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REVIEW ARTICLE

Arguing the need for Aboriginal-specific testing of attachment theory as a foundation of culturally informed child protection and attachment best practice

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ABSTRACT

Objective: To argue the need for Aboriginal-specific testing of attachment theory as a foundation for culturally informed child protection practice.

Method: Narrative review of attachment theory, cross-cultural attachment research, and the author's clinical expertise with Aboriginal families over twenty-five years.

Results: Ainsworth's Strange Situation Procedure has been validated in more than 40 countries but never with Aboriginal Australian populations. Cultural parenting practices including collective caregiving, kinship obligation, natural growth parenting, and skin and avoidance relationships can be misclassified as attachment deficits by a child protection workforce that is 94% non-Indigenous. Indigenous child removals have escalated by 119% over the past decade while non-Indigenous removals declined by 12%. The most recent national data shows Aboriginal children are in out-of-home care at 11 times the rate of non-Indigenous children. Existing attachment programs fail to incorporate contextual cultural factors or address race-mediated trauma as a contributor to compromised caregiver responsiveness.

Conclusions: Empirical testing of the SSP with Aboriginal populations is urgently needed alongside culturally informed attachment programs targeting Indigenous-specific caregiver responsiveness to halt the intergenerational transmission of compromised attachment.

KEY POINTS

What is already known about this topic:

(1) Aboriginal people continue to experience unacceptably high rates of child removals.
(2) There exists an absence of data determined clinically and culturally co-designed parenting and attachment-based programs co-designed and which incorporates known parenting and attachment differences and its role in assessment and treatment of attachment-based disorders.
(3) There also exists an absence of data determined culturally specific trauma and attachment-based training mandated for the child protection workforce.
(4) Tertiary institutions do not require psychologists who do the bulk of attachment assessments to demonstrate minimum standards of cultural competency
(5) Child protection systems should insist on measurable and trackable cultural competencies against child removal rates to determine this contribution to ongoing removals.

What this topic adds:

(1) Identifies where parenting differences exist that can confound cultural differences with child maltreatment using mainstream child maltreatment assessments.
(2) Provides an argument for the testing of Bowlby/Ainsworth attachment theory to incorporate cultural differences in existing attachment-based therapies and programs
(3) Ensure greater levels of therapeutic uptake by Aboriginal families and increase the capacity of child protection workers to deliver culturally informed programs.
(4) Ensures minimum standards of measured child protection cultural competencies across systems

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Introduction

Aboriginal Australians experience child removals at a rate 11 times that of non-Indigenous Australians (O'Donnell et al., 2019). The origin of this over-representation lies in the forced removal of Aboriginal children from their families, which, from a position of science, has long been established as a significant determinant of intergenerational trauma

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(Atkinson, 2002; Bowlby, 1969; Human Rights and Equal Opportunity Commission, 1997; Westerman, 2003). Enforced removals were based on notions of cultural superiority; of appraising cultural parenting differences as deficits; of forced cultural destruction resulting in the deterioration of cultural practices, core identity, language, and lore (van Krieken, 1999). Monocultural child protection services continue this conscious and unconscious systemic destruction of parenting and kinship bonds by dismissing the evidence of inherent bias in mainstream assessments which erroneously appraise culturally different parenting skills as deficits (Jenkins et al., 2019; Westerman, 2020). Attachment theory has for decades been the core theory of our understanding of the bond between child and parent. Whilst it can be argued that it is badly applied in child protection systems; the fact that we have no data on the universal applicability of attachment theory or studies on the contextual factors that may result in Aboriginal children being categorised differently based on Ainsworth's attachment classification is significant (Choate & Tortorelli, 2022; Mesman et al., 2018). The flow-on effect is that therapeutic programs are based upon Eurocentric parenting and are designed without context to attachment relationships. The result is Aboriginal families are not engaging in intensive therapies commensurate with need, resulting in a continued escalation in Aboriginal child removals whilst non-Indigenous rates steadily decline (Territory Families, 2020; Westerman, 2020).

We increasingly understand that trauma passes to future generations through genes, biology, and an infant's relational environment (Smallwood et al., 2021). We also understand that racism impacts as race-mediated trauma variables, which are ill-addressed factors in trauma and attachment assessment contexts (Chou et al., 2012; Priest et al., 2011). Neuroscience demonstrates how infants are hardwired for connection and depend highly on sensitive caregiving to thrive. For Aboriginal people, the forced removal from primary attachments has increased the established vulnerability and likelihood of *intergenerational trauma* (Menzies, 2019; Yehuda & Lehrner, 2018), creating what is known as the Stolen Generations of Aboriginal people. The additional and relevant factor is that this removal was race mediated, which meant a greater absence of control over threat of imminent and unpredictable child removal. It is argued, based on the author's twenty-five years of clinical work with Aboriginal clients, that this has led to a predominant anxious and avoidant attachment in caregivers in child protection systems (Yeo, 2003). In such conditions, it is argued, that the following attachment-related sequences are more likely:

(1) Caregiver sensitivity responsiveness is impacted compromised by anxiety, hypervigilance, and fear. These stress responses are amygdala based and additional as they are race mediated (Fowler et al., 2021),
(2) An amygdala-driven activation (due to the above) that can impact on the caregiver's capacity to regulate their own emotional states and compromise secure attachment,
(3) This in turn impacts the caregiver's capacity to co-regulate their children's emotional arousal and,
(4) In turn can lead to prolonged misattunement between caregiver and child and
(5) This compromises how sensitivity is measured by child protection services.

We also understand that prolonged trauma leads to trauma responses becoming normalised (D'Andrea et al., 2013). Forced removal policies continued for decades, ensuring a climate of intense fear and helplessness. Forced and race-based child removals then impact attachment to children. Primally, as a parent, there is fear of truly attaching to a child – if they can be ripped from me at any time. That would be impossible to cope with, so **secure** attachment feels biologically unsafe, leading to attachment looking detached as a method of coping.

Further compounding this trauma and increasing the likelihood of trauma transmission has been the associated government's denial of the impacts, extent, and evidence of forced removal policies (Haebich, 2011) until the national apology to the stolen generations in 2007. Former Prime Minister John Howard himself said there was no need to apologise as only a few children were wrongly removed (Davies, 2008) and Senator Jacinta Prices comments that 'colonialism brought only "positive things" for Aboriginal people' (Westerman, 2023). The damage this continues to cause in the denial of race-mediated trauma is incalculable. Victims come to therapy to name trauma as trauma. They present with behaviours that are problematic to them; their loved ones but lack insight into the fact that their behaviours are trauma-based reactions. Validation of trauma is a critical therapeutic first step to healing as it provides the necessary insight for victims to understand that they are victims (Wheeler, 2007), and that their symptoms are an outcome of trauma. So, the successive and decades-long denial of forced removal has virtually guaranteed the intergenerational transmission of trauma by existing as a critical post-trauma variable (Westerman, 2022, 2023).

