












Article

Replanting the Birthing Trees: A Call to Transform Intergenerational Trauma into Cycles of Healing and Nurturing

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Received: 17 January 2025

Revised: 3 March 2025

Accepted: 11 March 2025

Published: 6 May 2025

Citation: Chamberlain, Catherine, Jacynta Krakouer, Paul Gray, Madeleine Lyon, Shakira Onwuka, Ee Pin Chang, Lesley Nelson, Valda Duffield, Janine Mohamed, Shaydeen Stocker, and et al. 2025. Replanting the Birthing Trees: A Call to Transform Intergenerational Trauma into Cycles of Healing and Nurturing. *Genealogy* 9: 52. <https://doi.org/10.3390/genealogy9020052>

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Abstract: Aboriginal and Torres Strait Islander ways of knowing, being and doing have fostered physical, social, and emotional wellbeing for millenia, forming a foundation of strength and resilience. However, colonisation, systemic violence and discrimination—including the forced removal of Aboriginal and Torres Strait Islander children, which continues today—have disrupted this foundation, leading to compounding cycles of intergenerational and complex trauma. The enduring impact of intergenerational and complex trauma is exemplified in increasing proportions of Aboriginal and Torres Strait Islander children being removed from their families and involved in the child protection and youth

justice system—which represents a national crisis. Despite this crisis, the national response remains insufficient. To address these urgent issues, over 200 predominantly Aboriginal and Torres Strait Islander stakeholders, participated in Gathering the Seeds Symposium, the inaugural meeting for the Replanting the Birthing Trees project held in Perth in April 2023. This meeting marked the beginning of a public dialogue aimed at Closing the Gap by advancing community-led strategies to break cycles of trauma and foster cycles of nurturing, recovery, and wellbeing for Aboriginal and Torres Strait Islander parents and children across the first 2000 days. We outline critical shortcomings in the current child protection and youth justice systems, and the urgent need for child wellbeing reform. Importantly we highlight recommendations made in submissions in 2023 to two key Australian inquiries—the National Early Years Strategy and the Human Rights Commission inquiry into out of home care and youth justice systems. We argue that structural reforms and culturally safe and skillful care for parents experiencing trauma and violence is a serious gap, and a national priority. The first 2000 days represents a critical window of opportunity to transform cycles of trauma into cycles of healing. It is time to ‘replant the birthing trees’ and ensure that all Aboriginal and Torres Strait Islander babies and families can have the best possible start to life through comprehensive models of care grounded in recognition of the right to self-determination and culture.

Keywords: Aboriginal and Torres Strait Islander; trauma; child protection; youth justice; equity

1. Introduction

Aboriginal and Torres Strait Islander ways of knowing, being and doing fostered physical, social, and emotional wellbeing within communities for millennia. While wellbeing is not a politically neutral term, is subject to debate, and has different meanings for people from diverse cultural groups (Fleming and Manning 2019), we use the term here to highlight that Aboriginal and Torres Strait Islander people lived well prior to colonisation. Thomson (1984) suggests that prior to colonisation of Australia in 1788, Aboriginal and Torres Strait Islander peoples had excellent levels of health and wellbeing. This state of robust wellbeing was not achieved by accident, but as with all peoples, reflects specific and intentional approaches enacted by communities to foster individual and collective wellbeing, and which started from before birth (Langton 1997; Langton and Corn 2023). These practices were grounded in constructions of wellbeing where connectedness was central, to self, family, community, Country, ancestors and spirituality (Gee et al. 2014).

However, colonisation has led to the deterioration of health and wellbeing for Aboriginal and Torres Strait peoples, which is now ranked amongst the worst in the world, and is significantly worse than non-Indigenous people Australia (Anderson et al. 2016). Again, Aboriginal wellbeing models such as those developed by Gee et al. (2014) emphasise the relationship between historic, social and political determinants of health, and the sustained assault on experiences of connectedness, that characterise the ongoing colonial project. Past policies such as those of forced child removal and labour referred to broadly as the Stolen Generations (Wilson 1997) inflicted significant and compounding cycles of intergenerational and complex trauma (Cloitre 2020), and undermined the foundations for wellbeing and healing (Dudgeon et al. 2014). Trauma is a direct byproduct of historic and contemporary experiences of colonisation, whereby Aboriginal and Torres Strait Islander knowledges and cultures have been positioned as inferior to Western counterparts among other catastrophic and violent acts (Krakouer 2023). Enduring consequences of these policies include social, economic and political marginalisation, existing alongside a sustained threat imposed by

systems of coercive intervention—such as child protection and criminal justice systems—for Aboriginal and Torres Strait Islander peoples. Critically, experiences of trauma can impact on parents' capacity to nurture their children, leading to intergenerational cycles of trauma (Alexander 2015; Atkinson 2002). These can be framed as intentional outcomes of the contemporary settler-colonial state (Broom et al. 2023), in that they are the foreseeable result of current policy settings, with little meaningful focus on the underpinning social and political determinants by which they are perpetuated. The Productivity Commission (2024) in Australia found there is inadequate action on self-determination which is undermining efforts in closing the gaps in health outcomes between Aboriginal and Torres Strait Islander and other Australians.

