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Exploring bonding and attachment in Aboriginal families

Nikia Bailey ^a and Yvonne Clark^{a,b}

^aJustice and Society, University of South Australia, Adelaide (SA), Australia; ^bAboriginal Communities and Families Health Research Alliance, South Australian Health and Medical Research Institute, Adelaide (SA), Australia

ABSTRACT

Objective: Bonding and attachment relationships are essential to how children develop in society. These relationships have primarily been understood through the “Attachment Theory” which frames parent-child relationships, and the ways a child can be supported to develop within a secure base. Attachment theory (M. D. S. Ainsworth, 1978; Bowlby, 1969), has extensive literature supporting its application, however, its roots are heavily tied to Eurocentric familial understandings (Choate & Tortorelli, 2022).

This paper explores the experiences and knowledges of Aboriginal and culturally competent non-Aboriginal mental health professionals in relation to bonding and attachment via three research questions focused on how they conceptualise bonding and attachment, what they think needs to be better understood, and how accurately they think Attachment theory encapsulates Aboriginal family dynamics.

Method: Eight participants were interviewed using the yarning method (Bessarab & Ng’andu, 2010) to collect qualitative data for this study. Through the participant’s work, study, cultural background and own life experiences, they conveyed information about parenting and attachment relationships. Thematic analysis was utilised to identify patterns amongst the participants’ responses.

Results: Participants spoke to bonding and attachment in Aboriginal families in the following ways: Intergenerational Trauma, Ongoing Colonisation, Collectivist Culture, Connection to Country, Self-Determination, and Rejection of Deficit Framework. Together, these findings contribute to the conceptualisation of bonding and attachment in Aboriginal families from the perspective of Aboriginal and culturally competent non-Aboriginal mental health professionals.

Conclusion: This exploration expands on the limited knowledge about bonding and attachment for Aboriginal people and highlights their views from a cultural lens involving kinship and community systems which can deviate from the Western conception of bonding and attachment.

KEY POINTS

What is already known about this topic:

- (1) Bonding and attachment are processes that happen universally regardless of culture.
- (2) Aboriginal children are at an increased risk of being removed from their families, communities and subsequently, their culture due to a misuse of the Western attachment theory.
- (3) The impacts of colonisation are omnipresent for Aboriginal people in Australia, particularly in family systems and kinship groups.

What this topic adds:

- (1) Qualitative information from mental health professionals, experts in attachment, about Aboriginal family relationships.
- (2) Exploration of a cultural lens of bonding and attachment for Aboriginal Australians.
- (3) Consideration of factors such as intergenerational trauma and system failure as interrelated with how Aboriginal people experience attachment.

ARTICLE HISTORY

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KEYWORDS

Aboriginal; bonding; attachment; trauma; parents; culture

Positionality

As Aboriginal women, the researchers brought a professional and personal understanding to the bonding and attachment experiences of Aboriginal people and communities. Nikia Bailey is a Ngarrindjeri

woman born on Kurna Country (Adelaide, South Australia [SA]). She is a psychologist completing the clinical registrar programme and an early career researcher with experience of working with other

CONTACT Nikia Bailey  nikia.bailey@unisa.edu.au

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Aboriginal people in SA. Associate Professor Yvonne Clark is a Kokatha and Wirangu woman with extensive research experience in Aboriginal and Torres Strait Islander populations, as well as knowledge of Aboriginal and Torres Strait Islander bonding, attachment, family dynamics, and intergenerational trauma. Yvonne Clark is a clinically endorsed psychologist with a PhD with experience working with Aboriginal and Torres Strait Islander peoples. Yvonne Clark is one of the Directors for the Australian Indigenous Psychologists Association (AIPA) and Co-Chair for the Australian Psychological Society Aboriginal and Torres Strait Islander people and psychology interest group (ATSIPP). In another role she is also co-platform lead of the Aboriginal Communities and Families Health Research Alliance (ACRA) within the South Australian Medical Health Research Institute (SAHMRI). As a result, she had developed long-standing relationships with individuals, Aboriginal community members and professional networks, many of whom she has previously consulted with about attachment and bonding priorities and material. To maintain the integrity of the study and fit within an Indigenous paradigm, a reflective process was undertaken through weekly de-briefing between the primary researcher and supervisor (Berger, 2015; Kwame, 2017).

Introduction

Attachment has been established as a significant process where an individual's world-view and self-perception is developed. It is deemed a universal need for babies and children to form an attachment with another person or persons regardless of culture. The dominant theory adhered to by most professions is the attachment theory that was first established by John Bowlby (2018). Attachment theory was developed based on ethological observations of animals maintaining proximity to their parents to promote survival (Bowlby, 1973). Bowlby advocated that from an evolutionary perspective, humans have multiple behavioural systems to improve propagation, survival, and enhance protection within a species as a process of natural selection. Furthermore, Bowlby endorsed that attachment behaviour as an exemplar serves evolutionary purposes. Considering the vulnerability of young animals and humans, and the incapability of caring for themselves, they rely on their parental figures for survival (M. D. S. Ainsworth, 1978; Bowlby, 2018). The attachment system encourages the infant to maintain proximity to parental figures to increase safety, whilst activating a parallel caregiving system for parental figures which supports protection and nurturing.

