

**Submission by the Australian Nursing and Midwifery Federation**

**The Joint Standing Committee on  
Aboriginal and Torres Strait Islander  
Affairs - Inquiry into racism, hate and  
violence directed at Aboriginal and Torres  
Strait Islander people**

**May 2026**



**Australian  
Nursing &  
Midwifery  
Federation**



**Annie Butler**  
**Federal Secretary**

**Catelyn Richards**  
**Federal Assistant Secretary**

**Alana Ginnivan**  
**Assistant to the Federal Secretary (Strategy and Campaigns)**

**Australian Nursing and Midwifery Federation**  
**Level 1, 365 Queen Street, Melbourne VIC 3000**  
**E: [anmfederal@anmf.org.au](mailto:anmfederal@anmf.org.au)**  
**W: [www.anmf.org.au](http://www.anmf.org.au)**



## Cultural Warning

Aboriginal and Torres Strait Islander readers are advised that this document contains material that may be culturally sensitive or distressing. This includes descriptions of historical and current events and attitudes that may cause sadness or trigger traumatic memories.

The term 'Aboriginal and Torres Strait Islander Peoples' has been used throughout this submission; however, it should be acknowledged that Aboriginal and Torres Strait Islander Peoples may also or instead identify as First Nations Peoples, First Nations Australians, and Indigenous peoples of Australia. It is further recognised that Aboriginal and Torres Strait Islander Peoples are not a unified or homogenous group, but comprise diverse nations, cultures, languages, and identities.

## Key Points

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives, and personal care workers (PCWs) across the country. The ANMF welcomes the opportunity to participate in their inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander Peoples.
2. The ANMF thanks the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs (the Committee) for the opportunity to participate in the Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander Peoples. We note that the ANMF New South Wales Branch/New South Wales Nurses and Midwives Association (NSWNMA) has also presented the Committee with a supplementary submission. The ANMF supports and endorses the submissions made to this Inquiry by the NSWNMA, as well as the Australian Council of Trade Unions (ACTU) and The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).
3. Racism, hate, and violence directed towards Aboriginal and Torres Strait Islander Peoples



remain prevalent across all sectors, including education, employment, justice, media, and health systems, with over 50% of Aboriginal and Torres Strait Islander Peoples reporting experiencing racism in the past year.<sup>1</sup>

4. To the profession's deep and enduring regret, racism is presently alive and well within healthcare, nursing, and midwifery settings. This includes racism directed towards those attempting to access health care, including discrimination, stereotyping, or cultural incompetence from healthcare providers. Experiences may lead to avoidance of healthcare until critically ill, furthering the gap in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians.
5. Racism is also experienced by Aboriginal and Torres Strait Islander nurses, midwives, and care workers, including racialised assumptions, stereotyping, gaslighting, microaggressions, increased workload and social isolation. Experiences contribute to 'racism fatigue', degrading professional confidence, impacting the quality of care, and contributing to burnout, poor mental health, resignation, and chronic stress among Aboriginal and Torres Strait Islander Peoples' health care workers.
6. The impact of racism, hate, and violence directed towards Aboriginal and Torres Strait Islander Peoples results in a range of adverse psychological outcomes, including increased depression, anxiety, psychotic disorders, and suicidal ideation. Persistent stress caused by chronic exposure to racism also results in biological "wear and tear" on the cardiovascular, metabolic, and immune systems, resulting in accelerated aging and increased likelihood of experiencing chronic disease at younger ages than the general population.
7. While a number of national-level and sector-level initiatives to combat racism against Aboriginal and Torres Strait Islander People have been developed, there remains a gap between policy intention and practical action. Real support for, and action on, National plans such as the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and sector-level plans such as the *GENKE II 'gettin em n keepin em n growin em'* represent opportunities to begin to address the high level of racism, hate, and violence directed



towards Aboriginal and Torres Strait Islander Peoples. Importantly, these initiatives must be developed, implemented, and reviewed in genuine partnership with Aboriginal and Torres Strait Islander communities, ensuring meaningful co-design, respect for self-determination, and that policies are created with, rather than for, those they affect.

8. Reporting pathways for experiences of racism remain limited, with awareness of these processes being generally low, and a widespread perception that reporting racism is unlikely to result in meaningful outcomes, and those who report often experience more racism/stress due to culturally unsafe HR systems and processes that act in the interest of the colonial health structures. There is a need to create nationally consistent, accessible, and culturally safe reporting pathways in genuine partnership with Aboriginal and Torres Strait Islander Peoples, to ensure that systems are responsive to lived experience and grounded in principles of self-determination.

## Recommendations

The ANMF:

1. Recommends that the joint standing committee actively seek input from Aboriginal and Torres Strait Islander ANMF branch members and officials (including state and territory branches), and that they are heard directly at public hearings.
2. Strongly advocates for the Commonwealth to advance a national Racism @ Work inquiry, as this would, for the first time, centre the lived experiences of Aboriginal and Torres Strait Islander workers within a formal Commonwealth-level investigation with the authority to drive legislative and regulatory reform—something no existing framework has achieved.
3. Recommends that Racism be recognised as a Workplace Health and Safety Hazard.
4. Calls for immediate action on National plans such as the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and sector-level plans such as the *GENKE II\_ 'gettin em n keepin em n growin em'*.



5. Along with ACTU, calls for the development of a nationally recognised definition and minimum standards for Aboriginal and Torres Strait Islander cultural safety in genuine partnership with Aboriginal and Torres Strait Islander Peoples, to ensure that systems are responsive to lived experience and grounded in principles of self-determination.
6. Recommends action be taken on the eight reform recommendations outlined in NSWNMA Standing Together Against Racism Report (Box 3).
7. Calls on the Government to fund CATSINaM to develop and deliver a bespoke Cultural Safety and Anti-Racism Leadership Program for senior and executive nurses and midwives, building on CATSINaM's *Murra Mullangari Introduction to Cultural Safety Program*.
8. Calls for improving reporting and response frameworks to be nationally consistent, accessible, and culturally safe.
9. Calls for the commonwealth government to amend the Racial Discrimination Act 1975 to introduce a positive duty on employers to take reasonable and proportionate steps to proactively eliminate workplace racism, shifting the burden from individual victims to organisational and systemic prevention, with enforceable oversight by the AHRC.
10. Recommends that the Australian government introduces a political conduct and accountability standard that applies to all elected officials, candidates and political staff at federal, state, territory and local government levels.



## Introduction

9. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives, and PCWs across the country.
10. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
11. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing, midwifery and care worker professions and sees us uniquely placed to defend and advance our professions.
12. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
13. The ANMF thanks the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs (the Committee) for the opportunity to participate in their inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander People. We also welcome any opportunity for Aboriginal and Torres Strait Islander ANMF branch members and officials to be heard directly at public hearings.

### Recommendation 1

**The ANMF recommends that the joint standing committee actively seek input from Aboriginal and Torres Strait Islander ANMF branch members and officials (including state and territory branches), and that they are heard directly at public hearings.**



14. We note that the ANMF New South Wales Branch/New South Wales Nurses and Midwives Association (NSWNMA) has also presented the Committee with a supplementary submission. The ANMF supports and endorses the submissions made to this Inquiry by the NSWNMA as well as the Australian Council of Trade Unions (ACTU) and The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).
15. The ANMF would like to acknowledge the Traditional Custodians and Sovereign Owners of the lands and waters upon which we live and work, the airways beneath which we exist, and the connection to Country. In developing this submission, we have consulted with Aboriginal and Torres Strait Islander members and branch officials through the connections and networks within and across ANMF Branches, as well as reviewed evidence from Aboriginal and Torres Strait Islander People research and policy. We also acknowledge that several of the authors who assisted with writing this submission are of European ancestry and acknowledge Western knowledge systems, colonial lens, and the assumptions that may accompany their worldview.

