

Beyond the Rhetoric of Participatory Research in Indigenous Communities: Advances in Australia Over the Last Decade

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Abstract

Evidence-based approaches to health care have been difficult to achieve in Indigenous populations across the world, a situation which has contributed to the significant health disparities found in this group. One reason for the inadequacy of evidence-based health interventions is that empirical knowledge tends to be organized around professional disciplines that are grounded in Western ways of knowing. In this article we describe events that have led to more appropriate research methods in Australia, and the resulting changes in the research community. The principles that have guided Australian research policy development might not yet be fully matured, but the improvements we have experienced over the last several decades have gone a long way toward acknowledging the significant disparities that affect Indigenous people and the role of researchers in addressing this issue.

Keywords

Aboriginal people, Australia; health care disparities; health care, transcultural; minorities; participatory action research (PAR); research, cross-cultural

For some time, it has been noted that the extensive body of Indigenous¹ research and ongoing government interventions in Australia have failed to positively impact on the well-being of Indigenous² people (Altman, Biddle, & Hunter, 2004; National Health and Medical Research Council [NHMRC], 1991; Zubrick, Silburn, de Maio, Shepherd, & Griffin, 2006). One possible explanation for this lack of impact is the fact that research has focused on Western ways of knowing that fail to fully reflect the needs of indigenous communities. Indeed, knowledge tends to be organized around professional disciplines that are inherently grounded in Western ideology (Cochran et al., 2008). As noted by Cochran et al., the process of acquiring knowledge in Indigenous communities is critical, particularly given the high level of discontent about research among many Indigenous people.

The challenge to non-Indigenous researchers and practitioners is to identify appropriate methods of research that can lead to acceptable, sustainable, and efficacious health solutions within Indigenous communities. Indigenous researchers around the world and in Australia have proposed innovative models of research (e.g., Kahakalau, 2004; Moreton-Robinson & Walter, 2009; Rigney, 1997;

Smith, 1999),³ some aspects of which are beginning to influence Australian policy. Most of these models highlight the need for researchers to adopt new ways of seeing that respect local Indigenous ways of knowing and adopt participatory approaches whereby knowledge remains under the control of the community. Although much progress has been made in this area, an enormous amount of effort is still required before Indigenous ways of knowing are properly acknowledged and represented in the research community (Cochran et al., 2008).

The purpose of this article is to document the responses of the Australian research community to the issue of inappropriate research in Indigenous communities. Specifically, we review national event, policies, and developments that have contributed to the experience of Indigenous health research in Australia. We describe the sequence of events that has raised awareness at a policy level for the need to

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utilize appropriate research methods, and the responses of Australian research authorities. The efforts made in Australia have responded to calls for culturally appropriate research, but we have a long way to go in securing practices that fully acknowledge Indigenous ways of knowing and equality in research partnerships.

The Experience of Indigenous Health Research in Australia

Indigenous researchers have noted that inappropriate and insensitive research has “led to a continuing oppression and subordination of Indigenous Australians in every facet of Australian society to the point that there is no-where that we can stand that is free of racism” (Rigney, 1999, p. 113).⁴ The inappropriate nature of research conducted on Australia’s Indigenous people prior to World War II has been described thoroughly elsewhere¹ (Rigney, 1997). As Dodson (1994) noted, “Since their first intrusive gaze, colonizing cultures have had a preoccupation with observing, analyzing, studying, classifying and labeling Aborigines and Aboriginality” (p. 3). Although driven by a more “altruistic” notion that Aboriginal culture needed to be documented before it ceased to exist, postwar research has remained intrusive and is often of little benefit to most Indigenous people (Australian Research Council [ARC], 1999). Research that carries risks to the health and welfare of the Indigenous participants has generally ceased, but unhelpful practices continue, including failure to obtain consent, exploitation of vulnerable participants, and negative consequences as a result of participation in research. More insidious, however, is the subtle problem of culturally insensitive research designs and methodologies that fail to match the needs, customs, and standards of Aboriginal communities. For instance, there are ample examples of contemporary research that has inappropriately required Aboriginal people to discuss sensitive topics that violate culturally determined gender roles or community structures of authority (Peters-Little, 1999).

This type of research has compounded the distance between Indigenous and non-Indigenous people in Australia; a distance that has resulted from over 200 years of historical exploitation and colonization (Moreton-Robinson, 2004; Peters-Little, 1999). Most importantly, these inappropriate research designs have reduced the validity and reliability of Indigenous research findings, thus minimizing the utility of any conclusions and preventing their translation into successful practice. Consequently, the Indigenous experience of research has been predominantly negative, both in terms of its processes and its outcomes. It is not surprising that Indigenous people in Australia generally view researchers with skepticism, and share an understandable reluctance to participate in research (Humphery, 2001).

