Child & Family Social Work

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ORIGINAL ARTICLE OPEN ACCESS

Early Lifespan Trauma in Finnish Young Adults With an Out-of-Home Care Background—An Ecological Systems Perspective

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Received: 5 November 2023 | **Revised:** 12 November 2024 | **Accepted:** 1 December 2024

Funding: The project was funded by the Finnish Ministry of Social Affairs and Health for 2021–2022.

Keywords: adolescents | ecological systems theory | mental health | out-of-home care | trauma | traumatization

ABSTRACT

Young people living in out-of-home care often have a history of adverse childhood experiences which are traumatic in nature and have long-term influence on individuals. This article analyses the experiences of Finnish young adults with a history of out-of-home care and mental health challenges, in regard to their experienced trauma and interpretations of the traumatizing factors during their early lifespan. The ecological systems theory by Bronfenbrenner is used as a tool in the analysis. The article sheds light on how the experiences of trauma are connected to the levels of the ecological systems theory and how different social factors can contribute to the experience of trauma. Understanding the traumatic experiences of adolescents with an OOHC background requires a thorough consideration of all the levels of the ecological systems theory. Traumatization is often a fusion of acute, chronic and complex traumas that should be better acknowledged in child welfare work.

1 | Introduction

Young people living in out-of-home care (OOHC) often have a history of adverse childhood experiences, for example physical, sexual or psychological abuse, mental illness or substance abuse issues of the biological caregiver or emotional dysfunction within the childhood family (Kerker et al. 2015). In many cases, these experiences are of a traumatic nature (Salazar et al. 2013) and can have a long-term influence on young individuals as they navigate their lives towards adulthood (Anda et al. 2006; Sariaslan et al. 2022; Vederhus, Haugland, and Timko 2022). Many traumatized young people continue to experience challenges with mental health as they age out of OOHC (Baidawi, Mendes, and Snow 2014; Roller White et al. 2015). Thus, childhood traumas can serve as a predictor of increasing psychosocial symptom complexity in later years (Cloitre et al. 2009) and increase the risk of mental health problems (Kerns et al. 2014).

In this article, we examine the experiences of Finnish young adults with a history of OOHC and mental health challenges, in regard to their experienced traumas and interpretations of the traumatizing factors during their early lifespan. By 'traumatizing factors', we refer to issues or events that have left a significant and psychologically harmful imprint on the mind of the individual, for example, a permanent feeling of insecurity or a state of fear. We seek to answer two research questions: (1) *How the experiences of trauma of Finnish young adults with an OOHC background and mental health challenges are structured in the light of the levels presented in the ecological systems theory?* and (2) *What kind of social factors can contribute to the experience of trauma?*

In the framework of our study, we define the early lifespan as an age range from 0 to 30 years, where 0–19 years is the continuum of the periods of *childhood* (0–9 years) and *adolescence* (10–19 years) (WHO 2023) and 19–30 years is defined as *emerging*

adulthood (Arnett 2000). Arnett (2000) argues that individuals in emerging adulthood have left behind the relative dependency of childhood and adolescence but have not yet taken on the full responsibilities of adulthood. Thus, the 18–27 year age range of our study participants is in line with these definitions. In our examination, we focus on the participants' conscious memories and their interpretations that the participants found to be meaningful. We do not make a delineation to the time before or after the child welfare placement but instead look at the participants' trauma experiences as life events that have adversely affected their well-being.

We analyse the experiences of trauma and traumatizing factors in the framework of the classic ecological systems theory by Urie Bronfenbrenner (1979, 1986, 2005) which helps to identify factors in the habitat that should be acknowledged when supporting the mental health of clients in OOHC (see, e.g., Eriksson, Ghazinour, and Hammarström 2018). The key idea in Bronfenbrenner's theory is that an individual's development is influenced by a series of interconnected environmental systems, ranging from the immediate surroundings such as family to broad societal structures such as culture. These systems include the *microsystem*, *mesosystem*, *exosystem*, *macrosystem* and *chronosystem*, each representing different environmental influences on an individual's growth and behaviour. All five systems are interrelated; the influence of one system depends on its relationship with the others. The microsystem is seen as the most influential level, encompassing the individual's immediate environment such as family and school (Bronfenbrenner 1979, 1986, 2005).

Bronfenbrenner's theory has previously been utilized in a variety of examinations concerning the welfare of children, for example in research on child maltreatment (English, Thompson, and Roller White 2015) and violence towards children with disabilities and long-term illness (Seppälä and Toikko 2023). Our focus is on the manifold factors and ways that trauma experiences can originate and be strengthened in the mind of a young individual due to their social circumstances. The article aims to increase awareness of the various contributing factors of trauma and to offer child welfare professionals a theory-based way to outline how different levels of ecological systems can promote the strengthening of a traumatic experience and how these levels can be intertwined in practice.

2 | The Nature and Prevalence of Trauma in the Lifespan of Young People With a History of OOHC

The US-based Substance Abuse and Mental Health Services Administration (SAMHSA) (2012) defines trauma as resulting 'from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being'. In line with the work of SAMHSA, we define trauma as the lasting emotional response that often results from living through a distressing event. We perceive trauma as having different forms and comprehend *acute trauma* as a result from a single incident, *chronic trauma* as a result of a repeated and prolonged harmful factors such as domestic violence or abuse and *complex trauma* as a result of an exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature (see, e.g., MedicineNet 2023; The National Child Traumatic Network 2023).