In the contemporary context, there are continuously increasing numbers of Aboriginal and Torres Strait Islander children in Out of Home Care (OOHC) and the youth justice system (Productivity Commission 2024). Continuing to encounter harmful colonial systems, in 2023, Aboriginal and Torres Strait Islander children (aged 0–17) were more than 10 times more likely to be in OOHC than non-Indigenous children (Productivity Commission 2024; National Family Matters Leadership Group 2024). Research shows a high proportion of children are considered 'dual system involved' or 'cross-over'—that is, children who simultaneously encounter both the child protection and the youth justice systems (Baidawi and Ball 2023; Malvaso et al. 2019). Data produced by the Australian Institute of Health and Welfare shows that nationally in 2020–2021, Aboriginal and Torres Strait Islander children aged 10–17 years were seven times more likely to be under the supervision of youth justice than non-Indigenous children, and those under youth justice supervision were over five times more likely to have had an interaction with child protection services within the previous five years (Australian Institute of Health and Welfare 2022). These critical disparities are rising, despite a reduction in both being key Closing the Gap targets (Productivity Commission 2024). Closing the Gap targets are reported annually to Parliament since 2008 as part of the commitment of all Australian governments to Closing the Gap in health and wellbeing outcomes between Aboriginal and Torres Strait Islander and other Australians.

2. Aims

This paper summarises the keynote presentations from the *Gathering the Seeds* Symposium, held in Western Australia, 3–5 April 2023. This symposium brought together around 200 Elders, community members, researchers, clinicians, practitioners, and consumers from across Australia to discuss how to best support Aboriginal and Torres Strait Islander families experiencing compounding cycles of intergenerational trauma. We also present summaries of submissions made in 2023 in response to; discussion held at the symposium in 2023; the National Early Years Strategy, and an Australian Human Rights Commission inquiry into rates of Aboriginal and Torres Strait Islander children in OOHC and youth justice systems. Together these summaries provide an opportunity to analyse the synergies between the early years sector, OOHC and the youth justice systems to consider comprehensive collaborative solutions. The purpose of this paper is to capture the shared commitment and vision of the symposium participants who, over three days of deep discussion, extended a call to action to drive transformative change. Twenty seven participants are authors on this manuscript.

This is an Australian Medical Research Future Funded project being conducted in partnership with government health services, the majority of participants worked in health related fields and the symposium followed a western conference format. Thus, we present this paper with a health and wellbeing lens and we recognise the constraints of the colonial structures that are represented here. Conversations about the safety and wellbeing of our children, and the ongoing intervention of child protection authorities, enabled by health

and policing systems, often find it difficult to shake free of those unhelpful and racist constructions, requiring Aboriginal and Torres Strait Islander people to navigate complex political environments in order to realise different opportunities and futures for their children, families and communities, whether iterative or transformational change. Child protection systems have remained stubbornly resistant, or more accurately, persistent, in their intervention in and dismemberment of Aboriginal and Torres Strait Islander families, while simultaneously distancing themselves from ‘past’ harmful policies, providing a façade of reform that redeems settler systems, while perpetuating their oppressive authority over Aboriginal and Torres Strait Islander individuals and communities (Libesman and Gray 2023). In this context, there was a focus on promoting collective impact by focusing on immediate practical steps towards improving outcomes for Aboriginal and Torres Strait Islander children, families and communities, showcasing community-based approaches, and considering opportunities for influence within settler-government systems, as part of a longer history of resistance and strategic organising among Aboriginal and Torres Strait Islander communities (Krakouer et al. 2022).

Similarly, the development of submissions into settler-governmental processes were developed in consideration of their purpose to influence political and policy discourses of the settler state that reproduce and perpetuate the marginalisation of Aboriginal and Torres Strait Islander people and futures. Here, the importance of providing ‘evidence’ in a form that the settler-state accepts as legitimate is a tension that Aboriginal and Torres Strait Islander peoples consistently negotiate. Further, these conversations occurred during a period of heightened political discourse regarding the place and positioning of Aboriginal and Torres Strait Islander people within the modern settler nation; a discourse which included colonial tropes about Aboriginal and Torres Strait Islander families, communities, and our children. These factors provide an important context for the dialogues within and arising from the Symposium.

