

Making an impact researching with Australian Aboriginal and Torres Strait Islander peoples

Bronwyn Fredericks, Department of Epidemiology and Preventive Medicine, Monash University; the Centre for Clinical Research Excellence, Queensland Aboriginal and Islander Health Council; and the Indigenous Studies Research Network, Queensland University of Technology

Bronwyn.Fredericks@med.monash.edu.au

Abstract

There has been a long history of research conducted on Aboriginal and Torres Strait Islander peoples. There has been a plethora of reports, books, articles and theses generated. Some of these have been useful and informed policy and programs that have impacted positively the lives of Aboriginal and Torres Strait Islander peoples. Some have not. As a result of the amount of research that has taken place, Aboriginal and Torres Strait Islander peoples have a wealth of experience and knowledge about research. So much so, that Indigenous people write about it, talk about it, tell jokes about it, get angry about it and as Smith indicates “even write poetry about research” (1999, p. 1). This paper will explore some of the issues experienced by Aboriginal and Torres Strait Islander peoples. It will additionally highlight some of the more recently published documents that address researching with Aboriginal and Torres Strait Islander populations and highlight some of the new research developments which impact this research. Moreover, it will stress that when research is undertaken in ways that are suggested that it can have a positive impact on the lives of Aboriginal and Torres Strait Islander peoples.

This article has been peer-reviewed and accepted for publication in *SLEID*, an international journal of scholarship and research that supports emerging scholars and the development of evidence-based practice in education.

© Copyright of articles is retained by authors. As an open access journal, articles are free to use, with proper attribution, in educational and other non-commercial settings.
ISSN 1832-2050

Introduction

Aboriginal and Torres Strait Islander peoples have generally been the objects of Indigenous research in Australia as has our art, dance, stories, artifacts, music and bodies. This is not unique to Australia, as the experience has been similar for other Indigenous peoples of the world. As a group of peoples, we are generally regarded as the “most researched group in the world” (Aboriginal Research Institute [ARI] 1993, p. 2). Smith additionally argues this point (1999, p. 3) and states that “The word itself, ‘research’ “is probably one of the dirtiest words in the indigenous world’s vocabulary” (1999, p. 1). Despite this, there are now increasing numbers of Australian Aboriginal and Torres Strait Islander people entering the landscape of research as researchers. Just joining in with the research does not mean that we (Indigenous people) are Aboriginal researchers, Torres Strait Islander researchers or Indigenous researchers. It may mean we are should be seen as an Aboriginal

person who undertakes research. There is a difference. This difference is determined in how we undertake our research work and how we see ourselves within the community (Nakata, 1998; Rigney, 2001). There are lessons here to be learned for non-Indigenous people too. The landscape of Indigenous research is changing quickly in some areas with Aboriginal and Torres Strait Islander people seeking research that embeds community control and self-determination as research principles and where research priorities and processes are established within the communities who participate in the research. This is contrast with Indigenous research of the past. This paper will explore some of these issues, and present one of the new models of collaborative community controlled research. While the model is situated within the health services sector it has applications in numerous other arenas based on the inherent principles that underlie its development and operation. It has learning that is appropriate for Aboriginal and Torres Strait Islander research that is to make an impact in the future.

Research history

There has been a long history of research conducted on Aboriginal and Torres Strait Islander peoples. It is often said that Australia's Indigenous peoples are the most researched people in the world or referred to as the most researched group in the world (ARI, 1993, p. 2; Smith, 1999, p. 3). Historically, the vast majority of this research has been carried out by, non-Indigenous people. Some of this research has been invasive into Aboriginal and Torres Strait Islander people's lives and communities, and has been undertaken without permission and without regard to Aboriginal and Torres Strait Islander peoples' rights to participate, or not to participate. In some circumstances communities have not been aware that non-Indigenous people have undertaken research while within their communities. Cruse puts it simply when she states "Many researchers have ridden roughshod over our communities, cultures, practices and beliefs, and we are now in a position to prevent this from continuing" (Cruse, 2001, p. 27). Questions have been raised for many years by Aboriginal peoples, about research, which has been and continues to be undertaken in their communities. Aboriginal peoples have been weighed, given blood, urine, faeces and hair samples, given their stories, explained their existence, been interviewed, questioned, observed, followed, interpreted, analysed and written about for years. From the data reports, books and theses have been generated. Papers have been delivered at conferences and journal articles published.

