

Culture as Care

First Nations Women

Redefining Healthcare

Perspectives



Supported by Women's Agenda and Charles Sturt University



Charles Sturt
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Welcome to this special edition eMagazine, produced during NAIDOC Week, in honour and celebration of incredible First Nations women trailblazing across different sectors in healthcare. These profiles showcase heart, resilience, leadership, and innovation and we are proud to platform women who not only excel in their fields but also bring a unique cultural perspective that enriches and strengthens the healthcare sector overall.

Featuring their stories more prominently is essential. It allows us to acknowledge and appreciate the rich cultural heritage and knowledge that First Nations women bring to their work. Moreover, it helps to foster cultural sensitivity and understanding, which is crucial in creating a more inclusive and equitable society.

Infinite thanks to Charles Sturt University's First Nations Pathways in bringing this eMagazine to life. The university's commitment to empowering First Nations students and professionals is truly unrivalled, and their alumni and current changemakers in healthcare stand as a testament to this dedication.

Thank you for taking the time to read this. And please pass it on!

Tarla Lambert-Patel and Angela Priestley,
Co-Founders of Agenda Media



PARTNER MESSAGE:

Charles Sturt University



NAIDOC week is an important time to pause and reflect on the many achievements, contributions, and cultural practices of First Nations peoples in our own communities and as part of wider Australian society. This year's theme 'Keep the fire burning: Blak, loud and proud' is certainly reflected in the following stories, from strong First Nations women contributing their skills and culture to achieve outcomes across the health sector.

At Charles Sturt University, we have a deep commitment to supporting First Nations students to succeed. We have a proud track record in playing a small part in many First Nations women becoming nurses, midwives, mental health practitioners, social workers, educators, police officers, paramedics, and community leaders.

Every story is important.

That's why we're committed to fostering a deep sense of connection and belonging at Charles Sturt, by providing First Nations students with social, cultural, and personal support.

We understand the importance of having a yarn and a laugh. From there we connect our First Nations students with other students and staff, culture and identity, and a range of services to maximise success.

We're here to walk with you on your journey.

Heather McGregor

Pro Vice-Chancellor (Student Success)



**Charles Sturt
University**

First Nations



A heartbreaking problem that uncovered a life calling for

Lynette Bullen

By Dinushi Dias

In the heart of a thriving country town renowned for its bustling markets and scenic gardens, Lynette Bullen gets ready to go into work and inspire Australia's next generation of healthcare workers.

The proud Wiradjuri woman from Orange, New South Wales, has spent three decades in the health sector dedicating much of her efforts towards children and families trying to overcome the clutches of drug and alcohol addiction.

She was also awarded the Western Health Research Network Aboriginal Researcher of the Year Award in Dubbo in 2023.

Today, she splits her time between working as a senior clinician in an involuntary drug and alcohol treatment unit and lecturing in medicine at Charles Sturt University.

In 2021, she was named 'Clinician of the Year' by the Australian Professional Society on Alcohol and other Drugs, an internationally-recognised [organisation for experts](#) in this field.

Born into a family of healthcare professionals, Lynette says enrolling to become a nurse felt natural.

"My mother started her nursing when she was 17 as a psychiatric nurse here in Orange," she said.

"She moved from Warren and it was a way for her to get out of a small country town.

"My two older sisters were both nurses ... one of my nieces now works as a nurse and one of my other nieces is in charge of audits in one of the health districts.

"It was certainly a family trait for the women."

While working in healthcare was no surprise for Lynette, her venture into caring for people affected by drug and alcohol disorders was unexpected.

It wasn't until she entered this space that she uncovered her true calling.

"I led a very sheltered life so I didn't know about drugs at all," she said.

Despite how confronting the work was, Lynette knew this was an area she needed to work in.

In communities around Australia, the devastating impacts of multigenerational trauma continue to surface through high rates of substance use disorders.

A [recent report](#) by the Australian Institute of Health and Welfare states that mental and substance use disorders are the leading cause of disease burden for Aboriginal and Torres Strait Islander people with a significant amount experiencing high levels of psychological distress.

The harsh reality of this hit Lynette once she began working for a service to support mothers and babies through drug and alcohol dependency.

“Seeing the effect on children, it was heartbreaking, and I thought if I could provide some stability for the children while they were there with their mothers and I suppose not to be so much a role model, but sort of show and do for the parents, like giving them the skills to be able to set boundaries with their children,” she said.

Lynette’s gentle approach helped the parents she was working with feel safe to open up about what had happened to them.

“The women started to talk to me about their drug use,” she said.

“I think they felt that I was a non-threatening person because I was working with the children and they saw me, as I suppose, a nurturer so they would come and talk to me.

“And I thought, ‘Oh God, I better go and learn something about it.’”

Lynette took on more study to equip her with the tools to better support and empower the people she was working with.

A job that initially felt quite “overwhelming” turned into a lifetime pursuit of finding answers and better solutions to improve health outcomes for people living with trauma in remote and regional communities.

“The area that I work in, in drug and alcohol research, has certainly opened up a lot of doors like working with [Charles Sturt University],” she said.

“ I never dreamt that I would be working at a university. ”

In her role with CSU’s School of Rural Medicine, Lynette works closely with fourth-year students to help them investigate various research topics.

“Research can be very tricky and the process can be quite overwhelming at times – especially going through ethics,” she said.

“I [encourage] students that research is hard but it’s also very rewarding ... what you’re researching can impact people’s lives in a positive way.”

Lynette has seen this first hand.

One of the research projects she began working on prior to joining CSU was the Grog App, a landmark initiative to more accurately track alcohol disorders and put transformative health information into the hands of First Nations people.

“The app is a screening tool for Indigenous people to measure their drinking outcomes,” she said.

“What I like about it is that at the end of the app, it actually gives the participant who [completes the screening survey] a brief intervention.”

Lynette finds it exciting that the app lets people walk away with more knowledge of what’s going on in regards to either their own or a loved one’s drinking behaviour.

“So not only are we sort of showing people that you know, your drinking rates are at a hazardous and harmful level, but this is what you can do about it,” she said.

“It’s a great tool and it’s a validated tool ... that we know works and so we’re doing some more work on how we can implement that into primary health services.”

As exciting as the outcomes are for the app, Lynette says the project will take many years before it's used more widely around Australia.

"It's not quick," she said.

"This is a project that will be over a five-year period from the time we started to when we write it all."

This is another of the many lessons Lynette hopes to impart on the new group of doctors and researchers she's working with at CSU.

Like many other champions for change in the healthcare space, Lynette knows that exciting progress happens in small steps taken over a long period of time.

“ [It's about] how we can improve services for our mob, ”

she said.

"I've had many roadblocks along the way [but] it's not just a job for me. It's something that I have an invested interest in.