3. Methods

Context

The *Gathering the Seeds* symposium was the first meeting held for the *Replanting the Birthing Trees* project. This project aims to implement and evaluate community-led, holistic, trans-disciplinary, continuity-of-care for the first 2000 days with seven perinatal services in two Australian jurisdictions (Western Australia (WA) and Victoria). The metaphor *Replanting the Birthing Trees* illustrates our innovative model: governed in alignment with the National Agreement on Closing the Gap reform pillars, grounded in Aboriginal and Torres Strait Islander knowledge, and informed by strong clear evidence to build the infrastructure for translation (Figure 1).

A detailed symposium report and selected recordings of the symposium are available (Lyon et al. 2023). Significant care was taken to ‘set the scene’ for the symposium, ensuring a safe and supportive environment to enable rich discussions related to intergenerational trauma in the perinatal period. In the symposium this care was demonstrated with preparing a safe space to receive participants, including incorporating artwork and a healing and Elders space in a beautiful setting alongside the Derbal Yerrigan (Swan River) in Boorloo (Perth). The symposium commenced with a Welcome to Country from a local Nyoongar Elder, setting expectations for respectful engagement and the responsibility to care for each other. Participants were provided a program (see Supplementary File S1) detailing what to expect in the symposium, assisting participants to prepare for sensitive conversations and to foster safety for all participants consistent with these expectations.

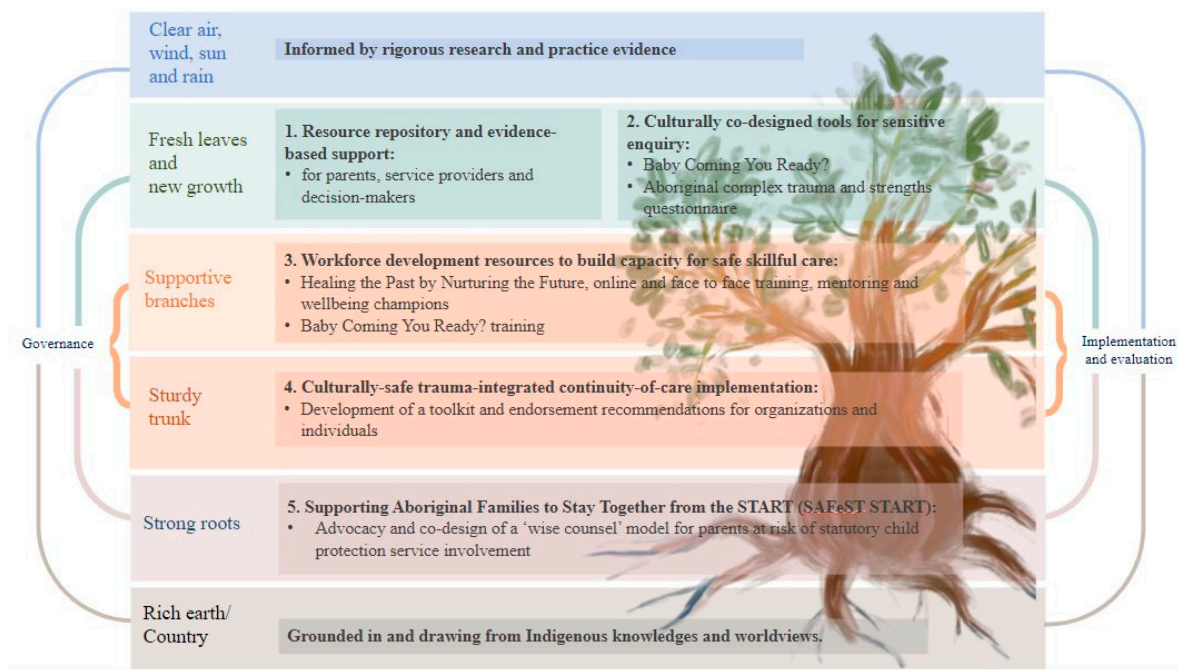


Figure 1. Replanting the Birthing Trees project conceptual model.

The National Early Years Strategy (Department of Social Services 2024) consultation period was held from 7 December 2023 to 9 February 2024. Responses to the key questions were drafted based on discussions held during the symposium and shared with symposium participants who provided further input into the submission (available on request).

The Australian Human Rights Commission National Children’s Commissioner called for submissions on youth justice and child wellbeing reform which closed on 30 June 2023. A submission was prepared drawing on evidence and discussions held during the symposium; this was shared with symposium attendees and the Replanting the Birthing Trees network who provided further input into the submission (available on request).