Attachment impacts of forced removals

Early childhood trauma increases the likelihood of experiencing future trauma (Breslau et al., 2008). One explanation for this is known as repetition compulsion, which means trauma reactions have become so hard-wired at a level of biological processes that your reactions to stress are set (Levy, 2000). For example, an individual exposed to violence as a child can develop a tolerance for it, with calmness feeling foreign. The repetition compulsion response may look like evoking crises, but is actually an activation of the basic survival instinct. If crises are expected or normalised, it is better to exert control over when it occurs rather than passively and anxiously wait for it to occur.

The additional and complex trauma layer is that child removals were and remain race mediated and perpetuated by the State (Davis, 2019). When traumatic events are race-specific, repetition compulsion has the potential to impact whole families and communities as collective trauma (Westerman, 2011). As trauma can become a central organising principle in an individual's psychological structure, it can define whole communities. Available data shows that child removals disproportionately impact families generationally and in the most densely populated Indigenous regions (Territory Families, 2023; Westerman, 2020), consistent with the principles of trauma repetition compulsion.

When governments continue to favour race-based policies that stigmatise whole communities, it places blame and severe human rights restrictions on already traumatised parents through policies such as the Northern Territory Intervention: cashless welfare cards and alcohol restrictions and reinforces learned helplessness (Brown & Brown, 2007; Stearne et al., 2022). When parents are paternalised, controlled, and punished, parenting and attachment bonds are impacted by a self-fulfilling prophecy fuelled by race-mediated trauma, anxiety and detachment which is not truly understood in child protection systems.

In these circumstances, parents have no power or control over preventing trauma purely based on their cultural identity and this reality of helplessness is badly understood in trauma and attachment contextual work (Westerman, 2020). Children develop a sense of self based on their worlds being safe and predictable. Environments in which complex trauma is evident mean environments are modelled as unsafe. From an attachment perspective, attaching to a child with disorganised responses can be adaptive and protective. If a child can have ripped away at any time; that would be intolerable. In these complex circumstances, biology can become altered. It arms our nervous system to remain activated in anticipation of threats and can provide critical context to different attachment classifications. For example, parents can anxiously learn to avoid attachment to their children or attachment can look "disorganised" as protection against the pain of loss.

For example, in the authors twenty five years of clinical experience with Aboriginal clients – both showing and receiving love can trigger these biologically based stress reactions resulting in love feeling "intolerable". This can occur either through avoiding showing it as a caregiver response and/or being unable to comfortably receive it. The primal post-trauma reaction is visceral, with many of my clients relating it to a sick feeling in their stomach and based on deep self-loathing in some. In others, it is based on a deep fear of loss and rejection, for example, in parents "not showing up" (Westerman, 2024) or being absent from their child's life (ref). This is often about fear of loss and attaching to children they are likely to lose. It is not about not loving their child. It is about the fear of losing them. However, it feeds the racial empathy gap in child protection systems (Westerman, 2021); that Aboriginal parents do not care about their children as equally as non-Aboriginal parents (Davis, 2019; Westerman, 2019). So, removal becomes easier.

Anxious avoidant attachment can look like emotional strength but is actually about emotional fear, always revealed in intimate relationships that trigger the intolerable fear of loss.

Intimacy then becomes both desired and feared, with avoidance as the instinctive path to restoring emotional equilibrium. Some of the more effective attachment-based programs, such as parent-child and parent-infant psychotherapy, are didactic, focusing on treating early disruptions in a caregiver-child bond based on a multitude of reasons – including early trauma. It involves understanding the caregiver-child attachment bond and the seminal work of Bowlby again centres around a predominantly single caregiver dyad, Securely attached parents tend to have securely attached kids. Forced removals have destroyed an entire culture's attachment capability, yet we fail to provide culturally informed therapies to address this destruction, which starts with better understanding culture specific contextual factors that can impact on attachment theory and classifications.

What is attachment?

Attachment disorders are psychiatric conditions relating to the maladaptive development of emotional

connections to others. Bowlby (1969) was one of the first researchers to describe the attachment relationship between an infant and their parent, typically a maternal figure. He considered this early attachment bond to be both developmentally and psychologically crucial as it creates the first internal working model of the self as both loved and lovable based upon the predictability of the parental attachment bond. As a child grows, this predictability enables them to develop as *object constancy* – the understanding that the environment (parent) is providing predictable responses to the range of positive and negative emotions feel secure; permanent. When environments are both predictable and comforting, over time, it results in the independent ability of the child to learn to self-regulate emotions, increasing the odds of secure attachment. The development of secure attachment has irrefutable links with better health and mental health outcomes into adulthood (Grossmann et al., 2005; Schore, 2001; Sroufe, 2005).

Attachment matters

If secure attachment does not develop in childhood, this compromised attachment will likely pass to future intimate and caregiver relationships. Removal from primary attachments is the pipeline to the justice system and irrefutably linked to mental ill-health (Shmerling et al., 2020), suicides (Ridani et al., 2015; Westerman, 2003, 2020, 2022), trauma (Funston & Herring, 2016), and educational failure (Maclean et al., 2017). We see this in practical action with the same families who generationally make up the bulk of child protection statistics (Funston & Herring, 2016). For example, data from the Northern Territory shows of the 25,500 notifications of child abuse, but seventy one percent involved the same children (Territory Families, Housing and Communities, 2022; Territory Families, Housing and Communities, 2022). This is significant and speaks to the fact that we fail to geomap data on child removals and effectively mobilise early intervention resources into identifiable high-risk families and needs-based funding as the most critical prevention strategy.

Ainsworth extended the seminal work of John Bowlby (1969) by devising an attachment classification system based on the Stranger Situation Procedure ([SSP]; Ainsworth & Bell, 1970). The SSP assessed how one- to two-year-old children cope with the absence of their parents and experimenters. Her work identified distinct attachment patterns, each with a unique development, psychological style, and mental health trajectory. The attachment classification for children describes ambivalent-resistant (anxious) – Type C and avoidant – Type A (Ainsworth & Bell, 1970; Main & Solomon, 1986). This research facilitated the understanding of psychopathology, social interactions, family systems, and the development of various clinical interventions. Ainsworth's study – the main contributor to developing a classification of attachment patterns in children – was originally conducted in Uganda; however, the majority of Ainsworth's subsequent work was conducted with White, middle-class women in Boston (Keller, 2013). The study was originally conducted in Uganda with Black mothers and children. However, there continues to exist a complete absence of testing of the SSP with Aboriginal populations and this is a critical gap in our ability to ensure culturally informed attachment programs for at risk Aboriginal families

Is attachment culturally blind and is truly understood in child protection systems?

