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## With Laura: Attachment and the Healing Potential of Substitute Caregivers within Cross-Cultural Child Welfare Practice

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### Abstract

Secure attachment has been consistently associated with positive outcomes for children. The complex and intergenerational trauma resulting from colonialism that Aboriginal people in Canada have suffered may threaten the development of secure attachment. Using a case example drawn from social work practice, this paper proposes that Aboriginal children who are insecurely attached and traumatized present particular treatment needs. There is little prior research addressing the treatment needs of insecurely attached Aboriginal children in out-of-home care. Further, in provincial and territorial child welfare agencies Aboriginal children are overwhelmingly in the substitute care of non-Aboriginal caregivers. This paper looks to attachment theory for a treatment approach within these cross-cultural relationships. Attachment theory has shown that the attachment styles of children can be reliably predicted at a rate of 75 percent by looking to those of their caregivers. Additionally, children have been shown to be capable of developing multiple attachment styles in response to the attachment styles of the adults with whom they are in caregiving relationships. Thus, given the strong influence of caregiver attachment on the attachment styles of children, it is compelling to look at the potential impact of the attachment styles of substitute caregivers on the children in their care. This paper proposes that in provincial or territorial child welfare it may be necessary to promote substitute caregivers who are securely attached and to acknowledge the context of trauma within which these children and caregivers are striving for well-being.

**Key Words:** Aboriginal children, child welfare, attachment theory, intergenerational trauma, 'professional potential attachment figures' (PPAF)

### Introduction

Aboriginal children are currently overrepresented in the child welfare system in Canada (Brown, St Arnault, George & Sintzel, 2009; Sinha et al, 2011). Little is known about the emotional impact of their traumatic experiences, their attachment styles or their particular treatment needs. There is, however, agreement that secure attachment is a key component of the well-being of all children (Van Ijzendoorn & Kroonenberg, 1988; Van Ijzendoorn & Sagi, 1999).

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Attachment theory research offers evidence which suggests that secure attachment can be activated or constructed through safe relationships with caregivers despite earlier attachment injuries (Howes & Segal, 1993; Howes & Ritchie, 1999; Howes & Spieker, 2008). Substitute caregivers have

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the possibility to promote the well-being of children in their care through the relationships that they share. Research also identifies a caregiver's own attachment style as the greatest predictor of the attachment of a child in their care (Wallin, 2007). Thus, looking to the attachment styles of substitute caregivers emerges as potentially necessary to foster secure attachment for children in the child welfare system. Attachment must be addressed considering the impact of trauma, as it threatens all secure attachment and is often endemic to the experiences of both Aboriginal children and the professionals engaged in the work of child protection.

The aim of this paper is to propose a novel treatment approach for provincial and territorial child welfare agencies caring for Aboriginal children. It is concluded that the promotion of secure attachment within caregiving relationships is a prerequisite for healing. The use of the relationship expands focus from the attachment of the child and their family system to include the attachment of the other member of the caregiving relationship, the professional. This is done through an exploration of attachment theory and the attachment needs among Aboriginal children in out-of-home care from a cross-cultural perspective. The context of trauma is addressed through attachment injuries, intergenerational transmission, secondary traumatic stress and the vicarious traumatization of professionals. Through a case example, it is proposed that child welfare practices addressing the attachment needs of Aboriginal children must do so within the cultural framework of the child in question and through the attachment styles of the professionals who care for them. There are multiple situational and systemic factors that impact these relationships, however, the scope of this paper is limited to attachment styles within these caregiving relationships. This limit in scope is warranted by the necessity to develop a framework for understanding the importance of cross-cultural, relational attachment within child welfare practice. In the following section the historical context of trauma is explored through particular colonial practices involving Aboriginal people.

## Colonialism and the Development of Canadian Aboriginal Child Welfare

The population of Aboriginal peoples in North America is estimated to have declined 72 percent between 1500 and 1900, and some have argued the loss of life could have been as high as 90 percent rendering some communities extinct (Wesley-Esquimaux & Smolewski, 2004). The trauma inflicted during the period of colonization included losses of life from diseases introduced by the colonizers; traditional lands; political, economic, and cultural sovereignty; languages, religions, and cultural knowledge (Royal Commission on Aboriginal Peoples, 1996).

With the aim of assimilation, over a hundred thousand Aboriginal children, from 1874 and 1986, were forcibly removed from their families and placed into residential schools (For the Cedar Project Partnership, 2008; Royal Commission on Aboriginal People, 1996). A second period of forced removal, known as the "Sixties Scoop", saw over 11,000 children put up for permanent adoption between 1960 and 1990 (Sinha et al, 2011). Child welfare practices of

this period separated Aboriginal children from their cultural identities and ways of knowing (Kirmayer, Simpson & Cargo, 2003).