4. Gathering the Seeds Symposium Presentation Summary

The Gathering the Seeds symposium program followed the format of the Replanting the Birthing Trees conceptual model as shown in Figure 1. This model aims to navigate the intersection of government policy, and community resistance of its harmful impact in the immediate term, in ways that are consistent with longstanding aspirations and political organising of Aboriginal and Torres Strait Islander peoples for enjoyment of our distinct political rights as Indigenous peoples. These dual aims include the use of Aboriginal and Torres Strait Islander-led research, bringing with it specific opportunities but also limitations inherent with settler-colonial institutions. Within this context, Aboriginal and Torres Strait Islander leadership of the symposium dialogue was prioritised, ensuring that the discussion was framed from Aboriginal and Torres Strait Islander perspectives. Each section of the program started with an invited contribution from Aboriginal and Torres Strait Islander leaders from across the sector, and from diverse Aboriginal and Torres Strait Islander peoples, promoting discussion on our terms, with respect for the political rights of distinct peoples, as well as acknowledgement of our shared reality. We provide a sequential overview of eight key presentations here, sharing the powerful voices of leaders actively driving self-determined change across the sector.

The opening contribution for the symposium was provided by Ms Catherine Liddle, an Arrente/Luritja woman and Chief Executive Officer (CEO) of SNAICC—National Voice for Our Children, a peak body for Aboriginal and Torres Strait Islander children that aims

to amplify the voices of children, families and communities to affect systems change, within the political context noted above. Ms Liddle argued that it is only through Aboriginal-led decisions and solutions that we will see the story of intergenerational trauma change. She inspired strength with her opening words:

“...our children come from the most resilient culture in the world. Our people have withstood significant social and environmental changes. This is an extraordinary strength to build our families on.” —*Ms Catherine Liddle*

Next, Professor Rhonda Marriot AM, a Nyikinya woman and academic, hosted a yarning circle comprising Elders from across Australia, sharing their wisdom regarding approaches to supporting and guiding new parents in birthing care. They identified experiences of discrimination, loss and fear, but also of their tremendous resilience despite these harms, and the pride and strength that comes from identity and connection. Many women spoke of how their connections to Country and community informed and supported them through birth and motherhood, emphasizing the critical role of Elders and family networks in supporting expectant and new parents.

Professor Helen Milroy, a Palyku woman and the first Aboriginal and Torres Strait Islander medical graduate and child psychiatrist, led the next session on resources, support and assessment emphasising the power of storytelling. Using examples of her own stories that capture complex issues in an engaging way for children and adults alike, Professor Milroy invoked the role of stories in teaching and learning, and their importance in producing meaning and sharing systems of knowledge that shape our experiences. Professor Milroy positioned these processes in developmental terms, emphasizing their role in strengthening connections to people and Country. Stories enable the spiritual connection to continue despite colonisation. They enable a therapeutic way of expression and creation of a narrative that makes sense of the past and creates a positive focus for the future. Professor Milroy inspired cultural pride with her words:

“...so be proud, be proud of our traditions, be proud of our knowledge. We did a really good thing. We made our people resilient and strong, and we should be able to continue to do that. So let’s make sure we bring back all of those cultural ways of birthing and parenting and take pride in that.” —*Professor Helen Milroy*

Leading Aboriginal and Torres Strait Islander researchers then presented on a range of topics (see Supplementary File S1 for program), including: the SNAICC Family Matters campaign that focuses on reducing the over-representation of children in OOH; Indigenous principles for childrearing that aims to challenge western childrearing norms; the use of stories for capturing the complex nuances of trauma; and the importance of ensuring fathers are included in the first 2000 days.

“...focus on community aspirations and outcomes, not government aspirations and outcomes. ... so our communities can continue to refine and improve their own models of care models that centre our communities, our cultural values and perspectives and provide the foundation for healing.” —*Associate Professor Paul Gray (Wiradjuri)*

“[storytelling] is a way of connecting, a way of making meaning, a way of immediately starting to understand someone’s world.” —*Jill Faulkner (Maori)*

Adjunct Professor Janine Mohamed (Narrunga Kaurana), the then Chief Executive Officer of the Lowitja Institute, Australia’s first Aboriginal community-controlled research institute, led a ‘workforce development’ session on the critical importance of a skilled, culturally safe, trauma-aware workforce for meeting the needs of Aboriginal and Torres Strait Islander families. She spoke of the deficit lens that is too often used in perinatal care to pathologise

and problematise Aboriginal and Torres Strait Islander women, and the poor outcomes that can come from silencing parents with paternalistic colonial attitudes. She shared high quality cultural safety resources developed by the Lowitja Institute, and encouraged participants to imagine what a trauma-informed system, free of racism, where everyone experiences emotionally and culturally safe care, would be like:

“Imagine if all of us who have ever suffered racism and ignorance in our health care, but especially at the precious moment of birth, instead had care that we want and need. Imagine being surrounded by our women assisting us in our birthing, bathed in our ways, our understanding, surrounded by our family and culture and by non-Indigenous health professionals who understand, respect and value our ways and put themselves under the microscope before putting us under it. Imagine a system that understood the torment of our powerlessness in so many places, and restored our cultural authority, stopped othering us, transformed itself. Not just for the benefit of all of us as mothers and Aboriginal and Torres Strait Islander peoples and families in that community. But importantly, for everyone else in Australia. It is important in every part of our lives to have emotionally and culturally safe care, I believe, but no more important and no more precious than when you bring a new life, our lineage into this world.”

