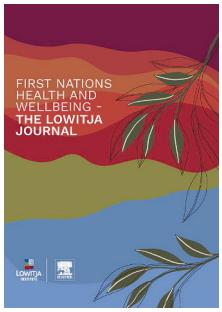

Original Research

It affects everything: A national study exploring racism and wellbeing for Aboriginal and Torres Strait Islander Peoples

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Abstract

Purpose Racism is an enduring legacy of colonisation that is deeply embedded in Australian systems, structures and daily life. While Aboriginal and Torres Strait Islander Peoples' experiences of racism have been well documented, efforts to address its structural root causes and its impacts on wellbeing have been inadequate and inconsistent. This study aimed to examine the pathways through which racism impacts the wellbeing of Aboriginal and Torres Strait Islander adults in so-called Australia.

Methods An Indigenous-led secondary analysis was conducted using reflexive thematic analysis of transcripts from 45 yarning circles and six individual yarns with 359 Aboriginal and Torres Strait Islander adults, originally collected as part of the What Matters 2Adults study. The original study focused on identifying what supports wellbeing; however, discussions of racism emerged repeatedly and unprompted in participants' yarns. A reflexive thematic approach was used to identify and explore how racism emerged in participants' stories of what supports or disrupts their wellbeing.

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Main findings Racism was found to deeply permeate participants' lives across six interrelated pathways: threatening cultural survival; undermining kinship systems; denigrating systems of power and justice; perpetuating harmful stereotypes; inflicting health harms; and challenging self-determination and sovereignty.

Principal conclusions These findings expose the complex and wide-reaching ways that racism infiltrates the lives of Aboriginal and Torres Strait Islander Peoples – undermining wellbeing not only in everyday life, but across generations. They demonstrate that racism operates through systemic and colonial pathways that must be recognised, disrupted and dismantled. This study adds to mounting calls for urgent, structural action to eradicate racism in all its forms in Australia.

Keywords: Racism; Aboriginal and Torres Strait Islander health; Wellbeing

Highlights

- This Indigenous-led analysis identified six interconnected pathways through which racism disrupts the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples.
- Racism emerged as an everyday and intergenerational burden, deeply embedded within settler-colonial institutions, policies and dominant social narratives.
- Participants articulated how systemic racism continues to undermine cultural survival, erode sovereignty and constrain self-determination.
- Despite these harms, narratives of strength, identity and cultural continuity highlighted the central role of collective resistance, pride and community connection.
- The study underscores the need to move beyond individualised health models toward decolonial systems of care grounded in self-determination, truth-telling and structural change.
- These findings contribute to growing calls for structural transformation, emphasising the urgency of Aboriginal and Torres Strait Islander-led, community-driven responses to health and wellbeing.

Introduction

Australia is widely portrayed as a post-colonial nation, and yet the invasion and occupation of Aboriginal and Torres Strait Islander Peoples' sovereign, unceded lands remains an ongoing and violent reality (Bonita 2020). Settler colonialism is not a historical event, but a continuing project, upheld through laws, policies and everyday practices that seek to dispossess Aboriginal and Torres Strait Islander Peoples of land, culture and autonomy (Paradies 2016; Elias et al. 2021a; Bonita 2020). Systemic, institutional and interpersonal racism function as a central mechanism of the settler colonial project, shaping unequal access to healthcare, education, housing and justice (Paradies 2016; Elias et al. 2021b; Elias et al. 2021a). Yet, in the face of sustained marginalisation, Aboriginal and Torres Strait Islander Peoples continue to resist, survive and lead movements of resurgence – affirming cultural identity, reclaiming sovereignty and challenging the structures that seek to erase them (Paradies 2016; Elias et al. 2021a). This paper speaks to that reality: one in which colonisation is ongoing, racism is entrenched and

Aboriginal and Torres Strait Islander Peoples continue to assert their right to live well and on their own terms.

Racism, as experienced by Aboriginal and Torres Strait Islander Peoples, encompasses a wide range of discriminatory behaviours from overt rudeness, exclusion and insults, to the more insidious forms of stereotypes, surveillance and unfair treatment solely based on Aboriginal and Torres Strait Islander identity (National Congress of Australia's First Peoples 2012). Systemic racism is the most pervasive of these forms; it is embedded in the historical foundations and institutional structures of the settler-colonial state and is often invisible by design, operating through policy, practice and cultural norms that uphold racial hierarchies and deepen inequity (Elias et al. 2021b; Elias et al. 2021a). These different expressions of racism are interconnected: individual, institutional and systemic racism reinforce one another, producing a feedback loop that sustains cycles of harm and disadvantage across generations (Elias et al. 2021a). At its core, racism functions to uphold power, securing control over land, resources and decision-making by maintaining the dominance of one group over another (Paradies 2016; Elias et al. 2021a; Elias et al. 2021b).

The United Nations Declaration on the Rights of Indigenous Peoples affirms Indigenous Peoples' rights to self-determination, their lands and territories, cultural identities, representation and the preservation of their distinct values and beliefs, and freedom from discrimination (United Nations General Assembly 2007). However, in Australia, government policies and social norms frequently fail to uphold these rights, further marginalising Aboriginal and Torres Strait Islander communities (Elias et al. 2021b; Paradies 2018). The failed Voice to Parliament referendum, which sought to establish a constitutionally enshrined Aboriginal and Torres Strait Islander advisory body, revealed the deep national reluctance to reckon with the true legacy of colonisation and to meaningfully recognise Aboriginal and Torres Strait Islander Peoples' rights, sovereignty and political authority (The Uluru Statement 2023).

The cultural and spiritual erosion triggered by colonisation continues today. Many Aboriginal and Torres Strait Islander Peoples face significant barriers to maintaining languages, cultural practices and connections to Country (Paradies 2016; Elias et al. 2021b). Land dispossession remains unresolved, and its impacts are not confined to the past – ongoing denial of land rights continues to generate poverty, displacement and cultural harm (Elias et al. 2021b). The enduring logics of coloniality are also visible in the over-representation of Aboriginal and Torres Strait Islander Peoples in prisons and youth detention, in disparities across education and employment, and in poor health outcomes (Anti-Discrimination Commission Queensland 2017; Australian Institute of Health Welfare 2022; Shepherd et al. 2020; Australian Institute of Health Welfare 2021b; Doherty 2021; Australian Institute of Aboriginal and Torres Strait Islander Studies 2022).

For Aboriginal and Torres Strait Islander Peoples, health is not limited to the absence of disease; it is a holistic concept that encompasses physical, social, emotional, cultural and spiritual wellbeing for both individuals and the community (National Aboriginal Community Controlled Health Organisation 2011). Racism fundamentally threatens this broader understanding of health; it creates an environment of exclusion, mistrust and dehumanisation that undermine all aspects of wellbeing (Paradies 2016; Dudgeon and Walker 2022; Truong and Moore 2023; Paradies 2018; Larson et al. 2007; Temple et al. 2020; Moodie et al. 2019). Repeated exposure to interpersonal racism, such as derogatory remarks,

microaggressions and discrimination, erodes self-esteem, produces psychological distress and fosters a sense of isolation and worthlessness (Truong and Moore 2023). Institutional racism compounds these effects by restricting access to vital services and opportunities, thereby producing patterns of disadvantage (Elias et al. 2021b). Systemic racism, embedded across policy and governance, keeps these barriers firmly in place – forcing Aboriginal and Torres Strait Islander Peoples to continuously navigate structures designed without them in mind. The cumulative effect is chronic stress, anxiety and trauma that deeply affects social and emotional wellbeing (Truong and Moore 2023).

