Chapter 4
Cultural Identity and Social and Emotional Wellbeing in Aboriginal and Torres Strait Islander Children

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> *Our identity as human beings remain tied to our land, to our cultural practices, our systems of authority and social control, our intellectual traditions, our concepts of spirituality, and to our systems of resources ownership and exchange. Destroy this relationship, and you damage – sometimes irrevocably – individual human beings and their health.*
>
> (Pat Anderson 1995)

The First Nations people of Australia comprise two similar but distinct traditional cultural groups—Aboriginal peoples and Torres Strait Islander peoples, with unique and rich cultural beliefs, practices and knowledge (Australian Institute of Aboriginal and Torres Strait Islander Studies, n.d.). Aboriginal and Torres Strait Islander peoples include all Indigenous people of the Australian mainland and Indigenous peoples of the island of Tasmania and the Torres Strait, a strait located in the northernmost extremity of the Australian mainland that connects with Papua New Guinea. In 2016, an estimated 798,365 Aboriginal and Torres Strait Islander peoples lived in Australia, representing 3.3% of the Australian population (Australian Bureau of

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Statistics, 2019). While acknowledging the diversity of Aboriginal and Torres Strait Islander cultures and identities across Australia, for this chapter, hereafter, we use Indigenous Australians as a collective term for describing both Aboriginal and Torres Strait Islander peoples.

Indigenous Australians have the longest, continuing and adapting culture in the world. For example, evidence of ritual burials dates cultural practices of Australian Aboriginals from 41,000 years ago, with other evidence dating Australia's Aboriginal occupation from over 60,000 years ago (Australian Human Rights Commission, n.d.). With over 250 languages and many hundreds of dialects, Indigenous Australian culture is diverse, vibrant and can be understood and expressed by different Indigenous Australians in different ways (Hampton & Toombs, 2013). Within this diversity reside core concepts such as family, kinship, relatedness and connectedness, which are the basis of Indigenous Australian worldviews and the philosophy underpinning Indigenous Australian social organisation, cultural identity and cultural practices (Grieves, 2009). These concepts are highly consistent with a life course approach, as outlined in Chap. 2, that emphasises linked lives, the importance of family background, intergenerational connections, contextual and environmental influences, and the impacts of cumulative advantage and disadvantage over time.

As a result of European settlement, Indigenous Australians have suffered devastating loss of sovereignty and dispossession of lands, waterways and customary law, reduced access to their ancestral lands and intergenerational trauma (Sherwood, 2013). Consequently, ongoing disadvantage in education, employment, housing and health outcomes has contributed to appalling inequity in health and wellbeing outcomes between Indigenous and non-Indigenous Australians (Australian Institute of Health and Welfare, 2020). Nonetheless, despite the adverse impacts of colonisation, Indigenous Australians have demonstrated formidable cultural resilience in responding to historic and contemporary impacts of colonisation (Berry et al., 2010). There is growing recognition of the role of cultural identity in promoting positive health, social, educational and economic outcomes of Indigenous Australians (Roth, 2011). The emerging evidence strongly connects the health of an Indigenous person to the health of their family, kin, community, and their connection to Country, culture, spirituality and ancestry (Dudgeon et al., 2020). The Australian National Indigenous Reform Agreement also highlights the critical role of connection to culture for Indigenous Australians' emotional, physical and spiritual wellbeing (Steering Committee for the Review of Government Service Provision, 2019).

Understanding the potential protective role of cultural identity is particularly important when considering the health and wellbeing of Indigenous youth who have a disproportionately higher burden of poor health than their counterparts (Australian Institute of Health and Welfare, 2018; Dickson et al., 2019). The literature from various Indigenous communities worldwide highlights the positive impact of cultural identity on the health and wellbeing of Indigenous youth. For example, a strong sense of cultural connection is associated with reduced anxiety and

depression among Indigenous Sami youth from Arctic Norway (Bals et al., 2011), reduced suicidal ideation among American Indian youths (Yoder et al., 2006) and reduced suicide risk among Canadian Aboriginal youth (Chandler et al., 2003). Gee et al. suggest that strong culture builds resilience, facilitates life balance and offers protection against adverse life experiences for Indigenous children (Gee et al., 2014), which is particularly important in the changes in the transition from childhood to adolescence and increased vulnerability to poor mental health (Christensen et al., 2017).

