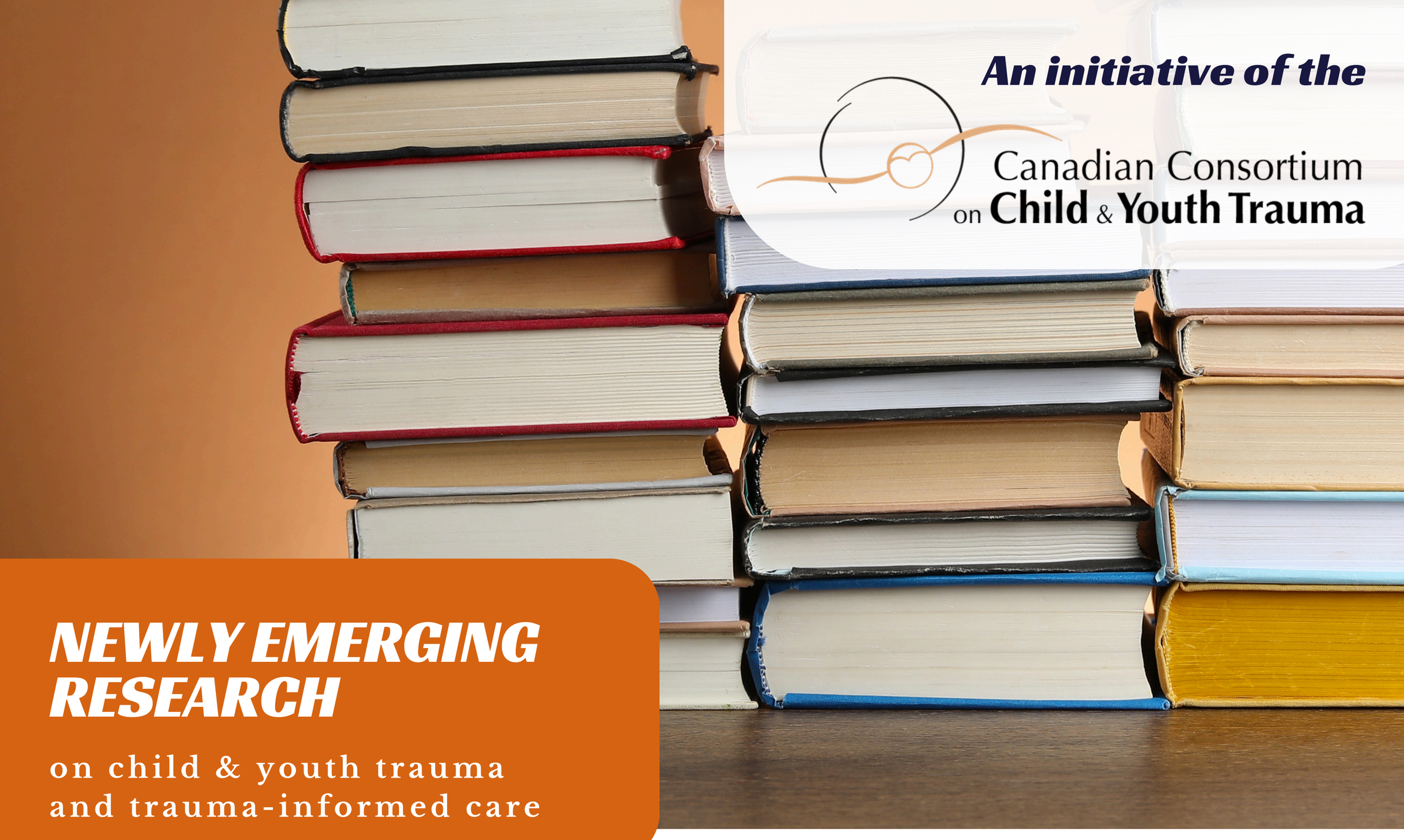


An initiative of the

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

MARCH 2026
MONTHLY SUMMARY

By Lindsay Savard, PhD Candidate, School of Social Work, McGill University

Summarised articles:

- *Addressing familial risk factors in the aftermath of child sex trafficking: Practitioner perspectives on family-centered interventions.*
- *How Positive are PCEs? Exploring the Associations Between Adverse and Positive Childhood Experiences and Mental Health and Behavioral Concerns Among Youth.*
- *Resilience in Adverse Contexts: Youth and Clinician Perspectives on Navigating Community Violence.*

Addressing familial risk factors in the aftermath of child sex trafficking: Practitioner perspectives on family-centered interventions

Chen, C., & Slutskar, S. (2026). Addressing familial risk factors in the aftermath of child sex trafficking: Practitioner perspectives on family-centered interventions. Child Abuse & Neglect, 174. https://doi.org/10.1016/j.chiabu.2026.107933

Background

Research shows that minors who have experienced sex trafficking often come from environments facing deeply rooted challenges, including childhood sexual abuse, neglect, and intergenerational trauma. These are difficulties that families frequently navigate without adequate support, increasing a minor's vulnerability to trafficking.