## **1. The nature, prevalence, and impact of racism, hate, and violence towards Aboriginal and Torres Strait Islander People, including trends over time**

### **The nature and prevalence of racism, hate, and violence toward Aboriginal and Torres Strait Islander People**

#### ***Racism, hate and violence in the broader Australian public.***

16. Since the colonisation of Australia by European settlers in 1788, Aboriginal and Torres Strait Islander Peoples (collectively referred to as Aboriginal and Torres Strait Islander Peoples) have been subjected to racism, hate, and violence. Colonisers dehumanised Aboriginal and Torres Strait Islander Peoples as a means of 'legitimising' the dispossession of land, cultural suppression, and population control through overt and structural violence. Policies, such as the forced removal of children resulting in the Stolen Generations, highlight the extent of



this violence. The impact of this endures today through socioeconomic inequality, intergenerational trauma, continued marginalisation and ongoing over-representation in child protection and justice systems. For example, Aboriginal and Torres Strait Islander children are around 11 times more likely to be in out-of-home care (56.8 compared with 4.8 per 1,000 children),<sup>2</sup> and adults are significantly over-represented in the criminal justice system, with incarceration rates more than 14 times higher than non-Indigenous Australians (2,151 compared with 151 per 100,000 adults).<sup>2</sup>

17. Expressions of racism toward Aboriginal and Torres Strait Islander Peoples include explicit acts of hate speech and violence, subvert everyday interpersonal discrimination, systemic disadvantages, and social exclusion. Racism remains prevalent across all sectors, including education, employment, justice, media, and health systems. Racism, hate speech, and violence are not confined to overt and graphic acts. The gradual, deliberate undermining of Aboriginal and Torres Strait Islander peoples through gaslighting, institutional marginalisation, and the quiet erosion of their credibility, authority and standing causes harm that is equally serious, and in many cases greater, than acts of overt racism. These covert and systemic forms of racism do not merely exist alongside more visible expressions of hatred; they actively create the conditions that normalise and enable them. By eroding trust, silencing voices, and entrenching disadvantage through institutional means, such behaviours cultivate a culture of tolerance and minimisation that allows overt racism to persist and go unchallenged.

18. Despite some social progress, the prevalence of racial hate incidents and discriminatory attitudes has not declined meaningfully over the recent decade.<sup>3</sup> The *2024 Racism and First Nations Peoples Reconciliation Barometer* indicated that 56% of Aboriginal and Torres Strait Islander Peoples believe that Australia is a racist country, with 54% reporting experiencing racism in the last year.<sup>1</sup> Findings suggest that racism remains an entrenched societal issue rather than isolated behavioural incidents.<sup>4</sup>

19. Despite this, the prevalence of racism experienced by Aboriginal and Torres Strait Islander



People remains underexplored across settings. In November 2025, an alliance of the ACTU, the Australian Human Rights Commission, UTS Sydney’s Jumbunna Institute and the Diversity Council of Australia jointly called for the first-ever national inquiry dedicated to racism in Australian workplaces, modelled on the landmark Respect @ Work inquiry into sexual harassment.

## Recommendation 2

**The ANMF strongly advocates for the Commonwealth to advance a national Racism @ Work inquiry, as this would, for the first time, centre the lived experiences of Aboriginal and Torres Strait Islander workers within a formal Commonwealth-level investigation with the authority to drive legislative and regulatory reform—something no existing framework has achieved.**

### *Racism, hate and violence in the healthcare sector.*

20. To the profession’s deep regret, racism is also alive and well within the healthcare, nursing, midwifery, and carer settings.<sup>5, 6</sup> Here, the presence of racism within the Australian nursing profession is characterised by systemic structures and what is termed “racialised care”, where clinical practice is subtly yet significantly influenced by enduring colonial stereotypes.<sup>7</sup>

#### **Box 1. Standing Together Against Racism Report - NSWNMA**

In 2025, the New South Wales Nurses and Midwives Association (a branch of the ANMF) published their Standing Together Against Racism Report, which highlights the alarming rates of racism and discrimination experienced by NSW nurses, midwives and carers in the workplace, including many Aboriginal and Torres Strait Islander people.<sup>8</sup> This survey found:

1. 86% of the 108 survey respondents who identified as Aboriginal and/or Torres Strait Islanders believed that racism existed within their workplace, compared to 70% of all respondents.
2. 64% of Aboriginal and/or Torres Strait Islander respondents reported experiencing racism in the workplace. Of these:
  - a. 9% had experienced racism within the past day,
  - b. 17% in the past week,
  - c. 29% in the past month, and
  - d. 45% in the past year.
3. Types of racism experienced included racial bias (assumptions), stereotyping, gaslighting, microaggressions, and social isolation.



4. Around one-quarter (23%) of Aboriginal and/or Torres Strait Islander respondents felt socially alienated at work and had to hide their cultural background.

*“I was told not to wear my Indigenous print scrubs in the lead up to the Referendum due to the risk of backlash from patients.” – NSWNMA Member*

5. 78% of Aboriginal and/or Torres Strait Islander respondents reported that no one stepped in to assist when racism, hate or violence occurred in the workplace, 88% of all respondents said they received no support following an incident, and 73% who have been the target of racism did not report the incident.

*“Being on the receiving end of racism, I have experienced firsthand that management do not support Indigenous employees, clearly laying blame on them for racial slurs directed towards them.” – NSWNMA Member*

6. More than 40% of all respondents reported they had sustained personal/physical harm because of racism experienced at work, including damage to their mental wellbeing, family life, and financial status.

*“The racism I’ve experienced at work has significantly impacted my mental wellbeing. I have felt increased stress and anxiety, leading to sleepless nights and difficulty concentrating. This has affected my overall health, contributing to frequent headaches and a general feeling of being overwhelmed.” – NSWNMA Member*

**Citation:** NSWNMA. Standing together against racism: exploring NSW nurse, midwife, and AiN/care worker experiences with racism at work. Sydney (AU): NSWNMA; 2025. Available from:

<https://www.nswnma.asn.au/wp-content/uploads/2025/09/Standing-Together-Against-Racism-Report.pdf>

21. This phenomenon often operates through a colonial lens as the normative default, which causes Western medical models to disregard Aboriginal and Torres Strait Islander ways of knowing and being.<sup>9</sup> Research indicates that nursing in Australia has historically functioned within a race-centred society where practitioners are socialised into race-laden vocabularies.<sup>10</sup> A critical failure in this professional landscape is the tendency to view all patients the same under the guise of universal empathy. Evidence suggests, however, that Euro-American nursing frameworks often result in a hierarchy where non-Indigenous patients are perceived more favourably than Aboriginal and Torres Strait Islander People.<sup>10</sup> The consequences of this systemic bias manifest in the delivery of care, where Aboriginal and



Torres Strait Islander patients frequently encounter avoidance, indifference, or the ascription of non-compliance based on stereotypes of irresponsibility or laziness.<sup>11</sup> These experiences foster a profound lack of trust, leading to widespread healthcare avoidance where individuals delay seeking medical help until they are critically ill.

