

A scoping review of child maltreatment prevention in Canada: considerations for equity and access

Alicia Boatswain-Kyte^{*} , Daniel Ayimah , Faiza Abdul 

McGill University, Canada

ARTICLE INFO

Keywords:

Child maltreatment prevention
Parenting interventions
Scoping review
Marginalized populations
Public health
First Nations

ABSTRACT

Child maltreatment remains a pressing public health concern in Canada, with long-term consequences for children, families, and communities. Despite its prevalence, there is limited Canadian-specific evidence on effective prevention strategies, particularly for marginalized populations such as First Nations, Black, immigrant, and low-income families. This article presents findings from a scoping review using Arksey and O'Malley's methodological framework. In the 40 sources, which included peer-reviewed literature and grey reports, interventions were predominantly secondary and tertiary in nature, with limited emphasis on upstream prevention. Parent education programs were most common but had minimal impact on structural stressors such as poverty and mental health. While multi-component and community-based models showed promise, few programs were culturally adapted or responsive to diverse family structures, including fathers, LGBTQ2+ caregivers, and rural families. Most studies relied on self-report pre-post designs, with few randomized controlled trials conducted in Canada. The lack of disaggregated data obscured disparities in access, engagement, and outcomes. To effectively prevent child maltreatment in Canada, a public health approach is needed—one that is trauma-informed, culturally grounded, and equity-focused.

1. Introduction

Child maltreatment is a pervasive issue with far-reaching consequences for children, families, and society as a whole. The World Health Organization (WHO) defines child maltreatment as any form of physical, emotional, or sexual abuse, as well as neglect, that can harm a child's development, health, and well-being (World Health Organization, 2025). According to the WHO, child maltreatment is not only a humanitarian concern but also a financial burden. The long-term consequences of child maltreatment extend far beyond immediate harm, contributing to lasting trauma for families and significantly undermining the developmental, educational, and emotional well-being of children and youth. These impacts also place a considerable financial burden on public systems—particularly healthcare and child welfare services—with associated costs continuing to rise globally (Mikton & Butchart, 2009; Molnar et al., 2021). Preventing child maltreatment is widely recognized as a cost-effective strategy. This is not only due to the potential savings in child welfare services but also because of the long-term impacts on children and their future outcomes (Lane et al., 2021). Children who experience maltreatment are at increased risk for a range

of negative outcomes, including physical and mental health issues, substance abuse, and involvement in the criminal justice system. By intervening early and preventing maltreatment, society can reduce the long-term economic and social costs, improving outcomes for children and future generations.

Research on child maltreatment prevention has primarily been conducted in the United States (Landers et al., 2018). There is a noticeable gap in research regarding the effectiveness of child maltreatment prevention programs within Canada. Social demographic factors in Canada, including its cultural diversity, immigration, and linguistic diversity, present unique challenges that may affect the implementation and outcomes of prevention programs. Additionally, Canada's distinct social policies and healthcare systems require a tailored approach to understanding how prevention programs function within the Canadian context. Addressing child maltreatment in Canada requires a recognition of the intersecting vulnerabilities and marginalization that inform the risks, needs, and supports required by children and families. Canada's demographic landscape includes First Nations, racialized, and newcomer communities, all of whom encounter unique challenges in navigating service systems. First Nations children and

^{*} Corresponding author at: School of Social Work, 550 Sherbrooke Street West, Montreal, QC H3A1B9, Canada.

E-mail address: alicia.kyte@mcgill.ca (A. Boatswain-Kyte).

families, are disproportionately impacted by historical trauma, systemic discrimination, and cultural dislocation within child welfare systems (Blackstock & Trocmé, 2005). Immigrant families often face challenges such as language barriers, cultural differences, and unfamiliarity with local services, which can limit their access to prevention programs (Mytton et al., 2014). Similarly, racialized and low-income communities experience systemic inequalities that restrict their access to essential resources and support, increasing their vulnerability to child maltreatment (Boatswain-Kyte et al., 2020). As a result, these communities may face a heightened risk of child maltreatment due to limited access to prevention services, healthcare, and other forms of prevention support.

This intersection of marginalization and vulnerability underscores the urgent need to better understand the landscape of child maltreatment prevention programs in Canada. It is essential to examine how these programs are designed, implemented, and evaluated to ensure they meet the specific needs of vulnerable populations while addressing broader systemic barriers. The limited research on child maltreatment prevention in Canada—particularly concerning marginalized communities—highlights the need for tailored, evidence-based interventions that are both accessible and effective. This review seeks to address this gap by mapping existing programs, assessing their effectiveness, and identifying strategies to enhance their reach and accessibility.

1.1. Child maltreatment prevention models

Child maltreatment prevention is commonly conceptualized through a multi-level framework encompassing primary, secondary, and tertiary interventions, each addressing different levels of risk and timing of support (Harden et al., 2021). Primary prevention aims to create safe, stable, and nurturing environments for all families through universal strategies such as public education, parenting programs, and policies addressing social determinants of health (Harden et al., 2021; Klevens & Whitaker, 2007; D. Scott et al., 2016). While these efforts can improve parental well-being, evidence of their direct impact on maltreatment rates remains inconclusive (Viswanathan et al., 2024). Secondary prevention targets families exhibiting risk factors—such as mental health challenges, poverty, or social isolation—before maltreatment occurs, using screening and early intervention strategies to connect families with tailored supports (Brayden et al., 1993; Morello et al., 2022; Reynolds et al., 2009; van der Put et al., 2018). Tertiary prevention focuses on families where maltreatment has already occurred, aiming to prevent recurrence and support recovery through intensive therapeutic interventions, though evidence of long-term effectiveness remains limited (Chaffin et al., 2004; Gautschi & Lätsch, 2024; Putnam-Hornstein et al., 2021). Given the complexity of child maltreatment, a systems approach is essential, with models like Differential Response demonstrating the value of intersectoral collaboration between child welfare agencies and community organizations to address underlying factors such as poverty, trauma, and systemic barriers (Conley & Berrick, 2010; Fluke et al., 2013; Kaplan & Merkel-Holguin, 2008; Loman & Siegel, 2012; Rosanbalm et al., 2010).

1.2. Program accessibility and cultural responsiveness

Despite growing recognition of the value of parenting programs in supporting families and preventing child maltreatment, these interventions are not equitably accessible or effective for all populations. Most parenting programs have been developed and validated in high-income, Western contexts, where child-rearing norms emphasize individual autonomy, verbal expression, and self-regulation. These frameworks may not align with the values and practices of many non-Western families, where interdependence, collective caregiving, and hierarchical family structures are more prominent (van Esch & de Haan, 2017). When programs fail to reflect these cultural differences, families from diverse backgrounds may find them less relevant or engaging, limiting both participation and impact. Structural and systemic barriers further

constrain access for marginalized families. Economic insecurity, unstable housing, systemic racism, and immigration-related stressors can make it difficult for caregivers to attend programs regularly or prioritize participation. For example, families living in poverty may face logistical challenges such as transportation costs, inflexible work schedules, or lack of childcare. Forcibly displaced families often encounter additional obstacles, including language barriers, trauma histories, and the complexities of navigating unfamiliar service systems (Gillespie et al., 2022). Traditional program models—characterized by rigid scheduling, institutional settings, and expectations of consistent attendance—may inadvertently exclude those most in need of support.

