

Aboriginal and Torres Strait Islander researchers' voices on the rights to sovereignty and self-determination in the field of health and medical research



Felicity Collis (Gomeri)^{a,b,*}, Kade Booth^{a,b}, Jamie Bryant^{a,b}, Catherine Chamberlain (Palawa)^c,
Jaquelyne T. Hughes (Wagadagam)^{d,e}, Kalinda Griffiths (Yawuru)^{f,g}, Mark Wenitong (Kabi Kabi)^h, Peter O'Mara (Wiradjuri)^a,
Alex Brown (Yuin)^{i,j}, Sandra Eades (Noongar)^a, Kelvin Kong (Worimi)^{a,b}, Michelle Kennedy (Wiradjuri)^{a,b}

^aSchool of Medicine and Public Health, University of Newcastle, 1 University Drive, Callaghan, New South Wales, Australia

^bHunter Medical Research Institute, Lot 1, Kookaburra Circuit, New Lambton Heights, New South Wales, Australia

^cOnemda Aboriginal and Torres Strait Islander Health and Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne, Gratten Street, Parkville, Victoria, Australia

^dCollege of Medicine and Public Health, Rural and Remote Health, Flinders University, Nightingale Road, Royal Darwin Hospital Campus, Northern Territory, Australia

^eRoyal Darwin Hospital, Nightingale Road, Northern Territory, Australia

^fPoche SA+NT, Flinders University, University Drive North, Charles Darwin University, Casuarina, Northern Territory, Australia

^gCentre for Big Data Research, University of New South Wales, Sydney, New South Wales, Australia

^hSchool of Public Health, University of Queensland, 288 Herston Road, Brisbane, Queensland, Australia

ⁱIndigenous Genomics, The Kids Research Institute, Perth Children's Hospital, 15 Hospital Avenue, Nedlands, Western Australia, Australia

^jNational Centre for Indigenous Genomics, College of Science and Medicine, Australian National University, Canberra, Australian Capital Territory, Australia

Abstract

Due to exclusionary policies, Aboriginal and Torres Strait Islander peoples have only been invited to be part of academic institutions in Australia for the past 65 years. Previous research has highlighted the negative and harmful experiences of Aboriginal and Torres Strait Islander academics and students. Within health and medical research, there are a growing number of Aboriginal and Torres Strait Islander researchers; however, less is known about the nuanced and complex challenges faced when they are required to operate within research institutions and universities. This study aimed to examine the experiences and perspectives of Aboriginal and Torres Strait Islander researchers working in the field of health and medical

*Corresponding author.

E-mail address: felicity.collis@newcastle.edu.au (F. Collis).

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research. Sixteen Aboriginal and Torres Strait Islander knowledge holders (researchers) shared their wisdom and stories, utilising a qualitative yarning method. One main theme emerged throughout the study: coloniality is entrenched, reinforced and upheld by institutional systems and structures in the field of health and medical research. Knowledge holder highlighted the ongoing burden, harm and violence inflicted within the field of health and medical research. Whilst there have been systems and ethical processes built to safeguard communities, these often add additional burden for the Aboriginal and Torres Strait Islander researchers enacting them. Senior knowledge holders highlighted their attempts to change colonial practices within institutions by seeking higher positions of influence to effect meaningful reform, which often resulted in further entrenched harm and burnout. The silencing and erasure of Indigenous knowledges continues to occur when institutions employ performative progressivism. Despite this harm and colonial violence, the resilience and perseverance of Aboriginal and Torres Strait Islander peoples persist. The collective strength of Aboriginal and Torres Strait Islander peoples is paramount to resisting institutional coloniality and will remain steadfast despite colonial agendas. Research institutions and universities must continue to progress through truth-telling that ensures that Aboriginal and Torres Strait Islander peoples' sovereignty, knowledges and knowledge systems are truly upheld in the field of health and medical research.

Keywords: Racism; Colonisation; Aboriginal and Torres Strait Islander; Sovereignty; Self-determination; Health and medical research ethics

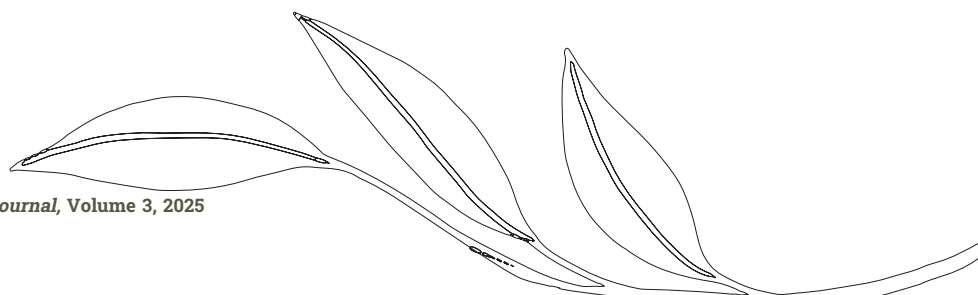
Highlights

- Aboriginal and Torres Strait Islander peoples have continued to advocate for and lead change within academic institutions.
- Knowledge holders highlighted ongoing colonisation embedded within existing structures and systems.
- Their resilience and perseverance endures, despite silencing of Aboriginal and Torres Strait Islander peoples voices.
- Truth-telling is critical to enacting self-determination and sovereignty.

Introduction

Aboriginal and Torres Strait Islander peoples have only been invited to be involved in academic institutions for the past 65 years, despite the first university in Australia being established in 1850 ([The University of Sydney 2020](#)). Well-documented policies of exclusion and assimilation, underpinned by colonisation and racism, have limited Aboriginal and Torres Strait Islander access to the higher education sector until more recently ([Nakata 2007](#); [Nakata 2013](#)). Lack of Aboriginal and Torres Strait Islander representation in

research and epistemological exclusion from academic journals has also further entrenched Euro-Western frameworks and systems ([Maddox et al. 2024](#)). Despite this, Aboriginal and Torres Strait Islander peoples have continued to persist and succeed in institutional spaces, reinforcing the collective resistance and resilience of Aboriginal and Torres Strait Islander peoples and notwithstanding colonial histories and realities. Notably, Dr Margaret Williams-Weir made history as the first Aboriginal woman to graduate from an Australian university in



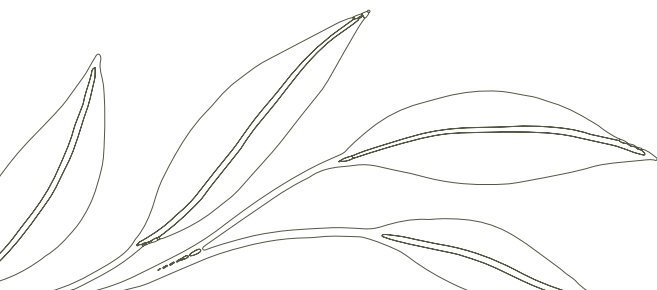


1959 ([University of Western Sydney 2014](#)), closely followed by Dr Charles Perkins in 1966 ([Perkins 1975](#)). Both later earned Doctor of Philosophy (PhD) degrees, the highest academic award. Professor Martin Nakata was the first Torres Strait Islander to be awarded a PhD ([James Cook University 2018](#)) and Professor Sandra Eades became the first Aboriginal medical doctor to be awarded a PhD in 2006 ([The University of Melbourne 2024](#)).

Through a combination of initiatives and advocacy aimed at enhancing access, support, retention and representation in higher education, there has been a more recent shift towards increasing the number of Aboriginal and Torres Strait Islander students entering and graduating from academic institutions. Such advocacy and policies have highlighted the importance of Aboriginal and Torres Strait Islander staff and academics being afforded the right to culturally safe environments, including the addition of 'Indigenising' curriculums ([Andersen et al. 2008](#); [Al-Natour and Fredericks 2016](#); [Hill et al. 2023](#)). In 2011, the On Stony Ground report ([Moreton-Robinson et al. 2011](#)) recommended Aboriginal and Torres Strait Islander leadership at all levels, including the requirement for an Indigenous Pro Vice-Chancellor at all universities, to establish Aboriginal and Torres Strait Islander governance, voice and decision-making. The report also recommended that all universities develop an Indigenous research capacity building strategy to support the growth of Aboriginal and Torres Strait Islander leaders and researchers in the field. Despite these advances, Aboriginal and Torres Strait Islander leaders have warned of the propensity for institutions to accessorise Aboriginal and Torres Strait Islander peoples as a passive beneficiary of a benevolent system by tokenistic incorporation of Indigenous perspectives, rather than genuine integration of Indigenous knowledges and knowledge

systems ([Pidgeon 2008](#); [Bond et al. 2021](#); [Coates et al. 2022](#)).