We comprehend that experiencing either a single traumatic event or a continuum of stressing phases in life can both be traumatizing. Trauma can have both psychological and social consequences, since it usually harms an individual's sense of safety, sense of self and the ability to regulate emotions and navigate relationships. As Straussner and Calnan (2014) state, trauma can impact an individual at any time in the lifespan, and the impact and required treatment may vary depending on the individual's developmental needs and psychosocial environment. According to Anda et al. (2006), a special emphasis should be placed on identifying young people with historic or current trauma, in order to prevent life-long physiological, cognitive, emotional, behavioural and social consequences of their traumas.

Unstable conditions at home and deprivations in parenting can lead to both physical and psychological insecurity in the child (Kerker et al. 2015; Parnes and Schwartz 2022). Although OOHC strives to balance the lives of children who have been taken into care, previous studies indicate that individuals living in OOHC also face challenges concerning the OOHC context itself. These include, for example, the separation from biological family (Greeson et al. 2011), various effects on social networks (Negriff, James, and Trickett 2015) and placement instability (Rice et al. 2017; Sariaslan et al. 2022) that can harm the mental well-being of the placed child.

There is strong evidence of the link between childhood adversities and poor mental health, including trauma and post-traumatic stress disorder (Duffy et al. 2021). Childhood trauma appears to be more likely to result in PTSD than trauma experienced in adulthood alone, and childhood abuse was associated with a greater risk than other traumas experienced in childhood (Wrenn et al. 2011). Abuse during the early lifespan also appears to predispose individuals to further abuse and trauma as they age. Whitfield et al. (2003) concluded that women who were physically abused as children have an increased risk of becoming victims of domestic violence, whereas abused men are at a greater risk of being perpetrators of domestic violence. Furthermore, in a number of studies, sexual abuse in childhood and the severity of such abuse have been shown to be significantly associated with a greater risk of sexual abuse in adulthood (see, e.g., Classen, Palesh, and Aggarwal 2005).

In addition to experiencing trauma stemming from concrete abuse and/or neglect, placed children and adolescents may experience additional trauma when they are separated from parents, siblings, other relatives and friends (Mitchell and Kuczynski 2010; Greeson et al. 2011; Negriff, James, and Trickett 2015). The lives of those placed in OOHC also feature different kinds of psycho-social losses, which can be called 'symbolic losses'. These refer to non-death losses that involve aspects of life that are intangible, but vital and necessary for human well-being (see, e.g., Rando 1984; Mitchell 2018). Symbolic losses can be traumatizing since some of them define the way an individual sees themselves. For example, the loss of freedom,

certain social status or a certain kind of future means a loss of 'normalcy' (Unrau, Seita, and Putney 2008) and can result in a negative redefinition of the whole identity of placed young people (Kools 1997). Especially, to be defined as a child protection client is an example of the symbolic loss that usually means that the 'normal childhood' has been lost.

Even though the significance of trauma is well established in the lives of individuals with a history of OOHC, a little is known or investigated about the trauma experiences of those who have been in OOHC, in the context of an ecological systems perspective. However, examinations from this point of view can shed important light on developing child welfare work. The ongoing impact of trauma can be particularly problematic for young adults with an OOHC background, given their often abrupt transition to independence (Stein 2008; Salazar et al. 2013; Kääriälä and Hiilamo 2017). Particularly, when left untreated, traumas can reactivate during emerging adulthood, which is a period of rapid personal development when individuals experience major life transitions, for example, when leaving education and beginning employment, cohabitation and parenthood.

3 | The Finnish Context of OOHC

Based on the Finnish Child Welfare Act 417/2007 the child welfare services in Finland consist of three levels: (1) the universal basic services delivered for all people living in Finland (such as social security benefits for families with children and child health clinics), (2) the preventive child welfare services (such as short-term family work in the day-to-day life of a family) and (3) the child- and family-specific child welfare services (such as long-term family work as a part of in-home services and OOHC as a part of residential care). As noted, OOHC is considered as the final link in the chain of child welfare services and is employed only if the universal basic services and preventive child welfare services are deemed as inadequate or insufficient. The aim is to offer children and families preventive, timely and sufficient services in order to minimize the need of OOHC (Hietamäki et al. 2023; Kiili et al. 2024; Toikko et al. 2024). However, somewhat paradoxically, the OOHC placement rates in Finland are relatively high, and the number of OOHC placements has constantly increased during the last decades (Forsell and Kuoppala 2024a; Forsell and Kuoppala 2023; Toikko et al. 2024).

The most common parental factors behind the need for OOHC are parents' mental exhaustion and helplessness, as well as mental problems, substance abuse, single parenting and conflicts or violence in families (Kiili et al. 2024; Kääriälä and Ristikari 2020; Penttilä et al. 2024). The presence of financial inequality in Finnish society has increased, and consequently, the situation of families with children and particularly single parents has worsened. At the same time, due to economic reasons, the provision of preventive child welfare services such as family work have declined (Salmi 2020), which increases the risk of multiple deprivation in families.

