Winhanga-duri-nya (to reflect)

A bridge between Indigenous knowledge and peer-reviewed knowledge needs to be better built

Growing up, my mother told me that I was more privileged than many of my fellow Indigenous brothers and sisters. I was not raised on a mission or reserve, and I had a large supportive family and access to education. I was always told to acknowledge this privilege and to use its benefits to give back to my community and people. I am a Wiradjuri woman who has grown up in the Worimi country. I am a mother, artist, community cultural development practitioner, social worker and now a PhD candidate in Aboriginal Health at the University of Newcastle, supported by a National Heart Foundation Indigenous Scholarship. I have a goal: to become an academic, a chief investigator, implementing health research in partnership and co-ownership with Aboriginal and Torres Strait Islander communities.

As an Aboriginal woman working in research, the words of Indigenous academic Linda Tui-Smith play over in my head: "The word itself, 'research', is probably one of the dirtiest words in the Indigenous world's vocabulary".[1]

The dirty nature of the word research has connotations for Indigenous people from around the world. For Aboriginal and Torres Strait Islander people, research emergent from British arrival dissected and disempowered us.[2] We have experienced research as "the other". At this time, research was used by white people to understand the unfamiliar, to analyse a correlation between us and a differentiation from us. Our ancestors' heads and our sacred artefacts were stolen and sent to museums around the world to show British and European people the antithetical "other". Some of our sacred pieces are yet to be returned to community, country and kin.[3] The Indigenous introduction to the research world has not been kind; as such, it can be understood why Aboriginal and Torres Strait Islander people may feel uneasy when we hear the word research in our communities.

In 1987, the introduction of ethical research principles through the National Aboriginal and Islander Health Organisation's *Report on the national workshop on ethics of research in Aboriginal health*[4] changed the way research was conducted with Aboriginal and Torres Strait Islander people. This landmark report meant that research now had a "circle of safety" (ie, ethics supporting the process) for Aboriginal and Torres Strait Islander people. A circle of safety that, I believe, may be cultivated to foster greater strength through the leadership and engagement of Aboriginal and Torres Strait Islander academics in health research.

Aboriginal and Torres Strait Islander people have had a spiritual and cultural relationship with the land of Australia for tens of thousands of years. Recent archaeological and genome research has sought to qualify and quantify Aboriginal and Torres Strait Islander people's connection to this land. Resulting studies have now validated Indigenous oral histories told to us as children by the community elders. We Aboriginal and Torres Strait Islander people are part of the oldest living and continuing culture in the world. In 2016, Malaspinas and colleagues[5] published an article dating the Aboriginal and Torres Strait Islander people's connection to Australia during the Holocene epoch in the ancient continent of Sahul (Australia, New Guinea and Tasmania).

Research typified in the article by Malaspinas and colleagues[5] brings together a meeting of our two worlds. Rather than the antithetical "other", we can now see research measuring Indigenous people's histories. Likewise, I believe that health research can also achieve a meeting of two worlds, for which we need to increase the numbers of Aboriginal and Torres Strait Islander academics, research assistants and PhD students in health research. Aboriginal and Torres Strait Islander academics have an important role to enhance trust in research by our people and communities, with which we can achieve better engagement and ownership of health studies and interventions. With Aboriginal and Torres Strait Islander academics leading and implementing studies and interventions, it will be possible to conduct ethical research of the highest quality, which will have a clear benefit and commitment to the Aboriginal and Torres Strait Islander communities involved. A positive result from health research is much more than a grant or a great publication to Aboriginal and Torres Strait Islander people: it means the longer and healthier lives of our families, community and kin. It is the continuation of our culture, and giving back to our elders who fought so hard and suffered so greatly for the lives we lead today.

Our Aboriginal and Torres Strait Islander elders did not live under the same conditions as our children and young people today, which has resulted in a significant gap in the health and wellbeing of Australia's Indigenous people. The national Closing the Gap campaign raises awareness and identifies the need to deal with the social determinants of health. The recent finding by the Closing the Gap report — that when Aboriginal and Torres Strait Islander people achieve university level education, they do not experience the same health gap (from a personal, not a within a community, culture or kin perspective) — is of profound significance.[6] It was not until 1966 that Charles Perkins became the first Aboriginal man to graduate with a Bachelor degree. Today Aboriginal and Torres Strait Islander students are twice as likely to drop out of an undergraduate degree during their first year, and only 1.4% of Aboriginal and Torres Strait Islander women will have a qualification higher than a Bachelor degree.[7] At PhD level, less than half of Aboriginal and Torres Strait Islander students enrolled will complete their doctorate, with Aboriginal and Torres Strait Islander people making up about 0.4% of the post-doctorate academic population.[8] More needs to be done to support Aboriginal and Torres Strait Islander people to enter and remain in academia.

