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Short Article

Relational rupture and belonging: The stolen generations, caregiving, and child protection in Australia

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Abstract

This article examines the Stolen Generations through a relational Indigenous Knowledge framework, arguing that forced removal constituted a rupture of kinship, Country, identity and belonging. Drawing on Indigenous Knowledge, social and emotional wellbeing scholarship, New South Wales (NSW) reparations evidence and research with First Nations young people in Therapeutic Residential Care, it shows how colonial removal continues to shape contemporary care systems. The paper argues that caregiving must move beyond reactive removal and toward Indigenous-led, relationally accountable approaches that sustain family, culture, community and identity.

Introduction

The forced removal of Aboriginal and Torres Strait Islander children must be understood as a structural and relational process rather than an isolated policy intervention. Across Australia, colonial systems of welfare, protection and assimilation authorised the removal of Indigenous children from family, community and place (Day, 2022). This was often supported by public, political and media narratives that framed Aboriginal families

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and communities through deficit, neglect and risk (Australian Human Rights Commission, 1997; Newton, 2019). These narratives did not disappear with the end of formal assimilation policies. They continue in public discourses that can position Aboriginal communities as problems to be managed rather than as holders of relational, cultural and governance systems (Day, 2022). These removals were not only separations from parents. There were ruptures in kinship, identity, language, cultural authority and belonging (Day et al., 2026; McPherson et al., 2022).

For an international readership, the Australian context offers a critical case through which to examine how colonial child removal continues to shape care systems, professional practice and children's experiences of identity and belonging. In this article, First Nations refers to Aboriginal and Torres Strait Islander peoples collectively. Indigenous is used when discussing broader global scholarship or shared colonial patterns affecting Indigenous peoples internationally. Country refers not only to land, but to a living network of relationships, responsibilities, law, memory, ancestry and belonging. Therapeutic Residential Care (TRC) refers to residential care settings in Australia that aim to provide trauma-informed support for children and young people who cannot live in family-based care. The Stolen Generations are often discussed as a historical injustice, but their legacy remains present in contemporary child protection and out-of-home care. First Nations children continue to be overrepresented in care systems, including residential care, where instability and cultural disconnection can reproduce earlier patterns of relational rupture (Day et al., 2026).

This paper shows that the legacy of the Stolen Generations continues to shape contemporary child protection and residential care systems, particularly through ongoing patterns of separation from family, culture, community and Country. It argues that if removal produced relational rupture, then repair must be relational, requiring Indigenous-led approaches that sustain belonging, identity and connection. If removal caused relational rupture, then repair requires more than administrative reform. It requires practices that sustain family, culture, community, Country and identity. This involves shifting from the language of 'bringing them home' toward the survivor-led imperative of 'keeping them home' (Aboriginal Affairs NSW, 2018). This paper identifies a critical problem: contemporary child protection and residential care systems continue to operate in ways that reproduce the relational ruptures created through

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the Stolen Generations, particularly through ongoing separation from family, culture, community and Country.

Colonial removal and the production of relational rupture

The following sections demonstrate how relational rupture was produced through colonial child removal, how it has been experienced across generations, and how it continues to shape contemporary caregiving systems. Together, these sections show that the impacts of the Stolen Generations are ongoing, shaping identity, belonging and care in the present.

Colonial child removal practices were inseparable from the broader project of regulating Indigenous life. In NSW, government systems enabled the removal of Aboriginal children into missions, training homes, institutions, foster care and adoption, often under policies framed as protection or assimilation. These systems were supported by racialised assumptions that positioned Indigenous families and child-rearing practices as deficient when measured against Western norms (Newton, 2019).

Critical Race Theory assists in naming how racism operates through institutions, professional norms and decision-making thresholds rather than only through overt discrimination. In child protection, Western assumptions about parenting, neglect, family structure and risk can misrecognise Indigenous kinship and collective caregiving (Krakouer et al., 2018; Newton, 2019). Such misrecognition matters because systems can pathologise conditions produced by colonisation, poverty, housing insecurity and service exclusion as deficiencies within Indigenous families.

The NSW reparations inquiry recognised that reparations cannot restore what was lost, but they can acknowledge wrongdoing and create obligations to prevent repetition (NSW Parliament, Legislative Council, General Purpose Standing Committee No. 3, 2016). This is important for child and youth care because it frames harm as institutional, relational and ongoing. The ethical task is not simply to remember past removal, but to ensure contemporary systems do not reproduce it through new forms of surveillance, cultural disconnection and family separation.

