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Review Article

Abuse, cancer and sexual dysfunction in women: A potentially vicious cycle

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HIGHLIGHTS

- A history of abuse may increase a woman's risk of and susceptibility to cancer.
- A cancer diagnosis may increase a woman's vulnerability to abuse.
- Abuse predisposes to increased risk of sexual dysfunction, but most women with sexual dysfunction have no abuse history.
- Sexual dysfunction is prevalent among women with cancer.

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ABSTRACT

More than 30% of women have a history of abuse. Women with cancer may be at substantially increased risk for abuse, but this issue is rarely discussed in the course of oncology care. Women with a history of abuse who present for cancer care commonly have a high prevalence of co-morbid illness. Sexual dysfunction, a highly prevalent but under-recognized condition among women of all ages, is also more common among both women with a history of abuse and women with cancer. Although common after cancer, sexual dysfunction, like abuse, can be stigmatizing and often goes undiagnosed and untreated. This review first examines the literature for evidence of a relationship between any history of abuse and cancer among women, addressing two questions: 1) How does abuse promote or create risk for developing cancer? 2) How does cancer increase a woman's susceptibility to abuse? We then examine evidence for a relationship between abuse and female sexual dysfunction, followed by an investigation of the complex relationship between all three factors: abuse, sexual dysfunction and cancer. The literature is limited by a lack of harmonization of measures across studies, retrospective designs, and small and idiosyncratic samples. Despite these limitations, it is imperative that providers integrate the knowledge of this complex relationship into the care of women with cancer.

Contents

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1. Introduction

Abuse of girls and women is a timeless and global tragedy that knows no socioeconomic, cultural or other bounds. More than 30% of women have a history of abuse [1]. The term abuse encompasses sexual, physical, and psychological mistreatment. Intimate partner violence (IPV) is a prevalent form of abuse that includes physical and sexual violence, stalking and psychological aggression by a current or past intimate partner [2]. Women with cancer may be at increased risk for abuse and abandonment, but this issue rarely surfaces in the course of oncology care. Healthcare professionals fail to screen for abuse due to factors such as lack of time, feeling inadequately prepared to counsel patients and a lack of knowledge of long-term effects of abuse [3]. To optimize cancer outcomes, evidence is needed to improve the identification and management of abuse among women who present for cancer care.

Certain physical and mental health conditions, including some cancer types, have been associated with an abuse history [4,5] and even an isolated incident of abuse can have lasting health implications. Social and physical isolation, trauma and stigma related to abuse may prohibit or delay women from seeking preventive care and timely cancer diagnosis and can also threaten adherence to treatment and surveillance [6–8]. Women and girls with a history of abuse who do present for care commonly have a high prevalence of co-morbid illness [9,10]. Sexual dysfunction, a highly prevalent but under-recognized condition among women of all ages [11,12], is also more common among both women with a history of abuse [13,14] and women with cancer [15]. The estimated rate of female sexual dysfunction across studies of a variety of cancer types is 37–75% [16–18]. Although common after cancer, sexual dysfunction, like abuse, can be stigmatizing and commonly goes undiagnosed and untreated [15,19].

This review first examines the literature for evidence of a relationship between any history of abuse and cancer among women, addressing two questions: 1) How does abuse promote or create risk for developing cancer? 2) How does cancer increase a woman's susceptibility to abuse? We then examine evidence for a relationship between abuse and female sexual dysfunction, followed by an investigation of the complex relationship between all three factors: abuse, sexual dysfunction and cancer. Many studies of abuse in women do not specify abuse type, but this analysis makes every effort to specify abuse type and its relationship to cancer and sexual dysfunction whenever data are available. Fig. 1 provides a conceptual map of the relationships examined in this review (Fig. 1).

2. Can abuse lead to cancer?

Many studies identify a positive association between cancer development and a composite of adverse childhood events (ACE), including abuse [9,20,21]. A population-based cross-sectional study using United States Behavioral Risk Factor Surveillance System (BRFSS) survey data reported higher adjusted odds ratios of cancer among people with a history of sexual abuse (AOR 1.63; 95% CI 1.36–1.94), physical abuse (AOR 1.31; 95% CI 1.11–1.55), and emotional abuse (AOR 1.34; 95% CI 1.18–1.53) [22]. These findings were comparable to findings from a large population-based cross-sectional Canadian study. Compared to the general population, the odds ratio, adjusted for other childhood stressors, adult health behaviors and adult socioeconomic status, of developing cancer for people with a history of any kind of abuse was 1.47 (95% CI 1.05–1.99) [23]. In some of these studies, abuse history appeared to be more strongly associated with cancer incidence among women than men [21,22]. Modesitt et al., conducted clinic-based individual patient interviews and found a lifetime prevalence of a history of violence of 48.5% in women with breast or gynecologic cancers [24].

Although one early study found a higher age-adjusted odds ratio for breast cancer among women with a history of sexual abuse (AOR 2.21; 95% CI 1.12–4.33) as compared to women without a history of abuse [25], subsequent studies were not confirmatory. An analysis of data from the Black Women's Health Study showed a weak positive association between abuse in adulthood and breast cancer (Incidence Rate Ratio 1.18; 95% CI 1.03–1.34), but no association with a childhood abuse history [26]. Canady et al., using mailed questionnaires, found lower rates of physical and severe psychological abuse among breast cancer patients compared to age- and ethnically-matched controls [27].

Cervical cancer, caused by high-risk Human Papilloma Virus (HR-HPV), is more prevalent among women with a history of sexual abuse or IPV [24,28]. One cross-sectional study of Kentucky women ages 18–88 years reported a higher adjusted odds ratio for self-reported cervical cancer with history of IPV as compared to women without a history of IPV (AOR 2.7; 95% CI 1.8–4.0) [29]. In a cross-sectional study that verified cervical cancer history via chart review, Coker et al. reported a higher adjusted relative risk of cervical cancer with any history

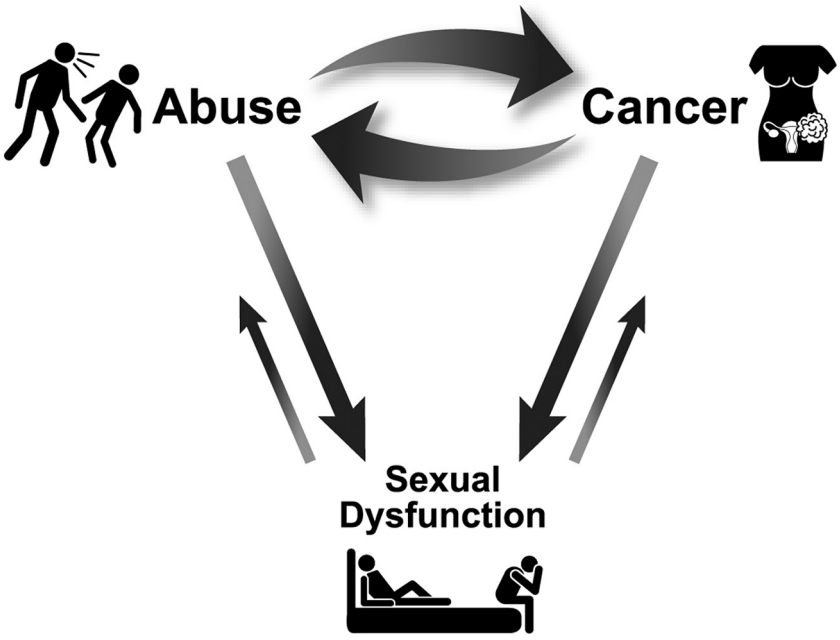

Fig. 1. A potentially vicious cycle.

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