The last residential school closed in the mid-1990s, there are now 128 child welfare agencies in Aboriginal control, and there is an increasing recognition within provincially or territorially delivered foster care of the need for culturally appropriate services (Sinha et al, 2011). The current rate of Aboriginal children in out-of-home care as compared to non-Aboriginal children ranges from 3 times higher in Nova Scotia to 19 times higher in Manitoba (Sinha et al, 2011). These children continue to be negatively affected by the past trauma experienced by their parents and grandparents through intergenerational trauma.

Indigenous scholar Yellow Horse Brave Heart defines historical trauma as “cumulative emotional and psychological wounding spanning generations, which emanates from massive group trauma” (Wesley-Esquimaux & Smolewski, 2004, p. 54). In their model of historic trauma transmission among Aboriginal people, Wesley-Esquimaux and Smolewski (2004) describe the process of memories being passed down from one generation to the next through several mechanisms: “biological (in hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels” (p. 76).

Aboriginal children who suffer abuse that leads to their removal from their families are caught in a continuation of the cycle of family trauma and separation established by the residential school system (Libesman, 2004; Wesley-Esquimaux & Smolewski, 2004). Intergenerational traumas have been linked to higher rates of substance misuse, incarceration and suicide in Aboriginal communities than the non-Aboriginal Canadian population (Kirmayer, Simpson & Cargo, 2003); and have been associated with depression and other mental health problems that may impact parenting (Sinha et al, 2011). In order to promote the well-being of Aboriginal children in provincial and territorial care, they must be approached from a culturally informed perspective that is sensitive to the experiences of children who have lived through complex trauma. One such approach is grounded in attachment theory. The following section explores this theory and how culture is addressed in its contemporary application.

## Secure Attachment and Primary Caregiving Relationship(s)

Developed by John Bowlby and Mary Ainsworth, attachment theory is based on the behavioural system that regulates an individual's emotional, cognitive and physical connection to another person. This behavioural system, shaped within primary caregiving relationships, provides a safety and survival function (Simpson, 1990). Direct observation showed Ainsworth and Bowlby that infant-caregiver bonding informs a child's internal working model of the world, and correspondingly, their attachment style. This is the foundation on which a child is able to understand and participate in their social and cultural world (Grossman, 1995). Early attachment styles are instrumental because they are predictive of future development throughout adulthood (Grossman, Grossman, Winter & Zimmerman, 2002).

Ainsworth, observing children and caregivers in Uganda, discovered that the attachment figure (primary caregiver) acted as a secure base for the infant in their care. This relationship enabled the infants to explore their external and internal worlds, returning to the safe haven of their attachment figures for protection, support, and comfort (Levy, Ellison, Scott, & Bernecker, 2011). Bowlby (1988) saw the child's dependency on the parent as a natural, pre-programmed behaviour

and these child-caregiver relationships as invaluable. A secure attachment enables children to have meaningful interpersonal relationships and a positive internal working model of their world. Securely attached children are seen to have high levels of self-esteem, self-efficacy, strong coping skills, and improved self-cognition (Howe, 2006). When children have insecure attachment, they may display either anxious or avoidant behaviours in their relationship with their attachment figures (Levine & Heller, 2011). This can occur with children who had inconsistent attachments throughout their childhood, or when there has been a rupture in a secure attachment, such as the traumatic loss of a primary caregiver (Howe, 2006).

From the beginning, Bowlby and Ainsworth acknowledged the potential for attachment styles to be passed down from one generation to the next. Mary Main went on to study the correlation between parents' and infants' attachment styles and observed that securely attached parents were more likely to have a securely attached child, and insecurely attached parents were more likely to have an insecurely attached child (Wallin, 2007). This has been further studied showing that infant attachment towards their primary caregiver at 12 months can be predicted by the caregiver's state of mind around issues of attachment even before the child is born (Lyons-Ruth, 1996). Recent research on attachment demonstrates that it is not solely the displayed physical and emotional connections between caregiver and infant that build secure attachment, but also the bi-directional, intersubjective exchanges that occur between child and caregiver (Beebe, Lachman, Markese, & Bahrick, 2012; Lyons-Ruth, 2007). In the following section, the question of attachment theory's usefulness cross-culturally will be further explored.

## Attachment and Culture: Attachment Theory as a Universal Concept

Initially sceptical of Bowlby's theoretical hypotheses that all children were imbued with a biologically based need to attach, Ainsworth's research on parent-child relationships in Uganda and Boston showed that attachment styles were apparent cross-culturally (Bowlby, 1988). While she believed that the attachment relationship was dyadic between mother and child, she recognized the possibility of multiple caregivers and saw that cultural context impacted attachment (Ainsworth, 1967). Bowlby (1988) conceptualized that everyone, regardless of culture, needs a clearly identified individual who is perceived as better able to cope with the world. Most often this primary figure was the mother, however, Bowlby acknowledged the possibility of another caregiver being the primary attachment figure. Contemporary interpretations of attachment theory suggest the importance of considering every child's position on an individual-collective spectrum (Hudnall Stamm & Friedman, 2000). From the collectivist, polytropic view of attachment (Lewis, 2005) children can have multiple attachment figures and may view the community or a group of people as their "secure base" as opposed to having one identified attachment figure.