OBJECTIVES

The aim of this study was to examine family-level risk factors and identify strategies for family-based interventions following the minor's identification as having experienced sex trafficking.

METHODS

Using a qualitative approach, the researchers conducted semi-structured interviews with **30 professionals from the metropolitan U.S. Midwest** who worked with families where a minor had experienced trafficking, including:

- 10 social service professionals (e.g., therapists, case managers)
- 20 juvenile justice professionals (e.g., deputy juvenile officers, detectives)

The team used a grounded, inductive coding framework to identify patterns from participant narratives. To make sure findings were trustworthy, a randomly selected portion of transcripts were independently reviewed by multiple coders, producing a strong inter-coder reliability score (κ = 0.82). The first author maintained reflexive field notes throughout to account for how they may have shaped data collection and interpretation.

RESULTS: SEVEN MAIN THEMES WERE CONSTRUCTED

1. Many parents were unfamiliar with trafficking warning signs or struggled to accept that trafficking had occurred
2. Families navigating parental substance use faced barriers to keeping minors safe (e.g., lack of supervision, boundaries, financial hardship)
3. When minors disclosing sexual abuse were not believed, they were more likely to enter systems that could not always protect them from further harm
4. Minors lacking consistent emotional support at home were more vulnerable to traffickers who offered connection, food, or shelter
5. Minors who made progress in structured treatment often struggled upon returning home when similar structures were not in place
6. Some caregivers, driven by guilt or emotional distress, ended treatment early
7. **Having even one caring and consistent adult**, whether a parent, relative, foster caregiver, or mentor, was the **strongest protection against re-trafficking.**

IMPLICATIONS

This study highlights the need for family education, accessible substance use treatment, and wraparound supports for all family members, as well as trauma-informed responses to abuse disclosures across all systems. Findings underscore the importance of transition supports when minors return home following structured treatment and offering caregivers their own therapeutic support alongside their child's care. **Most importantly, this study reinforces the powerful role that even one consistent and caring adult can play in a minor's prevention from re-trafficking.**

TAKEAWAY QUESTIONS

- **How can we build in opportunities for autonomy, choice and collaboration for minors that have experienced sex trafficking (e.g., peer-nominated supports)?**
- **How can knowing that parental guilt may influence parents' decision to pull minors from treatment too early help clinicians to better support both the child and the caregiver's well-being and/or their perceived sense of self?**

How Positive are PCEs? Exploring the Associations Between Adverse and Positive Childhood Experiences and Mental Health and Behavioral Concerns Among Youth

Carson, J. S., Jones, M. S., Gibbs, B. G., & Erickson, L. D. (2026). How Positive are PCEs? Exploring the Associations Between Adverse and Positive Childhood Experiences and Mental Health and Behavioral Concerns Among Youth. Journal of Child and Family Studies, 35(4), 783–797. https://doi.org/10.1007/s10826-026-03265-6

Those who experience adverse childhood experiences (ACEs), such as abuse, neglect, or family dysfunction, are at greater risk for anxiety, depression, and conduct or behavior concerns. However, research also shows that positive childhood experiences (PCEs), like caring relationships and safe environments can help children buffer against these risks. Despite this, little is known about how adverse experiences and positive experiences work together to shape children's wellbeing.