The Finnish OOHC system consists of family foster care in foster homes, professional foster homes[1] and residential care in children's homes.[2] In appropriate cases, kinship care is also utilized (Terveyden ja hyvinvoinnin laitos 2024). The Child Welfare Act (2007) emphasizes family foster care as the primary OOHC form. However, children in their teens are often placed in children's homes instead of forms of foster homes. This is due to both the lack of foster home units and also the special needs of the young for strong support with restrictions, which cannot be adequately implemented in family foster care and in professional foster homes (Child Welfare Act 2007; see also Heino 2016).

Similar to other Nordic countries, one characteristic in Finland has been the high percentage of adolescents in child protection services. The number of child welfare notifications concerning adolescents aged 13–15 is higher in comparison to other age groups (Forsell and Kuoppala 2024a). In Finland, teenagers aged 13–17 years are more often placed in OOHC than young children—half of all children placed are in their teens (Forsell and Kuoppala 2024b). Adolescents in need of OOHC have challenges especially in schooling, as well as manifold difficulties with parents and peer relationships, crime and substance abuse (Kääriälä and Hiilamo 2017). Mental health problems among Finnish adolescents are also noted (Ikonen, Eriksson, and Heino 2020; Penttilä et al. 2024). According to the National school health survey (Terveyden ja hyvinvoinnin laitos 2023), the perceived psychological well-being of Finnish youth has deteriorated resulting adolescents often entering OOHC in a poor mental condition (Leinonen et al. 2023) and with a wide variety of cumulative problems.

4 | Data and Methods

The empirical data were gathered as a part of the wider LANUPS research project, funded by the Finnish Ministry of Social Affairs and Health for 2021–2022.[3] The aim of the project was to identify realized services and the service needs of young people who have been clients of both OOHC and adolescent psychiatric outpatient or inpatient care. The data consist of interviews of 19 young people aged 18–27, who have been in OOHC and who have also used or in their own opinion would have needed the services of adolescent psychiatry. By 'would have needed in their own opinion', we refer to situations where a young person has experienced psychological challenges and anxiety, but for reasons such as a lack of knowledge on how to access appropriate assistance, had no access to timely and appropriate mental health services.

The participants were recruited via public sector child welfare offices, or by experts by experience in voluntary sector organizations. Employees of the organizations working with young people were informed about the study. They distributed the interview invitations to clients who met the study criteria and were assessed by the employee as capable of participating. Researchers interviewed all the young people who voluntarily contacted them. The participants were aged between 9 and 17 years at the beginning of their first OOHC placement—the mean was 13 years. One of the participants was first placed in family foster care and then in a children's home, 16 placed solely in a children's home, and two in both kinship care and later in a children's home. Eighteen participants were female and one male. The mental health of the participants varied. Some went to psychotherapy at the time of the interviews, some had no need

for mental health support and one participant went to trauma therapy.

The themes of the interviews were young people's service needs and actual service experiences. The interviewees were asked to reflect on the social and health services they received at different stages of their lives. During the interviews, special attention was also paid to their experienced life crises and services received in these situations or their perceived service needs. In this study, we focus on the life crises and their experienced traumatic nature in the narratives of the participants. It should be noted that traumatic experiences were not the initial focus of our study, but rather a theme that arose in nearly all of the interviews.

Three researchers carried out the interviews between June 2021 and March 2022 using a narrative thematic interview methodology (Riessman 2008). During the interviews, a lifeline graph was drawn in order to clarify the narration of the participants relating to the events in their lifespan (Bagnoli 2009). The interviews were held either in the homes of the participants, at the university, at the research partners' facilities or via remote access through telephone or online interviews. The COVID-19 pandemic affected the way the interviews were carried out. Twelve interviews were held face-to-face, and seven interviews were carried out via telephone or online connection. All of the interviews were digitally recorded. The interviewers were all qualified social workers who had a long experience of professional social work with vulnerable clients in various contexts.

4.1 | Data Analysis

We analysed the data using a content analysis approach (Schreier 2012), utilizing both data-driven and theory guided analysis in the four-phase analysis process. The data processing began with a thorough reading of the interview transcripts, where the researcher wanted to achieve an elementary view of the completeness of the data.

At the first stage of actual analysis, all mentions and descriptions of the experiences of the participants' traumas and the traumatizing factors were separated from the overall data, in order to gain a broad description of the phenomenon (Elo and Kyngäs 2008). These included direct mentions of experienced trauma and traumatization and descriptions of how an event had left a significant and psychologically harmful imprint on the participants' mind, for example, a permanent feeling of insecurity or a state of fear. Special attention was given to the narratives of participants who either went to trauma therapy or who had a history of eminent mental health interventions, for example, periods of hospitalization. *During the second phase*, the interviews were read as narratives that shed light on the experiences of trauma and traumatization in the lives of the participants. At this point, the analysis was inductive.

In the third phase of the analysis, the already identified data-driven mentions of trauma and traumatizing factors were organized under the five levels of origin: *microsystem*, *mesosystem*, *exosystem*, *macrosystem* and *chronosystem* based on the classic ecological systems theory by Bronfenbrenner (2005), following the principles of theory guided analysis (see, e.g., Ezzy 2002). The core idea in Bronfenbrenner's theory is that one thing affects another event and that existence does not occur in a vacuum but rather in relation to changing circumstances. Particularly, systems are seen as dynamic and paradoxically retain their own integrity, while adapting to the inevitable changes going on around them. Due to the utilization of the theory, the third phase of the analysis was deductive.