"There is high burnout in any sort of health industry, whether it's private or public, because we're all here wanting to see change. And I think it's really important that people do look after themselves ... go and have a lunch break, go for a walk, take that time, because we do need to rejuvenate ourselves.


“ Sometimes, slow and steady wins the race. ”



My NAIDOC message to remember all year:

"It's about looking forward, listening to the voice of our past, how can we prevent things that have happened from occurring in the future? It's working together with everyone for the common goal of improved health and improved services.

"I didn't know about my Aboriginal heritage. I feel that I wasn't given my culture because it was hidden so I think we need to embrace or accept everyone having had a different journey. I think that's also important, because my journey was very, very different to some other Indigenous people's journeys. So let's all work together and support each other."



How Evie Wood and her mum Jennifer are connecting Aboriginal mothers with culturally-informed health services

By Madeline Hislop

At the start of the pandemic, Evie Wood's son was just a few months old. He was growing fast and quickly outgrowing the mostly second-hand clothes she had bought for him.

She soon realised that there were probably other parents out there who could benefit from the clothes her son no longer needed, which were still in great condition. Wood posted a bundle of her son's clothing on Facebook Marketplace and it was quickly snapped up.

At the same time, she also received a message from a social worker who said bundles like that would be really useful for the Aboriginal women she worked with who were soon expecting babies.

"She told me that these women risk experiencing racism in the hospital system if they appear ready to give birth without the material things that the white model deem as "necessities", Wood told Women's Agenda.

"The bundle I had was already spoken for but I wanted to do something."

Evie and her mum Jennifer, who has a history of removed children in her family, set out to put together a few more bundles for Aboriginal mothers in their local area, using the COVID supplement payments they were receiving at the time to cover the costs.

"We went to the shops and filled beach bags to the brim with everything that I would have wanted when I was about to give birth. Off our own backs, this exercise cost in excess of \$300 each time," Wood says.

Evie and Jennifer soon connected with a local businesswoman Pam Brook, who worked with them to see how they could expand their bundles to help more women. Together, they worked with local Aboriginal Health Services to refine the contents of the bundles, and that's when a new idea struck.

"It became very clear very quickly that the real gem was the gift that the Aboriginal Health Services are as a culturally safe healthcare option for Aboriginal women. Our gift was just the cherry on top," Wood shares. "With their collaboration (midwives, social workers and Aunties), we refined the gift to be what you see today,"

“Once our contents were finalised, Pam got to work, utilising her business-clout and connections to secure important partnerships like PureBaby, Baby Bunting, Hanes Group (Bonds and Sheridan), BabyLove, Medela, Ego Pharmaceuticals, Shoobridge Transport, Betterworld Arts, Brookfarm, Magabala Books and more.”

Coolamon Community's gift to mothers

Evie and Jennifer are now the co-founders of the Coolamon Community, a project that delivers a “Coolamon Crib” of essentials to First Nations mums either before or just after they give birth.

Each package contains a bundle of baby clothes, toiletries for baby, toiletries for mum, bedding for baby, a safe sleep space, nappies, wipes, dummies, bottles, Aboriginal authored and illustrated baby books, an Aboriginal designed tote bag and a snuggle toy.

The gifts are delivered by trusted healthcare workers from Aboriginal Health Services, with the aim of connecting mothers to culturally-informed support.

Evie says that during the process of curating the gifts, the importance of Aboriginal women experiencing culturally safe healthcare was so much greater than they had first thought.

“When you have a baby, you look down at that tiny, wriggly being and realise that your own mother has loved you this much, this incredible amount, the whole time,” she explains. “In that realisation it hits you how destroying it would be for those Aboriginal and Torres Strait Islander women who have had their babies taken from them.”

“We know that when a woman receives culturally safe healthcare during her pregnancy, birth and early infancy, health and wellbeing outcomes are better for both mother and child. This is the key.”

As Evie explains, we often talk about the Stolen Generation as a specific period of time in Australia's history, but figures show that children were removed before this period and are continuing to be removed today. In NSW, one in 10 babies are reported to authorities before they are even born and Aboriginal and Torres Strait Islander children are over 10 times more

likely to be removed than non-Indigenous children.

“Of those removed, one in ten are taken before reaching two weeks of age,” she says.

“Often, babies are removed within the first four hours after birth, some even before the birthing process has completed, not even delivering their placenta before having their newborn, still a part of them, ripped from their arms.

“Currently, there is a concerning imbalance of funding, with over 80 per cent going to Out of Home Care and less than 20 per cent going to prevention. We see the Coolamon Community project as supplementing the prevention funding where government support is severely lacking.”

Coolamon Community is currently delivering an average of one Coolamon Crib per day across its footprint on the Northern Rivers of NSW, from Tweed down to Coffs Harbour and across to Casino.

Coolamon Community doesn't set any criteria for the women who receive its gifts – that is left to the Aboriginal healthcare professionals who are best placed to care for mothers.

“We know that it is the Aboriginal healthcare professionals who are caring for mum who are in the best position to make these decisions and we trust them entirely to do so,” she says.

“If our gift will bring a benefit to that woman and her baby, then that woman should receive our gift. For some women that benefit may be the difference between having her baby removed and being able to stay with her baby. For other women it may be alleviating the financial burden of the current economic crisis by receiving a beautiful, high-quality gift of everything she needs to care for baby during the first few weeks of life. And then there are women who cover everything in between.”

Evie and Jennifer are currently working on expanding their services, but want to do so in a sustainable way and are also looking into establishing a social enterprise.

“We are here for the long-term, we know that this is how deep impact is created and this is what matters to Coolamon Community,” Evie says.



'If I can do it, you can':
the pharmacist changing
lives in a historic outback town

By Dinushi Dias

Sofoni West Soliman is well-known in her community in Wellington, a small outback town in central New South Wales where one of Australia's longest-running Indigenous missions still operates.

Nanima is a place of cultural and historical significance with many lessons, both painful and powerful, for anyone living in Australia today.

But for Sofoni, a local pharmacist, it's home.

The proud Wiradjuri woman grew up there with her four siblings and mother.

"It's just peaceful, it's quiet, everybody knows everybody," she said.

"Wellington is surrounded by lovely mountains, it's such a beautiful place."

And Keirle's Pharmacy, which draws in all walks of life, is a place she gets to make a difference every day.

"It's just a lovely feeling when you walk into the pharmacy and they greet you by your name and you greet them," she said.

"It's just good to go in and you can have a laugh. You always get that odd person that may not be having a good day but you just try to put on a smile and try to keep them happy and calm.

"You get along with the staff ... you get along with the doctors, the people at the hospital as well, the nursing staff. It's such a small-knit community.

"Everybody knows everybody."

As one of the town's beloved pharmacists, Sofoni holds a critical role between doctors or specialists and their patients.

"I do see myself as the gap between the health professional and the people of the community which makes my job unique," she said.

"The pharmacist is the middle person so I've got to connect to the doctor, and I've got to connect to the patient.

