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Drawing strength: evaluating the Tidda Talk programme through comparative body mapping with young Aboriginal and Torres Strait Islander women

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ABSTRACT

This study explored changes in understanding and self-perception among participants involved in the Tidda Talk programme (i.e. a culturally tailored physical activity and psychosocial education intervention for young Aboriginal and Torres Strait Islander women), focusing on its influence on mental health, social and emotional wellbeing, and health beliefs. Due to its cultural alignment, the arts-based research method of body mapping was used to explore participants' health and identity perceptions before and after completing the programme. Reflexive thematic analysis situated at the cultural interface (i.e. the space where Aboriginal and Torres Strait Islander and Western knowledge systems meet and interact) was conducted on body maps and their accompanying testimonios to identify shifts in understanding and self-perception. A total of 25 young Aboriginal women ($M = 13.69$ years old) completed both body maps and testimonios. Data analysis revealed three key themes: *Embracing Culture: Pride, Knowledge, and Identity Journeys* highlighted participants' growing cultural pride and self-acceptance; *Navigating Life Challenges: Finding Strength in Connection and Resilience* described coping strategies and life skills used to navigate social and emotional challenges; and *Holistic Health: Expanding Beyond the Physical* demonstrated a shift in health perspectives from a narrow focus on physical health behaviours to a more holistic understanding. Tidda Talk is an encouraging culturally safe intervention that has the potential to enhance resilience, strengthen cultural connections, and improve mental health literacy. As a data generation method, body mapping offered a valuable tool for capturing perceived changes, providing a culturally relevant approach to understanding personal transformations.

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Introduction

Aboriginal and Torres Strait Islander peoples,¹ the Indigenous peoples and original custodians of Australia, have the longest continuing culture in the world, shaped by deep and enduring connections to Country, kin, culture, and community (Fatima et al. 2022). These relationships form the foundation of identity, belonging, and cultural practices, which continue to provide a source of strength, resilience and healing despite the enduring traumatic impacts of colonisation (Edwige and Gray 2021). This enduring cultural foundation shapes not only the identities and practices of Aboriginal and Torres Strait Islander peoples but also their understandings of health and wellbeing. Central to this worldview is a holistic perception of health, seen as interconnected with the land, family, community, and culture (Gee et al. 2014). Grounded in epistemologies that value collective experiences, Aboriginal and Torres Strait Islander conceptualisations of health embrace a broader view, in contrast to Western models that often individualise and pathologise health (Westerman 2010). Health is understood not just in terms of mental or physical states, but also in relation to emotional, spiritual, and cultural wellbeing, all of which are linked to one's relationship with Country, family, and community. This is encapsulated in the Social and Emotional Wellbeing (SEWB) framework, a culturally defined concept that prioritises these relationships as foundational to health and healing (Gee et al. 2014).

While the SEWB framework encompasses multiple interconnected dimensions of health, mental health is a core component. Within this context, there is a growing recognition of the importance of supporting the mental health of young Aboriginal and Torres Strait Islander peoples, particularly through prevention and early intervention (i.e. offering timely support before a crisis occurs) (Department of Health 2021; Department of the Prime Minister and Cabinet 2017). Young Aboriginal and Torres Strait Islander women, in particular, face intersecting impacts of racism, gendered expectations, and intergenerational trauma (Fredericks et al. 2017), which highlight the need for targeted culturally responsive approaches to improving mental health. Programmes that centre cultural identity and connection are especially valuable, with youth-friendly formats such as physical activity and sport providing a 'soft entry' into SEWB by offering accessible, less confronting, and engaging pathways to support mental and emotional wellbeing (English, Wallace, et al. 2023; Gupta et al. 2020; Holt, Deal, and Pankow 2020). These approaches have been shown to reduce common barriers to mental health service provision for young Aboriginal and Torres Strait Islander women, such as stigma, shame and mistrust, by creating non-judgemental, inclusive spaces where individuals can connect with peers, build life skills and share positive experiences (Garay et al. 2023; Kilian and Williamson 2018; Wittevrongel et al. 2023). When co-designed with community and delivered in culturally safe settings, physical activity and sport programmes have the potential to strengthen SEWB by enhancing connections to culture, community, and Country (English et al. 2022; Gupta et al. 2020; Macniven et al. 2019).

While these programmes show promise, their effectiveness cannot be fully understood without evaluation methods that are also culturally relevant. Attending to the ways in which evaluation aligns with the worldviews and lived experiences of Aboriginal and Torres Strait Islander peoples can offer more nuanced understandings of a programme's influence and ensure that community priorities are reflected in both the evaluation process and its outputs (Harfield et al. 2020). In response, there has been a global shift in health research towards decolonising methodologies, and utilising approaches that seek to challenge colonial knowledge hierarchies and support more meaningful interpretations of impact grounded in Indigenous ways of knowing, being, and doing (Ewing 2021; Sherwood 2010; Smith 2012).

In response to this need, this study explores the potential influence of Tidda Talk, a co-designed and culturally grounded SEWB intervention programme for young Aboriginal and Torres Strait Islander women, through a culturally sensitive methodological approach. Drawing on a novel, pre – post form of body mapping as a culturally responsive evaluation tool, the study compares participants' evolving self-perceptions and understandings of health over the

8-week programme. This research contributes to the growing body of evidence supporting culturally grounded evaluation practices and enhances understanding of how SEWB programmes can be assessed in ways that respect and reflect Aboriginal and Torres Strait Islander epistemologies.