The pervasiveness of racism in the lives of Aboriginal and Torres Strait Islander Peoples is well documented (Moodie et al. 2019; Temple et al. 2020; Ziersch et al. 2011), and there is growing evidence that exposure has deleterious impacts on health and wellbeing (Larson et al. 2007; Temple et al. 2020; Ziersch et al. 2011; Truong and Moore 2023; Paradies et al. 2015; Markwick et al. 2019). Despite this recognition, a critical gap remains. Few empirical studies have unpacked the specific pathways and mechanisms through which different forms of racism intersect with and disrupt Aboriginal and Torres Strait Islander wellbeing (Paradies et al. 2015; Devakumar et al. 2020).

This paper sought to address that gap by exploring how racism, across its many forms, intersects with and disrupts the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples living in so-called Australia[1] today. It drew on data from the What Matters 2Adults (WM2Adults) study, a national project designed to understand the foundations of Aboriginal and Torres Strait Islander wellbeing. The original study did not directly ask about racism; instead, participants were invited to yarn about what supports or disrupts living a good life. Across yarning circles and individual yarns, discussions of racism and discrimination emerged repeatedly, organically and with striking consistency. These unsolicited yet widespread accounts signalled the need for an Indigenous-led secondary analysis focused on how racism infiltrates and undermines wellbeing.

Methods

Acknowledgement of Country

This work is grounded in the sovereignty of Country. Country is not a passive backdrop to this work, but a living force that holds, teaches and guides it. In honouring Country, the authors also honour the Elders who carry cultural authority and protect ancestral knowledges. Their teachings continue to shape how research, responsibility and care are approached. The authors pay deep respect to Elders past and present, and to the ancestors whose wisdom and resistance are carried through this work.

Author positionality

The author team recognises the importance of reflexively considering and articulating the diverse perspectives, positionalities and values they brought to this research. This includes acknowledging how their lived experiences, disciplinary training and relationships with community shaped the lens through which they engaged with this work. The authorship team includes a senior Aboriginal scholar (GG), a mid-career Aboriginal and researcher (AG), and an emerging Aboriginal researcher (KN), alongside two non-Indigenous researchers (KA, KH) who are committed to relational and accountable practice in

[1]The term *so-called Australia* is used to acknowledge that the Australian nation-state is founded on the ongoing occupation of Aboriginal and Torres Strait Islander Peoples' sovereign, unceded lands, and that colonisation is not a historical event but a continuing structure. This language is deliberately used to foreground Indigenous sovereignty and resist the naturalisation of the settler-colonial state.

Aboriginal and Torres Strait Islander health research. Collectively, the team brought expertise across public health, cultural safety, cancer screening, Indigenous health research, mental health, and social and emotional wellbeing. Several team members have lived experience of the intersecting systems being critiqued, and all have demonstrated accountability to community in their research practice. This paper emerged from a broader program of work led by Aboriginal and Torres Strait Islander scholars, guided by community priorities, and grounded in Indigenous knowledges and sovereignty.

Indigenist methodology

This paper presents a secondary analysis of data from the WM2Adults study, which aimed to develop a wellbeing measure specifically for Aboriginal and Torres Strait Islander Australian adults. The broader WM2Adults methods have been detailed elsewhere (Howard et al. 2020; Garvey et al. 2021a). This analysis draws on transcripts from the first phase of the study, comprising 45 yarning circles and six individual yarns with 359 Aboriginal and Torres Strait Islander adults recruited from across Australia between September 2017 and September 2018.

While the original focus of the yarns was strengths-based, exploring the aspects of life that support wellbeing, participants also shared powerful and recurring stories about the challenges of maintaining wellbeing under the constant strain of racism. These reflections, although not the central focus of the original study, emerged as significant subtext throughout the data. It is this subtext – participants' experiences of racism and its impacts on wellbeing – that formed the focus of the current analysis.

This secondary analysis was guided by an Indigenist research methodology, grounded in three key principles: (1) Notions of resistance as a part of Aboriginal and Torres Strait Islander Peoples' struggle for self-determination; (2) Aboriginal and Torres Strait Islander research leadership in representing their communities to achieve self-determination; and (3) Ensuring political integrity and privileging the voices of Aboriginal and Torres Strait Islander Peoples (Rigney 1999).

Using a strengths-based Indigenist methodology was critical to maintaining the cultural and political integrity of this work. It ensured that Aboriginal and Torres Strait Islander worldviews, experiences and values were not only included, but prioritised at every stage of the research process.

Participants and data collection

WM2Adults recruited Aboriginal and Torres Strait Islander adults (aged 18 years and over) from a wide range of geographical locations including major cities, regional and remote areas from seven states and territories across Australia between September 2017 and September 2018 (Garvey et al. 2021a). The data collection of WM2Adults has been described in detail elsewhere (Garvey et al. 2021a). In brief, face-to-face yarning circles and individual yarns (hereafter referred to as yarns) were held with Aboriginal and Torres Strait Islander adults and ranged in duration from 60 to 120 minutes. 'Yarning' is a recognised culturally appropriate process of communication and involves sharing, listening, interpreting, re-interpreting and making sense of past events (Bessarab and Ng'andu 2010; Geia et al. 2013). This method ensures cultural survival in the present day and respects Aboriginal and Torres Strait Islander Peoples' oral traditions, values and privileges their knowledges (Bessarab and Ng'andu 2010; Geia et al. 2013). Yarns were primarily conducted in English. Where needed or requested, interpreters were available to support participants to yarn in their preferred language or to clarify meaning.

This ensured that participants could share their experiences in ways that felt comfortable, culturally safe and aligned with their usual ways of communicating.

All yarns were conducted by an Aboriginal and Torres Strait Islander researcher, with support from another Aboriginal and Torres Strait Islander or non-Indigenous researcher, all of whom were experienced in working with yarning in Aboriginal and Torres Strait Islander health research.

The yarns were audio recorded, transcribed verbatim and imported into NVivo12 version 10 software for analysis (Castleberry 2014). To maintain anonymity, privacy and confidentiality, certain identifying details have been removed and participants' postcode or name of place of residence was used to assign them to a remoteness level, based on the 2021 Australian Statistical Geography Standard Remoteness Structure (Australian Bureau of Statistics 2021). Geographical areas were classified as 'major city' (relatively unrestricted accessibility to goods, services and social opportunities), 'inner regional' (some restrictions to accessibility), 'outer regional' (significant restrictions to accessibility), 'remote' (very restricted accessibility), or 'very remote' (very little accessibility).

A yarning guide was used to guide participants to reflect on, discuss and describe the impact of parts of life on their wellbeing (Garvey et al. 2021a). In yarning about aspects of life that support their wellbeing, participants also shared their experiences of adversity, racism and injustices, contributing to a holistic and authentic narrative of their lived experience. While researchers did not directly inquire about the impact of racism, participants often included these experiences in their discussions about wellbeing.