Survivor testimony, silence and intergenerational care

The NSW parliamentary inquiry provides powerful evidence of how removal shaped family life across generations. In the case study ‘A cycle

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of absence,' two sisters described how their grandmother and mother were both removed, with their mother placed at Cootamundra Aboriginal Girls' Training Home (NSW Parliament, Legislative Council, General Purpose Standing Committee No. 3, 2016). They reflected that removal affected their own upbringing through silence, emotional absence and the loss of nurturing care.

One of the sisters, with whom the author remains in regular communication, explained that she did not learn until adulthood that her mother had been taken. She described how silence became a survival strategy, with many Aboriginal people learning to 'shut down' because speaking carried risks. Yet the sisters' evidence was also a story of survival. One sister stated, 'I'm a survivor,' emphasising choice, resilience and determination in the face of intergenerational harm (NSW Parliament, Legislative Council, General Purpose Standing Committee No. 3, 2016).

In a recent conversation with an Elder, there was a strong sense that while many people now recognise the Stolen Generations, fewer understand the constant fear that shaped daily life on missions. Families lived under systems where mission managers could act as direct agents of the welfare board, with powers grounded in legislation and administrative practice. Parents and grandparents were often unable to explain these legal processes to children, even when children asked why removals occurred or why families lived under such surveillance. In some cases, managers could notify authorities, including magistrates, when a mother died, triggering processes through which children could be removed (D. Creighton, Gomeroi Elder, personal communication, May 21, 2026). While some reparations have recognised those directly taken, less attention has been given to those who lived with the ongoing fear of being taken, or to families whose caregiving was shaped by that fear.

This case makes visible how removal not only affected those taken. It shaped parenting, emotional expression, family communication, identity and belonging across generations. For residential child care, this matters because children's behaviours and family histories cannot be understood outside the wider history of state intervention, relational loss and the everyday fear that shaped mission life. Repair begins when systems stop treating these histories as background context and instead recognise them as living knowledge, carried through families, held by Elders, and essential to restoring identity, belonging and care.

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Indigenous Knowledge, wellbeing and relational governance

Indigenous Knowledge systems provide a fundamentally different framework for understanding care. Rather than treating individuals as separate units, Indigenous ontologies position people relationally within networks of kin, Country, community, ancestry and responsibility (Martin & Mirraboopa, 2003; Day, 2022). Rose (1996) explains that Country is not merely land or place, but a living system of relationships encompassing people, memory, law, spirituality, responsibility and belonging. Within this relational understanding, wellbeing is inseparable from connection to Country, and care must be understood as a responsibility to sustain identity, kinship and belonging.

Aboriginal and Torres Strait Islander social and emotional wellbeing frameworks similarly understand wellbeing as holistic and relational. Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing (SEWB) position wellbeing as relational and collective, grounded in ongoing connections to family, kinship, community, culture, spirituality and Country rather than solely individual psychological functioning (Gee et al., 2014). From this perspective, disruptions to belonging, identity and relational continuity can have profound intergenerational impacts (Day, 2022). Wellbeing includes connection to body, mind, emotions, family, kinship, community, culture, spirituality and Country (Gee et al., 2014). When these connections are disrupted, distress is not merely individual. It is relational, cultural and collective. This is reinforced by recent research with First Nations young people in Therapeutic Residential Care, which found that wellbeing was supported by relational stability, cultural affirmation, autonomy and opportunities for growth, while frequent relocation, fractured identity and cultural disconnection constrained wellbeing. The study also found that the absence of cultural mentors, Elders, Aboriginal staff and connection to Country could deepen young people's sense of alienation in care (Day et al., 2026).

This has direct implications for residential child care and caregiving practice. If kinship, culture and Country are core determinants of wellbeing, then cultural connection cannot be treated as an optional addition to care. It must be understood as part of safety, identity and healing. Contemporary evidence from First Nations young people in Therapeutic Residential Care shows that relational stability, cultural

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affirmation and connection to kin and community support wellbeing, while frequent relocation, disempowering routines, fractured identity and cultural disconnection constrain it (Day et al., 2026).

Reparations, repetition and caregiving practice

Reparation frameworks offer practical guidance for contemporary care. The NSW inquiry drew on the Bringing Them Home framework, which understood reparations to include acknowledgement, apology, restitution, rehabilitation, compensation, and guarantees against repetition (NSW Parliament, Legislative Council, General Purpose Standing Committee No. 3, 2016). For child and youth care systems, 'guarantees against repetition' are especially important. They require changes to present-day systems, not only recognition of past harm.