22. Research has demonstrated that Aboriginal and Torres Strait Islander Peoples often have lower health care utilisation rates compared to other Australians.<sup>12</sup> Barriers to health care use among Aboriginal and Torres Strait Islander Peoples include systemic racism, lack of culturally safe services, geographical barriers, and socioeconomic factors.<sup>2</sup> Another barrier includes prior experiences of racism, hatred, and violence deterring Aboriginal and Torres Strait Islander Peoples from accessing health care due to fear and concerns about inequitable treatment or abuse.<sup>13-16</sup> This can include previous encounters of care involving discrimination, stereotyping, or cultural incompetence from healthcare providers.<sup>17</sup> Both overt and covert forms of racism persist within the healthcare sector in Australia and are experienced and witnessed by both Aboriginal and Torres Strait Islander patients and staff.
23. Historically, health professionals, including nurses and midwives, have been extensions of government policy which saw the violent theft and institutionalisation of Aboriginal and Torres Strait Islander children away from their mothers, families, communities and culture. Aboriginal infants are 8.9 times more likely to be placed in out-of-home care than non-Indigenous infants.<sup>18</sup> Conversely, women who receive support through an Indigenous-led model of maternity care are less likely to have Indigenous newborn children removed by child protection services.<sup>19</sup>

**Box 2 Example: Birthing on Country (BiOC) Service**

Research published in *Child Abuse and Neglect* (2024)<sup>19</sup> offers an example of what is possible when maternity care is designed, led and governed by Aboriginal and Torres Strait Islander communities.

The study examined an Indigenous-led urban maternity service in Australia and found that women who accessed the service were significantly less likely to have their babies removed at birth by statutory child protection authorities. It is the first Australian study of its kind to



demonstrate this outcome.

The service operates through a partnership between an Aboriginal community-controlled health service and a tertiary hospital, with Indigenous leadership embedded at every level of governance and operation. Care is grounded in Indigenous ways of knowing, being and doing, and is delivered by an Indigenous workforce within a culturally safe environment. Women are also connected to wrap-around support across housing, financial assistance, and interactions with the justice system, addressing the broader social conditions that place families at risk.

A particularly significant finding was that women engaged earlier and more consistently with antenatal care through this model. This stands in contrast to patterns commonly observed among women who fear child protection involvement, who often delay or avoid maternity care altogether to avoid detection. By creating a trusted, community-controlled space, the service removed that barrier.

Indigenous community-controlled models of this kind have the potential to preserve families, reduce the intergenerational harm associated with child removal, and contribute directly to the Closing the Gap target of reducing the number of Aboriginal and Torres Strait Islander children in out-of-home care by 45 percent by 2031. Critically, they also demonstrate that when racism is removed as a structural feature of service design, and replaced with cultural safety, self-determination and community governance, the outcomes for Aboriginal and Torres Strait Islander families improve measurably.

**Citation:** O'Dea B, Roe Y, Gao Y, Kruske S, Nelson C, Hickey S, et al. Breaking the cycle: effect of a multi-agency maternity service redesign on reducing the over-representation of Aboriginal and Torres Strait Islander newborns in out-of-home care: a prospective, non-randomised intervention study in urban Australia. *Child Abuse Negl.* 2024 Mar;149:106664. doi:10.1016/j.chiabu.2024.106664.

24. As frontline workers, Aboriginal and Torres Strait Islander nurses, midwives and carers are often exposed to direct, indirect, overt, and covert racism from patients and other healthcare workers.<sup>20-23</sup> A 2025 study describes the impact of this experience as contributing to “racism fatigue”, which is how Aboriginal and Torres Strait Islander nurses' experiences of racism lead to an accumulation of exhaustion and resignation.<sup>20</sup> This fatigue can erode professional confidence, impact the quality of care, and contribute to burnout, resignation, and chronic stress among Aboriginal and Torres Strait Islander nurses.<sup>20</sup> The impact of racism on Aboriginal and Torres Strait Islander healthcare staff also correspondingly impacts the health and wellbeing of Aboriginal and Torres Strait Islander communities, as poor Aboriginal and Torres Strait Islander workforce attraction and retention results in less accessible, safe,



and effective healthcare for community members.

### **The impacts of racism, hate, and violence toward Aboriginal and Torres Strait Islander Peoples**

25. The continued impact of colonisation, marginalisation, social inequality, and experiences of racism, hatred, and violence have severe impacts on the health and well-being of Aboriginal and Torres Strait Islander Peoples in many ways.<sup>24, 25</sup> There is a known gap between the health of Aboriginal and Torres Strait Islander Peoples and the health of other Australians. In 2017–2019, just under 3 in 10 (29%) Aboriginal and Torres Strait Islander People aged 18–64 were considered to be in ‘good health’ compared with more than 5 in 10 (51%) other Australians in this age group, a 22.8 percentage point difference.<sup>26</sup> Further, in 2020–2022, the estimated life expectancy at birth of Aboriginal and Torres Strait Islander People was 71.9 years for Aboriginal and Torres Strait Islander males and 75.6 years for Aboriginal and Torres Strait Islander females, compared to 80.6 years for other Australian males and 83.8 years for other Australian females, a gap of 8.8 and 8.1 years, respectively.<sup>26, 27</sup>

#### ***The impacts of racism, hate, and violence on Aboriginal and Torres Strait Islander Peoples' psychological health.***

26. Systemic racism towards Aboriginal and Torres Strait Islander Peoples represents a primary driver of the social determinants of Aboriginal and Torres Strait Islander people’s mental health and social and emotional wellbeing. Rather than existing as a series of isolated events, it operates through a holistic, whole-of-life framework that impacts several interconnected cultural domains: mind and emotions, physical health, family and kin, community, culture, Country, and spirituality. By disrupting these pillars, systemic racism functions as a fundamental "cause of the causes" regarding health disparities, acting as a structural force that alters biology, disrupts kinship, and severs spiritual ties.<sup>28</sup>

27. The impact of systemic racism on psychological well-being includes increased psychological distress, anxiety, depression, and poorer self-esteem.<sup>29-34</sup> Exposure to racism-related stressors, particularly during formative developmental years, is associated with a higher



prevalence of mental health disorders, including psychotic disorders, and remains a significant risk factor for suicide and self-harm among Aboriginal and Torres Strait Islander youth.<sup>35</sup> This psychological burden is mirrored by a physical toll known as allostatic load,<sup>36, 37</sup> resulting in poorer health.<sup>30</sup> This includes an increased risk of hypertension, obesity, diabetes, cardiovascular disease, cancer, and adverse birth outcomes.<sup>38</sup> The experience of racism, hate, and violence can also result in unhealthy and harmful coping behaviours, such as substance use,<sup>39, 40</sup> which then impacts psychological and physical health. Further, the trauma of colonisation and its impact on Aboriginal and Torres Strait Islander Peoples' cultural identity contributes to poorer mental health and community distress.<sup>41</sup>

