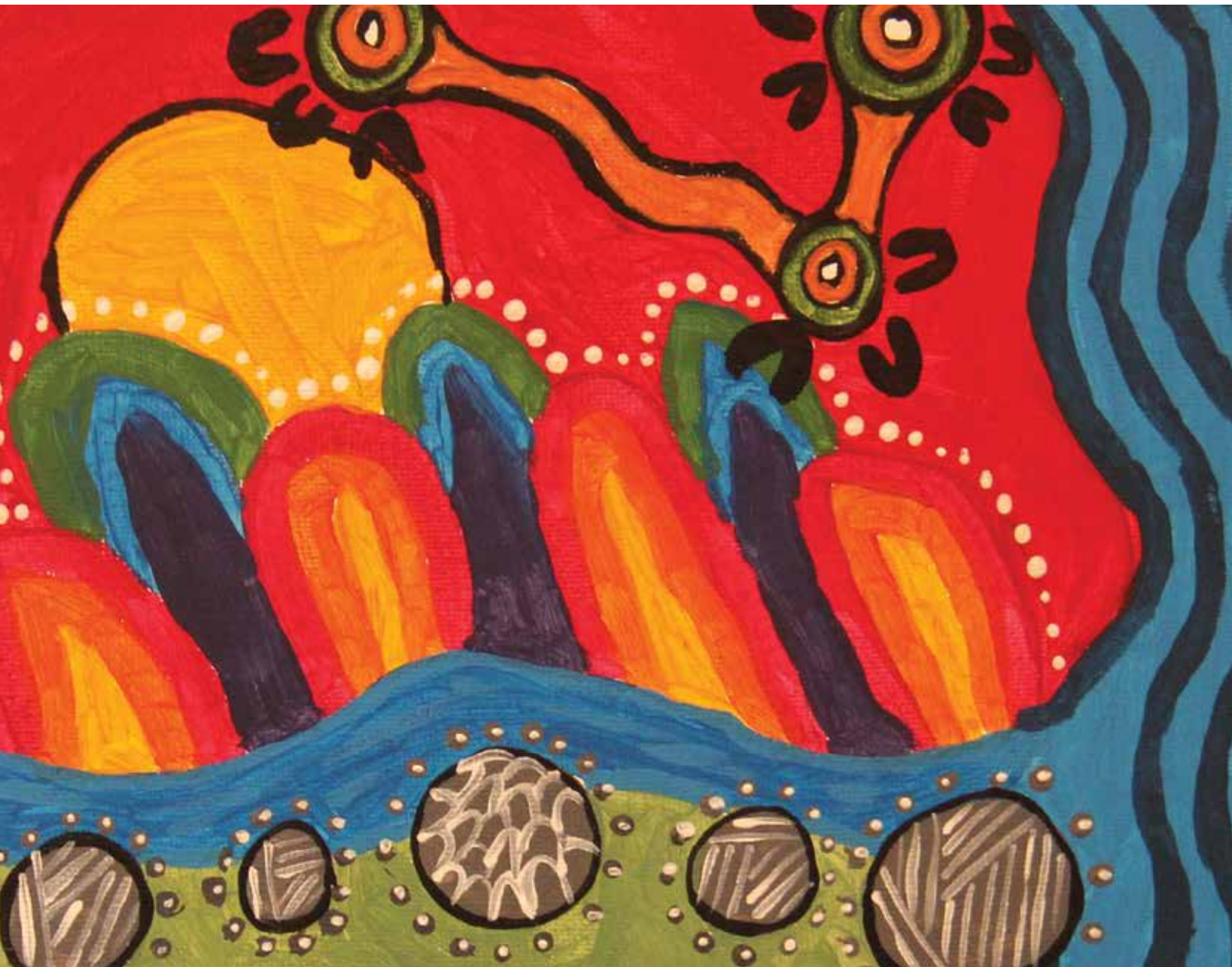


# WOMEN'S VOICES 2022

THE EXPERIENCES OF ABORIGINAL WOMEN DURING COVID-19



# NGATA

## WALKING TOGETHER TOWARDS VOICE, TRUTH AND TREATY.

The Aboriginal Women's Voices project reflects a proud partnership between Women's Health and Wellbeing Barwon South West (WHWBSW) and Charmaine Clarke and Sherry Johnstone. The project aimed to collect the experiences of Aboriginal women during the COVID-19 pandemic. Stories were gathered through yarns, words and art during gatherings held across the region.

Beautifully, Aboriginal women were generous with their time, stories and experiences. Guided by Charmaine and Sherry, women shared the joys and challenges of this time. The mental health impacts were significant, so too the strength and tenacity of these women, and their communities.

WHWBSW have made a commitment to listen and to change. We have listened to the stories, sat with the art created, and distilled key themes. Over the months that follow, we must honour these women. We will act in line with the suggestions and hopes shared, and together we will strive towards lasting change.



## EMMA MAHONY

CHIEF EXECUTIVE OFFICER  
Women's Health and Wellbeing  
Barwon South West

*Working on the land of the Peek Wurrong  
people of Eastern Maar Nations*

## I THOROUGHLY ENJOYED MEETING AND CONNECTING WITH THE WOMEN DURING OUR SESSIONS.

The women were happy to be part of them and keen to participate in making an artwork. I started the sessions by introducing myself alongside Charmaine Clarke and talking about what we were aiming to capture through art, giving the women some ideas on how they could represent their COVID-19 journeys using our traditional symbols.

I had some of my artworks around the room to give the women some inspiration and ideas. Practicing art is therapeutic, and I feel that if you can give women the time, space and materials to paint, the majority enjoy it and, once they make a start, they are committed. I feel that most Aboriginal women have an uncanny ability to paint even when it's something they don't practice often.

Some very personal stories came out and I felt privileged to be able to give the women a chance to vent those feelings through art, particularly if they weren't able to verbalise them on the day, and for them to feel culturally respected and safe enough to open up and share their stories on canvas.

There were a lot of different creative expressions, from starting with dark colours changing into light as their journey improved, to some abstract styles representing darkness, mental health struggles and lack of control, to deliberately making their paint fade to represent them struggling to stay strong. There were also more detailed versions using symbols to represent different things along their journey.