Compared with the adult population, the role of cultural identity and mental health outcomes is relatively less explored in Indigenous Australian children (Salmon et al., 2018, Lopez-Carmen et al., 2019). This chapter aims to fill part of this knowledge gap. Utilising the Primary Carer responses to questions about cultural identity and social and emotional problems within the Longitudinal Study of Indigenous Children (LSIC), we explore the social-emotional wellbeing of Indigenous children in LSIC and assess to what extent cultural identity reduces their risk of social-emotional problems.

Cultural Identity for Aboriginal and Torres Strait Islander Peoples

Indigenous Australians have a unique physical and spiritual connection to a country/place with unique knowledge and belief systems. The literature on Indigenous Australian culture is vast and diverse, with multiple efforts to define this multi-faceted construct (Dockery, 2009). While the commonly used definitions of cultural identity are based on an individual's self-awareness or self-knowledge (Usborne & Taylor, 2010), the studies based on LSIC data defined cultural identity in terms of "children knowing and understanding who they were and where they were from" (Martin, 2017). However, there is no clear consensus within the literature on how to best measure cultural identity among Indigenous Australians. A recent literature review of descriptors of Indigenous Australian's cultural identity identified six broad, frequently cited cultural domains (Salmon et al., 2018):

1. Connection to Country.
2. Indigenous beliefs and knowledge.
3. Indigenous language.
4. Family, kinship and community.
5. Cultural expression and continuity.
6. Self-determination and leadership.

Within each of these domains exist sub-domains; for example, cultural expression and continuity contain identity, traditional practices, arts and music, community practices, and sport (Salmon et al., 2018). Other authors have explored the conceptualisation and measurement of Australian Indigenous cultural identity within the

context of the factors associated with connection to culture. For example, Dockery et al. used data from the 2002 National Aboriginal and Torres Strait Islander Social Survey to propose two broad dimensions of connection to culture: cultural identity (spoken languages, recognition of clan, tribal group or language group and recognition of homelands) and cultural participation (attendance at, or participation in, cultural and related social activities) (Dockery, 2009). Dockery used this conceptualisation and operationalisation of connection to culture to explore how the connection to Indigenous culture might shape Indigenous Australians' engagement with education and training (Dockery, 2011). Despite the nuances and diversity in defining cultural identity, there is a universal understanding that culture is core to identity and sense of self and what it means to be healthy and well for Indigenous Australians (Colquhoun, 2012).

The Longitudinal Study of Indigenous Children

The rich and unique data from LSIC (also known as Footprints in Time), a large cohort study of Indigenous children in Australia, offer an untapped opportunity to examine the link between cultural identity and social-emotional wellbeing in Indigenous children. The LSIC is a longitudinal study conducted by the Commonwealth Department of Social Services, Australia. Unlike the data examined in the previous chapter, which is a national longitudinal sample of all Australian children, LSIC focuses specifically on Indigenous children and was designed to provide a source of information on what helps Indigenous children to gown up strong and healthy. The study commenced in 2008, involving 1759 Aboriginal and Torres Strait Islander children aged 6–18 months at baseline (B cohort) and a cohort of children aged 3.5–5 years at baseline (K cohort) (Thurber et al., 2015). Participants were recruited through purposive sampling from 11 diverse sites across Australia, covering a wide range of socioeconomic status, rural and remote locations and cultural groups. During each annual follow up, a face-to-face survey was conducted with a parent or primary carer of the child (B and K cohort) and the child (K-cohort). So far, data for 11 waves of the LSIC cohort has been released.

