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Improving Indigenous Women's Wellness Through Action Research

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Abstract

Today in Australia, 75% of all Indigenous Australians reside in urban and peri-urban areas. In Brisbane, Indigenous Australians now number just over 45,000, and this number is rapidly increasing. Undertaking research with urban based Indigenous Australians is a relatively new phenomenon. Most past research with Indigenous people has been carried out in remote and regional areas. This paper focuses on a Participation Action Research project undertaken with Indigenous women in the highly urbanised area of North Brisbane. The project takes on the challenge of undertaking urban based Indigenous research. It opts not to centre on poor Indigenous women's health statistics but instead centres on Indigenous women's wellness and ways to talk about and work towards wellness. Through the cycles of dialogue with Indigenous women these concepts were teased out and manifested in two highly successful Women's Wellness Summits. This paper will outline aspects of this project.

Introduction

Aboriginal and Torres Strait Islander women are the Indigenous women or first nations women of Australia. Throughout this paper, we will use the term Indigenous Australian women in reference to both Aboriginal and Torres Strait Islander women except when referring to Aboriginal or Torres Strait Islander women specifically or if using a quote that specifically refers to Indigenous women as Aboriginal and Torres Strait Islander women. We also acknowledge that both Melissa Walker and Bronwyn Fredericks are Aboriginal women and Debra Anderson is a non-Indigenous Australian woman.

Indigenous Australians are more likely to live in urban or peri-urban areas than regional or remote regions (ABS 2011). In fact, 75% of all Indigenous Australians live in urban or peri-urban areas. Despite Indigenous women living in urban areas where geographic access to health services is not as difficult as they were living in a remote area, health statistics are still poor. Indigenous Australian women regardless of locality still collectively are the most socially and economically disadvantaged population group in Australia. They also have the poorest health status (AIHW, 2011). The statistics describe a life expectancy for Indigenous women that is, 9.7 years less than other Australians (AIHW 2011, p. ix). Indigenous women have increased levels of cardiovascular disease, cancer,

diabetes, respiratory disease and kidney disease when compared to other Australians. For example, Indigenous women are 11 times more likely to get coronary heart disease, and 13 times more likely to get rheumatic fever (p. 49). While these statistics and the plethora of others are alarming, they fail to demonstrate is how Indigenous women understand their wellness in relation to poor health status or how they aim for a higher level of overall wellness. The statistics do not show how Indigenous women manage, function, survive and sometimes thrive despite poor health status. Our research with women aimed to move beyond exploring the statistics and to focus on wellness. We wanted to work with Indigenous women towards developing an effective wellness program by exploring what Indigenous women recognise their wellness to be and what they want to have within a wellness program.

Starting the process

We were reminded during the start of this research that it was 30 years since the Royal Commission into Aboriginal Deaths in Custody (RCIADIC 1991) was published. RCIADIC Recommendations 320 and 330 specifically outline that action research as the preferred research approach. These Recommendations are outlined below:

Research into patterns, causes and consequences of Aboriginal [problems] should not be conducted for its own sake. Such research is only justified if it is accepted by Aboriginal people as necessary and as being implemented appropriately. Action research of the type that produces solutions to problems is likely to be seen by Aboriginal people as being most appropriate (RCIADIC 1991, Recommendation no.330)

RCIADIC also recommended that,

Where research is commissioned or funded, a condition of the research being undertaken should be the active involvement of Aboriginal people in the area which is the subject of the research, the communication of research findings across a wide cross-section of the Aboriginal community in an easily understandable form, and the formulation of proposals for further action by the Aboriginal community and local Aboriginal organisations (1991, Recommendation no.320).

We have endeavoured throughout this research process to incorporate the above recommendations into our work. We recognise that action research offers a way in which Indigenous women can not only be involved in the research, but direct and drive it. We also know from Rigney's (2001) perspective that to make a difference, the research needs to be grounded within the political reality of Indigenous women's lives.

Stringer (1996, p.7) proposed that "those who have previously been designated as 'subjects' should participate directly in research processes and that those

processes should be applied in ways that benefit all participants directly". Stringer's work has direct application to community-based action research with Indigenous women. 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).