The feelings that came from the groups were very powerful. They created some beautiful and very meaningful artworks that they were able to take home at the end of the session. Sections of these artworks produced during these sessions appear throughout this report, so please enjoy.



## SHERRY JOHNSTONE

ART FACILITATOR  
Keerray Woorroong / Yorta Yorta Artist  
Spirit & Soul Creations

## THIS WAS A PROJECT OF THE HEART.

It demonstrated for me the profound impacts that Aboriginal women in the community have endured over the last two years during the height of the COVID-19 pandemic. I was privileged to sit down and yarn with Aboriginal women of all ages across the region.

In Warrnambool, Portland and Hamilton, we held art workshops and yarns that brought together women's voices and artistic expression. It brought some women out of isolation for the first time, overcoming the developed anxiety, stress and depression. For many, it was also their first time speaking candidly and sharing their experiences of COVID-19. It was an immense honour to listen. It was within the stories and yarns they shared with me that I heard of the journeys of community, families, partners and children.

The landscape for some had changed indelibly – "I am not the same person I was before COVID" – and many had lost loved ones with little ability to share the grieving process. Some had been brought together as a family in ways that are deeper and richer. Others have missed and longed for contact with loved ones, children and parents.

The women's yarns told me of resilience and resourcefulness, others of life changing decisions. All exuded compassion, strength and resilience.

The project's priority of focusing on hearing Aboriginal women's voices does not end with this work. Women's Health and Wellbeing Barwon South West are committed to take those voices and magnify them through advocacy and policy development.

It is envisioned that this will lead to further programs specifically targeted at Aboriginal women and their families as we all take stock and reclaim our lives after the height of COVID.

I know that working with Sherry, and the art workshops combined with the women's yarns, this project will be a first step towards that recovery. One that is lead, developed and implemented for and by women.



CHARMAINE CLARKE

GUNDITJMARA ELDER



# ACKNOWLEDGEMENTS

WHWBSW WOULD LIKE TO ACKNOWLEDGE CHARMAINE, SHERRY, THE WOMEN WHO PARTICIPATED AND THE STAFF TEAM THAT GAVE GENEROUSLY TO THIS PROJECT.

WE WOULD LIKE TO ACKNOWLEDGE THE PARTNERSHIP AND SUPPORT PROVIDED FROM KIRRAE HEALTH SERVICE, GUNDITJMARA ABORIGINAL COOPERATIVE LTD, WINDA-MARA ABORIGINAL CORPORATION AND DHAUWURD-WURRUNG ELDERLY & COMMUNITY HEALTH SERVICE INC.

THIS PROJECT WAS SUPPORTED BY THE VICTORIAN GOVERNMENT.



## ACKNOWLEDGEMENT OF THE TRADITIONAL OWNERS OF THIS LAND

We proudly acknowledge Aboriginal people as the First Peoples, Traditional Owners and custodians of the lands and waters on which our work occurs. We acknowledge and respect the wisdom, living culture and unique role that Aboriginal people hold, and which has seen them thrive for thousands of years.

We acknowledge the Traditional Owners of the Barwon South West region of Victoria, with three recognised groups – the Wadawurrung, Gunditjmara, and Eastern Maar peoples – and the clans and language groups that reside within them.

We stand with the Traditional Owners of this land and echo their call for change, as described in The Uluru Statement from the Heart:

“...to empower our people and take a rightful place in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.....Makarrata is the culmination of our agenda: the coming together after a struggle. It captures our aspirations for a fair and truthful relationship with the people of Australia”

We specifically acknowledge the traditional owners of Gunditjmara Country where this project was held, with gatherings in Warrnambool, Hamilton and Portland.

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# EXECUTIVE SUMMARY

THE WIDESPREAD AND ONGOING IMPACTS OF COVID-19 REMAIN A CRITICAL FOCUS FOR STATE AND FEDERAL GOVERNMENTS IN AUSTRALIA AND FOR GOVERNMENTS WORLDWIDE.

While there are many commonalities in the experiences of people around the world, there are also key differences across cultures.

There has been extensive research into the impact COVID-19 has had on the lives of Australians generally, including emotional, social and financial implications, however, there has been little to no research specifically on the impacts of the pandemic on Aboriginal women.

Women's Health and Wellbeing Barwon South West (WHWBSW) identified and sought to address this gap through the Aboriginal Women's Voices project, developed and delivered with funding from the Victorian Government's 'Keeping Victorians Connected and Supported – Mental Health and Wellbeing Coronavirus Response Package.'

This project aimed to improve understanding of the unique experiences of Aboriginal women during the pandemic.

The project was led by two Aboriginal women contracted by WHWBSW to develop and deliver the project in a way that was culturally safe and respectful of the women's experiences. A series of gatherings were organised in Warrnambool, Heywood/Hamilton and Portland, during which Aboriginal women could participate in a one-on-one yarning session, create an artwork and complete a survey. A total of 41 women participated in the project.

The results of the project demonstrated some commonalities between the experiences of Aboriginal women and those of general population, for example, participants spoke

about impacts on mental health and an increased reliance on alcohol during the pandemic. The findings also highlighted some key factors that are unique to the experiences of Aboriginal women. These factors centre on the importance of connection to community, culture and place for Aboriginal women, the harm caused by the forced disconnection due to pandemic-related restrictions and the challenges women experienced in trying to fulfil their cultural responsibilities when restricted from doing so.

WHWBSW is committed to amplifying the voices of women in this project to ensure that their wisdom and experiences are heard by those in a position to make change. The learnings gleaned through this project will be used to inform our approach. Based on the women's insights we recommend that agencies and organisations providing services to Aboriginal people.

- Ensure that Aboriginal people lead the development and implementation of projects involving the Aboriginal community.
- Commit to cultural safety and reconciliation.
- Adequately resource Aboriginal Controlled Community Health Organisations (ACCHOs) and Aboriginal Controlled Community Organisations (ACCOs).
- Recognise that disasters do not impact all people in the same way, nor to the same extent, and tailor responses to meet the specific needs of communities.
- Re-think mental health service and education delivery to better meet the needs of people who don't have, or can't afford, technology.