At the same time, concerns about maintaining fidelity to evidence-based interventions have led some program developers and providers to resist cultural adaptation. Providers often cite the time, cost, and uncertainty involved in translating and modifying materials—such as manuals, videos, and training guides—for specific cultural groups, as well as concerns that such adaptations could compromise the integrity or effectiveness of the original model, particularly in the absence of rigorous evaluation (Self-Brown et al., 2011). Research has since challenged the assumption that adaptation necessarily undermines effectiveness (Finno-Velasquez et al., 2014; Kumpfer et al., 2017). Studies suggest that culturally adapted interventions can retain their impact when changes are guided by systematic frameworks (Baumann et al., 2015). Two broad categories of cultural adaptation frameworks have been proposed: those that focus on what to adapt in a program, and those that focus on how to make those adaptations. The first category of cultural adaptation frameworks focuses on what aspects of a program should be modified to better reflect the cultural backgrounds of the families being served. This might include changes to language, examples, values, or visuals to ensure the program content feels familiar and relevant (Bernal et al., 1995). The second category centers on how to carry out these adaptations. These process-oriented frameworks guide decisions about when to adapt, what to adapt, and who should be involved. They emphasize the importance of engaging community stakeholders, using formative research to inform changes, and clearly documenting the adaptation process. They advocate for the explicit description of what has been adapted, why it was adapted, and how it was adapted (Cabassa & Baumann, 2013).

Ultimately, the success of parenting interventions depends on their ability to meaningfully engage the families they are designed to support. For marginalized populations, this requires thoughtful attention to both cultural relevance and the broader structural conditions that shape family life. Programs should be developed with flexibility, cultural humility, and a nuanced understanding of the intersecting barriers families may face—such as economic hardship, systemic discrimination, and limited access to services. When these factors are not considered, parenting programs risk reinforcing existing inequities rather than addressing them.

1.3. Current study

This study was designed with a dual purpose: first, to comprehensively assess the landscape of child maltreatment prevention programs in Canada, with attention to their scope, implementation strategies, target populations, and effectiveness; and second, to identify gaps in the existing knowledge base, synthesize best practices, and explore a range of intervention strategies that address the specific needs of marginalized communities. Central to this inquiry is an equity-focused lens that considers how prevention programs are experienced across diverse populations, including First Nations, Black, immigrant, and low-income families. The study is guided by three research questions: (1) How do child maltreatment prevention programs in Canada vary in design, delivery, and effectiveness, particularly in relation to their reach and impact on marginalized communities? (2) What gaps exist in knowledge and practice regarding the effectiveness, best practices, and intervention strategies within the broader domain of public health approaches to

child maltreatment prevention? (3) To what extent are these programs effective within marginalized communities, and how can insights from existing research and best practices inform the development of future programs and policies tailored to these populations? Building on these questions, the study pursues four specific objectives: (1) to identify and evaluate existing child maltreatment prevention programs across Canadian jurisdictions, focusing on their scope, implementation strategies, and target populations; (2) to assess the effectiveness of these programs using available evidence; (3) to examine gaps in research and practice that limit the development of responsive and inclusive interventions; and (4) to synthesize best practices in program design and delivery, with particular attention to cultural responsiveness, accessibility, and equity. Through this multi-layered analysis, the study aims to inform future public health interventions and policy initiatives that better serve diverse communities across Canada.

2. Methods

This project followed the five essential steps of the structured scoping review process described by Arksey & O'Malley (2005). Our primary objective was to explore the effectiveness of parenting support programs in preventing child maltreatment, particularly among marginalized populations. The research questions were framed to guide an understanding of how these interventions impact marginalized groups, with a focus on program effectiveness in preventing child maltreatment in the Canadian context. The methodological approach involved conducting a comprehensive literature search, screening articles, charting the data, and generating findings aligned with our objectives.

2.1. Search strategy

An extensive literature search across multiple electronic databases, including Social Work Abstracts, CINAHL, ProQuest Social Sciences, Social Sciences Premium Collection, and Google Scholar. All databases were searched from inception to March 2025, with no publication date restrictions applied. To ensure thorough coverage, the search strategy involved a combination of key search terms in both English and French, relating to parenting programs, child maltreatment, marginalized

Table 1
Scoping review search terms.

Concept	Synonyms and Boolean Phrases
Program	(early intervention) OR (parent* program*) OR (family support program*) OR (parent* training*) OR (parent education) OR (psychoeducation) OR (prevention program) OR (group intervention)
Programme	(intervention précoce) OR (programme parent*) OR (programme de soutien familial*) OR (soutien au rôle parental) OR (formation parent*) OR (éducation parentale) OR (psychoéducation) OR (programme de prévention) OR (intervention de groupe)
Child maltreatment	(child maltreatment prevention) OR (child abuse prevention) OR (child welfare prevention)
Prévention de la maltraitance	(prévenir la maltraitance) OR (contre* la maltraitance) OR (child welfare prevention)
Marginalized communities	(marginalized communit*) OR (low-income famil*) OR (ethnic minorit*) OR (immigrant*) OR (racialized communit*) OR (First Nation communit*) OR (indigenous* communit*) OR (at-risk population*) OR (minority population*) OR (vulnerable population*) OR (newcomer)
Communautés marginalisées	(minorité ethniques*) OR (immigrat**) OR (communauté racialisées*) OR (famille à faible revenu*) OR (diversité ethnoculturelle) OR (minorité ethnoculturelle) (communautés des Premières Nations) OR (communautés autochtones) OR (population à risque*) OR (population vulnérable*)
Canada	(Canadian provinces) OR (provinces canadiennes) OR (Québec) OR (Montréal)

populations, and geographic location in Canada (Table 1). Boolean operators were used to combine these terms, creating a robust search strategy aimed at capturing a broad range of relevant studies for the scoping review. In addition to searching through traditional databases, we also sought gray literature to capture any unpublished or non-peer-reviewed materials that could be relevant to the research. Google searches were conducted using terms such as 'child maltreatment prevention programs in Canada' or 'parenting support programs in Canada.' We also conducted Google searches with the interventions that were named within the peer-reviewed studies. These efforts were designed to uncover additional resources that might not be present in academic journals but were still highly relevant.

2.2. Article screening

The screening process began with the evaluation of article titles and abstracts. Two independent reviewers assessed these articles to determine their relevance to the review. The inclusion criteria for the scoping review focused on studies that addressed: 1) marginalized groups, 2) parenting support programs, and 3) the prevention of child maltreatment. Additionally, only studies conducted in Canada were included. Our search strategy also prioritized key terms in both English and French to ensure comprehensive results. We excluded articles that did not meet the inclusion criteria. Specifically, studies that did not focus on parenting support programs, did not report on outcomes or the evaluation of an intervention, or did not focus on child maltreatment (such as physical abuse, neglect, intimate partner violence, or sexual abuse) were excluded. Using Covidence, the reviewers independently assessed the titles, abstracts, and full texts to identify studies that met the inclusion criteria. In cases of disagreement or inconsistency, a third reviewer was involved to resolve these differences, ensuring consistency in the screening process. Weekly meetings were held throughout the screening process to discuss and report on differences in ratings and to ensure adherence to the protocol. See Fig. 1 for the PRISMA flow diagram.

2.3. Charting the data

Once the relevant studies were identified, the data were charted to extract key information, including the authors, year of publication, study location, design, outcome measures, and key findings. We also extracted details about the study population and sample size, paying particular attention to identity markers such as race, ethnicity, gender, and socio-economic status, as these factors were essential for understanding the specific needs of marginalized populations (see Table 2). This data extraction process was conducted carefully and systematically to ensure consistency and accuracy. It enabled us to develop a comprehensive overview of the current landscape of parenting support programs aimed at preventing child maltreatment within marginalized populations in Canada.

2.4. Generating findings

A data charting spreadsheet was created using Microsoft Excel to systematically extract data from each individual article and program evaluation report. The categories for extraction included study design, type of prevention model, outcomes, barriers and facilitators, and the duration and intensity of the service. Prior to beginning the data extraction process, the spreadsheet was piloted on 10 randomly selected studies, and adjustments were made as necessary to ensure clarity and accuracy. This piloting phase helped refine the charting process and ensure consistency across all studies included in the review.

