NATSIWA Women's Health Survey Report

1. Introduction

This report is based on responses to the National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) Women's Health Survey. The survey was distributed nationally and completed by Aboriginal and Torres Strait Islander women across a range of age groups and locations.

A total of 98 women participated in the survey. The survey included a combination of multiple-choice and open-ended questions, allowing women to share both quantitative data and lived experiences in their own words.

The responses included in this report have been purposefully selected for their depth, relevance, and the strength of insight they provide. They reflect recurring themes and issues raised by participants, rather than capturing every individual response, ensuring the findings emphasise the most significant and representative experiences shared by women.

The findings are based on self-reported experiences and perspectives. While the sample is not representative of all Aboriginal and Torres Strait Islander women and is limited in size, the consistency of responses highlights clear, shared themes across communities, offering valuable insight into women's health experiences and perspectives.

The findings reinforce that health for Aboriginal and Torres Strait Islander women is holistic, grounded in connection to Country, culture, family, and community, and cannot be separated from the ongoing impacts of colonisation.

2. Participant Overview

A total of 98 women participated in the survey.

Age Distribution

Participants represented a broad cross-section:

- 18–24: 2.04%
- 25–34: 14.29%
- 35–44: 17.35%
- 45–54: 19.39%
- 55–64: 28.57%

- 65+: 17.35%
- Prefer not to say: 1.02%

The participant group reflects a strong representation of older women, particularly those aged 45 and above. This is significant, as women in this age group are more likely to be managing chronic health conditions and bring extensive lived experience navigating complex and often fragmented health systems. Their insights provide critical depth to the data, highlighting both longstanding systemic barriers and the practical realities of accessing care over time.

Aboriginal and/or Torres Strait Islander Identity

- Aboriginal: 90.82%
- Torres Strait Islander: 1.02%
- Both Aboriginal and Torres Strait Islander: 8.16%

Location

- Major city: 52.04%
- Inner regional: 15.31%
- Outer regional: 20.41%
- Remote: 12.24%
- Very remote: 0.00%

The location data shows that over half of respondents are based in major cities (52.04%), with the remaining participants spread across inner regional (15.31%), outer regional (20.41%), and remote areas (12.24%). Notably, there were no responses from very remote areas (0.00%).

This distribution highlights a clear gap in representation, particularly for women living in very remote communities. While the survey captured a diverse geographic spread, the absence of very remote voices indicates that the findings may not fully reflect the experiences of women in the most isolated settings.

This gap is likely influenced by structural access barriers, including:

- Limited or unreliable internet connectivity
- Reduced access to digital devices
- Lower access to online survey platforms
- Communication barriers where surveys rely on email or web-based distribution

It may also reflect engagement limitations, where survey methods are not aligned with how women in very remote communities prefer to connect, communicate, or participate.

Importantly, women in very remote areas often experience:

- Greater barriers to healthcare access
- Higher service gaps
- Increased travel and cost burdens
- Different cultural and community contexts

This means their exclusion is not neutral — it risks underrepresenting the experiences of those who may face the most significant health inequities.

These findings reinforce the need for future surveys to adopt more inclusive and culturally appropriate engagement approaches, such as:

- On-Country data collection
- Community-led facilitation
- Paper-based or in-person survey options
- Partnerships with local organisations and services

Ensuring participation from very remote women is critical to building a complete and accurate understanding of Aboriginal and Torres Strait Islander women's health across all contexts.

State or Territory

Of the 98 respondents who answered this question:

- NSW: 14.94%
- VIC: 17.24%
- QLD: 31.03%
- WA: 12.64%
- SA: 8.05%
- TAS: 3.45%
- ACT: 2.30%
- NT: 10.34%

Of the respondents who answered this question, there is broad geographic representation across Australia, with particularly strong input from Queensland, Victoria, and New South Wales. There is also meaningful representation from Western Australia and the Northern Territory, ensuring that regional and remote perspectives are included.

While smaller in number, responses from South Australia, Tasmania, and the Australian Capital Territory, further contribute to a national picture. Overall, this distribution reflects a diverse range of experiences across different jurisdictions, reinforcing the importance of understanding how location shapes women's access to services and supports.

3. Health and Well-being

Survey Question Q5. How would you describe your overall health?

Women's Responses

- Excellent: 4.60%
- Very good: 16.09%
- Good: 44.83%
- Fair: 29.89%
- Poor: 4.60%

Most women rate their health as "good," though a considerable portion describe it as "fair," and only a small percentage say it is "excellent." This pattern suggests that, while many are managing their health, a large number face ongoing challenges or limitations. The significant number of "fair" responses indicates that day-to-day well-being is often affected by certain conditions or circumstances. Few report "excellent" health, highlighting that optimal outcomes are uncommon and that chronic conditions, stress, or barriers to care may prevent better wellbeing. These findings are consistent with broader survey results pointing to chronic disease, limited access to care, and the influence of social and structural factors on women's health.

Survey Question: Q6. What does being healthy mean to you?

Women's Responses

- "Being physically, mentally and emotionally well"
- "Balance… mind, body and spirit"
- "Feeling good within myself"
- "Being able to care for my family"
- "Strong in culture and identity"
- "Connection to Country and community"
- "Having a healthy lifestyle… eating well and staying active"
- "Being stress free"
- "Access to healthcare and support when needed"

The responses show that Aboriginal and Torres Strait Islander women define health in a holistic and interconnected way, extending beyond physical well-being alone.

Women consistently describe health as encompassing:

- physical health
- mental and emotional well-being
- cultural strength and identity
- connection to family, community, and Country

This reflects a broader understanding of health as balance across multiple aspects of life, rather than a singular focus on illness or medical care.

A strong theme is the importance of connection, including:

- connection to culture and Country
- connection to family and community
- connection to self

These elements are described as central to feeling healthy and maintaining well-being.

Women also highlight the role of responsibility and care, particularly the ability to care for family and others. This indicates that health is not only individual, but relational and community based.

While some responses refer to lifestyle factors such as eating well and staying active, these are not presented in isolation. Instead, they are understood as part of a broader system of wellbeing that includes emotional stability, reduced stress, and access to support.

Access to healthcare is also mentioned, but not as the defining feature of health. Rather, it is one component within a larger framework that includes cultural, social, and emotional dimensions.

Overall, the responses demonstrate that health for Aboriginal and Torres Strait Islander women is holistic, relational, and grounded in culture. This understanding reinforces the need for health systems and services to move beyond clinical models and recognise the broader determinants that shape wellbeing.

Q7. What helps you stay healthy and strong?

Women's Responses

- "Family and staying active"
- "Walking… especially in the bush on Country"

- “My connection to Country, community and my family”
- “Exercise, eat well and self-time”
- “Access to holistic healthcare and opportunities for connection”
- “Good food, clean water, no stress, no violence”
- “Living on Country with my community”
- “Mental health management, good diet and exercise”

Responses Highlight that maintaining health is not attributed to a single behaviour or intervention, but rather to a combination of interconnected supports and practices.

Family and community are consistently identified as central, providing emotional support, motivation, and a sense of responsibility. These relationships are not secondary influences, they are core components of wellbeing, particularly in the context of managing stress, illness, or daily life pressures.

Connection to Country and culture is also strongly emphasised. Women describe time on Country, cultural practices, and connection to community as essential to feeling grounded and maintaining wellbeing. These elements are not additional to health -they are fundamental to it.

Women also identify practical, everyday factors such as nutrition, physical activity, sleep, and routine. However, these are often described within the context of access and stability, indicating that the ability to maintain these practices depends on broader social and economic conditions.

Overall, responses reinforce that health is sustained through balance, continuity, and connection, rather than isolated lifestyle choices.

Ongoing Health Conditions

Survey Question: Q8. Have you been diagnosed with any ongoing health conditions?

Women’s Responses

- “CKD, type 2 diabetes, chronic pain, asthma and high blood pressure”
- “Type 2 diabetes, gout, and neurological conditions”
- “Triple heart bypass… pacemaker… stroke which left me disabled”
- “Multiple conditions due to genetics… family history”
- “Chronic symptoms and pain without a diagnosis”
- “Breast cancer survivor living with diabetes, asthma and arthritis”

The responses show that many women are managing multiple, co-existing and complex health conditions, rather than single diagnoses. These include chronic diseases such as diabetes, cardiovascular conditions, kidney disease, and cancer, alongside mental health conditions and chronic pain disorders.

This clustering of conditions reflects a high burden of disease, requiring ongoing and often complex management across different areas of the health system. Women are frequently required to navigate multiple services and providers, often without coordinated or holistic care.

The impacts of these conditions extend beyond diagnosis. Women describe chronic pain, fatigue, reduced mobility, loss of independence, and long-term disability, highlighting that health conditions significantly affect daily life and functioning.

Some responses also point to undiagnosed or poorly understood conditions, suggesting gaps in access to appropriate assessment, diagnosis, and specialist care. This reflects broader systemic barriers, including the availability of services, wait times, and cultural safety.

There is also a clear awareness of intergenerational health patterns, with women identifying family history and shared experiences as influencing their health. This reinforces that health is understood within a broader context of family, community, and systemic factors.

Survey Question: Q9. Have you had a general health check in the past 12 months?

Women's Responses

- Yes: 86.21%
- No: 12.64%
- Prefer not to say: 1.15%

The data shows that most women have had a general health check within the past 12 months (86.21%), indicating a relatively high level of engagement with preventative health care.

This suggests that many women are actively engaging with health services and recognise the importance of regular health checks in maintaining their wellbeing. Preventative care, including routine check-ups, plays a critical role in early detection and management of health conditions, particularly given the high prevalence of chronic disease identified in other survey responses.

However, the proportion of women who have not had a health check (12.64%) remains significant. This group represents women who may be experiencing barriers to accessing preventative care, including:

- limited availability of services
- long wait times
- transport and travel challenges
- financial constraints
- lack of culturally safe or appropriate services

While the overall rate of health checks is strong, it should not be assumed that access is consistent across all groups. Women in regional and remote areas, or those without stable access to services, may face greater challenges in accessing routine care.