—*Adjunct Professor Janine Mohamed* (Narrunga Kurna)

Aboriginal-led teams then talked about developing rich online and face to face educational and mentoring packages such as Baby Coming, You Ready? a culturally responsive perinatal social and emotional wellbeing resource to support parents (Kotz and Robinson 2018). These initiatives showcased approaches developed by communities themselves that see community and culture as strengths that foster positive outcomes.

Ms Lesley Nelson (Balladong and Whadjuk Noongar), Chief Executive Officer of the South West Aboriginal Medical Service (SWAMS) shared experiences of SWAMS in developing effective supports for their families, and the importance of comprehensive wrap around approaches. An example of this approach is their positive birth programs that include caseload midwifery and culturally relevant quality childbirth education to empower families with the tools and knowledge for a safe, calm and relaxed birth experience. She emphasized commitment for families, stating:

“...every Aboriginal child deserves a champion and an adult or an organisation that will never give up on them, who understands the power of connection, family, community and culture and helps them become the best version of themselves within a culturally appropriate and safe environment.” —*Ms Lesley Nelson* (Balladong and Whadjuk Noongar)

Another Aboriginal-led wrap around continuity of care model (ICARE) was presented by Associate Professor Yvonne Clarke (Kokatha/Wirangu), demonstrating cross disciplinary continuity of care across the first 2000 days.

Professor Marcia Langton AO, a Yiman and Bidjura woman and Head of the Indigenous Studies Unit at the Melbourne School of Population and Global Health, led deep discussions about family violence. She called for urgent legal and policy reforms to respond earlier and provide support for families to avoid violence within families, but also the state violence of child removal. She made a powerful call for action, which was included in subsequent submissions described in this article, noting:

“Family violence and alcohol abuse are the biggest destroyers of the community, linked to various social issues like sexual assaults, domestic violence, poverty, and health problems.” *Professor Marcia Langton AO* (Yiman/Budjura)

Dr Jacynta Krakouer, a Minang Noongar woman and Research Fellow at Monash University, led a panel discussion on a ‘wise counsel’ model which provides broad expertise and support for families with complex needs at risk of having their child removed into OOHC. This approach reframes existing unhelpful child protection approaches focused on ‘risk management’, that construct Aboriginal and Torres Strait Islander families as sites of risk to their children, and seeks to realise a therapeutic model of care that shares responsibility in providing preventive care and support for families experiencing complex trauma and at risk of having children removed to OOHC. There was consensus regarding the urgent need for innovative therapeutic wrap around models that better support parents in a safe way. Dr Krakouer stated:

“...we can build up a new model of care that harnesses the wisdom of Aboriginal and Torres Strait Islander Elders and families and communities to look after our own mob and to do things in ways that honour and respect our traditions and respect the knowledge that we have in being able to care for our young ones.”
—*Dr Jacynta Krakouer (Minang Noongar)*

Professor Fiona Stanley AC, a settler Australian ally and advocate for change in the health sector, provided a keynote on implementation and ‘creating the change we want to see’, acknowledging the profound impact of colonisation on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, supporting innovative community led approaches:

“Services will only get there and only succeed if Aboriginal people are telling us what to do or are controlling them.” —*Professor Fiona Stanley AC*

Overall, these contributors consistently framed the dialogue in ways that emphasised how Aboriginal and Torres Strait Islander ways of knowing, being and doing are essential for positive impact, both for wellbeing and systems change. Discussion of cultural strengths, the importance of reimagining systems of care grounded in Aboriginal governance and knowledges, and confronting challenges by drawing on Aboriginal and Torres Strait Islander knowledges, were also consistent themes. Together, these contributions highlighted the importance of Aboriginal and Torres Strait Islander self-determination to realise the kind of transformative systems change that is needed to halt the current OOHC and youth justice crisis.

5. Summary of Submissions to the Early Years Strategy Consultation and Human Rights Commission Call for Submissions on Youth Justice and Child Wellbeing Reform

The rising numbers of Aboriginal and Torres Strait Islander children in OOHC and involved with the youth justice system represent a national crisis. Systemic failures to recognise and address the harms and consequences of colonisation and intergenerational trauma disproportionately impact the most vulnerable Aboriginal and Torres Strait Islander children and families. Furthermore, contact with these colonial systems can compound trauma through child removal and exposure to forms of ‘care’ within OOHC and youth justice systems that are harmful.