Ethics

Ethics approval for the original WM2Adults study was granted by multiple human research ethics committees, including the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (Ref: 2017-2855 and Ref. 2019-3333); University of Sydney Human Research Ethics Committee (Ref: 2017/724 and Ref: 2019/672); Central Australian Aboriginal Congress Aboriginal Corporation; Central Australian Human Research Ethics Committee; Western Australian Aboriginal Health Ethics Committee (Ref: 833); Aboriginal Health and Medical Research Council (Ref: 1340/17); Aboriginal Health Council of South Australia's Aboriginal Health Research Ethics Committee (Ref: 04-17-741); St Vincent's Hospital Melbourne Human Research Ethics Committee (Ref: 034/18); UTS Human Research Ethics Committee (Ref: ETH194460); Charles Darwin University Human Research Ethics Committee (Ref: H19059); and The University of Queensland Human Research Ethics Committee (Ref: 2022/HE000809).

Participants in the original study provided informed consent for their de-identified data to be used in related future research, including this secondary analysis. No new ethics applications were required for this study. Instead, amendments to existing ethics approvals were approved by the University of Sydney Human Research Ethics Committee (Ref: 2017/724 and Ref: 2019/672); the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (Ref: 2017-2855 and Ref: 2019-3333); and The University of Queensland Human Research Ethics Committee (Ref: 2022/HE000809), reflecting the institutional affiliations of investigators involved in the secondary analysis. This secondary analysis was conducted in accordance with Indigenous Data Sovereignty

principles and was supported by Indigenous investigators on the research team. Identifying details were removed to protect participant confidentiality. This research is reported in accordance with the CONSIDER statement for reporting Indigenous health research.

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Data analysis

In line with an Indigenist research approach, the voices of Aboriginal and Torres Strait Islander Peoples were privileged throughout the analysis process (Rigney 1999). The main WM2Adults study identified five foundations of wellbeing for Aboriginal and Torres Strait Islander adults: belonging and connection; holistic health; purpose and control; dignity and respect; and basic needs (Garvey et al. 2021a; Garvey et al. 2021b). These foundations were interwoven with three central and interconnected aspects of Aboriginal and Torres Strait Islander life: family, community and culture (Garvey et al. 2021a; Garvey et al. 2021b). The current secondary analysis drew on these foundations to explore how racism undermines and permeates these protective dimensions of wellbeing, often resulting in harm across multiple domains.

This research employed a collaborative yarning method (CYM) approach (Shay 2021), which is an iterative, relational and culturally grounded approach to meaning-making that the team has successfully used in prior work. The secondary analysis was conducted using NVivo12, drawing on the existing coded transcript data. Reflexive thematic analysis guided the identification of relevant narratives and emerging themes.

Two researchers (KN, KA) reviewed a sample of the transcripts line-by-line to inductively generate a draft thematic framework centred on experiences of racism shared by participants when reflecting on what supports their wellbeing. Three researchers (KN, GG, KH) then used a CYM approach to iteratively reflect on the draft framework through collaborative discussion and review of raw data excerpts. Throughout this process, KN also engaged in informal and supportive yarns with AG, who provided qualitative mentorship and helped make sense of complex data during moments of analytical uncertainty, reflecting the relational and dialogical foundations of Bessarab and Ng'andu's original yarning methodology (Bessarab and Ng'andu 2010).

KN proceeded to code the transcripts using the revised racism-specific framework. Through constant comparison, these were developed and cross-checked with a senior researcher (KA) to finalise the coding approach. These were then reviewed and discussed in a reflective yarn with KA, AG and GG to distil key messages and clarify the meaning of each theme. Finally, the broader team (KN, KA, AG, GG, KH) met to review, refine and provide feedback on the phrasing and presentation of key findings.

The following section presents participant narratives of navigating racism, as shared during the yarns. These narratives cut across different life domains and revealed the pervasive and multifaceted impacts of racism on wellbeing. Participant quotes are included to illustrate and ground each theme. While individual participants are not named, each quote is labelled with the yarn site (i.e. the state/territory in which the

yarn was held and the remoteness category of the site) (Australian Bureau of Statistics 2021).

Results

Profile of participants

A total of 359 Aboriginal and Torres Strait Islander adults from across Australia participated in this study (353 yarning circles and six individual yarns). The characteristics of participants have been described in-depth elsewhere (Garvey et al. 2021a). In summary, 57% of participants were female, and ages ranged from 18 to 92 years, with a median age of 50 years. Most participants were Aboriginal (84%), resided in regional areas (57%), had completed schooling to grade 10 or below (54%) and primarily spoke English at home (81%).

Thematic results

Drawing on the participants' narratives about what supports their wellbeing, this analysis highlights how racism was frequently interwoven into their stories – impacting their ability to live well. While each participant brought their own unique perspective, the accounts collectively illustrate how racism continues to shape and constrain the wellbeing of many Aboriginal and Torres Strait Islander Peoples.

Racism was explored through the lenses of individual, institutional and systemic forms – each reinforcing racialised inequities and contributing to an ongoing system of exclusion and harm. The analysis identified six key pathways through which participants described the impacts of racism on wellbeing: threatening cultural survival; undermining kinship systems; denigrating systems of power and justice; perpetuating harmful stereotypes; inflicting health harms; and challenging self-determination and sovereignty. These themes reflect the deeply embedded ways that racism continues to affect the lived experiences, identities and aspirations of many Aboriginal and Torres Strait Islander peoples who shared their stories in this study.

Threatening cultural survival

Participants shared deeply personal and community-level reflections on the ways that racism has threatened the survival of their cultures, languages and ways of being. Some described direct and interpersonal experiences of racism, while others reflected on more pervasive, structural forms that impacted their communities. Regardless of how racism was encountered, the harm was acutely felt.

Across many stories, the legacy and ongoing impacts of colonisation emerged as a powerful backdrop. Participants reflected on experiences that they understood as cultural genocide, describing how policies, systems and acts of violence have severed connections to traditional knowledge, language and cultural practices. These reflections often carried an intergenerational weight, with participants speaking to the emotional and spiritual toll that this loss had on their own lives, their families and their ability to pass culture forward.

> *We're the oldest surviving culture... the Aboriginal people are still here, and even when the Government, the whitefellas that came here 200 hundred years ago, tried to wipe out the culture and the people* (Participant, Western Australia, major city).

> *...I came to work walking along... and I looked up and this flag, you couldn't buy Aboriginal flags, I hand made that flag and they'd painted it white and it was the most destroying thing, most traumatic thing that I've suffered in my life, the impact of that... yeah, it was a process of trying to wipe us off the earth, get rid of*

the flag, get rid of them (Participant, Tasmania, very remote).

Participants shared reflections on the deep harm caused by racist and discriminatory policies, which were described as violating their rights as Aboriginal and Torres Strait Islander peoples to practice culture, traditions and language. For many, connection to community, history and culture was inseparable from their sense of identity and wellbeing. Keeping culture strong through practices of sharing, storytelling and community involvement was expressed as a vital act of care and resistance.

These narratives highlighted that cultural continuity was not only a value, but a deliberate and ongoing effort in the face of continued attempts to erase it. Participants spoke of passing cultural knowledge to younger generations as a way to ensure that it is not, in the words of one participant, 'stomped out'. Maintaining and revitalising culture in everyday life was described as central to sustaining wellbeing, especially in the context of policies and systems that have historically and continuously undermined it.