# INTRODUCTION

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THE COVID-19 PANDEMIC HAS TRIGGERED TREMENDOUS SOCIAL, CULTURAL, ECONOMIC, AND POLITICAL DISRUPTIONS GLOBALLY.

While the pandemic has impacted everyone, individual experiences are shaped by many factors, including location, culture, gender, socio-economic status and health.

'Aboriginal and Torres Strait Islander peoples' wellbeing and resilience includes having a sense of connectedness to family, friends and community<sup>1</sup> and fulfilment of cultural responsibilities such as caring for Elders.<sup>2</sup> These cultural determinants of health are proven to have a significant and positive impact on the health of First Nations peoples.<sup>3</sup> Public safety measures such as physical distancing that prevented traditional ceremonies, including those to mark life transitions and the death of a loved one,<sup>4</sup> significantly impacted First Nations peoples.

Disparities between Aboriginal and non-Aboriginal people in relation to health, life-expectancy, education and employment<sup>5</sup> pre-existed COVID-19 and shaped the way in which Aboriginal people experienced the pandemic. Historically, Aboriginal and Torres Strait Islander people experienced poorer health outcomes than the rest of the Australian population during pandemics.<sup>6</sup>

It is also clear that women and men have experienced the crisis in markedly different ways, with women more likely to lose jobs, income and safety and to experience higher levels of stress.<sup>7</sup> As was true prior to the pandemic, women also carried the majority of unpaid care responsibilities, responsibilities which, due to restrictions and home-schooling requirements, increased during COVID-19.<sup>8</sup>

While the complex and widespread impacts of the pandemic are well documented, there has been little to no research specifically on the impacts on Aboriginal women. WHWBSW wanted to gain an understanding of the way in which Aboriginal women experienced the pandemic and, in 2021, we received funding to do so through the Victorian Government's 'Keeping Victorians Connected and Supported – Mental Health and Wellbeing Coronavirus Response Package.'

This project specifically aims to understand the experiences of COVID-19 that are unique to Aboriginal and, in seeking to achieve this, WHWBSW engaged two local Aboriginal women to develop and lead the project.



# CONTEXT

## ABORIGINAL WOMEN'S HEALTH

Aboriginal and Torres Strait Islander people belong to the world's oldest continuing cultures<sup>9</sup> and, for Aboriginal and Torres Strait Islander women, health is inherently linked to their families and communities.<sup>10</sup>

Aboriginal women are the social fabric of their communities, they hold a wealth of cultural knowledge, and their health is dependent on physical, spiritual, cultural, emotional, and social well-being, community capacity and governance.<sup>11</sup> Their definition of health encompasses "not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community."<sup>12</sup>

While the overall health of Australians is improving, Aboriginal women continue to have poorer health outcomes compared to non-Aboriginal women. This is a direct consequence of colonisation, forced removal of children, segregation and the interruptions to cultural practices, traditions, and identity.<sup>13</sup>

Considerable health disparities between Aboriginal people and non-Aboriginal people pre-exist the emergence of the COVID-19 pandemic and subsequent restrictions.

- Aboriginal women's life expectancy is 73.7 compared to 83.1 for non-Aboriginal women.
- Aboriginal women are more likely to have one or more chronic health conditions compared to Aboriginal men and are 34 times more

likely than non-Aboriginal or Torres Strait Islander women to be hospitalised due to family violence.

- Although they make up 0.9% of the Victorian population, Aboriginal women are the fastest growing segment of the Victorian prison population, representing 8.9% of Victorian female prisoners. Most Aboriginal women in prison have experienced family violence and many are incarcerated for offences relating to homelessness and financial hardship.<sup>14</sup>

An Australian Institute of Health and Welfare report (2017) found that life expectancy and mortality gaps between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people were widening.<sup>15</sup> Ten years after its commencement, the Close the Gap 10-year review (2018) concluded that structural factors, such as institutional racism, poor housing and a lack of healthcare access, need to be addressed for Aboriginal and Torres Strait Islander people's health outcomes to improve.

## WOMEN'S HEALTH AND WELLBEING

WHWBSW is a not-for-profit health promotion organisation. We promote health and prevent ill-health before it occurs by acting on the social determinants of health. We recognise that social, legal, economic and cultural factors shape health and our work is built on a foundation of evidence and a commitment to excellence. We engage women from across the region to understand their experiences and elevate their voices, which then informs and guides our advocacy.



# THE PROJECT

The Aboriginal Women's Voices project was developed and led by two local Aboriginal women:

- Charmaine Clarke, a respected Elder with established local relationships and experience in many project roles and in the Mental Health field, leading yarning or story telling circles.
- Sherry Johnstone, a respected Peek Wurrong woman and talented artist with experience leading art workshops.

Charmaine and Sherry led the project, centring the experience of Aboriginal Women during COVID-19 and ensuring that participants' culture and experience was honoured throughout the development and implementation of the project.

## THE WOMEN

The women who participated in the project lived in or around the cities of Warrnambool, Portland and Hamilton. Each of these locations had an Aboriginal Community Controlled Organisation (ACCO) or Aboriginal Controlled Health Organisation (ACHO's) with an Aboriginal women's group. By working with ACCOs and ACHOs, the project team was able to extend an invitation to pre-existing groups of women. The ACCO/ACHOs involved in the project were

- Gunditjmara Aboriginal Cooperative – Warrnambool
- Framlingham community – Young women's group - Warrnambool
- Winda Marra Aboriginal Cooperative – Heywood/Hamilton
- Dhauwurd Wurrung Elders & Community Health Services - Portland

According to the 2016 Census by the Australian Bureau of Statistics (ABS), the Warrnambool, Portland and Hamilton area has a population of 71,601. Of that, 1,297 people identified as Aboriginal and/or Torres Strait Islander.

A total of 41 women aged 14 – 65 years participated in this project and gave generously their stories, art and experiences. Many of the women interviewed were traditional owners of the area, some were from other parts of Australia. All called it home.

