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

APRIL 2026 MONTHLY SUMMARY

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Summarised articles:

- *Breaking the Cycle: Psychosocial Risk and Protective Factors in Intergenerational Child Maltreatment*
- *When Protection Isn't Enough: Rethinking Child Welfare Interventions*
- *Facing the Numbers: Child Abuse in Canada Then and Now*

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Breaking the Cycle: Psychosocial Risk and Protective Factors in Intergenerational Child Maltreatment

Dr. Rachel Langevin, Associate Professor at McGill University will present their authored work: Langevin, R., Abou Chabake, S., & Beaudette, S. (2026). Intergenerational Cycles of Maltreatment: An Updated Scoping Review of Psychosocial Risk and Protective Factors. Trauma, Violence & Abuse, 27(2), 490–505.

Background

Child maltreatment (CM) is a **major public health problem**, with global prevalence estimates ranging from 12% to over 60%. It's associated with serious **mental health consequences**, accounting for up to 40% of disorders like anxiety, depression, and self-harm. One of the most critical dynamics is **intergenerational continuity**: adults who were maltreated are at elevated risk of having children who experience maltreatment too, with prevalence estimates ranging from 7% to 88%. Despite growing research since Langevin et al.'s 2021 review, an updated synthesis was needed.

OBJECTIVES

This review aimed to update the current state of knowledge on **psychosocial risk and protective factors** associated with the intergenerational continuity of CM, and to critically assess the **methodological quality** of recent literature.

METHODS

The authors conducted a scoping review across **five major databases** from 2018 to 2023. Included studies had to document intergenerational maltreatment, report at least one psychosocial risk or protective factor, involve human participants, and present original findings. No restriction was placed on research design. A total of **29 new studies** were included.

RESULTS:

At the **individual level,** being female, **emotional dysregulation, depression, and PTSD** emerged as key **risk factors for intergenerational CM,** largely through their impact on parenting. Substance use showed mixed findings. Notably, **trauma reflexivity**, a caregiver's ability to reflect on and process their own traumatic experiences, emerged as an important protective factor.

At the **relational level**, **intimate partner violence (IPV)**, particularly in severe forms, was identified as one of the most robust risk factors for intergenerational CM. Conversely, positive romantic relationships, **appropriate supervision**, and **caregiver-child attachment** showed meaningful protective effects. Broader social relationships, with grandparents, friends, or teachers, remain largely unexplored.

At the **contextual and historical level**, **socioeconomic disadvantage** was the most consistent risk factor across both reviews, highlighting the need for poverty-reduction policies. Cumulative adversity, CM experienced during **infancy or adolescence**, and a **history of out-of-home placement** also systematically elevated intergenerational risk. Child-level characteristics showed mostly weak associations, with the exception of **psychopathology** and **emotion dysregulation**.

IMPLICATIONS

Strong evidence now supports targeting **depression, PTSD, emotional dysregulation, IPV, socioeconomic disadvantage,** and **cumulative adversity** in prevention efforts, alongside promoting **trauma reflexivity**, **supervision**, and **caregiver-child attachment**. Future research should prioritize p**roximal, specific factors** like parental mental health over broad sociodemographic variables to better inform targeted interventions.

TAKEAWAY QUESTIONS

1. Research points clearly to parental mental health as the most proximal and impactful factor in breaking the intergenerational cycle of CM, yet, mental health funding and attention overwhelmingly favors children over adults. If we know that supporting parents is one of the most effective ways to protect children, why do our systems continue to treat adult mental health as a personal expense rather than a public health priority?

2. Most studies in this review were conducted in Western, high-income countries. How might our understanding of intergenerational CM change if more research was done in other cultural contexts?

3. The ability to reflect on and process one's own trauma was found to be protective. How can professionals support caregivers in developing this, especially those who may not have access to individual therapy?

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When Protection Isn't Enough: Rethinking Child Welfare Interventions

Sterenborg, T., Wissink, I. B., van Nieuwenhuijzen, M., & Assink, M. (2026). Do we really protect children? Evaluating child protection measures in two meta-analyses. *Children and Youth Services Review*, 180.