In addition to sociodemographic, lifestyle and health-related variables, the LSIC dataset offers rich information on the cultural knowledge, cultural identity, extended family and community, and strengths of Indigenous culture. Further details on the study and methodology are provided elsewhere (Department of Families Housing Community Services and Indigenous Affairs, 2009; Dodson et al., 2012).

Since only wave 8 (2016) of the LSIC cohort captured data on cultural identity variables for children, this chapter is based on wave 8 of the cohort. In addition to cultural identity, wave 8 also collected data on social-emotional wellbeing and other key sociodemographic variables for children. Considering a meaningful understanding of cultural identity might be difficult for young children, we restricted the analysis to the older cohort (K cohort) of wave 8 (mean age 9.3 years (±1.52)).

Key Variables

In the LSIC cohort, children's social and emotional wellbeing, our dependent variable, is determined by primary carer responses to the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997). The overall score (range 0–40) is computed by summing scores across the first four subscales of the primary carer reported emotional symptoms, conduct problems, hyperactivity and peer problems, with a higher score indicating more social-emotional problems. Summed scores are grouped into three categories: normal, borderline and of concern. Children in the "of concern" category indicate a substantial risk of mental health problems. Based on the recommendations of the LSIC technical group, we used the SDQ cut-off ≥14 for dichotomisation ("normal/borderline" and "of concern") to identify the children at risk of poor mental health (Thurber et al., 2019).

Cultural identity, one of our main independent variables, was based on the mean score of the following four items reported by the primary carer: (1) "Study Child (SC) feels good about being Indigenous in class"; (2) "SC wants to share things about being Indigenous in class", "SC feels safe about being Indigenous in class" and "SC wants people in class to know that he/she is Indigenous. Each of these items was coded as "never", "sometimes", and "always." Cultural knowledge, another key independent variable, was based on mean scores of the items exploring the child's knowledge of (1) clan/tribe, (2) their people and (3) family stories/history. Each of these items was coded as "Yes" or "No".

Covariates

The selection of covariates was guided by previous evidence on the link between cultural identity and mental health of Indigenous people (Dockery, 2011, Colquhoun, 2012). Child-related covariates included gender and age. Weekly family income after deductions were reported by the primary carer and categorised as "less than $399, $400–$599," "$600–$999," and "$1,000 or more."

Major life events were derived from the list of major events experienced by the family in the last 12 months. These events are not necessarily negative and can be any event in life with a significant impact on a person's wellbeing (Wilkins, 2012). In the LSIC cohort, some life events are related to the normal human life cycle, for example, births, deaths, and marriages, while others are related to external stressors such as the loss of a job, financial hardship, or social isolation. The 15 possible events covered in the LSIC data are: pregnancy, sickness, death, job loss, arrested or jailed or police problem, divorce, humbugged (harassed for money), mugged, robbed, assaulted, worries about money, alcohol or drug problems, child upset by family arguments, child scared by other people, child cared for by someone else for at least 1 week. Based on the LSIC technical group's recommendations, we used the cut-off ≥3 to dichotomise major life events (Thurber et al., 2019).

Geographical remoteness was measured using the Level of Relative Isolation (LORI) scale (Department of Health and Aged Care and the National Key Centre for Social Applications of Geographical Information Systems (GISCA) 2001). The LORI scale indicates the relative distance of families from population centres (coded as "none", "low isolation", "moderate isolation", "high/extreme isolation"). Area-level disadvantage was measured using the Index of Relative Indigenous Socioeconomic Outcomes (IRISEO) scores. The IRISEO deciles are based on nine socioeconomic status measures (SES) such as employment, education, income and housing, and rank SES for an area in which an individual resides relative to other Indigenous Australians (Biddle, 2009). In the LSIC cohort, areas were categorised as having the "lowest (IRISEO 8–10)," "middle (IRISEO 4–7)," or "highest (IRISEO 1–3)" level of disadvantage.