"Sometimes there could be a communication barrier ... especially when it comes to Aboriginal people because they like to speak lay language.

"That's why I like to go out and have a yarn to them."

Building rapport like this is an important part of what Sofoni does because it helps people feel comfortable enough to enquire about their medications and get a better understanding of why and how to take them.

She says some Indigenous clients may be given a lot of information by their doctor but don't feel comfortable asking questions or may struggle to grasp what's said because of the language barrier.

When clients feel safe with Sofoni, they open up to her and admit they don't know why they have been given a certain prescription.

"I just break it down for them and they appreciate it," she said.

"There are so many career options like I can work in hospital pharmacy, community pharmacy, I can do home medicine reviews.

"And I give vaccinations.

"The first couple [of needles I gave], I was a bit shaky and nervous, but now it's like you do them all the time ... it's like a nurse."

Navigating prescriptions, understanding the chemical makeup of different medications and being able to convey the ins and outs of pharmaceutical products isn't something that has come easy to Sofoni.

In fact, it took several years of intense study and a tough, soul-searching journey through university to get to where she is today.

When she started a degree in Clinical Science and then a Bachelor of Pharmacy, Sofoni was missing some fundamental knowledge.

"Pharmacy is more science based," she said.

"You have to know all the drugs and how it's made. And see, I didn't study any Science, Chemistry, Biology.

"They're all the main key subjects that you need in Pharmacy – and I'm going in blind."

While she had done some TAFE certificates in pharmacy work, university took her to a whole new league.

She was one of the first in her family to get a higher education.

"It [was] actually my boss, he approached me and he asked me, 'Are you interested in going to university to become a pharmacist?' and I said, 'Oh, I'm not sure. Why do you say that?' and he goes, 'I think that you'll make a good pharmacist one day'," she said.

"It gets me a bit teary because it was a long journey. I'll tell you what, it was so long but I recently got there.

"There were many ups and downs where I wanted to quit, I wanted to pull out because it just got too hard, it just got too intense."

But Sofoni never quit.

Despite being behind her peers as a mature-aged student with no science background, Sofoni found a way to push past her struggles.

During the course, she says she often felt "stupid" and lost.

"I had to learn everything from the beginning," she said.

"When you go to university, the lecturers, they expect you to know the subject at a Year 12 level and I remember saying to the Organic Chemistry teacher, 'I don't understand this' and he goes, 'What do you mean you don't understand?'"

Being in a cohort of year 12 graduates who were well-versed in the basics of Chemistry, Sofoni had to tell the lecturer she was not like them and would need more time to keep up.

The response from him and other staff was compassionate, she remembers.

"I failed the subject twice, but I got it on my third time so yeah, it was very, very hard," she said.

"[I felt] a bit embarrassed within myself."

Sofoni says the bitter disappointment of failure and trying so hard only for it to not be enough pushed her very close to quitting the course but thankfully she was surrounded by a personal squad of cheerleaders.

“ You just need the right people behind you to give you that support, ”

she said

“Without that it's pretty hard to move forward. I had my family, I had my mum, my two sisters, my [now] husband, my boss, the teachers.”

Almost a decade would pass before Sofoni finally graduated.



“I just picked myself up and learned where I went wrong and worked harder,” she said.

Looking back now, she's immensely grateful she never gave up.

She says being open about what she did not know without carrying shame about it meant she could call out for help – even if that meant reaching out to her old high school to get tutoring in science basics.

“If I can achieve that, I can achieve anything – I was like hit me with knowledge,” she said.

“I used to be scared to talk to doctors, now I'll just talk to them like a breeze.”

And she encourages others who are thinking about going to university or pursuing further study later in life to give it a go.

“Don't be [nervous], speak up,” she said.

“If you don't ask, you won't know.

“Use the support networks that are there ... don't be scared to speak up and ask, even if you think it's a stupid question, there's no such thing.

“Speak to your teachers ... because they're invested, your performance is a reflection of their performance.”

Today, Sofoni's efforts pay off at the pharmacy in Wellington everyday and the grit it took to never give up has revealed something profound about who she is as a person.

It's something she hopes inspires others to never give up, no matter what obstacles they come against.

“Try again,” she said.

“ I've fallen off the horse that many times, and I've gotten back up. ”

“In my final years, mum said, ‘You get back on that horse, and then you give it another day.’

“I said, ‘Mom, my horse has taken off. It's given up on me. I can't do it anymore. I'm done. I've had enough.’

“But I did, I ended up finding my horse, and I got back on it.”

My NAIDOC message to remember all year:

“I do see myself as a future role model and an inspiration to the Aboriginal people in the community but also the non-Aboriginal people as well.

“If I can do it, you can do it too. You can do anything if you put your mind to it.

“Strive for the best.”

Antoinette
Braybrook's



fire is burning as bright as ever
as she cares for First Nations
women facing violence

By Dinushi Dias

Domestic violence disproportionately affects First Nations women. In fact, Aboriginal and Torres Strait Islander women are 33 times more likely to be hospitalised due to family violence than non-Indigenous women.

Antoinette Braybrook AM has been working on the frontline of Indigenous women's safety for more than two decades, and she has only seen the rate of male violence against women increase. Yet in her work with governments on coming up with solutions, she is still sidelined, excluded and shut out of important conversations.

"This is because what I have to say represents the real experiences of Aboriginal women and children and makes some people uncomfortable," Braybrook said.

"It's also because what I have to say is about Aboriginal women leading and determining solutions for ourselves."

Antoinette Braybrook is the CEO of Djirra, Australia's first specialty family violence legal service established, designed and led by and for Aboriginal women.

Her organisation provides holistic care for First Nations women in Victoria who experience family, domestic and sexual violence.

"All Djirra's programs support Aboriginal women's journey to safety and wellbeing," Braybrook said.

"We identified a gap in support services in Victoria that rendered Aboriginal women invisible at a time when staying silent was often the safest option and where existing legal and other support services reinforced the paternalistic and racist practices of the past 200 years."

As family, domestic and sexual violence continues to have detrimental health impacts on Aboriginal women in Australia, Braybrook is committed to accessing more government funding and support – now more than ever.

"Djirra means everything to me. It is in my blood, it is who I am," Braybrook said.

"Along the journey I have been surrounded by amazing people who have brought their expertise to make Djirra what it is today."

More on Antoinette

Antoinette Braybrook grew up in a small country town outside of Melbourne. For several years, hers was the only Aboriginal family in an “all-white world”.

“I didn’t always know how to label or expose the racism, discrimination, put downs by teachers, surveillance by police, shopkeepers, and parents of kids at the local school who weren’t allowed to play with us,” Braybrook said.

Braybrook left school at 15 years of age, pushed out by racism and discrimination. Struggling with unemployment and not knowing what to do next, she took up a role at Northern TAFE as the Koori Liaison Officer. This job eventually led her to study law at Deakin University, inciting a dream to become a criminal law barrister.