Methods

Study context

This study is part of a broader community-based participatory research (CBPR) project, which includes a 2-year feasibility and acceptability trial undertaken in partnership with the KARI Foundation. The KARI Foundation is an Aboriginal not-for-profit organisation that provides community-strengthening programmes to support Aboriginal and Torres Strait Islander peoples in New South Wales and Queensland, Australia. CBPR is a recognised approach to engaging Indigenous peoples in research globally, valued for its emphasis on collaboration, equity, and cultural relevance (Coppola, Holt, and McHugh 2020; Hudson, Spence, and McHugh 2020; Mason 2018). Traditionally, CBPR involves five key phases (Coppola, Holt, and McHugh 2020): (1) partnership formation and maintenance, (2) community assessment and diagnosis, (3) definition of the issue, (4) documentation and evaluation of the partnership process, and (5) feedback, interpretation, dissemination, and application of results.

Following the establishment of a research partnership with the KARI Foundation in 2020 (Phase 1 of CBPR), formative research (English et al. 2022; English, Wallace, et al. 2023) was undertaken to support community engagement and collaboratively define the issue (Phases 2 and 3). In 2021, the Tidda Talk programme and its evaluation plan were co-developed with input from the Aboriginal and Torres Strait Islander community, including SEWB staff, young Aboriginal women, and an Aboriginal Reference Group with Elder representatives (see Supplementary File 1 for composition). These activities continued to build on Phases 1–3. Further details about the conception and co-design process are published elsewhere (English, Canuto, Schulenkorf, et al. 2023), representing Phase 4 of the CBPR framework. The present study reflects Phase 5 (i.e. the final stage of the CBPR process) focusing on the evaluation component of the Tidda Talk project as part of a broader, three-part evaluation.

Study design

Given that this research is co-produced by Aboriginal, Torres Strait and non-Indigenous researchers, it is essential to adopt an ontological and epistemological stance that respects and integrates both knowledge systems. A pluralistic or relational ontological approach, coupled with a decolonising, interpretivist and/or Indigenous epistemology, is crucial in this context. This study draws on the decolonising research paradigm of Cultural Interface Theory (Nakata 2007), which provides a conceptual space for exploring the intersections of Indigenous and Western knowledge systems, alongside colonial legacies. The cultural interface is characterised by complexity, tension, negotiation, and potential; it is a space where distinct ways of knowing, being, and doing interact and influence one another. By adopting this framework, the study values both Aboriginal and Torres Strait Islander and Western perspectives, positioning them in dialogue rather than in opposition.

The relational ontology that underpins many Indigenous epistemologies, where reality is understood as constituted through relationships between people, community, land, and the spiritual world – complements the interpretivist ontology within Western paradigms, which views reality as socially constructed through lived experience and context (Glesne 1999). Cultural Interface Theory allows these ontologies to coexist, offering a space where knowledge can be collaboratively and reflexively produced. In this study, the interface becomes a site of co-construction, where language,

consciousness, and shared meaning-making (Glesne 1999; Neuman 2021; Nakata 2007) are informed by both Indigenous worldviews and interpretivist understandings of knowledge generation.

As such, an exploratory, descriptive design encompassing the arts-based approach of body mapping was utilised to explore shifts in how young Aboriginal and Torres Strait Islander women articulated their self-perceptions and understandings of health within the context of their participation in Tidda Talk. Body mapping draws on traditional forms of Aboriginal and Torres Strait Islander knowledge sharing, specifically art-based storytelling (Cameron 2015). It also ensures participants have agency over how their perspectives are represented, honouring their voices and standpoint. Through this method, participants reflect and visually represent their thoughts, emotions, and life experiences on life-sized body outlines, responding to prompts crafted around research questions (Boydell 2020). Body mapping is frequently used with equity-deserving groups or young people whose developmental needs and preferences are frequently overlooked in traditional research methods. It offers a creative and participatory way to explore complex or stigmatised topics such as trauma, identity, and mental health (Boydell 2020; Lys 2018; Morton, Bird-Naytowhow, and Hatala 2021). Whilst there is an increasing number of art-based research evaluations being undertaken (Blodgett et al. 2013; Giffin et al. 2021; van Ingen 2018), this is (to the authors' knowledge) the first time that body mapping has been used as a pre-post programme evaluation tool. Furthermore, though the use of body mapping in Indigenous health research globally is also growing (Althubaiti 2016; Dew et al. 2019; Morton, Bird-Naytowhow, and Hatala 2021), its application here is distinctive in how it engages the cultural interface to explore embodied experiences.

Ethical approval was granted by the Aboriginal Health and Medical Research Council (#1758/20), University of Technology Sydney Human Research Ethics Committee (#ETH20-5284) and the State Education Research Application Process (#SERAP 2,022,284). All participants provided informed assent, and for those under 16 years, additional consent was obtained from a parent, guardian, or an adult acting in loco parentis.