> *...if you don't get taught that culture it doesn't flow through you know, so and that's a shame for you know, the rest of us so we've got to just, you know, make sure that, that's sort of passing on through the generations so we can yeah, keep it going* (Participant, Northern Territory, outer regional).

These accounts demonstrate the enduring impact of colonisation, the resulting government policy on the lives of Aboriginal and Torres Strait Islander Peoples, and reveal how cultural survival is deeply entwined with the pursuit of health, healing and collective strength.

Undermining kinship systems

Participants reflected on the ongoing impacts of forced child removals – both historical and contemporary – as a source of deep grief, loss and disruption to wellbeing. Stories shared about the Stolen Generations revealed not only personal trauma, but a broader sense of collective wounding that continues to shape social, emotional and cultural wellbeing. For some, the removal of family members was a direct part of their own life story; for others, the legacy of these actions was felt intergenerationally, surfacing in fragmented kinship ties and enduring pain.

> *With the Stolen Generation this is what really impacted on me, I don't think there's a family in Australia that somehow isn't impacted with the Stolen Generation in one way or another, we all have an aunty that her children were stolen from her, taken from her, Aunty didn't have a choice in that, that was the policy at the time* (Participant, Tasmania, very remote).

The removal of children was not spoken about as a thing of the past. Participants described ongoing interventions by government systems that continue to remove Aboriginal and Torres Strait Islander children from their families, communities and cultural contexts, most often through out-of-home care. These removals were understood as extensions of colonial control that rupture kinship structures and perpetuate cycles of disconnection and harm.

> *The Welfare Department is still taking children off adults, off the dark people and giving them to white [people]. I've just had a grandchild taken off my daughter. She was looking after him quite well, and [the child] was taken off her and given to a white person* (Western Australia, major city).

> *With family it's very important for family to be together, and a lot of the time the government agencies that we got here, that splits that family, you know. They don't listen to how we feel. Not our health and our wellbeing, like, you know. So, they split us because they can* (Participant, Western Australia, inner regional).

Participants expressed frustration and anger at government organisations that retain authority over Aboriginal and Torres Strait Islander child-rearing practices and cultural responsibilities. These systems were described as exercising control over the most intimate aspects of family life, contributing to a sustained struggle for self-determination and the right to care for and raise children within culture.

> *When children's services take our Indigenous children away from their family and put them into white families and then, like a few years down the road, they've been westernised so much so, that after a while they forget their identities* (Participant, Northern Territory, outer regional).

Together, these narratives revealed how racism within child protection systems fractures kinship, disrupts cultural continuity and undermines the social and emotional wellbeing of Aboriginal and Torres Strait Islander families across generations.

Denigrating systems of power and justice

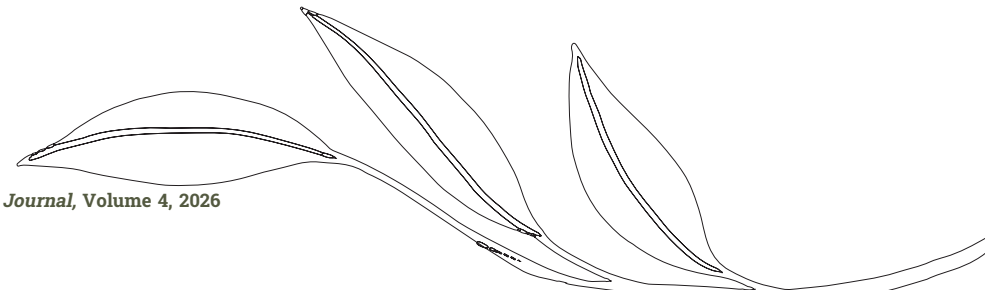
Participants reflected on their experiences navigating settler-colonial systems – including criminal justice, housing, healthcare, education, employment and the media – as sites where systemic racism and injustice were deeply embedded. Many expressed a lack of trust in these systems, shaped by repeated experiences of exclusion, discrimination and disregard for Aboriginal and Torres Strait Islander knowledges, rights and ways of being.

> *We're talking about Department of Children's Services, we're talking about the police department, we're talking about Housing Commission. There's three powerful organisations, they put their heads together like that, you haven't got a chance…* (Participant, Queensland, major city).

While government efforts to address inequity were acknowledged, participants questioned their effectiveness; emphasising that these responses often failed to meaningfully address the structural nature of racism. Rather than internalising a discourse of deficit or disadvantage, participants named systemic racism and institutional neglect as the primary forces producing the social and economic hardships they faced. One key area identified was housing, where participants shared experiences of being denied access to safe, secure and culturally appropriate housing due to racial discrimination within government housing services.

> *Aboriginal and Torres Strait Islander Peoples' lives, health and wellbeing are severely impacted on by so many other factors and stuff other than just being poor… that's changed a little bit too because a lot more Aboriginal people are working, so we have jobs and we are getting education… getting the jobs and stuff like that but we still have to deal with that overarching racism, that overarches and underpins everything about us* (Participant, Tasmania, outer regional).

> *We have a right to be housed, to be healthy and to have access to doctors, health, et cetera… whether we get it or not is another thing…* (Participant, Tasmania, outer regional).



The criminal justice system and housing systems were raised as key spaces where colonial logics continue to manifest. Participants spoke to the enduring harms of policing, racial profiling and incarceration. Some recounted personal or community experiences of police brutality and violence, describing them as contemporary expressions of colonial control. These stories framed ongoing surveillance, discrimination, incarceration and the use of housing instability as tools of control for Aboriginal and Torres Strait Islander Peoples, not as failures of the system but as features of it.

> *… They put them in the certain placement like you're talking about there, they put him in these certain places, next minute they evicted. One after another* (Participant, Queensland, major city).

> *It's important that we have stable accommodation to keep our community intact and at the moment we are in a running battle with the Housing Commission who definitely abused our people when you talk about 40 families from across [city] that we know of, have been evicted in the last three months, pretty dramatic, that's a lot of numbers in our community. When we make up only three per cent of the population in this country. A pretty dramatic impact on our community* (Participant, Queensland, major city).

> *…Housing Commission has got to stop putting them there where there's racist people* (Participant, Queensland, major city).

Together, these narratives expose how settler-colonial systems of power continue to operate in ways that deny Aboriginal and Torres Strait Islander Peoples justice, recognition and safety, and ultimately impact individual and collective wellbeing.

> *They've been bashing Aboriginal people from the day they set foot on this place, you know?* (Participant, Northern Territory, outer regional).

> *…The law enforcements… One bloke got 2 years and only going to do 12 months for killing a bloke the other day. He was a white bloke and a blackfella robbed a bank for five grand and he is doing three years. Where is the rough up now?* (Participant, Western Australia, major city).

> *What I notice, anything that you report it to the police, they don't take notice of you just because you're the Aborigine, they don't take notice of you* (Participant, South Australia, outer regional).

These accounts underscore that for many participants, settler-colonial institutions are not experienced as neutral systems of support or justice, but as racialised structures that deny safety, recognition and core conditions for wellbeing.

Perpetuating harmful stereotypes

Participants shared personal experiences of racism shaped by negative assumptions, stereotypes and externally imposed ideas about what an Aboriginal and Torres Strait Islander person should look like, act like or be. These racialised narratives were often experienced as limiting, dehumanising and dissonant with participants' lived realities. Several participants described how these stereotypes undermined their sense of belonging, and caused distress in daily life, particularly when their identities were questioned or invalidated by others.