The data indicates that while many women are engaging with preventative health services, gaps remain, and these gaps are likely influenced by broader structural and access issues rather than individual choice.

Ensuring consistent and equitable access to culturally safe preventative care remains essential to improving long-term health outcomes for Aboriginal and Torres Strait Islander women.

4. Strength and Identity

Survey Question: Q10. How often do you feel strong within yourself and your identity?

Women's Responses

- "Always/Every day"
- "All the time"
- "Most of the time"
- "Often"
- "Sometimes"
- "Up and down"
- "Not often
- "Always feel strong in my identity… connection to my ancestral Country"
- "Up and down. I try to stay away from social media"
- "Pretty often until someone says something racist"
- "Less often than I would like… I struggle to feel confident"
- "I actively have to work on it"

Responses show that while many women report feeling strong in their identity “always,” “every day,” or “most of the time,” this strength is not fixed or constant. A significant number of responses describe identity and personal strength as something that fluctuates depending on circumstances and external influences.

Women’s responses clearly indicate that strength in identity is deeply connected to:

- connection to Country
- family and cultural knowledge
- community belonging

At the same time, responses highlight that this strength can be challenged or disrupted by external factors, particularly:

- experiences of racism
- social environments (including online spaces)
- personal circumstances such as grief, loss, or stress

Statements such as “until someone says something racist” and “up and down” demonstrate that identity strength is not simply an internal state, but something that is actively negotiated in response to ongoing experiences.

Some women also describe needing to “work on it,” indicating that maintaining strength in identity can require conscious effort and resilience, particularly in environments where cultural safety is not guaranteed.

Importantly, even where women report fluctuations, there remains a strong underlying sense of identity. This reflects both resilience and vulnerability, showing that while cultural identity is a source of strength, it is also impacted by broader social conditions.

These responses highlight that supporting wellbeing requires not only strengthening identity but also addressing the external factors, including racism and exclusion, that undermine it.

5. Support and Wellbeing

Survey Question Q11. Do you feel you have support when you need it?

Women’s Responses

- Yes: 71.62%
- No: 22.97%
- Prefer not to say: 5.41%

Examples from open responses:

- “Family and being active outdoors”
- “My partner, family, friends and therapist”
- “Connection to my family, kin, community and Country”
- “Having people to talk to who understand”
- “Not much”

While the majority of women report having support when they need it (71.62%), a significant proportion (22.97%) indicate that they do not. This represents nearly one in four women experiencing a lack of support, which is a substantial gap.

The responses show that support is primarily drawn from:

- family and extended kinship networks
- partners and friends
- community connections
- health professionals, including GPs and therapists

This reflects that support is both informal (family/community) and formal (services and professionals).

However, the presence of responses such as “not much” highlights that access to support is not consistent or guaranteed. For some women, support may be limited, unavailable, or not appropriate to their needs.

Importantly, support is not only about availability, but also about:

- whether it is culturally safe
- whether it is accessible when needed
- whether it is reliable and ongoing

Women managing chronic health conditions, mental health challenges, or complex life circumstances may be particularly impacted where support is lacking.

The variation in responses indicates that support systems are uneven and dependent on individual circumstances, rather than being consistently accessible across all groups.

These findings reinforce the need for strong, culturally grounded, and accessible support systems, ensuring that women are not left to manage health and well-being challenges in isolation.

Survey Question: Q12. What supports your well-being?

Women's Responses

- "Family and being active outdoors"
- "Yarning with others… sitting quietly on Country, listening to the wind, birds, water… creative arts"
- "Community, connection"
- "Being with my children, family and friends… protecting my peace"
- "Going out bush and family time"
- "Active lifestyle… feeling connected to those I care about"
- "My partner, family, friends and therapist"
- "Regular checks at the Aboriginal medical centre"
- "Work-life balance… friends… sport"
- "Being honest about my health and feelings"
- "Family, good health service, cultural supports"
- "A really good doctor… supportive family… time out"
- "Therapy… walking… laughter"
- "Being on Country… supporting Elders… good sleep and eating right"
- "Connection to family, kin, community and Country"
- "Strong people who understand Aboriginal SEWB"
- "Having people to talk to who understand"
- "Access to services when needed"
- "Positive attitude"
- "Therapy, friends, hobbies"

The responses clearly show that wellbeing for Aboriginal and Torres Strait Islander women is supported through a combination of relationships, cultural connection, and access to services.

A dominant theme is the importance of family and social connection. Women consistently identify family, children, partners, and friends as central to their well-being, providing emotional support, stability, and a sense of belonging.

Connection to Country and culture is also a strong and recurring theme. Women describe being on Country, spending time outdoors, engaging in cultural practices, and participating in yarning and creative expression. These are not additional supports, but core to wellbeing.

Access to healthcare and support services is also identified as important, including GPs, Aboriginal medical services, counselling, and therapy. These supports are most effective when they are culturally safe and grounded in relationships.

Women also highlight the importance of balance and stability, including work-life balance, financial security, and safe and supportive environments. Practical strategies such as exercise, healthy eating, self-care, and maintaining a positive mindset are also identified.

A small number of responses indicate limited or no support, highlighting that not all women have equal access to resources and support systems.

Overall, the findings reinforce that wellbeing is holistic and interconnected, shaped by relationships, culture, environment, and access to services. These responses demonstrate that supporting wellbeing requires approaches that recognise the full context of women's lives, rather than focusing on individual factors alone.

Survey Question

Q13. How important is connection to community for your health?

Women's Responses

- "Very important"
- "Critical"
- "Top priority"
- "Absolutely essential"
- "Extremely"
- "10/10"
- "Creates a place of belonging"
- "Keeps you grounded"
- "Helps me centre myself and reset my wellbeing"
- "It's what lifts me up"

Barrier / negative experiences:

- "Not something I'm able to utilise"
- "Feel withdrawn from my community"
- "Too clicky… don't let me attend"
- "Politics… hard to find somewhere that doesn't play politics"

Responses overwhelmingly identify connection to community as central to health and wellbeing, rather than an optional or secondary factor. Women consistently describe community as providing:

- a sense of belonging
- cultural connection and identity

- emotional support
- grounding and stability

Statements such as “critical,” “top priority,” and “absolutely essential” demonstrate that community connection is viewed as fundamental to maintaining wellbeing, not simply beneficial.

Meaning-based responses further reinforce this, with women describing community as something that “keeps you grounded,” “centres” them, and “lifts” them. These responses indicate that community plays a key role in supporting emotional, cultural, and mental wellbeing, particularly during times of stress or challenge.

However, responses also clearly show that access to community connection is not consistent or equally experienced. Some women describe being unable to engage with community, feeling excluded, or navigating internal community dynamics such as “politics” or social divisions.

These experiences highlight that while community is essential, it is not always accessible, inclusive, or safe for all women. Barriers to connection may be influenced by:

- local community dynamics
- interpersonal relationships
- geographic location
- broader social conditions

This creates a tension where community connection is both highly valued and, at times, difficult to access.

Importantly, this means that health and wellbeing cannot be addressed without also considering the conditions that enable or limit safe and meaningful community participation.

The findings reinforce that strengthening health outcomes requires not only recognising the importance of community but also addressing the barriers that prevent some women from accessing it.

Survey Question: Q14. Do you feel health services respect your culture and identity?

Women’s Responses

- Yes
- No
- Sometimes
- Depends on the service”
- “Aboriginal services do… mainstream don’t always”

- “Not always… feel judged”
- “Yes, when I go to AMS”
- “Sometimes I don’t feel heard or understood”
- “No… I’ve experienced racism”
- “Mixed experiences”

The responses show that experiences of cultural respect within health services are mixed and inconsistent.

While some women report positive experiences, particularly when accessing Aboriginal Community Controlled Health Services, others describe situations where they do not feel respected, understood, or culturally safe. This indicates that cultural respect is not consistently embedded across the broader health system.

A clear pattern emerges where Aboriginal services are more likely to be experienced as culturally safe, while mainstream services are more variable. Women describe feeling more comfortable, understood, and respected in environments where culture is recognised and reflected in care.

In contrast, some responses highlight experiences of being judged, not listened to, or misunderstood within mainstream services. These experiences point to gaps in cultural awareness, communication, and responsiveness.

The presence of responses such as “sometimes” and “depends on the service” further reinforces that cultural respect is not guaranteed and can vary depending on provider, setting, and individual interaction.

Importantly, some women directly reference experiences of racism, indicating that a lack of cultural respect is not only about misunderstanding, but can include harmful and discriminatory treatment.

Overall, the responses show that cultural respect within health services is uneven and dependent on where care is accessed. These findings reinforce the importance of culturally safe, community-controlled models of care, alongside the need for broader system-wide improvements in cultural safety, workforce capability, and accountability.

6. Access to Healthcare

Survey Question: Q15. Where do you usually go for healthcare?

Women’s Responses

- “Aboriginal Community Controlled Health Service”
- “Local AMS”

- “Aboriginal health service”
- “Mainstream GP”
- “Private doctor”
- “Hospital or clinic”
- “General practice near my house”
- “I attend a GP in a bigger town about 1hr from my home”

Examples highlighting preference and access:

- “I opt for Aboriginal health services as it feels culturally safe”
- “Access Aboriginal health services for ongoing care… but services are limited and take time to access”
- “Private doctor, as I can't get into ATSI Health service – they don't take new patients”
- “Non-Aboriginal health service as convenient to my home”
- “Have to travel to access a GP”

Responses show that women access a mix of Aboriginal Community Controlled Health Services and mainstream health services, often navigating between them based on availability, access, and individual circumstances.

There is a clear and consistent preference for Aboriginal Community Controlled Health Services, with women identifying these services as culturally safe, trusted, and better aligned with their needs. Statements such as “I opt for Aboriginal health services as it feels culturally safe” highlight the importance of cultural safety in shaping where women seek care.

However, this preference is frequently constrained by system limitations, including:

- services not accepting new patients
- long wait times
- limited availability or capacity
- geographic barriers

As a result, many women report relying on mainstream GPs, private doctors, or hospitals are not necessarily a preferred option, but because these services are more accessible or available.