The seminal work of Bowlby and Ainsworth has considerable value but has been criticised for being culturally narrow and ungeneralisable beyond Caucasian, which involve predominantly dyad caregiver-child attachment patterns (Choate et al., 2020). While there has been validation studies amongst non-Caucasian populations, this data still remains relatively small compared to white populations (Mesman et al., 2018; van Ijzendoorn & Kroonenberg, 1988), and Ainsworth's SSP has yet to be tested with Aboriginal Australian populations. This absence continues with the latest Australian SSP clinical norms (McIntosh et al., 2023) which make no reference to Aboriginal participants. This absence of critical contextual information regarding any cultural differences that may influence SSP classification continues to influence this participation absence. Indeed, central to attachment theory is the idea that behaviour in close relationships can best be understood in context.

Analysis of the available cross-cultural studies to date land at a combination of universal and contextual applicability of the SSP (Mesman et al., 2018). This makes the absence of data and contextual Aboriginal cultural attachment papers urgent to ensure better child protection practice. The trajectory of failing to understand contextual attachment differences flows into the ability to discern cultural differences from risk because the evidence base upon which attachment theory and the SSP have been determined assumes universality. It is incumbent on science to guide workforces rather than assume their cultural understanding of these differences and provide clear

guidance around these factors. In this case, the danger is that different cultural parenting practices may be viewed as caregiver insensitivity (Mesman et al., 2018; Yeo, 2003). Indeed, this ongoing cultural bias led to forced removal, and the development of assessment tools that continue to be used as "evidence" unabated and unchallenged, as if the overrepresentation of Aboriginal children in care represents a factual reality; that Aboriginal people are less capable parents; that abuse is entrenched, endemic and engrained in the culture; that the system has it right.

Culturally valid assessments

Whilst the mandated removal of children ensures children are protected, the impacts of removal must be balanced with the least harm to the child. This starts with accurate assessment. Risk is a continuum; it also has a context to it. Daily conscious and unconscious damage persist without guiding workers around appropriate cultural context. For example, child protection workers consistently struggle to separate abuse from cultural differences (Westerman, 2019). Nevertheless, the system fails to invest in or train child protection staff in the basics of culturally competent assessment, with an absence of kinship mapping, in particular, being heavily implicated in Aboriginal child removals (Choate & Tortorelli, 2022; Funston & Herring, 2016; Westerman, 2019).

Access to services that speak to your cultural worldview that engage you at a level of cultural compatibility are the most impactful Flawed assessment leads to flawed treatments, absent empirical data, and a failure to develop an evidence-based approach to address escalating child removals (Westerman, 2021). It is a significant step that Queensland Child Safety has removed the Structured Decision-Making Model tool as its core assessment of child maltreatment because of its demonstrated racial bias in decision-making (Jenkins et al., 2019). However, the use of racially biased tools continues across all states and jurisdictions. Significantly, 79% of notifications of child abuse in Aboriginal populations are based on "neglect and emotional abuse" (Australian Bureau of Statistics, 2022), which are arguably the most vulnerable to cultural bias; and importantly, those notifications that would, from a position of risk assessment, mostly require a family support response to them and not the removal of children. Of note is that the racial profiling of Aboriginal families that brings them into the system has been shown with over 60% of notifications ultimately found to be false (Yoorrook Justice Commission, 2023).

The absence of culturally specific child maltreatment assessment tools significantly compromises the ability to address escalating Indigenous child removals Assessment can provide critical data to show where systems fail at treatment and intervention levels and ensures that national data is focused where it should be – on treatment *outcome* but only if the tools are developed from the "ground up" from within the Aboriginal culture itself (see Westerman, 2003) to ensure construct validity of those tools. Without this, systems will continue to just track \ demographic and descriptive data alone. Understanding cultural context is vital to informed responses and this can only occur via culturally valid child maltreatment assessments. The validation necessarily will involve capturing Aboriginal-specific data and this also needs to be captured on the SSP to provide an empirical basis to argue for not only across system change but foundation training for psychologists and the child protection workforce in culturally informed attachment contexts.

Systemic racism

Systemic racism is different to individual racism. An example: A psychologist uses a psychological test they know is culturally biased. They have no option as it is the endorsed tool of choice, in large part due to the absence of culturally valid alternatives. They try to adapt, knowing these tools inflate child maltreatment risk with Aboriginal families based on cultural differences. This is systemic racism, not individual racism. The use of culturally invalid tools would ordinarily place the psychologist in conflict with their ethical principle of "do no harm"; however, the absence of Indigenous-specific data on mainstream tests has instead been utilised as a mechanism for systems to argue the null hypothesis: that being; that the absence of data means there is no evidence the tests lack validity (Westerman & Dear, 2023).

Child protection systems should support and upskill their workforce to work with our most vulnerable and high-risk families and position training, assessments, and program funding around these differences. However, not a single program or assessment has been developed specifically for Aboriginal parents based on empirically determined parenting and attachment contextual differences. The result is that, in Queensland, the NT and WA as just three examples, up to 77% of "intensive family therapy support programs" are engaged with by non-Aboriginal families (Department of Children, Youth justice and Multicultural Affair, 2023). With 94% of the child protection workforce being non-Indigenous (Department