Survivor organisations in NSW emphasised the need for child protection agencies to engage more meaningfully with Stolen Generations survivors and organisations, particularly around family restoration and healing (Aboriginal Affairs NSW, 2018). This reframes survivor knowledge as practice knowledge. Survivors are not only witnesses to past harm; they are knowledge holders who can guide systems away from repeating it.

Contemporary research with Aboriginal kinship carers further demonstrates that child protection systems continue to be experienced through histories of surveillance, mistrust and cultural dislocation. McPherson et al. (2022) found that some Aboriginal carers experienced child protection interactions as culturally unsafe, disrespectful and shaped by racial assumptions, while also describing strong commitments to keeping children connected to family, culture and community. The study argues that culturally safe care requires more than procedural compliance; it requires relational practice, respect for Indigenous kinship systems and recognition of the historical impacts of removal policies

For practitioners, this means relational care must be more than kindness at the interpersonal level. It requires systems that support continuity, cultural identity, family connection and community authority. Residential care workers may be committed to culturally safe practice, but their efforts can be constrained by staff turnover, compliance demands, risk-management systems, limited cultural support and placement instability. Culturally safe care therefore requires organisational conditions that make relational continuity possible.

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This includes supporting children's relationships with family and community, enabling access to Elders and cultural mentors, maintaining connection to Country, and recognising culture as everyday care rather than occasional programming. When culture becomes an 'add-on,' systems risk reproducing the disconnection that removal enacted.

Implications for residential child care

This analysis has implications for residential child care, foster care, kinship care and social work practice internationally. Recent debates about proposed Northern Territory child protection reforms show how tragic child deaths can be mobilised to justify expanded removal powers, even where Aboriginal-led bodies warn that such reforms risk weakening protections that keep children connected to family, culture, community and Country (National Commission for Aboriginal and Torres Strait Islander Children and Young People, 2026). This reinforces the need for care systems to address structural conditions before defaulting to more coercive forms of intervention.

Safety must therefore be understood as more than physical protection. Care settings also need to ask whether children are relationally held, culturally affirmed and connected to family, community and place. For First Nations children, involvement with care systems can reactivate collective memories of removal, meaning that routine administrative practices may carry deeper historical and emotional significance for children, families and communities.

Relational continuity should sit at the centre of planning. Frequent moves, changing workers and disrupted cultural connections can reproduce the instability that care systems seek to address. Relational permanence, cultural mentorship and family restoration need to be treated as core dimensions of care rather than secondary supports. Research on relational practices in Therapeutic Residential Care further shows that young people experience trust when staff invest time, listen deeply, show care and respect, and make them feel valued. These practices move care beyond transactional 'doing for' toward 'being and doing with,' which is especially important in settings where young people have experienced instability and misrecognition (McPherson et al., 2025).

Cultural safety also requires Indigenous-led governance. Kinship carers in Australia have described experiences of racism, cultural insensitivity and

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being treated as though they were 'the criminal' during placement processes, reinforcing the importance of Indigenous-led and culturally safe care systems (McPherson et al., 2022). Aboriginal and Torres Strait Islander peoples, organisations and cultural authorities must shape decision-making, policy design, workforce development and case planning. It cannot depend only on individual worker goodwill. Aboriginal and Torres Strait Islander authorities must shape decision-making, policy design, workforce development and case planning. In this sense, 'keeping them home' becomes both a prevention principle and a practice ethic: investing in family support, early intervention, housing, healing, kinship systems and community-controlled services before removal becomes the default response.

Conclusion

The Stolen Generations are not only a historical injustice but an ongoing legacy of colonial structures that continue to shape child protection and residential care. Understanding this legacy requires relational frameworks grounded in Indigenous Knowledge, kinship, Country and community accountability. This analysis has important implications for research, policy and practice. For research, it underscores the need to centre Indigenous Knowledge systems and survivor-led perspectives in understanding care and wellbeing. For policy, it highlights the urgency of shifting from removal-based responses toward prevention, family support and Indigenous-led governance that prioritises keeping children connected to family, culture and Country. For practice, it requires a reorientation toward relational care, where continuity of relationships, cultural identity and community connection are treated as core components of safety rather than supplementary supports.

The evidence from NSW reparations processes, survivor testimony and contemporary Therapeutic Residential Care research points to a clear message: repair must be survivor-led, Indigenous-led and relationally accountable. Administrative reform alone is not enough if systems continue to separate children from identity, family, culture and community.

For child and youth care, the challenge is to move beyond managing risk toward sustaining belonging. Relational stability, cultural connection and continuity with family and community must be treated as core indicators of safety and wellbeing. Only then can care systems move beyond the

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legacy of removal and toward futures shaped by continuity, accountability and collective care.

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