## APPROACH

The project centred on a series of culturally safe gatherings during which women were invited to participate in a yarning session with Charmaine Clarke and to create an artwork with the support and guidance of Sherry Johnstone. In addition, women were invited to complete a survey. All elements of the project were entirely voluntary, and the women were free to discontinue at any stage.

A total of four gatherings were held during the month of May 2022.

### • *Yarning sessions*

Yarning is a culturally safe form of communication between Aboriginal and/or Torres Strait Islander Australians and involves sharing one's own stories and the creation of new knowledge. The yarning sessions in this project lasted approximately an hour and participants were asked questions about their experiences and attitudes in relation to COVID-19 and its impact on their lives. Of the 41 women who participated in the project, 13 engaged in the yarning sessions. Interviews were audio recorded and transcribed. Informed consent was given, and participants could withdraw their consent at any time.

“Yarning has a special place in Aboriginal culture, and the practice has been around for millennia.”<sup>16</sup>

## ARTWORK

The invitation to create artworks provided the women with a culturally safe place and an opportunity to express themselves through a traditional practice which can also have therapeutic benefits.<sup>17</sup> All participants in the project chose to complete an artwork.

“For Aboriginal people, the arts can develop community connections and positive cultural identity, providing a source of resilience against difficult life circumstances while improving physical and mental wellbeing.”

– VicHealth 2013 <sup>18</sup>

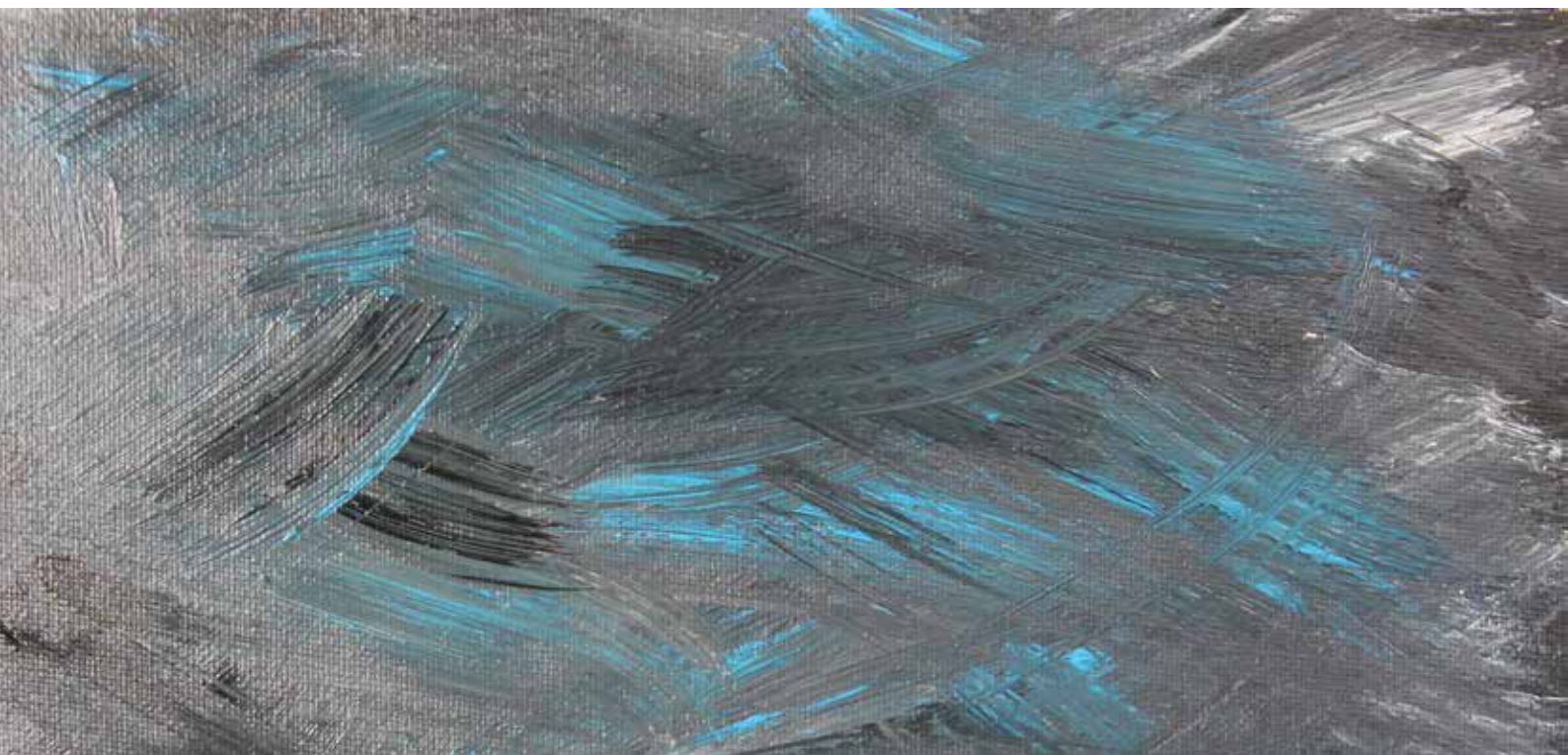
“Indigenous art offers an expression of identity and culture, providing avenues for self-expression, self-determination, and self-understanding. With these understandings of Indigenous culture, art also has the power to heal.”

– Cameron 2010 <sup>19</sup>

## SURVEY

Participants were invited to participate in a 23-question survey that was available on a tablet provided at the workshops. Survey questions captured data on demographics, family unit and mental health as well as information regarding services accessed during the COVID-19 crisis and the impacts on the women and their families. Of the 41 participants, 35 women chose to complete the survey.

The social and emotional wellbeing of the participants was a high priority during this project, and staff from both the ACCO/ACHOs and WHWBSW attended to provide support to participants as required. Debriefing sessions were embedded into the process and undertaken by the support workers and the yarning facilitator. Participants were able to leave or spend time in a private space at any point.





# KEY FINDINGS

The reflections shared during yarning sessions, through the creation of art works and through the survey showed that there were many ways in which Aboriginal women shared similar experiences to the wider Australian and global population, but it also showed that there were some experiences that were unique to Aboriginal women due both to their gender and culture.