Analyses and Results

Initial analyses examined basic descriptive statistics (for example, frequency, mean, standard deviation) to summarise information related to sociodemographic, cultural identity and social-emotional wellbeing. Regression analyses were subsequently used to identify factors associated with increased risk of social and emotional problems. The results of logistic regression models are reported as odds ratios (ORs) and 95% confidence intervals. A p-value of <0.05 was adopted as a significance threshold for statistical significance. However, it is worth mentioning that using $p < 0.05$ for statistical significance is merely a convention and should not be used reflexively to determine the size or importance of the observed effect (Baker, 2016). The interpretation of quantitative analyses should be based on a combined consideration of the conceptual framework, confidence intervals, p-value and sample size (Concato & Hartigan, 2016). All statistical analyses were undertaken using Stata IC 15.0 (Stata Statistical Software, College Station, Tx, USA).

As highlighted in Table 4.1, social and emotional wellbeing was explored in 498 Indigenous children (mean age 11.0 years, SD ± 0.51). The majority of survey respondents were the mother of the child (83.2%). A significant proportion of the study participants identified as Aboriginal (88.9%), and the rest identified as Torres Strait Islander (6.1%) and both Aboriginal and Torres Strait Islander (4.9%). Approximately half of the sample was male (50.2%), 10% were living in extreme geographical isolation, and 18.8% of children were living in the most disadvantaged areas. Approximately one-quarter of the participants (24.3%) reported a family income of less than $600/week. Nearly half (47.1%) of the study participants had experienced ≥3 major life events in the 12 months before their interviews. About one-third (30.3%) of study children had "of-concern" SDQ scores. The mean scores for cultural knowledge and cultural identity were 0.60 (±0.36) and 1.70 (±0.39), respectively, suggesting that, on average LSIC children had fairly high cultural knowledge and a strong sense of cultural identity.

Table 4.1 Distribution of sociodemographic, family and geographical area related variables in LSIC children (based on wave 8 data)

Variables	All participants n(%)	SDQ Scores Normal/Borderline n(%)	 Of concern *n(%)	p-value**
Age (mean ± SD)	11 yrs. (0.51)	11 yrs. (0.50)	11.03 yrs. (0.54)	0.457
Sex				
Male	251 (50.4)	163 (47.0)	88 (58.3)	0.02
Female	247 (49.6)	184 (53.0)	63 (41.7)	
Family income				
>$1000/week	176 (39.9)	127 (41.9)	49 (35.0)	0.384
$600–999/week	159 (35.8)	105 (34.7)	54 (38.6)	
<$600/week	108 (24.3)	71 (23.4)	37 (26.4)	
Major life events				
No	264 (52.9)	194 (55.9)	70 (46.4)	0.05
Yes (≥ 3)	234 (47.1)	153 (44.1)	81 (53.6)	
Geographic remoteness				
None/low	388 (77.9)	261 75.2)	127 (84.1)	0.08
Moderate	60 (12.0)	48 (13.8)	12 (8.0)	
High	50 (10.0)	38 (10.0)	12 (7.9)	
Area level disadvantage***				
Lowest disadvantage	92 (18.5)	62 (17.9)	30 (19.8)	0.646
Middle advantage	312 (62.7)	216 (62.2)	96 (63.6)	
Highest disadvantage	94 (18.8)	69 (19.9)	25 (16.6)	
Cultural knowledge (mean ± SD)	0.60 (0.36)	0.64 (0.35)	0.53 (0.38)	0.003
Cultural identity (mean ± SD)	1.70 (0.39)	1.74 (0.34)	1.60 (0.48)	0.001

Note: Increased risk of mental health issues,**significance level $p < 0.05$, ***Based on IRISEO deciles. Source: Longitudinal Study of Australian Children Wave 8, 2016