In the 1970s Australian Aboriginal and Torres Strait Islander peoples began to voice more strongly concern as to what was happening in research. In more recent times, issues have been articulated regarding some of the inappropriate and offensive methodological instruments that have been used and reports presented in ways that were not useable by the communities they were written about. In particular higher education institutions in Australia have become sites where others have assumed ownership of our knowledges, ways of being and doing; other sites where this has occurred are museums, libraries and art galleries. In the late 1980s and the 1990s, several publications and statements included issues regarding research with and within Aboriginal and Torres Strait Islander communities. These have continued to become refined and more than ever before we as Aboriginal and Torres Strait Islander peoples have been actively engaged in determining who, what, where, when and how research will take place and the conditions under which it should take place. This is not to say that inappropriate research does not take place. Research has become very much part of our contemporary lives, we write about it, talk about, tell jokes about it, and as Smith indicates "indigenous people even write poetry about research" (Smith, 1999, p. 1).

Joining in the research landscape

Smith states that, “Indigenous researchers are expected, by their communities and by the institutions which employ them, to have some form of historical and critical analysis of the role of research in the indigenous world” (1999, p. 5). Here Smith implies that in Australia as an Aboriginal or Torres Strait Islander person who wishes to be called an Indigenous researcher, we need to have more than an understanding of the past research undertaken on and or with Indigenous peoples and communities. It also implies that in the context of my research work with Aboriginal and Torres Strait Islander people that I need to work out within myself the role of research as it relates to Indigenous peoples and communities today, within a contemporary context. I need to work out what it means to be both subject and object. While this expectation is one that I have encountered, it is not one that the university sector and the research academy provided training or preparation for me or other Aboriginal and Torres Strait Islander people to be able to meet. There is a further expectation that is placed upon us, as we are still expected to know the way the Western academy undertakes scholarship and the protocols of the racialised spaces that are universities.

I was never formally prepared within the rooms in which I sat to be an Indigenous researcher. I was prepared to be an Indigenous person who would know how to teach and research using western frameworks that can further colonise and act out imperial measures on Aboriginal knowledges, and Aboriginal ways of being and doing. I have been well trained in the Western academy and specific disciplinary methodologies. In this way, I, as an Aboriginal woman, and Indigenous researcher engaged in research, must be extremely careful. If as an Indigenous researcher, I do not interrogate what I learn, how I use processes and methodologies, I can assist in perpetuating what I and others have been saying the colonisers have done and still continue to do. I have the capacity to enact the white perspective as a position of neutrality and not as a cultural disposition and that which is given privilege.

Some Indigenous researchers such as Rigney (1997, 2001) and Warrior (1995, 1999) give varied suggestions as to how best research Indigenous peoples and determining what is Indigenous research and who are Indigenous Researchers. They both discuss ways of decolonising, re-positioning and supporting Indigenous knowledges. Rigney (1997, p. 2) suggests the principles of an Indigenist methodology, as a, “step toward assisting Indigenous theorists and practitioners to determine what might be an appropriate response to de-legitimise racist oppression in research and shift to a more empowering and self-determining outcome” (1997, p. 2). Rigney’s work builds on the scholarship from the work of a number of African-American researchers (for example Asante, 1987, 1988, 1990) who discuss Afrocentric emancipatory methodology while critiquing dominant epistemologies. Asante’s work in particular provides inspiration for viewing and challenging knowledge usage and positionings of marginalised peoples. Rigney (2001) additionally builds on the work of Warrior whose research efforts have stressed the need for Indigenous intellectual sovereignty. He maintains that Native American intellectual traditions need the freedom to break away from the constraints of the Western academy (p. 11). In his argument Warrior outlines that sovereignty is the path to freedom via a process of emergence for Indigenous peoples, as a group or collective (1995, p. 91). He provides direction that intellectual sovereignty is a process; it is not about outcome (1995, p. 91). It is about the speaking,

reflecting and articulation through a range of means about the Indigenous struggle and what strategies to freedom are needed. Rigney in his interpretation of Warrior's writings outlines that,

If Indigenous intellectual sovereignty is to be emancipatory, it must be 'process driven' rather than outcome oriented ... it is now for Indigenous scholars committed to sovereignty to realise that we too must struggle for intellectual sovereignty and allow for the definition and articulation of what that means to emerge as we critically reflect on our struggle (2001, p. 10).