Responding to Indigenous Health Research in Australia

The Australian approach to improving Indigenous research methods has previously been criticized for its reliance on written guidelines and rhetoric (Humphery, 2001) rather than the actual enforcement of sound research principles and practices. The prolific production of reports as a response to Indigenous health research issues has been strongly criticized by the National Aboriginal Community Controlled Health Organisation (1999) on the grounds that few of the recommendations have been adequately implemented to date. Fortunately, however, the last decade has seen numerous attempts to improve the management of Indigenous research in Australian communities. It has now been widely accepted in Australia that the current state of health in Indigenous communities no longer allows for the luxury of pure research: All research conducted in Indigenous communities must have substantial benefit for the community and applicability of findings.

In the 1970s and 1980s, the Australian government publicly endorsed Indigenous control and ownership of cultural and intellectual property. This trend shifted the role of gatekeeper from the administrators and academics to Aboriginal people themselves, forcing a paradigm shift in research methodology, albeit only for those who elected to adopt participatory approaches to their research (ARC, 1999). In 1986, a national conference titled “Research Priorities in Aboriginal Health” provided further impetus for ethical guidelines to govern the conduct and funding of research into Aboriginal and Torres Strait Islander health issues (NHMRC, 1991). Approved in 1991, these guidelines now form the basis of the NHMRC’s ethical criteria for Aboriginal and Torres Strait Islander research.

The guidelines document (NHMRC, 1991), although focused mostly on medical research, provided clear procedures for researchers in relation to (a) appropriate consultation prior to the initiation of research, (b) community participation in research, and (c) ownership of the data. Potential researchers were required to demonstrate that they had sought advice from appropriate local authorities in the community and that the community considered the research to be potentially useful and sensitive. Written consent was required from the community, and such consent was to be based on accessible information, personal discussions, and sufficient time for decision making. Furthermore, communities were to be reimbursed for any costs arising from the research. In terms of ownership, communities were given the right to receive feedback about the research findings, return of raw data, and control over the publication of results in any format.

In recognition of the damage that can be done by inappropriate research, the influential Royal Commission into Aboriginal Deaths in Custody (Aboriginal and Torres

Strait Islander Commission, 1991) recommended improvements to the process of research conducted in Indigenous communities. This report recognized that guidelines are insufficient unless attached to funding, and recommended that all research funding bodies adopt criteria based on the appropriateness of research methods. The Commission also recommended that funding of research should depend on the extent to which (a) the topic of the research had been defined by Aboriginal people, (b) the Aboriginal community had control over the conduct of the research, (c) the results of the research were reported back to the community in an understandable form, and (d) the research directly contributed to the formulation of further action in the Aboriginal community.

Within a few years, the major Commonwealth government research funding bodies—the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC)—had both recommended that any funded Indigenous research was to be based on proof of adequate negotiation with, and participation of, Indigenous people throughout the entire project life cycle. It was further recommended that a sound mechanism should be developed to ensure that research priorities were legitimately those of Indigenous people. It is not surprising, therefore, that the last few decades have seen the development of Indigenous research assessment panels and specific funding allocations for Indigenous health research. Currently, most Australian universities offer courses in Indigenous research methods and/or support an Indigenous research unit of some kind. Although these units have varying levels of involvement in reviewing and evaluating research proposals that involve Indigenous participants (Melville & Rankine, 2000), there is a widespread commitment to the application of appropriate research methodology and relationships.

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS, 2000) produced the most comprehensive set of guidelines for the conduct of ethical research in Indigenous studies. These guidelines, together with the insights offered by experienced researchers and Indigenous research organizations, can be synthesized to produce four major principles for successful and ethical research. These four principles include (a) demonstrated benefit and sustainable outcomes for the community, (b) the use of culturally sensitive procedures and methods, (c) the need for adequate and appropriate consultation with local communities, and (d) sufficient community involvement in and control over the entire research project. To support these principles, the AIATSIS research guidelines recommended that all researchers undertake training in cultural awareness. They highlighted the importance of identifying the appropriate custodians of knowledge, as some stories might be owned by particular individuals, and reproducing these stories might be disrespectful

(AIATSIS). However, the diversity and uniqueness of particular communities must be maintained as recognition that knowledge cannot be generalized to other communities or even to other groups within a single community (Kendall & Marshall, 2004).

According to the AIATSIS (2000) guidelines, research in Indigenous communities must involve a preliminary visit to the community to establish relationships and determine the written, oral, and unspoken protocols and behavioral norms of the community. The need to identify and meet with the most appropriate individuals, community groups, or organizations to consult was also highlighted. The actual conduct of research should be followed by an evaluation and feedback visit. The guidelines concluded that appropriate research would require considerable flexibility and time, as well as openness to issues such as the political implications of the research and other sensitive topics.

In 2000 the NHMRC (2000) adopted additional criteria for Indigenous research grants focused on the sustainability of interventions, the benefits of research, the transferability of findings into policy or practice, and the evaluation by the community of the utility of research findings. These steps have gone a long way toward improving the value of research; however, it is important to consider overt benefits of research. The potentially negative impact of the research process on Indigenous communities must also be recognized, particularly in Australia, where towns and people are easily identified. For instance, given the small context of many Indigenous communities in Australia and their complex internal structures (Hecker, Gordan, Delaney, Schuil & Capon, 1997), research participants can be easily identified and socially ostracized. On a broader scale, the impact of negative media publicity as a result of research findings has been damaging to the economic status of small Indigenous communities. As a result of negative publicity, many Indigenous Australian communities find themselves with little in the way of tourist trade, population growth, sustainable businesses, and opportunities for young people.