> *So, just in terms of just belonging in society and being a part of society, you know, like there's so much, like when you look in the media, there's so much stuff – so much missed or limited information*

about oh, you know, this – these many Aboriginal people are on Centrelink and so, we look like – in the rest of Australia's eyes, we look like the scum of society (Participant, Northern Territory, outer regional).

…That is what we all had to grow up with. These stereotypes that were always on the TV about us… I grew up thinking that all of this stuff only happened with the blackfellas. Like honestly, and thinking that it was blackfellas that had this big drinking problem and everybody was alcoholics… White people think it is their God-given right to be able to drink after work because they have done a hard day's work. But of course blackfellas are dole bludgers. They only deserve to drink on the weekends. So really that was it. It's the contradictory messages (Participant, New South Wales, outer regional).

… Show how blackfellas celebrate. How ours is about culture and so on and ceremony and dance and there is never alcohol… Like I never see anybody drinking during NAIDOC Week at any of the – and then put a picture up of Melbourne Cup. What's that about? Drinking, gambling… Like there is a public holiday for that day and yet we don't get a public holiday for NAIDOC… it's this big double standard… we are made to always feel like we are the problem (Participant, New South Wales, outer regional).

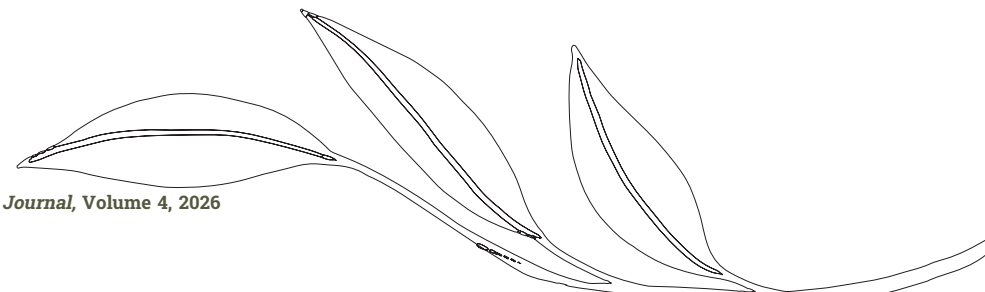
Many of the shared stories involved subtle but persistent forms of racism – insidious in nature and embedded in everyday life. Rather than being surprised by these encounters, participants spoke of a constant awareness and anticipation that racism could occur at any moment. This expectation was described as part of the reality of navigating public and institutional spaces as an Aboriginal and Torres Strait Islander person.

[It's] everyday living, you know?… like I went into the bank only the other day, and I was talking to the lady, because I had some matters I had to clear up. And she talked to me really, really slow… I'm not illiterate. That's what I mean, you've got to – some people would have let her get away with it, but you've got to feel confident in yourself to speak up… You know, because if you let them speak down to you, they will (Participant, New South Wales, outer regional).

Yeah, they look at you and they think because you're black, you're dumb (Participant, New South Wales, outer regional).

Visibility of racial difference, particularly in relation to skin colour and phenotype, was raised as a factor shaping how racism was experienced. Some participants described the impact of colourism and ongoing misconceptions about Aboriginal and Torres Strait Islander ancestry, noting how these false beliefs could lead to both hypervisibility and erasure. While this study cannot speak for all Aboriginal and Torres Strait Islander Peoples, participants' reflections allude to the broader harms of racial stereotyping and the persistent pressure to conform to externally imposed definitions of identity. These stories demonstrate that racism operates in contradictory ways, attaching to bodies based on assumptions that shift across different contexts. Despite these challenges, participants also spoke of the pride they held in their cultural identity.

Because one example, is there at the moment, is that you know, we fought for example, for the right for people to identify as Aboriginal people because previous government policies had grouped us or classified us as, you know, part-Aboriginals or you know, fully caste, half-caste, whatever, you know? So, you had the government or external bodies



determining who you were or your Aboriginality (Participant, New South Wales, inner regional).

So, people judge you on the colour of your skin and if you're lily white, then you're not Aboriginal (Participant, Northern Territory, outer regional).

We're probably in a better place now that people who are acceptable of change and willing to participate – to participate in Aboriginal culture. Where like, before, some people, you know, you didn't identify. So, it's more acceptable to identify without having that, you know, stigma associated to it (Participant, Tasmania, outer regional).

For many, connection to culture, community and Country was a source of strength and wellbeing – far more significant than how others judged their appearance. This pride was seen as a protective force, one that resisted the damage of externally imposed stereotypes and affirmed the inherent value of being an Aboriginal and Torres Strait Islander person.

Not all Aboriginals look exactly what you think they are... no matter how much milk you put in the tea, it's still a cup of tea, so it can be black, or it could be really, really light but it's still a cup of tea, and that's in the community, like, she is like an aunty to me and yet she's got blonde hair, blue eyes (Participant, Victoria, major city).

The diversity needs to be recognised... Because like, with me, the way I look, I get mistaken for every other culture and every other Indigenous group around the world than my own (Participant, Northern Territory, outer regional).

Together, these narratives reveal how racism is not only structural, but also deeply personal, manifesting in everyday interactions, identity-based assumptions and emotional labour. Yet within this, participants asserted the power of cultural pride and belonging as vital anchors for wellbeing.

Inflicting health harms

Participants described the deep toll that racism takes on both mental and physical health. Encounters with racism – whether overt or subtle, individual or systemic – were not isolated experiences, but part of an ongoing emotional burden that accumulated over time. The effects were described as lingering, affecting how participants felt about themselves, how they moved through society and how they experienced their own bodies.

I just know when we feel those experiences, it's every bloody day (Participant, New South Wales, outer regional).

Many participants shared that it was difficult to separate the daily impacts of racism from their mental health struggles. The constant navigation of discrimination, exclusion and disrespect contributed to feelings of anxiety, stress, anger and depression. Some spoke about how the emotional and psychological effects of racism would resurface long after a specific incident had passed.

...dealing with racism. That affects everything... and that goes along with politics as well. I know for me and what's going on politically impacts me personally and stresses me out at work, at home and with family, so there's all those things (Participant, Tasmania, outer regional).

In response to this ongoing harm, some participants spoke about turning to substances and other forms of self-medication as a way to cope with the emotional weight of racism. These practices were described not as recreational or incidental, but as deeply tied to lived experiences of racial trauma, persecution and

systemic neglect. For some, alcohol or other substances offered temporary relief or numbing from the pain caused by racism, particularly when access to culturally safe and responsive mental healthcare was lacking.

The act of self-medicating was often accompanied by complex feelings: some participants spoke openly about the shame or stigma attached to substance use, while others framed it as a survival strategy in the absence of structural support or justice. These stories reflect the urgent need to address racism not only as a determinant of health but as a form of ongoing violence that demands culturally grounded, trauma-informed responses.

> *[Self-medicating is] something that makes you feel – you don't feel the hurt. You don't feel the grief. You don't feel the brokenness. You don't feel the racism. You don't feel the hatred. You don't feel the worthlessness. All of those things* (Participant, New South Wales, outer regional).