Bowlby's (1958) original theory proposed the concept "monotropism", the developmental process whereby children develop an attachment relationship with the primary attachment figure who is considered the only figure of importance to the development of a healthy child. Bowlby (1969) added that primary attachment occurs within a critical window during a child's first year. After this critical period, Bowlby believed that attachment relationships with others are restricted and less easily formed due to the bonds with a primary figure, usually the mother. For Bowlby, this meant that young children should never be separated from their mother for a prolonged period because the social-emotional relational environment offered by the mother was the best method of meeting the child's attachment need for reasons of survival (Bowlby, 2018; Keller, 2018). Bowlby determined that maternal deprivation has severe long-term impacts on the physical, social, intellectual, and emotional development of a child. Through the mother-child attachment relationship, a child learns how the world works and establishes their internal working model (Bowlby, 1973). This is where a child can develop a representation of how they fit with others, who they can relate to, and develop subsequent relationships throughout their life. However, many authors have disputed the concept of monotropism. For example, Leeson et al. (2016) considered that bonding with a singular figure contradicts the promotion of evolution and survival. Other studies demonstrate the central importance and positive influence of other attachment figures on psychological and behavioural functioning (Cohen, 2005, Daniel, 1998; Mikulincer & Shaver, 2012; Van Ryzin, 2010).

Bowlby's theory was extended upon by Mary Ainsworth who references the roles of other attachment figures, coined "secondary" or "supplementary" attachments, in a child's system. Various figures may function as secondary attachment figures, including fathers, older relatives, mentors, and romantic partners which is considered important for a child's survival (M. D. Ainsworth et al., 1982). Ainsworth also introduced the notion of a secure base, being a method in which children develop connections, leading to the ability to predict safety in relationships (M. D. S. Ainsworth, 1978; M. D. Ainsworth et al., 1982). According to M. D. S. Ainsworth (1978) a child develops relationships via four patterns or styles of attachment.

Infants with "secure" attachment welcome their figure's return after separation, seek proximity, and are readily comforted by them when distressed. Infants with "resistant" attachment show ambivalent behaviours towards caregivers and are not comforted when

reunited. Infants with “avoidant” attachment avoid proximity or interaction with their caregiver when reunited. Infants with “disorganised” attachment are associated with parental abuse and neglect, especially when behaviours are characterised by ambivalence and avoidance (Main & Solomon, 1990). Attachment patterns or styles are believed to establish early in life and become internalised as a stable, life-long set of beliefs that are resistant to change and then shape the way an individual understands the world (Cassidy, 1999).

The attachment theory developed and progressed as a concept that informs Western cultures (that are synonymous with European and other settled countries such as the United States of America, Australia, Canada, New Zealand) about a child’s early socio-emotional development. It assumes universal application of all its components and to all cultural groups (Keller, 2018). This assertion of universality also implies moral judgements regarding what is “good/right” or “bad/wrong” parenting (Choate et al., 2020; Yeo, 2003). It seems that what is universal in the world is that all children form attachments, but how attachment is experienced manifests differently across cultures and within various child-rearing practices and models (Vicedo, 2020).

Across cultures, naturally occurring differences in parenting and child-rearing styles, behaviours, and environments are ubiquitous. Values, beliefs, kinship systems, and delegation of roles are among these differences which can account for the fluctuation of adherence to what is known as “Attachment behaviour”. This means that when other cultural groups are viewed or assessed via a Western attachment theory, their behaviours are seen as fluctuations or anomalies to what is known as the normality of “Attachment behaviour”. Hence, when interpreted through a Westernised lens, attachment behaviours for Indigenous and different cultural groups (non-Western) can be misunderstood, misinterpreted, and misconstrued and therefore judged as “good or bad” or “right or wrong” with potential dire consequences for families who could then attract child welfare interventions (Barber et al., 2000). In Australia for Aboriginal people, most children are a part of large kinship networks and may form many attachments and relationships throughout their lives starting from birth (Dudgeon et al., 2017). From a Western perspective, an Aboriginal child who seeks comfort from various members of their family and community may be inaccurately ascribed as having indiscriminate attachments which can be judged as “wrong”, and parenting viewed as “bad”.

A linear relationship may not be a priority within Aboriginal communities. Instead, the concept of family

draws upon extended lineage and bloodlines that could include relationships with and contributions from aunties (who may also be cultural mothers), uncles (who could be cultural fathers), Elders, leaders, and community members of vital significance to the child/ren. The networks are created through diverse and interrelated bonds with various members of the Aboriginal community. This process is well considered and complex, based on rules, values, and lore (knowledge and traditions that are passed through generations), with obligations shared to ensure effectiveness and safety (Brendtro & Brokenleg, 1993).