Researcher positionality

Recognising the influence of positionality on qualitative research outcomes and the importance of Aboriginal and Torres Strait Islander research leadership (Harfield et al. 2020; Yip 2024) we situate our intercultural research team as comprising four Aboriginal (DM, JE, JW, CF), one Torres Strait Islander KC, and five non-Indigenous researchers (ME, CMC, CC, NS SR). Team members came from both industry (JW and CF) and academia (ME, CMC, CC, DM, KC, JE, NS, SR), with all members having prior experience engaging Indigenous peoples across the world in research or providing health and education services to the Aboriginal and Torres Strait Islander community in Australia. Non-Indigenous team members undertook further cultural awareness and Indigenous research methodology training to understand Aboriginal and Torres Strait Islander epistemologies and ontologies within the context of health research. Specifically, they wanted to learn, understand and interpret how the various participants in the research study constructed the world around them. As expert knowledge is often situated in local cultures and imbedded in interactional sites (Crotty 1998; Denzin et al. 2023), they engaged, interacted, and talked with participants and the Indigenous researchers about their perceptions. In other words, in line with our relational, interpretivist mode of enquiry and in an attempt to understand the nature of constructed realities, all researchers took an 'inside view' from participants' perspectives and (co-)interpreted their various contributions (Neuman 2021). While the entire research team contributed to shaping the study design and interpreting the findings, we offer a more detailed explanation of the positionality of the two researchers who led the data analysis and coding process. This transparency is crucial, as their perspectives directly influenced the development of themes and the interpretation of participants' narratives.

The first researcher is a Wiradjuri woman raised on Dharug Country. Her strong connections to her community and cultural heritage provided a deep grounding in the local context. With lived experience and a professional role as a Community Programs Manager across all the regions

where the research took place, she brought invaluable insights to the project regarding cultural protocols and community health perspectives. She was specifically trained in qualitative research methodologies for the purposes of this study.

The second researcher is a non-Indigenous Anglo-Australian PhD scholar with a background in youth health promotion and sport development. Whilst she had spent most of her life in living in Sydney (Dharug Country) and working with young people, she approached the research with cultural humility, acknowledging her privilege and alternate worldview to the community she was working alongside. She prioritised Aboriginal and Torres Strait Islander voices and decolonising principles throughout the analysis, remaining reflexive and sensitive to power dynamics.

Intervention

Tidda Talk is an eight-week intervention designed to enhance the SEWB of young Aboriginal and Torres Strait Islander women aged 11–16 years. The name Tidda, meaning ‘sister’ or ‘female friend’ in many Aboriginal Koori languages, reflects the programme’s foundation in kinship, solidarity, and collective support. It aims to deepen connections across key SEWB domains including culture, community, family, mind, and body. Each session includes 45 minutes of physical activity or sport and 45 minutes of culturally tailored psychosocial content, delivered by SEWB trained Aboriginal female facilitators. The psychosocial component is delivered in safe, fun spaces and features interactive cultural activities such as weaving, cooking, painting, and storytelling to foster healing, cultural identity and connection. A sample programme structure is provided in [Table 1](#).

Tidda Talk was co-designed through a consultative workshop with young Aboriginal women, Aboriginal SEWB workers, and both Aboriginal and non-Indigenous academics to ensure cultural relevance and responsiveness to community needs. The programme’s structure and content were reviewed and approved by an Aboriginal Reference Group, supporting the culturally safe, non-judgemental environment described by participants in the programme’s feasibility and acceptability evaluation (English et al. 2025). Throughout the course of the research project seven Tidda Talk

Table 1. Example overview of Tidda Talk programme structure and content.

	Physical Activity	Psychosocial Education topic
Week 1	<ul style="list-style-type: none"> ● Traditional Indigenous Games 	<ul style="list-style-type: none"> ● Introductions and pre-programme data generation
Week 2	<ul style="list-style-type: none"> ● Oztag 	<ul style="list-style-type: none"> ● Cultural and spiritual healing Establishes participants’ existing connections to mob and Country, teaching them examples about different Aboriginal and Torres Strait Islander communities’ welcoming traditions and practices.
Week 3	<ul style="list-style-type: none"> ● Netball 	<ul style="list-style-type: none"> ● Healthy lifestyles Highlights the importance of physical activity and diet in leading a healthy lifestyle, strengthening connections to mind and body.
Week 4	<ul style="list-style-type: none"> ● Boxing 	<ul style="list-style-type: none"> ● Lateral violence and shame factor Introduces the concepts of lateral violence and shame factor, linking to the impacts of colonisation and strategies to counter their effects.
Week 5	<ul style="list-style-type: none"> ● Soccer 	<ul style="list-style-type: none"> ● Online safety and bullying Equips participants with practical online safety strategies including identifying potentially dangerous online behaviour and reporting or blocking accounts in cases of harassment or bullying.
Week 6	<ul style="list-style-type: none"> ● Basketball 	<ul style="list-style-type: none"> ● Self-care and building self-confidence Emphasises the importance of self-care strategies in promoting wellbeing and different ways to holistically recharge (i.e. mind, body and spirit) and build confidence.
Week 7	<ul style="list-style-type: none"> ● Cultural Dance 	<ul style="list-style-type: none"> ● Healthy relationships Seeks to develop understanding of healthy and unhealthy behaviours in relationships including friendships and intimate relationships, while teaching participants skills to assert their personal boundaries.
Week 8	<ul style="list-style-type: none"> ● Dodgeball 	<ul style="list-style-type: none"> ● Post-programme data generation

programmes were delivered across Greater Sydney in New South Wales, Australia including Thawaral, Dharug and Eora land between 2023 to 2024. Each programme took place at either a participating school's ($N=6$) or an Aboriginal community health organisation's facility ($N=1$).

Participants and recruitment

Participants of the Tidda Talk programme consisted of a purposeful sample of Aboriginal or Torres Strait Islander females, aged 11–16 years with no contraindications which would prevent engagement in physical activity and sport. Recruitment for the programme was facilitated by Aboriginal Liaison Officers, Heads of Student Wellbeing in schools, and Youth Workers at Aboriginal community service organisations, with priority given to young Aboriginal and Torres Strait Islander women facing behavioural challenges, difficult home environments, or mental health-related concerns.