Nakata explains that one issue for Indigenous scholars is how to speak back to the knowledges that have been formed around what is perceived as Indigenous positionings within Western worldviews (1998, p. 4, 2007). Nakata essentially asks us as Indigenous scholars 'how do we speak to what is known about us, written about us and not owned by us?' Nakata (1998) and Rigney (1997, 2001) outline that we as Australian Aboriginal and Torres Strait Islander peoples and as Indigenous researchers within the research academy need to challenge what is written about us and what knowledges are controlled about us, otherwise we will continue to perpetuate the untruths and the ways in which we are marginalised, minimised, misrepresented, represented and devalued. Rigney states that, "sadly, the legacy of racialisation and its ideology continue to re-shape knowledge construction of Indigenous Peoples via colonial research ontologies, epistemologies and axiologies which is so fundamentally subtle and 'common sense'" (1997, p. 6).

Hence, if we as Indigenous peoples are to bring about change to the way people think about us, and know us as Aboriginal and Torres Strait Islander peoples in theoretical and learnt settings; we must be part of these environments. We must challenge the current knowledge bases and ways of acquiring knowledge about us. In this, we must challenge the research academy. In this challenging Rigney asserts that we as "Aboriginal researchers who wish to construct, re-discover and/or re-affirm Indigenous knowledges must function in traditions of classical epistemological methods of physical and/or the social human sciences" (1997, p. 6). Nakata argues that, "In order to understand our position better and to ultimately act to improve it, we must first immerse ourselves in and understand the very systems of thought, ideas and knowledge that have been instrumental in producing our position" (1998, p. 4). This is not to say that we need to embrace or fit within the classical epistemological methods of these sciences. We do need to know how these sciences are constructed. We need to know how they are used and how they impact us as Aboriginal and Torres Strait Islander peoples. If we do not, we serve to assist in further colonisation. We thus assist in perpetuating the racialised knowledge bases against ourselves and other Aboriginal and Torres Strait Islander peoples. Sadly, there are Aboriginal and Torres Strait Islander people who dwell within the education sphere who operate within this framework.

My own work joins the growing body of scholarship with regards to research within Aboriginal and Torres Strait Islander communities and with Aboriginal and Torres Strait Islander peoples (Fredericks, 2008, 2007a&b). This joins the plethora of research that has been undertaken on and about Aboriginal and Torres Strait Islander peoples and Aboriginal and Torres Strait Islander communities over the years. As a result one can understand how Aboriginal peoples have become sceptical and cautious towards research and researchers. However, as Rigney asserts, "This is not to say Indigenous peoples reject outright research and its various methodological practices. Indeed some research and methodologies has benefited the emancipation of Indigenous communities" (1997, p. 1). He adds that,

Aboriginal and Torres Strait Islander people have been requesting research processes that “contribute to the self-determination and liberation struggles as defined and controlled by their communities” (1997, p. 1). Many Indigenous people have been part of the movement and struggle to change to this type of research (Brady, 1992a&b; Fredericks & Pearce, 2007; Fredericks & White, 1995; Moreton-Robinson, 2000; Nakata, 2007; Roberts, 1994; Taylor & Ward, 2001; Williams & Stewart, 1992). In this struggle new models of undertaking research are being developed that encompass principles of community control, self-determination and liberation. One such model will be explored in depth in the next section.

A new model of Indigenous research

The Queensland Aboriginal and Islander Health Council (QAIHC), leads and governs the newly established Centre for Clinical Research Excellence (CCRE), which has been funded by the National Health and Medical Research Council (NH&MRC). QAIHC is the State peak body for Aboriginal and Torres Strait Islander Community Controlled Health Services in Queensland and is the State Affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO). QAIHC was established in 1990. Since establishment, the number of Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) in Queensland has grown significantly to 25 (2006). QAIHC also has significant partnership arrangements with other health related community controlled sectors in Queensland through the child protection and alcohol and other drug organisations.