Recent conceptualisations of an attachment model indicate that there are at least five elements of attachment that are common irrespective of influences such as culture, many of which have been discussed previously (Keller & Bard, 2017). Firstly, it is universally established that a child attaches to one or more caregivers. Secondly, despite secure attachment being deemed normative, it looks different across cultures. Thirdly, attachment is reliant on sensitive and responsive parenting practices. Although, sensitivity and responsiveness are interpreted differently in distinct cultural contexts. Fourthly, child-rearing varies cross-culturally and does not have a common standard. Finally, parenting competency and successful parenting outcomes vary across cultures.

Aboriginal social and emotional wellbeing is a set of domains, principles, and culturally informed practices that differ to how wellbeing is understood in Western contexts (Gee et al., 2014; Swan & Raphael, 1995). The set of domains are conceptualised as connection to body, to mind and emotions, to family and kinship, to community, to culture, to country, and to spirit, spirituality, and ancestors (Gee et al., 2014). It is important to recognise the seven interrelated domains of social and emotional wellbeing (SEWB) to support Aboriginal people in addressing the social determinants of health (Dudgeon et al., 2017). The sense of self refers to the collectivist perspective that is intrinsically entwined with family and community. The Family Matters Report (SNAICC, 2021) emphasises the importance of children “knowing who they are, growing up connected to their mob, family and kin, learn their stories, and pass them on to future generations”. However, the report further stipulates that the importance of this foundation for Aboriginal children’s SEWB continues to be poorly understood and supported.

The critical values of interdependence, group cohesion, spiritual connectedness, traditional links to land, community loyalty, and inter-assistance are pertinent within Aboriginal culture and inform various behaviours or decisions (Dudgeon et al., 2017). Sommerlad

(1976) states that an Aboriginal child who has been removed from their parents' care can only develop a strong identity by being placed in an environment which encourages the social and cultural values that underpin Aboriginal communities and culture. A strong identity is linked to connections to the SEWB domains (Gee et al., 2014). The connections to country and community reinforces the importance of relationships for, and is aligned with, attachment development from birth to adulthood.

Outside of these domains, there are multiple important structural determinants that include social, historical, political, and cultural aspects that influence and have a concurrent and cumulative impact on well-being. These can inform power dynamics, human rights, justice, and resource distribution. These structural determinants include cultural systems of knowledge, law, and practices. Predominantly, Aboriginal trauma is a consequence of racially driven historical government policies and practices related to colonisation and unresolved political issues that endure today and are referred to as intergenerational trauma. For example, Aboriginal children are overrepresented in the child protection system in Australia and many of these children are from successive generations of child removal. Furthermore, Aboriginal children continue to be placed in high numbers in non-Aboriginal out of home care (Mendes et al., 2021). Such placements can compromise Aboriginal children's connections to their identity. Aboriginal children can experience abuse and neglect when in non-Aboriginal care environments, where there is less access to family and family knowledge (Clark et al., 2003; Shmerling et al., 2020).

It is well-documented that pervasive experiences of loss, grief, abuse, neglect, and violence has resulted in intergenerational trauma in Aboriginal communities (Menzies, 2019a; Quinn, 2019; Yeo, 2003). As such, a reckoning is that culturally sensitive models that prioritise healing must be developed in congruence with Aboriginal needs, those that have been defined by Aboriginal people and not imposed by non-Indigenous agendas (Nakata et al., 2012). Self-determination is a collective right of Aboriginal people to exercise autonomy and maintain distinct political, social, economic, legal, and cultural institutions (SNAICC, 2021). Continuing to apply a Westernised conceptions of attachment theory to Aboriginal people negates self-determination and extends colonial intervention. It reinforces the false belief that Western structures, policies, laws, and science are superior and more well-informed than Aboriginal people regarding what their children require to be adequately cared for (Choate & Tortorelli,

2022). Aboriginal people have the knowledge and understand attachments and relationships (Sommerlad, 1976).

There remains limited research and academic knowledge of bonding and attachment in Aboriginal families, nor is there clear guidelines for non-Aboriginal clinicians to be able to conduct an accurate cultural assessment pertaining to bonding and attachment issues. Further, there is limited evidence of systematic culturally informed processes or effective strategies to identify and support Aboriginal parents experiencing intergenerational and complex trauma, despite the awareness of the intergenerational nature of parenting (Menzies, 2019a; Menzies & McNamara, 2008). Although previous studies have addressed certain elements of these complex relationships, it is important for further studies to focus on expanding this body of research to increase understanding of Aboriginal ways of knowing, being, and doing. By incorporating the experiences and knowledges of clinicians working with Aboriginal children and families, the existing literature can be enhanced to adequately represent Aboriginal realities (Nakata et al., 2012; Wilson, 2020).

