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

JANUARY 2026
MONTHLY SUMMARY

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Summarised articles:

- *Effectiveness of Trauma-Informed Care Programs : A Meta-Analysis.*
- *Stress reactivity during short trauma narratives in adolescents with post-traumatic stress disorder (PTSD) and complex PTSD.*
- *Intergenerational patterns of child protection system involvement in an Australian population cohort.*

Effectiveness of Trauma-Informed Care Programs : A Meta-Analysis

Guo, S., Chen, Q., & Chan, K. L. (2025). Effectiveness of Trauma-Informed Care Programs : A Meta-Analysis. Trauma Violence & Abuse, 15248380251366271. https://doi.org/10.1177/15248380251366271

Background and objectives

Trauma-informed care (TIC) approaches are evidence-based frameworks designed to **address the consequences of trauma**. However, their **implementation varies** considerably across organizations. The objective of this meta-analysis is to **evaluate the effectiveness of TIC programs** and to **identify the most effective** intervention targets, implementation contexts, and program components.

METHODS

A **systematic review** of the literature, conducted in accordance with the PRISMA guidelines, was carried out to identify studies published in English on the effectiveness of TIC programs. Articles were identified in seven databases, including MEDLINE, APA PsycArticles, and PubMed. The search identified 1,030 articles, of which 13 met the inclusion criteria. The selected studies used a randomized experimental design with at least one intervention group and one control group, evaluated the effectiveness of a TIC program compared to a non-TIC intervention, and reported sufficient data to calculate effect sizes. Study characteristics and outcomes were extracted using a standardized coding matrix and coded independently by two reviewers to ensure reliability.

RESULTS

Of the 13 articles selected, eight focused on service providers and five on their clients. The overall effect sizes were **0.72 for programs targeting service providers and 1.03 for those targeting service recipients**, indicating the overall effectiveness of TIC programs. Subgroup analyses, however, show **heterogeneity in the magnitude of effects** across contexts, populations, and effectiveness indicators. The programs proved particularly **effective at reducing the psychological consequences of trauma** among service recipients (d = 0.97), as well as at **improving providers' knowledge, awareness, and professional skills related to trauma** (d = 0.83). Interventions targeting violence-related trauma showed larger effects (d = 0.92) than those addressing general trauma (d = 0.81). A study conducted with children reported a large effect (d = 1.68), suggesting **greater effectiveness among younger populations**. Finally, higher effect sizes were observed in medical settings (d = 1.04) and clinical settings (d = 1.02) compared to community settings (d = 0.74).

IMPLICATIONS

These promising results underscore the importance of adopting a **TIC approach** and implementing it in various settings to support service providers and their clients.

TAKEAWAY QUESTIONS

- *What organizational factors might explain the variation in the effects observed in the implementation of TIC approaches?*
- *How can TIC approaches be adapted to maximize their effectiveness in community settings?*
- *What mechanisms might explain the particularly high effectiveness of TIC programs for children?*

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

Kothgassner, O. D., Macura, S., Goreis, A., Klinger, D., Pfeffer, B., Oehlke, S. M., Prillinger, K., Kafka, J. X., Zesch, H. E., Felnhofer, A., & Plener, P. L. (2025). Stress reactivity during short trauma narratives in adolescents with post-traumatic stress disorder (PTSD) and complex PTSD. European Journal of Psychotraumatology, 16(1), 2532273. https://doi.org/10.1080/20008066.2025.2532273

The **differences between post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (C-PTSD) in adolescents remain poorly documented**, particularly with regard to physiological stress responses and associated emotional experiences. This study aimed to compare **autonomic nervous system (ANS) reactivity** as well as **subjective levels of stress, shame, and guilt among adolescents with PTSD, PTSD-C, or those who had been exposed to trauma but did not have a diagnosis.**