Throughout her early career, including working as a Judge’s Associate at the County Court, Braybrook began “connecting the dots” to “the big picture of colonisation”, its role in shaping Australia’s legal system, and how that then impacted Aboriginal and Torres Strait Islander people.

“I recall one judge in particular saying to me, ‘you won’t choose your area of legal specialisation: it will choose you’. And it did,” Braybrook said.

More on Djirra

In 2002, Braybrook helped establish Djirra, the first speciality family violence legal service for Aboriginal women in Victoria. As the inaugural CEO, Braybrook opened Djirra with just one desk, one phone and one staff member.

“Since then, we have worked around the clock to ensure that Aboriginal people – predominantly women and children – experiencing family violence have a voice and are safe,” Braybrook said.

“Many mainstream services are based on a siloed delivery model – so a woman leaving violence can be expected to deal with different agencies and services and tell her story multiple times.

“When a woman comes to Djirra it is important to us that she only has to tell her story once, and that the legal and non-legal services she wants and needs are informed by her unique circumstances. All Djirra’s programs support Aboriginal women’s journey to safety and wellbeing.”

As an organisation providing holistic care to First Nations women who have suffered family, domestic and/or sexual violence, Djirra offers frontline legal counselling and case management services, cultural programs, early intervention and prevention programs.

“Djirra’s holistic service model means that all the services we offer are equally important and it is their combined impact that makes a critical difference to the lives of Aboriginal women,” Braybrook said.

First Nations women and domestic violence

The way Australia’s systems and institutions operate make it hard for Aboriginal and Torres Strait Islander women to access help from family, domestic and sexual violence. It’s what makes organisations like Djirra absolutely essential.

“Our voices, our solutions, and our truth-telling have been ignored by successive governments and decision-makers,” Braybrook said.

“All the while, governments and the systems that report to them continue to implement punitive and racist policies that punish, hurt, and dehumanise us. They do not believe us.”

According to [statistics](#) from the Australian Institute of Criminology (AIC), Aboriginal and Torres Strait Islander women are 33 times more likely to be hospitalised due to family violence than non-Indigenous women. What’s more, Indigenous women are eight times more likely to die from domestic violence.

Despite these devastating statistics, Braybrook said Aboriginal women are still being turned away. Last year, at least one in four women who came to Djirra for help were misidentified as the perpetrators of violence.

“This is due to racist, victim-blaming attitudes and poor police practices,” Braybrook said.

As a result, Braybrook said Indigenous women are at greater risk of experiencing poor health outcomes, including emotional wellbeing issues, pregnancy loss, and even acquired brain injuries (ABIs) – something Braybrook said isn't widely spoken about.

“Djirra works with many Aboriginal women who have, or likely have, ABIs and who have experienced family violence,” Braybrook said.

““ Aboriginal women are 69 times more likely to be hospitalised with head injury from assault than other women... Any level of cognitive impairment from an ABI affects a woman for the rest of her life. ””

Braybrook and the team at Djirra work with many women who have a head injury due to family violence, but do not seek medical help for fear of retribution by their perpetrator. That's why Djirra is calling for ABI screenings for Aboriginal people experiencing family and sexual violence to become standardised in health settings.

Keeping the fire burning

This year, the theme for NAIDOC Week chosen by the National NAIDOC Committee is Keep the Fire Burning! Blak, Loud & Proud.

The team at Djirra always has and always will be Blak, Loud and Proud, Braybrook said, and they are determined to keep the fire burning.

To do so, Djirra “now more than ever” needs funding and support to provide their vital services; in the last 12 months, demand for Djirra grew by 33 per cent.

“Following the referendum result last year, the fire in us is burning brighter than ever,” Braybrook said.

““ We are proud Aboriginal women, and we will never be silent in our fight to make sure our women's voices, experiences and solutions are heard and listened to in every corner of this country. ””



Lauren French's
mission to develop a new approach to
reducing family, domestic and sexual violence

By Olivia Cleal

It's been nearly two decades since the Australian government launched its Closing the Gap campaign. There are 17 targets to meet, one being reducing the rate of all forms of family violence and abuse targeted at Aboriginal and Torres Strait Islander peoples by at least 50 per cent by 2031.

Some progress has been made, but Aboriginal and Torres Strait Islander peoples in Australia are still overrepresented as victims of family, domestic and sexual violence. Indigenous Australians are three times more likely to experience sexual assault than non-Indigenous Australians.

What's even more concerning is that First Nations children represent about ten per cent of all reports of child sexual abuse.

For Lauren French, head of education at Body Safety Australia, it's obvious to her that Western approaches to

supporting both victims and perpetrators of family, domestic and sexual violence are not working – least of all for First Nations women.

It's why French, a proud Karajarri woman from Larrakia lands in the Northern Territory, is travelling the world to learn from other Indigenous cultures and ultimately develop a new way to approach family, domestic and sexual violence in Australia.

As a Churchill Scholarship fellow, she has designed her research approach to centre storytelling, yarning and community gathering.

"I'm just one person, and I am being gifted huge amounts of knowledge," French said.

"But I'm going to come back and try to galvanise people in the community, and generate a different approach to healing responses."

The siloed sector

French began volunteering with Body Safety Australia, a children's safety organisation, in 2017. As a queer, Indigenous woman, she found the organisation to be an exception to the violence prevention space, where organisations are "siloed" to fit a type of person.

"I feel this sector as a whole, when we talk about the violence prevention sector in Australia, it is very siloed," French said.

“It’s really clear when you think about intersectionality and the fact that a lot of organisations and institutions tend to have to fit a certain box.”

Working in the violence prevention space, French said there are a lot of organisations that provide support for victims of family, domestic and sexual violence, yet they fail to be culturally safe for Indigenous peoples.

"So many services aren't culturally safe for First Nations women, men, queer people and gender-diverse people. So often we're not comfortable reaching out to those services," French said.

"Within these kind of services, what often isn't talked about is the intense history and impact of colonisation and on violence against women, on sexual violence and on a distrust of authority, government and institutions.

"And so unless it's a really specific Aboriginal organisation, you can't assume it's going to be culturally safe."

French explained how an organisation must go "above and beyond" to ensure Aboriginal and Torres Strait Islander peoples know the space is culturally safe for them to seek help from violence.

"As an Aboriginal woman, when I walk into a space, there might be an Aboriginal acknowledgement on the wall, but that doesn't tell me it is safe for me to be there, or that assumptions are not going to be made about me," French said.

“It’s unfair that it is on First Nations people to find out if somewhere is safe for us – that should be really clear to us beforehand.”

For example, health services often ask patients or people seeking help if they are Aboriginal or Torres Strait Islander. One way that organisations can make a more culturally safe environment is providing information as to why they are asking this question.