Some responses also highlight the need to travel significant distances to access care, particularly for those living outside major centres. This reflects ongoing geographic inequities and places additional burden on women in regional and remote areas.

In addition to structural barriers, some responses indicate concerns around:

- privacy
- comfort within services
- previous experiences

These factors influence where women feel able to seek care, further shaping access patterns.

Overall, the findings demonstrate that women are often required to navigate a fragmented and constrained health system, balancing a preference for culturally safe care with the realities of access and availability.

This highlights the need for increased investment in and expansion of Aboriginal Community Controlled Health Services, as well as improvements in accessibility, capacity, and cultural safety across the broader health system.

Survey Question: Q16. How easy is it for you to access healthcare when you need it?

Women's Responses

- "Sometimes easy, sometimes hard"
- "Depends on where I am… harder in regional areas"
- "Not easy… long wait times"
- "Travel makes it hard"
- "Costs can be a barrier"
- "Limited services in my area"
- "Have to wait weeks to see a doctor"
- "Easy when I can get into AMS"
- "Not always accessible when needed"

The responses show that access to healthcare is inconsistent and often dependent on location, availability of services, and individual circumstances.

A key theme across responses is variability. Women describe access as "sometimes easy, sometimes hard," indicating that access is not reliable or consistent over time. This reflects a system where availability fluctuates, rather than being guaranteed when needed.

Wait times are a significant barrier. Women frequently refer to delays in securing appointments, particularly for general practitioners and specialist services. These delays can impact timely access to care and contribute to worsening health outcomes where early intervention is required.

Geographic location also plays a critical role. Women in regional and remote areas describe greater difficulty accessing services, including the need to travel long distances and limited availability of providers. This reinforces existing inequities between metropolitan and non-metropolitan areas.

Cost is another important factor. Some women identify financial barriers, including out-of-pocket expenses and the affordability of services, which can limit their ability to seek care when needed.

Service availability and capacity are also highlighted, with women describing limited options, difficulty accessing preferred providers, and challenges getting into Aboriginal Community Controlled Health Services due to demand.

Overall, the responses show that access to healthcare is shaped by structural and systemic factors rather than individual choice. These findings reinforce the need for improved service availability, reduced wait times, and increased accessibility, particularly in regional and remote areas, to ensure women can access care when they need it.

Survey Question: Q17. What barriers do you face?

Women's Responses

- "Waiting for dr appointment always a week later"
- "Wait times, referral times to hospital specialist, not everything is bulk billed"
- "Long waiting times"
- "Lack of accessibility and cultural safety"
- "I feel sometimes women are not taken seriously for their health."
- "Nil"
- "When I can't get an appointment at my ACCO and the new service has no idea about aboriginal health / CTG etc"
- "Changes in our health clinic"
- "Waiting lists"
- "Red tape, local politics, no community strategic planning;"
- "Wait time"
- "none"
- "Long waitlists and needing to wait got bulk billed services, resulting in me needing to pay"
- "Financial, I don't have a concession card and so I have to pay and also availability of drs I want to see"
- "Transport, solo parent-caring capacity affects ability to access services when needed and requires planning"
- "Holistic health care focus"
- "No barriers"

- “Funds and time”
- “Racial profiling”
- “Access to quality health care. what is affordable is often not the best providers.”
- “Not enough providers in outer regions”
- “none”
- “Time to fit in between work to see someone and money.”
- “Isolation cost of living, airfares, insurance, access to specialists.”

The responses include both short and detailed statements, with some women reporting “Nil,” “none,” or “No barriers,” while many others describe specific challenges.

A number of responses refer directly to time-related barriers, including “Waiting for a doctor's appointment,” “Long waiting times,” “Waiting lists,” and “Wait time.” These are repeated across multiple responses.

Some responses describe financial barriers, including issues with bulk billing, out-of-pocket costs, and not having a concession card, as well as broader cost-of-living and affordability pressures.

Access to services is also described as a barrier, including difficulty getting appointments, limited providers in regional and outer areas, and challenges accessing quality care where affordable options are not always suitable.

Other responses refer to transport and logistical barriers, including travel requirements, caring responsibilities, and the cost of accessing services such as airfares and specialist care.

There are also responses describing experiences within the health system, including issues related to accessibility, cultural safety, and not feeling taken seriously, as well as experiences of racism.

Some responses refer to broader system or structural issues, including administrative barriers, local decision-making processes, and changes within health services.

Overall, the responses show a range of barriers, alongside some indicating no barriers.

Survey Question: Q18. Have you accessed women’s health services in the past 2 years?

Women’s Responses

- Yes: 71.62% (53 responses)
- No: 27.03% (20 responses)
- Prefer not to say: 1.35% (1 response)

The responses show that most women (71.62%) report having accessed women's health services within the past two years. At the same time, 27.03% of women report that they have not accessed women's health services, representing more than one in four respondents.

The data reflects a clear difference between those who have accessed services and those who have not, with a smaller number indicating they preferred not to respond.

The responses do not provide additional explanation within this question, and are limited to the selection of "Yes," "No," or "Prefer not to say."

Survey Question: Q19. Have you had a cervical screening test (Pap smear or HPV test)?

Women's Responses

- Yes: 68.92% (51)
- No: 28.38% (21)
- Prefer not to say: 2.70% (2)

The responses show that 68.92% of women report having had a cervical screening test, while 28.38% have not. A small number selected "prefer not to say."

The data indicates that while most women have participated in cervical screening, a significant proportion have not accessed this test. The responses for this question are limited to selection-based answers and do not include additional written detail.

Survey Question: Q20. Are you aware that you can choose a self-administered cervical screening test? (self-collection)

Women's Responses

- Yes: 70.27% (52)
- No: 29.73% (22)
- Prefer not to say: 0.00% (0)

The data indicate that while most women report awareness of the self-collection option, a notable proportion do not.

Q21. Have you ever used a self-administered cervical screening test?

Women's Responses

• Yes: 29.73% (22)
• No: 70.27% (52)
• Prefer not to say: 0.00% (0)

The responses show that 29.73% of women report having used a self-administered cervical screening test, while 70.27% report that they have not.

Survey Question: Q22 If YES, how was your experience?

Women's Responses

- "A lot easier to do self"
- "Lots easier, less uncomfortable and quick time for results. Gives women control"
- "Good, I am a trauma survivor, so a doctor administered check is traumatic"
- "Not comfortable but it's important to have."
- "Fine. The instructions were easy to follow"
- "Difficult"
- "My experience was good and I would prefer to do this ongoing"
- "Positive"
- "Self-collection is the best thing for our mob, as there is no shame"
- "OK"
- "great"
- "Okay."
- "I now do it because of self-administer testing"
- "It was fine. I work within health, so I feel confident in my ability to do the collection."
- "It was so easy"
- "Ok"
- "I had a major hysterectomy 22 years ago."
- "Easy and private"
- "Strange / unusual"
- "Good"
- "Easy procedure"

The responses include a range of short and more detailed descriptions of experiences with self-administered cervical screening.

Many responses describe the experience as easy, easier than other methods, and private. Others describe the experience as good, positive, or fine, with some noting that the instructions were easy to follow or that they felt confident completing the test.

Some responses indicate that the option provides a sense of control and reduces embarrassment.

There are also responses that describe some level of discomfort or difficulty, as well as experiences that felt unusual.

Some responses refer to individual circumstances, including past trauma associated with doctor-administered testing and personal medical history.

Overall, the responses show variation in experience, with many describing the process as easy or positive, while others note discomfort, difficulty, or individual circumstances influencing their experience.

Survey Question Q23. If NO, what would make you feel comfortable using the test?

Women's Responses

- "It doesn't really bother me if a doctor does it or not."
- "NA"
- "Yes"
- "I had cervical cancer so need to have it done for me"
- "More information about how to do it and more reassurance"
- "My size prevents me at the moment I can't physically do it myself"
- "Not sure"
- "Happy to use it next time, just haven't yet."
- "Not sure of correct procedure"
- "Ok"
- "After talking to my Dr, it is preferred that she does the test and it can be more accurate that way too."
- "I don't feel confident"
- "I didn't know this was an available option until I went in for my first screening, I will likely begin to self-administer this test when required to do so"
- "I didn't know it existed"
- "I don't need these anymore."
- "Easy to pick up and drop off, educational videos on how to use it. My GP also told me they're not accurate"
- "Have not had need to."
- "Knowing more about how to do it- and if the results would be accurate."
- "unsure"
- "100% accuracy and really easy to do"
- "Workshop and yarn about it -women only"
- "Easy access, like begin able to order it online"
- "I'm good to go, it's not as embarrassing as the doctor completing the test"
- "Education how to"
- "No comment"

- “I don’t need one, don’t have a cervix”
- “Friends testimonials”
- “Nothing”
- “n/a”
- “If there's no pain”

The responses indicate that awareness and understanding of the self-administered test are inconsistent, with some women unaware of the option or unsure how to complete it.

They also show that information, reassurance, and confidence in the process are important, alongside an individual's ability to complete the test.

Some responses indicate a preference for doctor-administered testing, while others show openness to using the test.

The responses also identify practical factors such as access, ease of use, and discomfort, and note that the test is not relevant for all women due to individual circumstances.

7. Women’s Health

Survey Question: Q24. Have you experienced Perimenopause/Menopause symptoms?

Women’s Responses

• Yes: 68.92% (51)
• No: 18.92% (14)
• Unsure: 9.46% (7)
• Prefer not to say: 2.70% (2)

The responses show that most women report experiencing perimenopause or menopause symptoms. This aligns with the age distribution of respondents, where a significant proportion of women fall within age groups where perimenopause and menopause are more likely to occur.

A smaller group report not experiencing symptoms, while others indicate uncertainty, suggesting that not all women clearly identify or recognise symptoms at this stage.

Overall, the responses reflect variation in both experience and understanding, including differences in age, awareness, and whether symptoms are recognised or relevant to individual circumstances.

Survey Question: Q25. If YES, have you been able to access support or information?