## CONNECTION TO FAMILY, COUNTRY, COMMUNITY, CULTURE

Connection to family, country, community and culture are key social determinants of health and wellbeing for Aboriginal and Torres Strait Islander peoples.<sup>20</sup> The notion of family in Aboriginal culture is based on kinship and the individual and collective identities of Aboriginal people are centred on the fulfilment of cultural responsibilities, such as performing important ceremonies and caring for Elders.<sup>21</sup> Given this, Aboriginal peoples were significantly impacted by public safety measures, such as physical distancing, that prevented them from being on country, connecting with family and performing traditional ceremonies, such as those to mark life transitions and the death of a loved one.<sup>22</sup>

The importance of this connection to country, community and culture was highlighted by many women who participated in the project, both through the yarning sessions and the artwork they created. Many of the artworks created centred on the notion of connection to family and place, and the pain caused when this connection was impacted through restrictions which prevented some women from returning home or from being with family when they were most needed and culturally obligated to do so.

“Living in Melbourne during COVID I felt so disconnected to family and country, I struggled, felt so much grief and depression.”

– project participant.

Some women identified that the distance both from their family and from country had a significant impact on their sense of wellbeing and of self.

“It’s too late now but I moved back cos I had to, I had lost me... Being back home again its rainbows, water, healing, connection, the sun shines.”

– project participant.

They also observed the impact on their loved ones and, although many spoke of supporting family and friends as best they could, restrictions meant that this was limited and face to face contact was often impossible.

“having that support around you is what keeps you centred and balanced. For a lot of people even if it’s just a family member it would have been the difference between their mental health breaking and them staying stable. I lost a lot of friends during COVID both to COVID and to suicide just because they couldn’t handle it.”

– project participant.

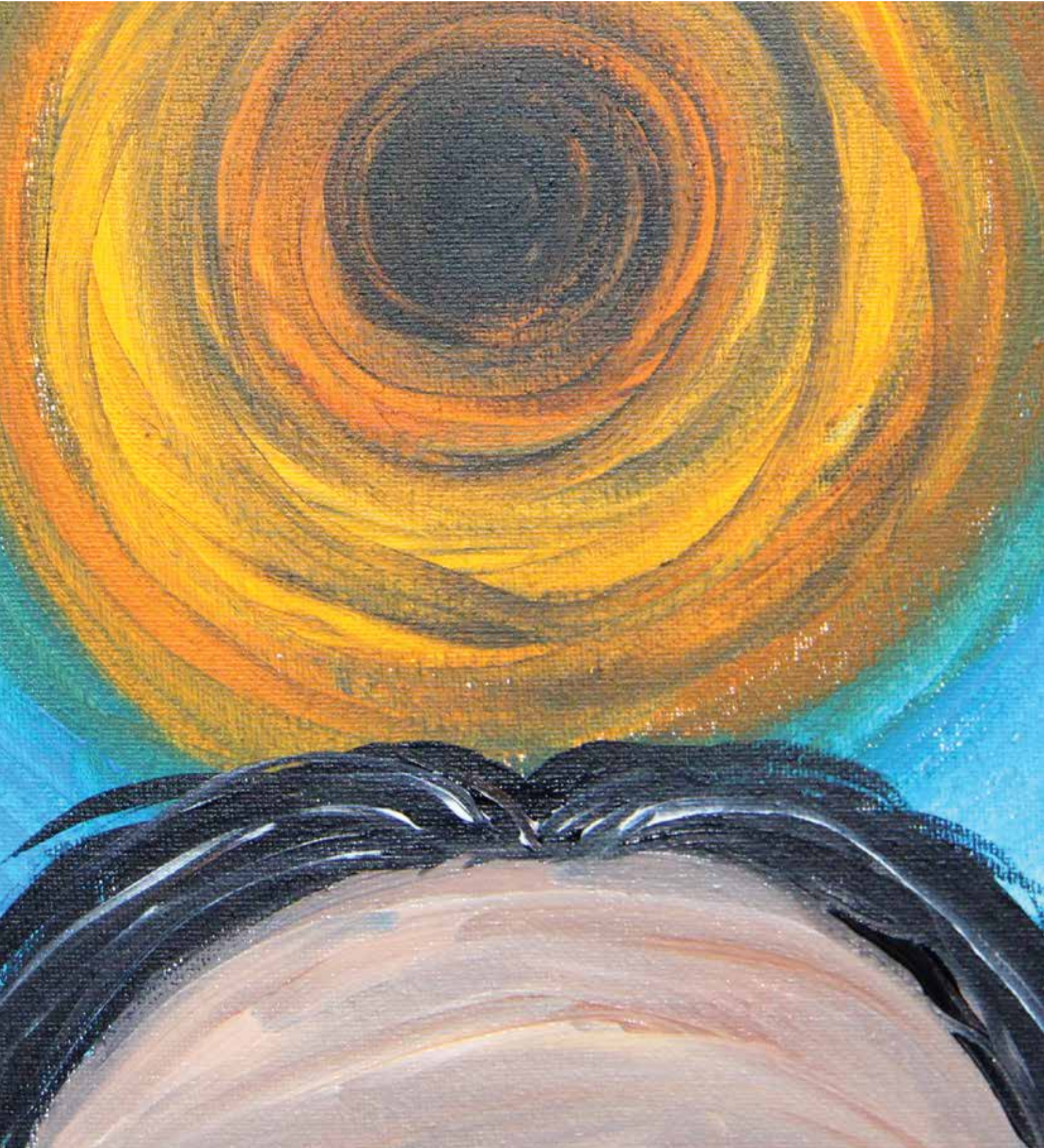
Other women spoke positively about the way in which restrictions allowed them to have more time at home and with their families.

“Prior to covid we didn’t stop – our family was always busy. COVID forced us to stop and enjoy our homes and each other.”

– project participant.

“It really strengthened our relationship we were very lucky we loved being with each other and spending time together and having that company.”

– project participant.