***The impacts of racism, hate, and violence on Aboriginal and Torres Strait Islander Peoples' physiological health.***

28. Chronic exposure to racism triggers a persistent stress response, leading to a biological "wear and tear" on the cardiovascular, metabolic, and immune systems.<sup>42</sup> These physiological changes often manifest as "weathering", a process where marginalised groups experience accelerated aging and chronic disease at younger ages than the general population.<sup>43</sup> These biological impacts often begin during infancy and are sustained through intergenerational pathways. Epigenetic research suggests that the trauma and chronic stress of systemic oppression can result in chemical modifications to gene expression that are passed down through generations, modifying genetic strength and vulnerability over time.<sup>44</sup>
29. This cycle of trauma is further exacerbated by institutional barriers within the healthcare system itself. Systemic racism acts as a major barrier to care, fostering a lack of cultural safety that leads to higher rates of self-discharge and the avoidance of medical facilities until a person is critically ill. This healthcare avoidance is a direct result of colonial foundations that often view Indigenous health through a deficit lens rather than a holistic one.<sup>45, 28</sup>
30. The relational domains of family, kin, and community are similarly fractured by systemic forces. Historical and ongoing colonial policies, such as the forced removal of children and mass incarceration, have replaced holistic Indigenous governance with punitive colonial



structures. While Aboriginal and Torres Strait Islander people make up a relatively small proportion of the general population, they are starkly over-represented in the justice system and institutional care, which creates persistent socioeconomic disadvantage and social isolation.<sup>46, 47</sup> These systems of control remove self-determination and undermine the communal structures that have historically provided stability and resilience.

31. Furthermore, systemic racism devalues or exploits cultural knowledges and practices, creating significant obstacles to cultural continuity. By disrupting the spiritual reverence for and connection to Country, the system undermines a core pillar of Aboriginal and Torres Strait Islander holistic health. This is particularly damaging because cultural continuity, the preservation of language, land, and tradition, is an evidence-based factor that provides psychosocial protection against the impacts of racism.<sup>48</sup> System-level barriers often prevent the effective implementation of Aboriginal and Torres Strait Islander-led solutions designed to strengthen these cultural determinants. Ultimately, systemic racism operates across housing, education, and employment to create a cycle of inequality, making the dismantling of these structural barriers a clinical and social necessity for achieving health equity.<sup>28</sup>

### **3. Initiatives that are effective in combating racism targeted at Aboriginal and Torres Strait Islander people and reduce individual and collective harm**

#### **Pillars for combating racism targeted at Aboriginal and Torres Strait Islander People**

32. Anti-racist education, which includes education about Aboriginal and Torres Strait Islander histories, cultures, and contributions as well as British and Australian colonial history, should be embedded across all levels of schooling to foster intercultural understanding and respect. Education is particularly important among the younger generations to ensure they are equipped to identify and counter racist behaviours.
33. Another strategy includes improving the visibility of Aboriginal and Torres Strait Islander Peoples through the use of authentic and culturally appropriate media representation in media, arts, and public discourse. This can help counter stereotypes and support self-



representation. Further, multimedia campaigns, such as the '*Racism. It Stops with Me*' campaign, can be useful for their wide reach.

34. In workplaces, anti-racism policies and codes of practice that define, prohibit racism, and hold perpetrators of racism, but also organisations who are responsible for inhibiting and addressing racism, accountable, alongside accessible reporting mechanisms that include protections against retaliation, may be a useful strategy for addressing racism among working-age Australians.
35. Most importantly, meaningful partnerships with Aboriginal and Torres Strait Islander communities are essential in developing any anti-racism initiatives. This must ensure genuine co-design and self-determination and that policies affecting Aboriginal and Torres Strait Islander Peoples are developed with, rather than for, those communities. Interventions must also embed monitoring and evaluation mechanisms to ensure their effectiveness and continued fit for purpose.

### **Initiatives to combat racism targeted at Aboriginal and Torres Strait Islander People**

#### ***National-level initiatives.***

36. Several national-level initiatives have already been developed to combat racism targeted at Aboriginal and Torres Strait Islander Peoples, including the 2024 Australian Human Rights Commission's anti-racism framework, which made a total of 63 recommendations to address systemic racism and achieve equity for Aboriginal and Torres Strait Islander Peoples.<sup>16</sup> Key recommendations included legislative reform, such as embedding anti-racism and cultural safety within workplace health and safety legislation, alongside strengthening accountability mechanisms to monitor progress under the *National Agreement on Closing the Gap*.<sup>16</sup> The Framework also called for the widespread integration of cultural safety education across sectors, the establishment of a cross-sector Aboriginal and Torres Strait Islander workforce plan, and the development of a standalone Aboriginal and Torres Strait Islander Anti-Racism Framework.<sup>16</sup> However, since its release, there has yet to be progress towards resourcing or



implementing the Framework, representing an ongoing gap between policy intent and practical action.

### **Recommendation 3**

**The ANMF recommends that Racism be recognised as a Workplace Health and Safety Hazard. Racism, including its covert and systemic forms, should be formally recognised as a workplace health and safety hazard under relevant WHS legislation. This includes overt acts of racism as well as behaviours such as gaslighting, institutional marginalisation, and the deliberate undermining of the credibility, authority and standing of Aboriginal and Torres Strait Islander workers and communities.**

**In line with existing psychosocial safety frameworks, appropriate mechanisms must be put in place to identify, assess, and prevent racism as a psychosocial hazard in the workplace. This includes requiring employers to conduct racism risk assessments, implement culturally safe reporting systems, and embed anti-racism obligations within workplace health and safety management plans, and holding individuals and systems to account.**

### **Recommendation 4**

**The ANMF Calls for immediate action on National plans, such as the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, and sector-level plans, such as the *GENKE II\_ 'gettin em n keepin em n growin em'*.**

37. The Australian Health Practitioner Regulation Agency (AHPRA) and the Nursing and Midwifery Board of Australia (NMBA) have transitioned toward a mandate of cultural safety. Unlike traditional cultural competency, which focuses on the clinician's knowledge, cultural safety is defined by the recipient of care and requires nurses to engage in critical self-reflection regarding their own power and racialised assumptions.<sup>49,50</sup> This shift necessitates "historical literacy," as accredited nursing education now mandates training in Indigenous history to bridge the "telling gap" in health equity. Despite these efforts, the issue extends to the workforce itself, where Aboriginal and Torres Strait Islander nurses and peer workers



report high levels of racism and bullying.<sup>20, 51</sup> This professional exclusion leads to high attrition rates, which in turn reduces the availability of culturally safe practitioners and reinforces the systemic cycle of exclusion.

38. Within health organisations, several state and territory frameworks and requirements speak to cultural safety, but none constitute a comprehensive mandatory training standard applicable to the full health workforce. The Lowitja Institute (2024) notes that the main opportunity for many health and human services staff to learn about cultural safety rests on the initiative of their organisations or on individual staff members seeking out training themselves.<sup>52</sup>

39. Ultimately, addressing racism in Australian nursing, midwifery, and the care workforce and workplaces requires moving beyond simple education toward active truth-telling and addressing existing health models.<sup>53</sup>

### Recommendation 5

**The ANMF supports the call by ACTU for the development of a nationally recognised definition and minimum standards for Aboriginal and Torres Strait Islander cultural safety in partnership with the Aboriginal and Torres Strait Islander Peoples.**

#### **Box 3. Standing Together Against Racism Report Recommendations**

The NSWNMA Standing Together Against Racism Report<sup>8</sup> identified eight key reform recommendations:

1. Psychosocial workplace hazards, including racism, hate and violence be identified and actioned.
2. Policies and training on incident reporting must ensure workers are knowledgeable about and supported to report psychosocial hazards, including racism, hate and violence.
3. Employers ensure all staff complete bystander action education.
4. Employers implement and monitor the effectiveness of co-designed anti-racism training.
5. Anti-racism framework co-designed with Aboriginal and Torres Strait Islander workers.
6. Prioritise the elimination of institutional racism by implementing policies and services



that promote diversity, equity, and inclusion.