In the fourth and final phase of the analysis, the findings were once again grouped inside the 'level of origin'–based categories, and they were conceptualized into data-driven subcategories. All mentions of trauma and traumatizing factors were included in the formed subcategories; none was left out. Data-driven subcategories portray the levels of Bronfenbrenner's theory in more detail. Utilizing both inductive and deductive reasoning in the process of analysis formed a hybrid approach that assisted a researcher in identifying the most basic elements of the raw data and flexibly discovering both descriptive and interpretive meanings that appeared to be interesting and relevant to the research question (Xu and Zammit 2020). In Table 1, we present an example of the analysis process.

The four-phase process of analysis produced a theoretical modelling of the traumatizing factors among the participants and was conducted by the first author. The second and third authors checked the accuracy of the analysis, since they were familiar with the data after conducting the interviews and having read the transcripts several times and having used them in their own examinations.

4.2 | Ethical Considerations

Ethical questions were thoroughly considered across the research process, and the study was accepted by the Ethics Committee for Human Sciences at the University of Turku on 10 May 2021 (decision number 17/2021). The participants received written material in advance of the interviews providing information on the goals of the study, their participant rights and the safety and confidentiality of the data collection, including its storage and analysis. The study information was also explained by the interviewer before the interviews commenced. Participants had the right to refuse to answer any of the questions or to end the interview at any point. All participants provided their informed consent in written form for face-to-face interviews and in recorded oral form for telephone or online interviews. The feelings and thoughts of each participant were reflectively discussed with the interviewer following the interview. All of the organizations distributing the invitation to participate agreed to organize psychosocial support for the participants after the interviews if required. In their research meetings, the researchers actively reflected on their thoughts for each interview and the ethical questions involved shortly after the interviews were concluded. To ensure their confidentiality, the names of the participants have been pseudonymized.

5 | Results

We present our findings on how the experiences of trauma and traumatization of participants of our study are structured under

TABLE 1 | An example of the data analysis process.

Pre-analysis: a thorough reading of data	Content analysis phase 1 (data-driven)	Content analysis phase 2 (data-driven)	Content analysis phase 3 (theory guided)	Content analysis phase 4 (data-driven)
A citation in the data transcription located in the phase of the thorough reading of the transcripts: '*We* [the family members] *do not talk about things unless they are something very concrete that happened to you. Feelings are some weird states of mind – they are not discussed.*'	A citation is interpreted as a description of a reoccurring event having left a significant and psychologically harmful imprint on the participants' mind: a feeling of insecurity of expressing one's true feelings within the family unit.	A citation portrays the origin of anxiety of the interviewee—the traumatizing factor connected to the family life.	Traumatizing factors connected to the family life are organized under the microsystem level in the theory of Bronfenbrenner.	More detailed traumatizing factor in the microsystem level: Experiences of non-existing communication in the family

the five levels of Bronfenbrenner's theory: *microsystem*, *mesosystem*, *exosystem*, *macrosystem* and *chronosystem*. Furthermore, we want to know what kind of socially constructed factors have increased the experience of trauma and traumatization among participants during their early lifespan. We are aware that all of these levels are intertwined in various ways. However, it is possible to differentiate the basic dimensions of the theory by emphasizing both the differences and similarities between and within the levels (Graneheim and Lundman 2004).

5.1 | Microsystem Level

In Bronfenbrenner's theory, the microsystem level refers to the groups and institutions that most immediately and directly impact the child's development, such as family, peers, school, neighbourhood and religious institutions (Bronfenbrenner 1979, 2005). The microsystem level was strongly highlighted in the participant narratives concerning the experienced origins of trauma and traumatization. This was natural since many of the participants had lived in complex circumstances in their childhood home. Since the microsystem level was strongly emphasized in the narratives, our examination is particularly focused on it.

In our data, the experienced traumatizing factors of the microsystem level can be presented in six categories: *experiences of non-existing communication in the family*, *inadequate emotional skills and the denial of the expression of emotions*, *experiences of authoritarian parenting*, *traumatization in the context of OOHC*, *disregardful processes in a school context* and *the role of religion in the process of traumatization*.

5.1.1 | Experiences of Non-Existing Communication in the Family

A culture of reticence within the family unit was strongly present in our data. Difficulties in expressing feelings and starting open dialogue between a parent and a child were mentioned several times by the participants. Difficult themes such as substance abuse or domestic violence were not discussed inside families. According to the participants, in many cases, remaining silent was a legacy that was learned from previous generations as a multi-generational habit, which had already caused problems for the parents of the participants.

> We do not talk about things unless they are something very concrete that happened to you. Feelings are some weird states of mind – they are not discussed. You just feel either joy, sorrow or like shit, and you do not talk about it. Even if he (the father) does not want it for us children, he does the same thing he has been through in his own childhood.
>
> (Meghan, 20)

The participants portrayed the non-existing communication of their parents as an outcome of shame or guilt. The family wanted to maintain their status as 'normal' or 'affluent'. Social problems like domestic violence were taboos in the eyes of the parents. When the problems of the family were not

discussed or when help was not requested outside of the family unit, there were no problems of any kind. However, these behaviour patterns the participants had learned also served to maintain and strengthen their traumas since no timely help was sought or received.