3. Results

This scoping review identified 40 studies evaluating child maltreatment prevention programs across Canadian jurisdictions. Most studies

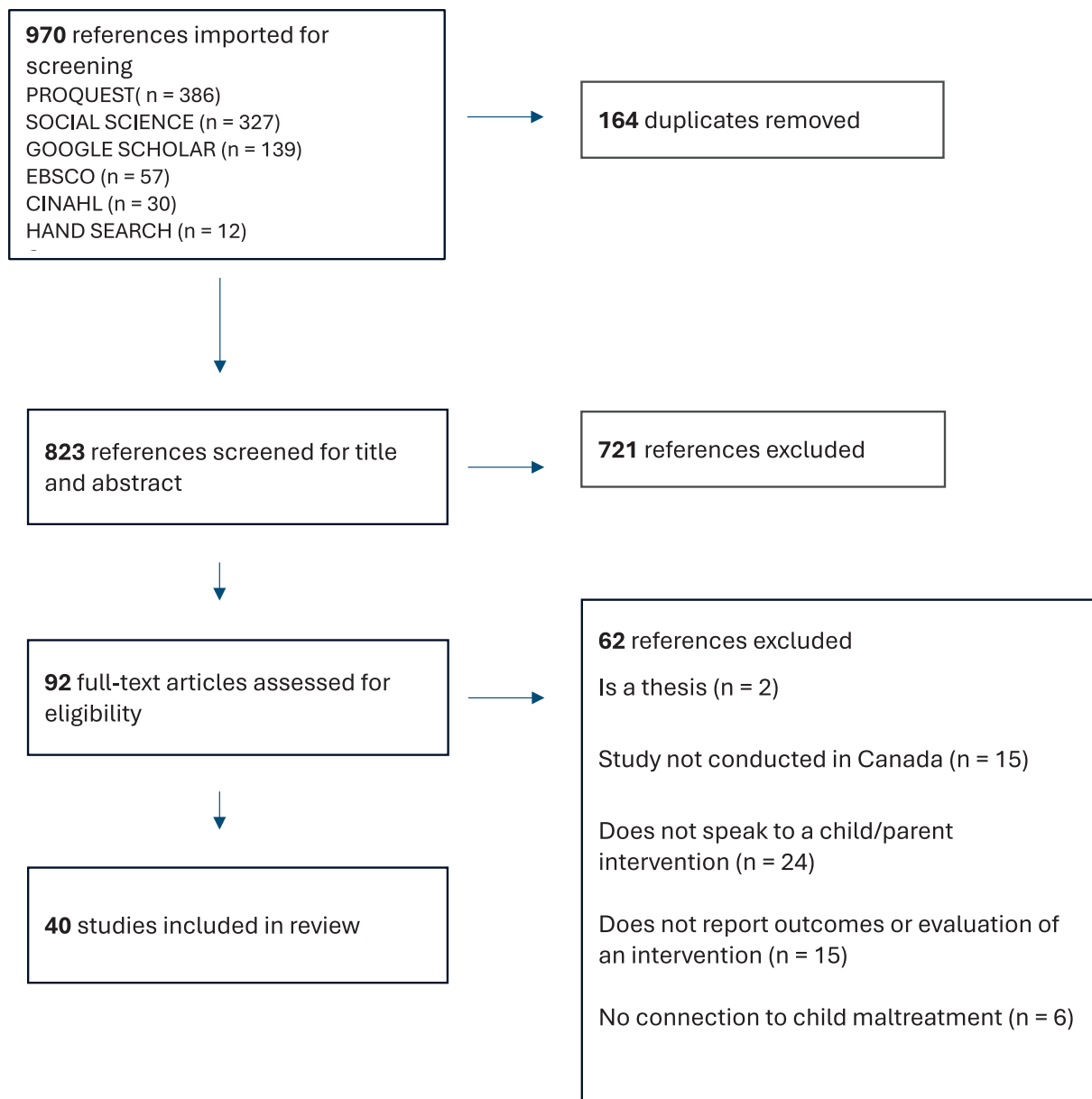


Fig. 1. Prisma flow diagram.

were conducted in Ontario (30.0%), Quebec (22.5%), and Alberta (10.0%), with additional representation from Manitoba, Saskatchewan, Newfoundland & Labrador, and British Columbia. A significant portion (20.0%) comprised systematic reviews or meta-analyses that included Canada without specifying a province. Notably, half of the studies were published since 2014, indicating a growing research focus. However, much of the evidence remains in the gray literature, limiting national dissemination and the development of a robust, peer-reviewed evidence base. Methodologically, only 7.5% of studies employed randomized controlled trials (RCTs), with the most recent conducted in 2015. The majority used quasi-experimental (17.5%) or mixed methods designs (15.0%), followed by single-group pre-post studies and case studies. This limited use of rigorous evaluative methods restricts generalizability and underscores the need for more robust assessments of intervention effectiveness in Canada.

3.1. Overview of child maltreatment prevention interventions in Canada

In terms of prevention models, the literature is heavily skewed

toward tertiary (48.6%) and secondary (40.0%) interventions, with only 11.4% evaluating primary prevention approaches. This reflects a reactive orientation—addressing maltreatment after it has occurred or once risk factors are identified—rather than proactive, universal strategies that aim to prevent harm before it arises. The framing of child maltreatment as a clinical or risk-based issue may contribute to this emphasis, potentially excluding broader health promotion or early education initiatives that do not explicitly identify maltreatment prevention as a primary goal. Parent education programs were the most common intervention type (32.5%), typically targeting caregivers at risk of or engaged in harsh parenting practices. These programs ranged from skill-building for parents of children with behavioral issues to education on child development. Multi-component programs (25.0%) adopted two-generational approaches, integrating services for both caregivers and children, often combining parenting support with early childhood education and family services. Home visitation programs (20.0%) were primarily secondary or tertiary models, offering in-home support led by nurses or allied health professionals, often extending over long durations to support early childhood development. A few interventions stood out

for their focus on culturally relevant and community-based alternatives to mainstream child welfare services (Anderson, 1998; Bérubé et al., 2014; Richard, 2018). These included family group decision-making models and programs led by Indigenous organizations, which aimed to address structural and systemic contributors to maltreatment. One unique child-specific intervention—the Holistic Arts-Based Program (HAP)—focused on mindfulness and emotional development for vulnerable children referred by mental health and child welfare agencies (Coholic & Eys, 2016). Overall, the duration of programs varied, with 35.0% lasting more than six months and 27.5% under 12 weeks. Longer interventions were typically associated with home visitation and multi-component models, reflecting their emphasis on sustained engagement and developmental support.

3.2. Participant characteristics

Across the studies reviewed, participant descriptions typically included demographic characteristics such as income level, gender, age, marital status, and ethnicity. Most programs served female primary caregivers, with women comprising the majority of participants in nearly all studies—even when the intervention was not specifically targeted at them. In several cases, women made up more than 60% of the sample. Notable exceptions included programs like Caring Dads (Bertrand Robitaille et al., 2023; Scott et al., 2021) and Turning Stones (Wong & Bouchard, 2020), which were designed for male perpetrators of family violence. A subset of studies focused on specific populations. Approximately a quarter of the studies centered on First Nations families (Anderson, 1998; K. Benzies et al., 2011; Chartier et al., 2018; Chartier et al., 2020), with one study including both First Nations and immigrant families, though without further disaggregation (K. Benzies et al., 2014). These studies were primarily conducted in Manitoba and Alberta. A smaller number of studies focused on young mothers (Goulden et al., 2023; Stirtzinger et al., 2002) or immigrant families (Richard, 2018; Stern et al., 2008). Several studies referenced characteristics such as low income, child welfare involvement, or exposure to intimate partner violence, though these were often mentioned in general terms without detailed demographic breakdowns. In some cases, authors noted the homogeneity of their samples, including an overrepresentation of White participants (e.g., Coholic & Eys, 2016). Notably, 12.5% of studies did not specify any parental characteristics related to marginalization or vulnerability, beyond noting that participants were involved in secondary prevention programs. Importantly, none of the studies disaggregated findings by markers of marginalization such as race, income, or immigration status. Even when diverse samples were included, outcomes were not analyzed by subgroup. This lack of disaggregated data limits our understanding of how different groups experience and respond to interventions and highlights a critical gap in the literature regarding equity and inclusion in parenting program research.