To support the time-consuming process of consultation in Indigenous communities, the NHMRC provided independent funding opportunities (NHMRC, 2002). A subsequent revision of the NHMRC guidelines for the conduct of Indigenous research (NHMRC, 2003) required researchers to develop research proposals that were ethically defensible against indigenous values. The document clearly outlined six values generated by Australian Indigenous communities: (a) spirit and integrity, (b) reciprocity, (c) respect, (d) equality, (e) survival and protection, and (f) responsibility. Thus, at all phases of the research process (i.e., conceptualization, analysis, development, writing, data collection and management, and dissemination), there must be a demonstration of how these values would be upheld. The document was intended to provide

a framework for communities, researchers, ethics boards, and funding bodies to evaluate the cultural sensitivity of research and its acceptability to the indigenous community. Stakeholders (including funding bodies) were encouraged to examine research against these values to determine the extent to which researchers have considered each issue.

To assist in this process, the 2003 NHMRC document outlines a number of questions for critical reflection. Thus, by enabling stakeholders (particularly funding bodies) to make informed decisions, the document has the potential to contribute substantially to promoting change. The requirement for research proponents to address these explicitly stated ethical values imposes an imperative for non-Indigenous researchers to consider how their research practice demonstrates these values. It also encourages reflection on the ways in which non-Indigenous researchers might begin the process of building trust well in advance of the research project.

Building on this theme of reflective practice, the Australian Health Ministers Advisory Council released the Cultural Respect Framework . This framework sought to embed cultural respect into all relevant activity. The Cultural Respect Framework recognized a set of principles that should guide practice of any kind, including research, in Indigenous communities. Specifically, the framework promoted holistic approaches that address the role of physical, spiritual, cultural, emotional, and social well-being; community capacity; and governance. It outlined the need for culturally appropriate forms of partnership and collaboration; being responsive to the needs of Indigenous people; and providing choice and community control, localized decision making, capacity building, and accountability. The principles were based on the assumption that practitioners require knowledge and awareness about indigenous culture, history, rights, and current experiences, as well as the necessary skills and behaviors to enact culturally appropriate protocols. Furthermore, it was acknowledged that practitioners needed to develop strong community relationships that focused on upholding and securing cultural rights. Finally, the framework highlighted the importance of equity of outcomes for Indigenous individuals and communities.

From Principles to Epistemology and Relational Ethics

This chronology of the developments in Australia demonstrates that much of the non-Indigenous response to inappropriate Indigenous research has been targeted at the level of research methodology rather than philosophy or worldview. In recent years, there has been a shift toward the production of documents that encourage reflection and more active engagement with Indigenous communities. However, the process has fallen short in terms of two

important shifts that are necessary to improve Indigenous research, namely (a) an epistemological reframing of knowledge to ensure that Indigenous ways of knowing are valued, and (b) recognition of a relational model of ethics to underpin participatory practice in Indigenous communities. These two features are further described below.

Epistemology vs. Methodology

It is clear in Australia that the distinction between methodology and epistemology has not been fully recognized in efforts to reform research with Indigenous communities. Epistemology is the understanding of the knowledge that one adopts and the philosophy with which knowledge and efforts to gather knowledge are approached. The mere adoption of an acceptable method is not sufficient to ensure that the underlying philosophy of the research is appropriate. In this regard, indigenous knowledge is often devalued by calls to integrate it with modern scientific knowledge in the search for solutions to environmental, social, or health issues. According to Michie (1999), Indigenous knowledge could exist independently of Western scientific knowledge, and might provide viable solutions that do not require scientific verification.

For non-Indigenous Australians to achieve the level of intercultural engagement required to make the necessary paradigmatic shifts in research practice, a process of decolonization (Moreton-Robinson, 2004; Smith, 1999) must be undertaken. Decolonization involves the researcher in the lengthy process of learning about and acknowledging the specific historical facts and experiences of colonization that have affected the way our first peoples live today, as well as learning about the social and cultural values and worldviews of Australia's diverse Aboriginal peoples. This knowledge is integral to the researcher's capacity to communicate respectfully and effectively so as to avoid the misunderstandings that lead to failure (Lui, 1998).