7. Regulatory bodies governing the practice of nurses, midwives and carers should enhance data collection to enable identification of potential systemic racism, taking remedial action where this is suggested.
8. Systems be implemented to assess and report on the personal and fiscal impacts of racism on workers and the workplace.

**Citation:** NSWNMA. Standing together against racism: exploring NSW nurse, midwife, and AiN/care worker experiences with racism at work. Sydney (AU): NSWNMA; 2025. Available from:

<https://www.nswnma.asn.au/wp-content/uploads/2025/09/Standing-Together-Against-Racism-Report.pdf>

## Recommendation 6

**The ANMF recommends action be taken on the eight reform recommendations outlined in NSWNMA Standing Together Against Racism Report (Box 3).**

40. Developed by the Australian Government Department of Health, and released in 2021, the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*,<sup>54</sup> sets out a 10-year plan that provides the overarching policy framework for improving health outcomes for Aboriginal and Torres Strait Islander Peoples, in alignment with the *National Agreement on Closing the Gap*. Commitments included implementing the inaugural Aboriginal and Torres Strait Islander Schedule to the National Health Reform Agreement and expanding medical training places for Aboriginal and Torres Strait Islander students. Additional priorities include culturally safe health genomics, vaccine uptake grants, and transitions for diabetes care programs to community-controlled sectors. A mid-cycle review is scheduled for mid-to-late 2026 to assess outcomes; however, at present, it is unclear how effective national-level initiatives have been at improving the health and well-being of Aboriginal and Torres Strait Islander Peoples in the past decade.

### ***Healthcare-specific initiatives***

41. Alongside national strategies, sector-specific plans should be considered. In the healthcare sector, a national plan to combat racism has yet to be developed. In 2022, CATSINaM, the



peak body for Aboriginal and Torres Strait Islander Nurses and Midwives in Australia, released the national-level plan '*GENKE II\_ 'gettin em n keepin em n growin em'*', outlining strategic reforms for nursing and midwifery education to increase the Aboriginal and Torres Strait Islander nursing and midwifery workforce.<sup>55</sup> While this plan is not directly related to combating racism, increasing the proportion of Aboriginal and Torres Strait Islander nurses and midwives, who bring a core set of unique skills, knowledge and understanding to health service delivery, can improve Aboriginal and Torres Strait Islander Peoples access to health services, ensure services are culturally safe and appropriate, and assist non-Indigenous nurses to deliver culturally safe care.<sup>56, 57</sup> Further, combating racism targeted at Aboriginal and Torres Strait Islander People in the healthcare sector is also often discussed in terms of educating health professionals and undergraduate students in culturally respectful health service delivery and addressing systemic racism.<sup>16, 58-62</sup>

22. Health organisations across Australia have a fundamental responsibility to actively address the systemic racism that continues to disadvantage Aboriginal and Torres Strait Islander Peoples in healthcare settings. Developing a Reconciliation Action Plan (RAP) can provide a structured, accountable framework through which organisations can move beyond good intentions and embed meaningful change into their policies, practices, and culture. As this submission has discussed, racism, both overt and institutional, remains a well-documented and widely experienced barrier to healthcare access, contributing directly to the significant gap in health outcomes between Aboriginal and Torres Strait Islander Peoples and non-Indigenous Australians. A successful RAP and a genuine commitment to act in accordance with a RAP involves accountability within organisations to build collaborative relationships with Aboriginal and Torres Strait Islander communities, is community-led, increases cultural safety in clinical environments, and creates pathways for Aboriginal and Torres Strait Islander Peoples' employment and leadership within the health workforce. A successful RAP is also well resourced by the organisation, including adequate consideration of time, governance, decision-making, funding and cultural leadership. When staff at all levels are supported through cultural learning and when Aboriginal and Torres Strait Islander voices are centred in decision-making, patients are more likely to feel respected, understood, and



willing to seek care. Furthermore, a RAP signals an organisation's public commitment to reconciliation, fostering trust with workers and communities that have historically and continue to experience mistreatment and exclusion within the very institutions meant to care for them. Ultimately, reconciliation is not a peripheral concern for health organisations, but a clinical, workforce, and ethical imperative. A RAP is one of the most tangible tools available to organisations to translate that commitment into lasting, systemic action.

#### **Box 4. Spotlight Initiative**

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) is the national peak body representing Aboriginal and Torres Strait Islander nurses, midwives and students. Building on their *Murra Mullangari Introduction to Cultural Safety Program*, CATSINaM proposes to develop and deliver a bespoke Cultural Safety and Anti-Racism Leadership Program. This initiative would provide advanced skills development in leadership, facilitation, implementation and change management required to address systemic issues like racism, forms of discrimination, and culturally unsafe environments which impact health outcomes, particularly for Aboriginal and Torres Strait Islander Peoples. It would equip senior and executive nurses and midwives with the skills to create and influence systemic change at a local level.

**Citation:** CATSINaM. *Murra Mullangari: Introduction to Cultural Safety* [Internet]. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives; 2024. Available from:

<https://www.catsinam.org.au/Web/Web/Members/Murra-Mullangari.aspx>

#### **Recommendation 7**

**The ANMF Calls on the Government to fund CATSINaM to develop and deliver a bespoke Cultural Safety and Anti-Racism Leadership Program for senior and executive nurses and midwives, building on CATSINaM's *Murra Mullangari Introduction to Cultural Safety Program*.**



## **5. The effectiveness of avenues for reporting and responding to racism against Aboriginal and Torres Strait Islander people, including the consistency, timeliness and appropriateness of outcomes across jurisdictions and institutions**

42. Currently, avenues for reporting and responding to racism in Australia are limited, fragmented, and inconsistent. When racism is witnessed or experienced, reporting pathways are largely limited to contacting authorities in situations involving immediate harm or lodging formal complaints through bodies such as the Australian Human Rights Commission (AHRC). Awareness of these processes is generally low, and there is a widespread perception that reporting racism is unlikely to result in meaningful outcomes. Further processes are often complex, time-consuming, and procedurally opaque. A significant gap in current practice is the absence of interim protective measures for complainants during the investigation process. Our members tell us that when employees have reported racism, they have been required to continue working alongside the subject of the complaint for the duration of the investigation, with no offer of redeployment, separation of duties, or other interim arrangements. This failure to act exposes complainants to ongoing harm and sends a clear message to those who engage in racist conduct that such behaviour carries no immediate consequence. It also creates conditions in which further harm to other staff and consumers is likely to occur. A NSWNMA member stated “[I did not report] Because it was my manager and I would be bullied more”. Consequently, many incidents go unreported, and victims and witnesses to racism are left unsupported and lacking confidence in a system that has failed to protect them.