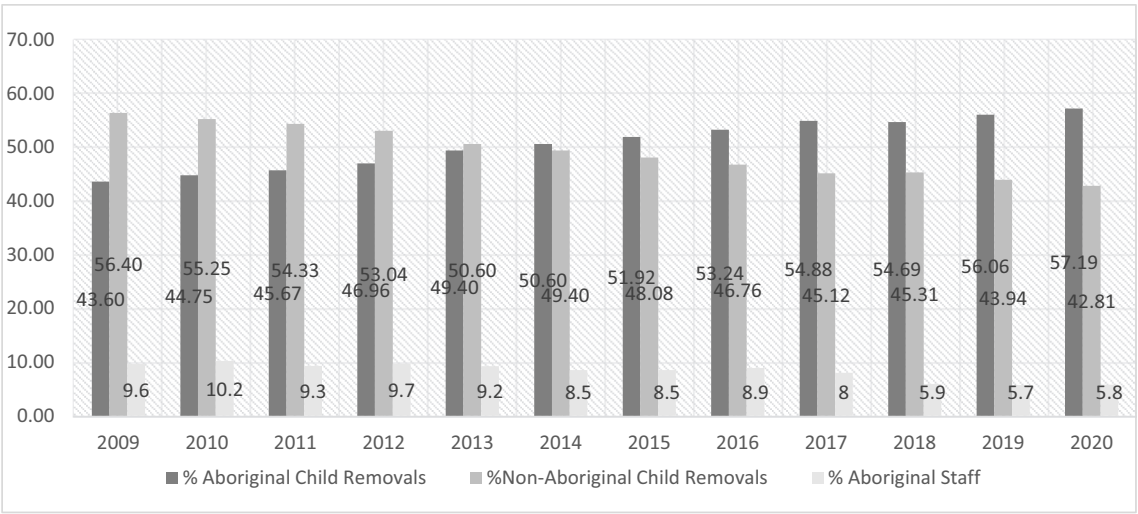

Figure 1. % of Aboriginal and non-Aboriginal child removals 2009–2020 in WA and Aboriginal staffing percentage (Westerman, 2022).

of Communities, 2021; Russ et al., 2022), the workforce feels comfortable with programs that conform to a non-Indigenous ideology of parenting and attachment without appropriate caregiver context, so they readily utilise them. However, these programs do not translate culturally. With Indigenous families constituting well over 39% of clients of children on care and protection orders (92% in the Northern Territory), the foregoing creates a perfect storm in which child removals are escalating for Aboriginal families and reducing for non-Aboriginal families (refer to Figure 1). It is a system designed to favour the privileged but delivers services to the least privileged.

Racism as trauma and compromised attachment

Racism is deeply traumatic and causes immense psychological distress and subsequent psychopathology (Carter, 2007; Priest et al., 2011). The *other race effect* and *cultural empathy gap* are established racism neuroscience phenomena that feed the eugenic idea that "race" is causative of abuse (Westerman, in preparation)

An example is the current debate around removing Aboriginal children in the Northern Territory and Alice Springs. Dialogue is confined to child removal alone, with little conversation around preventing removal. With 92% of kids in care in the NT being Indigenous (Territory Families, 2020), removing more Aboriginal children is nearly impossible. What drives this is a distorted and factually incorrect idea that the extreme ends of abuse – that being, child sexual abuse and child rape are normal and rife in Aboriginal communities (Gordon, 2006). The other race effect makes it perceptually more likely that this narrative is believed as factual, despite data to the contrary. This results in discussions also being extreme – that prevention of removal is not an option because the "belief" is that every single case of abuse is child rape when the statistics do not support that conclusion. We know that 7.3% of all abuse in Aboriginal communities is sexual abuse compared to around 10% for non-Indigenous communities (AIHW, 2022). It becomes easy for the public to demonise whole communities – whole towns – because this is what historically has consistently been done and what the science of the racial empathy gap, and other race effect, support-that 'blackness is perceived as more threatening; and that the brain literally appraises the pain of black people differently to that of White people (Pedersen & Walker, 1997; Silverstein, 2013;Wilson et al., 2017).

Of course, the idea that removal from families provides a safe haven for Aboriginal children is disproven by the evidence (Davis, 2019; Yoorrook Justice Commission, 2023). It is a continuation of the other race effect, which drives a view that Aboriginal children need to be assimilated and raised away from their culture; that Aboriginal parents are less loving; less capable than non-Indigenous parents (Westerman, 2019, 2020). Indeed, data shows that when Aboriginal children come into care, they experience multiple placement changes, with 20% of placed children having between three and five placements, 18% between six and nine placements, and 24% ten or more (Barber et al., 2001). Most importantly, Aboriginal children experience significant abuse under the care of the

state (Haebich, 2011; Human Rights and Equal Opportunity Commission, 1997; O'Donnell et al., 2019; van Krieken, 1999) with multiple reports and commissions showing that abuse occurs more in state care than in the care of parents and kinship attachments (Davis, 2019; Yoorrook Justice Commission, 2023).

In sum, testing of Ainsworths' SSP classification and with Aboriginal populations is long overdue. Not only would this provide a much-needed context to existing science and associated best practice, but it would also instigate the construction of culturally valid assessments, inform intensive therapies to ensure cultural attachment differences are incorporated and provide a critical means of halting the transmission of intergenerational trauma and removal of Aboriginal children by providing greater workforce understanding and ability to apply resultant culturally informed attachment-based programs.

Parenting differences, not deficits

Despite cultural differences in parenting, the function of an attachment relationship remains consistent in providing safety, comfort, stress reduction, and strong emotional and psychological outcomes for children (Choate et al., 2020; Mesman et al., 2018). Indeed, evidence shows the quality of the infant's attachment relationship influences the level of cortisol secretion in response to stress (Repetti et al., 2002). Infants who experience consistent, reliable, and healthy attachments show lower increases in cortisol in response to a stressful situation compared to infants in less healthy relationships (Luijk et al., 2010). Contextual differences between the extant model of attachment and culturally diverse communities have already been identified (Mesman et al., 2018). For example, the expression of sensitive and responsive parenting can vary, with some cultures promoting independence and some interdependence (van Ijzendoorn & Sagi-Schwartz, 2008).

Similarly, cultural differences exist in the evaluation of a child's attachment (Westerman, 2003). In Eurocentric cultures, attachment security and social competence are viewed in terms of the child's proximity to and early dependence on a predominantly dyad caregiver relationship for comfort, security, and safety (Ainsworth & Bell, 1970). This "concerted cultivation" type of parenting means parenting "rules" are governed based on a nuclear family – predominantly a mother and a father – to teach and correct and soothe in an autocratic manner consistent with stages of child development (Choate & Tortorelli, 2022). Rules, regulations and boundaries are understood predominantly by early dependence on a dyad caregiver relationship. In Aboriginal cultures, the primary generic difference is that many kin are responsible and equally responsive to a child's attachment needs. This type of parenting is often referred to as *natural growth* (Cunha, 2015), in which infants are taught to attach to many caregivers from birth, but one which also encourages independence from parents and an associated interdependence with siblings, cousins and similar aged attachment others to show and model rules, boundaries, and regulations (Kruske et al., 2012; Westerman, 2006). For Aboriginal cultures, which are traditionally nomadic, there is significantly greater value for parents and children to learn from the group rather than look solely to parents because survival depends upon group cohesion, co-existence and multiple attachments.

