

## **13. TARGETTED RESOURCES**

13.1 Aboriginal

13.2 Culturally and Linguistically Diverse

13.3 Lesbian

13.4 Rural

13.5 Men

## Aboriginal Women and Breast Cancer

Resources in this area of breast cancer care are under developed. There are no online breast cancer resources in Tasmania that specifically target aboriginal women. There is some material available from other States.

### Information:

#### *Aboriginal women and breast cancer*

[Aboriginal women](#) National Breast Cancer Centre

[Aboriginal and Torres Strait Islander Women—Improving Care](#) Breast Cancer Network Australia

[Overcoming Barriers to Screening of Cervical and Breast Cancer in Indigenous Women](#) Rural Health Education Foundation

[Healthy Aboriginal Women—In Mind, Body and Spirit](#) Queensland Government

#### *Aboriginal health*

[Australian Indigenous Health](#) Edith Cowan University

#### *Aboriginal health worker resources*

[Aboriginal & Islander Health Worker Journal](#)

[Aboriginal Health](#)—Medicine Australia

#### Related Topics

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## Aboriginal Women and Breast Cancer

[Aboriginal & Torres Strait Islander rural health workforce](#)

### *Aboriginal Centre*

[Tasmanian Aboriginal Centre](#)

### *Government Departments*

Office for Aboriginal and Torres Strait Islander Health ([OATSIH](#))  
[Tasmanian Office](#)

[Aboriginal & Torres Strait Islander rural health workforce](#)

### Related Topics

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## Culturally and Linguistically Diverse (CALD) women and breast cancer

Resources in this area of breast cancer care are limited. There are online breast cancer resources published by the National Breast Cancer Centre that target cultural and linguistically diverse women available in a range of languages and different States have a selection of material available.

### Information:

[Breast Cancer: Bridging the cultural divide](#) National Breast Cancer Centre media release

[Information in other languages](#) National Breast Cancer Centre  
(scroll to the bottom of the page)

[Exploring cultural attitudes to breast cancer NHMRC](#) National Breast Cancer Centre

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## Lesbians and Breast Cancer

The Breast Cancer Network Australia has done some research on useful internet sites and other resources for lesbians with breast cancer. For further information click on the link [Resources for lesbians with breast cancer](#).

**This section reproduces information from the publication [The Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer](#). Ch 5.4 pp 120 –123**

In general, homosexuals (gay men and lesbian women) and heterosexuals have similar health risks and concerns. However, homosexuals may be faced with some issues and concerns not experienced by their heterosexual counterparts.

It should be noted that there is a paucity of high-quality research about the health issues related to sexual orientation and the impact of cancer on those who are homosexual. Most of the literature consists of reports, review articles and descriptive studies. There is however considerable research about HIV/AIDS that appears relevant. Studies report high levels of illness concerns, social isolation, and lack of support in the homosexual population which are associated with psychological distress, anxiety and depression.

## The health issues related to sexual orientation

### ***Difficulties experienced by homosexuals***

Individuals who identify themselves as homosexual often experience discrimination, violence and social isolation, all of which impact on health and wellbeing. In this population there are higher rates of depression, suicide,

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substance abuse/alcoholism, cardiovascular disease and certain cancers than in the heterosexual population. For some homosexuals the stress of cancer can be a reminder of earlier stresses, resurgence of stigmatisation and self doubt affecting sense of identity and well being.

### ***Attitudes of health professionals***

Homosexuals may encounter homophobic attitudes and heterosexist assumptions when accessing health services. This may result in discrimination, and can be compounded if health professionals lack sensitivity and/or have limited knowledge of homosexual health issues and are therefore unable to answer questions about health risks. These factors may lead to avoidance or delay in seeking care and follow-up treatment, and be associated with the individual changing practitioners frequently. Individuals may not receive appropriate interventions, education, or information if they have fewer health checks and less screening and consequently may experience reduced quality of medical care.

Findings from primarily descriptive studies suggest that lesbians may be at higher risk of cervical, breast and ovarian cancer (Level IV). Studies have shown that lesbians have less frequent screening for cervical cancer. (Level IV). In one study of 100 lesbians a quarter of the women indicated they had not had a pap smear within the last 3 years including 7.6% who had never had a pap smear (Level IV). There is an incorrect assumption among both women and some health professionals that lesbians do not need routine pap smears because of their sexual orientation,. However they may be

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at risk for human papilloma virus, one of the major causes of cervical cancer, through contact with women who may have had previous male partners. Lesbians may be at increased risk of breast and ovarian cancer due to lower use of oral contraceptives, and lower likelihood of having children or breast feeding, however breast screening and breast self-examination appears to be less frequent in this population.

### ***Impact of cancer on homosexual individuals***

A descriptive study exploring the impact of breast cancer on lesbian and heterosexual women identified no significant difference in psychological outcomes in relation to mood, sexual activity or relationship issues. Lesbians experienced fewer problems with body image, being more comfortable showing their bodies to others both prior to and following breast cancer. Lesbians were more likely to obtain social support from their partners and friends while heterosexuals received more support from relatives. Lesbians were less satisfied with their physician's care and the inclusion of their partner in medical treatment decisions.