Recognition of the need for decolonization in our research practices is an important step toward an appropriate epistemology. Indeed, Indigenous groups across the world are asserting the validity of their own ways of knowing and being in the pursuit of the next step in the decolonization process, namely dehegemonization; i.e., legitimizing non-Western ways and cultures as a meaningful form of knowledge (Gegeo & Watson-Gegeo, 2001; Kahakalau, 2004). Epistemological recognition is critically important when one considers the fact that outsiders are likely to represent the culture of another community differently to the way insiders might represent that culture. Outsiders will use different frameworks and perspectives from which to gather, interpret, and appreciate the knowledge. As a result, they will reach different conclusions and develop inappropriate solutions on the basis of the knowledge that was generated. In an important review of

this topic, Barton (2004) demonstrated how knowledge that is constructed by the owners of the knowledge, or even coconstructed with a researcher, can be distinguished from knowledge that is reconstructed by non-Indigenous researchers.

The notion of epistemology underpinned the development of an indigenist⁵ research paradigm in Australia in 1997. Indigenist research is based on the notion that research participants should be provided with an opportunity to voice their experiences using their own preferred method. By doing so, research can inform the Indigenous Australian struggle for self-determination rather than simply describing the problems. As argued by a well-known Australian Indigenous researcher (Rigney, 1997), indigenist research is an important aspect of Indigenous healing. A fundamental principle of indigenist research is its focus on identifying and challenging the oppressive elements of life for Indigenous Australians with the purpose of supporting the improvement of personal, community, cultural, and political arenas of Indigenous life.

To adopt an indigenist paradigm, researchers must be committed to understanding, engaging with, and addressing issues that contribute to the oppression of Indigenous Australia (Rigney, 2001), including the domination of research by non-Indigenous researchers. Research should be based on the notion of collective ownership of the research processes and outcomes. Shared cultural knowledge between an Indigenous researcher and the Indigenous community, in conjunction with a shared interest in collaborating to improve the Indigenous situation, creates a unique partnership that can initiate important social change.

Relational Ethics: Respectful Participatory Approaches

For non-Indigenous researchers, who do not have ready access to Indigenous knowledge, the indigenist research paradigm necessitates both a reflective and relational approach based on respectful and ethical interactions (Barton, 2004). Important frameworks, such as the Cultural Respect Framework, require an ethical foundation from which interactions with Indigenous communities can be directed, and relational processes through which research activity can be negotiated. At present, however, ethical frameworks in Australia remain constrained by the model of scientific “risk” analysis. Indeed, “ethics” as a practice is frequently portrayed in public discourse as an area of expert practice that seeks to provide externally imposed solutions to particular moral questions, issues, and dilemmas.

Some contemporary approaches to applied ethics have emerged in Australia and elsewhere that are focused on the use of social strategies to ensure that “all citizens may flourish, even those who are weak and vulnerable”

(Isaacs, 2002, p. 4). Notable areas in which this relational (or transformative) approach to ethics has been applied include feminism, environmental development, and community engagement (Isaacs & Massey, 1994; Urban-Walker, 2008). Clearly, there is a place for this model of ethics in Indigenous research. The approach requires persons—particularly those in positions of responsibility and power—to develop critical and interpersonal sensibilities or worldviews that are not commonly promoted in modern consumer societies (Marcuse, 1969/1972; Smythe, 1981, p. xv). The focus of this model of ethics is to promote enduring social relationships—rather than one-off responses to written (ethical) guidelines—that contribute to an “ethical form of life” (Isaacs & Massey, 1994, p. 2).

Similarly, May (1992) argued that an ethical way of life is concerned not just with an immediate or isolated response to a given problem, issue, or dilemma, but with a general condition of responsiveness to others in our day-to-day relationships. This type of ethics “in the everyday” broadens not only the scope of the practice of ethics as we commonly understand it, but also the range of people who are regarded as being responsible for questions of ethics. As May stated (pp. 91-92),

An ethic of responsibility calls for people to be sensitive and responsive for those whom they have harmed or those whom they could help. The call for sensitivity carries with it a call for attention to the details of one’s own life and the lives of those with whom one comes in contact. Rather than paying attention to what it is that we all share in common, for instance our “humanity,” an ethic of responsibility calls for us to pay attention to what is unique and even peculiar about one another. To gain this knowledge, we cannot be armchair theorists; rather, we must find out about the world, both the facts of the world that various people inhabit and the facts of how individuals respond to that changing world. This means that the social facts of how people in a certain situation relate to each other and affect each other, as well as how people’s attitudes and desire are affected by such interaction, need to be taken quite seriously. . . . The concept of responsibility seems especially well suited to problems in applied ethics (such as those in professional or business ethics) because it has an inherently social dimension, namely, that it is responsive to the way individuals relate to each other (as we have seen) and to the way individuals relate to groups.

The most significant response to the call for relational approaches to research is participatory action research (PAR). PAR simultaneously contributes to knowledge for the social sciences and to social action in everyday life. The method relies on a strong scientific basis, but evolves in a cyclical fashion in response to the accumulation of evidence. Thus, the research progresses in iterative cycles that consist of clearly defined phases, namely definition, planning, action, evaluation/observation, and reflection/revision

(O'Brien, 1998). Most importantly, PAR focuses on the process by which knowledge and shared understanding is generated to mobilize collaborative action for change. Central to the approach is the collective ownership of the research processes and outcomes. Thus, although the practice of PAR can differ, in its most extreme form it is conducted within the context of a respectful relationship between researchers and those who are the focus of the research. Research becomes a process for change driven by those most affected by the topic, and researchers become facilitators rather than experts.