Body mapping procedure

The body mapping procedure was adapted from Tewson et al. (2016) and Gastaldo et al. (2012), and included the creation of a visual body map and a testimonio. Testimonios, also known as personal narratives, are a key component of the body mapping research process. They involve a brief, first-person account by the artefact creator, describing the elements depicted on their map and the story behind them (Gastaldo et al. 2012). These narratives help contextualise and deepen the meaning of the visual representation. Follow-up questions from the researcher regarding meaning and significance serve as a 'key', providing detailed descriptions of each symbol and element within the map. This approach grants viewers access to the visual narrative and aids in interpretation and analysis. In this study, testimonios were captured via one-on-one semi-structured interviews conducted with a member of the research team, as detailed below.

Body mapping is traditionally a time-intensive activity, involving numerous hours and sometimes days to complete (Boydell et al. 2018; Dew et al. 2018; Gastaldo et al. 2012); however, for this research project we undertook an abridged version where aspects of the method were also tailored to suit the specific characteristics of the population and research objectives, as detailed further by (English, Canuto, Manton, et al. 2023). Data generation, including intervention delivery ($N=7$ programmes) and completion of body maps and testimonios occurred from February 2023 to July 2024.

During the first week (Time 1-T1) of the Tidda Talk, all programme participants ($N=78$) were provided with a pre-traced life-size body on their choice of white or black cloth (Figure 1). They were also given the option to have their own bodies traced; with 29 participants choosing this. The



Figure 1. Photos of Tidda Talk participants undertaking their pre-programme body mapping session.

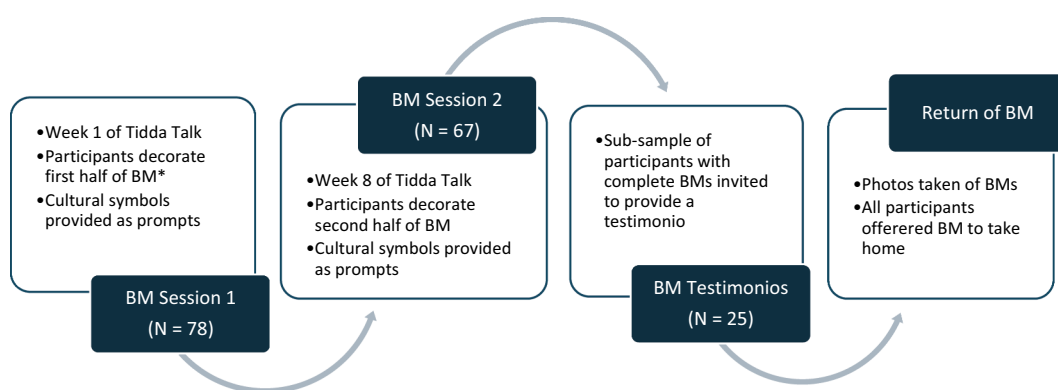


Figure 2. Overview of body mapping procedure. *BM = Body map

decision to offer pre-traced outlines was informed by observations during pilot data collection, where participants expressed discomfort, embarrassment or negative self-talk in response to their own body outlines. Following an introductory briefing on the body mapping process participants were instructed to draw on only one half of their body map in response to questions focused on their self-concept, perceptions of health, and personal goals for the programme. In the final week (Time 2-T2) of the programme, questions concerning self-concept and health perception were revisited. In addition, participants were asked to reflect on their prior goals and draw any achievements, learnings or changes because of their participation in Tidda Talk. These reflections were captured on the second half of the body map, enabling participants to visually represent both their initial perspectives (T1) and the changes they experienced throughout the programme (T2). Where participants selected a different colour of cloth to their first, they were sewn together to form a whole body. Of the initial 78 participants who attended the first week of the programme (T1) and began a body map, 67 completed a full pre-post body map by its end (T2).

Both pre-programme and post-programme body mapping sessions were run by Aboriginal female programme facilitators who were trained in body mapping procedures. Sessions ran for approximately 35–40 minutes and were held in a large space at the participants' host locations (e.g. school classroom or community hall). Traditional Aboriginal and Torres Strait Islander symbols were provided to participants in each session to assist with personal story telling, upon recommendations from a local Aboriginal artist who assisted with refinement of the body mapping procedure.

A sub-sample of participants ($N = 25$) who had attended at least half of the programme sessions map and who completed both sides of the body map were then invited to provide a supporting testimonio articulating their experiences, reflections and changes in greater detail. Participants were prioritised for invitation based on the richness and completeness of their body maps; those whose maps conveyed more detailed or expressive content were approached first, as they offered greater potential for in-depth discussion during the testimonio. After consent to participate was reaffirmed verbally, narrative sessions were facilitated by either research trained staff member from the KARI Foundation (CF) or, where participants felt comfortable, by the non-Indigenous PhD scholar (ME) in a private space separate from the rest of the group. Both facilitators identified as females in recognition of cultural protocols. Using the artefact as a prompt, participants were asked to identify the body map half they completed in the first week of the programme and the last before briefly explaining the meaning associated with elements of their body map such as their choice of fabric, colours chosen, symbols and text (Gastaldo et al. 2012). Further details regarding the body mapping procedure, including the specific questions used during the visual creation and narrative phases, are provided in Supplementary File 2.