Non-existing communication in the family had also taught the participants to remain silent over questions concerning their own mental well-being. In some instances, this led to substance abuse in an adolescent as a way of addressing their traumas and general anxiety. Some participants had started to use substances as a way to free their minds of painful experiences and memories. But their substance use had led to absences from school and a developing psychological and physical dependence on the substance itself and had therefore formed a vicious circle of cumulating problems.

In some cases, a single traumatic event in a child's life can lead to the traumatization of both the child and the entire family. One example of processes of this kind in our data was the sexual abuse of a child with the perpetrator coming from outside the family, which the family was unable to cope with and did not seek adequate help from the social and welfare officials. According to the participant's interpretation, the parents were also traumatized because they felt an enormous guilt of being unable to protect their child from a threat coming from outside the family. According to the participant, all of her later problems stem from this single tragic event, and the acute trauma the family experienced also strengthened the trauma of the child which became chronic.

5.1.2 | Inadequate Emotional Skills and the Denial of the Expression of Emotions

Non-existing communication within families had led to inadequate emotional skills and a denial of the expression of emotions among some participants. The processing of traumas requires that an individual be able to put their experiences and emotions into words, and the narrative he/she wants to share is accepted with respect.

> My emotional recognition skills and emotional ability to communicate were completely zero because we were not taught anything. When I was twelve, I started to experience anxiety attacks. My father said that you are a teenager, and that's what it is. ... If I felt bad, my father got mad at me, which led to me not telling anyone about my feelings. I just drank them away, which took me to the psychiatric ward.
>
> (Sandra, 20)

Weak emotional skills affect social relationships. If an individual has not had opportunities to reflect on their feelings within the family, speaking up to other people might be impossible, and any traumas could easily be left unprocessed, even though they may later be clients of welfare services, for example in psychotherapy. In this way, missing socio-emotional skills can themselves serve to reinforce the trauma.

5.1.3 | Experiences of Authoritarian Parenting

Some participants outlined their parents' role in the family as authoritarian. The experiences of authoritarian parenting had resulted in a withdrawal from seeking help outside the family. Participants illustrated their feelings as a fear of losing the trust of their parents if they dared to open up to welfare professionals, for example, social workers who were on a house call. The chronic fear of parents and their harsh reactions were experienced as being particularly traumatizing.

> It was scary that what if I do not lie, what if I let the parents down and tell the truth? I dared not defy my parents with disobedience - punishment always came. It was about whether I was more afraid of those on the other side of the table (social workers), or whether I was more afraid of my parents, and the parents immediately came first.
>
> (Meghan, 20)

The participants' acute traumas became chronic since the children and adolescents were often silenced with violent outbursts from their parents. Consequently, the necessary help to process the traumas was delayed or totally denied due to missing professional support.

5.1.4 | Traumatization in the Context of OOHC

The OOHC context is part of the official child welfare services, but also the primary habitat for placed children and adolescents, due to which we comprehend OOHC as an essential part of the microsystem level. Even though OOHC should be a rehabilitative environment for its residents, it can also challenge the mental well-being of the placed. Many of the participants described experiences of inappropriate behaviour of OOHC personnel which was frightening, and thus further traumatizing.

> The father of the foster home was the worst. He broke a coffee cup during a fit of rage, and he used to yell so that spit flew right into my face. Once I was planted at the dinner table for four hours when I refused to eat my food.
>
> (Isabella, 22)

Some participants described their traumas resulting from an OOHC context which was too 'hard' considering their situation and symptoms. Especially, children's homes which were aimed at violent youngsters and young people with severe substance abuse problems were considered traumatizing if the individual's problems were not at that level. In some cases, the shortage of OOHC facilities can lead to inappropriate placements, and hence increase the complex traumatization of the already traumatized individual.

> There were youngsters who had a history of substance abuse, a history of heavy violence, and then they put me there, and I was so fragile. I only had an initial touch on

> such things, and it was a very frightening environment for me. I remember how afraid I was. I had to plan whose friend I was, so I chose the scariest of those kids, because I knew that nothing could happen to me then.
>
> (Catherine, 24)

Some participants had traumas resulting from their early sexual experiences. Professionals working in OOHC are not always aware of the sensitive processes concerning the sexual identification, orientation, and the possible early sexual experiences or harassment of those who are placed.

> The psychologist was a man, and it was an institution for girls. I did not want to talk to a man. Especially when I had all the questions about sexuality, there might also have been some things that had happened, so I did not feel safe about it at all.
>
> (Catherine, 24)

Certain practices of OOHC can distress and traumatize those who are placed. One participant described the worsening of mental symptoms when 'silent hours' were spent in the children's home, and that she would have needed discussions and active activities to support her mental health instead of the pronounced silence.

