IT'S A SMEAR CAMPAIGN!

Breaking Barriers, Building Trust: Towards Trauma-Informed and Culturally Sensitive Cervical Screening

Executive Summary



WRITTEN BY: EZINWANNE RAYMOND & KAREN JARDINE

PUBLISHED: 5 NOVEMBER 2026

Trigger warning: Report contains details which may be distressing.

Nottingham Women's Centre
come on in

NOTTS SVS SERVICES | LISTEN BELIEVE SUPPORT

IT'S A SMEAR CAMPAIGN

ROSA
THE UK FUND FOR WOMEN AND GIRLS

About Nottingham Women's Centre

Nottingham Women's Centre is a women's community space dedicated to helping women overcome barriers, have their voices heard, and seek solutions that create a better future for themselves. As a hub for women's services in the city, we work holistically and in partnership to ensure support is accessible and joined up. For over 50 years, we've provided support, opportunities and advocacy, amplifying women's voices and driving greater equality.

Nottingham Women's Centre (NWC) provides a vital bridge between women's lived experiences, frontline services and policymaking. Engaging with more than 17,000 women each year, NWC has a unique reach into Nottingham's diverse communities and a strong track record of translating women's experiences into evidence, practical policy recommendations and service improvements. Its evidence on women's reproductive health in Nottingham was cited multiple times by the UK Parliament's Women and Equalities Committee in its 2024 report on medical misogyny, demonstrating how locally generated evidence can inform national debate and scrutiny. NWC has also contributed to work associated with the Ockenden Maternity Review, helping to ensure that women's voices inform efforts to improve the safety, quality and responsiveness of women's healthcare. This combination of trusted community relationships, substantial reach and policy expertise places NWC in a strong position to identify where services are not working for women and, importantly, to help shape practical solutions that can be delivered locally and inform wider policy.

About this report

This report explores the work and findings from Nottingham Women's Centre's 'It's a Smear Campaign!'. The initiative sits within our wider Women's Health Matters programme and was delivered alongside Nottinghamshire Sexual Violence Support Services (Notts SVSS), with funding from Rosa UK's Voices from the Frontline fund. Our ambition is to help create a healthcare environment where people feel safe, respected and able to access screening and gynaecological support in a culturally sensitive and trauma informed manner. Research indicates that certain groups of women – such as those at younger or older ages, LGBTQIA+ individuals, people living in deprived areas, those with disabilities, from minoritised ethnic groups, with severe mental illness, or whose first language is not English – are less likely to attend routine cervical cancer screenings. For survivors of sexual abuse, cervical screening can feel especially distressing and triggering due to the invasive nature of the procedure. There are some examples of great, supportive care during cervical screening, but this isn't experienced consistently.

The overarching goal is to ensure that all women and anyone with a cervix can access consistent, culturally sensitive and trauma-informed cervical screening and gynaecological care. Central to this ambition is fostering a shared understanding of women's experiences, ensuring these are recognised and respected, and encouraging healthcare professionals to reflect on and improve how care is delivered. The underlying principle is that when care is consistently accessible and responsive to women's needs, they are more likely to feel informed, confident and supported in making decisions about their health. By improving experiences of care and addressing barriers, these changes will, in turn, contribute to increased cervical screening uptake.

The campaign was led by a steering group of seven women, including healthcare professionals, to deliver two key priorities:

- **To work with Nottingham City Primary Care Networks (PCNs)** to respond to and act on insights gathered through community listening sessions, to improve the delivery of culturally sensitive, trauma-informed cervical screening.
- **To develop a practical resource to empower women:** Informed by lived experiences, a pilot version of the Cervical Screening Checklist has been developed and is included in this report as Appendix A. The checklist aims to strengthen women's knowledge, confidence and ability to navigate cervical screening by providing clear, accessible information on the support available before, during and after appointments.

The checklist will undergo a structured process of piloting, evaluation, and refinement. This will involve gathering feedback from women, community groups, and relevant healthcare stakeholders to assess its clarity, accessibility, cultural appropriateness, and practical relevance. Findings from this evaluation will inform revisions to the resource and ensure the final version is both fit for purpose and responsive to the needs of the women it is intended to support.

About the campaign steering group

The campaign adopted a participatory approach and was intentionally designed to bring together women from a range of communities, including health professionals, within the steering group. This created a valuable combination of lived experience, community insight and professional expertise. The group's diversity created a shared space where women could exchange knowledge, learn from one another, identify common concerns, and contribute different perspectives to shape the campaign's development and direction.