Most testimonios were audio-recorded and typically lasted approximately 5–10 minutes ($N = 17$). For participants who preferred not to be recorded, written notes were taken ($N = 8$). Upon completion of testimonios, body maps were photographed and labelled with each participants' identification numbers. Participants were given the opportunity to review their transcripts or notes prior to professional transcription and the deidentification of personal information, with the option to select personal pseudonyms to protect the cultural origins of stories (Battiste 2000; Chilisa 2020). No participants elected to review their data while two participants opted to select pseudonyms. All participants were offered the option to take home their body maps (completed and non-completed) at a post-programme celebration in alignment with Indigenous data ownership principles. Figure 2 provides a visual summary of this body mapping process with accompanying participants numbers.

Analysis

Data collected during the programme took the form of visual data (i.e. body map), deidentified testimonios transcripts and written notes from participants who did not consent to audio recording. Data were analysed utilising reflexive thematic analysis as outlined by Braun and Clarke (2012), enabling the research team to identify common threads and repeated patterns in the data, whilst also ensuring unique experiences could be identified. Reflexive thematic analysis involves six iterative phases: familiarisation; coding; generating initial themes; reviewing and developing themes, refining, defining and naming themes (Braun and Clarke 2012, 2021).

A hybrid coding approach to analysis was employed combining inductive codes derived directly from the data with deductive codes aligned to the study's aims and outcomes. Initial analysis involved familiarisation and coding phases aimed at identifying mental health and SEWB components (see Supplementary File 3 for operationalised definitions), including protective and risk factors at both pre- and post-programme stages. In line with our relational, interpretivist mode of enquiry and to ensure cultural fidelity, an Aboriginal researcher (CF) and the non-Indigenous PhD scholar (ME) conducted the coding jointly. This allowed the non-Indigenous individual to gain a more nuanced understanding of cultural context and deeper cultural insights into social and emotional wellbeing. Practically, the body maps (i.e. visual data) were arranged in a room and reviewed individually alongside their testimonio transcripts to contextual understanding and enhance interpretation. Images without an accompanying testimonio description were considered void to ensure that participant voices were honoured and to avoid researcher-imposed assumptions. Initial deductive codes were applied using handwritten post-it notes to the artefacts replicating the procedure from Henderson et al. (2023). High level deductive codes indicated the data generation timepoint and included examples such as '*pre-program: health beliefs*' and '*post-program: self-concept*', establishing a comparison framework. These codes were then transcribed to NVivo 12 (Lumivvero 2023) for analysis.

Once initial coding was completed, CF and (ME) proceeded with inductively coding the data (i.e. photos of body maps, transcripts and notes) with more rounds within NVivo 12 (Lumivvero 2023), to develop a more nuanced understanding of participant experiences and outcomes. As such, inductive codes such as '*life stressors*', '*cultural pride*', '*mental health symptoms and conditions*' formed sub-codes. The entire coding framework was then reviewed, discussed, and examined again by XX and XX before drafting preliminary themes. Although the coding was not conducted in the physical presence of participants, the researchers' use of a relational interpretive ontology enabled the generation of knowledge aligned with the lived experiences of participants, enhancing data authenticity. This process was further strengthened by the female Aboriginal researcher, fostering deeper cultural and relational insight.

As part of the theme formation process, the two female research team members applied principles of reflexivity and critical consciousness to recognise how their positionality (e.g. age, gender, culture and prior experiences) may influence interpretation of results. For example, the two

research team members maintained reflective field notes throughout the analysis process, which served as points of discussion during their regular meetings. This was particularly important for the non-Indigenous research member, as discrepancies in worldview between the participants and themselves were more pronounced. Initial themes were then presented to the extended research team to further refine and define research themes. As a final step, drafted results were presented to members of the Aboriginal Reference Group for review and feedback as a mechanism of ensuring Aboriginal and Torres Strait Islander ways of knowing, being and doing were reflected.

Findings

A total of 25 participants completed body maps with accompanying testimonios. Data analysis revealed three key themes: 1) *Embracing Culture: Pride, Knowledge, and Identity Journeys* 2) *Navigating Life Challenges: Finding Strength in Connection and Resilience* and 3) *Holistic Health: Expanding Beyond the Physical*. Findings captured changes across both time points and were not mutually exclusive, with multiple themes often developing simultaneously across body maps and accompanying testimonios. When reviewing findings, it is important to note that not all photos of body maps could be fully shared as they contained identifiable details of participants (participant postcodes, schools, sports clubs, etc.). To maintain participant confidentiality, body maps were framed and cropped to remove these details.

Embracing culture: pride, knowledge, and identity journeys

The majority of participants reported a strong sense of cultural pride, expressed through various cultural symbols and reflections during both pre- and post-programme body mapping sessions. The statement, 'Culture is a big part of my life' (Bonnie), appeared to resonate deeply with participants. Symbols such as the Aboriginal flag, representations of individual mobs, and traditional symbols for meeting place, person, and waterholes were frequently drawn to express cultural identity. Family



Figure 3. Examples of aligning visual data from theme 1: embracing culture: pride, knowledge, and identity journeys.

totems, in particular, held deep significance for many, serving as powerful links to heritage and identity. Kiora explained the importance of her family's totem (Figure 3):

Oh, that's my family's totem from my mom's side. The totem for our mob is a goanna. So, like, we can't eat goannas. It's not like we do, but it's just, like, our belief. . . , like we just didn't eat them cause they're like sacred.