Whilst participation of Aboriginal and Torres Strait Islander peoples has been increasing within Western academic institutions, including among students, academic teaching staff and within senior management roles ([Universities Australia 2024](#)), a small number of Aboriginal and Torres Strait Islander researchers working in the field of health and medical research persists ([National Health and Medical Research Council 2022](#)). This is further compounded by the systems in which research and knowledge production are required to operate, which privilege and leverage Western approaches. Within Aboriginal and Torres Strait Islander health and medical research, funding is primarily provided to institutions by the National Health and Medical Research Council (NHMRC), with a small overall proportion being funded to Aboriginal and Torres Strait Islander researchers and projects within research institutions ([National Health and Medical Research Council 2023](#)). In the field of health and medical research, Aboriginal and Torres Strait Islander peoples have only received NHMRC funding for the past three decades, with Ian Anderson being the first funded Aboriginal investigator in 1994 ([Australian Government 2023](#)). Whilst the NHMRC has committed to capacity building within the Aboriginal and Torres Strait Islander health research sector, such as through the Our Collaborations in Health Research Network ([National Health and Medical Research Council 2020](#)), there is little evidence of Aboriginal and Torres Strait Islander researchers' experiences across the field. Whilst studies have highlighted that importance of Aboriginal and Torres Strait Islander engagement in universities, culturally safe environments and a legitimate place for Indigenous perspectives within curriculums ([Asmar et al. 2011](#); [Behrendt et al. 2012](#); [Gore et al. 2017](#); [Rigney](#)





2017; Hearn et al. 2021; Fredericks et al. 2023; Hill et al. 2023), it is timely to reflect on the nuances of the system of health and medical research to determine whether they are currently safe and impactful for Aboriginal and Torres Strait Islander peoples, including Aboriginal and Torres Strait Islander health and medical researchers who consider the unique systems and processes that are specific to the field of health and medical research. These researcher knowledges are critical to inform future priorities for both funding bodies and institutions to ensure that further harm is not inadvertently being embedded as systems and their processes continue to evolve.

This study is part of a larger national project Murru Minya (McGuffog et al. 2023), examining the ethical conduct of Aboriginal and Torres Strait Islander health and medical research from the perspectives of communities, researchers and human research ethics committees. Foregrounded in Aboriginal and Torres Strait Islander worldviews and relationality (Moreton-Robinson 2017), the Murru Minya project seeks to critically evaluate the application of ethical research practices within Aboriginal and Torres Strait Islander health and medical research to determine whether Aboriginal and Torres Strait Islander governance and leadership are being upheld.

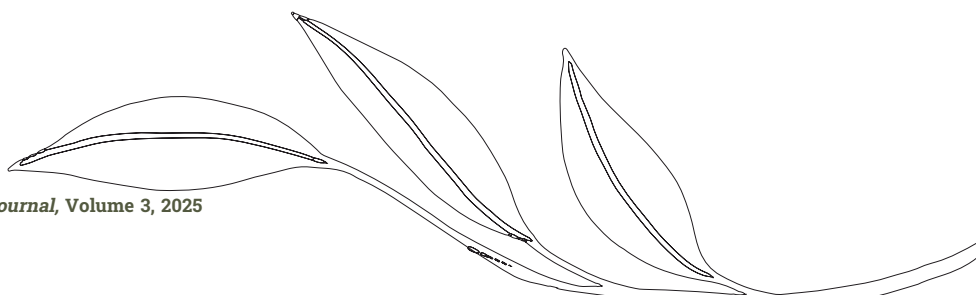
Methods

Positioning

Relationality (Moreton-Robinson 2017) was embodied throughout all aspects of this research process, which deeply informed and shaped the way that this study was developed, designed, conducted, analysed, interpreted and translated. Acknowledging the interwoven and interconnected relationships both between and across the stories, geographies, waterways, knowledges and peoples, this project gave space and place for belonging of Aboriginal and

Torres Strait Islander ways of being and becoming, underpinned by Indigenist research methodologies (Rigney 1999). Two Aboriginal researchers, FC, a Gomeri woman and PhD researcher, and MK, a Wiradjuri woman and supervisor, led all aspects of this study, including recruitment, data collection, analysis and interpretation, and the development of this manuscript. The relationship between supervisor and student extended beyond limitations of Western notions of mentorship; it was vital to keeping this work, and each other, safe throughout. Each researcher brought expertise in social and community services, and have worked in and experienced health and medical research within academic and community-controlled research institutions. Aboriginal and Torres Strait Islander leadership was upheld in the research team (MK, JH, CC, KG, PO, SE, KK, AB) whilst also providing collective capacity strengthening opportunities for an Aboriginal PhD candidate (FC) on the project.

Rigney's (1999) privileging Indigenous voices principle asserts that Indigenous worldviews must not just be included, but prioritised, affirming that Indigenous peoples are knowledge producers in their own right. In this study, the pre-existing relationships that were nurtured and cared for over many years prior to this study have strengthened the stories and wisdom that have been shared and gifted here. This extends beyond the limitations of Euro-Western research approaches of examining and extracting from subjects of research, and rather upholds and privileges the rights to express sovereign knowledges without imposed limitations of colonial sciences. This act of resistance as the emancipatory imperative actively challenges systems of oppression, including those embedded in academic institutions and knowledge production. Further, acknowledging that Aboriginal and Torres Strait Islander peoples are often placed





within broader political contexts (Lee 2017; Watego et al. 2021) and extending to health research, this research was conducted at a divisive time in the country's history – the 2023 Indigenous Voice to Parliament Referendum (Anderson et al. 2023). This further evidence of Euro-Western political dominance undoubtedly shapes the realities and existences of the researchers and those who have contributed their knowledges to this study. Moreton-Robinson describes:

One is connected by descent, country, place and shared experiences where one experiences the self as part of others and that others are part of the self; this is learnt through reciprocity, obligation, shared experiences, co-existence, co-operation and social memory. This is the anti-thesis of being a knower within the patriarchal confines of the academy, which privileges disconnection and the individualist pursuit of knowledge (Moreton-Robinson 2013, p. 341).

In Decolonising Methodologies, Tuhiwai Smith offers that researchers must have a 'critical understanding of the underlying assumptions, motivations and values which inform research practices' (Smith 2021, p. 20). As Aboriginal researchers, the current authors acknowledge that throughout the development, implementation, analysis and interpretation process, the Aboriginal and Torres Strait Islander researchers were simultaneously and in real-time intertwined with the themes and sub-themes that have emerged from this set of stories and experiences. This provided a unique embodiment of knowing and becoming for both the researcher and the researched, whereby the research process was critical to the implementation of this work (Smith 2021).

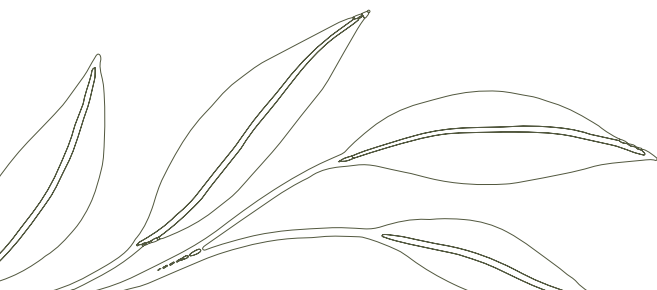
Governance and ethics

This research embedded multiple levels of Aboriginal and Torres Strait Islander governance and leadership

in the research. The National Indigenous Health Leadership Alliance (formerly the National Health Leadership Forum), comprising a membership of peak bodies in Aboriginal and Torres Strait Islander health, provided oversight throughout all aspects of the project, including cultural safety, responsiveness, impact and translation of the research for communities both locally and nationally. The Lowitja Institute, Australia's only national community-controlled health research institute, provided support through relational connections for the project. The project upheld the CONSIDER statement (Huria et al. 2019). Ethical approval was firstly received from the Aboriginal Health and Medical Research Council (AH&MRC) Human Research Ethics Committee (Approval #1924/22) and ratified by the University of Newcastle HREC (Approval #H-2022-0211). Additional ethical approval was obtained from the AIATSIS Ethics Committee (Approval #EO323-20220414) acknowledging the national coverage of this study.

Recruitment

Aboriginal and Torres Strait Islander researchers were eligible to participate if they currently, or previously had, conducted Aboriginal and Torres Strait Islander health and medical research. This study is part of the larger Murru Minya project (McGuffog et al. 2023), during which a national cross-sectional survey was conducted of researchers working in Aboriginal and Torres Strait Islander health and medical research. At the conclusion of the survey, participants were able to opt-in to an interview with an Aboriginal researcher to share more in-depth perspectives and experiences of conducting health and medical research. Known networks of the Aboriginal and Torres Strait Islander research team were also used to invite eligible participants to complete an interview. Interviews were conducted between January 2023 and November 2023. Recruitment concluded when all interested





participants had completed an interview. Data saturation was not deemed appropriate or necessary to meet the aims of the manuscript (Braun and Clarke 2019). Given the identifiable nature of the study due to the relatively small pool of Aboriginal and Torres Strait Islander experts in the field, and their existing additional workload and burden, this sample is well placed to provide critical insight into Aboriginal and Torres Strait Islander researcher and academics' experiences.