3.3. Outcomes of child maltreatment prevention programs

Systematic reviews and meta-analyses consistently reported small effect sizes across interventions, underscoring the need for more rigorous, context-sensitive evaluation methods. Flynn & Bouchard (2006) emphasized the variability and inconsistency in program outcomes, calling for stronger evidence-based practices and more culturally relevant evaluation frameworks. For example, the Nobody's Perfect program showed promising improvements in parenting confidence and coping skills, but lacked robust outcome measures to assess long-term impact (Kennett et al., 2012). Similarly, the Triple P program in Alberta demonstrated higher need satisfaction among participants, but no significant differences in parenting stress or child behaviour compared to control groups (McConnell et al., 2012). Across the 40 studies reviewed, child maltreatment prevention programs in Canada demonstrated a range of outcomes at the caregiver, child, family, and community levels. Most interventions (79.5%) targeted parenting

outcomes, with half (50.0%) aiming to reduce child maltreatment through improved parenting practices and decreased exposure to domestic violence or physical abuse. Caregiver-level impacts were among the most frequently reported. Programs led to improvements in emotional well-being, parental confidence, and self-esteem (10.0%), alongside shifts in disciplinary approaches. Caregivers reported reduced use of punitive discipline and increased adoption of positive parenting strategies, fostering warmth, consistency, and improved parent-child relationships. Many interventions also expanded caregivers' knowledge of child development and the effects of intimate partner violence (IPV), enhancing their capacity to support their children effectively. Child-level outcomes were observed in approximately one-third of studies (35.0%), particularly in programs targeting older children. These interventions helped reduce behavioral challenges and improve emotional regulation. For younger children, especially those in home visitation and multi-component programs, gains were noted in cognitive and language development, as well as emotional and social well-being. At the family and community levels, nearly half of the programs (50.0%) addressed maltreatment risk by enhancing family stability and safety. Strategies included strengthening protective factors, improving parenting practices, and reducing the likelihood of children entering care. Community-level outcomes were addressed in 45.0% of studies, with interventions fostering connections to local resources, peer support networks, and community institutions. Some programs explicitly aimed to build social capital and improve families' ability to navigate complex service systems. Notably, only one program—the Kids First initiative in Saskatchewan—directly addressed economic and structural determinants, reporting improvements in food security and housing stability (Muhajarine et al., 2010).

3.4. Program strengths and promising features

Evaluated programs revealed several strengths that offer valuable insights for future design and implementation. Group-based formats were especially appreciated by participants, who emphasized the importance of building supportive, nonjudgmental relationships with other caregivers. These peer connections fostered emotional safety and solidarity, enhancing the effectiveness of both prevention- and treatment-focused parenting interventions (Acton & During, 1992). In programs involving Indigenous families, the integration of cultural values—such as the sacredness of the child, the role of extended family, and the use of spirituality in healing—was a key strength. These culturally grounded approaches reinforced community identity and resilience through collective knowledge and self-determination (Anderson, 1998). Another promising feature was the emphasis on reflexive parenting. Programs that supported caregivers in developing self-awareness, emotional regulation, and perspective-taking facilitated meaningful shifts in how caregivers related to themselves, their children, and their communities. These cognitive and emotional changes—described as learning and value shifts—were identified as mechanisms of behavior change that extended beyond the parent-child relationship (Benzies et al., 2023). Participants also valued opportunities for open dialogue and emotional expression, expressing a desire for more time to share personal experiences, parenting challenges, and strategies (Scott et al., 2004; Shan et al., 2014). Father-focused interventions such as Caring Dads show promise in strengthening engagement with child protection services while reducing subsequent maltreatment re-referrals (Scott et al., 2021). The quality of program staff was frequently cited as a critical factor in program success, with participants highlighting the importance of compassionate, skilled facilitators who fostered trust and engagement (Bertrand Robitaille et al., 2023; Jancarik, 2012).

3.5. Implementation challenges

The implementation and impact of interventions aimed at preventing

or addressing child maltreatment were shaped by a range of structural, contextual, and programmatic challenges. These challenges often reflected the complexity of delivering services to families navigating multiple forms of adversity, rather than flaws in the interventions themselves. Retention and sustained engagement emerged as significant barriers across several interventions, particularly those focused on families affected by IPV. For instance, the Caring Dads program in Quebec, which works with fathers who have perpetrated IPV, experienced high dropout rates due to the program's length and rigidity (Bertrand Robitaille et al., 2023). Similarly, the Moms' Empowerment Program (MEP), designed to support mothers exposed to IPV, struggled to maintain engagement—especially among families facing housing instability and ongoing safety concerns (Graham-bermann et al., 2015). These findings suggest that even well-designed programs may face retention challenges without flexible delivery models that accommodate the complex realities of participants' lives. High attrition was not limited to IPV-focused interventions. Parenting education programs targeting families at risk of or involved in physical abuse—often operating within a tertiary prevention framework—also reported difficulties in sustaining engagement (Ducharme et al., 2001; Ellenbogen et al., 2015; Gallitto et al., 2021; Letarte et al., 2010). This pattern points to broader issues within tertiary prevention models, which frequently serve families already navigating significant adversity, including involvement with child protection systems, legal pressures, and ongoing crises. These conditions can make consistent participation in structured programs particularly difficult, regardless of the program's quality or intent. As such, there is a pressing need to adapt tertiary interventions to better meet families where they are and to develop systems that support more flexible, responsive models of engagement.

3.6. Cultural relevance, responsiveness, and access

Findings from the scoping review highlighted several limitations in cultural responsiveness and accessibility across evaluated interventions. Programs serving Indigenous families, such as One World, were critiqued for insufficient attention to spirituality and emotional needs, with caregivers of Aboriginal heritage reporting a disconnect between program content and their lived experiences (Benzies et al., 2011). Similarly, Anderson (1998) noted that Indigenous caregivers valued services emphasizing spirituality and family unity, which were often absent in mainstream child welfare approaches. Interventions targeting immigrant populations also revealed gaps in cultural relevance. In Quebec's Espace Parents program, immigrant mothers perceived initial video materials as caricatures, prompting a redesign to better reflect participants' cultural realities (Richard, 2018). Language barriers were identified as a more significant obstacle than cultural differences in the Incredible Years Parenting Program (IYPP), where immigrant women reported difficulty engaging with program content due to limited language accessibility (Stern et al., 2008). The Je tisse des liens gagnants (JTLG) program similarly faced challenges in reaching allophone and anglophone populations in Quebec, indicating limitations in inclusive outreach strategies (Jancarik, 2012).

Resource and funding constraints were frequently cited as barriers to program sustainability and reach. Organizations delivering the Caring Dads program reported difficulties in securing ongoing funding, which limited their capacity to offer wraparound supports and expand outreach (Bertrand Robitaille et al., 2023). In the Public Health Nurse Home Visitation pilot, both caregivers and nurses expressed concern that the six-month intervention ended prematurely, before meaningful progress could be sustained (MacMillan et al., 2005). Access was further constrained by geographic and logistical factors. Families in rural or remote areas, and those experiencing housing instability or food insecurity, faced challenges in engaging with services. For example, the KidsFirst program in Saskatchewan found that families with more complex needs made less progress, despite overall improvements in functioning among participants (Muhajarine et al., 2010). Finally, while

several programs demonstrated improvements in parenting behaviours, their impact on caregiver mental health and broader structural outcomes was limited. The SafeCare program led to reductions in neglectful behaviours but did not significantly improve psychological aggression or parental stress (Gallitto et al., 2021). A meta-analysis by Chen & Chan (2016) similarly found only small effects on parental depression. The PAPFC program in Quebec showed some improvements in parental stress and social integration but was less effective in addressing children's developmental needs, particularly language delays, and struggled to support families dealing with unresolved mental health or substance use issues (Bérubé et al., 2014).