Rather than receive therapeutic care and support, parents and children affected most are too often assessed as at ‘risk’ by the early years health and education sectors, who then transfer that risk to punitive and coercive child protection and youth justice systems. From a critical perspective, both child protection and youth justice systems are founded on principles of control and punishment (referred to within abolitionist literature as ‘carceral logic’) rather than therapeutic care and support ([Roberts 2022](#)). Children (and families) that come into contact with these systems experience further criminalisation and trauma ([Allen et al. 2010](#); [Anthony et al. 2021](#); [Robertson et al. 2022](#)). This harm comes from a range

of sources, including: undiagnosed and untreated neurocognitive impairments including Fetal Alcohol Syndrome Disorder (FASD) (Bower et al. 2018; Hughes et al. 2012; Fitzpatrick et al. 2012; Brown et al. 2015); structural and systemic racism; and systemic challenges with culturally safe therapeutic care in the OOHHC and justice systems, including experiences of harm in care (National Family Matters Leadership Group 2024).

The National Aboriginal and Torres Strait Islander Health Plan (2021–2031) (Australian Department of Health 2021) recommends ‘trauma aware, healing-informed’ approaches as part of the implementation strategy for Closing the Gap. Trauma aware, healing informed practice is a strength-based approach to healing that is guided by a shared understanding of, and responsiveness to, the impacts of trauma (Healing Foundation 2024). It is difficult to retrofit these into either the OOHHC or youth justice system, as neither is strength-based or designed to work holistically, therapeutically and in partnership with children and families. Furthermore, neither of these systems were designed by, and for, Aboriginal and Torres Strait Islander peoples. Both systems are driven by a focus on risk and risk mitigation—risks posed by ‘dangerous families’ who are unable to care for their children; and ‘dangerous children’ who pose a risk to community safety. The responses therefore are framed through the lens of risk management rather than strength-based care and support. This is counter to the principles of trauma-aware and therapeutic approaches, aligned with the ‘Power Threat Meaning Framework’ (Johnstone and Boyle 2018), which reframes mental health conditions as a response to things that have happened and responses to threat. Major reform of systems is needed across health and education sectors to address complex trauma and embed holistic community-led responses that are embedded in culture.

6. Call to Action and Recommendations

Action is imperative. The ‘do nothing’ alternative risks ever-rising numbers of Aboriginal and Torres Strait Islander children being admitted to OOHHC, estimated to rise to more than 20 times that of non-Indigenous children by 2031, based on current trends (Productivity Commission 2024). The number of children involved with the youth justice system will also continue to rise. Closing the Gap in other outcomes is highly unlikely to be achieved from these weak foundations and compounding impacts of trauma and ongoing exposure to harmful colonial systems across the life course. The Replanting the Birthing Trees symposium participants are united in their commitment to fostering transformative change, supporting families to recover from trauma. Participants emphasised that the solutions to the current crisis lie within communities and reclaiming culture. It is time to reassert Aboriginal and Torres Strait Islander sovereignty and the urgent need for Aboriginal and Torres Strait Islander solutions.

Submissions cited frustrations of a harmful colonial system, including:

- Fragmented interpretations of people’s lives, leading to an adhoc judgement and perception of people’s capacity.
- Absence of compassionately obtained insights into where families sit with their needs.
- A lack of effective care before engaging with actions that inflame or trigger vulnerable people.
- Missed opportunities for appropriate engagement with holistic ‘birthing on country’ and continuity of carer models and individualised services which have been shown to improve outcomes (Kildea et al. 2021).
- Lack of focus on men’s healing and embedding cultural support to men by men in community.
- The need for a known support navigator who can oversee, advocate, provide guidance and direction to those in need.

- Lack of effective action to address serious challenges around alcohol, drug use and violence.

Participants call for:

1. Human Rights Approach

A human rights approach that recognizes the rights of Indigenous peoples to collective self-determination ([United Nations 2007](#)). In a review of OOHC in New South Wales ([Davis 2019](#)), *Family is Culture* report author, Professor Davis queries whether Australia is currently meeting its human rights obligations on the United Nations Conventions on the Rights of the Child with regards to Aboriginal and Torres Strait Islander children in OOHC ([Chamberlain et al. 2022](#)).

[Krakouer \(2023\)](#) argues that systemic racism is a feature that drives the overrepresentation of Aboriginal and Torres Strait Islander children in the current OOHC system and urgent action is needed to redress this ([Krakouer 2023](#)). Governments should consider the enactment of a Federal Human Rights Act that reflects existing international instruments, including:

- the Convention on the Rights of the Child ([United Nations 1989](#)),
- the UN Declaration on the Rights of Indigenous Peoples ([United Nations 2007](#)),
- the Convention on the Rights of Persons with Disabilities ([United Nations 2006](#))

2. Self-Determined Transformative Change

Self-determined transformative change, as outlined with the priority reform pillars of the Closing the Gap agreement, is needed to address the rising rates of Aboriginal and Torres Strait Islander children in child protection and youth justice systems. In 2009, all Australian Governments committed to a public health approach to transform child protection responses in the then *Safe and Supported* 10-year national policy. Since that time, the number of Aboriginal and Torres Strait Islander children in child protection and youth justice systems has risen, with increasing numbers of families subject to coercive state intervention. The current approach is not working.