Women's Responses

- "Just google and yarning with others"
- "Yes, knowledgeable female GPs…access to female AHWP helps also. Not all women have good experiences"
- "No"
- "I had early menopause… I had good information given to me through the cancer organisation… it helped me so much talking to others"
- "I have accessed information online"
- "yes"
- "No"
- "Not much support or health promotion around this"
- "No haven't looked for any"
- "I feel very unsupported by my GP and have been putting up with a lot of pain."
- "some support"
- "I have not looked"
- "Not at the time"
- "Nope"
- "More Aboriginal specific, with Aboriginal people on the flyer."
- "Yes. I had these symptoms coming off contraceptives."

Responses show that information and awareness are not consistent, with some women indicating uncertainty about symptoms and a need for clearer information and explanations.

Other responses describe experiences within health services, including not feeling listened to, not feeling taken seriously, or having symptoms attributed to other causes.

Responses also indicate variation in access to appropriate support, including differences in access to knowledgeable practitioners and the type of support available.

Some responses show that women rely on self-directed information or informal support, rather than structured support through health services.

There are also responses that refer to the importance of culturally appropriate care, including access to Aboriginal health workers and culturally relevant information.

Overall, the responses indicate that support during this stage is not consistent and is influenced by access to information, experiences with health services, and the availability of appropriate and culturally relevant support.

Survey Question: Q27. What support would help women during perimenopause and menopause? (optional)

Women's Responses

- "Having access to a dr that specialises or a health worker"
- "Health promotion and experienced staff…..sharing knowledge and up to date information with community"
- "Talking to support groups where women are going through the same issues"
- "Establish support groups… so don't feel alone"
- "easy access to the information"
- "Talking to a health worker (Aboriginal)"
- "Open communication and options discussed"
- "Educational workshop"
- "Health promotion days and professional advice"
- "GPs that understand and prescribe HRT quickly"
- "Information about what help is available"
- "Help line local group support network"
- "Real talk and not being dismissive"
- "Having female Drs who specialise in menopause"
- "Better understanding of the imbalances that can happen"
- "Self-help groups that bring in specialists"

The responses include a range of suggestions describing what support would assist women during perimenopause and menopause.

Many responses refer to access to information, education, and clear communication about symptoms and available support, alongside the need for information to be accessible and relevant.

Other responses describe access to knowledgeable health professionals, including specialists, female doctors, and Aboriginal health workers, indicating the importance of appropriate and trusted care.

There are also responses that refer to peer and community-based support, including support groups, shared experiences, and opportunities to connect with others.

Some responses highlight how care is delivered, including being listened to, not being dismissed, and having options clearly explained.

Overall, the responses show that support during this stage includes access to information, appropriate health professionals, culturally relevant care, and opportunities for connection and shared experience.

Survey Question: Q28. Did you feel supported during pregnancy and post birth?

Women's Responses

- Yes: 42.65% (29)
- No: 23.53% (16)
- Prefer not to say: 33.82% (23)

The responses show variation in whether women felt supported during pregnancy and post birth. A larger proportion of women report feeling supported, while a notable proportion report that they did not.

A significant number of women selected prefer not to say, indicating that not all women provided a clear response to this question.

The responses show that experiences of support during pregnancy and post birth are not consistent across women, with differences in whether support was experienced or reported.

Survey Question
Q29. Were the services accessed culturally appropriate?

Women's Responses

- Yes: 30.43% (21)
- No: 37.68% (26)
- Prefer not to say: 31.88% (22)

The responses show variation in whether women experienced services as culturally appropriate.

A larger proportion of women report that services were not culturally appropriate, compared to those who report that they were.

A significant number of women selected prefer not to say, indicating that not all women provided a clear response to this question.

The responses show that experiences of cultural appropriateness in services are not consistent across women.

Survey Question: Q30. What support do you consider that mothers and carers need most?

Women's Responses

- "Culture and no judgement and to not be treated like a process line appointment"
- "ACCHO'S… AHW, AHWP nurses and dedicated GPs. Outreach to the home also helps support women in their health journey"
- "Having culturally safe support groups…"
  • "Always have a support person present whenever a doctor talks to them…"
  • "A whole new health system"
  • "If Aboriginal need language support"
  • "Understanding team"
  • "Regular checks with mothers and Educational programs"
  • "I've needed more comprehensive antenatal support…"
  • "Support and no judgement"
  • "Social emotional wellbeing, mums groups for mob"
  • "Support"
  • "They need support on how to stand on their own two feet after birth"
  • "I had access to an Aboriginal maternity group practice. Felt culturally safe and understood."

The responses show that support for mothers and carers is described across multiple areas rather than a single type of service.
Culturally safe care is a consistent focus, including the importance of culture, no judgement, language support, and being understood within services.

Responses also identify specific models of care, including Aboriginal health workers, community-controlled services, shared care models, and outreach support, indicating the value of continuity and community-based approaches.

There is a clear emphasis on how care is delivered, including being treated with respect, having support people present, and not being treated as part of a process or system.

Ongoing and practical support is also identified, including antenatal care, regular follow-up, education, and support after birth, showing that support is needed across the full journey.

Responses also highlight the importance of social and emotional wellbeing, including peer support, connection to other mothers, and community-based support groups.

Some responses indicate broader concerns about the system itself, including the need for change in how services are structured and delivered.

Overall, the responses show that support for mothers and carers includes culturally safe care, continuity of support, respectful service delivery, and access to community-based and holistic support.

8. Mental Health and Wellbeing

Survey Question: Q31. Have you accessed mental health services?

Women's Responses

- Yes: 71.62% (53)
- No: 27.03% (20)
- Prefer not to say: 1.35% (1)

The responses show that most women report accessing mental health services, while a smaller proportion report that they have not.

This aligns with earlier responses across the survey where women describe engaging with health services, seeking support, and accessing information through both formal and informal sources.

At the same time, previous responses also describe variation in access, experiences within services, and the type of support available, including differences in how support is accessed and experienced.

A small number of women selected prefer not to say.

Overall, the responses show that while many women report accessing mental health services, experiences of access and support are not consistent across women.

Survey Question: Q32. If YES, were these supports culturally appropriate?

Women's Responses

- Yes: 54.90% (28)
- No: 39.22% (20)
- Prefer not to say: 5.88% (3)

The responses show that just over half of women report that mental health supports were culturally appropriate, while a significant proportion report that they were not.

The difference between responses indicates that experiences of cultural appropriateness within mental health supports are mixed.

This reflects variation in how supports are experienced, including differences in whether services meet cultural needs.

A small number of women selected prefer not to say.

Overall, the responses show that cultural appropriateness in mental health supports is not consistent across women.

Survey Question: Q33. What types of support do you prefer? (optional)

Women's Responses

• "More drop in yarning"
• "One on one counselling, group yarning circles, women's camps on country and creative art therapy"
• "Mob driven"
• "My cultural support would be going to an Aboriginal healer or family rather than talking to counsellors."
• "More access to First Nations counsellors or psychologist or other allied health professionals"
• "supports by First Nations clinicians who actually know what they are talking about"
• "Counselling on one-to-one basis and face to face"
• "Ones that understand the complexity of individual well-being and community well-being."
• "Supports provided by Aboriginal health practitioners and I would love Aboriginal specialists"
• "We need women psychologists urgently for our mob"
• "Aboriginal professionals are needed… counsellors don't understand the realities"
• "One on one therapy and some group yarns."
• "home visits trust respect and being reliable"
• "Not a rescue mentality"

The responses include a range of descriptions of preferred mental health and wellbeing support.

Many responses refer to culturally grounded support, including mob-led approaches, Aboriginal practitioners, and culturally specific healing practices, alongside a preference for support that is delivered by people who understand community, culture, and lived experience.

Other responses describe different types of support delivery, including one-on-one counselling, group yarning, and community-based approaches such as camps and informal drop-in support.

There are also responses that refer to how support is provided, including trust, respect, reliability, and approaches that move away from clinical or deficit-based models.

Some responses indicate preferences for specific workforce characteristics, including Aboriginal professionals, women practitioners, and clinicians with appropriate experience and understanding.

Overall, the responses show that preferred support includes culturally grounded approaches, trusted relationships, flexible delivery models, and access to practitioners who understand both individual and community wellbeing.

9. Safety and Violence

Survey Question: Q34. Do you feel safe in your home and community?

Women's Responses

- Yes: 87.93% (51)
- No: 8.62% (5)
- Prefer not to say: 3.45% (2)

The responses indicate that most women report feeling safe in their home and community. However, this does not reflect a universal experience of safety.

A notable proportion of women reported that they do not feel safe, alongside others who chose not to disclose their experience. This is significant. Even within a small sample, these responses represent real experiences of unsafe environments, highlighting that safety is not consistent across all communities or households.

The data suggests that while safety may be present for many women, it is not guaranteed. Experiences of safety are uneven and can vary depending on individual circumstances, relationships, and community contexts.

The presence of both "No" and "Prefer not to say" responses also reflect the sensitivity of this question. Feelings of safety are closely connected to issues such as family and domestic violence, community dynamics, and access to support. In some cases, women may not feel comfortable disclosing their experiences, which means the level of unsafe environments may be underreported.

These findings reinforce that safety cannot be assumed, even where the majority report feeling safe. Instead, they point to the need for consistent, culturally safe, and accessible supports that respond to the realities of women who are not safe in their homes or communities.

Survey Question: Q35. Are there services to support women experiencing violence?

Women's Responses

• Yes: 76.79% (43)
• No: 17.86% (10)
• Prefer not to say: 5.36% (3)

The responses indicate that most women report that there are services available to support women experiencing violence. However, this does not reflect consistent access or awareness across all women.

A notable proportion of women reported that there are no services available, alongside others who chose not to say. These responses indicate that access to, or knowledge of, support services is not consistent and that some women may not be able to identify or access appropriate support when needed.

The presence of "Prefer not to say" responses also reflect the sensitivity of the question, where some women may not feel comfortable disclosing their experiences or knowledge of available services.

While most responses indicate that services exist, this does not confirm that services are accessible, culturally appropriate, or effective. The variation in responses suggests differences in awareness, availability, and experience of services across communities.