Campaign partner: Nottinghamshire Sexual Violence Support Services (Notts SVSS)

Nottingham Women's Centre worked in partnership with Nottinghamshire Sexual Violence Support Services (Notts SVSS), an organisation commissioned to provide specialist support to survivors of sexual violence aged 18 and over living in Nottingham and Nottinghamshire. Notts SVSS played a key role in the campaign, co-facilitating listening sessions as a specialist representative, and co-authoring this report.

This partnership was particularly important in recognising and addressing the barriers that survivors of sexual violence and trauma may face when accessing cervical screening. Working collaboratively with a specialist sexual violence support service enabled the campaign to embed trauma-informed principles throughout its research, engagement and advocacy activities. This helped ensure the campaign's approach and recommendations were sensitive to survivors' experiences, responsive to their needs, and grounded in safety and empowerment.

Acknowledgements

We sincerely thank Rosa UK (Voices from the Frontline fund) for its generous support, which made this campaign possible, and our steering group members for their invaluable expertise, guidance and commitment throughout: Cherylene Grivon, Lauren Mitchell, Karen Jardine, Rosie Patten, Humayra, Carmel McCarthy (Practice Nurse & Cervical Screening and Contraception and Sexual Health Lead) and a further member who did not wish to be named.

We are also deeply grateful to the organisations that supported and contributed to the campaign, including Nottingham Muslim Women's Network, Nottingham Ukrainian Cultural Centre, Nottingham Health Shop, Nottingham & Nottinghamshire Refugee Forum, and the University of Nottingham Health Service. Their insight and collaboration were instrumental in shaping and strengthening this work.

Above all, we offer our heartfelt thanks to the people who generously and courageously shared their experiences, insights, and personal stories with us. Their voices are at the heart of this report. We are profoundly grateful for their honesty and the trust they placed in us to listen to and represent their stories with care.

Nottingham Women's Centre
30 Chaucer Street, Nottingham, NG1 5LP
www.nottinghamwomenscentre.com

Graphics designed by: Deborah Link and Lucy Watts
Report designed by: Simone Feely

Executive summary

Cervical screening is a vital part of preventative healthcare and one of the most effective ways to prevent cervical cancer. Yet, participation remains a concern, with screening coverage in Nottingham below the national average. Increasing uptake is an important public health priority, but it requires a healthcare system that understands and responds to the practical, emotional, physical, and cultural barriers women face, and ensures everyone receives consistently safe, respectful, and supportive care.

This report presents the findings of Nottingham Women's Centre's It's a Smear Campaign!, delivered as part of its wider Women's Health Matters campaign, in partnership with Nottinghamshire Sexual Violence Support Services (Notts SVSS) and funded by Rosa UK's Voices from the Frontline fund. The campaign sought to bridge the gap between how cervical screening is delivered and the needs, experiences, and barriers women themselves have identified. The overarching goal is to ensure that all women can access consistent, culturally sensitive and trauma-informed cervical screening and gynaecological care.

Using a participatory, mixed-methods approach, the campaign gathered evidence through an anonymous survey and a series of drop-in and facilitated listening sessions across Nottingham and Nottinghamshire. The report is grounded in the lived experiences of people from diverse communities, including minoritised ethnic groups, Muslim and Ukrainian communities, transgender people, women experiencing homelessness, and women living in refuges. The campaign engaged 221 people - 155 through the anonymous survey and 66 through the listening sessions. Of the 147 respondents who rated their experience of cervical screening on the survey, an estimated **46% described it as positive, 44% as mixed and 11% as negative.**

Cervical screening experiences

147 respondents rated their experience.

46% Positive	44% Mixed	11% Negative

221 people engaged through the survey and wider community activities.

Percentages are estimated and rounded: totals may differ from 100%

Key findings

1. Women want to be screened - the system must make it easier

> Due to my periods being irregular in length at the moment it's tricky to make an appointment. After receiving my invite letter I rang up and the first appointment available was 3 months away. I booked it in the hope that it would be mid cycle, but when the date became nearer I soon realised it would fall during menstruation. I therefore rang up and explained the situation and this time the next available appointment is another 3 months away and still a gamble as to when it will fall during my cycle. My worry is that this could potentially continue for many months and potentially years due to the significant lack of appointments…It feels hopeless- I desperately want to go as I have tested hpv positive in the past, but availability is a huge issue.



> I couldn’t go with my little one who was not up to school age; neither could I pay for childcare and there was no offer for a quick childcare cover for the appointment.