Some cultural attachment theorists argue that the core hypotheses of attachment theory are not universal, but rather reflect Western theories of human experience (Rothbaum et al., 2000; Brown, Rodgers & Kapadia, 2008). From their perspective, culture is tokenized in attachment theory, barely addressed in its seminal volumes and rarely included in current applications of the theory. As a result, Rothbaum et al., (2000) have called for a culturally specific understanding of what attachment is. They argue that attachment theory has limitations when applied cross-culturally, and instead view biology and culture as inextricable elements within individual development.



They argue that culture is central to a caregiver's mental representation and interpretation of relational experience.

Rothbaum and Morelli (2005) illustrate their argument through a cross-cultural etic study in which they discovered that parents in Japan anticipate their child's needs by using situational cues rather than through the communication of the child, as done by parents in the United States. The authors argue that their findings highlight different approaches to responsiveness and sensitivity cross-culturally. They also assert that attachment theory values the approach of the parent in the United States and deems the parent in Japan to be insecurely attached and "over interpreting" their child's cues (Rothbaum et al., 2000) blind to the likelihood that sensitive, responsive caregiving reflects indigenous values and goals, and these goals may be different amongst different cultures.

According to Rothbaum and Morelli (2005) parenting styles of young children including high levels of touch and co-sleeping would be seen as enmeshed and preoccupied within Western conceptions of attachment theory. However, given that the underpinnings of attachment theory are about closeness in human relationships, this interpretation of the theory is questionable. As a theory, attachment promotes closeness and connectedness with others and Bowlby discussed the importance of dependency in relationships throughout the lifespan (1988). Certainly modern Western society values autonomy and independence, but these ideas have never been championed by attachment theory. One interpretation of Rothbaum and Morelli could be that behaviour needs to be considered within context, and that attachment figures may encourage different attachment behaviours as a result of their own cultural conditioning.

In contrast, other researchers view the relationship between culture and attachment as less problematic. Instead, they argue that attachment is a universal theory that only presents minor differences cross-culturally (Van Ijzendoorn & Sagi, 1999). In a cross-cultural meta-analysis, attachment theory was supported as a universal concept, and secure attachment was seen as normative cross-culturally (Van Ijzendoorn & Kroonenberg, 1988). Atwood (2006) supports these findings by stating that the three attachment styles identified by Ainsworth (secure, ambivalent, and avoidant) have been found in all cultures studied thus far.

Another related argument against critiques of attachment theory is that there is more variation intra-culturally than there is cross-culturally, in terms of attachment behaviour and attachment style (Van Ijzendoorn & Kroonenberg, 1988). Van Ijzendoorn and Kroonenberg (1988) saw that cultures were not homogenous entities and differences occurred within a culture as much as, or more, than they did cross-culturally. As a result they did not see how any claims could be made about a particular culture without large sample sizes and replications of studies. These arguments do not suggest that understanding the contextual particularities of attachment in culture is not important, but rather that these efforts should be balanced with an acknowledgement of the universal applicability of attachment theory (Van Ijzendoorn & Sagi-Schwartz, 2008).

This view is helpful looking to Aboriginal peoples for whom cultural identity, the impact of colonialism, and child-rearing practices are not all the same. While Aboriginal culture is extremely diverse (Libesman, 2004), when juxtaposed with non-Aboriginal culture, many commonalities emerge including a strong connection to the natural and spiritual world, communalism and interdependence, and the importance of extended family (Weaver, 1998; Kirmayer, Simpson & Cargo, 2003; Yeo, 2003; Coates, Gray & Hetherington, 2006; Sinha et al., 2011). This view of culture is very different to that of the dominant Euro-western culture where individualism and egocentrism are central (Kirmayer, Simpson & Cargo, 2003) and where dyadic intimate relationships are highly valued (Weaver, 1998). It is from this perspective that similarities amongst

Aboriginal groups will be examined in order to have a better understanding of why attachment may look differently within Aboriginal versus non-Aboriginal families and communities.

Although there is little research on attachment within Aboriginal communities, there is an emerging literature that suggests that attachment manifests itself differently in Aboriginal communities as compared to how attachment has been described in the abundant research that has been done within Euro-western populations. In her study conducted in Australia, Yeo (2003) noted that parenting practices within Aboriginal communities are shared among multiple caregivers. Within this context, the child may develop secure attachment not only with her mother or father, but also with a network of consistent caregivers. Consistent with Yeo's observations, Carriere and Richardson (2009) noted in their work with Aboriginal communities in Canada that the mother/child dyad extends to a larger group of caregivers to help with child-rearing activities, including breastfeeding. These scholars note that in the dominant Euro-western culture this type of behaviour is not supported or promoted. They suggest that the conventional definition of attachment, that of between one or two primary caregivers, be broadened to include the child's total environment.