Overall, the responses show that while support services are present for many women, access to and awareness of these services is not consistent and cannot be assumed across all women.

Survey Question: Q36. What would improve safety for women and families?

Women's Responses

- "To be able to access supports after 5pm… instead of waiting… safe houses not be made homeless if you don't leave"
- "Quicker response, transitional safe housing,outreach,increase in workers, better pathways to counselling"
- "Family counselling"

- “Mob driven and culturally safe”
- “Men should be removed… not the women and children… more shelters… cultural safety… healing courses… DV not taken seriously enough by police and courts”
- “More safe places… or removing the perpetrator from the home… safety measures immediately”
- “More young women… being confident… resilient… strong about their own needs”
- “On the ground services… Police, women shelter, counselling… social workers”
- “Accessible services and Police doing more”
- “Easy access to culturally appropriate services that support women and their families”

The responses show that improving safety for women and families requires changes across multiple areas, including access to services, system responses, and the availability of safe and appropriate support.

Access and responsiveness are consistently identified, including the need for after-hours support, quicker responses, outreach, and more direct pathways to services. These responses indicate that delays and complexity in accessing support can impact safety.

Safe accommodation is a key issue across responses, including the need for more safe houses, transitional housing, and approaches that prioritise women and children remaining safely in their homes where possible. Some responses specifically identify the need to remove the perpetrator rather than displacing women and families.

System-level responses are also identified, including the role of police and justice systems. Some responses indicate that violence is not always taken seriously, pointing to gaps in how systems respond to and prioritise women’s safety.

Culturally appropriate and community-led approaches are consistently identified, including mob-driven services, culturally safe care, and healing programs delivered by Aboriginal people, reflecting the importance of trust and cultural understanding in safety responses.

Workforce and service capacity are also highlighted, including the need for more workers, on-the-ground services, and coordinated support across counselling, social work, and wellbeing services.

Some responses also refer to early support and prevention, including strengthening confidence, resilience, and support for younger women, indicating that safety is linked to both immediate response and longer-term wellbeing.

Overall, the responses show that improving safety requires timely, accessible, and culturally appropriate services, supported by systems that respond effectively, prioritise women and families, and provide both immediate protection and longer-term support.

10. Racism and Cultural Safety

Survey Question: Q37. Have you experienced racism or discrimination in healthcare settings?

Women's Responses

• Yes: 80.70% (46)
• No: 19.30% (11)
• Prefer not to say: 0.00% (0)

The responses show that experiences of racism and discrimination in healthcare are widespread, with more than four in five women reporting that they have experienced this directly.

This level of response indicates that racism within healthcare settings is not occasional or isolated. It reflects a consistent and systemic issue affecting Aboriginal and Torres Strait Islander women across their interactions with health services.

Importantly, this finding sits alongside earlier responses in the survey, including:

- concerns about cultural safety
- not being listened to or believed
- barriers to accessing appropriate care
- mixed experiences with mainstream and culturally specific services

The absence of any "prefer not to say" responses further reinforce the clarity and certainty with which women are identifying these experiences.

These responses also align with earlier findings that while some women feel supported, a significant proportion do not feel that health services respect their culture and identity (Q14), highlighting a direct link between cultural safety and experiences of discrimination.

Overall, the data demonstrates that racism and discrimination are embedded within healthcare experiences for many women, shaping how and whether they access services, and impacting trust, safety, and health outcomes.

Survey Question: Q38. Did this affect your willingness to return?

Women's Responses

- Yes: 66.07% (37)
- No: 32.14% (18)
- Prefer not to say: 1.79% (1)

The responses show that experiences of racism and discrimination have a direct impact on women's willingness to return to healthcare services.

A clear majority of women who responded indicate that these experiences affected their decision to return. This demonstrates that racism in healthcare is not only experienced but has ongoing consequences for how women engage with services.

When considered alongside Q37, where a significant majority of women reported experiencing racism or discrimination, this finding highlights a critical pattern. Women are not only encountering racism, but these experiences are influencing future healthcare decisions.

This has broader implications for access to care. If women are less willing to return to services, this may result in delays in seeking care, reduced engagement with preventative health, and increased reliance on crisis or emergency services.

A smaller proportion of women reported that their willingness to return was not affected, indicating that responses to these experiences vary.

Overall, the responses show that racism and discrimination within healthcare settings impact trust and influence whether women continue to engage with services, with potential consequences for health outcomes.

Survey Question: Q39. What would make services more culturally safe?

Women's Responses

- "To just be kind to people"
- "Being heard and believed when reporting racism… need to increase Aboriginal & TSI staffing…"
- "More cultural awareness training for all staff"
- "Having more black faces in the services"
- "Indigenous people employed in these jobs"
- "More identified workers"
- "Treated as a human being, not a drug addict…"
- "Doctors being culturally appropriate… assumptions made because of my Aboriginality"

• “Health services do not take into consideration what else is happening in your life”
• “Education and clear communication… when asked to identify yourself”
• “Have local Aboriginal community on the board”
• “Regional services and time to form connections”
• “Decolonising how clinical spaces look and feel”

The responses clearly identify that cultural safety in healthcare is not consistently experienced and requires significant change across workforce, systems, and service delivery.

A key theme across responses is the need for increased Aboriginal and Torres Strait Islander representation within services. Women consistently identify the importance of Aboriginal staff, identified roles, and community involvement in governance, indicating that cultural safety is closely linked to who delivers and leads services.

Workforce capability is also highlighted, with responses calling for stronger cultural awareness and training for non-Indigenous staff. This includes moving beyond basic training toward deeper understanding and accountability in how care is delivered.

Experiences of racism and stereotyping are directly referenced, including not being believed, being judged, or having assumptions made based on identity. These responses reinforce earlier findings (Q37–Q38) and demonstrate that cultural safety is directly connected to how women are treated within healthcare interactions.

Communication and respect are also identified as critical. Women highlight the importance of being heard, understood, and treated as individuals, rather than being reduced to clinical assumptions or stereotypes.

System-level changes are also identified, including the need for services to better reflect culture in their environments, policies, and governance structures. This includes community involvement, culturally appropriate spaces, and approaches that move beyond purely clinical models of care.

Overall, the responses show that cultural safety requires structural change, including workforce representation, accountability, culturally informed practice, and systems that recognise and respond to the lived realities of Aboriginal and Torres Strait Islander women.

11. Social Determinants of Health

Survey Question: Q40. Do you have access to affordable and healthy food?

Women’s Responses

• Yes: 82.46% (47)
• No: 15.79% (9)
• Prefer not to say: 1.75% (1)

The responses indicate that most of the women report having access to affordable and healthy food. However, this does not reflect consistent or equitable access across all women.

A notable proportion of women (15.79%) report that they do not have access to affordable and healthy food. While this may appear as a minority, it represents a significant number of women experiencing barriers to one of the most basic determinants of health.

Access to healthy and affordable food cannot be understood as an individual issue. It is shaped by broader structural and economic factors, including:

- cost of living pressures
- food pricing and availability
- geographic location
- income and financial security

For women living in regional or remote areas, these challenges are often intensified, with higher food costs, limited availability of fresh produce, and increased reliance on local stores with restricted options. These structural conditions directly impact the ability to maintain a healthy diet.

The presence of women reporting a lack of access highlights that food security is not guaranteed, even where the majority report access. It also indicates that affordability remains a key barrier, suggesting that access is conditional rather than stable.

This finding aligns with broader patterns across the survey, including:

- financial barriers to healthcare
- cost-of-living pressures
- access challenges in regional and remote areas

These interconnected factors reinforce that health behaviours, such as eating well, cannot be separated from the social and economic conditions in which women live.

Overall, the responses show that while many women report access to affordable and healthy food, a significant proportion do not, highlighting ongoing inequities in food security and the need for systemic responses to address affordability, access, and availability.

Survey Question: Q41. What challenges affect healthy living?

Women's Responses

- "Cost"
- "Cost of living going up! Aboriginal unemployment rates still a big issue. Unaffordable housing crisis, homelessness, increase in substance abuse and family violence"
- "Lack of affordable foods in communities. Most communities I have been to the food cost too much."

The responses identify a range of interconnected challenges affecting healthy living, with cost and affordability emerging as the most consistent and dominant issue.

Cost of living pressures are repeatedly highlighted, including rising food prices, housing affordability, and broader financial stress. These pressures directly impact women's ability to maintain healthy lifestyles, including access to nutritious food, stable housing, and essential services.

Responses also point to structural and systemic issues, including:

- unemployment and financial insecurity
- housing instability and homelessness
- increased exposure to social challenges such as substance use and family violence

These factors are not isolated. They interact to create environments where maintaining health becomes increasingly difficult, regardless of individual intention or effort.

Access to affordable and healthy food is specifically identified as a challenge, particularly in communities where food costs are significantly higher. This reinforces findings from Q40, showing that food security is shaped by location, affordability, and availability.

Importantly, the responses demonstrate that healthy living is not limited to individual behaviour. Instead, it is influenced by broader social determinants, including economic stability, housing, safety, and community conditions.

The inclusion of issues such as family violence and substance use further highlights that health is experienced within complex social environments, where multiple pressures can impact wellbeing simultaneously.

Overall, the responses show that challenges affecting healthy living are structural, interconnected, and systemic. Addressing these challenges requires more than health promotion alone, it requires coordinated responses across housing, employment, cost of living, and community safety to enable women to achieve and maintain good health.

Survey Question: Q42. Is your housing stable and suitable?

Women's Responses
• "Yes"
• "Yes for now"
• "Yes but expensive"
• "I'm in a rental property… does cause stress close to the annual lease renewal date"
• "No"
• "No, we go through rental stress every 9 months"
• "Somewhat… dependent on my income… don't earn enough to support myself but almost not eligible for subsidised housing"

The responses show that while many women report that their housing is stable and suitable, this stability is often conditional and uncertain rather than secure.

Many responses indicate "yes," however further detail highlights that this stability is frequently fragile. Women describe:

- rental insecurity
- stress associated with lease renewals
- high housing costs
- reliance on eligibility criteria for housing support

Statements such as "yes for now" and descriptions of ongoing rental stress demonstrate that housing stability is not fixed, but subject to change based on financial circumstances and housing availability.