The value of the PAR approach in Indigenous communities was recognized in 1977 in Canada (Hall & Lindzey, 1978), and has been described as emancipatory research because of the positive impact it can have on communities (O'Brien, 1998). Unfortunately, however, there has been a lack of exposure, training, and preparation for community-based participatory action research in Australia (Sunderland, Catalano & Kendall, 2009), leading to poor implementation. Further, the academic environment has not accommodated PAR by recognizing the additional time and effort required on the part of PAR researchers. For the most part, therefore, Indigenous participation in research has continued to be tokenistic, limited to superficial attendance at meetings or inclusion in steering committees.

In one of the most interesting studies of PAR as a process, van der Velde, Williamson, and Ogilvie (2009) examined qualitative data collected from those who participated in community-based PAR projects. They searched for evidence of PAR's ability to deliver its four main tenets, namely participation, learning, empowerment, and social action. They concluded that the challenge to PAR was participation, as it was the gateway to all other benefits. Stimulating initial participation and then supporting and maintaining ongoing active participation was critical. The remaining tenets were clearly a consequence of meaningful participation opportunities. Furthermore, the importance of several successive PAR cycles was highlighted in that the level and breadth of participation increased with each cycle.

By reviewing experiences of participants across several cultures, these researchers (van der Velde et al., 2009) revealed the individual nature of participation and confirmed that the methods used by researchers should be negotiated with each community. However, there were also several similarities in terms of strategies for promoting participation, including sustaining an environment of mutual respect and openness, demonstrating flexibility in adapting a project to work at the pace of participating communities, involving the community from the beginning, and incorporating community members' physical and intellectual resources. Unfortunately, these strategies are challenging for many researchers, given the constraints imposed by ethics boards, funding bodies, and time or cost restrictions. For this reason, a great deal of research

is labeled as PAR but is really little more than consultation. However, when conducted in accordance with the recommended method, PAR raises a number of new challenges for researchers, the most significant of which is moral distress (see Sunderland et al., 2009; Sunderland, Catalano, Kendall, McAuliffe, & Chenoweth, 2010). Moral distress is a well-recognized phenomenon in health care, defined as

painful feelings that occur when, because of institutional constraints, the [practitioner] cannot do what he or she perceives to be what is needed. Such feelings involve perception of moral responsibility and of the degree to which a person views herself or himself as individually responsible or as restricted by circumstances. (Jameton, 1984, as cited in Corley, Elswick, Gorman, & Clor, 2001, p. 251)

In PAR, the distinction between researcher and the researched is deliberately blurred to maximize participation, but this alters the nature of the relationships. The close social proximity between researchers and community members creates dilemmas for all parties, giving rise to circumstances that can generate moral distress. For instance, researchers have to adopt multiple roles in response to multiple partners (e.g., university, funding bodies, industry partners, community). This blurring of roles creates tensions for PAR researchers (i.e., balancing the needs of research participants with the funding bodies, describing PAR processes for academic journal articles and granting bodies). Constant tension caused by moral distress has been found to lead to burnout, withdrawal from the research project, distressing interactions with the community, or even withdrawal from Indigenous research altogether (Corley et al., 2001). These issues present significant challenges for researchers and universities that seek to develop responsive approaches to and understandings of Indigenous research by nonindigenous researchers. Phenomena such as moral distress are, however, a reality of much participatory research, and must therefore be factored into future frameworks for research that involves close social connections and relationships between researchers and community participants.

Beyond Participatory Research to Negotiated Agreements

Some forms of PAR clearly provide a potentially suitable response to the need for appropriate consultation and ownership of Indigenous research processes. However, as the implementation of PAR varies considerably, and researchers are left without guidance about how to proceed when tensions are encountered, a more active response is needed. Relational ethics requires that the rules and

methods for the conduct of the research are not prescribed in advance, but rather, are negotiated with full recognition of the limits of power on all parts. As concluded by Bourke (2008, p. 14), “the researchers . . . need to know their limits of sharing power and decisions at the outset and negotiate these before entering projects.”

An important development that is becoming more common in Australia in recent years is the negotiated Indigenous research agreement. Such agreements are a logical extension of participatory action research, but are based firmly on the notion of community ownership of research. A recent example of a negotiated research agreement was documented by Barnett and Kendall (2010). In response to the high rate of Indigenous suicides in a regional community of Australia, a local partnership was formed and became known as the Critical Reference Group (CRG). Teams of researchers were deliberately sought to engage in the process of finding local solutions.