In 2011, Debra Anderson (Queensland University of Technology), Bronwyn Fredericks (CQUniversity), Ms Melissa Walker (Queensland University of Technology) and Ms Andrea Sanders (Diabetes Australia Queensland) started to work together and talking about focusing on wellness of Indigenous women rather than sickness and poor health status of Indigenous women. We began to think about how we could encourage Indigenous women to focus on wellness. We wanted to undertake this work in Brisbane, Queensland, a city with over one million people including 50,000 Indigenous Australians (ABS 2011).

In reflection of what we wished to do with the Indigenous women, we made the decision to explore feminist research approaches in the broadest possible sense. We came to understand that as feminist and action researchers we should raise questions about gender and the nature of the research and the relationships between the respondents and the researcher (Glesne 1999, p.9). There are correlations between community-based action research and feminist participatory research approaches. Writers on research other than Glesne on feminist research, give the perception, that women experience oppression and exploitation (Fonow and Cook 1991; Fredericks 2008; Lather 1991; and Rienharz 1992). Further to this, they all address in some way the varied experiences of women including the multiple identities of race, class, culture, ethnicity, sexual preference, age, disabilities and geographic location within the research process. Feminist research according to Sarantakos has the following characteristics,

... it puts gender in the centre of inquiry; making women visible and representing women's perspectives ... it places emphasis on women's experiences, which are considered a significant indicator of reality and offer more validity than does method ... it discloses distortions related to such experiences. It sees gender as the nucleus of women's lives, shaping of consciousness, skills, institutions and distribution of power and privilege. It is preoccupied with social construction of 'knowing and being known'. It is politically value laden and critical, and as such it is not methodic, but clearly dialectical. This implies that it is an imaginative and creative process which engages oppressive social structures. It is not solely about women but primarily for women, taking up an emancipationist stance, it entails an anti-positivist orientation. It is supposed to use multiple methodologies and paradigms (1998, p.63).

These characteristics of feminist research sit comfortably within the framework of this research project. After careful consideration of a range of methods, we came to accept that Feminist Participatory Action Research needed to be one of the research methods. It has enabled us to adapt it to fit within an Indigenous women's context. It allowed us to break away from some of the pre-existing conceptualisations. We have been able to borrow from the area known as feminist research for the purposes of this research (Lather 1991; Rienhardz 1992; Mies 1983; Nielsen 1990). We wove these aspects to form a platform for us together with Indigenous women.

Beginning the dialogue

We were committed to working with women through Indigenous women's processes. We drew on the process of yarning – a conversational process involving the telling and sharing of stories that takes place naturally amongst Indigenous women and men (Bessarab & Ng'andu 2010; Dulwich Centre 2010; Franks and Curr 1996; Fredericks et.al. 2011, Towney 2005). Yarning gathers information and creates conversations that are culturally ascribed and cooperative. Yarns follow language protocols and result in the acquisition of new meaning (Bessarab & Ng'andu 2010). We drew upon the work of Bessarab and Ng'andu (2010). They describe all the different forms of yarning along with the different meaning and intentions behind each type of yarning. Bessarab and Ng'andu (2010) were the first scholars to do this in such depth. In the literature there are lots of examples that can be found where researchers state they are using yarning without explaining exactly what this means. Bessarab and Ng'andu characterise yarning as “an Indigenous cultural form of conversation” (p. 37). Whilst the terms “yarn” and “yarning” are used by Indigenous people daily, a yarn is more than simply pleasantries in casual conversation or a light correspondence between people (Fredericks et al. 2011).

We recognise that a yarn is both a process and an exchange; it relies upon cultural protocol, relationships and expected outcomes (Fredericks et al. 2011). In this context, it meant that women followed cultural protocol, and recognised existing relationships and expected outcomes. The yarning contributed to the ways that the Indigenous women in this study related with each other and helped to determine accountability between them (Martin 2008). Through the strength of their relationships, the women become both strong contributors to the research decision making, and crucial donors of information to each other and to the project as a whole (Dean 2010). They became active participants in this research process and began to direct the research. Through yarning, women's values became centred in the research process, and this allowed them to become active voices for their community's needs and concerns.