Several women report that their housing is not stable, including repeated experiences of short-term leases and ongoing uncertainty. These responses highlight that housing insecurity is an ongoing issue for some women, rather than an isolated experience.

Some responses also point to structural gaps within the housing system, particularly for women who fall between eligibility thresholds. This includes those who:

- earn too much to qualify for subsidised housing
- but not enough to maintain stable housing in the private market

This creates a situation where women are effectively excluded from both systems, resulting in ongoing financial pressure and housing instability.

Housing affordability is also identified as a key issue, with women describing stable housing as being “expensive,” reinforcing that stability does not necessarily mean affordability or long-term security.

Importantly, housing is a fundamental determinant of health. Instability, financial stress, and insecure living conditions directly impact:

- mental health and wellbeing
- ability to maintain routines, including healthy eating
- access to services and support

These findings align with earlier responses in the survey, including:

- cost of living pressures (Q41)
- access to affordable food (Q40)
- broader structural barriers to health and wellbeing

Overall, the responses show that while many women report having stable housing, this stability is often precarious, influenced by cost, rental insecurity, and systemic gaps. This highlights the need for stronger, more secure, and affordable housing pathways to support long-term health and well-being.

Survey Question: Q43. Does financial stress affect your health?

Women’s Responses

• Yes: 71.93% (41)
• No: 22.81% (13)
• Prefer not to say: 5.26% (3)

The responses show that financial stress is a significant factor affecting the health and wellbeing of Aboriginal and Torres Strait Islander women, with most women (71.93%) reporting that it directly impacts their health.

This indicates that financial stress is not an isolated or occasional issue, but a widespread and ongoing experience that shapes how women manage their health on a day-to-day basis.

Financial stress impacts multiple areas of life, including:

- access to healthy food
- ability to afford healthcare and medications
- housing stability

- capacity to travel to appointments
- overall mental health and wellbeing

These impacts are interconnected, meaning financial pressure in one area often creates additional strain across others. For example, the cost of living may limit access to nutritious food, while also contributing to housing insecurity and reduced ability to access healthcare.

The proportion of women reporting that financial stress does not affect their health (22.81%) highlights that experiences are not uniform. However, this group remains significantly smaller than those experiencing financial impact.

Importantly, these findings align strongly with earlier survey responses, including:

- cost of living pressures identified in Q41
- access to affordable and healthy food (Q40)
- housing stress and instability (Q42)

Together, these responses demonstrate that financial stress is a key underlying driver of health inequities, influencing both physical and mental health outcomes.

Financial stress should therefore be understood as a core social determinant of health, rather than a secondary issue. Addressing women's health outcomes requires coordinated responses that address affordability, income security, and cost-of-living pressures alongside access to healthcare.

Overall, the responses show that financial stress plays a critical role in shaping health outcomes, reinforcing the need for systemic and structural approaches to reduce economic pressure and improve wellbeing.

Survey Question: Q44. Do you have transport to attend appointments?

Women's Responses

• Yes: 89.66% (52)
• No: 10.34% (6)
• Prefer not to say: 0.00% (0)

The responses indicate that most of the women report having access to transport to attend appointments. However, this does not mean that transport is not a barrier to healthcare access.

A notable proportion of women (10.34%) report that they do not have transport. While smaller in number, this represents a significant group of women who may face direct barriers to accessing healthcare services.

Transport access is a critical enabler of healthcare. Without reliable transport, women may:

- miss or delay appointments
- be unable to access specialist or regional services
- experience additional stress and cost in organising travel

Even where transport is available, this does not necessarily mean it is:

- affordable
- reliable
- timely
- appropriate for the type of care required

For women in regional and remote areas, transport challenges are often more pronounced, including:

- longer travel distances
- limited public transport options
- increased costs associated with travel

These barriers can compound existing issues such as cost-of-living pressures and service availability, further limiting access to care.

The absence of “prefer not to say” responses suggests that women were clear in identifying whether transport was available to them, indicating that this is a straightforward but important access issue.

This finding aligns with earlier responses in the survey, including:

- access barriers to healthcare (Q17)
- cost of living pressures (Q41)
- financial stress impacting health (Q43)

Together, these responses demonstrate that access to healthcare is not only about the availability of services, but also about the practical ability to reach them.

Overall, while most women report having transport, a significant minority do not. This highlights the need for transport to be considered as part of healthcare access planning, particularly for women experiencing financial pressure or living outside major urban areas.

12. Disability and Support

Survey Question: Q45. Do you, or someone you care for, live with disability?

Women's Responses

• Yes: 43.86% (25)
• No: 50.88% (29)
• Prefer not to say: 5.26% (3)

The responses show that a significant proportion of women either live with disability themselves or care for someone who does, with 43.86% indicating direct experience of disability within their household or personal circumstances.

This highlights that disability is a common and important factor shaping the lives of Aboriginal and Torres Strait Islander women. It also reflects the dual role many women hold as both individuals managing their own health and as carers for others.

Living with disability, or caring for someone with disability, can impact:

- physical and mental health
- time and capacity to access healthcare
- financial stability
- ability to participate in work, community, and daily activities

These responsibilities often place additional pressure on women, particularly where supports are limited or difficult to access.

The proportion of women reporting "No" (50.88%) indicates that experiences are not universal. However, the high percentage of "Yes" responses demonstrates that disability and caring responsibilities are a significant and common part of women's lived experiences.

The presence of "Prefer not to say" responses also reflects that disability can be a sensitive issue, and not all women may feel comfortable disclosing their circumstances.

Importantly, this finding connects to broader survey results, including:

- financial stress impacting health (Q43)
- challenges accessing services (Q17)
- need for culturally appropriate and accessible supports

These links highlight that disability does not exist in isolation but interacts with other structural and social factors that shape health and wellbeing.

Overall, the responses show that disability and caring responsibilities are a key part of many women's lives. This reinforces the need for accessible, culturally appropriate, and well-supported systems that recognise both individual and caring roles, and reduce the burden placed on women.

Survey Question: Q46. Have you tried accessing supports (e.g. NDIS/DSP)?

Women's Responses

• Yes: 32.08% (17)
• No: 62.26% (33)
• Prefer not to say: 5.66% (3)

The responses show that most women have not attempted to access formal supports such as the NDIS or Disability Support Pension, with 62.26% indicating they have not tried to access these services.

This finding is significant, particularly when considered alongside Q45, where a large proportion of women reported living with disability or caring for someone who does. The gap between need and access suggests that support systems are not being reached or utilised by many women who may benefit from them.

The lower proportion of women who have attempted to access supports (32.08%) indicates that engagement with formal systems is limited. This may reflect a range of barriers, including:

- lack of awareness of available supports
- complexity of application and eligibility processes
- literacy and administrative challenges
- previous negative experiences with systems
- lack of culturally appropriate support to navigate services

The presence of "Prefer not to say" responses again reflect the sensitivity of the topic, particularly where experiences with disability or support systems may be complex or challenging.

Importantly, this finding highlights that access to supports is not only about availability, but also about:

- accessibility
- understanding
- trust in the system

- ability to navigate processes

When women do not engage with these systems, it can result in:

- unmet support needs
- increased caring burden
- financial strain
- reduced health and well-being outcomes

This aligns with broader findings across the survey, including:

- financial stress impacting health (Q43)
- barriers to accessing services (Q17)
- the need for culturally appropriate and accessible supports

Overall, the responses show a clear gap between potential need and engagement with formal support systems. This highlights the need for simpler, more accessible, and culturally safe pathways to ensure women and families can access the supports available to them.

Survey Question: Q47. What challenges have you experienced? (optional)

Women's Responses

• "Too much is needed… speak with 100 different people so someone can decide how disabled you are"
• "So hard to access the pathways to NDIS/DSP… literacy skills and not enough support staff impacts even starting the referral process"
• "I access aged care, but stopped because I wasn't happy with the conditions"
• "My son… didn't qualify for NDIS support so I had to case manage my own child's support needs"

The responses highlight significant and consistent challenges in accessing disability and support systems, particularly the NDIS and DSP. These challenges are not minor or administrative — they are structural and create substantial barriers for women and families seeking support.

A key theme across responses is the complexity of the system. Women describe processes that are:

- overly complicated
- time-consuming
- fragmented across multiple points of contact

The need to “speak with 100 different people” reflects a system that is difficult to navigate, requiring persistence, capacity, and knowledge that not all women have access to.

Literacy and administrative barriers are also clearly identified. Women report that:

- understanding the process is difficult
- completing applications is challenging
- there is insufficient support to guide them through the system

This creates a significant barrier at the very first stage of access, preventing some women from even starting the process.

Eligibility criteria are another major issue. Some women describe situations where:

- they or their family members do not qualify for support
- despite clear and ongoing needs

This results in women taking on additional responsibilities, including managing care themselves without formal support, increasing both emotional and financial pressure.

There are also concerns about the quality and suitability of services. One response indicates disengagement from aged care services due to dissatisfaction with conditions, highlighting that access alone is not enough — services must also be appropriate, safe, and meet expectations.

These challenges align strongly with earlier findings in the survey, including:

- limited engagement with support systems (Q46)
- financial stress and caring responsibilities (Q43, Q45)
- broader barriers to accessing services (Q17)

Together, these responses demonstrate that the issue is not simply whether supports exist, but whether they are:

- accessible
- navigable
- equitable
- appropriate for Aboriginal and Torres Strait Islander women and families

Overall, the responses show that accessing disability and support systems is often complex, difficult, and, in some cases, unsuccessful. This highlights the need for simplified processes, culturally appropriate support, and more equitable access pathways to ensure women and families can obtain the support they need.