43. Within workplaces, reporting mechanisms vary significantly across sectors and organisations. Where some organisations may have formal anti-discrimination policies and established Human Resources procedures, others may lack clear, accessible, or culturally safe pathways for addressing racism. For example, NSW Health members have relayed that those experiencing or witnessing racism are encouraged to report it through internal channels like managers and Human Resources, in the first instance. While workplace legislation places a



requirement on employers to prevent racial discrimination, there are no specific requirements for reporting avenues, with a lack of consistent approaches creating uncertainty for employees about how and where to report incidents. Moreover, there is a perception that reporting rarely leads to substantive behavioural or systemic change. Complaints may be minimised, inadequately investigated, or resolved through internal processes that lack transparency and independence, thereby reinforcing distrust and discouraging future reporting.

44. Existing reporting systems often place a disproportionate burden on individuals who have experienced or witnessed racism. These processes frequently require complainants to substantiate and “prove” their experiences, which can be both onerous and retraumatising. Further, our members have relayed that across multiple workplace contexts, there has been no industrial requirement for impacted employees to have Indigenous representation when investigations are underway. The requirement to repeatedly recount incidents, coupled with scrutiny of credibility, can lead to feelings of invalidation and distress. In some cases, reports are dismissed or deprioritised due to perceptions that they lack sufficient evidence, further entrenching the belief that individuals will not be believed or supported.
45. Improving reporting and response frameworks necessitates a nationally consistent, accessible, and culturally safe approach. Such frameworks should be co-designed in genuine partnership with Aboriginal and Torres Strait Islander Peoples, ensuring that systems are responsive to lived experience and grounded in principles of self-determination. Effective reform must also embed clear accountability mechanisms, independent oversight, and transparent outcomes, alongside trauma-informed and culturally safe practices.

### **Recommendation 8**

**The ANMF Calls for improving reporting and response frameworks to be nationally consistent, accessible, and culturally safe.**

46. A positive duty amendment to the Racial Discrimination Act (RDA) 1975 would complete what



the WHS framework alone cannot achieve: it would make proactive elimination of workplace racism a legal obligation, not an organisational choice. While the Respect @ Work Act 2022 introduced a positive duty under the Sex Discrimination Act, requiring employers to take reasonable and proportionate measures to eliminate sex discrimination and sexual harassment proactively, no equivalent positive duty exists under the Racial Discrimination Act 1975

### Recommendation 9

**The ANMF calls for the commonwealth government to amend the Racial Discrimination Act 1975 to introduce a positive duty on employers to take reasonable and proportionate steps to proactively eliminate workplace racism, shifting the burden from individual victims to organisational and systemic prevention, with enforceable oversight by the AHRC**

## 6. Other matters related to racism, hatred and violence directed at Aboriginal and Torres Strait Islander people

47. It is well established that Aboriginal and Torres Strait Islander Peoples are disproportionately represented in the criminal justice system, and that this overrepresentation is itself a product of systemic racism. The consequences of this do not end at the point of contact with the justice system. Criminal history checks present a significant and ongoing barrier to employment for Aboriginal and Torres Strait Islander candidates, including in circumstances where the matters recorded would unlikely have resulted in charges had the individual been non-Indigenous.

48. This issue warrants specific attention in the context of recruitment policy. Feedback from members who have been involved in hiring processes is that Aboriginal and Torres Strait Islander candidates have been excluded from employment opportunities on the basis of historical matters, including in cases involving minor incidents, family disputes, or charges



that were later found to be without proper foundation. In some instances, these matters date back more than a decade.

49. A blanket application of criminal history screening in recruitment processes risks compounding the very disadvantage that systemic racism has already created. Consideration should be given to how criminal history assessments are applied, with a view to ensuring they do not operate as a further barrier to economic participation for Aboriginal and Torres Strait Islander Peoples.
50. Meaningful cultural change requires leadership that models the values it seeks to embed. Anti-racism cannot be achieved through community programs alone. It must be driven from the top. Elected officials, candidates and public servants must be held to clear, enforceable standards of conduct. When racism goes unchallenged in political life, it signals to the broader community that such behaviour is tolerable. Accountability at the leadership level is a prerequisite for embedding anti-racism across Australian culture.

### **Recommendation 10**

**The ANMF recommends that the Australian government introduces a political conduct and accountability standard that applies to all elected officials, candidates and political staff at federal, state, territory and local government levels. This standard should include: No Politician or Political candidate shall knowingly:**

- **Make public statements that incite, promote or justify racial hatred, racial superiority or racial discrimination.**
- **Use official platforms, social media or parliamentary privileges to disseminate racist ideologies, including vilification of Aboriginal and Torres Strait Islander Peoples, their cultures, identities or rights.**
- **Penalties would include a formal public apology requirement, suspension from parliamentary committees or party room positions. Referral for prosecution under**



**existing racial hatred provisions (racial discrimination act 1975), forfeiture of parliamentary entitlements or expulsion from parliament.**



## References

1. Reconciliation Australia. 2024 Australian Reconciliation Barometer: Racism and First Nations Peoples [Internet]. Canberra: Reconciliation Australia; 2024 . Available from: <https://www.reconciliation.org.au/wp-content/uploads/2025/06/2024-ARB-Racism-and-First-Nations-Peoples.pdf>
2. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework: summary report June 2025 [Internet]. Canberra: AIHW; 2025 . Available from: <https://www.indigenoushpf.gov.au/report-overview/overview/summary-report>
3. Elias A, Mansouri F, Paradies Y, editors. Contemporary racism in Australia. In: Racism in Australia today. Singapore: Springer Singapore; 2021. p. 169–209.
4. Allison F, Cunneen C, Coombes L. "If you don't think racism exists come take a walk with us" [Internet]. Sydney: Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney; 2025 . Available from: <https://apo.org.au/node/329966>
5. Morley E. "Racism is alive and well": lack of cultural safety in nursing [Internet]. *Nurs Rev*. 2023 Sep 19 . Available from: <https://www.nursingreview.com.au/2023/09/racism-is-alive-and-well-lack-of-cultural-safety-in-nursing/>
6. Truong M, Allen D, Chan J, Paradies Y. Racism complaints in the Australian health system: an overview of existing approaches and some recommendations. *Aust Health Rev*. 2022 Feb;46(1):1–4. doi:10.1071/AH21189.
7. Kimani RW. Racism, colonialism and the implications for nursing scholarship: a discussion paper. *J Adv Nurs*. 2023 May;79(5):1745–53. doi:10.1111/jan.15634.
8. New South Wales Nurses and Midwives' Association (NSWNMA). Standing together against racism: exploring NSW nurse, midwife, and AiN/care worker experiences with racism at work [Internet]. Sydney: NSWNMA; 2025 . Available from: <https://www.nswnma.asn.au/wp-content/uploads/2025/09/Standing-Together-Against-Racism-Report.pdf>
9. Durey A, Thompson SC. Reducing the health disparities of Indigenous Australians: time to change focus. *BMC Health Serv Res*. 2012 Jun 10;12:151. doi:10.1186/1472-6963-12-151.
10. Trueman S, Mills J, Usher K. Racism in contemporary Australian nursing. *Aborig Isl Health Work J*. 2011 Aug;35:19–22.
11. Australian Institute of Health and Welfare. Cultural safety in health care for Indigenous Australians: monitoring framework [Internet]. Canberra: AIHW; 2023. Available from: <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/summary>
12. Pulok MH, van Gool K, Hall J. Inequity in healthcare use among the Indigenous population living in non-remote areas of Australia. *Public Health*. 2020 Sep;186:35–43. doi:10.1016/j.puhe.2020.06.051.
13. Aspin C, Brown N, Jowsey T, Yen L, Leeder S. Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait Islander people with chronic illness: a qualitative study. *BMC Health Serv Res*. 2012 Jun 8;12:143. doi:10.1186/1472-6963-12-143.
14. Awofeso N. Racism: A major impediment to optimal Indigenous health and health care in Australia. *Aust Indig Health Bull*. 2011;11(3):1–8. Available from: <https://healthbulletin.org.au/articles/racism-a-major-impediment-to-optimal-indigenous-health-and-health-care-in-australia/>
15. Gatwiri K, Rotumah D, Rix E. BlackLivesMatter in healthcare: Racism and implications for health inequity among Aboriginal and Torres Strait Islander Peoples in Australia. *Int J Environ Res Public Health*. 2021;18(9):4399. doi:10.3390/ijerph18094399.