Attachment theory may thus need to be re-conceptualized to address how attachment may look from an Aboriginal versus Euro-western cultural perspective while considering the impact of collective traumatic experiences. As secure attachment has been transformed in Aboriginal communities across Canada (Kirmayer, Simpson & Cargo, 2003) due to destructive colonial practices, Yeo's (2003) question regarding the cultural appropriateness of the current means of assessing the attachment styles of Aboriginal children is pertinent. The following section will describe an experience of a non-Aboriginal student working with an Aboriginal child placed within a provincial child welfare agency.

## Laura

This case illustration will be used throughout the rest of the paper in an effort to ground theoretical ideas, their application, and questions within concrete clinical realities. It is also intended as a reminder of the types of challenges faced by children in such circumstances. Laura<sup>1</sup> is an Innu girl in foster care living in a large Canadian city.

I was a student working in youth protection, completing my first social work placement, when I first met Laura at the kitchen table of her new foster home. My supervisor Jason, her foster mother Joan and myself sat on wooden chairs. Laura had been directed by Joan to sit on a plastic chair so that she would not "ruin anything." This was Laura's fifth foster home since she had entered the system as a toddler. She was removed from her mother's care due to addiction and housing issues, her mother became homeless shortly after she lost custody. Laura's longest placement of 4 years had ended when she disclosed that both of the foster parents were sexually abusing her. We were all aware of Laura's history of sexual abuse.

Joan, a practicing Baptist, had immigrated to Canada as an adult from Jamaica. My supervisor explained to me that she was chosen because neither Joan nor Laura were white, and this was "culturally appropriate". Joan complained during our meetings that Laura's mother, still homeless, would wait for Laura outside of the church on Sunday and upset Laura. She described Laura's mother as "a dirty, inappropriate drug addict" who would give Laura "the wrong ideas" and teach her to be a "whore." Another concern that emerged during this meeting was, when Laura got her

<sup>1</sup> All names have been changed to protect confidentiality.

period, she would place her soiled pads in a pile on the back of the toilet tank. Joan was furious and Jason scolded Laura by telling her that this was not how to handle getting her “lady days” to “stop being so inappropriate” and “so badly behaved”.

The sexual abuse Laura had experienced was never directly discussed. When it was alluded to, Laura would blush and become teary eyed. She slept in a very small bedroom in the basement and was only allowed to be there when she went to bed. There were no visible signs that a child was living in the rest of the home, and she was not allowed to leave the house to go out and play. Joan expressed that, although it wasn't Laura's fault, she could not be expected to trust her because of “where she came from.”

I worked with Laura for eight months and at her request we visited many places, when my placement was ending I tried to get her involved in a Big Sister volunteer program; but I was told that there was no one “appropriate” to work with Laura and that they didn't want to set her up in another relationship that was just going to end. I wondered what they meant by “appropriate” and realized that I was just another person in her life who was walking away, powerless to continue supporting her.

In the following section an attachment theory based analysis of Laura's circumstance will be elaborated. It is proposed that working from this perspective might better promote the healing of attachment injuries within provincial or territorially delivered residential or foster care.

## Building a Healing Home for Laura: Multiple Attachment Styles and Professional Potential Attachment Figures

Laura's behaviour (stacking her used menstrual pads) and her expressed feelings (tears and blushing) demonstrate that her psychological and emotional needs were not adequately met. It could also be concluded that Joan was emotionally abusive and thus not safe (derogation of Laura's mother, insistence that she could ruin chairs by sitting in them, and negligence of Laura's psychological and emotional needs). To add to the complexity, despite Jason's assertion that the placement was culturally appropriate given Joan and Laura's shared experience of “not being white”, they were from different cultures. Did Laura feel the warmth and love central to an effective secure base in Joan's care? Might a child from Joan's culture interpret her behaviour differently? Might a caregiver from Laura's culture make different choices, and behave towards her in different ways?

As scant data exists on foster parent or foster child experiences (Brown, St Arnault, George & Sintzel, 2009) looking to the experiences of those directly involved in residential care emerges as necessary. Until those voices are heard, some tentative understandings of the needs of these children may be gleaned from research around attachment, where certain claims about children's experiences and behaviours have been demonstrated reliably cross-culturally.

Given that “the provision of substitute parents in itself represents the most radical, comprehensive and potent therapeutic change in a child's psychosocial prospects” (Howe, 2006, p. 129), Bowlby's (1988) main concern when developing attachment theory was what happened to a child's attachment when they were separated from their primary attachment figure. While research argues that our current foster care system is better for children's attachment than institutionalization (McLaughlin, Zeanah, Fox & Nelson, 2012) almost nothing is known about what happens to the attachment styles of these children once taken from their homes, and



communities, and placed with one or more strangers under the care of a treatment team who has no prior relationship with them. Research on attachment offers potential insight into the needs of these children following attachment related trauma.