13. Older Women and Ageing

Survey Question: Q48. What supports are needed for older Aboriginal and Torres Strait Islander women? (optional)

Women's Responses

• "Housing, jobs, support services that don't judge women over 50"
• "Take ageism out of the workforce… more value and respect for life experience"
• "Fully staffed aged care in community… not leaving Country to die in town"
• "More First Nations women's groups… support younger women"
• "Retirement age for First Nations women to be 60"
• "Activities, transportation, HACC"
• "Funded aged care instead of waiting on plans"
• "Respite activities"
• "Group support, transport and engaging and valuing them"
• "Financial support"
• "Housing and financial support… not eligible until retirement"
• "Mob-only aged care… Aboriginal social workers who understand family dynamics"
• "More practical support for shopping and outings"
• "I'm unaware of any in my area"
• "Recognition of trauma… outreach and healing support"

The responses highlight that older Aboriginal and Torres Strait Islander women require a broad range of supports that extend well beyond traditional aged care services. These supports are holistic, reflecting the interconnected nature of health, wellbeing, culture, and social conditions.

A key theme across responses is the need for culturally appropriate, community-based aged care. Women emphasise the importance of:

- remaining on Country
- being cared for within community
- accessing services delivered by Aboriginal people

The statement that women should not have to leave their community "to die in an aged care in town" reflects the deep cultural importance of place, identity, and connection in later life.

There is also a strong focus on respect, value, and inclusion, particularly in relation to ageism. Women describe:

- discrimination in the workforce
- lack of recognition of their experience and contribution

- the need to be heard, respected, and valued

This highlights that ageing is not only a health issue, but also a social and economic one.

Practical supports are consistently identified, including:

- housing and financial security
- transport
- respite care
- assistance with daily living (shopping, outings)

These supports are essential for maintaining independence and quality of life, particularly for women who may also be carers or living with health conditions.

Barriers within current systems are also evident, including:

- long wait times for aged care packages
- lack of available services in some areas
- limited awareness of what supports exist

Some women report being unaware of services entirely, indicating gaps in access, communication, and outreach.

The importance of social and emotional wellbeing is also strongly reflected, including:

- group support and connection
- women's groups and intergenerational support
- recognition of trauma and the need for healing

These responses reinforce that wellbeing for older women is grounded in connection — to community, culture, and each other.

This question strongly aligns with findings across the survey, including:

- cultural safety concerns in services (Q49)
- financial stress (Q43)
- housing instability (Q42)
- the importance of connection and community to wellbeing

Overall, the responses show that supports for older Aboriginal and Torres Strait Islander women must be holistic, culturally grounded, and community led. There is a clear need for systems that provide not only care, but dignity, respect, connection, and the ability to age well on Country.

Survey Question: Q49. Are aged care services culturally safe?

Women's Responses

• Yes: 16.33% (8)
• No: 59.18% (29)
• Prefer not to say: 24.49% (12)

The responses show that most women do not experience aged care services as culturally safe, with 59.18% indicating "No." This is a significant finding and reflects serious concerns about how aged care services are experienced by Aboriginal and Torres Strait Islander women.

The low proportion of "Yes" responses (16.33%) indicates that culturally safe aged care is not the norm. Instead, it appears to be limited and inconsistent, with only a small number of women reporting positive experiences.

The high number of "Prefer not to say" responses (24.49%) is also notable. This suggests that:

- the question is sensitive
- some women may not feel comfortable sharing their experiences
- there may be limited engagement with aged care services
- or uncertainty about what constitutes culturally safe care

Together, the "No" and "Prefer not to say" responses indicate that culturally safe aged care cannot be assumed and may be underreported.

These findings highlight significant gaps in aged care systems, including:

- lack of culturally appropriate care models
- insufficient Aboriginal and Torres Strait Islander workforce
- limited connection to culture, Country, and community within services
- services that do not reflect or respect cultural identity and lived experience

This aligns with earlier responses in the survey, including:

- the importance of cultural safety in health services (Q39)
- experiences of racism and discrimination (Q37)
- the need for culturally appropriate and community-led services

For older Aboriginal and Torres Strait Islander women, aged care is not only about clinical care, but about:

- maintaining connection to Country
- preserving cultural identity
- being cared for in a way that respects community and family structures

The lack of cultural safety in aged care services risks:

- reduced trust in services
- avoidance or delayed access
- poorer health and wellbeing outcomes

Overall, the responses demonstrate that aged care services are not consistently culturally safe for Aboriginal and Torres Strait Islander women. This highlights the urgent need for culturally grounded, community-led aged care models that ensure safety, dignity, and respect for older women.

14. What is Working Well

Survey Question: Q50. What is working well for women's health in your community?

Women's Responses

• "Health promotions and free health check days"
• "Women coming together… empowering each other to speak their minds and stand up for their rights"
• "Community"
• "More strength with First Nations health and education… more yarns about issues for whole family"
• "Access to information tailored to my needs and situation"
• "Sharing information amongst ourselves… finding out about good services"
• "Melbourne has some great services for Aboriginal women"
• "Local born Aboriginal doctor and midwife"
• "Connection to each other… but need more women's groups, retreats, camps"
• "Not sure"

The responses highlight that what is working well for women's health is grounded in community, connection, and culturally relevant support, rather than formal systems alone.

A strong theme across responses is the importance of women coming together. Women describe:

- empowerment through collective spaces
- sharing knowledge and experiences
- supporting each other to speak up and advocate

This reflects the central role of peer support and community connection in strengthening health and wellbeing.

Access to culturally appropriate services and Aboriginal-led care is also identified as a key strength. This includes:

- Aboriginal health professionals
- services designed specifically for Aboriginal women
- care that understands cultural context and lived experience

These responses demonstrate that when services are culturally grounded and community-connected, they are experienced positively.

Health promotion activities, including free health checks and community education, are also recognised as effective. These initiatives support:

- early intervention
- increased awareness
- accessible entry points into the health system

Information sharing is another important factor. Women highlight the role of:

- informal networks ("grapevine")
- community communication
- accessible and tailored information

This indicates that trusted, community-based communication pathways are highly effective in connecting women to services and support.

At the same time, some responses indicate uncertainty or gaps, with women stating they are "not sure" what is working well. This suggests that:

- positive services may not be visible or accessible to all
- awareness and reach of services are inconsistent

There is also a clear call for more structured opportunities for connection, including:

- women's groups
- retreats and camps
- spaces for collective discussion and support

These findings align with broader themes across the survey, including:

- the importance of cultural safety and trust
- the role of community and connection in wellbeing
- the need for accessible and appropriate services

Overall, the responses show that what works well for women's health is community-driven, culturally grounded, and relational. Strengthening women's health outcomes will require continued investment in Aboriginal-led services, community connection, and accessible, culturally relevant health promotion.

15. Priorities for Change

Survey Question: Q51. Which programs should be expanded?

Women's Responses

- "DV and women over 45 health and housing"
- "Women's holistic health model across all ages"
- "Education… teaching our mob how to look after themselves, kids and elders"
- "Resiliency development for young people… 'to say no' programs"
- "HACC… Home and Community Care, Meals on Wheels"
- "Financial support for medicines for those without concession cards"
- "Smoking awareness"
- "Holistic health care… stress plays a significant role"
- "More for young adults… cultural connection after school or during uni"
- "Women's health, aged care, children's, mental health assessment"
- "Women group for elders"
- "Mutual aid, grief and loss support, DV support… language classes, on Country trips"
- "Aboriginal health services"
- "Mental health (non-existent?)"
- "Men's programs that reduce DV instances"
- "A lot more" / "Unsure"

The responses highlight a clear need for expansion of programs that are holistic, culturally grounded, and responsive across the life course of Aboriginal and Torres Strait Islander women.

A dominant theme is the need for holistic models of care, with women explicitly calling for health approaches that:

- address physical, mental, social, and emotional wellbeing
- recognise the impact of stress and life circumstances
- are designed for women across all ages

This reinforces findings throughout the survey that health cannot be separated from broader social and cultural determinants.

There is also a strong focus on targeted supports across different life stages, including:

- young people (resilience, early intervention, cultural connection)
- women of working and parenting age
- older women (aged care, support groups, community connection)

This demonstrates that current programs are not adequately meeting needs across the full lifespan.

Mental health and social and emotional wellbeing emerge as critical gaps. Responses indicate:

- limited availability of mental health services
- need for grief and loss support
- importance of culturally appropriate healing approaches

The reference to mental health as “non-existent” highlights significant service gaps.

Practical and foundational supports are also consistently identified, including:

- housing and support for older women
- access to affordable medicines
- community care services (HACC, Meals on Wheels)
- education and life skills

These reflect the ongoing impact of cost-of-living pressures and structural disadvantage.

There is also a strong emphasis on cultural connection and community-led approaches, including:

- Aboriginal health services
- on Country programs
- language and cultural programs
- community and peer support groups

These responses reinforce that culturally grounded programs are not supplementary — they are essential to effective health outcomes.

Importantly, some responses identify the need for prevention-focused and family-based approaches, including:

- domestic and family violence programs
- programs for men to reduce violence
- early education and resilience building

This reflects an understanding that improving women's health requires addressing broader family and community contexts.

Overall, the responses show that existing programs are not sufficient in scale, accessibility, or scope. There is a clear call for expanded investment in holistic, culturally safe, community-led programs that address health, well-being, and the social determinants of health across all stages of life.

Survey Question: Q52. Which changes would make the greatest difference?

Women's Responses

• "Housing and health"
• "Stand alone women's & children's space… one stop shop holistic model… run by women"
• "Put more programs back in community… so people don't need to go out of their community to work"
• "More services delivered in my community"
• "All drs bulk billing"
• "Mental health… hostel accommodation… aged care"
• "Transport"
• "Funding"
• "Anti-racism, anti-violence, mental health services and housing support"
• "Trauma counselling"
• "Having information"
• "Access to elder women in a guiding way for yarns"
• "All female… holistic medical services including social and emotional wellbeing"
• "Aboriginal led services… increase in funding… culturally safe for women and children"
• "More social connections"

The findings identify a clear set of changes that would make the greatest difference to the health and well-being of Aboriginal and Torres Strait Islander women. These changes are practical, structural, and consistent with themes across the survey.

A key theme is the importance of addressing basic needs, including housing, health access, transport, and affordability. Women identify that without these foundations, maintaining health and wellbeing is difficult.

There is also a strong focus on community-based service delivery, with women calling for more services and programs to be delivered locally. This includes returning programs to community and reducing the need to travel or leave community to access support.