Natural growth parenting focuses on *"It takes a whole community to raise a child"* and without specific testing of the SSP, relevant context data on this type of caregiver relationship runs the risk of conflation with attachment classifications and disorders. For example, community and kin in being equally responsive and responsible as biological parents to children's emotional and attachment needs can look like maternal deprivation from the perspective of caregiver responsiveness. Aboriginal kids are also taught to view the group as more important than the self from birth, which can also look like disorganised attachment to biological parents. This also extends to the fact that expressing some strong feelings in infants may be discouraged as disruptive to the basic principle of group-based harmony. Infant mental health professionals must provide culturally sensitive services by learning how different caregiving practices fit into the cultural contexts that they work in (Barrera et al., 2003) but this is not possible without empirical testing of attachment SSP. This is particularly urgent given the number of infants being removed from their Aboriginal mothers (O'Donnell et al., 2019).

The value of collective parenting

Attachment theory has been criticised for emphasising seemingly homogenous parental goals of *independence* (Friedman et al., 2010; McKenna, 2009) rather than the *interdependence* of collective cultures. However, there is agreement on a universality of an innate desire in infants to become attached and cross-cultural literature to date appears to support that conclusion (Mesman et al., 2018). Whilst Ainsworth original SSP study was based on a Ugandan population it was small and exploratory. It has since been tested in more non-white populations providing better context to the

role of caregivers in child attachment. It has also predominantly explored attachment between a child and parent as dyad; often neglecting the perspective that children form multiple caregiver attachments and that this could well influence the differences that have been seen in attachment classifications based on the SSP research to date. Importantly, the caregiver responsiveness to infant needs has a cultural context to it that can often be misunderstood by observers who are not culturally attuned to these differences (Thompson & Raikes, 2003; Westerman, 2020). Literature on cultural expression of attachment (Ryan, 2011), shared caregiving (Howes & Spieker, 2008), and attachment in middle childhood (Kobak et al., 2007; Laible, 2005) also questions the notion of a dyad model of attachment. Cross-cultural attachment research has explored the SSP when there are multiple attachment figures with most of it concluding a balance between universal trends and contextual determinants (Mesman et al., 2018). Making it critical that this research is undertaken with Aboriginal people to better understand how Aboriginal infants adapt to different caregivers- and how these attachment bonds are organised into an internal model of attachment. Does it lead to an absence of avoidant attachment (similar to the Mali, Kenyan study of True et al. (2001). Or, in a similar way to the South African study of Minde et al. (2006) will factors such as severe impoverishment impact on secure attachment; and what impact does race-mediated trauma have as discussed in Stern et al. (2022).

When it comes to differential cultural caregiver sensitivity and responsiveness we look to the collective parenting of the !Kung Bushman – does the mother still provide the preferred primary bond with an infant despite multiple caregivers forming critical attachment bonds with the child (Kruger & Konner, 2010) Aboriginal culture, in which the group is more important than the self, has potential to classify Aboriginal parents as overly harsh or avoidant. Finally, the influence of forced removals, as already noted, is an unknown quantity in caregiver responsiveness and attachment, due to the absence of research into race-mediated trauma as peri, pre and post trauma variables (Westerman, 2023)

We must consider the broader importance of multiple attachment relationships for Aboriginal children; how it links to traditional kinship networks and attachment (Kruske et al., 2012; Muir & Bohr, 2019). Aboriginal people have a complex system of relationships that are quite specific to the culture, such as skin groups and avoidance relationships, and children are not only taught to organise a range of attachment figures specific to their emotional needs, from birth but this is reinforced throughout their life through kinship structures (Westerman, 2020). A commonality amongst Indigenous groups worldwide is the importance of the extended family, the long-held structures of Aboriginal Lore and Dreaming, and the unity of the relationship to the land and kin. Children learn about mutual cooperation, special duties to some extended family group, taboos, and relationships with special ritual significance from an early age.

Kinship parenting ensures that sibling and same-age hierarchies amplify an individual skill base of knowledge and assure safety. Whether this extends to attachment security as greater caregiver capacity and responsiveness is argued, but needs empirical validation. The natural seeking out of multiple sources of attachment means children are likely drawn instinctually to caregivers that provide a safe base. It increases the odds of children with insecure attachment elements being naturally and collectively soothed by greater group capacity that nuclear families do not readily possess.

Community responsibility for children occurs within microcosms, like the household. For example, infants are responded to by many carers extending to discipline, lore and other skills-based teachings (Yeo, 2003). Aboriginal infants may also be breastfed and cared for by several women interchangeably. Inclusion of different family members in fulfiling the demands of children not only reduces the burden on a single individual but, importantly, from an attachment perspective, it means children's attachment needs are more likely to be met, with more of the attachment "load" being carried by many.

Based on the research, this increases the likelihood of children from collective cultures being securely attached (Kruske et al., 2012; Muir & Bohr, 2019; Ryan, 2011; True et al., 2001). However under bonding and attachment theory, the practice can be viewed negatively as an indiscriminate attachment to culturally unaware practitioners such as child protection services (Choate & Tortorelli, 2022; Muir & Bohr, 2019; Yeo, 2003).

Cultural context influencing attachment classification

There are a myriad of cultural differences in Aboriginal communities that could be conflated with observations of attachment classification, including:

Gender structures

Gender is a subculture in which children are separated based on gender from a young age (Westerman, 2003). This speaks to "men's business and women's business", and whilst primarily about ensuring a practical division of labour, it is also about lore and knowledge teachings and, in its execution, significantly impacts upon attachment. Indeed, Aboriginal children are encouraged to be closer to the same gender from a very young age (Dietsch et al., 2011; Westerman, 2010). This can look like disinhibited and/or inhibited attachments through the encouragement of avoidance of opposite genders and "overattachment" to same-sexed siblings, cousins, and key attachment figures (aunties as "mothers"; uncles as "fathers"; cousins as "sisters").

Lore

Aboriginal kinship rules exist in strongly conformist cultures, contributing to clearly defined, rigid cultural attachment behaviours. It also extends to the development of natural hierarchies, or to certain aspects of lore learning. Kinship structures mean children who demonstrate culturally consistent and respectful behaviours are often responsible for parenting of siblings and cousins from a young age.

