic stress disorder (PTSD), a real fantasy of victims of sexual violence [Jehel, 2015; Guérin, 2015; Brown, 2013; Coker, 2009; Leite, 2017; Coker, ?; Bailey, 2005; Leite, 2018; Noll, 2008; Silverman, 2001; Trent, 2007; Moscicki, 1996; Schiffman, 2007; Bosch, 2007; Lisa, 2012; Gandhi, 2010; Cadman, 2012].

Announcement of results: This was the most anticipated step, especially since all the patients were already displaying phobic attitudes, 80% of whom had a tendency to reject the results for fear of being declared positive. This phobic reaction has been reported in several studies [Rafael, 2017] and is the usual attitude of victims of sexual violence before the announcement of results following cervical cancer screening. It would be linked, as noted above, to the misperception that the population is made in relation to cancer.

Conclusion

This study, which is the first in the region to our knowledge, supports the idea that women who have been victims of sexual violence are somehow reluctant to screen for cervical cancer. Sexual violence therefore constitutes an obstacle to the preventive screening of the latters. Therefore, Clinicians are called upon to have an appropriate knowledge about the impact of sexual violence on victims' lives and to know that they need both physical and psychotherapeutic comfort to overcome their history. Advice on their lives, especially sexual, social and health, should be the focus of their interview; which can dissolve these patients from all the negativist reactions likely to plunge them more into their torment. We hope that more studies will be done in the region and will provide many other solutions against this torment of victims of sexual violence.

Acknowledgement

We thank all those who contributed to the realization of this article

Conflict of interest statement and source of funding: The authors of this article do not recognize any conflict of interest for this work. Note that we did not receive any help to fund our research

REFERENCES

Bailey JA., McCloskey LA. 2005. Pathways to adolescent substance abuse among sexually abused girls. *Abnormal Child Psychol,* 33:39–53.

Bosch FX, de Sanjose´ S. The epidemiology of human papillomavirus infection and cervical cancer. Dis Markers 2007; 23:213–227.

Brown MJ., Thacker LR., Cohen SA. 2013. Association between adverse childhood experiences and diagnosis of cancer. PLOS One., 8:e-65524

Cadman L, Waller J, Ashdown-Barr L and Szarewski A. Barriers to cervical screening in women who have experienced sexual abuse: an exploratory study. J Fam Plan Reprod Health Care 2012; 38: 214-220

Cadman L. Professionals providing cervical screening may refuse training and support on how to provide safe and sensitive care for survivors of childhood sexual abuse. Women's Health. EBN 2018; 18:108

Coker AL., Hopenhayn C., DeSIMONE CP. et al., 2009. Violence against women raises risk of cervical cancer. J Women's Health (Lanchmt);18:1179-1185

Coker AL., Sanderson M., Fadden MK. and Pinsi L. 2000. Intimate partner violence and cervical neoplasia. CRVAW Faculty Journal Articles. 115

Gandhi S, Rovi S, Vega M et al. Intimate Partner violence and cancer screening among urban minority women. J Am Board Fam Med. 2010; 23: 343-353

Guérin V. 2015. Conséquences chroniques des violences sexuelles dans une consultation d'endocrinologie et de gynécologie médicale. Les entretiens de Bichat.

Jehel L., Thomas JL. et Guérin V. 2015. Conséquences médicales des violences sexuelles : comment les dépister et les soigner ? Les entretiens de Bichat.

Leite FMC, Amorim MHC and GigantePD. Implication of violence against women on not performing the cytopathologic test. Rev Saude Publica. 2018, 52: 89

Leite FMC., Amorim MHC., Primo CC. and Gigante DP. 2017. Violence against women and cervical cancer screening: a systematic review. *J Clin Nurs.* Aug;26(15-16):2126-2136. doi: 10.1111/jocn.13328

Lisa CW, Towsend JS, Basile KS and Richardson LC. Cancer screening and history of sexual violence victimization among U.S. adults. J Women's Health. 2012; 21:17-25

Moscicki AB. Genital HPV infections in children and adolescents. Obstet Gynecol Clin North Am 1996; 23:675–697.

Noll JG SC, Putnam KT. Childhood sexual abuse and adolescent pregnancy: A meta-analytic update. *Pediatr Psychol.,* 2008; 34:366–378.

OMS; Rapport mondial sur la violence et la santé. Genève. 2002

Rafael RMRand Moura ATMS. Severe intimate partner physical violence as a risk factor for inadequate cervical cancer screening. Cad Saude Publica. 2017 Dec 18;33(12):e-00074216

Schiffman M, Castle PE, Jeronimo J, Rodriguez AC, Wacholder S. Human papillomavirus and cervical cancer. Lancet 2007;370:890–907.

Silverman JG, Raj A, Mucci LA, Hathaway JE. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. JAMA 2001; 286:572–579.

Trent M, Clum G, Roche KM. Sexual victimization and reproductive health outcomes in urban youth. Ambulatory Pediatr 2007;7:313–316.

World Health Organisation. Violence against women-intimate partner and sexual violence against women. Genève. 2010

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