16. Australian Human Rights Commission. An anti-racism framework: voices of First Nations peoples [Internet]. Sydney: AHRC; 2024. Available from: [https://humanrights.gov.au/\\_data/assets/file/0019/47314/National\\_anti-racism\\_framework\\_first\\_nations\\_consultations.pdf](https://humanrights.gov.au/_data/assets/file/0019/47314/National_anti-racism_framework_first_nations_consultations.pdf)
17. Kerrigan V, McGrath SY, Baker RD, Burrunali J, Ralph AP, Herdman RM, et al. "If they help us, we can help them": First Nations Peoples identify intercultural health communication problems and solutions in hospital in Northern Australia. *J Racial Ethn Health Disparities*. 2025 Dec;12(6):3601–12. doi:10.1007/s40615-024-02160-4.
18. National Family Matters, SNAICC, Jumbunna Institute. Family Matters Report 2025: Strong, loved and full of potential. Canberra: Secretariat of National Aboriginal and Islander Child Care; 2025. Available from: <https://www.snaicc.org.au/wp-content/uploads/2025/12/Family-Matters-Report-2025.pdf>
19. O’Dea B, Roe Y, Gao Y, Kruske S, Nelson C, Hickey S, et al. Breaking the cycle: effect of a multi-agency maternity service redesign on reducing the over-representation of Aboriginal and Torres Strait Islander newborns in out-of-home care: a prospective, non-randomised, intervention study in urban Australia. *Child Abuse Negl*. 2024 Mar;149:106664. doi:10.1016/j.chiabu.2024.106664.
20. Best O, Bayliss L, Hodgman S, Peters MDJ. Aboriginal and Torres Strait Islander nurses’ experiences of racism at work. *Collegian*. 2025 Apr;32(2):61–8. doi:10.1016/j.colegn.2024.12.004.
21. Vukic A, Jesty C, Mathews SV, Etowa J. Understanding race and racism in nursing: insights from Aboriginal nurses. *Int Sch Res Not*. 2012;2012:196437. doi:10.5402/2012/196437.
22. Dafny HA, Snaith N, McCloud C, Waheed N, Cooper P, Champion S. Racism during clinical placement, the perpetrators, impact, advocating and reporting. *Nurs Ethics*. 2025;32(6):1886–99. doi:10.1177/09697330251317675.
23. Nielsen A-M, Stuart LA, Gorman D. Confronting the cultural challenge of the whiteness of nursing: Aboriginal registered nurses’ perspectives. *Contemp Nurse*. 2014 Oct;48(2):190–6. doi:10.1080/10376178.2014.11081940.
24. Bourke S, Wright A, Guthrie J, Russell L, Dunbar T, Lovett R, et al. Evidence review of Indigenous culture for health and wellbeing. *Int J Health Wellness Soc*. 2018 Nov;8(4):11–27. doi:10.18848/2156-8960/CGP/v08i04/11-27.
25. Dudgeon P, Agung-Igusti R, Derry K, Gibson C. Australian Aboriginal and Torres Strait Islander social and emotional well-being. *Am Psychol*. 2025;80(8):1137–49. doi:10.1037/amp0001535.
26. Australian Institute of Health and Welfare. Size and sources of the health gap for Australia’s First Nations people 2017–2019 [Internet]. Canberra: AIHW; 2024. Available from: <https://www.aihw.gov.au/reports/australias-health/health-gap-2017-2019>
27. Australian Institute of Health and Welfare. Closing the Gap targets: key findings and implications [Internet]. Canberra: AIHW; 2025. Available from: <https://www.aihw.gov.au/reports/indigenous-australians/closing-the-gap-targets-key-findings-implications/contents/overview>
28. Calma T, Host S, Bray JR. Relationship between systemic anti-Indigenous racism and social and emotional wellbeing and mental health: recent national and international evidence, policy and programs [Internet]. Canberra: AIHW; 2025. Available from: <https://www.aihw.gov.au/getmedia/d404ae01-d637-470c-b105-079422fcd340/aihw-imh-30-relationship-between-systemic-anti-indigenous-racism-and-social-and-emotional-wellbeing-and-mental-health.pdf?v=20250626110011&inline=true>
29. Williams DR. Stress and the mental health of populations of color: advancing our understanding of race-related stressors. *J Health Soc Behav*. 2018 Dec;59(4):466–85. doi:10.1177/0022146518814251.