# WOMEN CARRY THE CAREGIVING LOAD

Prior to COVID-19, it was estimated that women globally were spending approximately three times as many hours on unpaid domestic work and care as men<sup>23</sup>. The impacts of the pandemic only served to exacerbate these gender disparities.<sup>24</sup>

A 2021 survey by the Australian Bureau of Statistics (ABS) showed that 62% of women spent five or more hours a week on unpaid indoor housework (compared with 35% of men). They also carried most of the unpaid care responsibilities, spending five or more hours a week caring for children (38% of women, 28% of men), caring for adults (16% of women, 7% of men), and cooking (64% of women, 37% of men).<sup>25</sup>

“COVID-19 has laid bare the negative consequences of longstanding gender gaps and norms around caregiving.”

– Organisation for Economic Cooperation and Development, 2021.

In Aboriginal communities, the responsibility carried by women is inherently linked to the concept of kinship, which describes a person's responsibilities to other people, the land and natural resources.<sup>26</sup> Kinship is a system that determines how people relate to one another and their surroundings, with the aim of creating a cohesive and harmonious community. It determines not only responsibilities towards others, but also influences who will look after children if a parent dies, who can marry whom, who is responsible for another person's debts or misdeeds, and who will care for the sick and old. People who hold a position in the kinship system have a responsibility to adhere to kinship principles through their actions, and this is true for Aboriginal women.

“I was 8 years old when I took that role (of mother) on because we were raised by nan and pop... (and) they were pretty old when they took us on so someone had to support them as well, and that was me because I was the oldest girl.”

– project participant.

The women who participated in this project spoke of the desire and obligation they felt to care for family during the pandemic as well as the anguish of not being able to meet their kinship responsibilities due to COVID-19 restrictions. The women also spoke of the additional pressure they experienced when caring for adult children, and often grandchildren, who returned home during the pandemic.

“With a very ill husband I had to keep him in a real bubble...then they all (son, daughter-in-law and two children) came up and lived with us for 3 months which put a lot of pressure on me.”

– project participant.

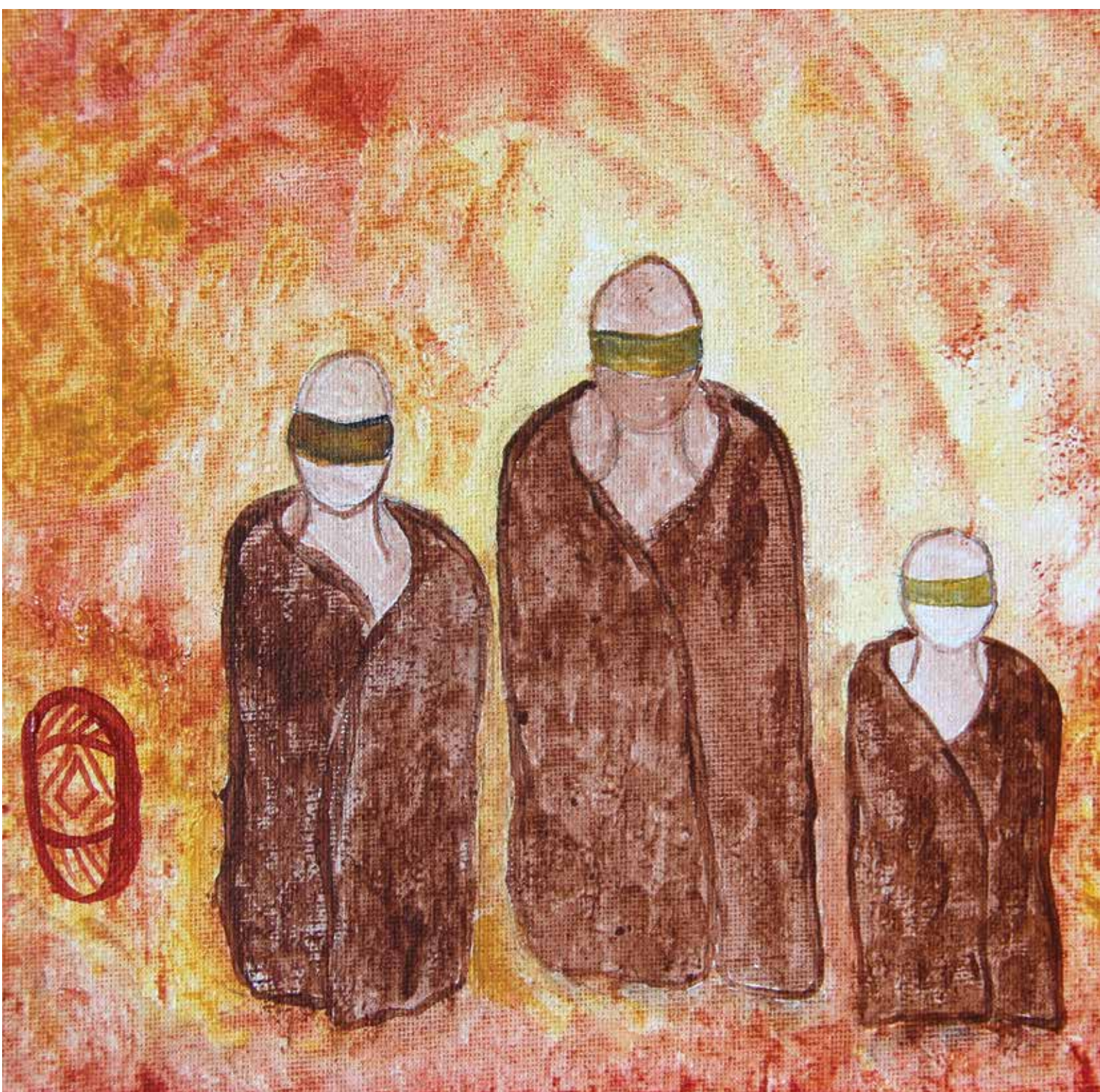
Half of the women involved in the project were sole parents which heightened the caregiving responsibility they shouldered during the pandemic, particularly when schools and childcare centres closed. Single mothers are one of the most economically disadvantaged groups in Australia<sup>28</sup> and, in the Barwon South West region, women make up 80.4% of sole parents.<sup>29</sup>

Many women spoke of needing to have a high-degree of self-reliance to be able to care for the physical and emotional needs of their families without any supports to rely on themselves.

Some of these women expressed a yearning to have someone to support them at times when they needed it.