Chantelle also expressed how her totem was a source of cultural pride, reinforcing her identity:

The possum footprint symbolises my totem . . . My totem makes me feel happy inside and it makes me proud of who I am. I'm happy to be an Aboriginal girl at [Aboriginal community service organisation] and be part of this program.

This cultural knowledge and pride were often described as being passed down through generations, reflecting the deep importance of tradition in Aboriginal and Torres Strait Islander cultures. One participant shared how her grandparents had shaped her understanding of culture:

I drew Nans and Pops' name, cause they're a big part of my life and they've taught me a lot about my culture. Like they taught me about my mob, like I am Wiradjuri, and they also taught me about different traditions and all that, like a smoking ceremony. (Merindah)

For many, the Tidda Talk programme became a space to deepen their cultural knowledge. During the pre-programme body mapping sessions, participants wrote goals such as *'learning about land'* (Nikki), *'learning about history [related to mob] from Taree'* (Colleen), and *'learning about culture'* (Lindsey). Post-programme reflections revealed that participants felt they had made significant progress towards these goals. Through the programme, they gained greater understanding of cultural practices, ancestral connections, and the stories that shaped their identities including *'cooking with bush tucker like wattle seed and lemon myrtle' (Yindi)* and *'storytelling through traditional symbols'* (Lindsey) (Figure 3). These experiences contributed to an increased emphasis on connection to culture, Country, and spirituality in participants' post-programme reflections.

Despite the shared sense of cultural pride, some participants experienced a more complex relationship with their cultural identity. For instance, when asked about the Aboriginal flag and the BLM acronym she had drawn, Colleen explained her motivation:

It's Black Lives Matter. Because black lives do matter and everybody's life matters . . . I think that it's [the Black Lives Matter movement] mainly because people are being murdered and stuff just because of the colour of the skin or their ethnicity. So, I think more people need to acknowledge their culture and not be scared of it because of what's happening. They don't even say that they're Aboriginal, they're scared that something's going to happen to them.

This complexity was echoed by other participants who were on a journey of self-acceptance, with many reflecting on how their perceptions of their identity had evolved over the programme's course. Lindsey described how her initial selection of a black piece of cloth at the start of the programme was incidental: *'Just because'*. By the end of the programme, however, her perspective had shifted to: *'I'm black, I'm beautiful, I'm strong and I'm proud'*. Ellie shared a similar transformation, using the Aboriginal symbol for journey to represent her experience:

I used to not tell anyone I was Aboriginal, I dunno why really, I guess it was easier not to . . . but now I'm fine with my friends knowing. Like they all know I come to this program, and they come pick me up and say hi to everyone.

These experiences demonstrate that while many participants expressed a deep connection to culture and saw it as a source of pride, others were still navigating their cultural identity.

Navigating life challenges: finding strength in connection and resilience

Many Tidda Talk participants came into the programme identifying significant life stressors that had deeply affected their mental health and social and emotional wellbeing. Through body mapping,



Figure 4. Examples of aligning visual data from theme 2: navigating life challenges: finding strength in connection and resilience.

they expressed experiences of grief, loss, and adversity in visual and symbolic ways. Bonnie vividly illustrated her sorrow and despair, linking it to a recent tragedy in her school community and a friend's struggle with suicidal thoughts (Figure 4):

I drew a rain cloud. And I wrote the word sorrow, because I've been feeling pretty down lately ... It's just like about like, how the five [students from the high school] passed away and stuff and lot of stuff at home with my family. Yesterday, I found out my mate doesn't want to be alive anymore and stuff. So, it's pretty hard on me.

This sense of loss resonated with other participants, who also used body mapping to memorialise their grief and create a space for healing. Jarli, for example, drew a bracelet on her wrist to symbolise her mother's love and ongoing presence after her death:

The bracelet is the one Mum bought for me, before she passed away, the charms represent important moments to us and also that she loves me and is still here with me.

These visual representations were often accompanied by participants' acknowledgement of emotional struggles like depression, anxiety, and anger. Creative choices such as the exclusive use of blue markers to depict feeling 'flat' and 'blue' (Marli) (Figure 4) or the creation of alter egos like 'Dora' (Tilly) illustrated the weight of their emotions. One participant described how these feelings shaped her daily life: "I get very depressed and anxious, like, I don't like to talk about it with people, but drawing it kinda helped me get it out" (Tilly).

While emotional challenges persisted in participants' lives, the Tidda Talk programme appeared to equip young women with tools to help them manage their mental health and wellbeing. These included building life skills, such as becoming more 'confident talking to new people' (Kiora), 'learning to be more open with my emotions [and] make better smarter decisions' (Maya), fostering 'creativity' (Bindi) and strengthening connections with peers, family, and culture. For some, these changes led to a newfound sense of self-acceptance. One participant, reflecting on her post-programme body map, described how the programme helped alleviate her symptoms of depression (Figure 4):

I drew a brain fog upstairs in my head, I was very depressed then [referring to pre-program body map] ... I feel a little bit better now [post-program]. I've got new medication for it and everything... The program definitely helped too. It's made me think that it's okay to be myself, it's been really good with that.

For others, the programme not only served as a much-needed reprieve from difficult life circumstances, but also a supportive environment where participants felt seen and heard. Merindah explained:

I guess this [the words healthy mind drawn in body map head] kinda helped refresh me on the importance of that. My parents split recently ... It's not like things are super bad between them, they still talk and that ... But I guess, like, this was a thing [the Tidda Talk program] to help me forget, it was nice being around other people who were there to listen.