Cultural Identity and Social and Emotional Wellbeing in Indigenous Children

Results from regression analyses shown in Table 4.2 suggest that age, geographical isolation, and area-level disadvantage are not associated with social and emotional wellbeing in Indigenous children. However, there was a significant gender difference as females had lower odds of high social and emotional problems than their male counterparts. Children who experienced major life events (≥3) also had higher odds of social and emotional problems. In comparison, cultural knowledge and cultural identity seemed to play a protective role and reduced the odds of social and emotional problems. In multivariable analysis, even after controlling for socioeconomic disadvantages, the protective effect of cultural identity was still evident. High

Table 4.2 Association between cultural identity and poor social and emotional problems ('of concern' SDQ scores) in LSIC children (based on wave 8 data)

	SDQ Scores 'of concern'			
	Unadjusted		Adjusted	
Variables	OR	95%CI	OR	95%CI
Age	0.95	0.78–1.02	1.28	0.76–2.16
Sex				
Male (ref)				
Female	0.75	0.58–0.98	0.79	0.49–1.28
Family income				
>$1000/week (ref)				
$600–999/week	1.29	1.00–1.67	1.20	0.73–1.96
<$600/week	1.48	1.05–2.09	1.85	1.00–3.43
Major life events				
No (ref)				
Yes	1.63	1.28–2.09	1.53	1.05–2.23
Geographic remoteness				
None/low (ref)				
Moderate/high	0.57	0.32–1.04	0.58	0.22–1.51
Area level disadvantage*				
Lowest disadvantage (ref)				
Middle disadvantage	0.87	0.66–1.16	1.02	0.61–1.70
Highest disadvantage	0.95	0.59–1.53	1.45	0.67–3.17
Cultural knowledge	0.67	0.49–0.93	0.50	0.30–0.85
Cultural identity	0.42	0.25–0.72	0.38	0.20–0.72

Note: Based on IRISEO deciles, significant associations ($p < 0.05$) are highlighted in bold. Source: Longitudinal Study of Australian Children Wave 8, 2016

scores on cultural knowledge (OR: 0.49; 95% CI: 0.28–0.88) and cultural identity (OR: 0.42; 95% CI: 0.22–0.79) were associated with significantly reduced odds of social and emotional problems in Indigenous children.

Discussion

These results suggest that a significant majority of the Indigenous Australian children that participated in LSIC are experiencing a high burden of social and emotional problems and are at increased risk of poor mental health. However, children with strong cultural identity and knowledge are less likely to experience social and emotional problems than their counterparts. The potentially protective effect of cultural identity further highlights the need for strengths-based approaches to reduce mental health issues in Indigenous children. Shifting from a deficit narrative to

capitalising on Indigenous culture as a strength can lead to better engagement, uptake, and delivery of mental health programs and achieve better outcomes for Indigenous children.

Cultural identity is a key factor affecting the health and wellbeing of Indigenous children, who, due to rapid changes in globalisation, colonial disruption and undermining of Indigenous cultures, face greater challenges in understanding their identity from past, present to future self. Many young Indigenous people's social interactions and experiences are affected by past and current social realities, including negative stereotyping, racism, and outlawing Aboriginal languages (Stoneham et al., 2014; Macedo et al., 2019). These negative experiences strongly affect self-worth and are linked with self-deprecation in young people (Wexler, 2009). However, through cultural strength and resilience, Indigenous people have contributed to better outcomes for their people. Having a strong cultural identity and knowledge helps young Indigenous Australians to make positive social connections with people in their family and broader community and feel a sense of belonging (Renshaw, 2019). In turn, this promotes resilience, enhances self-esteem, and protects from poor mental health, offering opportunities for living life to full potential (Dudgeon & Walker, 2010).

Similar to our results, evidence from other Australian studies also highlight the protective effect of cultural identity and cultural knowledge in improved health outcomes for Indigenous Children. For example, the Western Australian Aboriginal Child Health Survey reports that children whose carers were more fluent in an Aboriginal language had lower risks of emotional or behavioural difficulties (Zubrick et al., 2005). The work by Colquhoun et al. highlights that knowing their cultural heritage, background, language and connection to Country and community is integral to Indigenous children‘s sense of belonging and pride and helps them attain emotional strength to face challenges in life (Colquhoun, 2012). The 2008 National Aboriginal and Torres Strait Islander Social Survey findings highlight positive associations between cultural participation and cultural identity and perceived wellbeing, happiness and mental health (Dockery, 2011).

