Introduction
This community report presents a summary of what we learnt through a community-based research project regarding the Dead or Deadly program at the Waminda South Coast Women’s Health & Welfare Aboriginal Corporation (Waminda). Details of the research can be found in the full report, cited at the end of this document.

Where did the research happen?
Waminda and its Dead or Deadly program operate in the Shoalhaven Region, on Yuin Nation Country (see Figure 1). Waminda is located in Nowra, 165 kilometers south of Sydney, New South Wales (NSW), Australia (See Figure 2).

Figure 1: Waminda’s service delivery area (Dickson, 2015)
What did the research involve?
We undertook the research as part of the wider Shoalhaven Koori Women Study (SKWS), which involved using a ‘critical Indigenist framework’. We analysed the information from questionnaires undertaken by 30 women living in the Shoalhaven. We also examined case studies, background materials and documents, along with information from an evaluation undertaken by the University of Wollongong in partnership with Waminda. Ongoing discussion took place between members of the research team and Waminda. This research approach meant that Aboriginal women were both the research participants and research drivers of this study.

What did we learn?
We found that Dead or Deadly is a holistic health promotion initiative designed by and for Aboriginal women in the Shoalhaven region, NSW. We also found that Deadly or Deadly has led to positive changes in their client’s health and wellbeing, including physical health, employment, self-esteem, family, education and strengthening cultural identity and connection.

Healthy lifestyle changes
Dead or Deadly has resulted in physical health indicators of success. For example, the team of Dead or Deadly women recently won the NSW Knockout Health Challenge by collectively losing 159kg in the 12-week challenge (3). Dead or Deadly’s design ensures that health education and support for lifestyle change is delivered for many issues including smoking cessation, nutrition, drug use and physical activity.
Role modelling, leadership and teachers

“Seeing how you can help women to get through some things made me want to do something like that, made me want to help others. I couldn’t even run one km and now I’m running twenty.” (Participant)

Many participants openly acknowledged the power of improving their health to be “good role models”. Women gained a ‘sense of mastery’ (Milroy, Dudgeon, & Walker, 2014) through Dead or Deadly, to be able to do things for themselves as well as for others. The culturally safe gym environment created through Dead or Deadly is also important for supporting women to do this.

Support network

“At Waminda, you get time for yourself and other women in the same boat. You’re not by yourself.” (Participant)

Waminda’s underpinning social model is facilitated through the support network that Dead or Deadly creates both between staff and clients, and between clients. Waminda has created a welcoming space where Aboriginal approaches to healing and health are promoted, and provide an empowerment tool for Indigenous people. The opportunity to “mix with good women” and for “learning about culture with other women” is just as important – if not a requirement – for healthy lifestyle changes made by Dead or Deadly participants.

Voice in Waminda

“Voice in Waminda (is a strength)... we’re happy to voice our opinions and have a say, respected and supported by the men in the community today.” (Participant)

A number of women claimed strength in having a “voice” through Waminda. This is intentional by Waminda, as outlined in its Strategic Plan (Waminda, 2015b) and the basis for its establishment in 1984. This was in part a response to the racism and sexism experienced by Indigenous women that prevented them from accessing essential services including prevention and treatment.
Social and emotion wellbeing support

“When I needed help, they helped me.” (Participant)

Dead or Deadly attracts women in substantial need of support to deal with their emotional distress (Hasswell & Gaskin, 2013). This basis amplifies the significance of Deadly or Deadly’s support to Aboriginal women to overcome, to achieve, to grow in self-determination and regain their agency as strong, resilient Indigenous women. A combination of activities and support works to promote a sense of wellbeing in Indigenous women that enables them to overcome health and life challenges.

Relationship-based access to Waminda

I come to Waminda to… “socialise and yarn with the groups, girls, staff as well.” (Participant)

When we asked Aboriginal women why they come to Waminda, Dead or Deadly was an important reason. Dead or Deadly is an important health promotion initiative in itself as well as for engaging with the community to establish and maintain relationships.

I come to Waminda because I am… “treated with respect, staff yarn with you, clients feel comfortable.” (Participant)

Conclusion

“The government should understand how valuable Waminda is to the community.” (Participant)

The holistic, relationship-based model of Dead or Deadly enabled it to address numerous health and related life issues, while creating pathways to and opportunities for Waminda to support these clients. In light of this, we recommend that the NSW and Australian governments work together to review the funding mechanisms to ensure they align with the evidence-based call to support holistic, Indigenous-led initiatives – such as Dead or Deadly.

Details of the research can be found in the full report, Fredericks, Bronwyn, Longbottom, Marlene, McPhail-Bell, Karen and Worner, Faye, in collaboration with the Board of Waminda. (2016). Dead or Deadly Report. Waminda Aboriginal Women’s Health Service. CQUniversity, Australia: Rockhampton, Queensland, Australia. 32 pages. ISBN: 9781921047169.

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