4. Discussion

4.1. Overreliance on secondary and tertiary interventions

In this scoping review, we identified 40 studies that examined programs and interventions aimed at preventing child maltreatment in Canada. A notable finding in this scoping review was the overrepresentation of secondary and tertiary prevention programs. This skew towards more targeted interventions is likely due to the very nature of our research question, which is centred on the prevention of child maltreatment—a concept that inherently suggests a shift from universal prevention models to more specific, risk-based approaches. A persistent challenge in expanding the research base of primary prevention of child maltreatment lies in the difficulty of measuring and attributing impact. Unlike targeted interventions, where outcomes such as reduced recidivism or improved parenting practices can be more directly observed, the effects of universal strategies—such as public awareness campaigns or community-building efforts—are often diffuse and long-term. While it is essential to maintain robust secondary and tertiary responses, greater investment is needed in evaluating and scaling primary prevention efforts.

The majority of the programs reviewed focused on addressing parental outcomes through parenting education initiatives, which aligns with a psychopathological conceptualization of child maltreatment. Many of the programs reviewed focused on parenting education without integrating considerations of culture, identity, or social context. Some of the programs in the review focused exclusively on parenting education, while others incorporated parenting education as part of a broader approach. While these programs mentioned the inclusion of family support services, they did not provide detailed descriptions of how these interventions were structured or implemented. It is possible that these services were tailored to the unique needs of each family, making them case-dependent and less standardized. Moreover, while these programs frequently cited adherence to an ecological model of child maltreatment prevention, there was little discussion about how they addressed the more distal, structural factors such as socio-economic status, community resources, and systemic inequities. This lack of attention to distal factors underscores a limitation in the design and implementation of many of these programs.

A public health approach to child maltreatment prevention offers a compelling framework for this broader vision (Prinz, 2016). Unlike traditional models that intervene after harm has occurred, public health strategies emphasize early, universal, and population-based interventions that reduce risk across entire communities. This includes economic strengthening policies, accessible family supports, and community-based initiatives that promote safety and well-being before crises emerge.

4.2. Limited attention to structural, cultural, and community contexts

The Canadian evidence base reveals a significant gap in the design and evaluation of child maltreatment prevention programs tailored to diverse communities. Most mainstream evidence-based interventions have been developed and tested primarily with White, heteronormative,

Table 2
Overview of peer-reviewed studies, program evaluations, and reports on parenting and family violence interventions.

Type of source	Author & year	Intervention	Design	Sample	Findings
Peer-reviewed	Acton & During, 1992	Aggression Management Training Alberta	Quasi-experimental, pre-post	N = 29 caregivers 69% female 71% with current/ past CW involvement No further marginalization details provided. Participants were referred by from a hospital and CW agency.	Cognitive-behavioural group treatment improved parent-child relationships, reducing parental aggression, child-related stress, generalized anger, and disruptive behaviours. Parents felt more satisfied in their relationships and were less likely to assault their children. The group setting fostered a sense of support and hope, while skill training provided alternative coping strategies for stress.
Peer-reviewed	Anderson, 1998	Community prevention and support service Ontario	Qualitative	6 female caregivers Aboriginal ancestry (Status Indian, Non-Status Indian, Métis, Inuit) Aged late 20 s to mid-60 s Participants were referred from Native Child and Family Services of Toronto	Findings emphasize the need for culturally relevant, community-based child welfare services that prioritize spirituality, family unity and parental involvement in decision-making.
Peer-reviewed	Benzies et al., 2011	One World: A two-generation, multicultural preschool, parent education, and family support program inspired by Aboriginal Head Start (AHS) Alberta	Single group, pre-post, with follow-up	45 children and 38 caregivers of Aboriginal heritage. 10 children were in foster or kin care by age 7 at data intake. Recruitment of preschool-aged children and caregivers from agencies serving low-income families with children at risk for developmental delays	Results indicated improvements in children's receptive language scores and caregiver-reported global development, which were sustained at the 7-year follow-up, though receptive language scores remained below those of typically developing children. Minimal impact on caregiver outcomes, such as risk of child maltreatment, parenting stress, self-esteem, and daily life skills. It was suggested that the study may not have focused on the most relevant factors for caregivers of Aboriginal heritage, highlighting the need for interventions that prioritize spiritual and emotional healing over modifying specific parenting behaviors
Peer-reviewed	Benzies et al., 2014	A two-generation, multicultural preschool, parent education, and family support program. Alberta	Single group, pre-post, with follow-up	132 children and 79 caregivers 34% Aboriginal 31.2% Canadian 34.8% recent immigrant 65 children at age 7 intake Recruitment of preschool-aged children and caregivers from agencies serving low-income families with children at risk for developmental delays	The program improved children's receptive language and global development, with most gains maintained at the 7-year follow-up. Parents experienced reduced risk of child maltreatment, lower parenting stress, increased self-esteem, and better use of community resources. Parental distress continued to decline over time.
Peer-reviewed	Benzies et al., 2023	Prevention-focused parenting education programs (P-FPEPs) Canada	Cross-sectional survey design	N = 459 caregivers	Participation in nine P-FPEPs led to significant shifts in parental perspectives and behaviours. Parents reported improved understanding of child development, better relationships with children and others, and greater confidence. Key themes included valuing self-care without guilt and normalizing parenting concerns, which supported more positive parent-child interactions.
Peer-reviewed	Bertrand Robitaille et al., 2023	Caring Dad (parenting education) Quebec	Single case study	N = 4 caseworkers (1 woman, 3 men), 2 coordinators, 8 fathers and 4 partners of fathers. Half of participant fathers were age 50 and up. The majority of fathers exhibited verbal or psychological violence, while a minority committed physical violence. Five fathers were under youth protection due to violence towards their children.	Diverse outreach strategies supported participant recruitment, but the program's structured format limited space for men's emotional expression. Many desired more peer sharing. Positive changes in father-child relationships and behaviours were noted, though some challenges persisted. High dropout was linked to the program's rigidity and personal factors. Budget constraints limited

(continued on next page)

Table 2 (continued)