### ***General interactional skills to improve care***

An individual's sexual orientation can affect levels of comfort with treatment interventions, ability to obtain emotional support and coping, and communication with health care providers. Non disclosure of sexual orientation is common due to fear that negative responses will lead to reduced standards of care.

Health professionals can improve health seeking behaviours and provide more effective care and improved interaction with lesbians by:

- Providing an environment in which patients feel safe and are encouraged to

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## Lesbians and Breast Cancer

discuss their sexual orientation

- Recognising the barriers to care that may have been previously experienced
- Adopting an inclusive approach
- Being supportive and no-judgemental
- Maintaining a non-homophobic attitude
- Distinguishing sexual behaviour from sexual identity
- Maintaining awareness that personal attitudes may affect clinical judgement
- Communicating with gender neutral terms

### Further information:

**The Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer. Ch 5.4 pp 120 –123**

### Other Resources:

[Gay and Lesbian Counselling and Community Services of Australia](#)

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## Rural and remote women

This section reproduces information from the publication [\*The Clinical Practice Guidelines for the Management of Early Breast Cancer\*](#). Ch 8.1 pp103—104

About 30 per cent of Australian women who develop breast cancer live in regional, rural or remote areas. Women living in regional towns generally have access to a range of services. However, women living far from urban centres sometimes have difficult choices. They must undertake treatment locally or travel far from family and friends. In a recent study, rural women with breast cancer in Australia reported spending an average of six weeks away from home. Many of these women would prefer to be treated in their local or regional area, rather than having to travel to a metropolitan centre. The cost of opting for local treatment is that choices may be limited. Most women, apart from those in remote areas, will have reasonable access to a surgeon who can operate on the primary cancer, remove it and stage the disease.

Increasingly, some general surgeons in rural areas have undertaken the considerable effort required to develop a special interest in breast cancer surgery. All surgeons who elect to manage women with breast cancer should keep themselves and their colleagues up to date with the current knowledge and treatment of all aspects of the disease, including current clinical trials. An audit of patient treatments and outcomes should also be maintained.

Particularly in rural and remote areas, GPs play a key role in the initial diag-

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of women with breast cancer. They also have an ongoing and important role in palliative care where that proves necessary.

With the exception of a few major towns, radiotherapy is not available outside capital cities, and resident medical oncologists are not usually available. Given that radiotherapy usually requires six weeks away from home, this influences some women to opt for mastectomy instead of breast conservation plus radiotherapy. This decision is often made for pragmatic, financial, work, family and social reasons.

Rural/regional surgeons managing breast cancer need a close liaison or networking with appropriate medical oncologists, radiation oncologists and a 'breast surgeon' in a metropolitan breast unit. Preferably these should be doctors who either visit their region or have a specific interest or expertise in breast cancer management for rural women. For most rural women this should facilitate effective and efficient multidisciplinary assessment and management. The oncologist's recommended systemic adjuvant therapy can usually be administered locally and should not require travel.

Women travelling for treatment benefit from being accompanied by a carer who can provide support during their time away. The costs of travel to a regional or urban centre are financial hardship social dislocation and emotional strain. Women who have treatment away from home may also find that communication between their local doctors and the treating specialists is not adequate.

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## Rural and remote women *cont'd*

### ***Out-of-pocket expenses for women in rural and remote areas***

A recent report examined out-of-pocket expenses incurred by women for diagnosis and treatment of breast cancer in Australia. It found that compared with their urban counterparts, women residing in non-urban, rural and remote areas do not appear to incur substantially greater out-of-pocket expenses for medical services involved in screening, diagnosing and treating breast cancer in their region. However, the evidence does suggest that many such women travel to urban or metropolitan areas in order to receive these services and therefore incur additional travel and accommodation costs.

Although most states have a travel and accommodation scheme, in current practice many women do not receive the financial assistance to which they are entitled. The treatment team should assist women to access adequate financial support. It should be noted that there appear to be substantial differences in the patient travel and accommodation schemes run by the state and territory governments.

### **Further information:**

See *this Resource* Section on [Practical and Financial](#)

### **Rural and remote women with breast cancer**

The Breast Cancer Network of Australia has developed a web page dealing with issues specifically relating to women who live in rural or remote parts of Australia. For further information click on the link [Rural and remote women with breast cancer](#)

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## Rural and remote women *cont'd*

[Breast cancer in rural Australia](#)—Medical Journal of Australia

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## **Men and Breast Cancer**

Further information:

**Breast cancer in men** —National Breast Cancer Centre

**Do men get breast cancer?** —National Breast Cancer Centre

**What causes breast cancer in men?** —National Breast Cancer Centre

**Signs and symptoms** —National Breast Cancer Centre

**Men with breast cancer**—Breast Cancer Network Australia

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