This research addresses the issue pertaining to the lack of Aboriginal cultural and clinical perspectives in the discourse surrounding bonding and attachment in Aboriginal families in Australia. The lived experience of Aboriginal people, and specifically Aboriginal clinicians who understand what attachment and connections are like, have dedicated their career to working alongside Aboriginal families, hold invaluable expertise that need to be taken seriously. Furthermore, culturally experienced and competent non-Aboriginal clinicians who have worked tirelessly with Aboriginal families can also provide knowledge and expertise. By investigating these perspectives, the results of this research can provide information and knowledges that would not otherwise be investigated.

Research questions

The central research questions explored for this study were:

- (1) How do Aboriginal and culturally competent non-Aboriginal mental health professionals conceptualise Aboriginal bonding and attachment based on their experience?
- (2) What needs to be better understood about bonding and attachment in Aboriginal families?
- (3) How does Western attachment theory encapsulate Aboriginal family dynamics?

Method

Ethics, consultations and recruitment

Approval was gained from the University of South Australia Human Research Ethics Committee on 6th April 2023. Issues about inappropriate interpretations of attachment and bonding has been raised at ACRA forums in SA over many years especially in relation to Child Protection and severed relationships. This was reiterated via the ethics process. A purposive sampling technique was employed to ensure that Aboriginal mental health professionals were the core demographics which made up the participants. This sampling methodology could capture unique insights and knowledges of a specific group that is limited and otherwise difficult to access (Palinkas et al., 2015). Participants were recruited via the supervisor's community and psychology professional networks.

In some instances, there were pre-existing professional relationships between the supervisor and participants, due to her connection to and involvement with psychology networks. Potential participants were assured that non-participation would not have any ramifications. The supervisor promoted self-determination and ensured there were no ethical concerns related to coercion. To ensure management of these pre-existing relationships, participation was entirely confidential and voluntary. The supervisor only knew about participation if the interviewee informed her.

The supervisor distributed an introductory email with the aims of the project, an information sheet, and the primary researcher's details with a request to pass on to other potential contenders within a two-week period. Participants were able to contact the primary researcher at their discretion. Once contact was made, an initial meeting was organised to discuss the project, read the consent form, and sign if appropriate. A quick rapport was established in the initial meeting between primary researcher and participant due to a shared network. Once written consent was obtained, a secondary meeting was scheduled to conduct the audio-recorded yarning interview, where subsequent interviews could be scheduled at the participant's discretion.

All participants were screened during the initial meeting to ensure they met the inclusion criteria. All involved participants currently or previously worked with Aboriginal children and/or families, had knowledge of attachment theory and psychological concepts, were over the age of 18, and could speak, read, and understand English.

The nature of data collection relied on Braun and Clarke's (2014) stipulation of data saturation or "information redundancy". After interviewing eight

participants, sufficient data had been collected to draw the necessary conclusions and inform the research questions, and any further interviews could be deemed unnecessary. Data saturation occurred at the point where no new themes emerged from the data. The research was time-intensive and focused on collecting in-depth knowledge and reports from each participant. Therefore, a total of eight participants was considered sufficient.

Participants

Eight mental health professionals living in Australia were interviewed using the "yarning method" (Bessarab & Ng'andu, 2010; Wilson, 2001) for between 60 and 90 minutes. The yarning method is described as "a process of making meaning, communicating, and passing on history and knowledge ... a special way of relating and connecting to [Aboriginal] culture" (Bessarab & Ng'andu, 2010). Due to the participants' professional and academic roles, they were familiar with yarning as a research process. The primary researcher described the expected research process during the initial meeting and provided the opportunity for clarifying questions if necessary to ensure ample understanding.

The professionals either identified as Aboriginal or were non-Aboriginal people with extensive knowledge and experiences of working with Aboriginal families on bonding and attachment. To maintain anonymity, identifying details in their yarns were altered and the participants were referred to via pseudonyms as Kuma (P1), Purlaityi (P2), Marnkutyi (P3), Yarapurla (P4), Mila (P5), Marru (P6), Wangu (P7), and Ngarla (P8). These names are numbers in Kurna language (Kuma = one, Purlaityi = two, etc.), as this research was conducted on Kurna land and integration of cultural elements is important to decolonising research (Nakata et al., 2012).

Data collection and data analysis

The research adhered to an exploratory qualitative design, generating data through participant interviews. The interviews were participant-led and prompting questions were utilised by the researcher as necessary. Abiding by an Indigenous methodology lens, a yarning method was used to inform the interview process and ensure cultural safety (Bessarab & Ng'andu, 2010). A yarning method of information gathering was the most appropriate and effective research as opposed to Western interview formats and other Eurocentric methods of research that are less suitable for information gathering with Aboriginal populations (Leeson et al.,

2016). The yarning process allowed participants to guide interview content, providing opportunity to capture unique experiences that alternate research methods may not allow. The exploratory nature apportioned preference to participant-led decision-making regarding determination of yarning content. The guiding research questions were designed to be sufficiently broad to guide but not influence the participants' responses.