"If I go into a space and I'm trying to get support or assistance... and one of the first questions I get asked is that, but there's no explanation, instantly my brain is going to go: Why are you asking me that? Is it because I'm going to go into a little room over there where Aboriginal people go?" French said.

A new perspective

Since British invasion in 1788, most things in Australia are now approached with a Western, colonial lens, including violence prevention and support.

But these approaches are failing to move the dial on the elimination of violence: in a 2021-22 study from the Australian Institute of Health and Welfare, 11 per cent of woman and 3.6 per cent of men had experienced sexual abuse perpetrated by an adult before the age of 15.

French is looking to change that: she has embarked on a journey through the Churchill Scholarship program to look into Elder-led cultural practices around the world for healing after youth sexual violence.

French knows the importance of community-centred approaches as an Indigenous woman herself.

"When I'm working with my community – when I'm just having yarns at my local gathering space – I just see so distinctly how such Western models are so individual, and Indigenous models are so community-based and collaborative and bring everyone together," French said.

“In my work [in violence prevention], I was watching so many young people be so isolated and separated. There’s so much silence and shame with sexual violence. Victims don’t get a huge amount of support, but perpetrators also don’t get a huge amount of support to how to actually not perpetrate again in the future.”

Over the course of her Churchill scholarship, she is travelling to New Zealand, Canada, the United States and Norway to speak with Indigenous Elders and learn more about their ways of healing after a young person has experienced family, domestic and sexual violence. It’s less researching and more yarning, French said.

“This research is done by mob, for mob,” French said.

“Our yarns have been so much around healing communities, intergenerational trauma and what healing could really be, and how we see strength in Indigenous people, not just deficits.

“ Colonial ways are not working in this space... so why don’t we try the Indigenous way? ”

French hopes to develop a new approach to healing after youth sexual violence – not just for Indigenous Australians, but for non-Indigenous Australians too. She hopes to “decolonise” the space, and “reindigenise practices”, an approach she learned from Dr Al Fricker at Deakin University.

“What does it look like to incorporate Indigenous ways of healing for non-Indigenous people, and how do we do that respectfully?” a question French asks.

“How do we decolonise spaces and reindigenise practices?”

Feeling worried or no good? No shame, no judgement, safe place to yarn. Speak to a 13YARN Crisis Supporter, call 13 92 76. This service is available 24 hours a day, 7 days a week.

If you or someone you know is experiencing, or at risk of experiencing, domestic, family or sexual violence, call 1800RESPECT on 1800 737 732, text 0458 737 732 or visit 1800RESPECT.org.au for online chat and video call services.

If you are concerned about your behaviour or use of violence, you can contact the Men’s Referral Service on 1300 766 491 or visit <http://www.ntv.org.au>.



Nurse

Gillian Keed

on how to fight for what's right in

the most difficult of circumstances

By Dinushi Dias

“**M**y mum always had these little sayings that made you think [like] ‘If you're not going to say anything nice, don't say nothing at all’ and ‘If you have anything to say, don't be afraid to say it.’”

Nurse Gillian Keed's mother has been a source of inspiration to her for much of her life.

Her mother Elizabeth Daley, also known as Betty, was also one of the last babies in her family to be born in Nanima: one of the country's longest-running Aboriginal missions and a place that stands as a potent reminder of the history of Stolen Generations.

Despite her hardships, Ms Daley went on to work at the first Aboriginal Medical Service in Australia.

The centre, which was founded by activists in the Sydney suburb of Redfern in 1971, became so popular it's now a federal government-funded multidisciplinary health practice offering a range of services including medical, dental and mental health.

It's also where Gillian's fascination with nursing first began.

Seeing nurses in action as they cared for patients sparked a deep curiosity in her from a young age.

“I always had a heart for nursing,” she said.

“When I was young, I always wondered when they used to give tablets and give needles and I'd see how they do the blood pressure, I used to ask questions about what they were doing and how they done it.

“ I love looking after people, especially the older fellas. ”

Gillian is the first registered enrolled nurse in her family.

And her love of caring for people has seen her work across a number of spaces including disability, health and juvenile justice where she supported children from dysfunctional families to keep them out of the prison system.

“We had a very sad upbringing because our parents split up when me and [my sister] was babies,” she said.

“Like our mother back in her days, she was in the Depression times ... and she was a single mum and she passed us on to other family members when she come to a stage where she nearly had a breakdown and couldn't handle just trying to survive with two little kids.

“Back then, you know, your grandparents took you in, your aunties took you in. But a lot of memories with them wasn't good because you didn't have your mum there and no one treats you the way that your mum treats you.

“And then when you get older, you know, you drop out of school, you follow after things that others follow after, you don't do anything with your life.

“But one good thing is I was always encouraged to get a job and that's one thing that I always did. I just wanted more in my life.”

This drive for a better life pushed Gillian to strive for more.

“I ended up running into a Christian man and I married him,” she said.

“He was a big encouragement for my life.”

Though they have sadly separated, Gillian says her husband's encouragement at the time to follow her dream of becoming a nurse really helped her finally take the leap to go to university.

The journey was challenging, and there were many times she thought of giving up but with the support of her loved ones and university staff as well as her own grit, she managed to get through it.

“I just didn't understand the big words and I used to get really, really angry with myself because I couldn't understand what they were talking about,” she said.

“Their lectures just went so fast.”

“[But] I had a good relationship with the teachers. There was one [lecturer] Sara Morgan [and] she was very good ... she'd seen how interested and how hard I worked and she more or less begged me to stay.

“She encouraged me to continue on with my studies.

“They ended up connecting with the nursing section in Dubbo and there was an Aboriginal registered nurse Tracy Goodwin.

“They brought her in to help the Aboriginal students.

“It was really, really good.”

Having someone there to explain some of the complex terminology in Aboriginal English made a significant difference.

“If they'd done it like that in the first place, I think I'd have probably got distinctions,” she said.

As much as Gillian has loved nursing, it has come with many challenges.

“Like in life in general, being a nurse, there's a lot of challenges,” she said.

“Being Aboriginal is one of them.

“The Aboriginal people have been mistreated most of their life, like the people my age, so even today they still struggle.

““ You're going to be fighting for your rights all your life because you've got a lot of racism [and] you'll never understand it unless you're Aboriginal yourself. ””

“People will treat me in one way like themselves but when they realise that you're Aboriginal you can see that things change.”

Because of this, Gillian is deeply driven by a sense of social justice for everyone she works with, including non-Indigenous people.

She says there are times when it's really important to stand your ground and step up for other people's welfare.

With this fighting spirit, the nurse has garnered a lot of respect with everyone from her children and extended relatives to other Aboriginal people in the community, all reaching out to her for advice whenever they have a health issue.


“Soon as something's wrong ... they straight away run to me,” she said.

“I'm happy. I mean I love my job, I love it very much.”

Through her work, Gillian also wants Australia to recognise how much progress is being made with more Indigenous people's health and access to services.