> It only caused more trauma that I was left there alone. I got so scared of those quiet hours. It made me really anxious and I could do something self-destructive at the time. At some point, I was allowed to stay in public spaces for that quiet hour.
>
> (Cybil, 18)

5.1.5 | Disregardful Processes in a School Context

Children living in unstable home conditions can receive significant stabilizing support from school for their development. On the other hand, things such as bullying at school can further strengthen the feelings of otherness in children at the risk of marginalization. Some participants had experiences of being bullied, and in one case the teachers had strengthened the child's experiences of secondary importance through conduct that had ridiculed and therefore socially desecrated the child.

Sandra: We were mocked by the teachers as we had tangled hair and dirty broken clothes.

Interviewer: Mocked?

Sandra: Yeah, said in front of the class.

Interviewer: Really?

Sandra: Yeah, instead of finding out that maybe they are not all right at home, or filing a child welfare report or something.

If teachers who should support and encourage the child laugh at their distressing home conditions and appearance, then the child's confidence in adult professionals is easily eroded. The climate of distrust may then become chronic, and children will not want to discuss their traumas with other professionals, at school or in social and health services.

5.1.6 | The Role of Religion in the Process of Traumatization

A religious atmosphere at home can offer a child a safe community and healthy lifestyle, following the guidelines of the religious community. However, since religious guidelines are abstract in nature, it is difficult for a child to comprehend concepts like 'God' and 'sin', especially if they are introduced to the child in the forms of an observer and a punishment. The role of religious communities in the process of traumatization was present in the narration of three participants. One of them reflected how she had witnessed her sister's scary behaviour which had the characteristics of obsessive compulsive disorder (OCD), and had felt vicarious traumatization due to the sister's behaviour.

> My sister had terrible states of fear. She had that kind of OCD stuff, that 'if I switch on the TV and there's that particular movie scene, God does not exist', and then that scene came and it was a hysterical moment.
>
> (Alicia, 20)

The role of religion in the process of traumatization was also linked to the fact that some religious communities prohibit substance use. A parent may feel shame or guilt for breaking guiding principles, and that they should be more committed in order to be a virtuous member of the community—then substance abuse becomes a taboo. Children usually sense their parents' emotional tension and start to act in a way that prevents tensions from rising. Especially, the fear of violent acts by an intoxicated parent are not expressed publicly to avoid the parent losing their 'social face' within the community. This leads to the child's suffering becoming chronically invisible, which intensifies the trauma.

5.2 | Mesosystem Level

The mesosystem level consists of interconnections between the different microsystems, for example between the family and teachers, or between the child's peers and the family (Bronfenbrenner 1979, 2005). The mesosystem level was not strongly present in our data. However, one narrative mentioned where the participant felt marginalized due to her clothing and untidy appearance during early childhood. The participant pondered how the carers at the day care were afraid of her dominant father, and did not have the courage to ask him to dress her properly. The child was traumatized because she was unable to respond to the demands the staff set for children's appropriate appearance, and felt responsible for things that cannot be expected at that age level. Thus, the tensions between the day care staff and the father increased the trauma load of the child.

> It often happened that things that should have been said to our father were said to us.
>
> (Sandra, 20)

5.3 | Exosystem Level

The exosystem level involves links between social settings that do not directly involve the child (Bronfenbrenner 1979, 2005). In our data, the exosystem level was present in narrations where the experiences of a child at home were influenced by their parent's experiences in working life, and when the parent's business started to go badly, the substance abuse of the parent increased and the acute problems at home escalated.

> The company was going to fall down, so it weighed on his mind much. … He began to work it off with alcohol. It has become very clear to everyone that it's stress and all these.
>
> (Meghan, 20)

5.4 | Macrosystem Level

The macrosystem level consists of the overarching culture influencing the individual, as well as the microsystems and mesosystems embedded in those cultures. The cultural contexts can differ based on things such as geographic location, socioeconomic status and ethnicity. Macrosystems evolve across time and also reflect the general attitudes in societies and the prevailing legislation concerning issues such as organizing welfare services (Bronfenbrenner 1979, 2005). The macrosystem level was present in our data in two types of narratives: *rigid service structures* and the *general attitude climate regarding child welfare clients*.

5.4.1 | Rigid Service Structures

Rigid service structures that do not allow timely access to support and thus create and maintain trauma experiences were mentioned several times in the narratives. Especially, adolescents with both substance abuse issues and trauma-related mental health problems need timely support for addressing their problems. If there are no forms of support available in the service system that allow them to process traumas when their substance abuse problem is acute, then the trauma may become chronic.

> Even in that ward they said that we cannot offer you any help because you have a substance abuse problem. You have to process that first, before we can help you. It felt wrong. I really wanted to receive help, and I did not get it anywhere.
>
> (Cecilia, 19)

Young people can easily feel hopelessness if they are repeatedly bounced from one welfare service to another. Turning a person away from services adversely affects not only their experience of human dignity, but also the hope of a brighter future that is a prerequisite for rehabilitation. An individual who feels 'undeserving' of help can easily define themselves as worthless.

5.4.2 | General Attitude Climate Regarding Child Welfare Clients

Several participants highlighted the general attitude and stereotypes regarding child welfare clients. Participants experienced that they were treated in a certain way when it became known that they were or had been clients of OOHC. Participants hoped to be seen as individuals without any stigma, which can in itself be marginalizing, increase the feeling of otherness, and thus be traumatizing.