Children seek comfort and care in times of elevated stress (Bowlby, 1988; Wallin, 2007). Regardless of the attachment style of the child, it is necessary that the care they receive from others be demonstrably safe in order for them to maintain or develop healthy attachment, i.e., consistent, reliable, available and contingent on their needs (Briere, 2002). While the transition into out-of-home care is hopefully devoid of the harm from which they came, it is also devoid of the comforting interactions or experiences to which they had prior access. Additionally, one of the behavioural responses triggered by traumatic experiences includes, what appears to be a biological drive to return to the familiar (van der Kolk, 1994). Thus, while out-of-home care performs the basic function of removing a child from an environment that puts their well-being at risk, it may also elevate their stress levels as it disables them from being able to find the familiar as a source of soothing (Briere, 2002). According to Briere (2002), to be therapeutic, the behaviours or relationships in the new environment must be experienced by the child as safe. Further, they must be disparate from the previous experiences of trauma (Briere, 2002). If not, the child will be unable to process the trauma of placement or their previous trauma(s) in order to access or develop a secure attachment style (Briere, 2002).

Children can have multiple attachments and may switch from secure to insecure depending on with whom they are interacting (Lyons-Ruth, 1996). Children removed from their home, whether into institutionalized, adoptive, kinship, or foster care, are also seen as able to form additional attachments to the ones formed in their first years of life (Oliveira et al., 2012). For example, preliminary research suggests that many children who are removed from their primary caregivers as a result of neglect or maltreatment are able to develop secure attachments to alternative caregivers (Howes & Segal, 1993; Howes & Ritchie, 1999 & Howes & Spieker, 2008). The capacity to form selective attachment relationships has been seen in children coming from institutional settings (Oliveira et al., 2012); and children in institutionalized care have been shown to have multiple attachments with their caregivers, including a preferred caregiver (Lyons-Ruth, 2009).

The ability to develop multiple attachment styles is profound for children who have not experienced a secure base, as it could allow them to develop a secure attachment style. The potential for this ability lies within their closest caregiving relationships, where attachment styles could be activated or developed.

From this point forward the discussion of professionals refers only to those employed in residential (institutional) or foster care settings, by provincial or territorial child welfare agencies. Professionals included in this group might be foster home caregivers, primary social workers, psychologists, group home staff, teachers, or daycare workers. Several unique and contextual factors can influence whether and how a child will develop a new attachment style with one or several of these adult figures. The most important factors related to attachment may be the amount of time these professionals spend with the child and/or the degree of intimacy established. For purposes of clarity and brevity, the following discussion will employ the term 'professional potential attachment figures (PPAF)' when referring to those adult figures.

Research describing how children have been shown to cope with stress and/or trauma offers a key to understanding how the development of multiple attachment styles might occur. A sensitive and responsive caregiver can calm stress responses in a child whereas a caregiver with whom a child has a more anxious attachment, can actually activate and elevate their stress level through

emotional cues (Lyons-Ruth, 2007). Given that children are still developing the capacity to self-regulate their emotional states, the manner in which they process elevated stress or traumatic experiences occurs on behavioural and relational, rather than verbal level (Briere, 2002). Thus a PPAF stands to promote secure attachment only if the relationship feels safe to the child based on shared non-verbal experiences. This will influence whether and how a child can access their secure attachment style or develop secure attachment where none previously existed.<sup>2</sup>

To illustrate, the primary PPAF in Laura's circumstance, Joan, might tell Laura that she cares about her or that she wants her to do well in her home, however interpreting Briere, Joan's non-verbal communication of anger, disgust and mistrust in Laura could serve to negate, or refute, her words, non-verbally promoting insecure attachment through the caregiving relationship. Joan's contradictory behaviour raises another question: could Joan's behaviour be indicative of her own insecure attachment? The next section will discuss the relationship between PPAF attachment styles and the well-being of the children in their care.

## PPAF Attachment Styles

Given that children's attachment styles can be predicted at a rate of 75 percent simply by assessing the attachment style of the primary caregiver in their family of origin (Wallin, 2007), what must be provided for a child in care to enable secure attachment when their new primary caregiver is a PPAF? If the attachment style of the familial primary caregiver is predictive of the attachment style of the child, what impact might the attachment style of the PPAF have in the formation of a new attachment style for children in care? While there is some question around the genetic basis of this intergenerational transmission of attachment style, it appears not to be causal (Liotti, 2004), suggesting that a PPAF's attachment style could also impact the attachment style of the child in their care. Thus, looking to the attachment style of the PPAF may be necessary.

As with any caregiver, the PPAF's behaviour in the relationship with a child in their care is impacted by many personal, situational and systemic factors. That which falls within the scope of this paper will be addressed in the section "PPAFs and Trauma". Further, their fundamental ability to engage in relationships that could feel safe to the child, and thus be therapeutic, is highly related to their own attachment style (Bowlby, 1979; Main, 1995). The ability of insecurely attached adults to be non-verbally available, reliable, consistent and responsive in a manner that is contingent on others is limited. This is clearly demonstrated through an exploration of the three identified types of insecure adult attachment: dismissing, preoccupied and unresolved (Wallin, 2007). Although differently labelled, these attachment styles correspond with and reflect childhood attachment styles.<sup>3</sup> In looking to how insecurely attached adults behave, we can understand how their attachment style might impact their relationships. In the following examples some behaviours ascribed to the identified adult insecure attachment styles are described and tentatively applied to Laura's relationships. We certainly cannot know the attachment styles of those in her life, but we can imagine how insecure attachment styles result in certain types of adult behaviours in order to illuminate how these styles are crucial in caregiving relationships.