The methods of data collection, topics, and forms of analysis were carefully chosen and implemented to uphold cultural safety protocols such as integrity, self-determination, sustainability, accountability, and value (AIATSIS (Australian Institute of Aboriginal and Torres Strait Islander Studies (2020; Wilson & Young, 2008). The yarning method served to maintain the AIATSIS Code of Ethics' appropriate cultural protocols and allowed open-ended, informal conversation to produce relevant and detailed responses (Leeson et al., 2016). Moreover, this method allowed participants to guide interview content, providing opportunity to capture unique experiences that alternate research methods may not allow.

The primary researcher met virtually with participants over video link-up. The location, length, timing, and frequency of interviews was negotiated with participants. Data was recorded using computer software technology and transcribed onto NVivo 12. The researcher reviewed the transcripts to ensure they were verbatim, accounting for discrepancies in artificial intelligence and the use of Aboriginal English. Following analytical coding of data using NVivo 12, thematic analysis was employed to analyse the data through a rigorous six-step process. The steps included data familiarisation, initial code generation, theme identification, theme review and thematic mapping, defining and naming themes, and production of a final report (Braun & Clarke, 2006). The data analytic strategy followed an inductive approach, where themes with a direct link to participant responses and data were coded. Further analysis required the researcher to critically analyse the data at a semantic and latent level. Coding at both levels enabled identification of underlying assumptions, ideas, and knowledges that provide context to the data (Braun & Clarke, 2006). The aim of data analysis was to examine themes across participants relating to bonding and attachment in Aboriginal families.

Decision-making processes which informed the direction of analysis for the research were debriefed and cross-checked by a senior experienced researcher during regular supervisory meetings. The researcher ensured names of themes were derived from the participants' own words. This privileges Aboriginal knowledges and experiences as aligned with an Indigenous methodological lens.

Results

This analysis indicated that conceptualisations of bonding and attachment from an Aboriginal and culturally competent non-Aboriginal mental health professional perspective encompass a unique understanding that deviates from traditional Western views. These understandings of bonding and attachment capture personal experiences, professional experiences, clinical knowledge, and protective factors. Aboriginal participants suggested that the Western understanding of bonding and attachment did not align with their perspectives, experiences, and knowledges about Aboriginal people, kinship, or family dynamics. Protective factors were pervasive, with connection to cultural factors, various knowledge systems, and collectivist culture of central importance.

“Don't know any Aboriginal families that have three generations untraumatised”: intergenerational trauma

The participants highlighted the omnipresent nature of trauma experiences and patterns that exist in Aboriginal communities and how it has changed the way that Aboriginal people parent. They acknowledged the way that trauma is passed down in family systems, both relationally, experientially, and epigenetically. Multiple participants acknowledged that due to the traumatic experiences of some parents, they did not have role models who were able to teach them life skills. This occurrence is known as lacking a “parenting template”, whereby the experiences of an individual being parented become the knowledge base in which they draw upon when parenting themselves.

Marnkutyi: Putting in context their own trauma history, so a lot of the time, you'd have mums come in who their parents were part of the stolen generation, and then they themselves were then part of the child protection system. So, they had never had that secure family household, they never witnessed healthy parenting models, they've never had that safety around them. And so, when their own children become distressed, then the mum would become extra distressed because she was being triggered from her own trauma.

Marru: When we think about even just epigenetics, when you experience a trauma, it takes three generations without a trauma experience for that to repair. That shift ... with a trauma, it shifts the expression at that epigenetic level of your fight or flight response, so

that it's switched on, higher, so you're gonna be more hyper vigilant and be more aware, you got to be more reactive, we pass it on for three generations. So, within three generations without a trauma experience to turn that back to its baseline. And I don't know any Aboriginal families that have three generations untraumatised.

“Artificially imposing these attachment and bonding practices”: ongoing colonisation

Participants spoke about the Western expectations and standards of parenting applied to Aboriginal kinship structures and that these standards do not fit, are harmful and oftentimes counterintuitive. The benefits of raising children in their own cultural ways were emphasised in relation to social and emotional wellbeing and connection to the cultural elements of wellbeing. However, Aboriginal parents are forced to adopt a Western standard and or blend the two approaches (Western and Aboriginal) to avoid child protection over surveillance, which may compromise their identity and wellbeing. Fortunately, participants did not believe Aboriginal parenting has been lost, the remnants are still accessible and can be recaptured.

Wangu: Artificially imposing these attachment and bonding practices to appeal to that Western audience that is determining whether or not your children remain with family or are taken away. So, then that's just, further generating that colonisation mindset.

Yarapurla: If you're looking at attachment patterns, and making sort of cultural generalisations then Western culture is quite strange, like parents who have really tight limits on what it is okay for kids to express and a low-risk threshold for what that kid can go out and explore ... And that then gets internalised and passed on or whatever, you're looking at attachment patterns, that's not really a secure attachment. That's a bit more anxious or ambivalent.