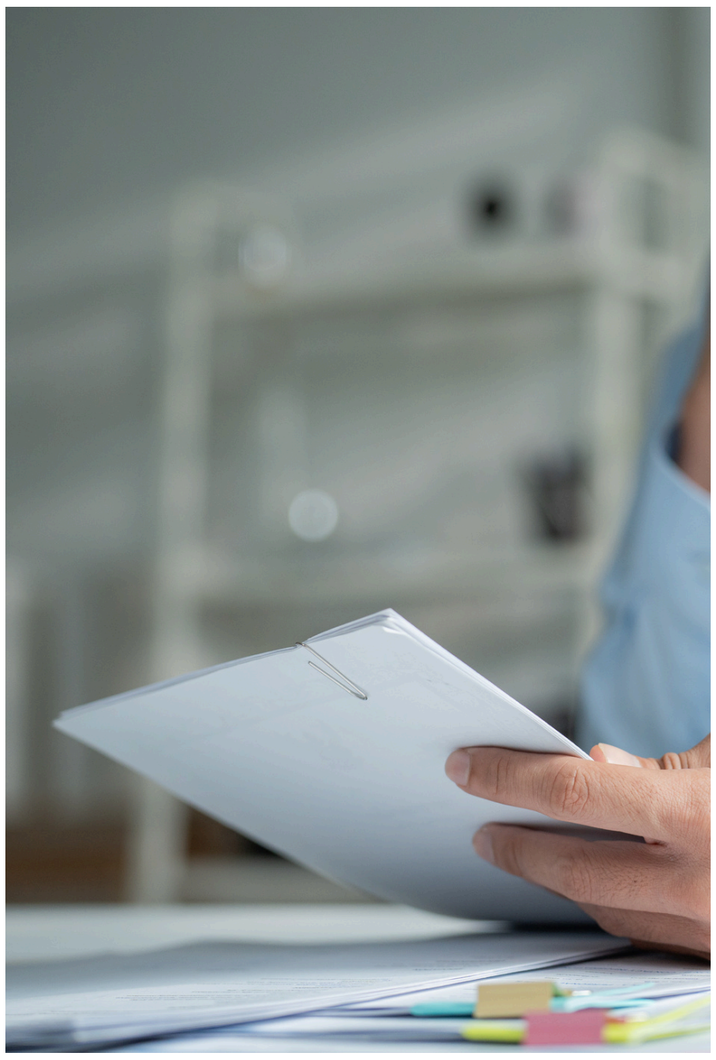
Child maltreatment is a **global public health issue** with serious and lasting effects on children's **development and well-being**. Juvenile courts have the authority to impose **child protection measures** when a child's safety is at risk, but whether these measures actually **protect children** remains a critical question.

This review set out to determine whether **child protection measures** lead to meaningful improvements in children's **developmental outcomes**, and to identify factors that may moderate their effects.

Two separate meta-analyses were conducted. The first compared children under **child protection** to children from the **general population**. The second compared children under child protection to **similarly at-risk children** who did not receive the same protective measures.

Children under **child protection measures** showed **notably poorer developmental outcomes** compared to **children from the general population,** a gap that became even more pronounced when **parental mental health problems** were present. The negative effects were strongest in the area of **psychopathology**, including anxiety, depression, and behavioural difficulties, while effects on **life achievements** such as education and employment were smaller and not statistically significant. When children under protection were compared to **similarly at-risk children** who did not receive protective measures, **no meaningful difference** in outcomes was found, suggesting that the poorer results largely reflect **pre-existing risk conditions** rather than the impact of the measures themselves.

While child protection measures may be effective at **stabilizing unsafe situations**, the evidence suggests they are insufficient for promoting **lasting developmental change**. This raises important questions about whether current evaluation frameworks are capturing their **full impact**, and points to the need for broader, more comprehensive assessment approaches. Rather than functioning as short-term fixes, these measures should be reframed as part of a **comprehensive family support** model that builds **parenting capacity** over time. Finally, given the **intrusive nature** of these interventions, continuous monitoring is essential to ensure accountability and allow policymakers and practitioners to make informed adjustments.



Facing the Numbers: Child Abuse in Canada Then and Now

Julie-Anne McCarthy, PhD candidate at the University of Manitoba will present their authored work: Dr. Afifi, T. O., McCarthy, J.-A., Osorio, A., MacGowan, L., Taillieu, T. L., Stewart-Tufescu, A., Sareen, J., MacMillan, H. L., Tonmyr, L., Colman, I., Ferro, M. A., Anderson, K. K., & Edwards, J. (2025). Child abuse prevalence estimates in Canada; comparisons of nationally representative data from 2012 to 2022: a population-based study. Lancet Regional Health - Americas, 45.

Child abuse is a significant **public health concern** with well-documented impairments that extend throughout the lifespan. Updated Canadian data on child abuse across sex, sexual identity, and age cohorts is long overdue.

This study examined **child abuse prevalence estimates**, which include **physical abuse, sexual abuse, exposure to intimate partner violence (EIPV)**, and any child abuse combined, among Canadian adults. It also explored associations by **sex**, **sexual identity**, and **age cohort**, and compared **current data with data from a decade ago**.

The research drew on two large, nationally representative Statistics Canada cross-sectional surveys: the **2012 Canadian Community Health Survey – Mental Health** and the **2022 Mental Health and Access to Care Survey**, both targeting adults aged 18 and over.

Findings revealed that **34.4% of Canadian adults** reported experiencing any form of child abuse in 2022, a statistically significant rise from 32.1% in 2012. Among **young adults aged 18–27**, prevalence rates climbed from 21.7% to 26.8% over the same period. Canadians identifying as **other than heterosexual identities** were substantially more likely to report childhood abuse experiences, with adjusted odds ratios ranging from **1.48 to 3.12**.

These findings underscore the ongoing urgency of **child abuse prevention** efforts across Canada. The 2.3 percentage point increase over ten years signals that targeted, systemic action is still needed, including comprehensive **training for service providers** in identifying and responding safely to **family violence** in all its forms.

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.