The programme and the body mapping process also encouraged participants to confront and reclaim their identities in the face of past trauma. Bonnie, for instance, described how the programme created a safe space for her to share her experience of sexual assault, which she had symbolised on her body map (Figure 4):

I did like snakes because like, snakes [Medusa] represent sexual assault ... I was sexually assaulted last year, so that's kind of a part of me. I'm feeling better about it now [at post-program session]. But yeah, I just feel like it's good to like, have that out there, you know in front of a group of people.

Overall, the Tidda Talk programme offered participants not only a therapeutic outlet for processing their grief and trauma but also a supportive community where they could develop resilience and a stronger sense of self. By fostering connections to culture, peers, and family, participants found pathways to healing that went beyond individual struggles, highlighting the importance of community in overcoming life's most challenging stressors.



Figure 5. Examples of aligning visual data from theme 3: holistic health: expanding beyond the physical.

Holistic health: expanding beyond the physical

At the start of the programme, participants often associated health with physical health aspects, drawing images of healthy foods, water bottles, and their favourite sports or physical activities (Figure 5). Tenei highlighted the physical consequences of certain behaviours after drawing the symbol for sleep and closed eyes: *'You gain weight, when you don't sleep enough and that's not good for you'*. Similarly, Jarli emphasised the benefits of exercise drawing her rugby club's shorts and boots to represent: *'Exercise is really good for your health. I play footy because it's fun, but it also keeps me fit'* These initial perspectives reflected a more conventional view of health, where physical activity and nutrition were central. Social aspects of wellbeing, while less prominent, were also recognised. Yindi shared how relationships contributed to her emotional health, drawing their names to make sun shape: *'I did, like, all my friends. They make me happy when I'm feeling sad'*. Some participants acknowledged the connection between mental health and everyday functioning, with Rose noting: *'If you've got a good state of mind, it can help you focus more and learn more'*.

While pre-programme reflections focused primarily on physical health behaviours, after participating in Tidda Talk many young women cited a broader understanding of health, placing greater emphasis on mental health and its interconnectedness to other areas of wellbeing. For example, Kiora articulated this shift by using her post-programme body map, where she drew muscles on her arms to represent physical health and placed emotional health inside a heart at the centre of her chest. She explains:

It's [the Tidda Talk program] made me start to understand a lot more about health ... that it's just not our physical health, it's also mental, social, and emotional health too that are important to look after.

Bonnie shared how her perspective on health evolved, moving beyond physical behaviours to include self-compassion and personal values: *'Honestly, I don't think it's just about like working out and eating good. I think it's more about like, caring about yourself and like learning what your values are'*. Colleen's reflections captured a deepened understanding of mental health, emphasising resilience and self-care as management strategies:

Mental health is something important to me. It's not only about seeing a psychologist and stuff ... but to be happy, and happy with yourself, and that you are healthy in the mind, body, and everything else. It means that you're resilient and you can be kind to yourself, and you just have a good state of mind. It doesn't mean you're happy because we won't always be happy. But it just means that you know how to take care of yourself. ... you're not just stopping yourself because of what's happening. [how you are feeling]

Although there was a growing appreciation for holistic health, most participants did not describe or understand health in ways that explicitly connected to their culture at either timepoint. However, one participant, Marli, presented a culturally grounded view that captured this expanded understanding. She depicted her own health model (Figure 5), highlighting six key components:

Health is something that is holistic and includes nutrition, social [wellbeing], family, and your body ... a connection to culture and mob is also vital. My family taught me this ... connections to mob and Country too. It's about knowing who you are, where you come from, and staying connected to your people and your culture. That's what keeps you strong.

This statement reflects the profound connection between individual health and broader cultural and community contexts, emphasising that health is not just a personal or physical experience but one that is shaped by the collective experiences of family, community, and cultural practices.

Discussion

Novel, strengths-based and culturally responsive approaches are required to promote the mental health and SEWB of Aboriginal and Torres Strait Islander young peoples. The Tidda Talk programme exemplifies how soft-entry initiatives utilising physical activity and sport can contribute to this goal.

By supporting young Aboriginal and Torres Strait Islander women in navigating complex life challenges and fostering perceived resilience, the programme demonstrates an encouraging model for improving cultural identity, meaningful relationships, and community connection, elements foundational to SEWB (Dudgeon et al. 2022; Fatima et al. 2022; Faulk et al. 2024). Body mapping, situated within a cultural interface approach, proved to be an appropriate method of capturing these shifts in a way that centred participant voice and cultural meaning. The method created space for the respectful intersection of Western evaluation practices with Aboriginal and Torres Strait Islander ways of knowing, being, and doing. In doing so it provided valuable insight into the nuanced shifts participants' experience, shifts that may have remained less visible through conventional Westernised data knowledge generation methods. The programme's influence extended beyond enhanced resilience and behavioural shifts, with participants demonstrating a broader understanding of health by integrating its physical, mental, social, and emotional dimensions. There was a notable increase in participants' awareness of the importance of mental health and coping strategies such as self-care and self-compassion. This growing awareness may have prompted participants to recognise, manage and seek support for mental health challenges, crucial components of mental health literacy (Jorm 2012). Some participants even disclosed during post-programme body mapping sessions and testimonios that they had been diagnosed with, or suspected they were experiencing, mental health challenges (e.g. depression, anxiety and emotional regulation). These disclosures facilitated referrals to appropriate services, ensuring access to necessary support and further validating the programme's role in improving mental health literacy. However, it is important to consider that these disclosures may be influenced by the body mapping activities embedded within the programme, due to their therapeutic benefits in facilitating emotional expression, reflection, and trauma processing (Boydell 2020)