“Our family kinship structures”: collectivism

Participants discussed the well-established relationship and kinship patterns in Aboriginal communities that support a child's development and connection. Participants expressed how the development of attachment theory failed to consider cultural differences, and that child rearing in Aboriginal culture does not abide by the dyadic formula. Rather, there is

an obligation in Aboriginal relationships with one another to step in and support where necessary. Relationships are with community, and kinship is based on obligation, need, and availability.

Purlaityi: It always looks different in an Aboriginal context than it does in a non-Aboriginal context, because of our family kinship structures. So, I don't think we can limit bonding and attachment and understanding for Aboriginal kids just to their mothers, or to their fathers. It's often that caring circle and nurturing circle will include cousins, sisters, brothers, uncles, and they're all valid and equally supportive of children.

Wangu: With this good family connections, if one person in the family is struggling today, well, then there'll be five or six or more, who are able to provide them with what they need at that particular point in time. So, one enables the person who's struggling to heal without having to feel responsible for that child and at that point in time, but the child can also know the comfort and security that's provided.

“Bonding is beyond birth connection”: connection to country

Some participants identified the relationship that Aboriginal people have with Country, and that this is an important part of healthy child development in relation to bonding and attachment. This information is consistent with the SEWB model's conceptualisations of Aboriginal wellbeing, where connection to Country is a critical factor.

Kuma: The bonding is beyond birth connection. It's beyond blood connection. And it certainly has those elements of place and country and land. So, what I understand then, is that the Western framework doesn't take those into account.

Yarapurla: ... Broaden attachment theory, to not just be between a mum or a parent and a child or a baby, but between a person and all those connection points. So, the same principles apply, where if you're attuned to the natural world, or landscapes, and you agreed that it will shape you and change how you're responding, and then you will have to respond to that, and it becomes an actual relationship.

“Aboriginal led, Aboriginal designed, Aboriginal delivered”: self-determination

The participants identified the lack of programmes designed to adequately address the challenges Aboriginal communities face, and the insufficient support from existing services in relation to bonding and attachment. It was articulated that the issues have been identified, yet solutions are inaccessible. Previously, Aboriginal communities have primarily relied on their Elders for support and guidance. However, Purlaityi discussed how many Elders have experienced burnout due to a lack of support from services.

Kuma: Everyone knows what the issues are. There are just never solutions ... Where people are struggling to feed their child, they need some help to work out how to feed their child, they don't need to have the child removed, and the child doesn't need to be removed, because that's creating trauma.

Kuma: I've been questioning what it would take for non-Aboriginal people to do the type of work that Aboriginal peoples seem to be good at doing ... One of the fundamental things is being able to step outside yourself, what you know, what you've been taught, and listen to what people are telling you. But the only way you can do that is through taking the time to engage. And a lot of services and disciplines don't have that approach.

Purlaityi: I don't think we can rely on our Elders for all healing. Because our Elders are sick. They are tired, they've been doing lots ... But I think for a long time they haven't been supported. They're burnt out, they're tired, and often it's Elders that are caring for our kids when the parents can't ... We do need structures and supports but it does need to be Aboriginal led, Aboriginal designed, Aboriginal delivered, with support from non-Aboriginal colleagues.

“The coloniser does not want to take responsibility”: rejection of deficit framework

Participants rejected the deficit framework that is frequently applied to Aboriginal people's cultural ways. They compared living in a Western society as an Aboriginal person as “walking in two worlds”, attempting to satisfy and appeal to different audiences (i.e.,

Aboriginal and non-Aboriginal). Participants expressed how the deficit lens often comes from viewpoints of negligence and aversion to learning different perspectives. These experiences of being misunderstood and perceived through a negative discourse can transpire into what is observed as mental health difficulties, substance misuse, and other maladaptive behaviours that can transpire through bonding and attachment processes.

Purlaityi: There's a real lack of empathy and understanding around how policies and practices have impacted on Aboriginal people. There's very much a deficit lens, that there is something wrong or broken with Aboriginal people. Not understanding that Aboriginal people had very good kinship structures, that our kinship structures were some of the most sophisticated in the world ... We actually spent all our time investing in those social structures and our interactions there. Our children are always very important to us, our connection to land and country and our community was what was most important in our world and maintaining that was what most of our energy was spent on. But that's not understood. It's always that primitive deficit, we can't be good parents because this, that and the other. But these are all things that have come about as a result of colonisation, but the coloniser does not want to take responsibility. So, it's much easier to blame.

Purlaityi: We're seen as vulnerable instead of resilient. That's really the missionary sort of response, wasn't it? To save the poor black fellas because they were going to die out. So that's what that perception of vulnerability and creating an agenda and I think still, for a large part exists, that it's about saving people even if it's saving them from themselves rather than giving them the tools and enabling them to tell their own stories and walk their own lives.