The experiences women shared revealed that difficulties accessing suitable appointments can create a significant barrier to cervical screening. They described struggling to find appointments that fit around work and childcare, experiencing long waits with limited evening and weekend provision, difficulty coordinating appointments with menstrual cycles, uncertainty about whether they could attend another practice, and few alternatives to GP-based screening. Services should consider not only whether appointments are technically available, but whether women can access them quickly, conveniently and in a way that supports completion.

2. First screening experiences have a lasting ripple effect, shaping future engagement and influencing others through shared experiences

> It has taken me 7 years to book a second smear test - I haven't had this yet but I am still very apprehensive after my first experience.

> Better care at my first smear would’ve made all the difference.

Women’s accounts suggest that the first cervical screening appointment is more than a single isolated clinical encounter. Cervical screening is not a one-off intervention; its effectiveness depends on women participating repeatedly at different stages of their lives. This influence can extend across generations, particularly from mothers to daughters, as family conversations pass down screening experiences and shape expectations, attitudes and confidence in accessing cervical screening. First-time screening should be recognised as a distinct and important point in the screening pathway.

3. Pain during cervical screening is often normalised rather than recognised and addressed

> I found it all too painful, so it had to be aborted. I missed the last 3 smear callings due to this.

> I've had many smear tests throughout my adult life and have always fround them to be painful...

Accounts of pain emerged strongly across the findings and reveal a significant disconnect between how pain is communicated in statutory health information materials and women's experiences in practice, with many reporting unexpected discomfort that was inadequately acknowledged or minimised by healthcare professionals. Women's experiences of pain are not uniform, but are shaped by factors including age, sexual orientation, medical conditions, and experiences of sexual violence and trauma, which may intersect in ways that compound barriers to screening.

4. Gaps remain in how ongoing consent is translated into practice during cervical screening

> A bit of aggression at the beginning, did not know how to stop the procedure

> I have vaginismus based on sexual coercion by previous partners and the two first smear tests I went to were not nice. The nurse did not stop when I started crying or ask me if I wanted to continue or offer different options such as a smaller speculum or to have support instead said I needed to 'speak to someone' about 'my problems'

There were significant concerns about how consent is understood and respected during cervical screening. Some women described examinations continuing after they had withdrawn consent, while others reported crying, expressing pain, or asking practitioners to stop without feeling that their wishes were acknowledged.

These experiences underscore a fundamental principle: consent must be an active, ongoing process rather than a one-off procedural formality, with women retaining control, dignity, and bodily autonomy throughout the examination. A technically completed screening test cannot be considered a successful experience if a woman leaves feeling that she has lost control over what happens to her body.

5. Getting the right information, at the right time and in the right place, is essential

> I felt that I was left to figure things out for myself, a face to face or phone discussion with a 'person' perhaps GP or a specialist would have improved the anxiety during this time and helped me to feel more informed about what my result meant and what the next steps would be.

> Would be really helpful to have more information about things that can help/options beforehand. Also, in reminder text/email, how to prepare, things to do afterwards, maybe a link to more information.

Women's accounts show that positive cervical screening experiences depend not only on the quality of care during the examination but also on how well women are informed, prepared, and supported throughout the screening pathway. Throughout the engagement, women consistently called for clearer information about the procedure, available choices and adjustments (including speculum sizes), the meaning of their results, and next steps. The findings suggest that providing information does not necessarily translate into meaningful preparation. Women described feeling rushed, finding the information too clinical and inaccessible, and having limited opportunities to raise concerns.

6. Positive cervical screening practices exist, but consistent care remains a matter of chance

> My most recent experiences at [surgery] have been really sympathetic and professional, so it really does depend on the surgery. But healthcare shouldn't be a postcode lottery, based on the mood of the practitioner conducting the smear

> Little empathy, lack of reassurance or understanding when it does feel uncomfortable or painful. You get a harsh piece of paper towel to 'clean' yourself up with – it's just not very friendly when it's such an uncomfortable experience.

The positive experiences reported by women demonstrate that high-quality cervical screening is already being delivered within the NHS. Women described healthcare professionals who communicated clearly, anticipated discomfort, responded to concerns, protected dignity, and checked their willingness to continue. However, these experiences were not consistently reported, even within the same practice or screening location. This was explored within the context of pressures facing NHS services, where high workloads, time constraints, and limited resources can affect the ability of even experienced and compassionate healthcare professionals to provide the individualised care women need. Improving the quality of cervical screening requires not only strengthening professional practice but also addressing the structural conditions that enable consistent positive experiences.