Data collection

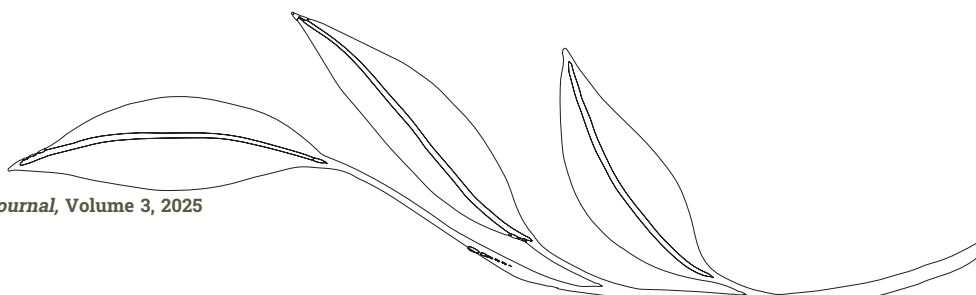
The stories, knowledge and wisdom (in Euro-Western terms – 'data') gifted and exchanged (in Euro-Western terms – 'collected') by Aboriginal and Torres Strait Islander researchers were gathered using yarning method (Bessarab and Ng'andu 2010) as a culturally responsive and safe way to engage with participants. Each yarn was conducted and recorded via videoconferencing Zoom and led by FC, supported by MK, who has extensive experience in qualitative research methods including yarning (Kennedy et al. 2022). Conversations commenced with a social yarn to establish rapport and trust before naturally moving into research topic yarning to explain the research and gain consent before the recorded knowledge exchange began. Research topic yarns were guided and led by each knowledge holder (in Euro-Western terms – 'participant') based on their unique positioning, experiences and perspectives of working in Aboriginal and Torres Strait Islander health and medical research, with a single domain to ignite the conversation: 'What are your experiences of working in Aboriginal and Torres Strait Islander health and medical research?'. No other predefined questions or prompts were used, which allowed knowledge holders to share their experiences and stories fluidly and without pre-conceived expectations. This process of yarning

allowed the researcher and knowledge holder to be uniquely connected with each other through sharing stories, experiences and listening together as a culturally safe and responsive method that privileges Aboriginal and Torres Strait Islander worldviews and knowledges.

Analysis

Stories and knowledges from each exchange were transcribed by a professional company before being deidentified and coded by the Aboriginal PhD researcher (FC) with oversight by the Aboriginal supervisor (MK). Coding was organised using NVivo 14. The analysis process commenced with FC immersing herself within the audio and re-listening deeply to the stories shared, whilst identifying emerging themes and concepts. An iterative process of coding continued to identify patterns and connections between identified themes and sub-themes. In line with an iterative approach, codes were developed as responsive to, and directed by, the content of the stories. These were developed into themes, and continuously worked over and refined through the process of collaborative yarning between Aboriginal researchers (FC and MK). Bessarab and Ng'andu (2010) describe collaborative yarning as the 'sharing of research findings [that] can lead to new discoveries and understandings' (p. 40–41) and highlight that there is no end point to the process, rather it is intertwined and continuing as the Aboriginal researchers contend with the complexities of mediating both their 'cultural conventions and expectations and those conventions and expectations of the academy' (Martin 2008, p. 21).

This collaborative yarning ensured that knowledge holder stories were privileged and centred within the analysis process as the experts of their own knowledges. The Aboriginal researchers' lived





experiences were intrinsically linked within the analysis process and subsequent sense-making to lead to a new collective understanding and development of themes. This intentional analysis method sought to centre Aboriginal and Torres Strait Islander knowledge holders as the experts of their stories as an emancipation from traditional Euro-Western qualitative research methods, which reinforce that the researchers ‘may then claim this processed information as their own knowledge and present themselves as “expert”’ (D’Antoine et al. 2019, p. 4). Pivotal to this were the relational responsibilities of the Aboriginal researchers to reflexively care for the shared stories and knowledges beyond the limitations of decolonised research frameworks, and rather position knowledge holders as the authority of their lived realities.

Results

Sixteen Aboriginal and Torres Strait Islander knowledge holders shared their experiences of conducting Aboriginal and Torres Strait Islander health and medical research (Table 1). Fourteen knowledge holders reported currently working in research and academic institutions, one reported working in a government health department and one reported working in the community-controlled sector. There was national coverage of qualitative yarns conducted throughout the study. Acknowledging the highly identifiable nature of the stories and knowledges shared, demographic details have been presented as deidentified to ensure anonymity and protection of knowledge holders.

The results do not conform to the simplicity of Euro-Western linear expectations of being presented, whereby the authors of the manuscript are considered the experts. Rather, this study sought to

privilege all experiences shared in this research and give space for their legitimate belonging. Martin states it:

is my reality and part of my ontology and epistemology that is my Ancestry, my genealogy and identity. To erase the messiness is to deny my identity... The messiness reflects how I have mediated both my own cultural conventions and expectations and those conventions and expectations of the academy (2008, p. 21).

The sharing of these results may at times seem to go back and forth, reflecting the push and pull experienced by knowledge holders. These experiences are complex, there is no clear moment

Role/career stage	
Research assistant/project manager	1
Non-academic role	2
Clinical position	1
Graduate student	2
Early career researcher	2
Mid-career researcher	4
Senior career researcher	4
State/territory	
Northern Territory	3
South Australia	1
Queensland	4
Tasmania	1
Victoria	3
Western Australia	2
New South Wales	1
Australian Capital Territory	1
Age range – years	
< 25	1
25 to 34	1
35 to 44	5
45 to 54	6
55 to 64	0
65 to 74	3
Gender	
Woman or female	12
Man or male	4
Aboriginal and Torres Strait Islander identity	
Aboriginal	13
Torres Strait Islander	3

Table 1: Knowledge holder demographics (n = 16)





where one theme ends and another begins. They are intricately interconnected and in constant movement with one another. Whilst this study initially aimed to understand experiences of conducting Aboriginal and Torres Strait Islander health and medical research, knowledge holders also shared their experiences and knowledges of working in the institutions in which they are required to operate. From the collaborative analysis, one primary theme was identified:

Coloniality is entrenched, reinforced and upheld by institutional systems and structures in the field of health and medical research.

Systems and structures were articulated by knowledge holders to include subthemes of inflicting burden and harm; attempts to change institutional processes in hopes of achieving systemic change results in further entrenching harm; and the erasure and silencing of Indigenous knowledges occurs when institutions employ performative progressivism. These sub-themes provided context to the interconnected mechanisms of coloniality, but each participant reflected on how this is operationalised and upheld in health and medical research.

It's really exhausting being on the cultural interface, because you and I are speaking literally four weeks out from the national referendum, where people will actually inappropriately say whether we can actually be recognised as being here from time immemorial. And the academy around research has really functioned for the perseverance and persistence of white people in this place, and not about ours. So really, we haven't had any business about our survival at all. Never been driven by us. So, research is important, but it's not the end game. The literal survival of our people is the end game. And I will use

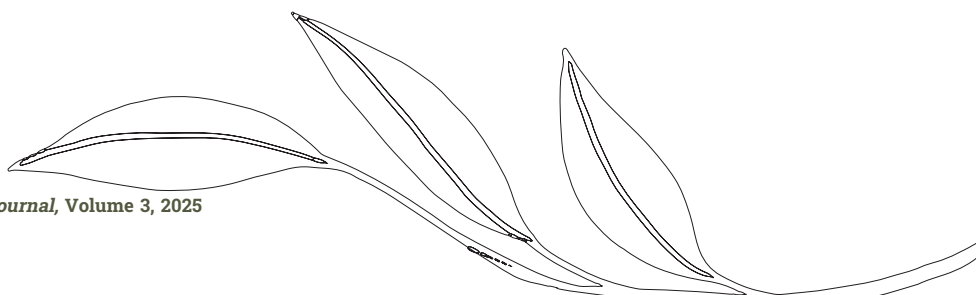
whatever I need to, to drive that – knowledge holder 12.

Knowledge holders shared observations of the field of health and medical research and the historical and contemporary institutional systems that operationalise and uphold coloniality

Knowledge holders noted that institutional and ethical policies, practices and frameworks as well as models of health and medical research funding have been built to reflect Euro-Western values and knowledges, often silencing Aboriginal and Torres Strait Islander knowledge systems, protocols and perspectives. One knowledge holder reflected on the challenges of operating within a system that has not been built to privilege and uphold Indigenous ways of knowing, being and doing:

So I don't think, in this day and age, that anyone's intent is to harm our people. A harm is a by-product of a process that doesn't work right. Because I think that we could work out, if people are doing it, they wouldn't be in the industry or the space. There wouldn't be a comfort to have those sorts of things persist. So that might have been something from well past, but not in 2023. But I think the challenge is trying to reconfigure a structure that never allowed us to create it to make it fit us. And I think that we just need to give ourselves a break and say, that doesn't work for us. We need to create a process that works for us, and we need to have courage about doing that – knowledge holder 12.

Deeper than simply operating in a system that was not built for Aboriginal and Torres Strait Islander peoples, some knowledge holders reflected that the system also does not care for Aboriginal and Torres Strait Islander peoples and communities, and in fact continues to cause harm:





And I feel like they are all historical aspects of colonisation, and people need to understand our suspiciousness, because we've been let down in a number of ways. That's how I feel about research – knowledge holder 16.

And so for research ethics, they're not actually interested in negative or harming experiences. So the criteria for health for the ethical practice of research in this country has actually nothing to do with our survival of ourselves in the conduct of their research or in the interface of that experience. They're just not measured, so they're not counted. So therefore, they're not valued. So I think that's the biggest barrier, is it's hard to be in the industry when the industry doesn't care for you – knowledge holder 12.

Knowledge holders reported that this colonial framework manifests in various ways and continues to uphold dominant Euro-Western frameworks that are detrimental to Aboriginal and Torres Strait Islander researchers' wellbeing

Knowledge holders reflected on their own practices and processes, and the incongruence with their own ways of knowing, being and doing. The legacy of Aboriginal and Torres Strait Islander peoples operating and appealing to white systems as a means of survival and hope for change has often resulted in colonial load and burnout:

Very difficult to believe that we're in 2023 and we're only now doing this, and I'll tell you why, because we've spent decades responding to whitefellas' priorities, that's why. ...That they're not going to succumb to this sort of generational decades we are not, deliberately again, and unconsciously been responding to whitefellas, white systems, white researchers and white priorities – knowledge holder 11.