Discussion

The key findings from this small research project highlight that Aboriginal people are the experts in their own experiences, and that development of policies and practices particularly in relation to bonding and attachment information must be led, informed, and developed by Aboriginal people as a priority. In doing so, bonding and attachment in Aboriginal families can be more accurately conceptualised and understood in its complexities and used to inform

wise decisions rather than denigrate or blame the victims. The aims of the research were broad, facilitating a yarning process that allowed the participants to direct the conversation. This meant that they could discuss and interpret the research questions in their own way. This method means that the information is rich and enables self-determination and for voices to be heard.

The ongoing impacts of intergenerational trauma and how it relates to bonding and attachment in Aboriginal families was a significant feature in the research as well as the literature. Trauma is a very broad term and often understood as post-traumatic stress disorder which is trauma that often relates to a specific event. It has recently been re-defined and conceptualised as complex post-traumatic stress disorder in the International Classification of Diseases – 11th edition (ICD-11; Maercker, 2021; WHO, 2019/2021). Although this re-defining of trauma is more in line with notions of intergenerational trauma in Aboriginal communities, it does not capture many of the nuances that occur for Indigenous people exposed to colonisation and their enormous sense of loss and grief. For Indigenous peoples, trauma is understood as a chronic and intergenerational experience which is derived from oppressive forms of colonialism and perpetuated vulnerability. For the participants, the consequences of intergenerational trauma were related to many elements including the grief and loss of traditional practices, culture, language, and identity which comprise social and emotional wellbeing and can influence maladaptive coping styles.

A prevailing paradigm throughout Australian history has been that Aboriginal people and culture is “primitive” and inferior to Western people and standards. This was conveyed by participants who indicated that there is a consistent devaluation by Western society about the sophistication of Aboriginal kinship systems which has been extended and amplified to include traditional parenting and child rearing practices in Aboriginal communities. The core principles of pre-colonisation Aboriginal society were that children were at the centre of the community and were raised collaboratively, reflecting intrinsic morals and values by Aboriginal populations. Due to colonisation and oppression over the past 200+ years, Aboriginal families were and still are expected to forgo their “primitive” child rearing practices and abide by artificially imposed foreign practices that are considered “superior”. The participants emphasised that even today, Aboriginal families are still expected to relinquish or conceal their traditional or integrated (a mix of traditional and Western) child rearing practices to

appeal to Western society’s values and practices and must do this to avoid involvement in child protection systems.

The notion of secure attachment within a limited circle of parents or caregivers was challenged in the literature and by many participants. It did not make sense to participants that survival and attachment for a baby/child is dependent on one or a few people. Elaborations included that the conceptualisation of secure attachment is misrepresented when investigating attachment patterns (i.e., Yarpurla). In a role reversal scenario, the Western concept of enforcing tight limits on children to maintain a low-risk threshold for exploration can invoke anxiety or ambivalence in a child and a sense of insecurity. Under current attachment assessment processes in Australia, Aboriginal attachment is likely to be misinterpreted when there is a lack of cultural understanding, especially when Aboriginal children seek out multiple people for comfort and therefore may be labelled as having indiscriminate attachment. This instead should be understood and reinterpreted through a more accurate cultural lens as having a healthy attachment to more than one or two individuals as per an Aboriginal kinship and obligation system.

There is some recognition in the literature about the multiplicity of Aboriginal family dynamics, such as the amalgamation of different roles and people. The participants in this study spoke about the positive cultural implications that occur in collectivist culture via the involvement of family systems in a child’s life. Family members (not limited by blood relations) assist in raising a child strong in their culture whilst providing support to the biological parent/s of the child. Ultimately, a person belonging to an Aboriginal family is never alone as kinship systems places each person securely within the group (Berndt & Berndt, 1988). The function of individuals within their respective groups was disrupted during colonisation, causing a myriad of complexities for Aboriginal families today. These roles have since become misrepresented, and traversed into significant issues (Dudgeon et al., 2010) and this may have contributed to the perpetuation of Aboriginal bonding and attachment being problematised and misinterpreted today.

Participants described the centrality of bonding that occurs beyond a child’s birth or blood connection. This extends to Aboriginal children forming relationships with Country to preserve their culture and SEWB. Aboriginal people have always had an advanced symbiotic relationship with Country, which was disrupted during colonisation. Loss of a relationship to Country and traditional lands is associated with psychological

distress for many Aboriginal people. As illustrated in the SEWB model, connection to Country and spirituality are critical elements and are inter-related to bonding and attachment to the land and environment. Fortunately, there has recently been avenues of land acquisition for Aboriginal people via native title processes and or improved access to mortgage loans, but this is not accessible to all Aboriginal people. As discussed by participants, access to Country (via your own traditional or other Aboriginal peoples' lands) is necessary to nurture Aboriginal children's relationship with Country and to improve wellbeing early in life as it assists with developing a sense of self and identity.

