An initiative of the

Canadian Consortium on Child & Youth Trauma

NEWLY EMERGING RESEARCH

on child & youth trauma
and trauma-informed care

MONTHLY JOURNAL WATCH

Translating and disseminating research-based knowledge
to practice & policy settings.

RESEARCH TO PRACTICE & POLICY KNOWLEDGE BULLETIN

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MONTHLY SUMMARY

By Anouk Dekeuleneer, PhD candidate at the Université Libre de Bruxelles

Summarised articles:

- *Culture, Connection and Care: The Role of Institutional Justice Capital for Enhancing the Wellbeing of Aboriginal and Torres Strait Islander Children in Out-Of-Home Care.*
- *Un/heard, un/informed, un/involved: Meaningful participation for young people receiving child welfare services.*
- *Adverse Childhood Experiences Predict Treatment Drop Out in Adolescents and Young Adults With Eating Disorders.*

Culture, Connection and Care: The Role of Institutional Justice Capital for Enhancing the Wellbeing of Aboriginal and Torres Strait Islander Children in Out-Of-Home Care

Hamilton, S. et al. (2025). Culture, Connection and Care: The Role of Institutional Justice Capital for Enhancing the Wellbeing of Aboriginal and Torres Strait Islander Children in Out-Of-Home Care. Australian Journal of Social Issues, 60 (3), pp. 890-901. https://doi.org/10.1002/ajs4.70011

Introduction

In Australia, the rate of placement of children classified as “Aboriginal” is ten times higher than that of non-Indigenous children, and is closely linked to historical trauma, poverty, and structural inequalities. It is recognized as essential that these children have access to their culture, community, and family to heal and mitigate trauma and to support their well-being and development. and to work towards . However, in practice, this is not sufficiently implemented.

IMPORTANT CONCEPTS

“Justice Capital (personal)” (JCP) refers to the set of resources available to families, communities, and individuals to understand the care system, navigate it correctly, and interact with it in a fair and equitable manner. For these children in care, positive “justice capital” consists of respect for relationships and contact with Elders, family, and community members, as well as access to cultural activities and knowledge and to autonomous Aboriginal community organizations. This access depends largely on the involvement of institutions, thus referring to the concept of “Institutional Justice Capital” (IJC).

OBJECTIVES

This study analyzes the institutional factors that promote or hinder positive JCP for Aboriginal children placed in non-Indigenous settings, as well as the efforts put in place to promote positive JCP and IJC.

METHODS

Four focus groups were conducted with 39 non-Indigenous placement service professionals in Perth and the surrounding area.
Data were collected, analyzed, and interpreted in collaboration with Elders and Aboriginal members of the research team that have expert knowledge in child protection.

RESULTS

1. Positive IJC

Positive IJC occurs when institutions **recognize the importance of family and community ties, actively support cultural connections, and demonstrate flexibility and creativity**.
Participants describe situations where:

- Mobilizing families and the community helps avoid police intervention;
- Maintaining fraternal ties is actively sought;
- Alternative forms of connection (letters, messages, mediation) are offered;
- Contacts beyond the nuclear family are encouraged, given the many intergenerational rifts.

These practices are often based on individual initiatives, rather than formalized institutional mechanisms.

2. Negative IJC

1. Participants describe a **chronic lack of cultural and family information** about the children in their care. As a result, workers and host families must “work blind” or fill in the gaps themselves. However, certain attitudes (fear, embarrassment, cultural biases, racism, prejudice, downplaying the importance of these connections) hinder the initiative of foster families.
2. **Placements far** from the community make it difficult to maintain ties.
3. Meetings between foster families and birth families are not encouraged, despite the potential benefits recognized by professionals.

CONCLUSION

Current practices and the lack of accessible cultural information perpetuate colonial harm. Change must be institutional, and it is critical that the knowledge of elders and community members is privileged.

IMPLICATIONS

The authors propose the creation of regular forums for sharing cultural knowledge, led by Elders and involving public services, NGOs, and Indigenous community organizations, to strengthen the ICJ.