A recent Australian prevalence estimate study found that child maltreatment is not uncommon; just under 40% of Australians aged 16–65+ have been exposed to family violence ([Mathews et al. 2023](#)). As highlighted by SNAICC, exposure to family violence is typically counted as ‘emotional abuse’ within child protection systems, which is the most substantiated form of maltreatment for Aboriginal and Torres Strait Islander children accounting for 52% of all substantiations in 2022–2023 ([National Family Matters Leadership Group 2024](#), p. 60). Australian child protection systems are overwhelmed with child maltreatment notifications and cannot provide a therapeutic response to all families who require support ([Australian Human Rights Commission 2024](#)). It is questionable whether the kind of change required to address the overrepresentation crisis can be achieved within the current OOHC and youth justice systems; numerous reviews and inquiries have highlighted ongoing issues within these systems for Aboriginal and Torres Strait Islander children and young people, for example ([Davis 2019](#); [Lawrie 2024](#); [Yoorrook Justice Commission 2023](#)). Self-determined, transformative change of these systems is required.

3. Child Protection and Youth Justice System Transformation

One of the main child protection and youth justice system transformative changes to be considered is the notion of how ‘risk’ is addressed. The ‘notify-investigate’, risk-driven forensic approach to families experiencing adversity cannot be sustained. We argue that there needs to be a sharing of risk between health and social service providers who provide support for families. Too often the risk is outsourced to OOHC, instead of offering

genuine support which could have prevented involvement of child protection services. Birthing on Country services and some community controlled organisations provide good examples of how this can be done to significantly reduce the number of Aboriginal and Torres Strait Islander children in OOHC (O'Dea et al. 2024). Here families can Heal the Past by Nurturing the Future (Chamberlain et al. 2019) and transform 'vicious' cycles of trauma to 'virtuous' cycles of nurturing and recovery (Segal and Dalziel 2011). Urgent legal and policy change is needed to reduce violence and prevent trauma and ensure that Aboriginal and Torres Strait Islander-led responses to such complex issues are embedded in future.

Federal support for Aboriginal youth justice system reform is needed, including raising the age of criminal responsibility and incarceration. There are currently concerning trends with the age of criminal responsibility and incarceration in Australia being lowered to as young as 10 years of age in some jurisdictions. Reform also includes transparent and demonstrable progress consistent with Australia's international obligations on the Protocol Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (United Nations 2002). We have seen damning reports in Queensland and the Northern Territory (Boffa and Mackay 2024; Rudd et al. 2021) and Western Australia (Commissioner for Children and Young People 2024; McGlade 2019) of the inhumane treatment of youth in juvenile justice systems in Australia, resulting in two deaths in custody in Western Australia.

4. Implementing Closing the Gap Priority Reforms

The Australian Productivity Commission argue that a key reason for the failure in Closing the Gap, with the increasing overrepresentation of Aboriginal and Torres Strait Islander children in OOHC and the youth justice system, is that the priority reform pillars of the Closing the Gap agreement (Australian Government 2023) have not been prioritised by all Australian governments (Productivity Commission 2024). The Closing the Gap priority reform pillars are aligned with the United Nations Declaration of the Rights of Indigenous Peoples (United Nations 2007) related to self-determination and include formal partnerships and shared decision making; building the community-controlled sector; transforming government organisations; and shared access to data and information at a regional level. The Productivity Commission (2024) asserts that shared decision making is rarely achieved in practice. Too often data concerning Aboriginal and Torres Strait Islander children in OOHC and justice systems is not published and is inaccessible. This contradicts Indigenous data sovereignty principles that have been developed to guide Indigenous leadership and build capacity in communities being able to manage their data for community advancement (Lovett et al. 2021). We argue that progress on the priority reform pillars, particularly in the realm of child protection and youth justice, is urgently needed to address this current crisis.

5. Strength-Based Approaches to Trauma

A strengths-based approach to prevention of trauma is critical to ensure that the strategies do not further compound harm by intensifying the deficit discourse that already negatively permeates Aboriginal and Torres Strait Islander health and wellbeing strategies. While there is a need to understand trauma and its effects, we need approaches and language that enhance wellbeing and foster pride in Aboriginal and Torres Strait Islander communities and culture, and inspire hope and positive change. This includes recognising the power of positive storytelling and community-led strategies to ensure that the discourse around intergenerational trauma is strengths-based—or 'trauma-aware and healing-informed' as outlined in the National Aboriginal and Torres Strait Islander Health Plan (Australian Department of Health 2021). Increasingly, there is strong Aboriginal and Torres Strait Islander leadership showcasing strengths-based approaches to addressing

trauma and promoting social and emotional wellbeing nationally (Dudgeon et al. 2021). This model should be integral to all strategies to address complex trauma.