Skin and avoidance relationships

Skin and Avoidance relationships are long-standing kinship rules relating to connections that can and cannot be made with people of different skin groups. Skin relationships dictate who you can talk to; who you cannot talk to; who you can make fun of who you can marry; who is responsible for caregiving and who is not. Skin groups make attachment relationships highly complex. Aboriginal children learn to relate based on skin groups. This means an Aboriginal child can have many fathers, mothers, aunties, uncles, brothers and sisters who are not biologically related in the Eurocentric sense. Skin relationships dictate avoidance relationships. They can be misclassified as avoidant or anxious attachment in which children refuse to attach to particular caregivers. However, avoidance relationships are culturally taboo and discouraged (Westerman, 2003, 2021)

Cognitive, learning styles

Kearins (1981) tested cognitive development in Aboriginal children who demonstrated significant strengths in visual-spatial learning and simultaneous information processing. Visual-spatial memory strengths mean learning is predominantly non-verbal – whole tasks are shown and then mimicked by children with whole processing and accuracy favoured over trial and error. Ultimately, survival for nomadic tribes or cultures relies on teaching children independence and group interdependence in learning (Ashton et al., 2011; Westerman, 2003). The group-based learning approach enables the critical development of independence, practical life skills (e.g., caring for and protecting one another), self-efficacy and emotional intelligence (Lohoar et al., 2014; Yeo, 2003). However, these parenting differences can present problematically for Aboriginal families in Eurocentric child protection systems. For example, school environments roundly dismiss the notion of learning preferences and teachers then struggle to manage the extreme differences in learning, which is based on modelling non-verbal visual memory and the need to move, kinaesthetically, to learn (Kearins, 1981; Malin, 1990; Stewart, 2002). School systems are predominantly verbal and auditory and stillness is cultivated, as in looking to "authority" figures and not peers to learn. These differences make the transition from community to school more difficult for an Aboriginal child (Malin, 1990).

Emotional expression and socialisation

Natural growth being group based rather than individually instructive also means parenting is more democratic than autocratic; the focus of which is to ensure problem-solving capacity is instilled from a young age within the group rather than looking to parents as authority figures to direct, dictate, punish, and correct. The downside is Aboriginal children are more likely to be rated higher on externalising disorders by teachers due being taught to express emotions by externally expressing them in the moment (Reser, 1992; Westerman, 2003). Sheldon (1990) referred to this as "appropriate anger", which means group harmony and cohesiveness are goals, so conflict needs to be immediately dealt with and quickly resolved. Natural growth can look like hyperactivity, inattention and impulse control and increase the likelihood of Attention Deficit Hyperactivity Disorder (ADHD) being misdiagnosed (Westerman, 2006). We understand that there is indeed a cultural suppression element to many of the ADHD criteria (Luk et al., 2002; Westerman, 2003). This means that these behaviours, which are viewed as problematic by systems, and can also conflate caregiver sensitivity in SSP observations, are contrarily encouraged as essential skills in collective cultures.

Caregiver sensitivity, independence, and inter-dependence

The emotional responsiveness of the caregiver (mother) to the child is a further area of cultural difference that can confound attachment classification. The main difference that has been seen in maternal sensitivity in non-Western studies seems to be the issue of maternal control (Heward-Belle & Tsantefski, 2023). This refers to the extent to which a parent either directs ("interferes" with) or allows the infant to control his or her actions (i.e., cooperation). The initial conceptualisation of attachment placed a large amount of emphasis on the mother to "correct" the attachment needs of infants. This not only neglects that children have their own developmental and temperamental predispositions to attachment but also that any "correction" by parents is complicated by the fact that attachment is often hardwired and instinctual to most of us, including children. This is not the case in Aboriginal communities, with control being discouraged and instead autonomy being the primary focus and with siblings, cousins, and inconsistent with a nuclear family approach; other kin with multiple different attachment styles are as responsive and responsible through obligation attachment relationships (Westerman, 2020).

Natural growth parenting means allowing children the space to explore environments without restrictions or boundaries without this being dictated autocratically by parents (Cunha, 2015; Lohoar et al., 2014) as the sole source of attachment. It allows for independence in learning and fewer boundaries and control on behalf of the parent (Lohoar et al., 2014). This freedom complements the community approach to child-rearing but reinforces natural growth through boundaries being set by hierarchically equal siblings, cousins, and group cohorts throughout life. This creates a safe space for younger children to explore, knowing there is group and collective safety nearby. A community approach to raising children means parents and carers have the security and confidence to allow their children to explore the world on their terms.

Reducing the burden on single caregivers creates a diffusion of responsibility and a greater capacity for the child to benefit from various attachments. Attachment maternal match remains the strongest static predictor of securely attached children. However, the notable differences with Aboriginal children's high levels of independence from primary caregivers and interdependence on similar aged, sibling kin cohorts mean this is consistently at odds with mainstream child protection systems, which are set up to assess competent parenting as nuclear – as primary caregiver dependent.

Black identity formation and cultural attachment

A growing but insufficient body of literature shows Aboriginal people significantly benefit from maintaining a strong sense of cultural connection and how disruption to this can lead to poor mental health outcomes and escalating suicides (Chandler & Lalonde, 2008; Westerman, 2003, 2020, 2021). A policy that has been in effect in child protection systems since 1984 is the Aboriginal Child Placement Policy which has different versions across state and territory jurisdictions. However, the policy is reasonably consistent – that being, that priority should be hierarchically organised to ensure that Aboriginal children be placed with immediate family; extended family; within the same community; with an Aboriginal family and that placement with non-Aboriginal families only occur in instances in which this process of identifying Aboriginal placement options has been exhausted. However, Aboriginal children continue to be placed with non-Aboriginal foster carers in as many as 65% of all cases (Territory Families, 2020) and often outside their communities of origin, significantly impacting identity formation and cultural attachment. This casts significant doubt on the use of the policy in practice.

Cross (1978, 1991) model of Black Identity Formation offers insight into how Black populations develop robust psychological identities. This model has been adapted based on the author's extensive clinical expertise as an Aboriginal psychologist working solely with Aboriginal clients over two decades (Cross, 1991; Cross et al., 1991; Westerman, 2003). It proposes black identity challenges that need to be reconciled by Aboriginal people to develop psychological robustness and resilience to cope with racism, marginalisation, and attachment strength (Westerman, 2003).

From a perspective of identity development, the work of Erikson (1966) has remained pivotal to our understanding of identity struggles that individuals must reconcile through the life stages from birth to death. Whilst his work did not focus on the additional challenges of "black identity" Helms (1995) provides an effective model through which a black identity developmental model can be hypothesised.

Phinney (1996, p. 923) defines ethnic identity as an enduring aspect of the self including a sense of group membership and associated attitudes. Cultural identity

formation takes place over time as individuals explore and make decisions about the role of ethnicity in their lives (Phinney, 1990).