Amidst these struggles, participants also spoke of the importance of collective strength and resilience. Drawing on cultural identity, family and community was described as vital in supporting wellbeing and resisting the harm inflicted by daily experiences of racism.

> *Cry or do whatever you want to do and just be there for one another for support because we're all going through the same thing and if you're hurting, we're hurting. That's how we are, blackfellas. One blackfella's hurting, we all are* (Participant, New South Wales, outer regional).

In this way, racism was described not only as an individual health stressor, but as a collective wound that reverberates through families and communities, compounding the burden on social and emotional wellbeing.

Challenging self-determination and sovereignty

Participants reflected on the enduring effects of colonisation, and the ways in which state policies and institutional systems continue to undermine Aboriginal and Torres Strait Islander Peoples' rights to self-determination. These reflections spoke to the broader context of systemic racism, where cultural erasure, political disempowerment and structural discrimination were understood as ongoing mechanisms of control. For some, these forces had resulted in the need to downplay or hide aspects of their identity to survive within settler-colonial systems.

> *…those that survived weren't allowed to practice culture, weren't allowed to use their language and all that sort of stuff* (Participant, Tasmania, outer regional).

> *…To learn culture, you know, it was just put down and dampened down because if you want to… get somewhere in life you had to be like a Caucasian person and act like that, speak like that, you know, couldn't have your culture or anything, it really got stomped out* (Participant, Northern Territory, outer regional).

Others spoke about the importance of resistance, both personal and collective, in asserting cultural identity, protecting sovereignty and navigating life within the colony. These narratives highlighted how cultural genocide, while devastating, had not been successful in silencing Aboriginal and Torres Strait Islander Peoples.

> *…Why teach our young ones, our future generation language? Because first language is your identity. That*

was taken away, just a bit over a hundred years ago and it's only just being put back into the school in the last couple of years. They started to teach English – language alone, language back into the school. Yeah. Because that was taken away to be exact, 1871 when the missionaries came around. They said, you know, they was heathen. Heathen, the order from the Majesty. So, you're not allowed to speak language. But, you know, they've been speaking their language in their own secret place (Participant, Queensland, outer regional).

Despite the pain and ongoing trauma caused by colonisation, many participants centred strength, pride and collective achievements in their reflections. There was a sense of empowerment expressed when seeing other Aboriginal and Torres Strait Islander peoples succeed, particularly in mainstream media and public life. These moments were described as contributing to holistic wellbeing, offering a sense of hope, representation and validation.

...we do things maybe at a slow rate or slow pace but it is also we have been held back and, if you look at the things we have done maybe over the next or the last 30-40 years, our own TV channels. We have got blackfellas breaking into politics (Participant, Western Australia, major city).

We need more of our people on the mainstream. Not on ABC, not on SBS, not NITV. We need to be on a mainstream (Participant, New South Wales, outer regional).

Participants spoke of these successes as important acts of visibility that counter racist stereotypes and reshape how Aboriginal and Torres Strait Islander Peoples are seen. In the face of continued adversity, these stories underscored a commitment to celebrating survival, cultural continuity and excellence – testament to the strength and sovereignty that continue to define Aboriginal and Torres Strait Islander Peoples' lives.

It's so empowering and those things, I think, improve the health of the whole community because you can feel proud of those things... and so that for the broader community of us that are further away, you can see the things that you guys are doing down here and getting them out there and going, yep. Look up Wiki[pedia] going, 'That's my aunty. She's Wiki famous'. So it's counteracting all that racism and bad stuff with positive things that we're doing and how that makes people feel (Participant, Tasmania, outer regional).

Discussion

This paper sought to address a critical gap in the literature by exploring how racism, across its many forms, intersects with and disrupts the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples. Drawing on a secondary analysis of the WM2Adults dataset, originally developed to inform a culturally validated wellbeing measure, this study examined how participants, when asked about what supports wellbeing, shared unsolicited yet widespread accounts of racism as a core disruption to that wellbeing. The unprompted, frequent occurrences of these narratives highlight the pervasive reach of racism and its deep entanglement with Aboriginal and Torres Strait Islander Peoples' experiences of health and wellbeing in so-called Australia.

Through this process, six interconnected pathways were identified through which racism undermines Aboriginal and Torres Strait Islander wellbeing: threatening cultural survival; undermining kinship systems; denigrating systems of power and justice; perpetuating harmful stereotypes; inflicting health

harms; and challenging self-determination and sovereignty. These findings illustrate that racism is not confined to interpersonal exchanges; it is embedded in systems, policies and dominant social narratives that are upheld through the ongoing logic of colonisation (Paradies 2016; Brinckley and Lovett 2023; Wright et al. 2022; Wilkes et al. 2025).

Participants' narratives echoed previous research demonstrating that racism is a persistent and anticipatory stressor, felt across generations, institutions and geographies (Larson et al. 2007; Ziersch et al. 2011; Truong and Moore 2023; Markwick et al. 2019). In particular, reflections on the Stolen Generations and ongoing child removal revealed how policies of cultural genocide are not historical relics, but contemporary realities (Australian Institute of Health Welfare 2021a; Australian Institute of Health Welfare 2019; Atkinson 2013). These findings reinforce evidence that policies of forced removal are not confined to the past but remain a contemporary and racialised form of state control (Bond and Singh 2020; Brown 2021; Brinckley and Lovett 2023; Sherwood 2013).

This study also supports existing literature on the deep mistrust many Aboriginal and Torres Strait Islander peoples feel toward health, housing and justice systems (Brinckley and Lovett 2023; Markwick et al. 2019; Truong and Moore 2023; Wright et al. 2022; Gatwiri et al. 2021). Participants described institutional racism not only as a barrier to care, but as a force that actively undermines wellbeing through surveillance, stereotyping and exclusion (Paradies 2016). These are not system failures – they are the system functioning as intended under settler-colonial governance (Moreton-Robinson 2015; Brinckley and Lovett 2023).

Racism in so-called Australia is not an aberration, it is a systemic force, deeply entwined with the settler state. The ongoing visibility of deaths in custody, child removals and the pathologising of Aboriginal and Torres Strait Islander health are not isolated incidents; they are part of a settler-colonial project that frames Aboriginal and Torres Strait Islander lives as negotiable and wellbeing as conditional (Devakumar et al. 2020).

The data analysed in this study were collected between September 2017 and September 2018, prior to several recent political and social developments that have had significant impacts on Aboriginal and Torres Strait Islander Peoples. The prominence of racism in participants' wellbeing yarns during this period underscores its enduring and structural nature, rather than its emergence in response to any single event. The writing and refinement of this manuscript occurred through and following the failure of the 2023 Voice to Parliament referendum – a moment that starkly illustrated the pathways through which racism continues to challenge Aboriginal and Torres Strait Islander Peoples' rights to self-determination and sovereignty. This period has since been characterised by highly visible expressions of racial hostility, violence and punitive policy responses, alongside uneven progress toward truth-telling and treaty. The referendum's defeat revealed not only the deep racial fault lines in Australian society but also exemplified how systemic racism operates to deny Aboriginal and Torres Strait Islander Peoples' meaningful authority over decisions that affect their lives and wellbeing. The current participants' narratives, shared prior to this political moment, captured the ongoing reality of having their right to self-determination questioned and undermined; from everyday encounters where their cultural identity was invalidated, to systemic exclusion from decision-making processes about their own communities and families. The referendum

outcome reinforced what participants in this study already knew: that settler-colonial Australia remains resistant to genuinely redistributing power or recognising Aboriginal and Torres Strait Islander sovereignty. In the aftermath of the referendum, studies have documented a rise in racial hostility and a decline in mental health and wellbeing among Aboriginal and Torres Strait Islander Peoples (Thurber et al. 2024; Wilkes et al. 2025), reflecting the direct pathway from political disenfranchisement to wellbeing harm that these participants described.