Wadsworth, in writing of action research, describes it as ‘participatory’, that is, people need to participate to make it happen (1997, p.61). In the context of Indigenous women we sought to facilitate towards empowering women. As women became involved as did their capacity in community development, social

justice and empowerment. Yarning was the vehicle in this action process and provided an important dimension and dynamism to this research. Dean (2010) asserts that yarning is a formal research methodology that has the ability to centre Indigenous knowledge systems and permit partnerships with Indigenous communities. Yarning allows culturally-safe research to develop. Yet much previous research with Indigenous communities has been conducted through Westernised paradigms, and has ignored the value of traditional approaches like yarning.

Other research has taken place that has involved Indigenous women as researchers and subject. They include works by Acklin et.al (1995), Daylight and Johnson (1986), Fredericks (2003, 2008), Harrison (1991), Huggins and Huggins (1996), Kirk, et.al (2000) and others. They provide legitimation to Indigenous women's voices in texts and reports authored by them as Indigenous women. Brady notes disappointing that generally "outside autobiography the stories of Indigenous Australia only receive legitimation when written in texts edited or authored by non-Indigenous academics" (Brady 1998, p.1). Some Indigenous women have utilised yarning (Bessarab and Ng'andu 2010) and story-telling techniques (Reinhardz 1992) and autobiography (Huggins and Huggins 1996).

Aboriginal researcher Maureen Kirk and her colleagues in their highly successful research work with Indigenous women on cancer undertook a process of semi-structured interviews, case history interviews and group discussions (Kirk, et al. 2000, p.4). Their research explored women's personal experiences, their understandings of breast cancer and their views of care and health services. In essence they undertook a process of Aboriginal women yarning and 'telling' their stories, as did the other works cited earlier by Daylight and Johnson, Fredericks, and Harrison. These researchers were all able to undertake shifts and changes within the research process with women via Feminist Participation Action Research. We would say that they and their participants were able to undertake a form of transformation through the research due to the stories and the work done throughout the research process. Further to this, their research has all been linked to other developments either in policy and/or programs for Indigenous women. The findings from these works have been useful in examining the findings from this research.

Pushing for a women's gathering

As this research developed, Indigenous women, led by local women Elders, developed a vision for a large Indigenous women's gathering. The Elders talked about how local Indigenous women in the past had done business together, had gatherings, been physically and socially connected together and reaffirmed spiritual connections through ceremony on Country. Indigenous women have done this for thousands of years, including in areas like Brisbane that are now heavily urbanised and big cities. Indigenous women acknowledged that, in a city like Brisbane, it is hard for Indigenous women to gather because they live in different suburbs, some have jobs and many have large family responsibilities.

There talked about issues associated with gaining government support for gatherings, and mobility problems such as public transport.

Indigenous women talked about how their sense of self was, and still is, connected to a collective and connected to all aspects of life, kin, community, Country, culture and spirituality. They expressed how Indigenous women's ways of being, doing and understanding is held by Indigenous women Elders and past down through the generations of Indigenous women. Some Indigenous women expressed how they missed being with other Indigenous women and had a longing for one another Indigenous women, in the sense of longing for one's kin, community and Country.

Their ideas for an Indigenous women's gathering or conference developed into the *Indigenous Women's Wellness Summit* - one day event that was designed to celebrate wellness. The women drew from their knowledge of what they believed would work for the, They wanted to put into action a process that would enable self empowerment of women at deeper level through the construction of their knowledge for this purpose and an application of their own knowledge (Reason et al, 2006; Rigney 2001; Smith 1999).

To develop the *Wellness Summit*, we worked with the Bunyabilla Indigenous Corporation Inc to apply for funding and support (through the Queensland Health Smoke Free Program, Diabetes Australia Queensland, Queensland University of Technology and CQUniversity). Bunyabilla Inc achieved funding that allowed the Summit to sit outside the ongoing university-based research project about Indigenous women's wellness. Although the Summit grew out of the larger research project, it was owned by the local community and developed in partnership. Feminist Participation Action Research allowed the issues of gender, race and western domination to be explored and to raise consciousness (Moreton-Robinson 2000; Reason and Bradbury 2006; Rigney 2001; Smith 1999) within the community partnerships.

The first Summit was organised by a small group of Indigenous women, including Melissa Walker, Bronwyn Fredericks and Kyly Mills. Melissa Walker was the driving force for the group who were entrusted to organise the event on behalf of the local Indigenous women. They agreed that the *Wellness Summit* should challenge the dominant Western focus on the extent of disease and illness amongst Indigenous women, and focus on how Indigenous women can work towards wellness as an everyday reality. The event was designed to celebrate wellness by empowering Indigenous women and providing health information in an inviting and safe environment. Other Indigenous women, Natahlia Buitendyk, Synthia Hunt, Patrice Harald and Alyse Mills (all students), also helped in the final stages of the planning. A further 15 Indigenous women volunteered to make the Summit a success on the day.