Central to its success is the programme's ability to create a culturally safe, supportive, and community-centred environment. This stems from the programme's culturally responsive activities, Aboriginal female only group composition and relationships built with Aboriginal facilitators with shared lived experiences (English et al. 2025). Culturally safe mental health and SEWB service environments ensure Aboriginal and Torres Strait Islander peoples are able to be themselves and express their culture, and provide spaces where their spiritual and beliefs systems and sense of self and identity are supported and respected (National Office for Child Safety 2021). Recent literature reinforces that cultural tailored and non-judgemental group settings, especially, can help improve mental health literacy by reducing stigma and shame, thus empowering participants to disclose challenges and seek help early (Bennett, Allitt, and Hanna 2023; Marinucci, Grové, and Allen 2023; Wittevrongel et al. 2023). Tidda Talk's dual-component approach, combining culturally tailored physical activity and psychosocial education, further enhances its potential influence. The programme allows participants to connect, establish commonality, and build trust in a youth-friendly environment (English et al. 2025) before delving into sensitive topics during psychosocial education sessions. This soft-entry approach to wellbeing discussions directly addresses previously identified barriers to accessing mental health services, offering a proactive model for early intervention (Garay et al. 2023; Kilian and Williamson 2018; McCalman et al. 2023). It aligns with the growing literature base advocating for mental health and SEWB services to shift towards more preventative, rather than reactive, approaches (Colizzi, Lasalvia, and Ruggeri 2020; Department of Health 2021; Jenkins 2019; Malla et al. 2016). Such an approach is particularly important during youth, as it represents a critical period for influencing health trajectories that extend into adulthood (Patton et al. 2016). By intervening early, programmes like Tidda Talk may support short-term mental health shifts but also ensure lasting benefits, reducing the risk of crises and fostering long-term wellbeing across the lifespan.

Study strengths and limitations

This study offers valuable insights into the mental health and SEWB of young Aboriginal and Torres Strait Islander women, contributing to a growing body of knowledge on effective, culturally informed practices in this area. Key strengths lie in its decolonising research design and use of body mapping as a culturally grounded and innovative research method, enhancing cultural rigour and aligning with best practice Indigenous research principles globally (Bolton, Remedios, and Andrews 2023; Chilisa 2020). Central to this was the application of Cultural Interface Theory (Nakata 2007). Methodologically, the study advances the literature by providing a unique example of how the paradigm can be effectively operationalised in a way to navigate epistemological differences and support the production of knowledge centred on Aboriginal and Torres Strait Islander perspectives.

Given the demonstrated utility of body mapping within this study, future research with young Aboriginal and Torres Strait Islander women and other equity-deserving populations should seek to replicate and extend the use of art-based research methods such as body mapping in diverse programme contexts. The novel comparative approach, in particular, provides a valuable tool for exploring change over time, engaging with sensitive topics, and deepening understanding of participants' lived experiences. While not universally applicable, this approach may be particularly useful in health contexts where conventional evaluation tools risk overlooking culturally embedded forms of expression and emotional processing.

Nonetheless, there are limitations that should also be acknowledged. The facilitators' presence and their prompts during the body mapping sessions, although necessary to ensure quality data, may have influenced participant responses (Althubaiti 2016). The involvement of non-Indigenous researchers in data generation and analysis presents another challenge. Although strategies such as joint coding, researcher reflexivity, and Aboriginal-led oversight helped mitigate cultural bias, the positionality of non-Indigenous researchers may have subtly influenced the interpretation of data (Yip 2024). Additionally, the timing of data generation presented challenges. Testimonio interviews were not conducted separately for pre- and post-program body mapping sessions, rather concurrently at programme completion. While this approach minimised participant burden, it may have impacted recall and restricted opportunities for deeper reflection, possibly limiting insights into changes over time (Althubaiti 2016). To address this in future research, researchers should consider conducting testimonios separately at both pre- and post-program time points to facilitate more reflective and nuanced understandings of change.

Conclusion

The Tidda Talk programme and this evaluation exemplify a culturally responsive, strengths-based approach to assessing and promoting mental health and SEWB among young Aboriginal and Torres Strait Islander women. By integrating physical activity with culturally aligned psychosocial education, the programme supports participants in building resilience, while also fostering cultural identity and strengthening community connections. It may also enhance mental health literacy, encouraging help-seeking behaviours and early intervention, with embedded body mapping data generation activities playing a potentially key role. The programme's success highlights the potential of soft-entry approaches and reinforces the growing need for preventative mental health services to support young people, ultimately improving long-term health outcomes for young Aboriginal and Torres Strait Islander women and their communities. Findings from this study also support the use of body mapping as a culturally responsive method to engage and capture Aboriginal and Torres Strait Islander epistemologies around health, while also facilitating meaningful engagement with young people on sensitive topics.

Note

1. In the following study we have used the preferred terminology for Indigenous Australians, 'Aboriginal and Torres Strait Islander peoples', using 'Aboriginal' when only referring to Aboriginal Australians and not Torres Strait Islander people and vice versa. The term 'Indigenous' refers to First Nations people worldwide, including references to Indigenous research paradigms and frameworks implemented on an international scale. For people/persons who do not identify as Aboriginal or Torres Strait Islander, we have referred to them as non-Indigenous.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author ME. The data are not publicly available due to containing information that could compromise the privacy of research participants.

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