Close on the heels of larger societal movements seeking racial justice, Indigenous sovereignty and caste equity, there is growing recognition of structural inequities in the global health ecosystem and increasingly strong global moves to ensure diverse voices are represented in research, policy and advocacy to improve human health and reduce inequities.1–5 As part of this, many in the global academic community are pushing for an antiracism, decolonising shift in academic research and education. However, what role does the injury research community play and how are we faring?

Injury Prevention is an internationally peer-reviewed journal, ranked in Quartile 1 for Public Health Environmental and Occupational Health. This journal is considered a leader for injury prevention internationally, showcasing research from multiple settings and contexts. However, when we reviewed submissions and acceptance rates, we found that in 2022—72% (68 out of 93) of papers accepted in Injury Prevention had lead authors from four high-income countries: the USA, Australia, the UK and New Zealand (figure 1). Looking more granularity at data surrounding paper acceptances, there are many countries where no submissions have ever been published. Further, in 2022 authors from the following countries submitted at least one article, but none were accepted: Brazil, Croatia, Denmark, Germany, Greece, Hong Kong, Israel, Italy, Kenya, Republic of Korea, Malaysia, Mongolia, Nepal, Pakistan, Poland, Singapore, Switzerland, Tanzania, Thailand, Tunisia, Turkey, Uruguay and Vietnam. This is perplexing given the social gradient of injury, with 90% of injuries occurring in low- and middle-income countries (LMICs).6–8 The authorship gap in publications from these countries, means the voice, and lived narrative of people from these settings is being overlooked, which can create further marginalisation, and inhibit development and dissemination of sustainable solutions. Change is needed, through initiatives which improve diversity, inclusiveness and justice in the injury community. Injury Prevention has always been at the forefront of leading work in injury, and it is timely to lead in this area.

Journals play an essential role in knowledge legitimisation, along with establishing standards and frameworks which define a given field, be that research, clinical medicine or public health. With this in mind, and to ensure that the voice and lived experience of diverse individuals is being heard, there are several issues that we believe the journal needs to consider.

Authorship and leadership in research are contested spaces, particularly in transnational research. This is especially so for research conducted in LMICs where research, knowledge, outcomes and often researchers are marginalised, due to ongoing colonisation by global health ecosystems, fuelled by neo-capitalistic practices.9–10 This is not limited to transnational research but is also a practice of research ‘on’, not ‘with’ communities. To counter this, we recommend development of editorial policies and guidelines to counter the true essence of colonisation: ‘social and geographical disconnection between the realm of action and the realm of power’.11 At a minimum, lead and senior authorship of research papers should be held by people who are not privy to social and geographical disconnection from the research setting. Where this is not achieved, a reflexivity or standpoint statement should be included, which considers context, reasons and remedial measures for future work in this area.

This is of course tricky ground to walk in the current academic system, where authorship is commodified, and heavily linked to career progression. How can the injury community challenge these deeply ingrained dominant practices? Considering current system paradigms, the invisible white possessive logic of institutions, how can researchers, health professionals and academics bring change? How do we go beyond affiliations to understand intersectionality based on citizenship, gender, caste, Indigenous status, and move the agenda towards identity, diversity, relationality and belonging in the injury community?

In most disciplines, the majority of published work in resource-constrained settings, and socioeconomic or politically marginalised communities uses a deficit discourse or data narrative that emphasises weakness and gaps in people and focuses on blaming of communities and systems in the context of research.12–14 Social, commercial, cultural and political determinants of health are either not recognised or offered a passing mention—the focus being on biomedical and technological interventions to ‘solve’ a problem. A biomedical framing of all research conditions is neither essential nor desirable, and reinforces dominant Western knowledge, methodologies, methods and truths.15–16

We do not know the extent of such philosophical and epistemological biases (epistemic injustice) in the injury domain, but we recognise that it is an issue that needs to be better understood through meta-research, and initiatives through which address and challenge it.

A renewed focus on data sovereignty is also key to better facilitate inclusiveness and justice. There are several important questions to address, and the issue is not unique to injury—whose data, who owns the data and who controls these data? In many settings, and countries this is a complex question, tied to geopolitics and economy—particularly in relation to Indigenous people. Internationally there are movements for Indigenous Data Sovereignty and Governance. Maiam nayri Wingara is one such movement in Australia which identifies Indigenous Data Sovereignty as the right of Indigenous peoples to exercise ownership over Indigenous Data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous Data.17 The editorial board of Injury Prevention needs to consider the values of the journal and practices for enacting Indigenous Data Sovereignty or Indigenous Governance of Data. We can do this by, ensuring that published research focuses on relevant best practices, guidelines and approaches in working with Indigenous communities. All papers on Indigenous health and those conducted through transnational partnership should be required to include a subsection in their methods detailing how Indigenous knowledges, methodologies, Indigenous Data Sovereignty or Indigenous Governance of Data has been attained.

Lastly, is the issue of diversity and inclusiveness in the journal itself. The editorial
board of Injury Prevention is now more diverse than ever. We recognise however that among those who hold the title editors—the metric used for assessing editorial board diversity—much more needs to be done—only 1 out of the 12 editors is from an LMIC.

This can only be done as a community, and we call on injury researchers and practitioners to join us in responding to these issues and contribute to designing policies and procedure to strengthen diversity, inclusiveness and justice in the injury community. We call on injury researchers and practitioners to come forth with best practices to ‘be political’, when working on commercial, social, cultural and political determinants of injury prevention and management. We call on injury researchers and practitioners to engage in the debate and discuss on these, and other related topics.

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SB declares non-financial conflict of interest as an advocate of equity and justice in the global health ecosystem. No other conflict of interest to declare.

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**Author note** SB acknowledges his positionality in the global health ecosystem as a non-Dalit and non-Indian Indigenous, from a middle-class background working in India and Australia. CR is a female Aboriginal Injury epidemiologist. In Australia we live, work and play on unceded lands, where Truth-Telling and Treaty processes remain stagnant. RJQ: As a white middle-class researcher from a high-income nation who holds positions of power and has worked on multiple research projects with collaborators from Indigenous communities and in low-income settings, I acknowledge my part in contributing to imbalances in global health inequity.

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