TAKEAWAY QUESTIONS

- *How can we adapt foster care processes to enable earlier, more rigorous sleep quality assessment and mitigation measures?*
- *How can we adapt our trauma-informed care to address life experiences associated with foster care and youth protection environments?*

Un/heard, un/informed, un/involved: Meaningful participation for young people receiving child welfare services

Khan, A. & Ungar, M. (2025). Un/heard, un/informed, un/involved: Meaningful participation for young people receiving child welfare services. British Journal of Social Work (2025) 55, 1536–1553 https://doi.org/10.1093/bjsw/bcaf003.

This article explores how youth perceive their **participation**, or lack thereof, in the child welfare system about their care and the decisions that affect their lives. Participation means that youth are heard, properly informed, and actively involved in decisions, with a real ability to influence them.

Testimonials were collected from 33 youth aged 14 to 19 who were receiving **child protection** services in Nova Scotia, Canada. Four central themes emerged:

1. Un/heard: Youth feel that they are **not listened to or taken seriously**, even when they try to clearly express their needs or concerns and feel their views do not influence final decisions.
2. Un/informed: Youth describe a **lack of information**, or inconsistency between different sources of information, including their situation, family, their rights, placement decisions, especially during times of change, which generates **uncertainty, anxiety, and a feeling of loss of control.**
3. Un/involved: Youth shared they feel **excluded from fundamental decisions** affecting their lives.
4. Faced with this, youth implement coping strategies to maintain some **form of control over their life trajectory and autonomy**: withholding information, resisting interventions, withdrawing from relationships and, in some cases, running away. These behaviors therefore reflect **adaptive responses** rather than deviant behavior.

The lack of meaningful participation **weakens the relationship of trust between youth and professionals, reduces adherence to intervention plans, and harms the well-being of youth.**

It is essential to rethink child welfare practices to promote meaningful youth participation, which involves clear and **ongoing communication, recognizing youth as active partners, and building safe environments that encourage them to express their views**. Relevant training for professionals and institutional managers on this topic is also essential.

Adverse Childhood Experiences Predict Treatment Drop Out in Adolescents and Young Adults With Eating Disorders

Lindenbach et al. (2025). Adverse Childhood Experiences Predict Treatment Drop Out in Adolescents and Young Adults With Eating Disorders. International Journal of Eating Disorders. pp. 1-6. DOI: 10.1002/eat.24558

Adverse childhood experiences (ACE) are associated with a significant risk of developing eating disorders (ED). This article examines the **impact of ACE on treatment completion in the context of ED care**. A study was conducted on 128 patients aged 11 to 24 years who were followed at the Calgary Eating Disorder Program (Canada) and met the DSM-5 criteria for an ED. It was found that a **high ACE** (Adverse Childhood Experience Questionnaire) **score was indeed associated with a significantly lower probability of completing treatment**, regardless of age or type of ED. However, no specific ACE was an independent predictor of treatment completion after taking into account age, diagnosis, and other ACEs. This suggests that the impact of negative childhood experiences is **cumulative**: it is not a single type of adversity, rather, it is the **accumulation of these experiences that increases the risk fortreatment dropout.**

Given that four of the five items on the ACE questionnaire relate to maltreatment and that the fifth (substance use in the home) is an important predictor of maltreatment, the results suggest a link **between maltreatment and treatment completion**. The study cannot determine whether treatment discontinuation was specifically due to ACE or to a **third variable** that would be associated with both a high ACE score and discontinuation (e.g., financial instability, housing instability, or transportation difficulties).

This study highlights the importance of **assessing ACEs at the start of treatment** to tailor it to the needs of the youth, particularly through **trauma-informed and trauma-sensitive practices**. In addition, the younger the participants were, the higher their treatment completion rates, underscoring the **importance of early** and appropriate intervention.

AN OPPORTUNITY TO CONNECT

JOURNAL WATCH GROUP

Once a month, we gather a group of researchers, practitioners, policy-makers, and students to read and discuss newly emerging research publications on child and youth trauma, and trauma-informed care.

Meetings take place online in a friendly and casual atmosphere; all are welcomed.

Our students pull highlights from these publications and discussions to create Research to Practice & Policy Knowledge Bulletins. We share these research-based knowledge bulletins with practice and policy settings who are actively working to improve the lives of children and youth across Canada.