

# In this issue

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## Survivors of sexual abuse: a call for increased awareness

The article by Louise Cadman and colleagues on barriers to cervical screening in women who have suffered sexual abuse (page 214) and the associated commentary by Sarah Kelly from the National Association for People Abused in Childhood (page 212) draw timely attention to a trauma that may affect a significant proportion of readers' clients, but which has received all too little attention to date. Sexual abuse, in childhood and beyond, casts a shadow over the lives of many women and seriously affects their social relationships. These two articles remind us that their dealings with health professionals, particularly those involved in women's health, can be similarly affected, leading in some cases to significant harms through late diagnosis of disease. The authors draw our attention to these women's perspectives on helpful and sensitive approaches to assisting them to access services such as cervical screening, and to the need to provide environments in which they can disclose their concerns freely. These are two thought-provoking articles that are highly recommended to journal readers. See pages 212 and 214

## Effect of domestic violence on contraceptive choice

Sadly, domestic violence against women continues in many countries. This study from Nicaragua looks at the impact of intimate partner violence (IPV) on the choices that women make about their contraception. It appears that women who are abused tend to use more reversible contraception than women who are not and that women actually make conscious choices about delaying pregnancies far more often when their partner is violent than if they are in a non-violent relationship. This study quantifies the high proportion of women suffering from IPV and adds strength to the argument that enquiry about domestic violence should be included in contraceptive choices consultations and steps taken to identify and refer appropriately. See page 221

## Cervical screening among migrant women in London

A qualitative study exploring attitudes towards participation in the UK's National Health Service Cervical Screening Programme (NHSCSP) amongst Central and Eastern European migrants throws some light on the reasons for variations in

their participation. Cervical screening programmes in their home countries of Poland, Slovakia and Romania varied considerably in both age range and screening interval. This may partially explain why some of these women fail to engage fully in the UK programme whilst resident here. Practical language barriers were another important reason: "some doctors are mean towards someone who is shy or can't speak English well". Some of these migrant workers find it easier to visit the doctor in their home country once a year: "they just don't trust the British healthcare". Women who had participated in the NHSCSP were more positive: it is free, well organised and convenient. This study adds to the evidence that poor understanding of NHS health care programmes contributes to a lack of engagement amongst migrant populations. See page 229

## Maori and Pacific women more likely to present with advanced uterine carcinoma

There is little known about the contributions of ethnicity to the presentation of uterine carcinoma. The authors of this article have retrospectively analysed uterine carcinoma cases presenting in New Zealand over a 10-year period. They show that Maori and Pacific women, specifically those from lower socioeconomic areas, are more likely to present with advanced disease. They propose that these women, similar to African-American women, may be presenting with a more aggressive histological subtype and that this warrants further investigation. See page 239

## Accessing referral for abortion in the USA

All women seeking abortion services need to access services in a timely fashion, which depends on quick and appropriate referrals to abortion providers. In the USA, reproductive health facilities that do not provide abortion may refer women to abortion services. Dodge *et al.* have investigated the readiness of services to offer this referral. Simulated patients called gynaecological services in the most and least restrictive US states for abortion. The simulated patient received a direct referral for abortion services less than half the time, even after prompting a staff member to provide one. The least restrictive states were most likely to offer a direct referral and the least likely to offer no referral. See page 246

## IVF twins: buy one get one free?

The aim of *in vitro* fertilisation (IVF) treatment should be to achieve a full-term

singleton birth. This review explores the tensions that exist between IVF provision and the elective single embryo transfer (eSET) policy. The authors present a balanced contemporary review describing why twin pregnancies are undesirable yet may be a risk couples are willing to take. They go on to discuss the issues faced when considering strategies to reduce twin pregnancies and the tensions that exist with the eSET policy. Blanket eSET implementation appears not to be a simple answer to avoid twin pregnancies. See page 252

## Contraception challenges in Lesotho – not so different from the UK

In his 2011 Margaret Jackson Prize Essay, Nic Robertson gives readers a fascinating insight into the challenges facing contraception services, and problems encountered with use of current contraceptive methods, in Lesotho. Based on personal observations during his elective there, the author describes with clarity and compassion the difficulties women face in trying to avoid unwanted pregnancy and sexually transmitted infections. Only limited service provision, inadequate staff training, difficulty in accessing clinics, and inadequate clinic facilities, with no running water, electricity or privacy, are some of the obstacles discussed. In conclusion, the author recommends specific areas for future developments, which could help not only women in Lesotho but also those in the UK. See page 258

## Private vs public abortion providers: implication for abortion stigma

This personal view article is written by a health professional who has personal experience of abortion services in both the private and public sectors in Australia and the UK. The contrast is worrying and raises a number of issues, especially since the political climate around abortion services generally seems to be becoming more, rather than less, conservative. See page 262

## Patients' thoughts and concerns about psychosexual therapy

Having previously considered the experiences of psychosexual therapists, the Journal's Consumer Correspondent, Susan Quilliam, now explores what patients themselves think 'psychosexual support' might entail and identifies some of the questions they may voice in the consulting room. See page 264