The governance structure and processes of the CCRE is underpinned by the operating values and principles of self-determination and community control. The principle of community control requires that ownership and governance of the CCRE is vested in Aboriginal and Torres Strait Islander people as reflected by the management and research strategies. The CCRE is led by the QAIHC: the governing and peak body for Aboriginal and Torres Strait Islander health in Queensland. The key partner institutions include Monash University, Queensland University of Technology (QUT), University of Queensland (UQ), James Cook University (JCU), the University of Wollongong (UoW) and the National Heart Foundation (NHF), as well as the four participating health services. A CCRE Executive Committee has been established and includes representatives from each partner institution and whose role is to set the strategic direction of the CCRE Research Program. A CCRE Research Advisory Group (RAG) has also formed whose role comprises technical oversight of the development, implementation and evaluation of the CCRE Research Program. The establishment of the CCRE under the Community Controlled model of governance is unique and presents both opportunities and challenges for innovative partnerships between universities and Aboriginal and Torres Strait Islander community organisations. Furthermore the model allows for a continual process of speaking, reflecting and articulation through a range of means about Aboriginal and Torres Strait Islander health and a multitude of other issues.

Throughout the CCRE development process the partners have had a commitment to working in a way where all participants contribute and benefit. This CCRE model is aligned with community-based participatory action research. In a community-based action research process, the research begins with working with a group, community or organisation in defining the problems, situations, issues and then involves the group, community or organisation in the process of working

towards change, finding solutions or answers (Glesne, 1990; Stringer, 1996). Wadsworth, in writing of action research, describes it as ‘participatory’, that is, people need to participate to make it happen (1993, p. 61). Participatory research, according to Lukabyo (1995), is usually developed with “the purpose of empowering community people to find solutions to community problems” (p. 4). Participatory action research therefore has the capacity to provide a notion of community development, social justice and empowerment. It can additionally encapsulate elements of political awareness and political action connected to better health if designed this way.

After careful consideration of a range of methods, QAIHC believed that it would be possible to engage several approaches from methodologies known as community-based action research and participatory research (often used interchangeably) and the principles of Indigenist methodology as outlined by Rigney (1997, 2001) along with elements of reflexivity and/or introspection. These can all be worked together to bring an approach that could be regarded as Indigenous / Indigenist participatory community-based action research. This process has enabled QAIHC to work within an Indigenous context engaging both the Community Controlled Health Sector and the higher education sector.

Research principles

Numerous Aboriginal and Torres Strait Islander organisations and institutions now have research principles that operate as a basis for any research or have undertaken an analysis of research ethics and principles. For example the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS, 2000); the Cooperative Research Centre for Aboriginal Health (CRCAH) (Henry et al., 2002); and the VicHealth Koori Research & Community Development Unit at the University of Melbourne (Humphery, 2000). The CCRE recognised that it needed to develop its own research principles to guide researchers wishing to undertake projects and study within the CCRE and the Community Controlled Health Services Sector in Queensland. The CCRE’s Research Principles are based on the NHMRC Criteria for Health and Medical Research of Aboriginal and Torres Strait Islander Australians (NHMRC 2003a&b), which are:

- Community engagement and participation
- Sustainability and transferability
- Benefits
- Capacity building
- Priority and significance.

The CCRE Research Principles require any research project to be based on:

Identified Need – Research projects must be in response to identified community and Health Service needs and priorities. Having the Health Service involved in the development of the full project brief will assist this process as the respective Board of Management needs to endorse any research projects undertaken.

Action Oriented – Research projects must contribute to change within the health service and demonstrate benefit to the community. Outcomes need to be direct and tangible – for example, funding, human resource management, education and training, clinical practice, workforce development and planning, building the evidence base, community development, and capacity building.

Skills/Knowledge Transfer – The methodology of research projects should reflect Aboriginal and Torres Strait Islander people’s involvement at all levels of the research project. A clear strategy for knowledge and skills transfer should be an explicit component of any research project. Skills and knowledge transfer strategies should be agreed to with the Health Service at the start of the project.

Acknowledgement – research projects must explicitly recognise the contributions of individuals, community groups, and Health Services in the research process.

Consultation – The research project must ensure that appropriate consultation strategies are in place to enable the information collected to be interpreted in a true and accurate way. Within local Aboriginal and Torres Strait Islander communities and Health Services there are existing processes for consultation and engagement.

These consultation strategies should occur at the critical stages of a research project, for example:

- initial engagement in the research project (telling people about the project brief and confirming support for the project)
- agreement on strategies for consultation, information collection, and working with the Health Service and community
- the feedback processes that will be put in place for verification of the information collected
- acknowledgement of the individual(s) and Community Controlled Health Service’s involvement in reports, materials, publications, etc., resulting from the research project
- agreed mechanisms in place for disseminating information and translating skills and information.