First, in the dismissing adult, feelings are dissociated and intimacy is limited (Wallin, 2007). This renders a dismissing PPAF only partially available to the child on both an emotional and

<sup>2</sup> There is emerging evidence that impacts a child's gender ability to access or develop secure attachment in care, see McLaughlin et al. (2012).

<sup>3</sup> For a full discussion of adult attachment see Hazan and Shaver (1987), Main (1995), and Wallin (2007).

potentially physical level. If the dismissing PPAF needs to regulate their own emotions through limiting the degree of intimacy with the child, they are not making choices contingent on the child's needs. Their behaviour might be confusing to the child and be perceived as similar to the unsafe experiences that have led to the existing state of insecure attachment. Drawing from the case illustration, Laura's social worker Jason has the ability to impact Laura's relational well-being through their intimate clinical interactions; yet, he shows a disregard for Laura's need for dignity and discretion by publicly discussing her habit of stacking menstrual pads. This corresponds with how a dismissive PPAF might engage in the therapeutic relationship through behaviours, which are based on needs other than the client's, regardless of their clinical effectiveness.

Second, the preoccupied PPAF, will have the tendency to violate boundaries as they struggle with a fear of abandonment and a limited internal construct of self (Wallin, 2007). The preoccupied PPAF thus fails to respond contingently to the child's needs, as they are preoccupied with their own need for closeness, potentially causing a child in their care to feel they must take care of the worker. The opportunities for the child to understand that their needs are non-threatening even when they are different from those that support their caregiver are limited. A child within a relationship of preoccupied attachment may thus have difficulty in forming an understanding of self that is separate from their caregiver.

Third, the unresolved PPAF presents an unpredictable mix of dismissing and preoccupied behaviour (Wallin, 2007). Regardless of the insecure attachment pattern experienced by the PPAF, their resulting behaviour is a threat to the healthy attachment of the child in their care. Joan appears to exhibit an unresolved attachment style, as she insists on Laura's closeness (being forced to stay with her at home or in church) while setting her apart as ruinous and declaring her as essentially untrustworthy.

The very system conceived to protect Laura appears to be constructing counter-therapeutic relationships through its above-described lack of attention to the attachment styles of PPAFs and denial of the trauma faced by all parties in child welfare work. The next section will explore the role of trauma in these important, potentially healing relationships.

## The Role of Trauma in PPAF/Aboriginal Child Relationships

The relationship between PPAFs and children in placement begins following a rupture in the child's attachment with their primary caregiver(s). This alone situates the relationship within trauma. In many cases the interruption in the child's attachment is only one of many traumas surrounding their involvement with multiple professionals and entry into out-of-home care. Looking to the needs of insecurely attached children is of utmost importance towards healing for children who have been removed from their families. As shown in the context of Aboriginal children, the compounding of trauma is pervasive especially in light of intergenerational trauma. In acknowledging the role of trauma within the relationship, the attachment of the PPAF becomes essential to the wellness of the child.

Liotti (2004) states when people are traumatized, their attachment system is activated. This is true of both children and adults. When an Aboriginal child in out-of-home care reaches out (using any attachment style) they are doing so within an experience of multiple traumas. A well-trained, securely attached PPAF will have a greater capacity to respond appropriately to the child on the non-verbal level. On the other hand, the trauma of an insecurely attached PPAF will most likely be activated and lead to a less optimal response to the child (Liotti, 2004). No amount of

training, preparation, or good intention can protect the insecurely attached PPAF from his or her own attachment style.

Beebe and Lachman (2002) demonstrate how caregivers express the feelings generated from their triggered attachment styles through behaviours that are unconsciously performed. Further, this triggering will compound within the PPAF, as they are unable to get their attachment needs met within the PPAF/ Aboriginal child relationship. This results in emotions such as anger or fear demonstrated to the child, even if only non-verbally (Liotti, 2004; Beebe & Lachman, 2002). Regardless of the specific emotions demonstrated by the insecurely attached PPAF, the child's potential to feel safe and further secure attachment is thwarted.

By not working with the PPAFs attachment style, this potential harm goes unacknowledged, even denied, by the people and structures professing to the child that a safer haven has been found. This experience of dissonance alone may recreate part of the experience of trauma from which the child was removed. It is within this unconscious and denied relational trauma, that some Aboriginal children are developing their psychological internal working models of the world and adapting their cognitive, emotional and behavioural coping mechanisms. These children have thus been moved into a setting of subtle harm to their most profound structures of self. In the next section the lens of trauma will be expanded from the Aboriginal child in care to include the PPAF working with them.