Type of source	Author & year	Intervention	Design	Sample	Findings
Grey literature	Bérubé et al., 2014	Programme d'aide personnelle, familiale et communautaire nouvelle génération (PAPFC) Quebec	Mixed-methods	N = 93 families (89 mothers, 15 fathers, 144 children); second data collection 10 months later included 45 families Based on 56 families with available data: 70% of mothers and 20% of fathers were unemployed, 56.7% of families were headed by single mothers, 54% of families had an annual income of less than \$15,000, 72% of mothers and 71% of fathers had an education below grade 12 N = 184 children and their families (99 children in the intervention group and 85 in the control group) Children aged 0 to 9 years 35% of families had 3 or more children, 52% were single-parent families, 50% families had an annual income of \$15,000 or less, 61% had not completed grade 9, 76% were unemployed, 10% were living in overcrowded housing conditions	partner and community engagement, and questions emerged about program sequencing relative to domestic violence interventions. The PAPFC program showed positive impacts, including reduced parental stress and improved social integration after two years. However, it had limited effects on children's developmental challenges, particularly language delays. Service intensity may be insufficient, and families facing complex issues (e.g., mental health, substance use) may require more specialized and tailored interventions.
Grey literature	Chamberland et al., 2012	Action intersectorielle pour le Développement des Enfants et leur Sécurité (A.I.D.E.S.) Quebec	Quasi-experimental	Program evaluation: N = 9, 746 children (4, 562 in the experimental group and 5, 184 in the control group) Child development measure: N = 3, 179 children (1, 491 in the experimental group and 1, 688 in the control group)	A quasi-experimental design found that the program may help stabilize home environments and prevent further deterioration. Social service professionals working with participant families also reported a better understanding of family dynamics and parental stress compared to those supporting control groups.
Peer-reviewed	Chartier et al., 2017	Families First Home Visiting program (FFHV) Manitoba, Alberta	Quasi-experimental	Program evaluation: N = 9, 746 children (4, 562 in the experimental group and 5, 184 in the control group) Child development measure: N = 3, 179 children (1, 491 in the experimental group and 1, 688 in the control group)	Using a quasi-experimental design, the evaluation of the Families First Home Visiting (FFHV) program found lower rates of children being taken into care and maltreatment-related hospitalizations by age three. No differences were found in child development at kindergarten. Findings suggest FFHV may help reduce child maltreatment among at-risk families.
Peer-reviewed	Chartier et al., 2018	Families First Home Visiting (FFHV) modelled after Hawaii Healthy Start. Manitoba	Quasi-experimental	The study used administrative data from the Manitoba Population Research Data Repository to compare children who received FFHV (N = 4575), children who were eligible but did not receive FFHV (N = 5186) and all other children in general Manitoba population (69 688). It included families who participated in the FFHV program (mostly off reserve) A screening process led by a public health nurse or trained paraprofessional is used to identify families classified as high-risk.	Participation in Manitoba's FFHV program was associated with a lower likelihood of children being taken into care and a higher likelihood of receiving complete immunizations at ages 1 and 2. Probabilities of being taken into care and receiving complete immunization were smaller between FFHV children and the general child population, compared with children who did not receive FFH. Estimated outcomes were similar between children who received home visiting and those who were eligible but typically do not participate, suggesting the program could benefit harder-to-reach families as well.
Peer-reviewed	Chartier et al., 2020	Families First Home Visiting (FFHV) modelled after Hawaii Healthy Start. Manitoba	Quasi-experimental	The study used administrative data from the Manitoba Population Research Data Repository to compare FN children who received FFHV (N = 1681) with FN who were eligible but did not receive the program (N = 2329) A screening process led by a public health nurse or trained paraprofessional is used to identify families classified as high-risk.	The FFHV program is associated with reduced rates of child maltreatment indicators among First Nation families in Manitoba. Children from families enrolled in FFHV were significantly less likely to be taken into care, hospitalized for maltreatment-related injuries, or involved in the justice system as witnesses to or victims of a crime.
Peer-reviewed	Chen & Chan, 2016	Parenting program to prevent child maltreatment Canada (part of a broader review including the U.S., Australia, New Zealand, England, Thailand, and Iran)	Meta-analysis	The meta-analysis included 37 studies. Inclusion criteria required: (1) 10 RCT designs with at least one control and one intervention group, (2) primary, secondary, or tertiary programs focused on child maltreatment, and (3) intervention groups receiving	The meta-analysis found small but positive effects of parenting programs on reducing substantiated child maltreatment and improving parenting practices (e.g., reduced harsh or dysfunctional parenting). However, effects on parental

(continued on next page)

Table 2 (continued)

Type of source	Author & year	Intervention	Design	Sample	Findings
Peer-reviewed	Coholic & Eys, 2016	Holistic Arts-Based Program (HAP) Ontario	Mixed methods, quasi-experimental	home visiting or parent training, while control groups received standard agency services. The study included both qualitative and quantitative components. <i>Qualitative Analysis</i> N = 47 children (30 girls and 17 boys) with a mean age of 10.38 years. <i>Quantitative Analysis</i> N = 77 children (43 girls and 34 boys) with a mean age of 10.34 years. Demographic data (ethnicity, income) were not collected due to the community's homogeneity (predominantly White, working-class). Participants were referred by local mental health, child welfare, or community agencies.	depression and stress were minimal. Protective factors were enhanced overall, but outcomes varied by country income level, with higher-income countries seeing greater benefits. Programs involving fathers showed smaller effect sizes. The HAP program effectively engaged vulnerable children through arts-based methods. The study highlights that strengths-based approaches and enjoyment of program activities increased participation and benefits. Qualitative results suggest improvements in self-concept, with children and their guardians reporting better abilities to understand and manage feelings. The only significant improvement was observed in the self-concept measure.
Peer-reviewed	Ducharme et al., 2001	Errorless Compliance Training Ontario	Single case study	N = 2 mothers, aged 23 and 27, with education levels below grade 8. Both were unemployed, had experienced abuse from previous partners and receiving welfare assistance.	The program reduced child noncompliance, which in turn decreased mothers' use of punitive or coercive measures, lowering the risk of abuse early in treatment. Improvements extended to untrained requests and were maintained at a 6-month follow-up. Throughout the intervention and follow-up, neither child welfare agencies nor the mothers reported concerns about maltreatment or child injury. One mother reported low level of satisfaction with program involvement.
Peer-reviewed	Ellenbogen et al., 2015	Family Ties Program Quebec	Single group, pre-post	N = 58 families Average age was 14.9 years for children and 45.3 years for caregivers. 48% of the children and 72% of the caregivers were female 26% of families were Canadian, 18% were White, 16% were Black/African American, and 13% Italian 46% of the caregivers had completed high school and 34% had an annual income of 29, 999 or less	The Family TIES program improved family dynamics and youth behaviour. Parents reported greater confidence in managing behaviour and resolving conflict. Families developed trust, prosocial skills, and anger control strategies. Improved communication and reduced dysfunction were noted, along with decreases in youth aggression, anger, and rule-breaking.
Grey literature	Émond et al., 2004	Je m'en sors, c'est mon sort! Quebec	Quasi-experimental, pre-post	N = 40 mother-child dyads (18 in the intervention group and 22 in the control group) 26 girls and 14 boys (aged 9 to 12 years); mean age of children: 10.2 years Mothers with a mean age of 36.9 years and the mean age of the fathers or mothers' partners was 39.6 years 65% of mothers and 67.5% of fathers had education levels below grade 9. 47.5% of mothers were unemployed; 75% of families had an annual income of less than \$30,000	The program evaluation showed only one significant result: an improvement in children's knowledge about domestic violence. While the program positively impacted knowledge, it did not seem to change attitudes or behaviours. Recruitment challenges highlight the need for further research on effective implementation in Quebec.
Peer-reviewed	Flynn & Bouchard, 2006	Child maltreatment prevention programs Canada	Systematic review	10 peer-reviewed program impact evaluations in child welfare with RCT (intervention and control groups) or a quasi-experimental design.	The review emphasizes the need for high-quality evaluations, a broader range of interventions, and the implementation of evidence-based practices. While some studies show positive effects from home-visiting programs, parenting interventions,

(continued on next page)

Table 2 (continued)