“if I ever felt down... I know no one is picking me up, they don't ask because they think to themselves 'she's fine she's such a strong person'.”

– project participant.



# GRIEF AND LOSS

For many who experienced the loss of a friend or family member during COVID-19, restrictions prevented them from commemorating the life of their loved one as they wanted to.

Some were prevented from attending services, others were faced with the seemingly impossible task of deciding on a small number of people able to participate in a service. Being prevented from gathering with others to commemorate a loved one's life and mourn their death significantly compounded feelings of grief for many people.

When someone passes away in an Aboriginal community, the whole community comes together to share their sorrow through Sorry Business, a period during which important cultural practices and ceremonies take place.<sup>30</sup> Aboriginal societies are based on notions of community rather than the individual and the death of a member of that community impacts the entire community just as much as the individuals within them.

"For First Nations people, overcoming grief is a unique and complex process. It seeks to ensure that as a community we can move past death and commemorate those we have lost with consideration and celebration," Common Ground.<sup>31</sup>

Many participants spoke of experiencing loss and grief during the pandemic and over half the women in the project reported loss of a family member during this time. The inability to attend funerals and participate as a community in cultural ways of mourning and grieving left many feeling that their grief had not been processed.

"we couldn't even attend funerals there was no way to say goodbye... I had just found out that three of my friends had died in one week, so I lit a bon fire me and the kids sat around it... I had these little bags done up with my friends' favourite herbs in them, their favourite scents, and I threw them into the fire one by one just saying goodbye to them."

– project participant.

"I couldn't sleep, I had too much grief not having connected to other aunties... not being connected,"

– project participant.

"The pandemic took away the support that we really needed because this was the losses and the grief of the health issues and, you know, I almost lost my own daughter."

– project participant.







# FINANCIAL IMPACTS

Economic security is a critical determinant of women's mental health and evidence continually shows that Australian women are persistently and overwhelmingly less economically secure than men.<sup>32</sup> Women have lower lifetime earnings and are more likely to work part-time or in more insecure forms of employment. They also disproportionately take more time out of the workforce for unpaid caring responsibilities.<sup>33</sup>

Aboriginal women experience additional barriers and challenges in achieving economical security. They experience violence at more than three times the rate of violence against non-Indigenous women,<sup>34</sup> leading to physiological and safety issues that impact gaining or retaining employment<sup>35</sup> and they are often subjected to racism and prejudice when accessing housing or employment services. Aboriginal women are underrepresented in the workforce and education institutions.<sup>36</sup>

"According to the ABS, in 2016 the median weekly income for the Australian population was \$582 for Aboriginal people specifically it was \$492."<sup>37</sup>

The COVID-19 pandemic resulted in great financial pressure and stress on many people nationally and globally. However, in the context of a pandemic, the unique challenges faced by Aboriginal people served to significantly widen the gap and had profound, long lasting impacts for Aboriginal women and their families.

Most project participants spoke of significant financial pressure during the pandemic. Some lost their jobs or had their work hours reduced while simultaneously incurring additional financial costs due to home schooling or family members returning home.

"No matter how I saved, even with the bonus money that we were getting, I couldn't afford to buy them devices. My parents ended up buying the kids a device each just a cheap \$79 tablet each so they could do home schooling and it turns out that the devices weren't compatible with the schools' programs."

– project participant.

# ACCESS TO INFORMATION

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The timely dissemination of accurate and relevant information is essential for an effective local, national or global response to a disease outbreak. Information must be clear, accurate, and accessible to the target community. Effective communication also relies on mutual trust between the communicator and audiences and should be guided by cultural values.<sup>38</sup> Effective, tailored communication is particularly important for people, including Aboriginal and Torres Strait Islander peoples, who are considered higher risk.<sup>39 40</sup>

Aboriginal Community Controlled Organisations (ACCO's) and Aboriginal Community Controlled

Health Organisations (ACCHO's) played a significant role in disseminating information to Aboriginal peoples during COVID-19. Almost 60% of participants reported that they relied on ACCO's/ACCHO's for information about COVID-19 and rated the support they received from these organisations higher than any other services accessed during this time. ACCO's/ACCHO's both provided updates and informational materials and ACHOs also provided health checks and administered COVID-19 vaccinations. The participants in this project also obtained information through media reports (47%), government websites (47%) and conversations with family and community (44%).





# MENTAL HEALTH SERVICES

The mental health impacts of the COVID-19 pandemic remain the subject of ongoing research both in Australia and throughout the world. A 2022 study undertaken by the Australian Government however showed that, at the height of the pandemic, over 21% of Australians indicated that they had experienced a mental health disorder in the previous 13 months, with anxiety being the most common.<sup>41</sup>

All participants in this project said that the pandemic negatively impacted their mental health, with many reporting an increase in stress levels, depression and anxiety. Limited face to face service delivery was noted as a challenge for participants and some women who had accessed mental health services via an ACCO prior to the pandemic completely disengaged with these mental health supports as services closed, existed on a skeleton staff, or moved online.

“Limited access to rural health care was further reduced during the pandemic due to service closure and fear of disease contagion. A move to virtual healthcare delivery was constrained in many rural areas because of unreliable connection and poor coverage.”<sup>42</sup>

The move to virtual modes of healthcare, including mental healthcare, posed a challenge for women who, due to poor internet coverage or lack of access to a suitable device, were not able to reliably access those services. As a result, some women in this project experienced very limited or no access to mental health services during periods of COVID-19 restrictions.

“It’s just not knowing as a community member what’s going on or how to access it... for someone to know to start thinking of searching... how would they know, how would they find that, or do they even have a computer or internet?”

– project participant.

“Locked doors, locked doors Kepler St (ACCO) was locked for fuckin’ two years, there was no access. They have done a good job, great, with Facebook now they get the messages out there but during COVID that wasn’t there.”

– project participant.