> Do you think I can tell anyone I've been in a children's home for seven years? Or even that I've been in a children's home? They think I must have done something to get there. It's like I have been in jail. They have such an attitude.
>
> (Olivia, 20)

Some participants found the attitudes of even education and welfare professionals towards OOHC clients stigmatizing. Accordingly, all professionals should pay attention to their reaction patterns when working with people with an OOHC background.

5.5 | Chronosystem Level

The chronosystem level consists of the pattern of environmental events and transitions over the life course, as well as changing socio-historical circumstances (Bronfenbrenner 1979, 2005). In our examination, we modify the original chronosystem level by interpreting it merely as transitions during the early lifespan. We find this modification justified since the participants of our research were young adults who had not yet experienced different long-term socio-historical periods in their lives. The purpose of our research was not to examine the participants' interpretations of socio-historical changes, but the chronosystem level was present in our data in narratives concerning re-traumatization, which like trauma and trauma-survival, can be conscious or unconscious (see, e.g., Jacobsen Wrenn 2003).

5.5.1 | Conscious Re-Traumatization

Some participants had suffered physical and psychological violence during early childhood, causing trauma of various levels. However, since the environment children had lived in had been the only one they knew, some participants had reasoned violence and insecurity as a normal part of family life. When a person in OOHC comprehends their childhood as having not been 'normal' in any way, it can cause conscious re-traumatization. Correspondingly, some participants described becoming aware of a lost childhood that will never return and cannot be retrospectively changed.

> We had a whole world of traumas we had never dealt with. Our image of 'normal' changed completely during the first week we were placed, and you realized that f**k, where I have lived for the past fifteen years is not normal. All that, in terms of maturity, communication, perceiving the world, perceiving a person, social interaction – I had to learn really fast. That annoys me the most: I was deprived of the opportunity to grow up in peace.
>
> (Alicia, 20)

One of the participants felt a chronic sense of guilt about her continued need for support, and thought that her symptoms had taken all the attention of her parents away from her siblings. Long-term experiences of this kind can lead to an intensified trauma or conscious re-traumatization. When organizing care, the needs of the siblings of the placed child should also be acknowledged.

> I have a bad conscience about my brother, or I've taken a lot of attention from the other children. I do not know if anyone has ever worked with him.
>
> (Anna, 24)

5.5.2 | Unconscious Re-Traumatization

Some memories and experiences are so bruising that an individual has not even wanted to remember them. Unconscious traumas can be triggered when the individual starts to create meaningful relationships, such as entering a partnership or becoming a parent themselves. Unconscious trauma from childhood can lead to severe difficulties in parenthood. One participant saw that her violent behaviour towards her son was an example of the surfacing of unconscious complex traumas. She underlined the importance of professionals acknowledging the possibility of unconscious trauma and providing clients with a safe space to process their reactions and emotions.

> When my son was born, all of my own childhood traumas came to the surface. Then we had a situation with my son, and he was placed urgently. I went to the psychiatric ward and sought help with my anger management.
>
> (Samantha, 27)

The key findings of the study are presented in Table 2.

6 | Discussion

In this article, we have outlined the ways that traumatizing factors of an early lifespan are structured in terms of ecological systems theory, as experienced by young Finnish people with an OOHC background and mental health challenges. Our results indicate that the manifold nature of the traumatizing factors is an essential aspect, and that individuals with a history of OOHC might carry their trauma into adulthood. Understanding the traumatic experiences of adolescents with an OOHC background requires a thorough consideration of all the levels of the ecological systems theory.

According to our data, not all professionals acknowledge the trauma load of young individuals, and unfortunately, in some cases the context of OOHC itself can further increase these traumas. Staff in child welfare services should have the necessary training to understand the effects of trauma, and the proper tools to screen children's mental health in order to facilitate access to effective therapies at an early stage (Duffy et al. 2021). Youth in OOHC may demonstrate aggression and thought problems. Oswald, Heil, and Goldbeck (2010) state that a major difficulty in relating symptoms to the traumatic background of placed adolescents is the general absence of valid retrospective information. Many clients of OOHC

TABLE 2 | Factors contributing traumatization in the data in the light of the levels of ecological systems theory.

Microsystem level	Mesosystem level	Exosystem level	Macrosystem level	Chronosystem level
Experiences of non-existing communication in the family	The life of the child is affected by the tensions between the professionals and the parents.	The life of the child is affected by his/her parent's experiences.	Rigid service structures	Conscious re-traumatization
Inadequate emotional skills and the denial of the expression of emotions			General attitude climate regarding child welfare clients	Unconscious re-traumatization
Experiences of authoritarian parenting				
Traumatization in the context of OOHC				
Disregardful processes in a school context				
The role of religion in the process of traumatization				

cannot verbalize their early childhood history, and caretakers who have actually witnessed the original traumatizing issues are often no longer present in the lives of the young. Thus, there is a growing need to consider mental health symptoms of youth in an OOHC context from a lifespan perspective, and professionals should also be alert to symbolic losses across the lifespan (Rando 1984; Mitchell 2018), for example the changes in identity that identifying as a child welfare client might cause.