Type of source	Author & year	Intervention	Design	Sample	Findings
Peer-reviewed	Gallitto et al., 2021	SafeCare Program Ontario	Single group, pre-post, with follow-up	N = 76 caregivers, 82.9% female, 84% Caucasian, with a mean age of 28.1 years. Most were single (52.6%), had not completed high school (44%), were not employed outside the home (75.9%), and had low household incomes, with 71.9% reporting less than \$20,000 CAD annually.	and group therapies, these effects are often small, inconsistent, and highly variable. The review also stresses the importance of culturally relevant and contextually appropriate interventions and highlights that many current interventions lack clear evidence, underscoring the need for evidence-based practices. Caregivers reported a statistically significant decrease in self-reported neglectful parenting behaviours and physical punishment, along with an increase in the use of non-confrontational conflict resolution strategies following completion of the SafeCare program. These improvements were maintained at the 3-month follow-up. No significant difference was found in the use of psychological aggression.
Grey literature	Goodman & Gough, 2006	Beyond the Basics Ontario	Single group, pre-post, with follow-up	N = 95 caregivers (47 mothers attending without partners, 12 fathers attending without partner, 18 couples) 47% of caregivers did not complete high school, 26% were employed full-time, 25% experience mental health and health issues, 22% had a disability.	A pre-post evaluation showed that caregivers gained valuable knowledge about child rearing and found positive parenting strategies easier than expected. Parents were satisfied with the program, noting improvements in their understanding of child development and parenting attitudes. Responses indicated a shift away from using physical discipline. Parents recommended the program for its practical approach to raising children using positive parenting skills.
Peer-reviewed	Goulden et al., 2023	Parenting programs: home visiting, parenting education service through community Canada	Scoping review	14 peer reviewed studies of programs designed for young mothers with child welfare involvement	Successful outcomes were linked to increased program duration and flexibility, with the best outcomes associated with creative engagement and outreach strategies meeting immediate needs. Emphasis on skill building reduced the risk of child maltreatment but perpetuated a narrow focus on young mothers. It is unclear whether relationship-building and resource counselling alone contributed to the decrease in child maltreatment risk.
Peer-reviewed	Graham-Bermann et al., 2015	Pre Kids' Club (PKC) Moms' Empowerment Program (MEP) Ontario	RCT	N = 120 mother-child pairs Children aged 4–6 years; 53% boys, 47% girls. Ethnicity: 38% Caucasian, 37% African American, 20% Biracial, 5% Latino/a. Families had low average monthly income. 52% had lived in, or were currently living in, a shelter for families exposed to violence. Participants were recruited through community and shelter outreach.	The program significantly reduced internalizing problems for girls at the 8-month follow-up, but not for boys. Both boys and girls showed significant reductions immediately after the intervention. The intervention was more effective for children with higher initial levels of internalizing problems. Participant retention was a challenge, and longer-term follow-up is needed.
Grey literature	Jancarik, 2012	Je tisse des liens gagnants (JTLG) Quebec	Process evaluation	Program for vulnerable families with children aged 0–12 years old.	Participation in JTLG is growing, especially among families involved with child welfare and social services. Allophone and anglophone populations remain harder to engage. Parent groups are highly valued, fostering empowerment, reduced social isolation, and increased parental confidence. Efforts are ongoing to tailor activities and encourage parental involvement.
Peer-reviewed	Kennett et al., 2012	Nobody's Perfect Canada	Pre-post, with follow-up	N = 46 caregivers Parents' age ranged from 19 to 48 years with a mean age of 26.59 years 6 participants were native and 2 half-native	Findings demonstrate that participants experience increased confidence in parenting, better stress coping skills, and improved problem-solving abilities. They also show greater resiliency, self-

(continued on next page)

Table 2 (continued)

Type of source	Author & year	Intervention	Design	Sample	Findings
Peer-reviewed	MacMillan & Thomas, 1993	Public Health Nurse (PHN) Home Visitation Ontario	Descriptive qualitative design	78% of caregivers were females, 83% had an annual income of \$20,000 or less, 52% were single caregivers, 48% had attained a minimum of secondary school education N = 14 families 70% received government assistance; 70% were single-parent families. 60% of primary caregivers reported childhood physical abuse. Alleged perpetrators: 43% mothers, 29% fathers/stepfathers, 7% other household members, 21% unknown. Recruitment from child welfare agency	sufficiency, and independence, with more positive parent-child interactions, use of positive discipline techniques, and access to peer and community support. PHNs primarily engaged with mothers (70% of families were single-parent households). All families reported satisfaction with the home visitation program and praised the PHNs. Many caregivers and nurses felt the six-month intervention was too short, ending before meaningful progress could be sustained.
Peer-reviewed	MacMillan et al., 2005	Public Health Nurse (PHN) Home Visitation Ontario	Randomized control trial	N = 163 families (74 families in the control group and 89 families in the intervention group) Recruitment from child welfare agency	The intensive two-year home visitation program by nurses was less effective in preventing recurrence of maltreatment compared to its documented success in initial prevention. Hospital data showed higher rates of physical abuse or neglect in the intervention group, and baseline measures of family functioning and parenting showed little difference between groups. The findings suggest that preventing recurrence may be more complex and less responsive to interventions that have been effective in primary prevention, underscoring the need for targeted strategies for families with prior involvement in child welfare.
Peer-reviewed	McConnell et al., 2012	Triple P Positive Parenting Program Alberta	Quasi-experimental, single-blind and post-test-only	N = 923 caregivers (172 received Triple P intervention) Mean age of caregivers was 32 years, 96.5% were female, 6.1% were Aboriginal, 42.1% were employed, 3.4% were single caregivers, 15.9% had an annual income of less than \$40,000	Parents who participated in a group-based Triple P intervention reported higher need satisfaction compared to those in a group education program without the intervention. However, no significant differences were observed between the Triple P and service-as-usual groups in terms of parenting stress, family functioning, positive interaction, or child behaviour.
Grey literature	Ministère de la Santé et des Services sociaux, 2022	Services intégrés en périnatalité et pour la petite enfance (SIPPE) Quebec	Cross-sectional	N = 4,014 families Approximately 75% of the primary caregivers had an education below grade 12, 34% of families were headed by single caregivers, approximately 20% of families immigrated to Quebec less than 5 years ago	The report highlights the characteristics and vulnerabilities of families in the program, such as low education and social isolation. Most interventions are preventive, occurring before problems arise. Parental challenges can negatively impact child development, stressing the importance of timely support. Collaboration with other services, like mental health and addiction services, is crucial for comprehensive support. The report also emphasizes the need for integrated services, particularly with early childhood education.
Grey literature	Muhajarine et al., 2010	KidsFirst Saskatchewan	Quasi-experimental	N = 3,779 families 98% of caregivers were females with a mean age of 24.1 years, 55% of primary caregivers had an education below grade 12.	Results indicated that many KidsFirst families experienced improved functioning within six months, including better social supports, food security, and housing stability. However, families with complex needs made less progress. Most children showed normal development, but some displayed delays, suggesting a need for further screenings. The curriculum delivered by KidsFirst did not appear to have a significant impact on child development. The program showed no significant differences in birth weights or hospital visits for injury/poisoning, but KidsFirst children had fewer well-child visits

(continued on next page)

Table 2 (continued)