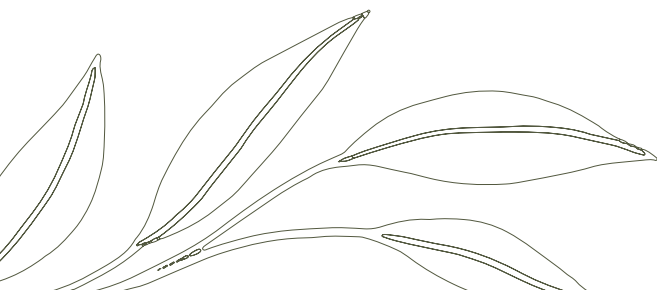
Sub-theme 1: Current institutional research systems, processes and practices within the field of health and medical research inflict burden and harm

Knowledge holders reported that whilst systems and ethical processes have been built to safeguard Aboriginal and Torres Strait Islander health and medical research and researchers, at times these can add additional burden and colonial harm for the people trying to enact them.

Because we spend so much time and energy dealing with the whiteness at the detriment of our own health and at the detriment of gain for our communities – knowledge holder 11.

There's lots of things that we need to keep for us for our own sake to keep us safe that others don't have the right to know and we don't have to share. We don't have to do this whole explicit pour it out, this is the formula, go and do it yourself. That's not how our research work actually works, so I think that's also part of the tension and the paradigms with Aboriginal researchers working with different paradigms – knowledge holder 4.

Knowledge holders also expressed these Euro-Western processes are often in conflict with Aboriginal and Torres Strait Islander ways of knowing and instead these processes seek to uphold the Euro-Western status quo of the academy, rather than protecting and supporting Aboriginal and Torres Strait Islander peoples to lead health and medical research aligning with Indigenous epistemologies and axiologies. Some knowledge holders discussed how Euro-Western processes are adopted under the guise of providing protection for Aboriginal and Torres Strait Islander communities through ethical guidelines; however, this often remains incongruent to the





realities and expertise of communities they are working with.

Because it's all very well knowing about the guidelines, but unless you have a deep understanding of, and feel for, why those guidelines are in place, and always go back to Irabinna's [Lester-Irabinna Rigney] work about Indigenous research, and talking about his three main principles. Unless you understand that concept, then you can't really apply the guidelines, because they're just words on a paper, basically, if that makes sense – knowledge holder 7.

Furthermore, some knowledge holders expressed similar sentiments when reflecting on health and medical research funding models that have reportedly been designed to uphold ethical research practices. Knowledge holders reflected that due to the colonial structures, they are often not afforded the rights to work in ways that are culturally responsive. Knowledge holders are often required to work outside the scope of their role to uphold relational research practices, even when working with communities they are not from. This incongruence with the 'status quo' within health and medical research institutions adds additional burden and harm as well as undermining relational practices.

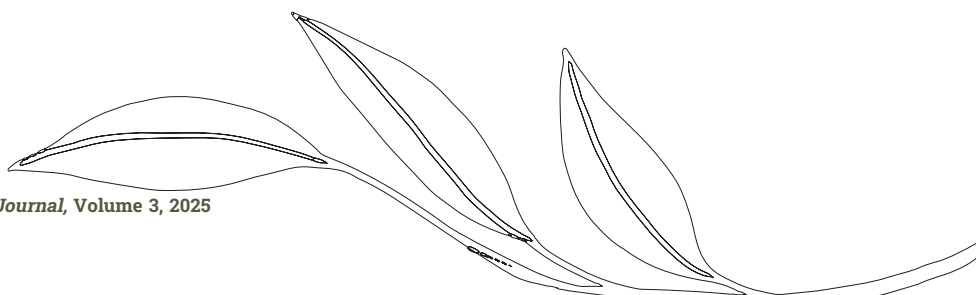
And I talk about that imposter syndrome. For me I don't mind that imposter syndrome at all. But for me personally, culturally and professionally, and scientifically, I need to ensure that my imposter syndrome stays with me. Because I should, especially doing research not with my Mob and doing research in other communities and other people's Country, that's a good place for me to sit. That I am a visitor in this place and I don't know everything. Because I can then go back to my core and my foundations and that is cultural protocol engagement. Yes, only speak when spoken to and approach quietly and all those with the

respect that you're on a Country that's not your own. You're a visitor to this place so don't step out of line. So I sit with that all the time, and I'm more than happy to sit with that, because the second I start thinking I'm an expert or some sort of deadly know-all in this space, whether it's research or community protocols or anything, which is all interwoven with our stuff, right. They're not separate. Research protocols and cultural protocols, they're all as one. The second we start doing a scientific protocol, that automatically comes with a cultural protocol. And I find that a good place to sit in and I'll always check myself to make sure I don't start thinking that I know all – knowledge holder 9.

All knowledge holders described their positionality and responsibility to their own cultural values as systems of knowledges that are embodied beyond academic teachings. In attempting to uphold relational research practices in the field of health and medical research, knowledge holders reflected on the need to source research funding from a variety of diverse schemes to uphold their ways of working that often go unnoticed and unfunded.

I think some of the challenges have been having to try and do all that before applying for a big NHMRC grant, trying to get that through that relationship-building. And obviously, that was already based on pretty much two decades of relationships already with Elders that I'd had, but even so, it's just really important and slow work that's probably, I think, tougher to do in the conventional research world, where you don't have that time often, but I was lucky to get some philanthropic funding to do that – knowledge holder 13.

Knowledge holders discussed the connection between health and medical research funding and ethical frameworks and that this often works against being able to conduct research that is meaningful and





beneficial for the communities they are working with. Knowledge holders reflected that current health and medical research funding structures prohibit Aboriginal and Torres Strait Islander researchers from being able to uphold respectful practices with communities to ensure that they are safeguarded within research, which is often unaccounted for by academic institutions and the colonial mechanisms in which they are required to operate.

I think the major one in terms of an ethical framework is probably a boring answer, which is actually about funding. The funding models don't work to support what I think is ethical research for Aboriginal and Torres Strait Islander people. Particularly, as an Indigenous researcher it probably creates a real tension in the sense that ethical research, ethical practice, isn't really founded in relationships and trust. One- or two-year funding, or three-year funding, or really even five-year funding, doesn't really support those long-term relationships that are needed to do great work that's both meaningful for communities, but also is fundable. – knowledge holder 15.

Furthermore, the process of seeking approval from an ethics committee, particularly institutional committees, which may not include Aboriginal and Torres Strait Islander representation, does not align with relational research practices and ethical principles for Aboriginal and Torres Strait Islander peoples and communities. Knowledge holders reflected that the process to obtain institutional ethics does not consider Indigenous knowledges as an expert field, rather it is seen as an 'add-on' to current institutional processes that inflicts harm to knowledge holders trying to enact them.

Because our communities actually know what the ethical principles are and the ethical basis, and we shouldn't have to be approved by an ethics committee

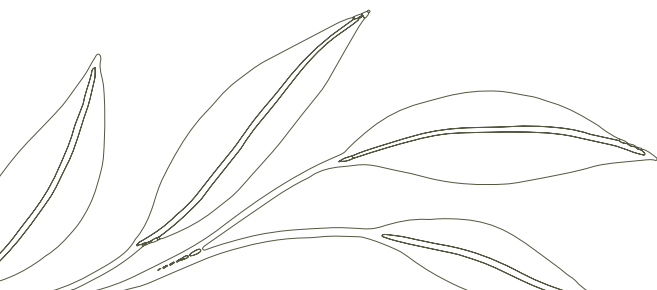
which doesn't include us or doesn't have our knowledge. That's an inexpert process, and that's prone to repeating errors and creating more frustrations. And our frustration is actually a drain to our wellbeing. So why are we supporting a system which actually is affecting our survivorship in terms of our mental health and energy? – knowledge holder 12.

The ethics process doesn't necessarily, I feel, always support ethical research because I think, from my perspective, that machinery of ethics has meant that it often becomes the gatekeeper of what's ethical despite, even if communities want it or how they want it if that makes sense – knowledge holder 15.

I think it's always going to be the tension between something values practice based with operational administration in terms of... I think there's a real, I'm telling you what to do. I think the interesting tension in this space is about how ethics practices are then often governed by these higher institutions. That real tension for me speaks to the do-gooder, benevolent type conversation of, we're the Ethics Committee. It really is just about... It's about control – knowledge holder 14.

One knowledge holder noted that the competitive nature and model of health and medical research grant funding is deemed an extension of coloniality upheld in institutions which creates an environment where Aboriginal and Torres Strait Islander researchers feel compelled to conform to Euro-Western academic standards and metrics to the detriment of their own wellbeing.

And yes, the last thing I'll say is the business research model, in terms of applying grants to secure Aboriginal and Torres Strait Islander research and increase capacity within institutions, I've found that doesn't work. If you belong to a university that has stacks of money and resources that can provide





funding for long-term contracts and avoid the grant-winning model, then it's really great. But if you work at a research institution where they don't operate like that, it makes it incredibly hard to build capacity and workforce. ...It works for very few. And you've really got to be really, I don't know... Yes, there is a sense for me of playing the game so to speak. And yes, I'm not going to lie, I've considered leaving research altogether, because I just don't want to get caught in that game of having to build multiple grants to expand the workforce – knowledge holder 13.