"Things are changing," she said.

"All we can do is pray and hope that it does happen.



“ I don't think we're going to fix everything, Rome wasn't built in a day and I think it'll take a long journey but I think healthcare has changed since years ago. **”**

"There's some things I don't agree with that they say in health, like when they say our lifespan is less than the white man's lifespan.

"I think that that needs to change a bit because there's a lot of older Aboriginals that are living longer than what they used to.

"Years ago when they had that saying, the Aboriginals' life age was around 50 years old.

"If you reach 50 years old, that was awesome! Well, there are a lot of Aboriginal people today who are living in the eighties and nineties too.

"You know, don't keep that curse on 'em."

“ I got my sister-in-law, she's 72 and she's in health and she's still working, she's as fit as they come. **”**

"Everybody gets sick and everybody ages.

"For Aboriginals, there's a lot of healthcare that's meeting their needs today, where years ago they didn't."

Gillian is proud that her children are part of the change that's happening around this with most of them following in her footsteps to study at university and pursue professional careers in health.

And as her mother once passed on life lessons to her, she shares some of the advice she gives her six kids.

"Keep going," she said.

"I always tell my kids, 'If you want to have nice things for yourself, you need to get a job and earn money so you can buy the nice things you want.'

"They're following a bit after their mum."

My NAIDOC message to remember all year:

"Don't ever think that you're lower than anyone else you know.

"Stand up and go for what you want for yourself. Don't give up because you think you can't do it. You're never going to become anyone if you think that way. Be positive in life and follow after what you want to do.

"I've had someone say to me, 'Oh, you could never be [a nurse]. You haven't got the brains to do that' because I was Aboriginal.

"Remember, you can do it just like anyone else.

"Push through because the journey is hard but everything is in life.

"But at the end of it, you'll have a lot of joy in what you've accomplished."

A portrait of Ashlee Donohue, a woman with long, wavy brown hair, wearing a dark blazer and large hoop earrings. She is looking slightly to the right of the camera with a neutral expression. The background is a blurred outdoor setting.

‘Violence isn’t love’

Ashlee Donohue is filling the support gap for Indigenous women leaving a domestic violence relationship

By Brianna Boecker

Ashlee Donohue knows what it feels like to be in a domestic violence relationship. She knows what it feels like when somebody that you love harms you physically, mentally and emotionally.

“It’s important to understand what things feel like,” Donohue tells Women’s Agenda. “If you don’t know what it feels like, then you can’t heal it.”

“That’s the basis of it really. There’s a lot of conversations happening, and there’s a lot of solutions being made by people that don’t know what it feels like. And that’s why it’s not working.”

A leading advocate for domestic and family violence, Donohue is a proud Aboriginal woman from the Dunghutti nation, born and raised in Kempsey, NSW. Her expertise lies specifically surrounding anti-violence, anti-racism and Aboriginal women, as she’s currently

the CEO of Mudgin-Gal Aboriginal Women’s Centre—the only centre of its kind, 100 per cent run by and for Aboriginal women in metropolitan Sydney.

Documenting her personal journey, Donohue has published her memoir this year with Magabala Books, titled “Because I Love Him”—a must-read for those who can relate as well as those who still need to learn about what domestic violence feels like, from someone with lived experience.

“The thing is... my story, it’s hard hitting, it’s ugly, it’s sad, it’s infuriating, it’s dangerous, it’s a spiral, because that’s what domestic violence is,” Donohue says. “That’s what being in a domestic violence relationship is. There’s no sugarcoating it.”

And while domestic violence alone is already devastating, Donohue notes another layer to the crisis for Aboriginal women in Australia: racism.

The reason Donohue advocates so strongly for Aboriginal women, she says, “is not only that Aboriginal women are facing violence from perpetrators” but they’re also “facing violence from systems— the systems that are put in place to keep women safe are failing Aboriginal women dismayingly”.

“The police fail Aboriginal women at an alarming rate. Hospitals fail Aboriginal women at an alarming rate. The systems that are in place don’t see Aboriginal women as equal, and so it takes longer for the police to go to a house where they know that there’s violence.”

“Aboriginal women are losing their babies at a higher rate than any other nationality in this country. The incarcerated at a higher rate than any other nationality in this country. And Aboriginal women make up less than 2 per cent of this country— make that make sense,” Donohue says.

The Mudgin-Gal Aboriginal Women’s Centre, where Donohue is the CEO, is directly addressing this crisis, and yet, hasn’t received any government funding for the 32 years it’s been open. Instead, the centre— which supports some of the most disadvantaged women in the country— relies heavily on philanthropic money and donations

“The government wants to end violence in 10 years, and they won’t even fund an organisation that’s been in service for 32 years, specifically for Aboriginal women, when Aboriginal women sit in the highest percentage of everything violent in this country,” Donohue says of the incredibly frustrating situation.

““ The government is failing Aboriginal women at an alarming rate. ””

“Any Aboriginal and or Torres Strait Islander woman who walks through our doors, we do our very best to advocate and work with and support,” she says.

Most of the women that work in this safe haven have their own lived experience of domestic violence as well, and Donohue says this provides a critical level of understanding and compassion for those seeking escape from violence.

“Your experience far outweighs any degree,” she says, noting that the women working in the centre, deeply understand “the shame and the guilt that comes with speaking out about domestic violence and sexual assault”.

“What a lot of people don’t understand is that when you leave that domestic violence relationship, the love doesn’t leave automatically.”

““ If there’s one message I can get out there, it’s that violence isn’t love. ””

“However, when we’re in these relationships, we love these people that are hurting us,” Donohue explains about this nuanced reality, adding that “when you leave, it’s like any addiction— there’s a withdrawal stage.”

Donohue understands this experience, as do many women with lived experience of domestic violence.

And for those who don’t carry this burden, Donohue encourages them to listen to survivors and act on what survivors tell them they need.

“We have to learn to listen and listen to learn. That’s what we have to do.”



How Julie Schubert's battle to defeat depression opened a new life purpose



By Dinushi Dias

When Julie Schubert was a teenager, the weight of the world pushed her into the grips of one of the darkest periods of her life.

For weeks and weeks, that felt endless, she tried to latch onto some sense of light.

The many counsellors she saw did not seem to understand the experiences she'd had leading up to this moment as an Aboriginal woman.

"I just hit this real dark point," she said.

After surviving a close-call, she managed to get through with a bit of help but another stressful incident a few years later brought her back.

"I've just lived with depression, anxiety and suicidal ideation," she said.

"It takes over your whole life, like you can't sleep properly or concentrate on what you're doing in the daytime.

"You don't want to look in the mirror."

Adding to the heaviness of it all was the pain that came with having to reach out for help.

"I felt shame about it," she said.

"I knew it was serious but I didn't know how to go about it."