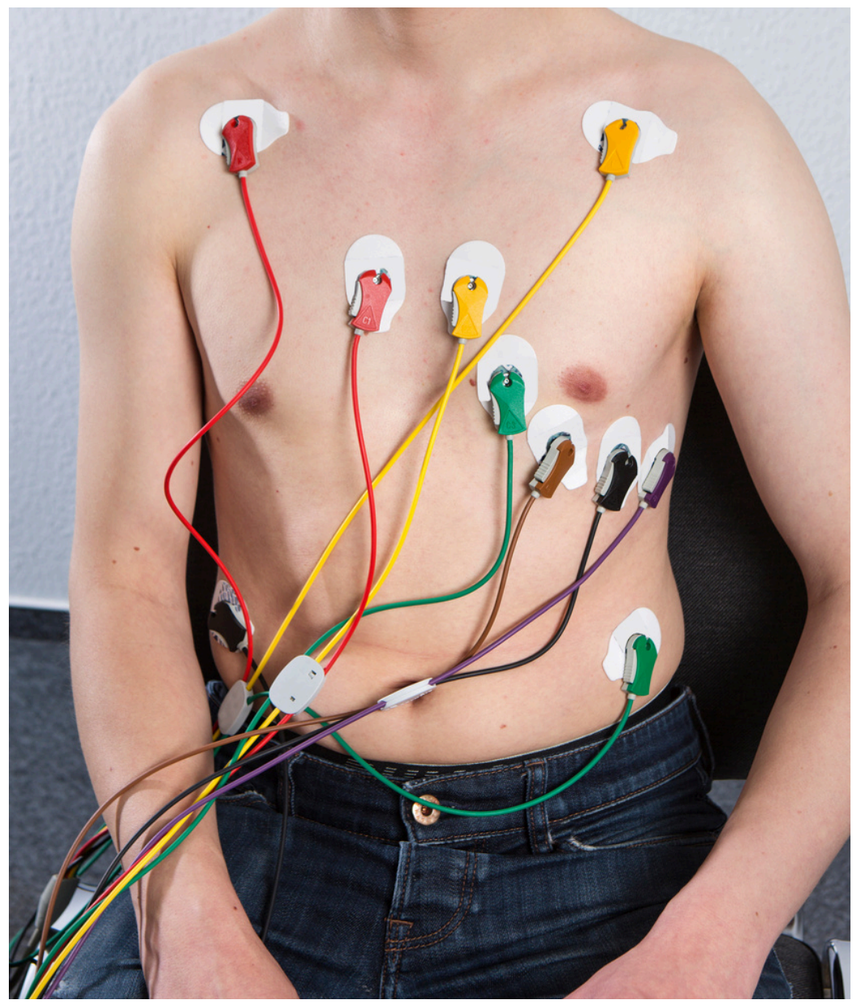
52 adolescents aged 14 to 18 participated in the study. The participants completed **questionnaires** assessing their perceptions of stress, shame, and guilt. At the same time, their **heart rate (HR) was measured** using an electrocardiogram. The assessment consisted of three phases: a rest period serving as a baseline, a 10-minute phase during which the adolescents recounted a traumatic event, and a recovery phase at rest.

The results indicate that all groups showed an increase in heart rate during the traumatic narrative. However, **adolescents with C-PTSD were distinguished by a sustained high HR during the recovery phase, unlike adolescents with PTSD and those without a diagnosis.** Compared to the other two groups, the **C-PTSD group reported significantly higher levels of stress, shame, and guilt during all phases of the experience.**

These findings support the notion that **C-PTSD in adolescents is associated with high levels of emotional dysregulation and a negative self-perception**, both of which are central components of the disorder's diagnostic criteria. The prolonged persistence of physiological arousal following trauma recall may reflect **increased difficulties in regulating emotions, underscoring the importance of clinical interventions that specifically target these mechanisms in this population.**

Takeaway questions:

- How could Portable ECG devices prove useful during interventions?
- How could this technology support psychosocial interventions?



Intergenerational patterns of child protection system involvement in an Australian population cohort

Green, M. J., McKenzie, E., Watkeys, O., Cheung, M. M. Y., Dean, K., O'Hare, K., Zulumovski, K., Butler, M., Carr, V. J., & Tzoumakis, S. (2026). Intergenerational patterns of child protection system involvement in an Australian population cohort. Child Abuse & Neglect, 172. https://doi.org/10.1016/j.chiabu.2025.107844

Families involved with child welfare services exhibit **diverse patterns of involvement** with these services. Building on research into the intergenerational continuity of trauma, this study aims to document the **prevalence and characteristics of four family profiles**: (1) **involvement across two generations** (parents and children), reflecting an intergenerational continuity of the cycle; (2) **involvement limited to the child**, suggesting the initiation of a cycle; (3) **involvement limited to the parents**, indicating a break in the cycle; and (4) **no involvement** for either generation.

The sample includes 75,784 Australian children and their parents, who were tracked longitudinally using government administrative data documenting their history of involvement with social services.

Results :

- **67.8%** of families had never had any contact with child protective services
- Among the children known to social services, **26%** had parents who had not themselves been involved in the system during their own childhood, which marks the beginning of a cycle. **Less than 5%** of the children came from families in which social services had been involved across two generations. About 1% belonged to families where at least one parent had been involved with child welfare services during their own childhood, but the child had not, illustrating a break in the cycle.
- **The factors associated with intergenerational continuity are: socioeconomic disadvantage, living in an isolated area, a higher number of reports to child protective services, and a history of delinquency or incarceration among parents**
- Families with involvement spanning two generations were characterized by earlier, more frequent, and more serious contacts with the system
- A higher maternal age at the child's birth appears to be associated with a break in the cycle

These findings underscore the **importance of supporting individuals who have been involved with child welfare services** as they transition to parenthood.

Takeaway questions: What strategies could support parents with a history of trauma as they transition into parenthood, in order to break the cycle of involvement with child protective services?

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.