7. Cervical screening services are not sufficiently equipped for the diversity of bodies they serve

> I experienced a traumatic birth at the QMC, causing irreparable damage internally and PTSD. A few years post birth a prolapse has occurred and therefore it is now more challenging for staff to take samples from the cervix and the tools required to carry out the smear test causes more discomfort and takes longer. At my most recent (2026) smear test the inference that the difficulties … in getting to the cervix to take the sample was partly due a problem with me (post childbirth) were not appreciated or helpful.

People accessing cervical screening represent a diversity of bodies and experiences, including variations in anatomy, disability, medical history, childbirth, pain, and trauma. These differences are a natural feature of the population served, rather than exceptional circumstances requiring special accommodation. How screening services recognise and respond to this diversity can determine whether participants complete screening successfully. For some participants, recognising bodily variation and adapting care prevented unnecessary pain; for others, it led to identifying and treating underlying conditions. Where neither occurred, some disengaged from screening altogether.



Recommendations for change

1. Commission neighbourhood-based cervical screening services through women's health and community hubs, offering flexible appointment options to women who face barriers to accessing screening through traditional GP settings.

2. Establish a national first-screening standard requiring everyone invited for their first cervical screening to receive accessible information alongside their invitation, opportunities for pre-screening consultation, and an assessment of individual support and adjustment needs.

3. Introduce mandatory pain assessment and management protocols for cervical screening and revise national clinical guidance and public information to accurately reflect women's diverse experiences.

4. Embed ongoing consent as a mandatory, assessable competency in trauma-informed cervical screening training, with clear practical protocols for maintaining choice and control throughout examinations, including agreed pause or stop signals.

5. Redesign cervical screening communications to prioritise meaningful understanding using accessible, multilingual resources, peer educators, and trusted community networks to support confidence.

6. Scale positive cervical screening practices across NHS services through continuous professional development and investment in the systems and resources that enable consistent care.

7. Strengthen existing cervical screening audits to assess and improve provision for individual anatomical needs, including speculum choice, flexible positioning and specialist referrals.

Notes

My Cervical Screening
CHECKLIST



This checklist was developed by women from the 'It's A Smear Campaign' Steering Group, drawing on their lived experiences and informed by the key findings and insights gathered throughout the campaign.

Who is this for?

For women and anyone with a cervix who has been invited for NHS cervical screening, is preparing for an appointment, or wants to understand the options available.

Why screening matters:

Cervical screening saves around 5,000 lives each year in the UK. It checks for high-risk HPV so it can be treated before cancer develops. You should still be screened even if you have had the same partner for years or have not been sexually active.

How to use this checklist:

Read it before your appointment. Tick what you feel confident about and circle anything you would like to discuss. You can bring it to your appointment or share it with your GP or nurse beforehand.

More information + support

NHS: cervical screening: nhs.uk/conditions/cervical-screening/
Eve Appeal: Ask Eve: 0808 802 0019 | nurse@eveappeal.org.uk

Nottingham Women's Centre come on in
NOTTS SVS SERVICES LISTEN BELIEVE SUPPORT
IT'S A SMEAR CAMPAIGN
ROSA THE UK FUND FOR WOMEN AND GIRLS

Before my appointment:

- I understand that screening checks for high-risk HPV to help prevent cervical cancer
- I know what will happen and can ask questions
- I have asked about adjustments I need (e.g. extra time or smaller speculum)
- I know I can bring someone for support or ask about a chaperone

During my appointment:

- I have had the chance to ask questions and understand what will happen
- I feel ready to proceed and know that screening is my choice
- I know how to ask for the examination to be paused or stopped at any time
- I can tell the clinician if I feel pain, discomfort or anxiety

Before I leave:

- I know when and how I should receive my results
- I know who to contact if I have questions about my results or next steps

Questions or adjustments I want to discuss:

_____

_____

_____

To book your screening or discuss results, please contact your GP practice.
This checklist supports conversations; it does not replace NHS screening information.

Local advice + signposting

Nottingham Women's Centre
0115 941 1475
Nottingham & Nottinghamshire NHS Sexual Health Services
0300 131 7010

Please note, this is a pilot verison of this resource. Please use the QR code to leave your feedback on how we can improve it.

Nottingham Women's Centre come on in
NOTTS SVS SERVICES LISTEN BELIEVE SUPPORT
IT'S A SMEAR CAMPAIGN
ROSA THE UK FUND FOR WOMEN AND GIRLS