## PPAFs and Trauma

The notion of insecurely attached PPAFs has thus far been presented as a source of attachment danger for Aboriginal children in care. Theoretically, securely attached PPAFs would be much safer in these helping relationships due to their inherent ability to respond appropriately at the unconscious, non-verbal level to insecurely attached children. Unfortunately, all PPAFs are at risk of psychological injury due to the traumatic nature of their work as child welfare workers (Regehr, Hemsworth, Leslie, Howe & Chau, 2004; Regehr, LeBlanc, Shlonsky & Bogo, 2010; Nelson-Gardell & Harris, 2003; Bride, 2007; Rasmussen, 2005). The occupational hazards of Secondary Traumatic Stress Disorder (STSD) and Post Traumatic Stress Disorder (PTSD) render the insecure PPAF less able to heal their own attachment injuries and puts the secure PPAF at risk of suffering vicarious trauma.

There is widespread acceptance that workers exposed to the trauma material of others are at risk of suffering "potentially profound effect(s)" (Rasmussen, 2005, p. 19). Bride (2007) studied a diverse group of social workers and found that "55% met the criteria for at least one of the core symptom clusters of STSD, and 15.2% met the criteria for a diagnosis of PTSD...twice that of the general population" (p. 68). While the relationship between STSD and attachment is unknown, several studies have identified that, among other variables, those workers with a history of childhood abuse, maltreatment or emotional abuse or neglect histories were at greater risk of suffering STSD (Nelson-Gardell & Harris, 2003; Pryce, Shackelford & Pryce, 2007; Stevens & Higgins, 2002). Despite this, no causal relationship seems yet to have been established between childhood abuse history, insecure attachment and STSD/PTSD in workers (Brandon, 1999). Regardless of the apparent relationship between abuse histories and STSD/PTSD in workers, there are also workers without abuse histories whose STSD/PTSD correlates with other characteristics such as age, workplace factors and frequency/ severity of exposure (Regehr, Hemsworth, Leslie, Howe, & Chau, 2004; Regehr, Leslie, & Howe, 2005; Van Hook & Rothenberg, 2008). Figley

(1999) describes STSD as “nearly identical to PTSD excepting that exposure to a traumatizing event experienced by one person becomes a traumatizing event for the second person” (p. 11).

If familial predictors of secure attachment can be generalized to PPAF/ Aboriginal Child relationships, then it is possible that even when securely attached PPAFs are suffering from STSD, the attachment of the children in their care will not be at any greater risk than the children assigned to insecurely attached workers. Given that the children of Holocaust survivors were not shown to have higher rates of insecure attachment than control groups, despite the unresolved trauma of their parents (Liotti, 2004), there is some evidence to support this claim. While this hypothesis bears further investigation, regardless of the potential attachment consequences, it is likely that traumatized children are best served by non-traumatized adults. An example of why this might be is found in Regehr et al. (2010) who demonstrated that child welfare workers in Ontario who were exposed to multiple “critical incidents” in the course of their work, or who reported “high levels of traumatic stress symptoms” (p. 614) appeared to have their judgment influenced even when they employed standardized risk assessment measures. This study did not assess the attachment styles of workers. Given what is already known about secure attachment and emotional well-being, research is called for to better understand the role of attachment, vicarious trauma and secondary traumatic stress within PPAF/Aboriginal Child relationships.

Returning to Laura’s situation, understanding that the behaviours of her social worker and foster mother may well have emerged due to psychological injuries, with symptoms akin to those experienced by soldiers or sexual assault survivors, casts a new light on potential responses to this difficult situation. Joan and Jason were people, who may have started with their own attachment injuries, which were then triggered and further ingrained by years of work related trauma- or securely attached people whose careers systematically undermined their psychological well-being. For most, a reading of Laura’s story may evoke feelings of rage, disbelief, sadness or horror. If such strong affect could be triggered by reading a page of Laura’s experience, what might days, weeks, or years of working with such pain do to a person? While there can never be an excuse for how Laura, and those in similar circumstances have been treated, healing and prevention are likely impossible without an understanding of how these unacceptable circumstances come to be.

Pearlman and Saakvitne (1995) offer a detailed taxonomy of the areas of the helping professional’s self that are affected by vicarious trauma. This is an abridged version of what they consider has been transformed in workers when they exhibit inappropriate behaviour, their: frame of reference (worldview, identity, spirituality); self-capacities (ability to tolerate strong affect, maintain positive sense of self, or maintain inner sense of connection with others); ego resources (resources important to the therapy process, resources important to protect oneself from future harm); psychological needs and related cognitive schemas (for safety, trust, esteem, intimacy, and control); and, memory system (verbal, affect, image based, somatic, and interpersonal). Can professionals whose selves are so profoundly compromised be considered as healing resources for the Aboriginal children in their care? This question will be further addressed in the following treatment recommendations.