Aboriginal and Torres Strait Islander ownership of information – recognition that information and data collected or related to the Aboriginal and Torres Strait Islander community is owned by the community. Therefore decisions about the way in which this information is to be used and interpretations need to be agreed to by the community.

Aboriginal and Torres Strait Islander Ways of Working – recognition and demonstrable support in the research project for Aboriginal and Torres Strait Islander ways of working as culturally valid and valued in research input, output, and outcomes. This means that there is also recognition of diversity between Aboriginal and Torres Strait Islander people and communities.

Community Control – Community control of health is the fundamental premise on which Aboriginal and Torres Strait Islander Community Controlled Health Services developed. These services are initiated by their local Aboriginal and/or Torres Strait Islander community to provide high quality, culturally appropriate comprehensive primary health care.

These research principles not only respect Aboriginal and Torres Strait Islander cultures, peoples and ways of doing business, they privilege the Aboriginal and Torres Strait Islander people within the Community-Controlled Health Services Sector via being embedded in the leadership and governance of the Queensland Aboriginal and Islander Health Council (QAIHC). As I have already established, QAIHC leads and governs the NHMRC Centre for Clinical Research Excellence (CCRE).

Conclusion

The establishment of the CCRE under the Community Controlled model of governance is unique and presents both opportunities and challenges for innovative partnerships between universities, Aboriginal and Torres Strait Islander community organisations and the research academy at large. It additionally presents the capacity to privilege Aboriginal and Torres Strait Islander voices in research and to develop the capacity of Aboriginal and Torres Strait Islander people as Indigenous researchers as defined by Nakata (1998); Rigney (1997, 2001) and Smith (1999). Furthermore, it allows for a direct link between research and the political struggle of Aboriginal and Torres Strait Islander communities via being vested within the Queensland Aboriginal and Islander Health Council (QAIHC). That is, it is embedded in the day-to-day broader political struggle for improvements in Aboriginal and Torres Strait Islander health, social justice and human rights and will increasingly inform and support the work of QAIHC. It is within this realm that some Aboriginal and Torres Strait Islander researchers will dwell and a new type of non-Indigenous researcher. The simultaneous linkages and engagement will be in action within QAIHC, the Community Controlled Health Services Sector and the CCRE. Rigney asserts that “Only in this way can research responsibly serve and inform the political liberation struggle” (1997, p. 2). With Rigney’s words in mind, the CCRE is well positioned to make an impact in research and to serve and inform the struggle for better health for Aboriginal and Torres Strait Islander peoples. In closing it is useful to reflect on the words of Kenny,

Aboriginal research is an opportunity for us to create innovation and change for our people. If we develop an approach to research which is unique and reflects our values and beliefs, we will be reflecting the spirit of our ancestors, the spirit of our people who are alive today, and the spirit of our Aboriginal children who are yet to be born. (2000, p. 148)

References

- Asante, M. K. (1987). *The Afrocentricity idea*. Philadelphia: Temple University Press.
- Asante, M. K. (1988). *Afrocentricity*. Trenton NJ: Africa World Press.
- Asante, M. K. (1990). *Kismet, Afrocentricity and knowledge*. Trenton NJ: Africa World Press.
- Aboriginal Research Institute (ARI). (1993). *Ethics in Aboriginal research*. Adelaide: Aboriginal Research Institute University of Adelaide.
- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS). (2000). *Guidelines for ethical research in Indigenous studies*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.
- Brady, W. (1992a). Indigenous control of Aboriginal and Torres Strait Islander research. *Aboriginal Studies Association Conference*, 2, 311–315.
- Brady, W. (1992b). Beam me up Scotty! – Communicating across world views on knowledge principles and procedures for the conduct of Aboriginal and Torres Strait Islander research. In C. White (Ed.), *National Aboriginal and Torres Strait Islander higher education conference proceedings*. Toowoomba: University of Southern Queensland, 104–115.
- Cruse, S. (2001). Encouraging research guidelines to be put into practice: An Aboriginal Health research ethics committee in action. *Kaurna Higher Education Journal*, 7, 23–27
- Fredericks, B. (2008). Researching with Aboriginal women as an Aboriginal woman researcher. *Australian Feminist Studies*, 23(55), 113–129.

