Cancer prevention in vulnerable women: An exploratory study with women who have experienced domestic violence and offending behaviours

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Background, aims and method

- CRUK Population Research Innovation grant – ‘Decision making and cancer prevention’
- CaPPiC – Cancer prevention for people in crisis – an opportunity to promote a longer term view of health?
- Women’s support groups run by Home Group: probationary service and domestic abuse – vulnerable to cancer through addictive behaviours, disadvantage and poor access to services (GP and screening)

- Aim: Insight into cancer decision making by understanding behaviours, vulnerabilities, context and social practices of the women’s lives from their perspective

- Interviews with 14 women, focus group with 6 women and interviews with 7 members of staff. Validated questions on alcohol, smoking, physical activity, WHO 5 and Census self-rated health
- Thematic analysis – deductive and inductive
Findings

Somewhat expected:

• Multiple ill health behaviours – addiction, self-neglect, low self-esteem
• Fatalistic attitudes to death and cancer
• Complex understandings of risk perception and vulnerability to chronic disease and cancer
• Poor symptom awareness – avoidance (viewed as fear by staff)

Cancer? If it’s gonna happen, it’s gonna happen... if it happens it happens, I can’t be worrying about illness, and certainly not cancer. Because I didn’t think I’d make it this far. So every day, I don’t live it as my last, but I’ve done quite well to reach age forty.
Less expected findings

• Mental ill-health predominated – Enduring, depression, anxiety and suicide attempts
• Very poor experiences of navigating wellbeing and mental health services
• Assumptions that physical health access also problematic – for ‘people like us’
• Loneliness and isolation and few people to trust
• A need for hope (staff view)

You’re sitting with somebody that you don’t know and they’re focusing on all the things that are not very positive about your life and then you get to the end of the [mental health] assessment and they say ‘we’ll be in touch’ and then two weeks later you get a letter saying “You didn’t meet the criteria for our service” and ... I just had to sit for an hour and a half telling you all this stuff and now you’re just saying, you can’t offer a service (staff)
Why this exploration is important

• Accessed a high risk and vulnerable group – their health behaviours from their perspective

• Insight into their complex social environment – nuanced features of their social practices (and social and economic pressures)

• No physical health improvement without addressing mental health – low mood, lack of trust, low self-worth etc.

• Women engaged in the research and are PPI to any future work

• Peer support model – women familiar with it e.g. prison environment

• Groundwork for intervention development: peer-developed and supported programme to promote health and access to services

• A ‘shoulder to shoulder’ walking group started

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