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Indigenous people are new to the nuances of academia; however, since 1910, Australia had insight into the academic aptitude and abilities of Aboriginal and Torres Strait Islander people through David Unaipon, the inventor, scholar, writer, philosopher and preacher who appears on the $50 note.

With few trained Aboriginal and Torres Strait Islander academics available to lead research, there is an evident dearth of Indigenous methodologies and measures being developed and implemented and a significant gap between Indigenous knowledge and peer-reviewed knowledge in terms of Aboriginal and Torres Strait Islander health. Although rigorous scientific research is being led by non-Indigenous people, it can be subject to significant challenges in implementation and recruitment and continues to report results through a deficit lens. These tangible challenges could be managed through an increase in the number of Aboriginal and Torres Strait Islander academics and methodologies.

When implementing research, it is crucial for any academic to understand true Aboriginal and Torres Strait Islander community engagement, knowledge and practices. If times truly have changed and research is in fact conducted with us, not on us, Aboriginal and Torres Strait Islander people and communities should be the knowledge holders and gatekeepers and should steer the research. I have used the yarning methodology from Aboriginal academic Dawn Bessarab[9] to engage Aboriginal and Torres Strait Islander women and communities into this research space,[10] as well as my own position as an Aboriginal woman and community development practitioner to put in place a collective and negotiated design for a clinical trial in partnership with Aboriginal Community Controlled Health Services.[11] Through my position as an Aboriginal woman, I have engaged and collaborated with Aboriginal and Torres Strait Islander people and ensured that the process of development is transparent and respectful of the communities participating and who the research aims to benefit. I am just one Aboriginal PhD student though; imagine what could be achieved with greater numbers of Aboriginal and Torres Strait Islander people engaged in academia on all levels.

Research may still be a dirty word to many Aboriginal and Torres Strait Islander people and communities, but I strongly believe that our voices can echo change for our people. For the long term health and wellbeing of our communities, and to rewrite our deficit narratives, we need more Aboriginal and Torres Strait Islander academics building methodologies and measurement tools, and partnering with communities to implement mutually beneficial and culturally safe research. A bridge between Indigenous knowledge and peer-reviewed knowledge needs to be better built. Great work is being done in Aboriginal and Torres Strait Islander health, but the greatest work is yet to come.

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References are available online at www.mja.com.au.

1 Smith LT. Decolonizing methodologies: research and Indigenous peoples. London: Zed Books; 1999.

2 Martin K. Please knock before you enter: Aboriginal regulation of outsiders and the implications for researchers. Teneriffe, QLD: Post Pressed; 2008.

3 Cook MR, Russell L. Museums are returning Indigenous human remains but progress on repatriating objects is slow. *The Conversation* 2016; 1 December. https://theconversation.com/museums-are-returning-indigenous-human-remains-but-progress-on-repatriating-objects-is-slow-67378 (accessed July 2017).

4 Mundine K, Edwards L, Williams JDB. Why an Aboriginal ethical perspective is necessary for research into Aboriginal health. Proceedings of the "From the Ground Up" Conference on Aboriginal Health in the 63rd Millennium; 3 May 2001. Penrith, NSW: Aboriginal Health and Medical Research Council, 2001.

5 Malaspinas AS, Westaway MC, Muller C, et al. A genomic history of Aboriginal Australia. *Nature* 2016; 538: 207-214.

6 Department of the Prime Minister and Cabinet. Closing the Gap: Prime Minister's Report 2017. Canberra: Commonwealth of Australia; 2017. http://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2017.pdf (accessed Oct 2017).

7 Australian Bureau of Statistics. Indigenous statistics for students [website]. Canberra: Australian Bureau of Statistics; 2010. http://www.abs.gov.au/websitedbs/cashome.nsf/4a256353001af3ed4b2562bb00121564/68f064d21b22553aca25758b0011827f!OpenDocument (accessed Oct 2017).

8 Blair N. Privileging Australian Indigenous knowledge: sweet potatoes, spiders, waterlilys and brick walls. Champaign, IL: Common Ground Publishing; 2015.

9 Bessarab D, Ng'andu B. Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies* 2010; 3: 37-50.

10 Bovill M, Gruppetta M, Cadet-James Y, et al. Wula (voices) of Aboriginal women on barriers to accepting smoking cessation support during pregnancy: findings from a qualitative study. *Women Birth* 2017; doi: 10.1016/j.wombi.2017.06.006 [Epub ahead of print].

11 Bovill M, Bar-Zeev Y, Gruppetta M, et al. Collective and negotiated design for a clinical trial addressing smoking cessation supports for Aboriginal and Torres Strait Islander mothers in NSW, SA and Qld — developing a pilot study. *Aust J Prim Health* 2017; doi: 10.1071/PY16140 [Epub ahead of print]. ■