In managing this research process, the CRG developed a long-term prevention research agenda in collaboration with the university. A formal research memorandum of understanding was negotiated between the research partners, reflecting their mutual desire for informed community action and a commitment to the translation of research knowledge into practice. The agreement described the relationship between the CRG and the university in terms of requirements and expectations. It outlined the community requirements with regard to the research methods and the contribution of Indigenous knowledge. It articulated assurance that the data would be utilized in accordance with community requirements and in a way that respected the public perception of the community. The document also contained descriptions of the publication and funding process, the requirement for researchers to publish, and the limits of the research capacity. Through this agreement, the interests of both parties were respected, accountability was facilitated, and the wider audiences of the indigenous community and the academic sector were engaged. This type of negotiated research agreement between a community and a university is still relatively unique and innovative, although several examples do exist.

Conclusions

When considering the type of evidence-based interventions that are likely to be appropriate in the struggle to eliminate health disparities, Leung, Marshall, and Wilson (2007, pp. 259-260) concluded,

Our objective is to achieve culturally grounded knowledge and that requires that we constantly check our research strategies and our data interpretations along with soliciting feedback from colleagues, from community research partners, and from research

participants. This objective requires that we stay informed of both the history and the present social, cultural, and political circumstances of those we hope to help.

If this objective is to be realized, it is crucial for Australia to continue working toward a point of research maturity at which non-Indigenous researchers are not only encouraged to work collaboratively with Indigenous researchers, adhere to high ethical standards, and adopt meaningful methods, but also to examine the epistemologies that underlie their work and the ways in which they relate to entire Indigenous communities.

There is no doubt that current research method training fails to instill sufficient tolerance for and appreciation of the ambiguity and fluidity that is required if research is to address indigenous needs adequately. Acceptance of Indigenous ways of knowing by nonindigenous educators, researchers, and practitioners who operate predominantly within Western contexts will bring time-consuming and fundamentally life-altering challenges. The steps currently being taken in Australia, however, represent a first move toward expanding the notion of empiricism that will allow us to accept alternative ways of knowing and doing when designing research and services in Indigenous communities (Cochran et al., 2008). Although considerable progress has been made toward a general acceptance that research methods need to change in Indigenous communities (Davis et al., 2002), we must move beyond the rhetoric of participatory research toward a model of research in which Indigenous knowledge, processes, and ways of knowing are respected and—as much as is possible—understood, felt, and acknowledged through relational ethical frameworks, appropriate epistemology, and negotiated agreements.

Research processes that seek a fully negotiated model of community ownership involve a paradigmatic shift from positivist scientific principles of objectivity to research frameworks that construct knowledge through relational ethics and have the intent of addressing social inequities (Bourke, 2008). According to Smith (1999), the central goal of any Indigenous research agenda or project should be self-determination, because this concept simultaneously engages the processes of decolonization, transformation, healing, and mobilization. Some Indigenous researchers have gone one step further in this assertion, concluding that research must dehegemonize as well as decolonize. Indigenous Australian researchers (Matthews, 2010) have concluded that research must address the fact that Indigenous people were not considered human until the 1960s, and that Australia was regarded as “*Terra Nullius*,” meaning land belonging to no one. These early conceptualizations of Indigenous people were based on the view that they had no rights and that their land could simply be

occupied without permission. Although we have come a long way from these definitions in our research practices, this culture continues to permeate our actions. If we use Matthews' recommendation as a starting platform for all Indigenous research, then we still have a long way to go in Australia.

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Notes

1. In this article, the word *Indigenous* refers to the diverse cultures that comprise the Aboriginal and Torres Strait Islander peoples of Australia. The term is capitalized to recognize its use as a noun that describes a particular cultural group rather than as a "common" usage adjective. This is the preferred usage of the term in Australia.
2. In Australia there is a clear distinction between two indigenous peoples—Aboriginal and Torres Strait Islanders. Although not preferred, the collective term *indigenous* is often used to describe both groups, and is the term used in this article.
3. Rigney (1997) is a critical indigenous researcher in Australia who contributed to a "revolution" of methodology for indigenous research. Smith (1999) played a similar role in our neighboring New Zealand. Although dated, these references continue to be influential in the field.
4. See also Moreton-Robinson (2004) for further discussion of the continuing colonization of indigenous Australians.
5. *Indigenist* is the term given to this new approach to research by its founder, Rigney (1997), and is used as a noun to describe the philosophical approach, as one would use the term *feminist research*.