Julie feels very fortunate that she got through this intensely difficult time. The experience moved her to want to help others through their battles so she began work as a mental health clinician.

"It's been really rewarding when I've had clients that I've seen [and] six months later or a year, even a couple of years after that, after they've gone away and continued on, and you can see they have changed their life," she said.

"They've started working again and when they say, 'Thank you so much, I really appreciate your help, I feel better than I did before', it's really lovely to see that."

Looking back at her own journey to recovery, she says having access to Indigenous or culturally-sensitive mental healthcare counsellors would have been a great benefit.

It's the reason she completed a Health Science degree and is studying Psychology as a First Nations cadet at university.

Now an emerging academic, Julie wants to build a career in research so she can help develop solutions in healthcare and create better outcomes for Indigenous people.

"I'm just beginning to be mentored in research in my cadetship now," she said.

"We are working on a project in [mental health] so it's really exciting."

Julie is driven by the underlying purpose of bringing down barriers for Indigenous people that prevent them from enjoying vibrant and healthy lives.

In remote and regional areas, she says there needs to be Indigenous or culturally-educated healthcare professionals like psychologists who live locally and are invested in the community.

"You don't want to be travelling for hours and hours to go to a counselling session," she said.

"It just doesn't work for a lot of people."

In the face of systemic inequity and the ongoing fight for self-determination, she says a lot of trust also needs to be rebuilt.

One thing that could make a powerful difference is access to higher education so more Indigenous people can get qualified to work in mental health and other healthcare spaces.

"We are slowly increasing the amount of Aboriginal people working in mental health so that's encouraging for me," she said.

"I also want to educate non-Indigenous people about how to work with Aboriginal people a bit better."

To improve the heartbreaking number of First Nations people Australia is losing to suicide, all points of contact with health and welfare need to work better.

These spaces must feel safe so people do not avoid them and fall through the cracks.

As such, Julie says a holistic approach is important, which means addressing housing shortages and providing services that foster overall wellbeing.

Instead of relying solely on counselling to fix mental health, she says, people need regular opportunities to connect with each other such as weekly women's circles, men's groups or activities like crafts or music.

"They need to do something positive – that's ongoing," she said.

"The counselling is really helpful but in the end, you're living in the community and you need to do positive things apart from work. It gives social connection.

"And I think early intervention for young people when they seem to be at risk of challenging behaviours."

Julie says signs of psychological stress can often be missed by people experiencing it and others around.

"So if you don't know that you're not feeling well, or if kids don't know how to recognise those signs, how are they going to know that they can reach out and ask for help?" she said.

"I know parents have a bit of a responsibility but some people don't think about that and [some] kids are brought up by someone else in the family, and that's not their priority and the priority is just day-to-day living.

"I really believe [we should have] some more mental health education promotion through social media and television and books, where kids can learn about their feelings, thoughts and behaviours ... that might be something we can do."

My NAIDOC message to remember all year:

"We know what's happened in the past, but I just think we all really need to move forward together and concentrate on the positive things that are happening for all our people, not just for Aboriginal people, but for all our people, and come up with a culture between us. And we still celebrate the aspects of each of our cultures as well and that's what NAIDOC week is about."

A portrait of Professor Sandra Eades, a woman with dark, curly hair, smiling. She is wearing a dark, patterned jacket. The background is a blurred green outdoor setting.

One of Australia's first Indigenous doctors,

Professor Sandra Eades

research is shifting the dial for young people

By Brianna Boecker

In 1990, Professor Sandra Eades graduated as one of Australia's first Indigenous doctors.

A proud Noongar woman, Prof Eades left her home in Mount Barker, Western Australia to study medicine at the University of Newcastle in 1985.

She was the first person in her family to attend university and complete her medical degree. After which, she started working as a GP, before beginning her career in health research at the Telethon Kids Institute.

Prof Eades became Australia's first Aboriginal medical doctor to be awarded a PhD, where her research investigated the causal pathways and determinants of health among Aboriginal infants in the first year of life.

She's been open, however, about the hurdles she had to face in achieving these feats. As an Aboriginal woman, Prof Eades has said that early on, she was told she'd have to be twice as good to have access to opportunities.

Nevertheless, Prof Eades continued to pave the way for Indigenous peoples in more ways than one. A true health trailblazer, she's been honoured extensively throughout her career, with various accolades and awards.

She was named NSW Woman of the Year 2006 in recognition of her research contributions to Aboriginal communities and has received a 'Deadly Award' (National Aboriginal and Torres Strait Islander Awards) for Outstanding Achievement in Health.

In March 2020, she commenced as Dean and Head of Curtin Medical School at Curtin University, and is understood to be Australia's first appointment of an Indigenous Dean to a medical school.

In addition to this, she's also a Professor at the Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health.

Having made important contributions to a wide range of government, research and academic and non-government committees and organisations, Prof Eades research continues to make a real difference to people's lives, particularly young Indigenous people.

She developed the Next Generation– Aboriginal Youth Wellbeing Study, after receiving feedback that young Indigenous people were neglected when it comes to research. The longitudinal cohort assesses the health and wellbeing of Aboriginal and Torres Strait Islander adolescents and youth aged 10–24 years, revealing high rates of pre-hypertension and hypertension in this population.

In a keynote address last year at the WONCA World Conference, she referenced this work, describing the study's results as “an emerging wicked problem” that we need a better understanding of.

“High blood pressure is one of the seven leading factors that contribute to the health gap between Indigenous and non-Indigenous Australians,” she said.



One of her more recent research projects is looking into culturally appropriate models for improving mental health and wellbeing in Aboriginal and Torres Strait Islander Young People, called “Bringing Family, Community, Culture and Country to the Centre of Health Care”.



Another of her projects, the results of which were published in the *Lancet Global Health Journal*, examined low birth weight among Aboriginal infants. It found that the lifelong consequences of poor foetal growth that disproportionately impact Aboriginal people can be fixed within a generation if the right improvements are made towards maternal health.

Prof Eades has also investigated the relationship between Indigeneity, social adversity and externalising symptoms in young people. This study added to evidence of the importance of addressing increased social adversity among all young people, including those who are Indigenous.

And even outside of health, encompassing wellbeing and culture, Prof Eades has been outspoken about First Nations rights. Ahead of the Voice to Parliament referendum in 2023, she penned an article called *The Voice to Parliament and Echoes of Mabo*, detailing the significance of such a vote.

“As a young doctor, I was introduced to the National Aboriginal Health Strategy developed by Aboriginal health leaders,” Prof Eades writes.

“The strategy made the connection between land and health, and demonstrated that health is not just the absence of disease but is grounded in the spiritual cyclical life, death, life connection we as First Australians have to our lands.”

Cassandra Blume

on confronting her

trauma to fight for others



By Dinushi Dias

Cassandra Blume is an Aboriginal mental health clinician who works in child protection, one of the most complex and sensitive areas to operate.