Importantly, this research was not produced from a position outside these dynamics. For Indigenous scholars, writing about racism frequently occurs alongside ongoing personal and professional exposure to the very systems and harms being analysed. These conditions of knowledge production reflect the broader colonial context in which Indigenous research is undertaken and underscore the emotional, intellectual and wellbeing labour required to produce critical scholarship, while simultaneously navigating the realities of the colony. In this sense, the findings presented here echo what participants in this study already articulated: racism is not episodic or exceptional, but daily, systemic and compounding. Taken together, these contexts suggest that if this research were replicated today, the pathways identified here would likely remain salient and may be further intensified, reinforcing the urgency of structural action to address racism as a determinant of wellbeing.

Government policy continues to frame wellbeing through individualised, behavioural lenses, often failing to address the structural forces that shape health outcomes. As Ngampromwongse and Gall (2025) argue, strategies such as the National Preventive Health Strategy 2021–30 claim to promote equity, but largely ignore the enduring impacts of colonisation, systemic racism and intergenerational trauma. By prioritising settler definitions of health, such policies reproduce the conditions they claim to redress. A decolonial, strengths-based approach demands more than rhetorical inclusion – it requires structural change, self-determination and the re-Indigenisation of systems of care (Ngampromwongse and Gall 2025).

The future of wellbeing for Aboriginal and Torres Strait Islander Peoples

This study contributes important insight into how racism functions as an active barrier to the wellbeing of Aboriginal and Torres Strait Islander Peoples. The Indigenist research approach, grounded in self-determination, resistance and the privileging of Aboriginal and Torres Strait Islander voices, ensured the cultural integrity of both the analysis and interpretation of findings. The results show that despite the strength and resilience of Aboriginal and Torres Strait Islander Peoples, the constant burden of racism continues to undermine wellbeing at every level.

To dismantle these insidious pathways, it is not enough to focus on individual resilience. Systems and institutions must take responsibility for their roles in reproducing harm. This includes acknowledging the historical and ongoing trauma caused by racist policies and addressing how White-centred frameworks continue to marginalise Aboriginal and Torres Strait Islander Peoples. Truth-telling must involve not only the documentation of harm but the transformation of the systems that produce it.

Participants in this study described racism as a routine and anticipated feature of life in this country, a reflection of how 'everyday' racism has become normalised and, in many cases, socially accepted.

Confronting this reality demands a structural response. Public institutions, policymakers and service providers must move beyond rhetoric and take seriously the task of addressing the cultural, social and political conditions that continue to sustain racism.

Strengths and limitations

The use of Indigenist methodologies and collaborative yarning approaches in both the WM2Adults study and this secondary analysis strengthened the cultural and political validity of the research. The large and diverse sample of Aboriginal and Torres Strait Islander adults from across regional, remote and urban areas contributed to the richness of the data. However, most participants were from regional and remote areas, and around half were aged over 50 years, which may have shaped the perspectives shared.

This study was also strengthened by the collaboration between Aboriginal and Torres Strait Islander and non-Indigenous researchers, bringing a diversity of lived experience, methodological expertise and critical reflexivity to the analysis. Future research should continue to apply intersectional approaches that recognise the ways gender, class, sexuality, disability and other factors intersect with race to shape experiences of wellbeing. This will be essential in responding to the diverse realities and strengths of Aboriginal and Torres Strait Islander Peoples and communities.

Conclusions

This study centred the voices of Aboriginal and Torres Strait Islander peoples to expose the enduring and multifaceted ways that racism undermines wellbeing, across generations, institutions and daily life. By naming racism as a product of ongoing colonisation, this research contributes to the growing body of work demanding structural transformation. Eradicating racism is not a matter of reforming broken systems but dismantling the colonial logics that built them. This requires more than passive acknowledgement from non-Indigenous Australians, it demands active participation in the work of decolonisation, truth-telling and the redistribution of power. The future of Aboriginal and Torres Strait Islander wellbeing rests not in inclusion within existing structures, but in the recognition of sovereignty, the amplification of Aboriginal and Torres Strait Islander voices, and investment in self-determined, community-led solutions.

Author contributions

G. Garvey and K. Howard conceptualised the original WM2Adults study. K. Ngampromwongse conceptualised the secondary analysis. K. Ngampromwongse, A. Gall and K. Anderson performed data analysis, and K. Ngampromwongse, A. Gall, G. Garvey, K. Howard and K. Anderson interpreted the findings. K. Ngampromwongse, A. Gall and K. Anderson performed writing – original draft preparation. A. Gall, G. Garvey, K. Howard and K. Anderson performed writing – reviewing and editing. G. Gall and K. Howard undertook funding acquisition. All authors have read and agreed to the published version of the manuscript.

Declaration of interests

Professor Gail Garvey is an Associate Editor of First Nations Health and Wellbeing – The Lowitja Journal. Other authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

Anti-Discrimination Commission Queensland, 2017. Aboriginal people in Queensland: a brief human rights history. Accessed on 10 May 2025 at: https://www.qhrc.qld.gov.au/audience/aboriginal-and-torres-strait-islander-rights/aboriginal-and-torres-strait-islander-peoples-in-queensland-a-brief-human-rights-history.

Atkinson, J., 2013. Trauma-informed services and trauma-specific care for Indigenous Australian children. Australian Institute of Health and Welfare, Canberra.

Australian Bureau of Statistics, 2021. Australian Statistical Geography Standard (ASGS). Accessed on 10 May 2025 at: https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-jun2026/remoteness-structure/remoteness-areas.

Australian Institute of Aboriginal and Torres Strait Islander Studies, 2022. Land rights. Accessed on 10 May 2025 at: https://aiatsis.gov.au/explore/land-rights.

Australian Institute of Health Welfare, 2019. Children living in households with members of the Stolen Generations. Australian Institute of Health and Welfare, Canberra.

Australian Institute of Health Welfare, 2021a. Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018–19. Australian Institute of Health and Welfare, Canberra.

Australian Institute of Health Welfare, 2021b. Youth detention population in Australia 2020. Australian Institute of Health and Welfare, Canberra.

Australian Institute of Health Welfare, 2022. Indigenous health and wellbeing. Australian Institute of Health and Welfare, Canberra.

Bessarab, D., Ng'andu, B., 2010. Yarning About Yarning as a Legitimate Method in Indigenous Research. Int J Crit Indig Studies 3, 37–50.

Bond, C.J., Singh, D., 2020. More than a refresh required for closing the gap of Indigenous health inequality. Med J Aust 212, 198–199.e1.

Bonita, M., 2020. Reporting Black Lives Matters: Deaths in custody journalism in Australia. Pac Journal Rev 26, 202–220.