Sub-theme 2: Attempts to change health and medical research systems and its processes in hopes of achieving systemic change has resulted in entrenched harm and burnout

Some knowledge holders shared experiences of 'playing the game' in attempts to appeal to colonial structures in hopes that this would bring systemic change and forward-thinking for Aboriginal and Torres Strait Islander peoples. Senior knowledge holders highlighted their attempts to change colonial practices within the field of health and medical research such as seeking higher positions of influence to effect meaningful reform. However, these efforts often resulted in further entrenched harm and burnout.

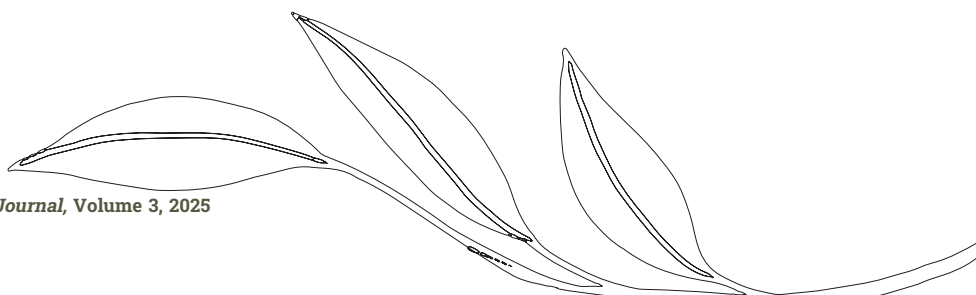
It is literally because we are indoctrinated in this way of working. These white systems that if you aren't working from a conscious level, high level of conscious every day to not become part of that system. And I know that I did and my attempt to change that system for the betterment of our people, I become part of it, unconsciously. Because you're so tired, you're so stretched and you're trying to do your family and community stuff, that I absolutely admit and I own that I was asleep at the wheel – knowledge holder 11.

Many described the overwhelming pressure to navigate institutional politics while advocating for change, which frequently left them feeling isolated. Despite their commitment to driving change for Aboriginal and Torres Strait Islander peoples within the field of health and medical research and communities they work alongside, knowledge holders reported facing resistance from entrenched colonial institutions and systems that valued Euro-Western power dynamics over transformative practices. This dual burden of striving for leadership while combating systemic inequities led to significant emotional and mental strain, ultimately diminishing their capacity to drive change.

But the truth of the matter is, the higher up you go within these systems, the harder it is to change. So you've got to work a lot harder to be able to make sure that you don't become, think, do, act, like the system expects of you to actually do that. But that's almost near impossible, unless you have time to think and making sure that you've got other blackfellas around you to keep you in check and that. Because if you don't, unfortunately, you get a couple of years down the track and go oh shit – knowledge holder 3.

Sub-theme 3: Erasure and silencing of Indigenous knowledges occurs when institutions employ performative progressivism in the field of health and medical research

Knowledge holders shared that colonial academic institutions, in their attempts to appear progressive in the field of health and medical research, often uphold decorative and performative cultural tokenism and black cladding. Knowledge holders described how this performative approach trivialises Indigenous knowledges and methodologies, particularly when they are misrepresented without a deeper





understanding of cultural protocols. As a result, the façade of progressivism and aspirations for equity ultimately serves to reinforce existing power dynamics rather than challenging them, perpetuating a cycle of undermining the authenticity of Aboriginal and Torres Strait Islander knowing and knowledges within health and medical research and the institutions in which they are required to operate.

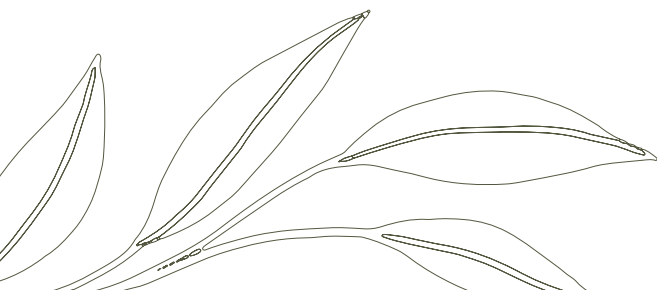
I think probably the last thing that really resonates with me is this tokenistic approach to Indigenous health research, or any research, basically. And what I find that when I'm looking at grants, and I'm looking at ethics applications, is throwaway lines, like I'm using Indigenous methodologies, not just from non-Indigenous research, but also, our own researchers. So, throwaway lines, like, I'm using a decolonising approach, I'm using Indigenous methodologies, I'm using yarning. But there's actually no reflection in their applications about any understanding of what that actually means. And for example, as you know, yarning has such deep undertones of social knowledge and protocols. And to think that somebody thinks it's a throwaway line, to say I'm just going to use yarning, really, I think we need to start calling those tokenistic measures out with people who talk about that language, but with no understanding of what that actually means. Because as we said before, we're claiming our knowledges, then to me, it's disrespectful when people are using that way of a throwaway line – knowledge holder 14.

One knowledge holder reflected on this in their role as a supervisor supporting higher degree research students who have identified as Aboriginal and Torres Strait Islander later in life. These students did not bring Indigenous lived experience to their research, which posed challenges in maintaining integrity to Indigenous knowledges and ways of being. It was

highlighted that Aboriginal and Torres Strait Islander peoples must also be conscious of their own knowledge bases and how this can influence and impact quality health and medical research being conducted in line with Aboriginal and Torres Strait Islander values and principles.

Also, the only other thing that I often have, when I'm working with particularly HDR [higher degree by research] students, or people who actually haven't grown up as Indigenous, they've found their Indigeneity down the line. And so, they're grappling with this. And I feel sorry for people, Stolen Generation, all those sorts of things. But I think we need to recognise it. And I try and have some very deep, meaningful chats with them by themselves, to say that that's really unfortunate, but you actually need to think about where you're coming from, how you're positioning yourself in the research. Because if you don't have lived experiences as an Aboriginal and Torres Strait Islander person, then that's reflected in your knowledge base, and your connections, through no fault of your own, but you can't suddenly claim all this knowledge, if you actually don't have it. And that's nothing to be ashamed of. It's unfortunate, but you really need to think about what that actually means for you, and how you position yourself in the research. And you can still honour the principles of good quality Indigenous research principles, without claiming things that you're not – knowledge holder 7.

We get a lot of people, sometimes research happens in our district with Aboriginal people without the Aboriginal Health Unit even knowing. And I wondered how that could actually happen, and recently, someone had seen me present. I think it was at the [...]. It was a webinar, and they then reached out and approached me. And they were doing research in our area, which they'd already had AH&MRC ethics approval, and I'm thinking how did they get that? And





they have Aboriginal people as part of their reference group because they were doing it not only in our [district], across a couple of [districts]. So, I had someone from [local government area] and someone from maybe [town], or somewhere area. And then they wanted me to join and so I went to their meeting, and then they wanted me to present something, and I thought, if they have Aboriginal people on here, why do they need me? And so, I met those Aboriginal people and some of those Aboriginal people are new to their journey about their identity. And so, really, how could they be sharing about a community they haven't been part of or raised? And it's not about whether I think they're Aboriginal or not. It's about what is the actual information they're imparting or sharing about how to do this research – knowledge holder 6.

One knowledge holder discussed that despite having strong cultural connections and teachings that influence the ways in which she works, she was prevented from being able to conduct research with community as an early career researcher. Knowledge holders shared experiences of their academic journey being heavily influenced and restricted to scarce employment opportunities or dictated by senior researchers on whose project they worked. The addition of higher degree by research or early career researcher opportunities on projects reinforces tokenistic and black cladding within the field of health and medical research.

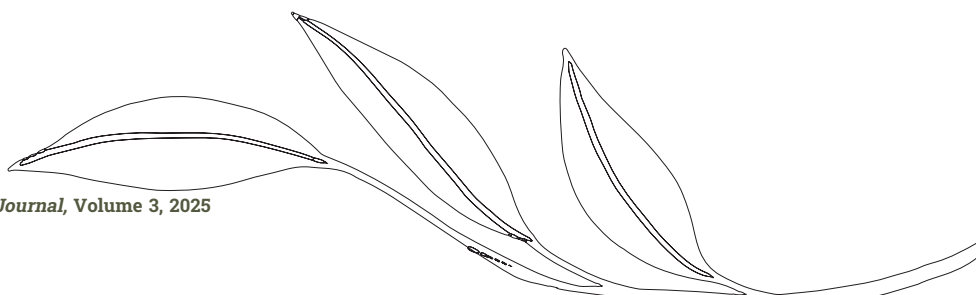
I didn't like being so disconnected from the work, so I would be given transcripts and I would analyse transcripts and then write the paper or whatever. And I think that's really different to doing like what you're both doing now where you're sitting down with the person, you're having that yarn and then you do that work. Because one, you don't have that interaction with the person where when you hear what they're

saying and really listening to what they're saying and then you can talk more about that stuff and pull out more to find out that true experience. But then you can be a bit disconnected to the data and it becomes data and it's so different when you're actually doing it yourself – knowledge holder 1.