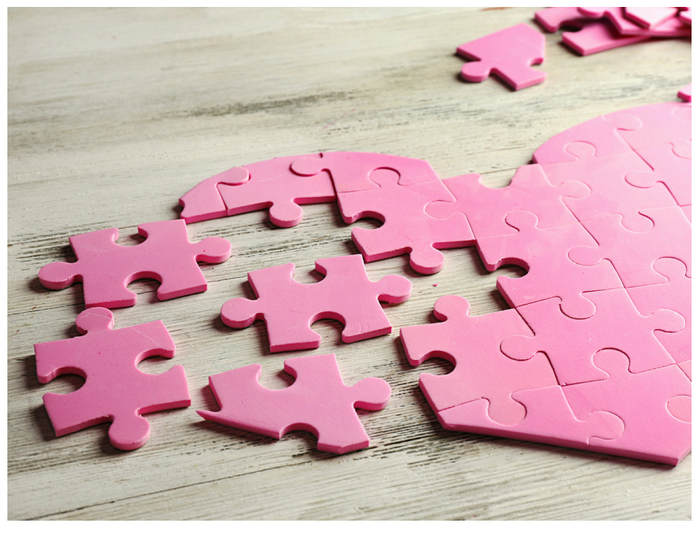
Researchers examined how ACEs and PCEs each independently affect children's mental health and behavior, if at all, and whether PCEs can help reduce the harmful effects of ACEs.

Parent-reported data came from the 2020-2021 National Survey of Children's Health, a nationally representative survey administered in the United States, representing a sample of 60,809 children aged 6-17 years old.

- **How were adverse experiences measured?** ACEs were measured across 10 areas, including parental separation, death, or incarceration; witnessing violence at home or in the neighborhood; living with someone struggling with mental illness or substance use; experiencing discrimination; and family economic hardship.
- **How were positive experiences measured?** PCEs were measured across 8 areas, including nurturing and supportive relationships, safe and stable environments, opportunities for social engagement and opportunities to develop social and emotional skills.

The researchers identified three key findings:

1. Each additional ACE increased the likelihood of anxiety or depression by 37.4% and conduct or behavior concerns by 36.2%, **confirming that greater adversity is linked to poorer outcomes.**
2. Each additional PCE decreased the likelihood of anxiety or depression by 21.7% and behavior concerns by 28%, **highlighting the protective role of positive experiences.**
3. PCEs slightly buffered the harmful effects of ACEs, though this was most evident for children experiencing lower levels of adversity.



IMPLICATIONS

The researchers' findings highlight the importance of both reducing adversity and actively building-in positive experiences in children's lives. Clinicians and practitioners are well positioned to screen for both ACEs and PCEs, connecting families to supportive relationships, safe environments, and community resources. **For children facing high levels of adversity, positive experiences alone were not enough. In such cases, more intensive, trauma-informed support can be beneficial.**

Resilience in Adverse Contexts: Youth and Clinician Perspectives on Navigating Community Violence

Boulware, A. & Bibbs, D. (2026). Resilience in Adverse Contexts: Youth and Clinician Perspectives on Navigating Community Violence. Children, 13(1). https://doi.org/10.3390/children13010122

Black youth living in communities affected by ongoing violence face significant structural challenges to their mental health and wellbeing. Yet, many demonstrate remarkable adaptability in navigating these environments every day, a phenomenon often referred to as resilience. **For a long time, resilience has been painted as youth's ability to "bounce back" from traumatic events, like community violence, but this fails to capture the complex, ongoing ways that youth have had to adapt to chronic violence and structural inequity.**

The researchers aimed to understand how Black youth and trauma clinicians make sense of "resilience", both as a concept and as something lived, in the context of ongoing community violence.

Using a qualitative phenomenological design, researchers spoke with 15 participants living in Chicago, including 9 Black youth aged 15-20 and 6 trauma clinicians. Data were collected through one-on-one interviews and a focus group, then analyzed for common themes.

From the data, the researchers constructed four main themes:

1. Youth and clinicians understood resilience differently. **Whereas clinicians questioned the concept itself, youth experienced it as a label assigned to them by others that created pressure to appear strong, even when they were struggling.**
2. For both groups, survival (i.e., staying alive and safe) was the most basic form of resilience, with behaviors like hypervigilance and avoidance seen as protective responses, not signs of dysfunction.
3. Resilience was understood as an ongoing, evolving process, where short-term survival strategies became long-term adaptations to environments that remained persistently unsafe.
4. **Being labeled "resilient" carried emotional and social costs, including pressure to suppress vulnerability, isolation from peers, and reduced likelihood of seeking help.**

These findings highlight the need for a trauma-informed care approach to supporting Black youth, including looking beyond the individual to address the broader conditions shaping their lives, such as racial inequity, lack of community investment, and limited access to mental health care. Clinicians are encouraged to use youth-defined language rather than resilience labels, and to create spaces where vulnerability is safe and survival strategies are respected, not pathologized.

AN OCCASION TO EXCHANGE

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.