Drawing from our results, it is clear that a better understanding about the long-term effects of trauma in individuals with an OOHC background is needed. Trauma-informed practice comprehends the symptoms of individuals as an indication of maladaptive coping, instead of problems and behaviour disorders in themselves (Levenson 2017). Traumatization can be seen as a normal reaction to a situation where the individual does not have appropriate tools for processing their difficult experiences. This is often the case for OOHC clients who have insufficient socio-emotional skills to handle their emotions and reactions due to their adverse early life experiences, as well as a lack of adequate parenting. The trauma load can be reduced by creating a safe space to speak with openness, and by providing clients with an opportunity to reflect on their lives without haste, as an intrinsic part of child welfare services. However, the timing of initiating the discussions of potential trauma is crucial, and professionals should recognize when clients are ready to process their traumas and receive support. But offered help is not effective and can even strengthen the traumatization if a person is forced to face something against their will.

There are certain modifications and limitations in this study. In his theory, Bronfenbrenner does not particularly emphasize subjective human experiences and their interpretations, although they do matter. However, we have utilized Bronfenbrenner's theory, linking its levels to young adults' experiences and interpretations of the root causes of their traumatization, and the factors sustaining the trauma. Some other modelling, for example a theory based purely on the concept of trauma might have been more orthodox. However, we intentionally wanted to use Bronfenbrenner's theory in order to bring new insights on the research of origins of the trauma in individuals with the history of OOHC. Bronfenbrenner's classic theory can offer a valuable way of reflecting the multifaceted layers of root causes of trauma and traumatization. Furthermore, in related work, we have utilized the theory in investigating the factors that support the wellbeing of former Finnish OOHC clients in another study (Kaittila et al. 2023).

As a limitation concerning the participants, the professionals distributing information about the study contacted only individuals whom they evaluated to have resources to participate. Other young individuals may have had even more severe traumatic experiences during their early lifespan, which is important to acknowledge from the point of view of reliability. It should also be noted that the interviewees shared their subjective memories and experiences, which may have been amplified or mitigated over time. Our sample comprised mainly females. According to the previous research (Gyllenberg et al. 2018) young men may have more externalizing symptoms than women, which may rise their threshold to participate in research interviews. This should be acknowledged while designing future research. The number of participants in our study was limited, and thus does not enable generalizations on larger Finnish population with the history of OOHC. However, our study offers tools for theoretical generalizations concerning the root causes of the process of traumatization among the clients of OOHC.

We conclude that understanding the traumatic experiences of adolescents with an OOHC background requires a thorough consideration of all the levels of the ecological systems theory, and a broader use of the theory in the examination of trauma can help to extend the study of trauma experiences beyond already well-known forms of acute, chronic and complex trauma. We further conclude that the traumas experienced in childhood and adolescence are often fusions of these, and this should be better acknowledged in client work. The mental health of OOHC clients needs to be understood from biological, psychological as well as sociocultural perspectives (Kendler 2008). Accordingly, welfare systems should acknowledge the needs of young adults leaving care (see, e.g., Höjer and Sjöblom 2010), and place a greater emphasis on developing life skills while they still are in care (see, e.g., Lalonde et al. 2021). As Arnett (2000) notes, during emerging adulthood, different directions in life are still possible for traumatized young people since little about the future is decided for certain, and the scope for exploring life's possibilities can be great if individuals have means to process their traumas in time.

We recommend that child welfare professionals initiate discussions on the possibility of trauma in order to make the former experiences of OOHC clients visible. Acknowledging the multifaceted connections involving the traumatization on all the levels of ecological systems theory is essential in social work practice which aims to increase the well-being and agency of the young individuals. Thus, further research on trauma diversity on the levels of ecological systems theory is needed to support the effectiveness of trauma-informed client work.

Acknowledgements

The results presented in this article are part of the LANUPS project ('Co-research and co-development of child welfare social work and adolescent psychiatry in western and eastern Finland'). The project was funded by the Finnish Ministry of Social Affairs and Health for 2021–2022. The aim of the research project was to identify realized services and the service needs of those adolescents who have been clients of both substitute care in child welfare and adolescent psychiatric outpatient or inpatient care.

Ethics Statement

The study was accepted by the Ethics Committee for Human Sciences at the University of Turku, Finland.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Due to ethical reasons, the research materials are not publicly available.

Endnotes

[1] Family foster care is offered in ordinary one-family homes, where the parent(s) of the family is/are trained to work as foster parent(s) to a

small number of placed children, for example, to siblings. A professional foster home is a form of substitute care that takes place between family foster care and residential care in institutions. A professional foster home refers to a home that is legally authorized to operate as a professional foster home. Two or more carer, of which at least one has training and work experience suitable for the assignment live in the professional foster home being responsible for the care and upbringing of the placed children. The amount of the placed children in professional foster homes is bigger than in family foster care. The number of professionals working in the professional foster home depends on how many children live there (Family Care Act 2015).

[2]The concepts concerning child welfare institutions are diverse. In this article, we use the concept of a 'children's home' covering all kinds of child welfare institutions where the child has been placed for OOHC. For further information, please see Berrick, Gilbert, and Skivenes (2023).

[3]https://sites.utu.fi/sote/co-research-and-co-creation-of-child-welfare-social-work-and-adolescent-psychiatry-in-western-and-eastern-finland-research-project-lanups/.

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