Another knowledge holder reflected on being prevented from providing culturally responsive higher degree by research supervision as this is blocked by the academy due to reinforcement of subjectivity of Aboriginal and Torres Strait Islander peoples.

And from that, I've now got networks to work with other people internationally, but in my own place, I still can't get to supervise blackfella PhD students because the others [non-Indigenous researchers] just want them. They're black curious and they can't get enough. They want to be in there and amongst it. And this is where I come back to this notion of white possession, and I'm probably going to have to write about it. It just seems to seep into a lot of what we want to do and try to do. And like a lot of these white academics when they introduce themselves, they go, they've had experience with the Aboriginal people, and they're worked up in the Northern Territory doing research projects there. And in my body, I roll my eyes and go, poor Northern Territory, every man and his dog seems to have gone up there – knowledge holder 4.

Furthermore, one knowledge holder reflected that whilst there has been a movement to decolonise research processes and the institutions in which they occur, there needs to be a shift towards ensuring spaces are continually culturally safe and responsive. This was particularly relevant for Aboriginal and Torres Strait Islander research students and staff that move towards claiming their own sovereign knowledges and spaces within colonial institutions. Academic freedom





that is promoted to exist within institutions is not often afforded to Aboriginal and Torres Strait Islander researchers whilst ever-aspirational goals and imaginings are imposed.

And I think one of the really important areas for people, like yourself, coming through, is to have that environment that you can actually, a safe environment, that you can actually question, challenge, learn, share with others, learn from others. So, to have those cohorts that you're part of, that actually, you can do that, that have really good discussions and debates about things, and queries about things. That's what makes the research really interesting. And often, that doesn't happen, just because everyone's so busy, and everyone's off doing their own thing. So, I think, particularly our mob in universities need to make that space for us all to come together, and to have those robust discussions, and talk about the challenges, and bring up new ideas. And, yes, be brave, take risks, claim your own stuff. We went down the path of decolonisation, and yes, that needed to happen. But now we need to actually just do decolonisation a different way by just not using all our effort and time into decolonisation, but rather, claiming our own knowledges, our own ways of being, and moving forward with that. It's a whole new way forward, rather than wasting our time on all this decolonisation from a different point of view, if you know what I mean – knowledge holder 7.

Underlying the truth-telling of knowledge holders' experiences and realities within the field of health and medical research, there was a clear sentiment of the ongoing strength, resistance and resilience of Aboriginal and Torres Strait Islander peoples surviving within colonial systems despite their harmful processes. Knowledge holders shared that they will continue to persist within the academy, in spite of its

best efforts to silence and erase Indigenous knowledges and people, as the survival and advancement of Aboriginal and Torres Strait Islander peoples will always remain a driving force to their continued presence in such institutional spaces.

I want people to stop consuming us and our culture for some kind of other benefit that doesn't benefit us. Where are the real benefits? I'm making massive assumptions here and I'm sure that there are some that are not this way, but the majority that I deal with find it hard to conceive that they would be taking the research with Aboriginal people with the same gravitas that I do and the same responsibility and the same gravity. It's a whole other level of checks and balances. If we get slightly growled at by an aunty we'll cry for a couple of days. It's a totally different kettle of fish, isn't it? – knowledge holder 4.

And that's the thing, is we have to persist in this space long enough that we actually have the freedom to be creative in a way that our community requires us and celebrates and will give us so much power to do so – knowledge holder 12.

Discussion

This study, conducted by an Aboriginal PhD researcher and supported by an Aboriginal supervisor, sought to uphold Aboriginal and Torres Strait Islander rights and voices in the field of health and medical research. As such, the system of health and medical research became the subject of investigation, contrasting the legacy of research systems' objectification and subjugation of Aboriginal and Torres Strait Islander peoples. Whilst this study sought to understand the experience of Aboriginal and Torres Strait Islander researchers in conducting health and medical research, by upholding relationality and the Indigenous research method of yarning, knowledge





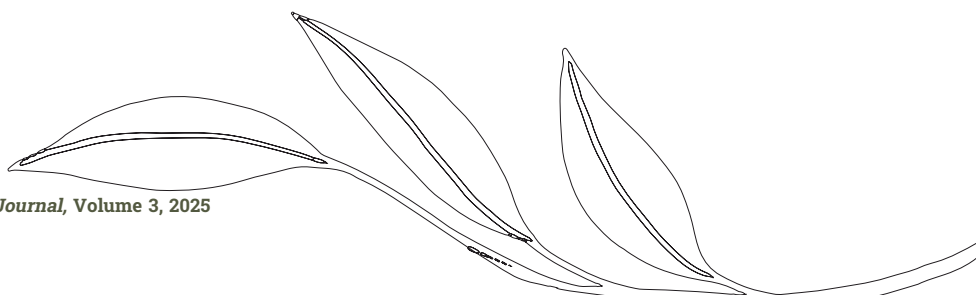
holders have led truth-telling on coloniality and how it continues to be operationalised and manifests within health and medical research institutions and processes relevant to the field. When conducting health and medical research, if funding is required, research institutions and universities are the primary system in which Aboriginal and Torres Strait Islander researchers are required to operate. As such, this study calls for transformational change to uphold Aboriginal and Torres Strait Islander rights to protection and safety in conducting health and medical research to sustain their rightful presence within the academy grounded in their intellectual sovereignty and self-determination (United Nations General Assembly 2007; Page and Trudgett 2024).

It is well established that Euro-Western academic institutions have been integral components of the colonial project (Smith 2021). Built on the assumption of Euro-Western superiority, Euro-Western sciences and research within these institutions have deeply ingrained distinctly incongruent systems of knowledge creation, production and transmission that seek to silence and erase Indigenous knowledge traditions (Reid 2024). The limitations of this have been articulated by Indigenous scholars (Rigney 1999; Nakata 2007; Martin 2008; Walter and Andersen 2013; Wilson 2020; Smith 2021). Smith theorised:

As a site of struggle research has a significance for Indigenous peoples that is embedded in our history under the gaze of Western imperialism and Western science. It is framed by our attempts to escape the penetration and surveillance of that gaze whilst simultaneously reordering and reconstituting ourselves as Indigenous human beings in a state of ongoing crisis. Research has not been neutral in its objectification of the Other. Objectification is a process of dehumanization. In its clear links to Western

knowledge research has generated a particular relationship to Indigenous people which continues to be problematic (Smith 2021, p. 1).

This study found that research institutions continue to reinforce and uphold coloniality within its systems, structures and processes, which inflict harms and burdens for Aboriginal and Torres Strait Islander health and medical researchers, their knowledges and knowledge systems. In Australia, Aboriginal and Torres Strait Islander researchers in the field of health and medical research are forced to operate within these research and academic institutions in order to be awarded the funding allocated by the Australian Government to improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples. The study highlights that these academic institutions continue to be violent and disruptive. Beyond institutional colonial imaginings of Aboriginal and Torres Strait Islander peoples, knowledge holders in this study shared truth-telling of research institutions and their silencing of Aboriginal and Torres Strait Islander knowledges. They highlighted how this neglect further erases Indigenous ways of knowing and reinforces a narrative that prioritises Euro-Western epistemologies. Bond and co-authors have previously noted ‘there is too often a silence about the arrangements of power which underpin that experience’ (Bond et al. 2020). This lack of recognition further entrenches the invisibility afforded to Aboriginal and Torres Strait Islander expertise, often leading to a disconnect and reinforcement of a power imbalance between institutional systems and Aboriginal and Torres Strait Islander peoples. This study found that ongoing erasure and silencing of Aboriginal and Torres Strait Islander peoples, knowledges and knowledge systems remain present in research institutions in their current form.



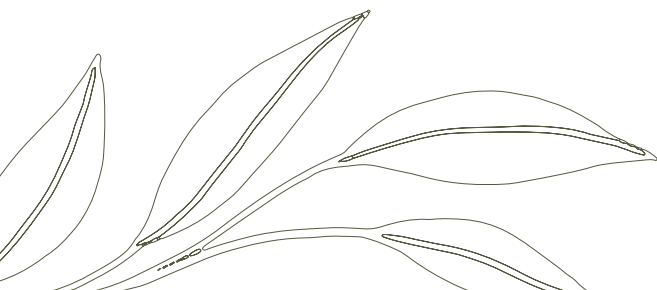


The inclusion of Aboriginal and Torres Strait Islander peoples within the field of health and medical research is a relatively recent progression ([Australian Government 2023](#)). This study gave space for the truth-telling of the violence and burden inflicted on Aboriginal and Torres Strait Islander health and medical researchers across all research career stages. Whilst Aboriginal and Torres Strait Islander peoples have been invited to be part of academic institutions for the past 65 years, this has been under the promise of an aspirational Euro-Western education being in their best interests, with Aboriginal and Torres Strait Islander people being cast as beneficiaries of their benevolence. To survive and persist within these systems, knowledge holders in this study articulated needing to be able to navigate the tensions between their Indigenous knowledges and whitestream institutional research systems and processes. More recent commitments to equity efforts within research institutions have noted the inclusivity of Indigenous perspectives and decolonising frameworks ([Behrendt et al. 2012](#); [Universities Australia 2022](#)) have included the establishment of Reconciliation Action Plans and senior leadership positions such as Pro Vice-Chancellors. This study highlights the lack of safety and protection for Aboriginal and Torres Strait Islander peoples leading in these positions, with the outcomes of their labour often benefiting the sector. Further, knowledge holders in this study warned of the risks for Aboriginal and Torres Strait Islander peoples within the field of health and medical research when attempting to lead the colonial institution to progress and change. These findings coincide with Deputy Vice-Chancellor (Indigenous Engagement) Fredericks who has voiced:

I have demonstrated how hard it can be to engage with the Academy when those within it are reproducing imperial attitudes and processes which marginalise

and exclude us whilst proclaiming they want to include and involve us ([Fredericks 2009](#), p. 9).