The first *North Brisbane Indigenous Women's Wellness Summit* was held on 9 March 2012 to coincide with International Women's Day. The event was promoted as Women's Business: it was a women-only event, with no men allowed. Creating a women-only space was in keeping with Indigenous cultural protocols and allowed for a sense of trust and the creation of a safe and relaxed place for Indigenous women to share with each other. Through the program, we encouraged women to consider how they wanted to strive for wellness. The Summit helped to embrace Indigenous women's wellness by demonstrating values that are conducive to their wellbeing – such as sharing, giving, reciprocity, respect and active engagement with other Indigenous women, community, kin, Elders and significant others.

Stalls were set up by organisations and government departments who were asked to only send women workers: they obliged. They were also reminded that they would be within an Indigenous women's event that would be dominated by Indigenous women's ways and activities. What was of interest was that while no non-Indigenous volunteers came forth for this first Summit, many of the workers on the stalls were non-Indigenous women. They shared in the day with Indigenous women from the perspective of being a worker for an organisation or a government department. In this respect, few participated in any of the activities. Some opted to not to participate in lucky door prizes even though they were invited to do so. All women present did share in lunch together and the sharing of food brought a way to communicate that extended beyond being a service provider and a participant. What was special was that the food was cut up, and prepared in the large hall and then cooked in a large oven on wheels that was positioned in the hall. In this way, one of the Elders said that all the love, good will and sense of Indigenous women's essence was within the room and hence within the food. It too was cooked bound in love, good will and sense of spirit. We thought that was beautiful. The cooked food was then cut up and shared on tables within the hall. Young women served the Elders first. We all ate our lunch and cleaned up together. It was particularly lovely part of the day.

The *North Brisbane Indigenous Women's Wellness Summit* was the first of its kind for women in North Brisbane. The event helped to reposition Indigenous women as activists who work with other Indigenous women. It offered an opportunity to assert power as Indigenous women within an Indigenous women's arena. Indigenous women in this process visioned the North Brisbane Indigenous Women's Wellness Summit and then made the commitment to make it happen. They supported each other in a collective framework and reached their vision and then began to re-vision. The work has allowed for further independent funding options. Bunyabilla Indigenous Corporation Inc has since been successful in another application for funding for women's activities. We see this now as a sustainable women's activity that will help to create an ongoing focus on wellness that underpins and maintains Indigenous wellbeing.

A second gathering

The Participatory Action research process implies participation and cyclical with data informing later cycles. The information gained through all of the dialogue, the evaluation, qualitative feedback and the analysis of the first Women's Wellness Summit was used to interpret and direct future action by women. Women's understandings of knowing and doing were intertwined through the process (Stringer 2007). The Elders spent a lot of time talking about the success of the first *North Brisbane Indigenous Women's Wellness Summit* and working closely with Melissa Walker on directing the planning for the second Summit. A planning meeting was hosted by the Oodgeroo Unit at the Queensland University of Technology. Melissa Walker, Bronwyn Fredericks, Kyly Mills and Natahlia Buitendyk from QUT met with Elders from the community as part of this process. Kyly and Natahlia being much younger women played a specific role in serving the Elders and making sure their needs to met, along with learning from Elder Indigenous women in a planning process. While this was evident, communication was open and transparent, and there was a commitment to collaboration and to sharing the strengths of what each woman had to offer to the group. Each woman was recognised for contributing knowledge, skills and expertise. The process and Melissa's leadership was crucial to the successful planning and facilitation of the second Summit.

Considerable time was spent on working out what was needed to build on the first Summit. We listened to what women said about the first Summit. We had offered women who attended the first Summit a form of critique and we needed to be true to the process of the feedback loop and incorporate what they had said they wanted. The process of listening to women opened up the space for more meaningful relationships between the researchers and the participants, and in some cases deeper relationships between Indigenous women community members. The process built on reciprocity, trust between Indigenous and non-Indigenous women, respect and relevance of the process. We also wanted to develop the capacity of all in the process of working inter-culturally and cross-culturally.