On any given day, she's interacting with families, the health specialists around them and children who are working through various levels of trauma.

While the [majority of Aboriginal and Torres Strait Islander children](#) are raised in safe homes, the Australian Institute of Health and Welfare (AIHW) says Indigenous kids are overrepresented in child protection and out-of-home care systems.

A [recent AIHW report](#) notes that First Nations children were almost 12 times as likely as non-Indigenous children to be in out-of-home care, according to data up to 2022.

Adding to the toll is the historically traumatic experience people have when going through child welfare services.

For Cassandra, the weight of such realities were all too close to home.

So much so, she initially planned on working as a hairdresser far away from any profession that could bring up memories of her past.

"My dad suffered quite significant mental health [issues] and some family members as well because he was raised by a white family so that really affected my dad," she said.

"And I've seen how drug and alcohol abuse kind of took over his life."

But after taking on a number of different jobs including in a barrister's chamber and study to be a paralegal, Cassandra felt a deep sense that something was missing.

"I thought I could never really do something that might bring up my trauma [but then] I looked at it in a different way and sat in that uncomfortable space and thought, 'No, I can do this, I can be there to support someone'," she said.

This missing element led her to work in the disability sector and from there she landed a role in mental health.

"That was when I thought this is right," she said.

Not only did Cassandra find a powerful new meaning in her work but she realised it could provide her with answers to better understand the destructive mental health patterns that had hurt her family so much.

"I was just like I just need to understand it more," she said.

"I feel that that kind of is the reason why children are being removed.

"Because if your mental health is not where it needs to be, you cannot do any of the other things that you're after."

Cassandra has since completed a Bachelor of Health Science and Mental Health through Charles Sturt University.

A feat she took on while pregnant and raising four children.

"I'm the only child in the family to have a degree," she said.

“ I wanted to make my mum proud and my dad because he had passed away. ”

"I just thought I got to start somewhere."

After completing her degree, Cassandra discovered she'd gained a powerful new strength: the authority to speak on complex cases with other healthcare professionals and better advocate for her clients at [Kari, a non-profit](#) working to protect Aboriginal children.

"But I could also really push for that cultural part," she said.

As an Aboriginal academic, Cassandra says her voice is being heard now.

"Otherwise, we're just another you know – I don't want to be horrible or racist – but it was almost like just another black person trying to save this person or cover up for them," she said.

"It was just creating that understanding and then using the language where you're going to be heard, because they're like, 'Oh, this person actually knows what they're talking about!'"

As an advocate for children and families going through protection and welfare services, Cassandra says it is an ongoing battle trying to convey their humanity and cultural nuances against sometimes overt discrimination and outright racism.

She says Indigenous people experiencing complex mental health issues are often brushed off or treated poorly when they present at places like hospitals.

“ I was like I need to learn this, I need to understand this because too many families are being treated in a certain way and then there's no advocacy. ”

"The majority of our clients [at Kari], Aboriginal people, have those flags and they are just looked at differently."

Cassandra remembers one case where a mother in one of Kari's perinatal infant mental health programs, who had a history of psychological issues, needed support through her pregnancy.

The plan was to ensure she had a culturally-safe team around her including an Aboriginal midwife.

Unfortunately, the mother gave birth earlier than expected and she went into labour at home.

"The experience that she explained to me was that the paramedics turned up and the baby's dad came to help her," she said.

"And when he got there, she [had already] lost a lot of blood.

"She was really unwell [so] he wrapped up the little boy and put him in blankets and just propped him on the floor while he quickly carried her into the bed.

"The ambulance came and they basically had a go at him and said, 'What parents would leave a baby in the bathroom?' and he was like, 'No, she just gave birth, like it was quite horrific for me!'"

Cassandra says harsh and judgemental treatment like this often deters Indigenous people from calling for help

“[This] mum has had a lot of trauma, you know, and she doesn't look like your average person so [she's] judged,” she said.

“[She] was seriously ill. She had haemorrhaged and needed a blood transfusion. But they just took the baby and she had to sleep, and [the paramedics] said, ‘Oh, you just bring her to the hospital later.’

“And I thought that was so inappropriate. When would that happen to anyone else?”

“They just took the baby and they said, ‘We're gonna make a report’.

“So that was quite horrible.

“She rang me up crying – she waited in the waiting room for eight hours bleeding out, and they wouldn't let her see the baby.

“They didn't attend to her and were basically like, ‘No, your baby is so small. It's because you've taken drugs.’ So they were just making judgments and there weren't even any issues of drug use while she was pregnant.”

The woman, who had been seeing a midwife and attending all her appointments, asked Cassandra to accompany her to the Neonatal Intensive Care Unit because she didn't feel safe or comfortable going alone.

“We did make a complaint and I supported her to do that because I said it's not right,” she said.

Cassandra says better outcomes for vulnerable Indigenous people can only happen if issues like this are properly addressed and this would mean systemic change, a shift in attitudes, more cultural awareness and a higher number of healthcare professionals who are Aboriginal and Torres Strait Islander.

Something she says that works really well at Kari is the clinical team of doctors and other specialists will consult Indigenous staff and have open dialogue on how to approach cases, ask non-judgmental questions and better understand cultural nuances.

She says this could transform the culture and treatment of Indigenous patients at some public hospitals.

“We've had people work here who've never worked with Aboriginal families and you know, they just fit in so well because they're just wanting to learn,” she said.

“They're wanting to understand what it is that they can do or how they can change their practice but still do their job.

““ We've got people that have come from everywhere like policing or psychology in other places where they say you know, we've never worked this way.

It's actually amazing.”

Cassandra says the work at Kari is helping break the cycle of poverty and disadvantage by supporting parents with access to fundamental services like occupational therapy, speech and psychology.

“The fact that they're able to work within Aboriginal homes and be respected by these families just shows that it's definitely making a change,” she said.

My NAIDOC message to remember all year:

“Why do we do it? It's for us. It's for family. It's for culture to come together, as one – and then just enjoy where we are, and those little milestones that we might have reached.

“Every year we're bigger, we're better and we're stronger as mob – and that's what we do it for.”

About the artist

Christine Slabb

Bundjalung
Artist + Graphic Designer

As the Tweed River and the Pacific Ocean surround her small coastal town of Fingal Head, NSW, Christine and her family live a beautiful and authentic saltwater lifestyle.

Christine's inspiration comes from her strong connection to her local environment and community.

A strong connection to the environment brings cultural stories, cultural practices and saltwater to life.

Christine has always held a passion for art and design which led her to study Art and Graphic Design after raising a family.

Her career has seen her collaborate with many Australian Businesses, Sporting Teams, Government Agencies and many Community Projects.

"Art is my Connection, Connection is my Art" - Christine

 www.christineslabbdesigns.com
 [@christineslabb_designs](https://www.instagram.com/christineslabb_designs)





Charles Sturt
University
—
First Nations

Women's
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