Studies from different Indigenous communities suggest that leveraging the strengths of Indigenous culture is a largely untapped opportunity for addressing Indigenous disadvantage (Dockery, 2020). The majority of the health programs still fail to recognise the strengths of Indigenous knowledge/culture and do not align with Indigenous people's needs and expectations, and therefore are inherently ineffective in Indigenous communities. The evidence has made it clear that health and wellbeing programs and services cannot be effective unless program/service planning, design and delivery are centred on cultural identity and cultural pride (Colquhoun, 2012, Australian Institute of Health and Welfare, 2013; Kingsley et al., 2013). Therefore, understanding how Indigenous youth connect with their culture and its application in mental health program design and delivery is crucial to addressing the growing trends of poor mental health in Indigenous youth.

Indigenous Australian culture is dynamic and continues to evolve and develop in response to historical and contemporary circumstances (Commonwealth of Australia, 2013). As highlighted by a life course approach children's lives are

shaped by the social environment in which they are born and raised. The 'linked lives'perspective is particularly relevant to the life course of Indigenous children, given the role of the family in children's lives, social structures and vast kinship that are an important part of Indigenous children's lives (Biddle, 2010). There is established evidence on intergenerational transmission of trauma experienced by elders and family members to Indigenous children leading to poor health and wellbeing outcomes (Australian Institute of Health and Welfare, 2019).

However, connection to family and kinship are also important sources of cultural knowledge and play a big role in strengthening cultural identity (Colquhoun, 2012). Children's perceptions and understanding of cultural identity are strongly influenced by parents' cultural knowledge sharing, their sense of Indigeneity, and the value of cultural heritage to them (Martin, 2017). Children's understanding of cultural identity is also shaped by whether they live on Country (ancestral land), have opportunities to participate in cultural practices, spend time and maintain meaningful relationships with people in their family and wider community (Jackson-Barrett & Lee-Hammond, 2018). These opportunities are limited for children in out-of-home care who move further from their cultural identity and community (Richardson & Osborn, 2007). Therefore, for Indigenous children who need to be removed from their homes to protect them from harm, protecting and strengthening their cultural identities must be a key priority for child welfare services.

Indigenous children have significantly greater social and emotional problems, mental health issues, psychological distress and suicide rates than their counterparts (Priest et al., 2012, Department of Health, 2013). Identifying interventions and approaches that support better uptake and delivery of services is vital for improving Indigenous youth's mental health outcomes. It is promising to see that policymakers are now recognising that interventions centred on cultural identity and connections are critical to improving Indigenous Australians' health outcomes. Though non-random sampling and small sample size limit the generalisability of our findings, our results further support the long-awaited shift in the deficit narrative focus to a strengths-based discourse. Strong evidence on the role of cultural identity reinforces the need for interventions centred on Indigenous knowledge and leadership to offer effective solutions for improving the health and wellbeing of Indigenous people.

Conclusion

Reducing the gap in health and wellbeing between Indigenous and non-Indigenous Australians is a critical national priority. Unacceptably high rates of poor mental health and suicide in Indigenous people indicate that current health and wellbeing services that excessively focus on deficit correction fail to improve outcomes. Socioeconomic disadvantages are linked with varying levels of psychological distress in Indigenous Australian children. However, attachment with Indigenous culture, clan and community, and cultural identity are individual assets that contribute to the health and wellbeing of children, buffering the negative effect of disadvantage

in Indigenous children. Therefore, for better engagement and impact of health and wellbeing programs, policymakers and services providers must take a different approach and offer health interventions and services capitalising on the strengths of Indigenous culture and cultural identity.

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