We discussed aspects of the venue, food, stalls, transport, and what worked and what didn't work. We again wanted the venue to be culturally welcoming and dominated by Indigenous women not non-Indigenous women. It was to be clearly an Indigenous women's space. It needed to be an event once again where Indigenous women could share in a large space and where small intimate conversations could occur, where children could play and be safe, and where health assessments could also take place with some privacy. We knew from the first Summit that Indigenous women liked to large hall where they could be together yet away from the dominant culture's interpretation, subjectivity or judgment.

The first Summit saw several main speakers. We reflected on the first Summit. We thought about what took place and our role as facilitators and researchers within the Participation Action Research process (Bryant 1996; Chavez et.al

2008). With the second Summit we decided go with more sharing of stories from Indigenous women and some presentations focused around social and emotional wellbeing, healing and self-esteem. This would allow collaborative action learning in the topics. More time was also going to be devoted to art and craft activities to allow women more time for networking and informal conversations while listening to the presentations and having their health assessments. We still needed to have a session on issues with smoking as the second Summit was again funded by the Queensland Health Smoke Free Program along with Diabetes Australia Queensland, Bunyabilla Indigenous Corporation Inc, Queensland University of Technology (QUT) and CQUniversity Australia.

A dynamic group of more than 150 Aboriginal and Torres Strait Islander women from community came together once again to celebrate 'wellness' at the second *North Brisbane Indigenous Women's Summit* held on Friday 22 June 2012. Held once again at the Strathpine Community Centre, the second North Brisbane Women's Wellness Summit aimed to celebrate wellness by empowering Indigenous women through the provision of health information in an inviting and safe women's only environment. In order to achieve this, all the Summit literature specified that it was a 'women's business' event. This meant that all the stall holders (including government and non-government organisations), health practitioners, community health workers, speakers, caterers and cleaners were to be women.

A combination of health information stalls, Indigenous guest speakers, cooking tucka (food) demonstrations, onsite health checks and Indigenous arts and crafts made for an exciting and inspiring day. A diverse group of government and non-government organisations held stall displays supplying health information. Some of these stalls were the same as those at the first Summit, others were different. The event held an overwhelming atmosphere of community energy and women's strength. Most importantly, the second Summit tried to shift from the 'disease-based' paradigm to 'wellness'. It is anticipated that this elemental 'wellness' dynamic would provide a platform for the continuing path to good health for these women in the future.

This Summit embraced Indigenous women's wellness by demonstrating values conducive to Indigenous individual and collective well-being; sharing, giving, reciprocity, respect and active-engagement with other Indigenous women including community, kin, Elders and significant others. Aunty Faye Gundy performed the welcome to Country, with guest speakers Aunty Honor Cleary and Aunty Selena Seymour captivating the audience through their inspirational words and desire to create strong, proud and well Indigenous women for the future. Bronwyn Fredericks was engaged in many of her personal and professional roles at the event; as an academic (Professor), a leader, an activist and an Aunty. They wanted indigenous women to be showcased in all that they offered and all that they were. For example, Melissa Walker who was the main organiser of the Summit was also showcased as a Registered Nurse, a mother and a junior Elder.

Melissa was instrumental in all of the organising. Her PhD research is based on some of the work connected with the Summits. A group of Elders from the community provided advice with the organisation of all aspects of the day. These included Aunty Honor Cleary, Aunty Faye Gundy and Aunty Selena Seymour. It is through interaction with these Elders that the needs and values of the community could be best fulfilled. What became very clear through the process was the wisdom offered by Elder Indigenous women. The respecting of Elders and listening and doing was upheld throughout the cycles. The Elders played an important role with all women, regardless of participants, volunteers or stall holders.

This Summit saw an increase in volunteer support; many helping to clean, work in the children's corner and perform health checks including Crystal Williams (soon to be Dr Crystal Williams - medical doctor), (add in nursing students names). Other Indigenous women, Kyly Mills, Natahlia Buitendyk, Patrice Harald and Synthia Hunt (QUT) helped with the final planning and on the day. Relationship building occurred across the volunteers on personal, cultural and community levels. It was wonderful to watch Indigenous nursing students working with non-Indigenous nursing students individually and then sharing the broader Indigenous women's community with them. What was impressive was the young women's willingness to be involved in a professional capacity and in their community.