However, whilst institutional systems and policies focus on the ongoing acculturation of Aboriginal and Torres Strait Islander peoples into the colonial system, without acknowledging the literature that speaks to the ways in which they are made to operate, the system is at risk of compounding intergenerational harm and violence. Whilst there have been more recent institutional policies and movements to support academic institutions to be safer places, this often relates to workforce and student experiences. This study found that academic institutions continue to be largely unsafe for Aboriginal and Torres Strait Islander health and medical researchers, particularly those without the support and presence of other Aboriginal and Torres Strait Islander peoples. One year on from the Voice to Parliament Referendum, [Devezy et al \(2024\)](#) noted institutions have an enduring critical responsibility to drive leadership and change from a social justice perspective for Aboriginal and Torres Strait Islander peoples. Notably throughout this study, knowledge holders did not indicate the need to retreat or refrain from institutional research spaces. Rather, they spoke of the relational responsibility for the survival of communities and culture that remains steadfast despite colonial agendas. In doing so, knowledge holders highlighted the strength of collective perseverance and existence within academic institutions as being a critical protective measure. [Mihesuah \(2004\)](#) wrote that Aboriginal and Torres Strait Islander peoples are sometimes wanted for ‘window dressing’ (p. 44), that is: institutions ‘want us but not our opinions’ ([Fredericks 2009](#), p. 12). For Aboriginal and Torres Strait Islander peoples working within health and medical research, the experiences are nuanced and complex. Research and academic institutions must move beyond recruitment and





retention rates to measure their success and reimagine how Aboriginal and Torres Strait Islander peoples can be safe and protected for as long as they are required to operate within them. One mechanism in this process should include academic institutions, and the field of health and medical research, leading truth-telling processes to ensure ongoing transparency and accountability to Aboriginal and Torres Strait Islander peoples who are also the researchers required to enact harmful colonial processes within them.

Conclusion

This study sought to explore the experiences of Aboriginal and Torres Strait Islander researchers working in the field of health and medical research. During data collection, the colonial project was operational and critically influenced this research. In seeking to understand their perspectives and experiences of conducting research, this study has brought light to the ongoing violence and harmful impacts of coloniality that is entrenched, reinforced and upheld within academic structures and systems. However, Aboriginal and Torres Strait Islander peoples have continued to highlight the collective strength and enduring perseverance within these institutions despite colonial agendas. Knowledge holders in this study did not articulate a need to retreat or refrain from our ongoing presence within them, rather they reinforced the frontier violence they continue to experience within these spaces and how upholding systems of colonial practices will continue to cause harm in the field of health and medical research. Indigenous peoples globally have called for truth-telling about colonisation and the racialised logics in which it manifests. The authors call for truth-telling within the field of health and medical research, and the research institutions in which they are required to operate, as one step

towards true enactment of sovereignty and self-determination.

Author contributions

Conceptualisation – M. Kennedy; Methodology – M. Kennedy; Analysis – F. Collis, M. Kennedy; Investigation – F. Collis, M. Kennedy; Writing – Original Draft – F. Collis; Writing – Review and editing – M. Kennedy, K. Booth, J. Bryant, C. Chamberlain, J. Hughes, K. Griffiths, M. Wenitong, P. O'Mara, A. Brown, S. Eades, K. Kong; Visualisation – F. Collis, M. Kennedy; Supervision – M. Kennedy; Project administration – M. Kennedy; Funding acquisition – M. Kennedy.

Declaration of interests

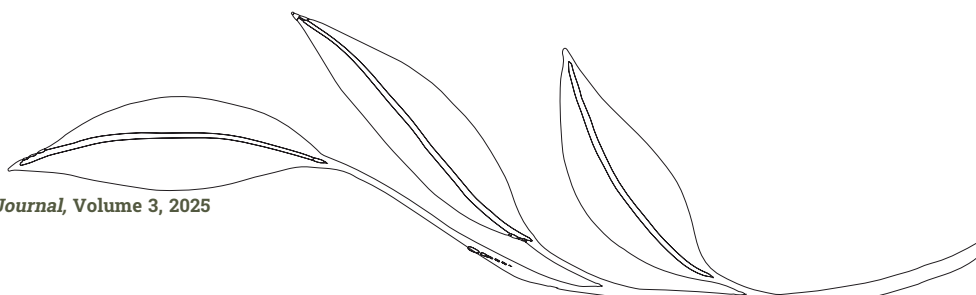
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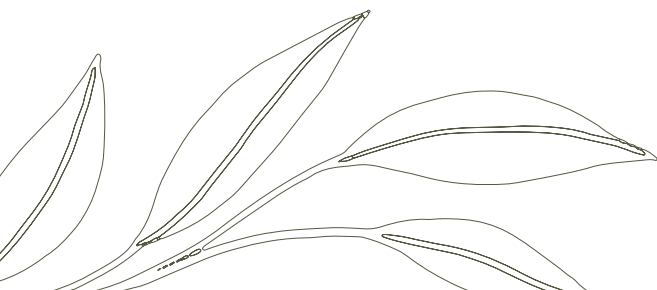




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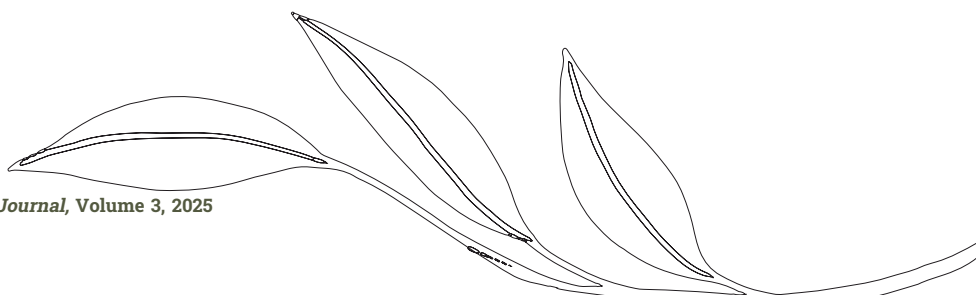
References

- Al-Natour, R., Fredericks, B., 2016. Where do we start....?: An Indigenisation strategy for the university. *J Aust Indig Iss* 19 (1–2), 193–209.
- Andersen, C., Bunda, T., Walter, M., 2008. Indigenous higher education: the role of universities in releasing the potential. *Aust J Indig Educ* 37.
- Anderson, I., Paradies, Y., Langton, M., Lovett, R., Calma, T., 2023. Racism and the 2023 Australian constitutional referendum. *Lancet* 402 (10411), 1400–1403.
- Asmar, C., Page, S., Radloff, A., 2011. Dispelling myths: Indigenous students' engagement with university. *AUSSE Research Briefings* 10.
- Australian Government, 2023. Indigenous Research Excellence Criteria (IREC) Review Discussion Paper. National Health and Medical Research Council, Canberra, Australia. Accessed on 12 December 2024 at: <https://www.nhmrc.gov.au/file/19643/download?token=R0hXgoQQ>.
- Behrendt, L., Larkin, S., Griew, R., Kelly, P., 2012. Review of higher education access and outcomes for Aboriginal and Torres Strait Islander people: Final report. Department of Industry, Innovation, Science, Research and Tertiary Education. Accessed on 12 December 2024 at: <https://opus.lib.uts.edu.au/bitstream/10453/31122/1/2013003561OK.pdf>.
- Bessarab, D., Ng'andu, B., 2010. Yarning about yarning as a legitimate method in Indigenous research. *Int J Crit Indig Stud* 3 (1), 37–50.
- Bond, C., Brough, M., Mukandi, B., Springer, S., Askew, D., Stajic, J., 2020. Looking forward looking black: making the case for a radical rethink of strategies for success in Indigenous higher education. *Aust J Indig Educ* 49 (2), 153–162.
- Bond, C., Singh, D., Tyson, S., 2021. Black bodies and bioethics: debunking mythologies of benevolence and beneficence in contemporary Indigenous health research in colonial Australia. *J Bioeth Inq* 18, 83–92.
- Braun, V., Clarke, V., 2019. To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qual Res Sport Exerc Health* 12 (20), 201–216.
- Coates, S.K., Trudgett, M., Page, S., 2022. Islands in the stream: Indigenous academic perceptions of Indigenous senior leadership roles. *Higher Educ Res Dev* 41 (5), 1451–1467.
- D'Antoine, H., Abbott, P., Sherwood, J., Wright, M., Bond, C., Dowling, C., Lehmann, D., Eades, A., Bessarab, D., 2019. A collaborative yarn on qualitative health research with Aboriginal communities. *Aust Indig Health Bull* 19 (2), 1–4.
- Devezy, Y., Hill, B., Nakata, M., 2024. Post-referendum: what's next for universities?. Murdoch University, Murdoch. Accessed on 12 December 2024 at: <https://researchportal.murdoch.edu.au/esploro/outputs/report/Reconciliation-Post-Referendum-Whats-Next-for-Universities/991005693768807891>.
- Fredericks, B., 2009. The epistemology that maintains white race privilege, power and control of Indigenous studies and Indigenous peoples' participation in universities. *CRWS* 5 (1), 1–12.
- Fredericks, B., Barney, K., Bunda, T., Hausia, K., Martin, A., Elston, J., Bernardino, B., 2023. The importance of Indigenous centres/units for Aboriginal and Torres Strait Islander students: ensuring connection and belonging to support university completion. *Higher Educ Res Dev* 43, 1–14.
- Gore, J., Patfield, S., Fray, L., Holmes, K., Gruppetta, M., Lloyd, A., Smith, M., Heath, T., 2017. The participation of Australian Indigenous students in higher education: A scoping review of empirical research, 2000–2016. *Aust Educ Res* 44 (3), 323–355.
- Hearn, S., Benton, M., Funnell, S., Marmolego-Ramos, F., 2021. Investigation of the factors contributing to Indigenous