Stage 1: Black "self-hatred"

Our first awareness of difference occurs between 4–8 years of age and it is between these ages that in group preference becomes prominent (Shutts, 2015). Indeed, researchers have found no evidence of a racial bias at age three to four, however, the bias became particularly prominent at ten (Dunham et al., 2013). At this early stage of recognition, the beliefs and values of the dominant White culture can become absorbed through the internalisation of negative stereotypes in the very early development of a sense of what being Black means – we know that children react to difference from age seven – this is colour difference. This occurs before a child fully understands and incorporates cultural identity and, more specifically, that their cultural identity is tied in with membership of a "group". The instinct is to seek to be accepted, actively or – passively distancing themselves from other Aboriginal people. This may explain why there can be a denial within some Aboriginal people of the existence of racism and its impacts on the developing self as a form of Black rejection and who can remain stagnated in this stage through to adulthood. Racism can happen to Aboriginal people but can also happen through Aboriginal people in this stage. Known as "the politics of respectability", individuals who stagnate at this level will propose that solutions to racism are based on assimilation. This is critical to reconcile in childhood. Known as Black self-hatred, racism denial manifests as hatred for one's own but, at its core, is about survival.

In addition, there are often counterproductive or egodystonic manifestations of trauma as repetition compulsion. For example, those who experienced forcible removal willingly taking their own children back to the missions where they were forcibly removed and experienced significant trauma themselves. This is consistent with the post-traumatic response of needing to "control" when trauma occurs (Huang et al., 2014; Westerman, 2006). In terms of the neurobiological aspects of trauma, individuals can be drawn to what is familiar: what has been embedded at a biological, innate level (van der Kolk, 1989). It can also manifest as an avoidant attachment style in which parents who have been forcibly removed will become the very thing they are told they are – absent parents. The author has seen this trauma reaction in forcibly removed individuals as a strong dissociative response rooted in denial. Here the concept of the "Alien self" (Bateman & Fonagy, 2004) explains this as a form of projective identification in which black self-loathing has become so embedded within one's psyche that this has become part of a trauma dissociative response arguably influencing caregiver attachment.

Early Black Racial Identity research suggested Black self-hatred manifested as a preference for White over Black among African American children (Bailey, 1973; Baldwin, 1979; Horowitz & Horowitz, 1938; Vontress, 1974), with individuals strongly preferring the dominant culture's values and features as a developmental phase (Porter & Washington, 1979). Until the child can cognitively understand that their cultural identity is "fixed", it follows that internalised hateful messaging about Aboriginal culture (via media, etc.) will result in a "rejection" of Black culture as a first phase of identity. This has support from research that indicates Black children aged 7–11 have no ingroup bias and prefer outgroups when they value wealth and status (Newheiser & Olson, 2012). In Aboriginal children who are removed from their Aboriginal families, this rejection of Black culture and of their Aboriginal families of origin from whom they are removed has a greater potential for stagnation if there is limited exposure to their culture. This must be understood as a temporary developmental phase that aims to ensure Aboriginal children are exposed to their cultural identity through this stage to ensure children do not stagnate in this phase and that this can look like a form of rejection of attachment to primary caregivers.

This stage is unreconciled Black identity, and, in a similar way to distress tolerance strategies that address compromised attachment, it requires regular and gradual exposure to culture – through conversations; having constant depictions of positive Aboriginal images through photos, media and the like; in addition to actual physical exposure to Aboriginal people, role models, and communities of origin. This ensures that perceptions of Aboriginal people are positive rather than feared, as is the case for too many removed Aboriginal children. Once negative templates of Aboriginality form, poor psychological identity adjustment results.

Stage 2: Encounter

The *Encounter* phase is typically precipitated by a singular or series of events that force the individual to acknowledge the impact of racism by creating a form of "cognitive dissonance" between cultural identity and white culture. For example, instances of social rejection by White friends or colleagues (or

reading new, personally relevant information about racism) may lead the individual to the conclusion that many white people will not view them as an equal. Faced with the reality of the extent of racism and that this is a permanently fixed reality that has to be dealt with. It coincides with cultural constancy, as already noted. At the same time, there is also awareness of the dominance of white culture. This often leads to compliance with the dominant culture as evidence of the extent of racism feeling individually overwhelming. Westerman (2020) describes this as similar to the emerging "fawn" trauma response (Walker, 2013).

Collective trauma as collective "fawn"

The fawn trauma response is hypothesised to be other rather than self-directed. It involves compliance with one's abuser/s, servitude and can look like self-inflicted trauma. Collective identity-based post-trauma also explains why child removals, suicides and incarceration disproportionately impact communities with the highest proportion of Black people. For example, South Africa had apartheid, yet more than 80% of the population is Black. The NT had the Intervention, yet 32% are Aboriginal. In looking at the child protection statistics from a single state of WA, removal rates consistently occur in regions with the highest proportion of Aboriginal people. These regions also have the least access to intensive therapy and attachment-based programs. The Kimberley region which has a proportion of around 70% Aboriginal people in the region also has 100% of children in out-of-home care who are Aboriginal; the Pilbara has 96%; the Goldfields 87% and Murchison/Gascoyne 86% (Department of Communities, 2021). However, if we remove these four regions, which are also the most densely populated Aboriginal regions (Australian Bureau of Statistics, 2022), out of the 17 child protection districts in the state, removal rates fall from 57.18% to just 39% (Department of Communities, 2021). It seems counterintuitive that when you are in the majority, you are more, not less, oppressed. However, trauma repetition compulsion as a collective fawn trauma response makes sense of this. Black identity formation then speaks to individual and then group-based oppression that makes helplessness a more dominant force and for families to feel powerless in the face of statutory organisations who have historically wielded considerable power over Aboriginal families.

Stage 3: Immersion/emersion

This stage is characterised by the simultaneous desire to surround oneself with visible symbols of one's own racial identity and active avoidance of symbols of whiteness as forms of trauma triggers. Assimilation policies were focused on "breeding the Aboriginality" out of children (van Krieken, 1999). For many Stolen Generations people, assimilation policies have made reconciling identity traumatic, and this is often tied to the systems that perpetuated the trauma.

As Parham describes (White & Parham, 1990, p. 56), "At this stage, everything of value in life must be Black or relevant to Blackness. This stage can be characterized by a tendency to denigrate white people, simultaneously glorifying Black people" (1989; White & Parham, 1990). As individuals enter the Immersion stage, opportunities to explore aspects of their history and culture are the dominant behaviour. Typically, White-focused anger dissipates during this phase because so much of the person's energy is directed towards his or her own group, developing Black identity and self-exploration. This exploration results in emerging security in a newly defined and affirmed sense of self.