As part of the Participation Action Research process, all participants were invited to evaluate the conference in two ways. First evaluation questions were given out on tables. Second, women were directly asked for verbal feedback, this included Elders on the day. Women indicated that they had looked forward to the Summit, enjoyed themselves and left feeling re-energized and strong after the day. They felt supported during the day, a sense of wellness when they left in the afternoon and looked forward to the next one. Many of the women spoke of reminding themselves that this was essentially organized by other Indigenous women for them as Indigenous women. They felt a sense of ownership, and joy in this aspect and believed in the research that was being held along side the Summits.

Fundamentally, the Summit produced an overarching eagerness from attendees to make this a regular occurrence; with suggestions even pointing towards the need for 'portability' so many other communities can reap its benefits. Ultimately, it is through ongoing research and ground-level community activism, that we can empower Indigenous women through wellness. This will ensure that Indigenous women continue to be strong, proud and well, both now and for future generations to come.

Conclusion

Whilst research in the Public Health field comprehensively captures statistics presenting Indigenous women's lower life expectancy, elevated mortality rate and increase risk of cardiovascular disease, cancer, diabetes, respiratory disease

and kidney disease; it all too often neglects to acknowledge the notion of Indigenous women's 'wellness'. For Indigenous women, 'wellness' extends beyond this disease continuum to include all aspects of lived wellbeing and thus building individual and collective empowerment. The *North Brisbane Indigenous Women's Wellness Summits* allowed for the aspects of wellbeing and wellness to be explored and developed along with much more.

The Summits offered the opportunity for formal and informal discussions with experienced and inexperienced researchers, nurses and student nurses and senior Elders and new / junior Elders. Women spoke of it being some time since they had been in women's only cultural environment and where Indigenous women were at the heart of a women's meeting. Indigenous women could share and experience with other Indigenous women within a culturally safe environment (Coffin 2007; Fredericks and Thompson 2010; Ramsden 2002) within an urban context. We think that Participation Action Research offers a natural fit with Indigenous research and Indigenous researchers. It allows Indigenous worldviews to be considered, and processes to be incorporated through the cycles. In this way, it also offers a process of cycles and action that can as the development of the Summits shows can lead to interventions and transforming experiences (Lather 1991; Smith 1999).

Our work provides further evidence that Participatory Action Research is relevant to Indigenous communities. In particular that Feminist Participatory Action Research can be appropriate with Indigenous women in an urban context. We adopted yarning for our work in the Indigenous Women's Wellness Project in Brisbane. Because yarning is a common form of communication that is undertaken daily by Indigenous women, it is a powerful form of information sharing and knowledge building. To achieve accurate, in-depth and respectful research with Indigenous communities, incorporating a familiar and culturally-appropriate style of information sharing, such as yarning, is essential. These eclectic methods coupled with the leadership from Elders made this an exciting project to work on. Moreover, it offered a form of synergy seldom seen in research so much so that we are looking at future work together.

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References

ABS. Australian Bureau of Statistics (2011). Census 2011. Canberra: Australian Government Publishing Service.

Acklin, F., Newman, J., Trindal, A., Shipley, D. and Heal, P. (1995). Story Telling to Raise Awareness of Certain Health Issues and Health Screening for Aboriginal Women. *Indigenous Research Ethics Conference*, 27-29 September, 1995 Townsville: James Cook University, (Unpublished paper).

Bessarab, D. & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies*, 3 (1), 37-50.

Brady, W. (1998). The Stories we tell. Storytelling – a passport across borderlines. *Winds of Change Conference*. Sydney: University of Technology Sydney <http://www.uts.edu.au/div/iim/wc/brady.html> (Accessed 25 October 2012).

Bryant, I. (1996). Action research and reflective practice. In D. Scott and R. Usher (Ed.), *Understanding educational research*. New York: Routledge.

Chavez, V., Duran, B., Baker, Q., Avila, M. & Wallerstein, N. (2008). The dance of race and privilege in CBPR. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health: from process to outcomes* 2nd Edn. San Francisco: John Wiley & Sons.

Coffin, J. (2007). Rising to the challenge in Aboriginal health by creating cultural security. *Aboriginal & Islander Health Worker Journal*, 31 (3), 22-24.