## Recommendations

Provincial and territorial child welfare agencies are encouraged to continue or begin engaging in work that is informed by attachment theory. This must be done with the recognition that cross-culturally, there is a danger that in assessing attachment styles secure attachment may be misinterpreted for insecure attachment (Carriere & Richardson, 2009, Rothbaum et al., 2000,



Rothbaum & Morelli, 2005, Van Ijzendoorn & Sagi-Schwartz, 2008, Yeo, 2003). Additionally, professionals and services will likely be incapable of promoting and supporting culturally appropriate attachment behaviours, if culturally specific relational patterns and behaviours are not understood. Further research is called for to better understand diversity within attachment. This research must be done in partnership with Aboriginal children, families and communities to ensure that their voices, experiences and understandings are included in how new knowledge is shaped. It is further recommended that the importance of support, training and sensitization for child welfare professionals around issues of attachment and culture, as it applies to their clients and themselves, be considered an important research aim.

Emerging research is now demonstrating some ways in which attachment theory can be employed to help Aboriginal children. Keeping up to date with this fast growing field is necessary. For example, from the collectivist, polytropic view (Lewis, 2005) children can have multiple attachment figures and may view the community or a group of people as their “secure base” as opposed to having one identified attachment figure. This variability is particularly important to consider when intervening across cultures with children from an attachment perspective. For example, if a child’s culture has taught them that specific behaviours from multiple mothers represents a secure base, then their culturally-based internal working model can be of great benefit in easing the child’s transition to a new caregiver. Key behaviours, based on the child’s internal working model, could be adopted by new caregivers to enable the child to understand their new environment as safe. However, if the child’s culturally-based internal working model is misunderstood when intervening, there is a risk of pathologizing the child’s understanding of healthy attachment relationships through implicit or explicit messages that privilege the working models of the dominant culture.

The sequelae of trauma must be understood and considered in any work with Aboriginal children. Children who have experienced attachment injury related trauma require developmentally appropriate care with behavioural and relational opportunities to develop emotion regulation and healthy attachment. This care may be impossible to provide for PPAFs who themselves are insecurely attached (Wallin, 2007). Child welfare work therefore calls for a relationship-based practice approach (Turney, 2012) that hones in on the attachment styles of those who are providing care within child welfare services if it is to assist children with attachment injuries.

Aboriginal children enter care with the opportunity for healing their attachment related injuries within them. Given the profound impact of vicarious traumatization and the potential for insecure attachment styles to sabotage the healing mandate of child welfare work, it is necessary to expand our spotlight to include not only the self of the child in care, but the selves of the workers charged with their care. The role of “service providers” or “workers” must be re-thought. PPAFs are not generic entities distributing a product, but complex beings engaging in relationships (Ruch, Turney, & Ward, 2010; Ruch, 2005; Sudbery, 2002; Trevithick, 2003). The attachment style of PPAFs within the child welfare relationship may be more powerful than any practice approach or resource. Thus, PPAF’s secure attachment must be promoted to enable children in their care the opportunity to exercise their inherent ability to develop secure attachment.

As members of caring relationships workers selves are engaged with these children, other members of the treatment team, and the system charged with their employment and the care of the children and families whom they serve. These interwoven relationships occur due to the trauma of the child’s attachment injury and are fraught with highly emotionally provocative content, which must be attended to, lest it sabotage the healing mandate (Obholzer & Roberts,

1994; Rasmussen, 2005). The onus for worker well-being is shared by workers themselves and the organizations within which they practice (Pryce, Shackelford & Pryce, 2007). Child welfare systems might well expand their mandate to include the protection of all parties exposed to the traumatic experience of abuse or neglect in the lives of Aboriginal children. Future scholarship addressing helping relationships, culture and attachment from multiple perspectives is called for.

## Conclusion

Colonialism has resulted in many Aboriginal people suffering from complex, intergenerational trauma, causing a disproportionate number of Aboriginal children to be placed within child welfare systems. Looking at the story of one such child, Laura, the potential healing role of secure attachment is framed within the current scholarship on cultural attachment. It is surmised that secure attachment is likely beneficial to all children in all cultures, whilst understanding that it may be expressed, or appear very differently, across cultures and between different people.

Cross-cultural professional relationships between workers and children in provincial and territorially delivered residential and foster care are posited as potentially healing when secure attachment can be fostered within them. Trauma is acknowledged as playing a central role in the lives of many Aboriginal children in care and child welfare professionals. Acknowledgement of trauma in the lives, relationships, and work of these actors is promoted, and a call to individuals and systems to attend to the trauma fraught nature of child welfare work is sounded.

While recommendations for practice have been offered, this view of the healing potential within child protection based relationships reveals that more culturally informed, collaborative research, scholarship and action to address the complex needs of Aboriginal children in provincial and territorially provided out-of-home care is necessary. Although the scholarship in this area is currently limited, evidence suggests culture cannot be considered as a mere add-on to attachment theory, but merits full recognition within each context attachment is studied. An emic approach where individuals from Aboriginal communities are consulted will be a necessary component of further research, as understanding can only be achieved through learning from the people living within these cultures.

The paucity of literature on this topic might suggest that culture is not easy to study within the context of attachment. Despite the challenges, the need to further develop understandings of the attachment process is particularly acute for Aboriginal children in Canada. We need only look to Laura in her small basement room, without the secure, loving base that every child deserves to recognize the importance of this claim.

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