- students' retention and attrition rates at the University of Adelaide. *Aust J Indig Educ* 50 (1), 20–28.
- Hill, B., Nilson, C., Uink, B., Fetherston, C., 2023. Transformation at the cultural interface: exploring the experiences of Aboriginal and Torres Strait Islander university students. *Aust J Indig Educ* 52 (2).
- Huria, T., Palmer, S.C., Pitama, S., Beckert, L., Lacey, C., Ewen, S., Tuhiwai Smith, L., 2019. Consolidated criteria for strengthening reporting of health research involving indigenous peoples: the CONSIDER statement. *BMC Med Res Methodol* 19 (173).
- James Cook University, 2018. Marking the 20 year anniversary of the first Torres Strait PhD. James Cook University, Brisbane. Accessed on 12 December 2024 at: <https://www.jcu.edu.au/ierc/news-and-events/ierc-news/news-and-stories/2018/first-torres-strait-phd>.
- Kennedy, M., Maddox, R., Booth, K., Maidment, S., Chamberlain, C., Bessarab, D., 2022. Decolonising qualitative research with respectful, reciprocal, and responsible research practice: a narrative review of the application of Yarning method in qualitative Aboriginal and Torres Strait Islander health research. *Int J Equity Health* 21 (134), 1–22.
- Lee, V.S., 2017. Political determinants and Aboriginal and Torres Strait Islander women: don't leave your integrity at the political gate. *J Public Health Pol* 38 (3), 387–393.
- Maddox, R., Drummond, A., Kennedy, M., Martinez, S.A., Waa, A., Nez Henderson, P., Clark, H., Upton, P., Lee, J.P., Hardy, B.-J., Tautolo, E.-S., Bradbrook, S., Calma, T., Whop, L.J., 2024. Ethical publishing in 'Indigenous' contexts. *Tob Control* 33 (e2), e240–e245.
- Martin, K., 2008. Please knock before you enter: Aboriginal regulation of outsiders and the implications for researchers. Post Pressed, Teneriffe, Queensland.
- McGuffog, R., Chamberlain, C., Hughes, J., Kong, K., Wenitong, M., Bryant, J., Brown, A., Eades, S.J., Griffiths, K.E., Collis, F., Hobden, B., O'Mara, P., Ridgeway, T., Walter, M., Kennedy, M., 2023. Murru Minya—informing the development of practical recommendations to support ethical conduct in Aboriginal and Torres Strait Islander health research: a protocol for a national mixed-methods study. *BMJ Open* 13 (2), e067054.
- Mihesuah, D.A., Wilson, A.C., 2004. *Indigenizing the academy: Transforming scholarship and empowering communities*. University of Nebraska Press, Lincoln, USA.
- Moreton-Robinson, A., 2013. Towards an Australian Indigenous Women's Standpoint Theory. *Aust Fem Stud* 28 (78), 331–347.
- Moreton-Robinson, A., 2017. Relationality: a key presupposition of an Indigenous social research paradigm. In: O'Brien, J.M., Andersen, C. (Eds.), *Sources and Methods in Indigenous Studies*. O'Brien, J.M., Andersen, C. Routledge, UK, 69–77. Routledge, UK, pp. 69–77.
- Nakata, M., 2007. *Disciplining the Savages: Savaging the Disciplines*. Aboriginal Studies Press, Canberra, Australia.
- Nakata, M., 2013. The Rights and Blights of the Politics in Indigenous Higher Education. *Anthropol Forum* 23 (3), 289–303.
- National Health and Medical Research Council, 2020. Targeted Call for Research: National network for Aboriginal and Torres Strait Islander health researchers. National Health and Medical Research Council, Canberra, Australia. Accessed on 12 December 2024 at: <https://www.nhmrc.gov.au/funding/targeted-calls-research/national-network-aboriginal-torres-strait-islander-health-researchers>.
- National Health and Medical Research Council, 2022. NHMRC Aboriginal and Torres Strait Islander report card of achievements. National Health and Medical Research Council, Canberra, Australia. Accessed on 12 December 2024 at: <https://www.nhmrc.gov.au/sites/default/files/documents/Indigenous%20guidelines/Report-Card-2022/2022-Report-Card-of-Achievements.pdf>.
- National Health and Medical Research Council, 2023. 2023 NHMRC Aboriginal and Torres Strait Islander report card of achievements. National Health and Medical Research Council, Canberra, Australia. Accessed on 12 December 2024 at: <https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Indigenous/2023-ATSI-Report-Card-Achievements-.pdf>.
- Page, S., Trudgett, M., 2024. Cementing Indigenous self-determination in Australian universities. Accessed on 12





- December 2024 at: <https://futurecampus.com.au/2024/05/02/cementing-indigenous-self-determination-in-australian-universities/>.
- Perkins, C., 1975. *A bastard like me*. Ure Smith, Sydney, Australia.
- Pidgeon, M.E., 2008. It takes more than good intentions: Institutional accountability and responsibility to Indigenous higher education. University of British Columbia, Vancouver, Canada.
- Reid, P., 2024. Valuing indigenous wisdom: invited comment. *Tob Control* 33 (e2), e260–e261.
- Rigney, L.-I., 1999. Internationalization of an Indigenous anticolonial cultural critique of research methodologies: a guide to Indigenist research methodology and its principles. *Wicazo Sa Rev* 14 (2), 109–121.
- Rigney, L.-I., 2017. A design and evaluation framework for Indigenisation of Australian universities - from policy to practice. In: Frawley, J., Larkin, S., Smith, J. (Eds.), *Indigenous Pathways, Transitions and Participation in Higher Education*. J. Frawley, S. Larkin and J. Smith. Springer Open, Singapore, 45–64. Springer Open, Singapore, pp. 45–64.
- Smith, L.T., 2021. *Decolonizing methodologies: Research and indigenous peoples*. Zed Books, London, UK.
- The University of Sydney, 2020. A brief history of the. University of Sydney. Accessed on 12 December 2024 at: <https://www.sydney.edu.au/study/student-life/student-news/2020/08/25/a-brief-history-of-the-university-of-sydney.html>.
- United Nations General Assembly, 2007. United Nations Declaration on the Rights of Indigenous Peoples. Accessed on 12 December 2024 at: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf.
- Universities Australia, 2022. *Indigenous strategy 2022–2025*. Universities Australia, Canberra, Australia. Accessed on 12 December 2024 at: <https://universitiesaustralia.edu.au/wp-content/uploads/2022/03/UA-Indigenous-Strategy-2022-25.pdf>.
- Universities Australia, 2024. 2023 Indigenous strategy annual report. Universities Australia, Canberra, Australia. Accessed on 12 December 2024 at: <https://universitiesaustralia.edu.au/wp-content/uploads/2024/11/UA-Indigenous-Strategy-Report-2024.pdf>.
- The University of Melbourne, 2024. Sandra Eades - Indigenous leadership. Accessed on 12 December 2024 at: <https://mdhs.unimelb.edu.au/about/indigenous-development/archive/sandra-eades>.
- University of Western Sydney, 2014. *Generations of Knowledge: Commemorating the lives and contributions of Aboriginal and Torres Strait Islander Elders, leaders and pathmakers at the University of Western Sydney*. University of Western Sydney, Penrith.
- Walter, M., Andersen, C., 2013. *Indigenous statistics: A quantitative research methodology*. Taylor & Francis, Routledge, New York.
- Wilson, S., 2020. *Research is ceremony: Indigenous research methods*. Fernwood Publishing, Nova Scotia.
- Watego, C., Singh, D., Macoun, A., 2021. Partnership for justice in health: scoping paper on race, racism and the Australian health system, discussion paper. The Lowitja Institute, Melbourne, Australia. Accessed on 12 December 2024 at: https://www.lowitja.org.au/wp-content/uploads/2023/05/Lowitja_PJH_170521_D10-1.pdf.
- Moreton-Robinson, A., Walter, M., Singh, D., Kimber, M., 2011. *On stony ground: governance and Aboriginal and Torres Strait Islander participation in Australian universities*. Report to the review of higher education access and outcomes for Aboriginal and Torres Strait Islander people. Department of Education, Employment and Workplace Relations, Canberra, Australia. Accessed on 12 December 2024 at: <https://eprints.qut.edu.au/66280/1/66280.pdf>.