Brinckley, M.-M., Lovett, R., 2023. Race, Racism, and Well-Being Impacts on Aboriginal and Torres Strait Islander Peoples in Australia. In: Walter, M, Kukutai, T, Gonzales, A, Henry, R (Eds.), The Oxford Handbook of Indigenous Sociology. Oxford University Press, Oxford, UK.

Brown, A., 2021. The more things change, the more they stay the same: enduring inequity in Indigenous health. Aust Health Rev 45, 395–396.

Castleberry, A., 2014. NVivo 10, Version 10. QSR International; 2012. Am J Pharm Educ.

Devakumar, D., Selvarajah, S., Shannon, G., Muraya, K., Lasoye, S., Corona, S., Paradies, Y., Abubakar, I., Achiume, E.T., 2020. Racism, the public health crisis we can no longer ignore. Lancet 395, e112–e113.

Doherty, L., 2021. Deaths in custody in Australia 2020-21. Australian Institute of Criminology, Canberra.

Dudgeon, P., Walker, R., 2022. An urgent call to address interpersonal and structural racism and social inequities in Australia. Lancet 400, 2014–2016.

Elias, A., Mansouri, F., Paradies, Y., 2021a. Race Relations in Australia: A Brief History. In: Elias, A., Mansouri, F., Paradies, Y. (Eds.), Racism in Australia Today. Palgrave Macmillan, Singapore.

Elias, A., Mansouri, F., Paradies, Y., 2021b. Racism in Australia today. Palgrave Macmillan, Singapore.

Garvey, G., Anderson, K., Gall, A., Butler, T.L., Cunningham, J., Whop, L.J., Dickson, M., Ratcliffe, J., Cass, A., Tong, A., Arley, B., Howard, K., 2021a. What Matters 2 Adults (WM2Adults): Understanding the Foundations of Aboriginal and Torres Strait Islander Wellbeing. Int J Environ Res Public Health 18.

Garvey, G., Anderson, K., Gall, A., Butler, T.L., Whop, L.J., Arley, B., Cunningham, J., Dickson, M., Cass, A., Ratcliffe, J., Tong, A., Howard, K., 2021b. The Fabric of Aboriginal and Torres Strait Islander Wellbeing: A Conceptual Model. Int J Environ Res Public Health 18, 7745.

Gatwiri, K., Rotumah, D., Rix, E., 2021. BlackLivesMatter in Healthcare: Racism and Implications for Health Inequity among Aboriginal and Torres Strait Islander Peoples in Australia. Int J Environ Res Public Health 18.

Geia, L.K., Hayes, B., Usher, K., 2013. Yarning/Aboriginal storytelling: Towards an understanding of an Indigenous perspective and its implications for research practice. Contemp Nurse 46, 13–17.

Howard, K., Anderson, K., Cunningham, J., Cass, A., Ratcliffe, J., Whop, L.J., Dickson, M., Viney, R., Mulhern, B., Tong, A., Garvey, G., 2020. What Matters 2 Adults: a study protocol to develop a new preference-based wellbeing measure with Aboriginal and Torres Strait Islander adults (WM2Adults). BMC Public Health 20, 1739.

Larson, A., Gillies, M., Howard, P.J., Coffin, J., 2007. It's enough to make you sick: the impact of racism on the health of Aboriginal Australians. Aust N Z J Public Health 31, 322–329.

Markwick, A., Ansari, Z., Clinch, D., McNeil, J., 2019. Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: A cross-sectional population based study. SSM – Popul Health 7, 100310.

Moodie, N., Maxwell, J., Rudolph, S., 2019. The impact of racism on the schooling experiences of Aboriginal and Torres Strait Islander students: A systematic review. Aust Educ Res 46, 273–295.

Moreton-Robinson, A., 2015. The White Possessive: Property, Power, and Indigenous Sovereignty. University of Minnesota Press, Minneapolis.

National Aboriginal Community Controlled Health Organisation, 2011. Constitution for the National Aboriginal Community Controlled Health Organisation, Canberra.

National Congress of Australia's First Peoples, 2012. Position Paper: National Anti-Racism Partnership and Strategy.

Ngampromwongse, K., Gall, A., 2025. 10 years of preventive health in Australia. Part 2 – centring First Nations sovereignty. Public Health Res Pract 35.

Paradies, Y., 2016. Colonisation, racism and indigenous health. J Pop Res 33, 83–96.

Paradies, Y., 2018. Racism and Indigenous Health. Oxford University Press, Oxford, UK.

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., Gee, G., 2015. Racism as a determinant of health: A systematic review and meta-analysis. PLoS One 10 e0138511-e0138511.

Rigney, L.-I., 1999. Internationalization of an Indigenous Anticolonial Cultural Critique of Research Methodologies: A Guide to Indigenist Research Methodology and Its Principles. Wicazo Sa Rev 14, 109–121.

Shay, M., 2021. Extending the yarning yarn: Collaborative Yarning Methodology for ethical Indigenist education research. Aust J indig Educ 50, 62–70.

Shepherd, S.M., Spivak, B., Ashford, L.J., Williams, I., Trounson, J., Paradies, Y., 2020. Closing the (incarceration) gap: assessing the socio-economic and clinical indicators of indigenous males by lifetime incarceration status. BMC Public Health 20, 710.

Sherwood, J., 2013. Colonisation – It's bad for your health: The context of Aboriginal health. Contemp Nurse 46, 28–40.

Temple, J.B., Kelaher, M., Paradies, Y., 2020. Experiences of Racism among Older Aboriginal and Torres Strait Islander

People: Prevalence, Sources, and Association with Mental Health. Can J Aging 39, 178–189.

The Uluru Statement, 2023. Open Letter: A Statement For Our First Nations People and Our Country. The Uluru Statement from the Heart. Accessed on 10 May 2025 at: https://ulurustatement.org/the-statement/view-the-statement/#.

Thurber, K.A., Wilkes, B., Hasan, M., Thandrayen, J., Colonna, E., McKay, C., Evans, O., Montgomery, S., Harrap, B., Sedgwick, M., Lovett, R., 2024. Monitoring Aboriginal and Torres Strait Islander mental health and wellbeing around the Voice to Parliament Referendum. Yardhura Walani National Centre for Aboriginal and Torres Strait Islander Wellbeing Research. The Australian National University, Canberra.

Truong, M., Moore, E., 2023. Racism and Indigenous wellbeing, mental health and suicide. Australian Institute of Health and Welfare, Canberra.

United Nations General Assembly, 2007. United Nations Declaration on the Rights of Indigenous People. Resolution A/RES/61/295. New York, NY.

Wilkes, B., Whop, L.J., Maddox, R., Thurber, K.A., McKay, C.D., Schultz, C., McGrath, C., Evans, O., Pengilly, J., Sedgwick, M., Cornforth, F., Lovett, R., 2025. Rights-seeking, racism, and retribution. Lancet Reg Health - West Pac 55, 101481.

Wright, A., Davis, V.N., Bourke, S., Lovett, R., Foster, D., Klerck, M., Yap, M., Richardson, A., Sanders, W., Banks, E., 2022. Contextualising measures of everyday discrimination experienced by Aboriginal peoples: A place-based analysis from central Australia. J Rural Stud 96, 53–63.

Ziersch, A.M., Gallaher, G., Baum, F., Bentley, M., 2011. Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people. Soc Sci Med 73, 1045–1053.