30. Kairuz CA, Casanelia LM, Bennett-Brook K, Coombes J, Yadav UN. Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait Islander peoples living in Australia: a systematic scoping review. *BMC Public Health*. 2021 Jul 3;21(1):1302. doi:10.1186/s12889-021-11363-x.
31. Haregu T, Jorm AF, Paradies Y, Leckning B, Young JT, Armstrong G. Discrimination experienced by Aboriginal and Torres Strait Islander males in Australia: associations with suicidal thoughts and depressive symptoms. *Aust N Z J Psychiatry*. 2022 Jun;56(6):657–66. doi:10.1177/00048674211031168.
32. Kelaher MA, Ferdinand AS, Paradies Y. Experiencing racism in health care: the mental health impacts for Victorian Aboriginal communities. *Med J Aust*. 2014 Jul;201(1):44–47. doi:10.5694/mja13.10503.
33. Thurber KA, Brinckley MM, Jones R, Evans O, Nichols K, Priest N, et al. Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to Indigenous–non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study. *Lancet*. 2022;400(10368):2084–94. doi:10.1016/S0140-6736(22)01639-7.
34. Paradies Y. Colonisation, racism and indigenous health. *J Popul Res*. 2016 Mar;33(1):83–96. doi:10.1007/s12546-016-9159-y.
35. Truong M, Moore E. Racism and Indigenous wellbeing, mental health and suicide [Internet]. Canberra: AIHW; 2023. Available from: <https://www.aihw.gov.au/reports/indigenous-mental-health-suicide-prevention/racism-and-indigenous-wellbeing-mental-health-and/abstract>
36. Guidi J, Lucente M, Sonino N, Fava GA. Allostatic load and its impact on health: a systematic review. *Psychother Psychosom*. 2021;90(1):11–27. doi:10.1159/000510696.
37. Ketheesan S, Rinaudo M, Berger M, Wenitong M, Juster RP, McEwen BS, et al. Stress, allostatic load and mental health in Indigenous Australians. *Stress*. 2020 Sep;23(5):509–18. doi:10.1080/10253890.2020.1732346.
38. Kaholokula JK. Racism and physical health disparities. In: Whitfield KE, Banks KS, editors. *The cost of racism for people of color: contextualizing experiences of discrimination*. Washington (DC): American Psychological Association; 2016. p. 163–88.
39. Bourke M, Wang HFW, McNaughton SA, Thomas G, Firth J, Trott M, et al. Clusters of healthy lifestyle behaviours are associated with symptoms of depression, anxiety, and psychological distress: a systematic review and meta-analysis of observational studies. *Clin Psychol Rev*. 2025 Jun;118:102585. doi:10.1016/j.cpr.2025.102585.
40. Hobden B, Freund M, Rumbel J, Heard T, Davis R, Ooi JY, et al. Mental health and substance use co-occurrence among Indigenous peoples: a scoping review. *Int J Ment Health Addict*. 2025 Feb;23(1):300–28. doi:10.1007/s11469-023-01114-x.
41. Darwin L, Vervoort S, Vollert E, Blustein S. Intergenerational trauma and mental health [Internet]. Canberra: AIHW; 2023. Available from: <https://www.aihw.gov.au/getmedia/356a30b2-0ab5-4e4b-9108-249d111b8075/aihw-imh-18-intergenerational-trauma-and-mental-health.pdf?v=20250611101248&inline=true>
42. Hobson JM, Moody MD, Sorge RE, Goodin BR. The neurobiology of social stress resulting from racism: implications for pain disparities among racialized minorities. *Neurobiol Pain*. 2022 Aug–Dec;12:100101. doi:10.1016/j.ynpai.2022.100101.
43. Noren Hooten N, Pacheco NL, Smith JT, Evans MK. The accelerated aging phenotype: the role of race and social determinants of health on aging. *Ageing Res Rev*. 2022 Jan;73:101536. doi:10.1016/j.arr.2021.101536.
44. Schafte K, Bruna S. The influence of intergenerational trauma on epigenetics and obesity in



- Indigenous populations: a scoping review. *Epigenetics*. 2023 Dec;18(1):2260218. doi:10.1080/15592294.2023.2260218.
45. Nolan-Isles D, Macniven R, Hunter K, Gwynn J, Lincoln M, Moir R, et al. Enablers and barriers to accessing healthcare services for Aboriginal people in New South Wales, Australia. *Int J Environ Res Public Health*. 2021 Mar 15;18(6):3014. doi:10.3390/ijerph18063014.
  46. Australian Institute of Health and Welfare. The health and wellbeing of First Nations people in Australia's prisons 2022 [Internet]. Canberra: AIHW; 2024. Available from: <https://www.aihw.gov.au/reports/prisoners/the-health-and-wellbeing-of-first-nations-people-i/summary>
  47. Amnesty International Australia. The overrepresentation problem: First Nations kids are 26 times more likely to be incarcerated than their classmates [Internet]. Sydney: Amnesty International Australia; 2022. Available from: <https://amnesty.org.au/overrepresentation-explainer-first-nations-kids-are-26-times-more-likely-to-be-incarcerated/>
  48. Dudgeon P, Bray A, Smallwood G, Walker R, Dalton T. Wellbeing and healing through connection and culture [Internet]. Lifeline; 2020. Available from: [https://www.lifeline.org.au/sites/default/files/2025-11/full-report-final-wellbeing-and-healing-through-connection-and-culture-2020-1\\_0.pdf](https://www.lifeline.org.au/sites/default/files/2025-11/full-report-final-wellbeing-and-healing-through-connection-and-culture-2020-1_0.pdf)
  49. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). Cultural Safety Position Statement. Canberra: CATSINaM; 2016.
  50. Nursing and Midwifery Board of Australia (NMBA), CATSINaM. Joint statement on culturally safe care [Internet]. Melbourne: NMBA; 2018. Available from: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/position-statements/joint-statement-on-culturally-safe-care.aspx>
  51. Standing together against racism: exploring NSW nurse, midwife, and AiN/care worker experiences with racism at work [Internet]. Sydney: New South Wales Nursing and Midwifery Federation; 2025. Available from: <https://www.nswnma.asn.au/wp-content/uploads/2025/09/Standing-Together-Against-Racism-Report.pdf>
  52. Mohamed J, Stacey K, Chamberlain C, Priest N. Embedding cultural safety: National Cultural Safety Training Standards and organisational action for cultural safety. Victoria: Lowitja Institute; 2024. Available from: <https://www.lowitja.org.au/wp-content/uploads/2024/12/LOW37-Policy-Brief-Final.pdf>
  53. Best O, Fredericks B. Yatdjuligin: Aboriginal and Torres Strait Islander nursing and midwifery care. 3rd ed. Cambridge: Cambridge University Press; 2021.
  54. Australian Government Department of Health. National Aboriginal and Torres Strait Islander Health Plan 2021–2031. Canberra: Commonwealth of Australia; 2021. Available from: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031?language=en>
  55. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). GENKE II: gettin' em n keepin' em n growin' em. Brisbane: CATSINaM; 2022. Available from: [https://catsinam.org.au/common/Uploaded%20files/CATSINaM/2023/CATSINaM-Education-Plan-2022-v18.0\\_FINAL.pdf](https://catsinam.org.au/common/Uploaded%20files/CATSINaM/2023/CATSINaM-Education-Plan-2022-v18.0_FINAL.pdf)
  56. West R, Usher K, Foster K. Increased numbers of Australian Indigenous nurses would make a significant contribution to 'closing the gap' in Indigenous health: what is getting in the way? *Contemp Nurse*. 2010;36(1–2):121–30. doi:10.5172/conu.2010.36.1-2.121.
  57. Best O, Richards C, Stuart L, Deravin L, Ward A. Exploring First Nations nursing and midwifery leadership development: an international scoping review. *Contemp Nurse*. 2025 Jul;61(4):332–51. doi:10.1080/10376178.2025.2461556.



58. Durey A. Reducing racism in Aboriginal health care in Australia: where does cultural education fit? *Aust N Z J Public Health*. 2010 Jul;34(Suppl 1):S87–92. doi:10.1111/j.1753-6405.2010.00560.x.
59. Wilkes B, Whop L, Thurber KA, Colonna E, Lovett R. Embedding cultural safety to combat racism against Aboriginal and Torres Strait Islander peoples: advice for healthcare settings. *Aust J Gen Pract*. 2026 Feb 23;55:91–96.
60. Tillott V, Barlo S, Donnelly M, Staunton BM, Sebastian T. Cultural safety and First Nations health content within tertiary education for undergraduate health-care students: a scoping review. *Aust Occup Ther J*. 2025 Apr;72(2):e70011. doi:10.1111/1440-1630.70011.
61. Power T, Geia L, Adams K, Drummond A, Saunders V, Stuart L, et al. Beyond 2020: addressing racism through transformative Indigenous health and cultural safety education. *J Clin Nurs*. 2020;29(15–16):2808–19. doi:10.1111/jocn.15296.
62. Rissel C, Liddle L, Ryder C, Wilson A, Richards B, Bower M. Improving cultural competence of healthcare workers in First Nations communities: a narrative review of implemented educational interventions in 2015–20. *Aust J Prim Health*. 2022;29(2):101–16. doi:10.1071/PY22020.