Women consistently highlight the need for holistic models of care, including one-stop services that address multiple needs in one place. There is a clear preference for services that:

- are designed for women and children
- are culturally safe
- address social and emotional wellbeing alongside physical health

The importance of Aboriginal-led services is also strongly reinforced. Women identify the need for increased funding, expanded service delivery, and care that is delivered by people who understand community and lived experience.

Mental health and trauma support are identified as key priorities, including:

- access to counselling
- responses to violence
- broader social and emotional wellbeing supports

Practical barriers are also highlighted, including:

- cost of healthcare (including the need for bulk billing)
- transport access
- availability of information

Women also identify the importance of connection and cultural support, including access to Elders, opportunities for yarning, and social connection.

Overall, the responses show that the changes needed are not isolated or individual. They are systemic and require coordinated action across housing, health, funding, and service delivery. These findings reinforce that improving women's health outcomes requires structural change, culturally grounded approaches, and investment in community-led solutions.

16. Final Reflections

Survey Question: Q53. Is there anything else you would like to share?

Women's Responses

• "Need to have more Aboriginal support not just in Aboriginal services so women can access where they like"
• "I respect and love the work you do NATSIWA… stay strong"
• "More culturally safe programs… support when moving into towns"
• "Community groups need to work together to improve quality of life"
• "Our women's group has no transportation… need help with caring responsibilities to attend"
• "Need outreach clinic – information sessions"
• "Information acquired will not change healthcare"
• "Flexible systems for women who are genuinely trying"
• "Social activities like elders games, craft groups, social groups"
• "No" / "Thanks"

The responses reinforce the key themes identified across the survey, providing additional insight into the lived experience of Aboriginal and Torres Strait Islander women.

A consistent theme is the need for greater access to culturally safe support across all services, not limited to Aboriginal-specific services. Women highlight the importance of being able to access care safely regardless of where they present.

There is also a strong emphasis on practical barriers, including transport and caring responsibilities, which limit women's ability to participate in programs and access services. These barriers continue to impact engagement, even where services exist.

Women identify the need for more outreach and flexible service delivery, including information sessions and services that meet women where they are. This reflects ongoing gaps in accessibility and awareness.

The importance of community connection and collaboration is also highlighted, with women calling for stronger partnerships between community groups and more opportunities for social engagement, particularly for older women.

Some responses reflect frustration and lack of confidence in systems, including the view that providing information alone does not lead to meaningful change. This suggests a need for action-oriented responses rather than continued consultation without visible outcomes.

At the same time, positive feedback is also present, recognising the work of Aboriginal organisations and reinforcing the value of community-led approaches.

Overall, the responses confirm that while there are strengths within community and Aboriginal-led services, significant gaps remain in accessibility, flexibility, and system responsiveness. Addressing these issues requires practical, culturally grounded, and coordinated approaches that respond directly to women's lived realities.

17. Recommendations

1. Strengthen Aboriginal Community Controlled and Women-Led Models of Care

- Increase funding and expansion of Aboriginal Community Controlled Health Organisations (ACCHOs)
- Invest in women-led, culturally safe, stand-alone services for women and children
- Support one-stop, holistic models of care integrating physical, mental, social and cultural wellbeing
- Ensure Aboriginal women are represented in leadership, governance, and workforce roles

2. Embed Cultural Safety Across the Entire Health System

- Mandate cultural safety standards and accountability frameworks across all health services
- Increase recruitment and retention of Aboriginal and Torres Strait Islander workforce
- Implement ongoing, meaningful cultural capability training (not one-off)
- Establish mechanisms for reporting and responding to racism in healthcare

3. Address Racism and Discrimination in Healthcare

- Develop national anti-racism strategies specific to healthcare settings
- Introduce independent complaints pathways that are culturally safe and trusted
- Ensure services are accountable for safe, respectful, and non-discriminatory care
- Monitor and report on racial bias and health outcomes

4. Improve Access to Affordable and Timely Healthcare

- Expand bulk billing and reduce out-of-pocket costs, particularly for women without concession cards
- Reduce wait times for GPs, specialists, and referrals
- Increase availability of services in regional and remote areas
- Support after-hours and flexible service delivery models

5. Invest in Holistic Mental Health and Social and Emotional Wellbeing Supports

- Expand access to Aboriginal-led mental health services
- Increase availability of trauma-informed care and healing programs
- Fund on-Country healing, women's camps, and cultural programs
- Support group-based and community-led approaches, including yarning circles

6. Address Cost of Living as a Health Issue

- Recognise financial stress as a core determinant of health
- Increase access to:
  - affordable food
  - medications
  - healthcare services
- Expand financial assistance and subsidy programs
- Ensure policies address the intersection of health, housing, and income

7. Improve Housing Security and Affordability

- Increase access to safe, stable, and affordable housing
- Address gaps for women who:
  - do not qualify for social housing
  - cannot sustain private rental
- Invest in transitional and long-term housing solutions
- Recognise housing as foundational to health and wellbeing

8. Improve Transport and Outreach Access

- Invest in transport support for healthcare access, especially in regional areas
- Expand mobile, outreach, and community-based services
- Reduce reliance on women travelling long distances for care

9. Reform Disability and Support Systems (NDIS, DSP)

- Simplify application and access processes
- Provide culturally appropriate navigation support
- Increase awareness and accessibility of supports
- Address gaps where women and families are managing care without support

10. Strengthen Supports for Older Aboriginal and Torres Strait Islander Women

- Develop culturally safe, community-based aged care models
- Ensure women can age on Country
- Increase access to:
  - transport
  - respite care
  - social and community connection
- Address ageism and financial insecurity

11. Improve Maternal, Reproductive and Women's Health Services

- Expand culturally safe antenatal and postnatal care
- Increase access to Aboriginal midwives and health workers
- Improve awareness and access to:
    - cervical screening (including self-collection)
    - menopause and perimenopause support
- Ensure services are trauma-informed and respectful

12. Invest in Prevention and Early Intervention

- Expand health promotion and education programs
- Support community-led education and information sharing
- Increase early intervention for:
    - chronic disease
    - mental health
    - family violence

13. Strengthen Community Connection and Social Support

- Invest in:
    - women's groups
    - community programs
    - intergenerational activities
- Support safe spaces for connection, yarning, and cultural practice
- Recognise community connection as central to health

14. Improve Responses to Family and Domestic Violence

Increase access to:

- safe housing
- culturally safe support services
- counselling and healing programs
- Ensure systems:
- respond quickly
- prioritise women and children
- remove perpetrators where appropriate
- Expand prevention programs, including for men

15. Ensure Flexible, Accessible and Community-Driven Service Delivery

Design services that:

- meet women where they are
- account for caring responsibilities
- reduce administrative burden
- Fund community-led solutions and local delivery models
- Move away from rigid, centralised systems

18. Conclusion

This report brings forward the voices and lived experiences of Aboriginal and Torres Strait Islander women. It reflects not only how women are experiencing their health, but how they are navigating systems that are not consistently designed to support them.

Across the findings, there is a clear and consistent pattern. Women are not disengaged from their health. They are actively seeking care, supporting their families, and maintaining connection to culture and community. What is evident is that the systems around them are not always meeting them where they are.

The experiences shared in this survey point to a broader reality — that health outcomes are shaped not only by services, but by the conditions in which women live. These include access to safe housing, financial stability, culturally safe care, and the ability to remain connected to community and Country. Where these conditions are unstable or inaccessible, health is directly impacted.

There is also a clear impact on trust. Experiences within healthcare, particularly where women feel unheard, judged, or unsafe, influence whether and how they return to services. This has long-term implications for engagement, prevention, and overall well-being.

At the same time, the report highlights strength. Women consistently identify culture, community, and connection as central to their well-being. These are not secondary supports they are foundational. Where services align with these strengths, outcomes improve.

This report does not stand alone. It reflects ongoing experiences that are well understood within communities. What it provides is a clear, evidence-based account of how these experiences are currently being lived by women.

The findings reinforce that improving health outcomes requires more than service provision. It requires systems that recognise lived experience, respond to complexity, and reflect the realities of women’s lives.

Aboriginal and Torres Strait Islander women have clearly articulated their experiences throughout this survey. Their voices provide a strong and consistent foundation for understanding what is needed to support health and well-being

NATSIWA Women's Health Survey
Detailed List of Reported Health Conditions

This document lists health conditions as reported by survey respondents.

- Blood pressure, diabetes, and cholesterol
- Chronic kidney disease, type 2 diabetes, depression, chronic pain, asthma, heart palpitations, high blood pressure
- Type 2 diabetes, gout, and arachnoiditis
- Parkinson's disease
- Complex PTSD
- Breast cancer survivor, diabetes, asthma, arthritis
- Diabetes
- Stomach ulcer, PCOS
- Reflux, depression, anxiety, endometriosis, PCOS, IBS
- Endometriosis
- Anaemia, low blood pressure, lobular carcinoma in situ
- Diabetes, blood pressure
- Chronic pain disorder (Ehlers-Danlos Syndrome)
- Lupus (SLE)
- Severe depression, thyroid condition
- Migraines, asthma
- Heart bypass, pacemaker, stroke
- High blood pressure
- Diabetes
- High blood pressure and mental health conditions
- Chronic symptoms and pain (undiagnosed)
- Blood pressure, diabetes, high cholesterol
- Arthritis, pancreatic cysts, high cholesterol, fall risk.
- ADHD, anxiety
- PCOS, endometriosis, ADHD
- Asthma
- Brain aneurysm
- Fibromyalgia, chronic arthritis
- Breast cancer survivor

- Type 1 diabetes, depression
- High blood pressure
- Lymphedema, lipedema, osteoarthritis, mobility limitations
- Chronic heart disease, spinal disabilities
- Type 2 diabetes, high blood pressure, high cholesterol
- Asthma, blood pressure
- Diabetes, cholesterol, endometrial cancer
- Diabetes, kidney disease, high blood pressure
- Diabetes, high blood pressure, high cholesterol, anxiety
- ADHD, anxiety, depression, high blood pressure

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