Stage 4: Internalisation-commitment

Finally, whilst maintaining connections with Black peers, the internalised individual is willing to establish meaningful relationships with non-Aboriginal people as close friends or allies who acknowledge and respect his or her self-definition (Cross, 1991). The individual is also ready to build coalitions with members of other oppressed groups for a sense of commonality. They have found ways to translate their "personal sense of Blackness into a plan of action or a general sense of commitment" to the concerns of Aboriginal people as a group, which often means active activism (Cross, 1991, p. 22). Internalisation allows the individual, anchored in a positive sense of racial identity, to perceive and transcend racism proactively. This means that whilst racism is perceived at a greater level, there is also, at the same time, a greater robustness to manage racist events in a way that does not feed the trauma stress response.

Most models present a linear progression, but in reality, these stages are much more fluid and dynamic, meaning a person may reach the final stage of internalisation in Cross's model but might experience regression back to the previous stages – usually triggered by an experience of racism (Parham, 1989). Helms (1995) uses the term "statuses" instead of "stages" because more recent research indicates that racial identity is multidimensional rather than one-dimensional, with many factors contributing to one's sense of identity.

The environment is a vital component of the movement towards a positive identity. So, environments where your growing cultural identity is supported, and these critical phases are understood by child protection systems and foster carers ensure a buffer or protection against high-risk factors such as racism. Core attachment therapy should then incorporate the notion of treatment planning around the reconciling of Black identity.

Acculturation and cultural, kinship mapping

From an assessment perspective, kinship must be better understood, and practitioners must undertake cultural mapping as a standard. Cultural mapping incorporates notions of Aboriginal kinship relationships and, in some instances, skin relationships that dictate differences in parenting responsibility, attachment and caregiver obligations. If incorporated within child protection standard training and associated assessment tools, these differences would then be determined at the intake level. Treatment would be culturally informed and assessment capable of determining the differences between cultural parenting and risk. Culturally competent systems should guide staff around these fundamental differences. Acculturation scales such as those developed by Westerman (2003) enable engagement in the client's sense of culture and cultural connection and for cultural identity to be defined as a cultural map and critical alternative to mainstream nuclear family-based genograms.

The danger in kinship parenting is that it can look like "lack of caregiver responsiveness to a child" because a child does not naturally look to biological parents – mum and dad – for their attachment needs. However, when cultural mapping occurs, and an Aboriginal child is asked to map carers based on different attachment needs that carers provide for them (fear, love, happiness, safety), then assessment outcomes are very different. It also enables cultural identity development to formulate essential aspects of treatment planning.

What is the relationship between cultural competency and child removals?

When Aboriginal families are flagged for intensive support, Aboriginal child protection workers understand instinctually and by cultural expertise how to provide it. The development and validation of the first measure of child protection cultural competencies (CCP-CP; Westerman, 2019) provides a significant opportunity to empirically determine the causal relationship between workforce cultural competency and Aboriginal child removal rates. Consistent with this, a review of the last decade of annual reporting data from the Western Australian Child Protection Department found that as Aboriginal staffing reduced, Aboriginal child removals increased (Westerman, 2019, 2021). Figure 1 shows that the last decade has seen a significant increase in Aboriginal child removal numbers from 43.6% to 57.19%, representing a 13.59% increase (Department of Communities, 2021). At the same time, non-Aboriginal removal rates have decreased from 56.4% to 42.81%, representing an overall decline of 13.59%. When adding in Aboriginal staff numbers, it can be seen that at the same time that Aboriginal child removals increased, Aboriginal staffing has decreased by almost 50%. In determining whether these two variables are related, we calculated a correlation coefficient of 0.865. Whilst not causal, it provides some initial evidence that the more Aboriginal staff in "the system", the lower Aboriginal child removals are. Indeed, data from 2019 demonstrated that Aboriginality strongly predicts cultural competence. Aboriginal staff have cultural instincts that enable them to understand that Aboriginal parenting and attachment look different. More importantly, the desire and motivation to prevent removals of Aboriginal children speaks to a higher degree of cultural empathy for the impacts of removals on Aboriginal families, given that most Aboriginal people have experienced the impacts of forced removals in their own families (Westerman, 2019).

Conclusion

The contextual differences in Aboriginal attachment classifications outlined in this paper need empirical testing with the SSP to provide attachment-focused evidence for what research has long identified as significant parenting and child-raising differences. The escalation of Aboriginal child removals must be urgently addressed by providing:

(1) Culturally valid assessment co-designed tools capable of assessing for emerging risk and ensure early intervention and prevention planning
(2) Evidence-based cultural attachment and trauma-informed training for the child protection workforce.
(3) Empirically based cultural attachment programs developed, funded, and available for at-risk Aboriginal families commensurate with need.

(4) Solid treatment outcome data that drives treatment impacts
(5) The geomapping of child protection data to identify generationally at-risk families.

Determining treatments of best practice with generationally at-risk children, families, and regions then becomes possible. For example, we understand that patterns of relating benefits from teaching distress tolerance skills to at-risk families who have not only a genetic and biological predisposition to compromised attachment but also have this modelled in their environment, and race-mediated policies, the racial empathy gap, lack of cultural competency in child protection systems, forced removal policies and over-representation of Aboriginal children in removals make up the balance. Due to intergenerational trauma, removal of children from families, and consequent disrupted relationships, the caregivers' emotional regulation and sensitivity to children's signals might be compromised due to their own limited experience of attuned caregiving, etc. These are pre-cursors of attachment (from a developmental perspective, as they are critical core elements of the dance between infants and caregivers before forming internal representations of attachment or working models).

For those parents who cannot consistently provide love and safety for their children, the origin is often their own compromised attachment. Geomapping would enable precise data sets to be developed and Indigenous-specific causal pathways to child maltreatment established. Most importantly, it would show that child maltreatment data in Aboriginal communities often represent not only "hot spots" but the same children and families repeatedly. This data alone would go a significant way to debunking the narrative of endemic, entrenched abuse across all Aboriginal families and communities fuelled by other race effects and which creates conditioning of child protection workforce to see difference as risk.

Currently, no data-driven, empirically tested, co-designed, culturally determined trauma, attachment, or mental health training is provided to child protection staff to ensure they have the skills to support at-risk families with complex needs. They are afforded, at best, a short "cultural awareness" induction training further minimising the complexity of the work required for generationally at risk Aboriginal families and that we continue to support child protection systems and workforces incapable of it.

WE are not ensuring that our most vulnerable high-risk families are engaging in intensive therapy, attachment-based programs commensurate with need, tracking that data, and evaluating it to determine treatment impacts.

In closing

You rarely find a parent who does not want to do better; to provide a better life for their child. The fact that we are not providing these opportunities for Aboriginal parents continues to hardwire extreme race-based responses to at-risk Aboriginal children and is something a culturally competent system would change.

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