Furthermore, the participants highlighted the inadequacies of the support services available for Aboriginal families and the general lack thereof. These services were described as deficient in integrated support for families and instead prioritising individualistic approaches which fail to consider the whole family perspective, nor permit self-determination. Most services are ill-equipped to offer integrated support or the necessary trauma informed healing approaches that Aboriginal communities require to address social and emotional wellbeing holistically (SNAICC, 2021).

There was shared insight among the participants that accessible, appropriate services are a protective factor for Aboriginal communities. The availability of safe, adequate, and culturally appropriate services is fundamental in the development of deliberate strategies to build skills, knowledge, and relationships. Moreover, parents utilising these services can potentially contribute to healing and prevention of intergenerational transmissions of trauma. Aboriginal parents and family members exhibit significant resilience and strength which can be nurtured in a supportive environment that prioritises wellbeing and healing. Participants indicated that solutions to these issues appear to be beyond the capacity of the health sector alone. These solutions require multidimensional, strengths-based approaches from various sectors. Participants were adamant that responses must be culturally appropriate and self-determined, with less of a focus on symptom reduction and an increased focus on balance for family, community, and individual and community wellbeing. Further, the significance of trauma-informed and culture-informed care and services for this population was accentuated. Prevention and early intervention programmes were seen as critical to strengthen Aboriginal children and families and ensure strong attachments within families and Country.

The view that Aboriginal people are "vulnerable", Aboriginality is a risk factor, or that Aboriginal people require further indoctrination into Western ideals to be acceptable, was refuted by participants.

Instead, it was argued that the strengths that are innate or accessible within Aboriginal communities are extremely important but often overlooked or minimised. This negative inference about Aboriginality also suggests that Aboriginal people are incapable of "good" parenting and forming bonds and meaningful relationships with their children. A more balanced and accurate realisation is that Aboriginal people are capable of drawing on ancient wisdom from tens of thousands of years to influence parenting and relationship dynamics. Indeed there is a combination of complex and inter-related personal, environmental, historical, and inter-generational factors which prevent or obstruct various Aboriginal parents' ability to parent, however this does not equate to the perception that all Aboriginal people are inadequate.

Research strengths and limitations

A strength of this study was the research design selected. Using a qualitative process to gather information from participants ensured the principle of self-determination was upheld. The participants' familiarity with the process of yarning was positive, as it increased comfort in engaging in the research and enabled them to direct the process.

This research conforms to culturally appropriate methods of researching and reinforces the importance of privileging and amplifying Aboriginal knowledges in areas which concern them. When researching within their own culture, participants from the research group of interest possess nuanced understandings of the subject and can therefore provide rich and insightful information.

At the time of the data gathering phase, there were no Aboriginal male mental health professionals who volunteered to yarn with the researcher. There have been several Aboriginal men identified who could contribute meaningful information to diversify the results and investigate whether Aboriginal males have a different appreciation of bonding and attachment. The focus of the research conversations related to Aboriginal peoples specifically. That means the views of Torres Strait Islander participants were not included. An expanded study would need to include broader groups and demographics including both Aboriginal and Torres Strait Islander peoples.

It would also be advantageous to expand on this information and explore information on bonding and attachment with Aboriginal parents, family members, and communities about their experiences and perspectives.

The information gathered is a starting point and is transferrable to future studies and practical applications about bonding and attachment relationships in Aboriginal families.

Implications for policy and practice

Currently, limited evidence exists regarding bonding and attachment in Australian Aboriginal families. Studies which have been conducted in comparable demographics (e.g., Native Canadian, Native American, Māori populations) offer some insight but do not address the subject exhaustively. Therefore, the findings of this study can contribute to the development of an evidence base which supports Aboriginal family relationships and the dichotomy compared to Western standards.

The differences between Aboriginal culture and mainstream Western ideologies presents an issue for interventions that predominantly focus on the maternal-foetal bond or primary caregiver attachments. Results from this study suggest that interventions should consider kinship systems as valid figures in attachment relationships. When a child grows up being supported by kinship structures to be culturally strong, they are better able to develop cultural resilience. In turn, promoting adversity resilience and SEWB. Services and programmes must be culturally safe and trauma informed to empower Aboriginal families and maintain a strength-based approach.

Conclusion

This process of yarning with Aboriginal mental health professionals assisted the exploration of bonding and attachment in Aboriginal families. Insight was gained about how Aboriginal and culturally competent non-Aboriginal mental health professionals conceptualise Aboriginal bonding and attachment, and the accuracy or inaccuracy in which Bowlby's attachment theory captures these dynamics. Information gained from this study will be triangulated with similar information to prompt the development of awareness, recognition, and support for Aboriginal bonding and attachment. Future research must maintain Aboriginal people as the expert in their own experiences to privilege their own knowledges and understandings to inform policy and practice.

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Disclosure statement

No potential conflict of interest was reported by the author(s).

ORCID

Nikia Bailey  <http://orcid.org/0009-0009-4899-1732>

Data availability statement

The data that support the findings of this study are available on request from the corresponding author, Nikia Bailey. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

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