References

- Aboriginal and Torres Strait Islander Commission. (1991). *Royal Commission into Aboriginal Deaths in Custody*. Retrieved from <http://www.austlii.edu.au/au/other/IndigLRes/1993/1/20.html>
- Altman, J. Biddle, N., & Hunter, B. (2004). *Indigenous socioeconomic change 1971-2001: A historical perspective*. (CAEPR Paper No. 266). Canberra, Australia: Centre for Aboriginal Economic Policy Research, The National University. Retrieved from <http://hdl.handle.net/1885/42675>
- Australian Institute of Aboriginal and Torres Strait Islander Studies. (2000). *Guidelines for ethical research in indigenous studies*. Canberra, Australia: The Institute. Retrieved from <http://www.aiatsis.gov.au/research/docs/ethics.pdf>
- Australian Research Council. (1999). *Research of interest to Aboriginal and Torres Strait Islander peoples*. (Commissioned Report No. 59). Canberra, Australia: AusInfo. Retrieved from http://www.arc.gov.au/pdf/99_05.pdf
- Barnett, L., & Kendall, E. (2010). *The life promotion project: An indigenous community response to youth suicides in Mackay*. Rotary Health Project Report. Mt Gravatt, QLD, Australia: Griffith University.
- Barton, S. (2004). Narrative inquiry: Locating Aboriginal epistemology in a relational methodology. *Journal of Advanced Nursing*, 45(5), 519-526. doi:10.1046/j.1365-2648.2003.02935.x
- Bourke, L. (2008). Reflections on doing participatory research in health: Participation, method and power. *International Journal of Social Research Methodology*, 12(5), 457-474. doi:10.1080/13645570802373676
- Cochran, P., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R.M.S. (2008). Indigenous ways of knowing: Implications for participatory research and community. *American Journal of Public Health*, 9(1), 22-27. doi:10.2105/AJPH.2006.093641
- Corley, M. C., Elswick, R. K., Gorman, M., & Clor, T. (2001). Development of a moral distress scale. *Journal of Advanced Nursing*, 33(2), 250-256. doi:10.1111/j.1365-2648.2001.01658.x
- Davis, J. D., Erickson, J. S., Johnson, S. R., Marshall, C. A., Running Wolf, P., & Santiago, R. L. (Eds.). (2002). *Work Group on American Indian Research and Program Evaluation Methodology (AIRPEM), Symposium on Research and Evaluation Methodology: Lifespan issues related to American Indians/Alaska Natives with disabilities*. Flagstaff, AZ: Northern Arizona University, Institute for Human Development, Arizona University Center on Disabilities, American Indian Rehabilitation Research and Training Center. doi:10.2105/AJPH.2006.093641
- Dodson, M. (1994). *The Wentworth lecture: The end in the beginning*. (Australian Aboriginal Studies, No. 1.). Canberra, Australia: Aboriginal Studies Press. Retrieved from <http://www.columbiauniversity.org/itc/polisci/juviler/pdfs/dodson.pdf>
- Gegeo, D. W., & Watson-Gegeo, K. A. (2001). "How we know": Kwara'ae rural villagers doing indigenous epistemology. *Contemporary Pacific*, 13(1), 55-88. Retrieved from <http://scholarspace.manoa.hawaii.edu/bitstream/10125/13317/1/v13n1-55-88.pdf>
- Hall, C. S., & Lindzey, G. (1978). *Theories of Personality* (3rd ed.). New York: Wiley & Sons.
- Hecker, R., Gordan, E., Delaney, S., Schuil, C., & Capon, A. (1997). The benefits of participatory evaluation methods in evaluating aboriginal health programs. In R. Hecker, E. Gordon, S. Delaney, C. Schuil, & A. Capon (Eds.), *Equipping communities and government conference. Australasian Evaluation Society* (pp. 279-284). Curtin, Australia.
- Humphery, K. (2001). Dirty questions: Indigenous health and Western research. *Australian and New Zealand Journal of Public Health*, 25(3), 197-202. doi:10.1111/j.1467-842X.2001.tb00563.x