6. Investment in Community-Led Programs

Incentivising state and territory governments to invest in community-led trauma-informed early intervention programs and services. This includes early wraparound continuity of carer and continuity of care services in the first 2000 days and beyond, such as Birthing on Country programs (Kildea et al. 2021), holistic Family Wellbeing programs (McCalman et al. 2018) and other community-led programs (Torre 2024) that expand care continuity across disciplines and beyond pregnancy and the early postpartum period. This also includes investing in the workforce of all services who have contact with Aboriginal and Torres Strait Islander families to foster skillful, trauma-aware and healing-informed care in the first 2000 days. There needs to be widespread training which involves skill development, reflective practise, and mentoring to build social and emotional expertise to support families experiencing complex trauma. As well as access to resources, support services and culturally appropriate assessment tools. Advocacy and programs to support Aboriginal and Torres Strait Islander families to stay together from the start is also fundamental. Community controlled governance and effective implementation and evaluation strategies are also critical for these programs and services, as illustrated in the Replanting the Birthing Trees conceptual model.

7. Research and Innovation

Research is needed to understand intergenerational cycles of trauma and health effects, and to inform effective strategies for primary, secondary and tertiary prevention. This includes trialling innovative Aboriginal and Torres Strait Islander-led and designed models for families with complex social and emotional needs at risk of child protection service involvement, and implementation research that ensures delivery of evidence-based strategies into practice.

7. Conclusions

Addressing the devastating impact of compounding cycles of intergenerational trauma on Aboriginal and Torres Strait Islander children demands urgent, courageous action. The rising rates of children in OOHC and the youth justice system represent a national crisis that can no longer be ignored. Aboriginal and Torres Strait Islander peoples have made it clear: the solutions lie within the strengths, resilience, and cultural wisdom of their communities. Aboriginal and Torres Strait Islander peoples call for community-led solutions that draw on the resilience and strengths of communities to address significant challenges. A comprehensive, self-determined, rights-based approach aligned with the Closing the Gap agreement priority reform pillars must guide these actions if we are to see meaningful change in current trends. Support for families needs to start early, during the first 2000 days, with a focus on healing and prevention. The time to act is now—working together we can support families to transform compounding cycles of trauma and nurture a future where Aboriginal and Torres Strait Islander families heal, thrive, and lead the way forward.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/genealogy9020052/s1>, Supplementary File S1.

Author Contributions: Conceptualization, C.C. and J.K.; Writing—original draft preparation, C.C., J.K. and P.G.; writing—review and editing, C.C., J.K., P.G., M.L. (Madeleine Lyon), S.O., E.P.C., L.N., V.D., J.M., S.S., Y.Y., S.M., B.R., F.S., D.C., M.M., T.M.B., R.G., B.K., T.C., R.W., T.L., H.M., A.W., K.A.J., K.S., M.L. (Marcia Langton); funding acquisition C.C., J.K., P.G., T.M.B., R.W., K.A.J., K.S., M.L. (Marcia Langton). All authors have read and agreed to the published version of the manuscript.

Funding: The Replanting the Birthing Trees Project is funded by a Medical Research Future Fund grant MRFMB000010. Catherine Chamberlain is supported by a National Health and Medical Research Council leadership investigator grant GNT2025437. Paul Gray acknowledges the funding support from the Australian Research Council for the ARC Centre of Excellence for Indigenous Futures (Project ID: CE230100027). Marcia Langton and Kristen Smith are funded by the National Health and Medical Research Council: Improving understandings of and responses to alcohol-related family violence for Aboriginal people, NHMRC Ideas Grant (2001173).

Institutional Review Board Statement: Ethical review was waived for this manuscript as it is reporting on publicly available information provided with permission from workshop presenters and public submissions to the Early Years Strategy and Human Rights Commission enquiry.

Informed Consent Statement: Written consent has been obtained from all presenters who are quoted in this manuscript.

Data Availability Statement: No new data were generated for this manuscript.

Conflicts of Interest: Author Lesley Nelson was employed by the company South West Aboriginal Medical Service. Author Valda Duffeld was employed by the company King Edward Memorial Hospital. Author Shaydeen Crocker was employed by the company St John of God Midland Public and Private Hospitals. Authors Yalmay Yunupingu, Sally Maymuru and Bronwyn Rossingh were employed by the company Miwatj Health Aboriginal Corporation. Author Tamara Lacroix was employed by company St John Bosco College. Author Alison Weatherstone was employed by the company Australian College of Midwives. The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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