# CONCLUSION

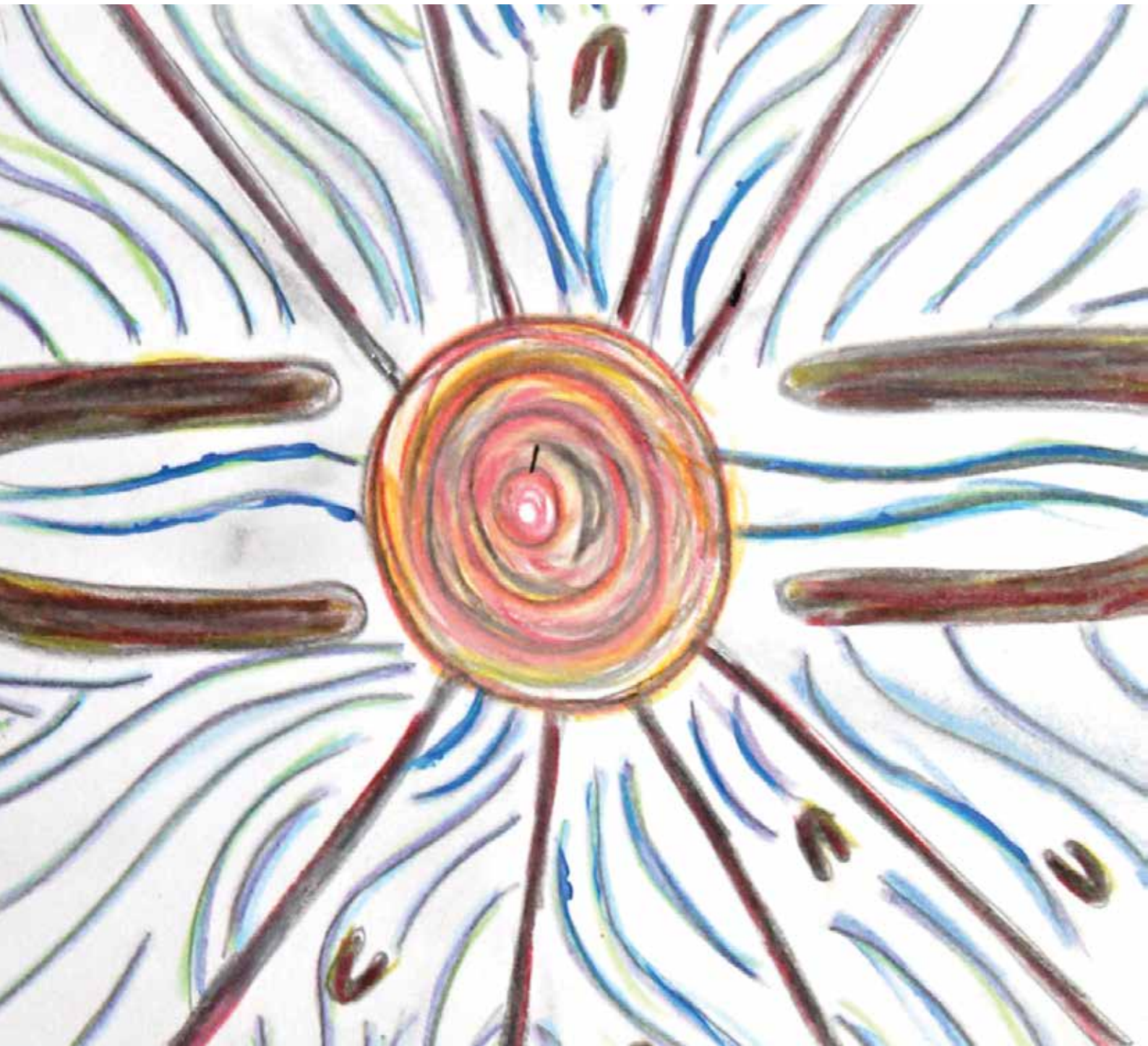
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COVID-19 has both highlighted and intensified existing inequalities and gaps in Australia's social support, educational and mental health systems.

It has drawn attention to the need for reform of these systems to ensure they effectively meet the needs of Aboriginal women and are resilient to respond to future emergencies which, like COVID-19, are likely to disproportionately impact women's health.

This project sought to improve understanding of the unique experiences of Aboriginal women during the pandemic and to make recommendations based on insights gleaned from those experiences.

WHWBSW is committed to amplifying the voices of women in this project, to ensure that their wisdom and experiences are heard by those in a position to make change. The learnings gained through this project will be used to inform our approach to our work.



# RECOMMENDATIONS

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Based on the insights gleaned from the women who participated in the project, as well as our own involvement in the project, we make the following recommendations applicable to all agencies and organisations providing services to Aboriginal people.

**1. Ensure that Aboriginal people lead the development and implementation of projects involving the Aboriginal community.**

Aboriginal people are infinitely better equipped to lead initiatives that meet the needs of their own community. This includes project design, the creation of culturally safe environments, and the implementation of activities.

**2. Commit to cultural safety and reconciliation.**

Understanding Aboriginal and Torres Strait Islander peoples as service users, and their experiences of COVID-19, can only happen with some insight into their rich culture, custom, experience and understandings. There are two critical steps in this process

- A commitment to cultural safety in the workplace
- A commitment to actively progressing reconciliation in the places we live, love work and play.

**3. Adequately resource Aboriginal Controlled Community Health Organisations (ACCHOs) and Aboriginal Controlled Community Organisations (ACCOs).**

ACCHOs and ACCOs play a critical role as a trusted source of health information and mental health support for Aboriginal people. This is particularly true in periods of crisis, such as the COVID-19 pandemic. They should be adequately resourced to undertake this work.

**4. Recognise that disasters do not impact all people in the same way, nor to the same extent, and tailor responses to meet the specific needs of communities.**

Responses to COVID-19 and other crises must recognise the intersectional nature of the individual's experience and be tailored to respond to the need of each community. For Aboriginal women living in a rural or regional environment, each of these factors can compound the challenges experienced during a crisis and should be addressed in services responses.

**5. Re-think mental health service and education delivery to better meet the needs of people who don't have, or can't afford, technology.**

Consider how mental health and education services can be delivered in a way that meets the needs of all people including those that don't have access to the technology that was increasingly relied upon during the pandemic. Consider the involvement of community hubs and telephone services or providing IT support to Health Care Card holders.



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