- Fredericks, B. (2007a). Utilising the concept of *pathway* as a framework for Indigenous research. *The Australian Journal of Indigenous Education*, 36, 15–22.
- Fredericks, B. (2007b). Talking up the research. *Journal of Australian Indigenous Issues*, 10,(2), 45–53.
- Fredericks, B., & Pearce, L. (2007). Privileging the voices of the Aboriginal and Torres Strait Islander Community-Controlled health service sector, *Journal of Indigenous Australian Issues*, 10(2), 35–44.
- Fredericks, B., & White, N. (1995). Two women speak. Paper presented to *National Indigenous Research Ethics Conference*, 27–29 September, 1995. Townsville: Centre for Aboriginal and Torres Strait Islander Participation, Research and Development, James Cook University.
- Glesne, C. (1999). *Becoming qualitative researchers: An introduction*. Sydney: Addison Wesley Longman.
- Lukabyo, J. (1995). Principles of community action research and Indigenous research ethics. Paper presented to *National Indigenous Research Ethics Conference*, 27–29 September, 1995. Townsville: Centre for Aboriginal and Torres Strait Islander Participation, Research and Development, James Cook University.
- Henry, J., Dunbar, T., Arnott, A., Scrimgeour, M., Matthews, S., Murakami-Gold, L., & Chamberlain, A. (2002). Indigenous research reform agenda: Rethinking research methodologies. *Linking Monograph Series: 2*. Casuarina: Cooperative Research Centre for Aboriginal Health.
- Humphery, K. (2000). *Indigenous Health & Western research. discussion paper no.2*. Parkville: VicHealth Koori Research & Community Development Unit University of Melbourne.
- Kenny, C. (2000). A sense of place: Aboriginal research as ritual practice. In R. Neil (Ed.), *Voice of the drum: Indigenous education and culture* (pp. 139–150). Brandon Manitoba: Kingfisher Publications.
- Moreton-Robinson, A. (2000). *Talkin' up to the White women Indigenous women and feminism*. St. Lucia: University of Queensland Press.
- Nakata, M. (1998). Anthropological texts and Indigenous standpoints (pp. 3-12). *Australian Indigenous Studies*, Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.
- Nakata, M. (2007). *Savaging the discipline: Disciplining the savage*. Canberra: Aboriginal Studies Press.
- National Health and Medical Research Council (NHMRC). (2003a). *Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander research*. Canberra: Commonwealth of Australia.
- National Health and Medical Research Council (NHMRC). (2003b). *The Aboriginal and Torres Strait Island Research Agenda Working Group (RAWG). The NHMRC Road Map: A strategic framework for improving Aboriginal and Torres Strait Islander health through research*. Canberra: National Health and Medical Research Council.
- Rigney, L-R. (1997). Internationalisation of an Indigenous anti-colonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. *Higher Education Research And Development Society Of Australiasia (HERDSA) Annual Conference Proceedings; Research and development in higher education: Advancing international perspectives* 20, 629–636.
- Rigney, L-R. (2001). A first perspective of Indigenous Australian participation in science: Framing Indigenous research towards Indigenous Australian intellectual sovereignty. *Kaurna Higher Education Journal*, 7, 1–13.

- Roberts, D. (1994). Changing the hierarchy of power in Aboriginal research: Towards a more collaborative approach. *Kaurna Higher Education Journal*, 5, 36.
- Smith, L. (1999). *Decolonising methodologies research and Indigenous Peoples*. London: Zed Books.
- Stringer, E. (1996). *Action research: A handbook for practitioners*. Thousands Oaks: Sage.
- Taylor, R., & Ward, G. (2001). Ethical research and Indigenous Australia, *Kaurna Higher Education Journal*, 7,15–22.
- Wadsworth, Y. (1993). *What is participatory action research?* Melbourne: Action Research Issues Association.
- Warrior, R. (1995). *Tribal secrets: Recovering American Indian intellectual traditions*. Minneapolis: University of Minnesota Press.
- Warrior, R. (1999). The Native American scholar: Towards a new intellectual agenda. *WICAZO Review: Journal of Native American Studies*, 14(2), 46–55.
- Williams, S., & Stewart, I. (1992). Community control and self-determination in Aboriginal education research: The changed roles, relationships and responsibilities of Aboriginal and non-Aboriginal researchers and Aboriginal communities. In C.White (Ed.), *National Aboriginal and Torres Strait Islander higher education conference proceedings* (pp. 90–98). Toowoomba: University of Southern Queensland.