Daylight, P. and Johnstone, M. (1986). *Women's Business: Report of the Aboriginal Women's Taskforce*. Canberra: Australian Government Publishing Service.

Dean, C. (2010). A yarning place in narrative histories. *History of Education Review*, 39, 6-13.

Dulwich Centre (1995). Reclaiming Our Stories, Reclaiming Our Lives. An initiative of the Aboriginal Health Council of South Australia. *Dulwich Centre Newsletter*, 1:1-40

Fonow, M. and Cook, J. (eds) (1991). *Beyond Methodology: Feminist Scholarship as Lived Research*. Bloomington: Indiana University Press.

Franks, C. & Curr, B. (1996). *Keeping company; an inter-cultural conversation*. Wollongong: Centre for Indigenous Development Education and Research.

Fredericks, B. (2003). Us Speaking about Women's Health: Aboriginal women's perceptions and experiences of health, wellbeing, identity, body and health services. PhD thesis, Rockhampton: Central Queensland University.

Fredericks, B. (2008). Researching with Aboriginal Women as an Aboriginal Woman Researcher. *Australian Feminist Studies*, 23, 55, pp.113-129.

Fredericks, B., Adams, K., Finlay, S., Fletcher, G., Andy, S., Briggs, Lyn, Briggs, Lisa, & Hall, R. (2011). Engaging the practices of yarning in action research. *ALAR Journal*, 17(2), 7-19.

Fredericks, B. and Thompson, M. (2010). Collaborative Voices: Ongoing Reflections on Cultural Competency and the Health Care of Australian Indigenous People. *Journal of Australian Indigenous Issues*, 13(3): 10-20.

Glesne, C. (1999). *Becoming Qualitative Researchers An Introduction*. Sydney: Addison Wesley Longman

Harrison, J. (1991). *Tjitji Tjuta Atunymanama Kamiku Tjukurpawanangku Looking After Children Grandmothers' Way*. Alice Springs: Nagaanyatjarra, Pitantjatjara Yankunyatjara Women's Council.

Huggins, R. and Huggins, J. (1996). *Auntie Rita*. Canberra: Aboriginal Studies Press.

Kirk, M., McMichael, C., Potts, H., Hoban, E., Hill, D. C. and Manderson, L. (2000). *Breast Cancer: Screening, Diagnosis, Treatment and Care for Aboriginal Women and Torres Strait Islander Women in Queensland*. Brisbane: Queensland Health.

Lather, P. (1991). *Getting Smart: Feminist research and pedagogy with/in the postmodern*. New York: Routledge.

Martin, K. L. (2008). *Please knock before you enter: Aboriginal regulation of outsiders and the implications for researchers*. Teneriffe, Qld: Post Pressed.

Mies, M. (1983). Towards a methodology for feminist research. In G. Bowles and R. Klien (eds), *Theories of Women Studies*. London: Routledge & Kegan Paul.

Moreton-Robinson, A. (2000). *Talkin' Up to the White Women Indigenous Women and Feminism*. St. Lucia: University of Queensland Press

Nielsen, J. (ed.) (1990). *Feminist Research Methods*. Boulder, Col: Westview Press.

Ramsden, I. (2002). *Cultural safety and nursing education in Aotearoa and Te Waipounamu*. PhD Thesis. Wellington: Victoria University.

Reason, P. & Bradbury, H. (2006). *Handbook of action research*. London: Sage Publications.

Reinharz, S. (1992). *Feminist Methods in Social Research*. New York: Oxford University Press.

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.

Royal Commission into Aboriginal Deaths in Custody (RCIADIC) (1991). *National Report 1, 2, 3*. Canberra: Australian Government Publishing Service.

Sarantakos, S. (1998). *Social Research* Second Edition. South Yarra: Macmillan Education Australia.

Smith, L.T. (1999). *Decolonising Methodologies Research and Indigenous Peoples*. London: Zed Books.

Stringer, E. (1996). *Action Research: A Handbook for Practitioners*. Thousands Oaks: Sage.

Towney, L. M. (2005). The power of healing in the yarn: Working with Aboriginal men. *The International Journal of Narrative Therapy and Community Work*, 1, 39-43.

Wadsworth, Y. (1993). *What is Participatory Action Research?* Melbourne: Action Research Issues Association.