- Isaacs, P. (2002). *Applied ethics research methods*. Unpublished student notes, Queensland University of Technology, Queensland, Australia.
- Isaacs, P., & Massey, D. (1994, February). Mapping the applied ethics agenda. Paper presented at the *Third Annual Meeting of the Association for Practical and Professional Ethics*, Cleveland, Ohio.
- Kahakalau, K. (2004). Indigenous heuristic action research: Bridging Western and indigenous research methodologies. *Hulili: Multidisciplinary Research on Hawaiian Well-being*, 1(1), 19-33.
- Kendall, E., & Marshall, C. (2004). Factors that prevent equitable access to rehabilitation for Aboriginal Australians with disabilities: The need for culturally safe rehabilitation. *Rehabilitation Psychology*, 49(1), 5-13. doi:10.1037/0090-5550.49.1.5
- Leung, P., Marshall, C. A., & Wilson, K. (2007). Rehabilitation research from a multicultural perspective. In P. Leung, C. R. Flowers, W. B. Talley, & P. R. Sanderson (Eds.), *Multicultural issues in rehabilitation and allied health programs* (pp. 240-265). Linn Creek, CO: Aspen Professional Services.
- Lui, G. (1998). *Mina Mir Lo Ailan Mun: Proper communication with Torres Strait Islander peoples*. Department of Aboriginal and Torres Strait Islander Policy and Development. Canberra: Australian Government. Retrieved from <http://www.atsip.qld.gov.au/everybodys-business/protocols-torres-strait-islander/documents/minamir.pdf>
- Marcuse, H. (1969/1972). *An essay on liberation*. Ringwood, VIC, Australia: Penguin Books.
- Matthews, C. (2010). *Ethics in indigenous research*. Unpublished report, Griffith University Research Ethics Committee, Griffith University, Queensland, Australia.
- May, L. (1992). *The socially responsive self: Social theory and professional ethics*. Chicago: University of Chicago Press.
- Melville, J., & Rankine, P. (2000). Where to now? Issues in the management of indigenous research in higher education. *Issues in Educational Research*, 10(1), 67-76. Retrieved from <http://www.iier.org.au/iier10/melville.html>
- Michie, M. (1999). *Where are indigenous peoples and their knowledge in the reforming of learning, curriculum and pedagogy?* Paper presented at the meeting of the 5th UNESCO-ACEID International Conference on Reforming Learning, Curriculum and Pedagogy: Innovative Visions for the New Century. December 13-16, Bangkok, Thailand.
- Moreton-Robinson, A. (2004). Whiteness, epistemology and indigenous representation. In A. Moreton-Robinson (Ed.), *Whitening race: Essays in social and cultural criticism* (pp. 75-88). Canberra, Australia: Aboriginal Studies Press.
- Moreton-Robinson, A. M., & Walter, M. (2009). Indigenous methodologies in social research. In M. Walter (Ed), *Social research methods* (pp. 1-18). Melbourne, Australia: Oxford University Press.
- National Aboriginal Community Controlled Health Organisation. (1999, March). *Aboriginal community controlled health services*. Paper presented at the National Rural Health Conference, Adelaide, Australia.
- National Health and Medical Research Council. (1991). *Guidelines on ethical matters in Aboriginal and Torres Strait Islander research*. Retrieved from http://www.nhmrc.gov.au/_files_nhmrc/file/health_ethics/ahec/history/e11.pdf
- National Health and Medical Research Council. (2000). *Criteria for health and medical research of indigenous Australians*. Canberra, Australia: Author.
- National Health and Medical Research Council. (2002). *The NHMRC road map: A strategic framework for improving Aboriginal and Torres Strait Islander health through research*. Canberra, Australia: Author. Retrieved from <http://www.nhmrc.gov.au/publications/pdf/r28.pdf>
- National Health and Medical Research Council. (2003). *Research values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*. Canberra, Australia: Author. Retrieved from http://www.nhmrc.gov.au/_files_nhmrc/file/health_ethics/human/conduct/guidelines/e52.pdf
- O'Brien, R. (1998). *An overview of the methodological approach of action research*. Retrieved from <http://www.web.net/~robrien/papers/arfinal.html>
- Peters-Little, F. (1999). *The community game: Aboriginal self-definition at the local level*. Discussion Paper. Canberra, Australia: Australian Institute of Aboriginal and Torres Strait Islander Studies. Retrieved from <http://www.aiatsis.gov.au/research/docs/dp/DP10.pdf>
- Rigney, L. (1997). Internationalisation of an indigenous anti-colonial cultural critique of research methodologies: A guide to indigenist research methodology and its principles. *Proceedings of the HERDSA Annual International Conference, Research and Development in Higher Education: Advancing International Perspectives*, 20, 629-636. Retrieved from <http://www.jstor.org/stable/1409555>
- Rigney, L. I. (1999). The first perspective: Culturally safe research practices on or with indigenous peoples. In G. Oetelaar, T. Peck & E. Siegfried (Eds.), *Indigenous people and archaeology, Proceedings of the 32nd Annual Conference of the Chacmool Archaeological Association* (n. p.). Calgary, AB, Canada: Chacmool Archaeological.
- Rigney, L. I. (1999). A first perspective of indigenous Australian participation in science: Framing indigenous research towards indigenous Australian intellectual sovereignty. *Kaurna Higher Education Journal*, 8, 1-13. Retrieved from http://law.anu.edu.au/ncis/Rigney_Goduka.pdf
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London: Zed Books.
- Smythe, D. W. (1981). *Dependency road: Communications, capitalism, consciousness, and Canada*. Westport, CT: Greenwood Press.
- Sunderland, N., Catalano, T., & Kendall, E. (2009). *Moral distress in community based research*. Unpublished report, Research Centre for Clinical Innovation and Community Practice, Griffith Health Institute, Griffith University, Queensland, Australia.

- Sunderland, N., Catalano, T., Kendall, E., McAuliffe, D., & Chenoweth, L. (2010). Exploring the concept of moral distress with community based researchers: An Australian study. *Journal of Social Services Research*, 37(1), 73-85. doi:10.1080/01488376.2011.524526
- Urban-Walker, M. (2008). *Moral understandings: A feminist study in ethics*. London: Routledge.
- van der Velde, J., Williamson, D. L., & Ogilvie, L. D. (2009). Participatory action research: Practical strategies for actively engaging and maintaining participation in immigrant and refugee communities. *Qualitative Health Research*, 19(9), 1293-1302. doi:10.1177/1049732309344207
- Zubrick, S. R., Silburn, S. R., de Maio, J. A., Shepherd, C., & Griffin, J. A. (2006). *The Western Australian Aboriginal Child Health Survey: Improving the educational experiences of Aboriginal children and young people*. Perth, Australia: Curtin University of Technology and Telethon Institute of Child Health Research.

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