Type of source	Author & year	Intervention	Design	Sample	Findings
Grey literature	National Crime Prevention Centre, 2013	Stop Now and Plan (SNAP) Across Canada	Quasi-experimental design, delayed treatment group	N = 186 children across three sites (Cree Nation community, Edmonton, and Toronto) Children below the age of 12 70% of children enter at moderate to high risk (children with clinical range and and prior police contact) across the Toronto and Edmonton sites	and more hospital visits for respiratory issues, highlighting a need for better healthcare access. Key findings indicate that SNAP has proven effective in reducing delinquent, externalizing, and internalizing behaviours, as well as improving child-parent relationships. Studies have shown that the program significantly reduces aggression, rule-breaking, conduct problems, and symptoms of disorders like ADHD and ODD. Results were sustained up to a year later. Additionally, the program's effectiveness varies by gender, with boys benefiting more from the program when their conduct problems are severe. A less intensive version, I-SNAP, was also shown to reduce milder behavioural issues.
Peer-reviewed	Nelson et al., 2001	Child maltreatment prevention program Canada	Systematic review	The review does not specify the number of included studies. Inclusion criteria required primary and secondary prevention programs for children aged birth to 12, a prospective controlled design, and allowed unpublished reports, book chapters, and journal articles.	Home visitation programs are the only approach with evidence of preventing child physical abuse and neglect. Multicomponent community-based programs promote family wellness and help prevent various negative outcomes for children. Effectiveness varies; some programs improve family wellness, while others reduce child maltreatment. Parent training programs enhance parenting attitudes and behaviours, but there is no evidence that they prevent child maltreatment. No evidence was found for programs preventing child sexual abuse.
Peer-reviewed	Pennell et al., 2000	Family Group Decision Making (FGDM) Newfoundland & Labrador	Mixed methods, descriptive study	N = 472 participants (384 family members, 88 service providers). Families were recruited from three culturally distinct regions: an Inuit community, a rural area with British, French, and Mi'kmaq origins, and the capital city with Irish and British heritage. Families were referred by mandated authorities (child welfare, parole, youth corrections or probation.	Conferencing was effective in reducing rates of child abuse, neglect, and abuse of women. CPS files revealed a decrease in family separations among project families, with fewer children placed in care and fewer family members fleeing the home due to fear. The authors concluded that the program's focus on family unity and ensuring the safety of all family members contributed to its effectiveness.
Grey literature	Public Safety Canada, 2023	The Strengthening Families Program (SFP) Canada	Information about the studies' design is not available.	Program targeted at high-risk children and youth aged 6–16, as well as their caregivers.	The Canadian outcome evaluation studies of the Strengthening Families Program SFP highlight positive changes in both youth and family outcomes. Participants reported improvements in communication, conflict resolution, and emotional regulation. Parents noted enhanced coping skills and improved family dynamics, while youth showed a reduction in behaviour problems and increased self-esteem. The program demonstrated significant benefits in family functioning and youth behaviour, especially in areas like managing emotions and reducing antisocial behaviour, with notable results for girls in particular. The findings suggest that SFP helps foster stronger family relationships and better youth outcomes.
Peer-reviewed	Richard, 2018	Espace Parents Quebec	Single case study	N = 4 facilitators (all women) and N = 11 mothers participated in the evaluation. None of the N = 6 fathers who attended the workshops participated in the evaluation.	The initial version of the workshops received strong interest from caregivers and facilitators, fostering valuable discussions about the challenges related to migration. The activities were effective in promoting

(continued on next page)

Table 2 (continued)

Type of source	Author & year	Intervention	Design	Sample	Findings
				N = 2 facilitators were born outside Canada N = 11 mothers were all born outside Canada, with an average of 4 years of residence	idea exchange, meeting caregivers' informational needs, and were deemed relevant. However, some videos used in the activities were perceived as caricatures, leading to mixed reactions. The final version addressed this by contextualizing themes and clarifying facilitation instructions. Parents expressed a need for longer sessions and continued support after the workshops. Facilitators were seen as empathetic, and the workshops were successful in reducing parental stress and increasing confidence in parenting skills.
Peer-reviewed	Shan et al., 2014	Kids First Saskatchewan	Mixed methods	Semi-structured with 52 program staff and 35 Kids First clients. In addition, 17 program staff focus groups, 9 supporting and combined agency focus groups and one focus group with early childhood educators.	The study evaluated KidsFirst in Saskatchewan, Canada, focusing on how early childhood intervention builds social capital at individual, community, and institutional levels. Key findings include: community consultations and partnerships strengthened local cohesion; hiring locally and staff–community connections enhanced institutional trust; and the program fostered peer bonding among vulnerable families. These mechanisms improved family service integration and supported child development indirectly, suggesting that multi-level, social-capital approaches are essential for effective health promotion programs
Grey literature	Scott et al., 2004	Caring Dads Ontario	Mixed-methods, pre-post	N = 17 fathers Participants varied in age, living situations, education, and employment. Just over half were employed, and most had multiple children. Referrals came primarily from probation officers, child protective services, and related agencies.	Pilot implementation of Caring Dads showed limited but promising improvements in parenting and father–child relationships. Self-report and interview data indicated reductions in abuse-related stress and improved emotional attunement, although reliable change varied across measures: some men moved from clinical to normative ranges on the Parenting Stress Index and CAPI. High participant dropout rates (7 of 17 participants completed the program) were attributed to low session engagement, poor collaboration with broader system services, and feelings of coercion.
Peer-reviewed	Scott et al., 2021	Caring Dads Ontario	Quasi-experimental	185 father case files followed over two years, including 85 fathers who completed one of eight Caring Dads intervention cycles (2013–2016) and 100 referred and eligible fathers who did not complete the program. Among intervention participants, 36% identified as white, 27% as Black, 27% as Asian, and 10% as other.	The study found that fathers in the intervention group had more engagement with child protection workers and lower rates of re-referral over a two-year period compared to fathers who were referred but did not complete the intervention. Several limitations related to study design, inconsistent case file documentation, lack of implementation fidelity data, and uncertainty about ongoing father–child contact limit the strength and interpretation of the study's conclusions, particularly regarding the mechanisms through which impacts may have occurred.
Peer-reviewed	Stern et al., 2008	Incredible Years Parenting Program (IYPP) Ontario	Mixed methods, fidelity assessment	The number of participants is not stated. The study focused on group leaders' adherence to the Incredible Years parenting program. Many participants were immigrant women for whom English was a second language.	Language barriers posed a greater challenge to adherence than cultural factors. Key obstacles included balancing parent preferences with the program's structured design and addressing the gap between high-risk clinical populations and universal IYPP groups. Facilitators included responsive supervision, strong fidelity

(continued on next page)

Table 2 (continued)

Type of source	Author & year	Intervention	Design	Sample	Findings
Peer-reviewed	Stirtzinger et al., 2002	Parenting intervention program for adolescents to interrupt maternal depression and child maltreatment Ontario	Randomized control trial	N = 16 female adolescents Adolescents aged 14–20 (M = 17) with troubled family relationships, a history of abuse by male partners, and some with substance abuse. Forty percent were Black, 40% were White, and 20% identified as biracial or Filipino. Both treatment and control groups had similar racial/ethnic distributions and levels of conflict and trauma.	support, consistent training, adherence monitoring, problem-solving strategies, and the group leader's suitability and commitment to the program's goals. The treatment group showed significant improvements in depressive symptoms, Child Control over Failure, and Perceived Control over Failure, while the control group showed no change or slight increases. The treatment group also demonstrated a decrease in negative attributions and related emotions, compared to a slight increase in the control group.
Peer-reviewed	Wong & Bouchard, 2020	Turning Stones (domestic violence intervention program) British Columbia	Mixed methods, single group pre-post	N = 18 participants (N = 9 men, N = 9 women) All participants were Aboriginal.	Preliminary results from the ABI (Abusive Behaviour Inventory) showed that male participants experienced a decrease in physical and psychological abuse, which was mostly maintained at the 6-month follow-up. Female participants reported a decrease in partners' abusive behaviour at post-test, with a larger reduction at follow-up.

single-parent, female-headed households. As a result, their effectiveness within First Nations, Black, immigrant, and 2SLGBTQ+ communities remains unclear or inconsistent. Programs that do tailor to these populations, often face a tension between maintaining fidelity to established models and adapting interventions to local cultural and contextual needs (Carroll et al., 2007). While many service providers express a desire to tailor programs, they are frequently constrained by rigid implementation protocols tied to funding or developer guidelines. This limits the ability of organizations to respond meaningfully to the lived realities of the communities they serve. Community-led and peer support models—particularly those rooted in Indigenous knowledge systems or grassroots organizing—are consistently valued by families. These approaches foster trust, cultural safety, and relational connection. However, they remain underfunded, under-evaluated, and often excluded from mainstream definitions of “evidence-based” practice.

4.3. Weak Canadian evidence base

While positive feedback from participants is common, few of these models are linked to robust child safety outcomes or long-term impact assessments. Moreover, the lack of disaggregated data by Indigenous identity, race, culture, and socio-economic status in Canadian studies constitutes a significant limitation in the current evidence base on child maltreatment prevention. Across the literature reviewed, only a small number of studies were explicitly designed to examine prevention interventions with Indigenous children and families (N = 2). In many evaluations, Indigenous ancestry was not reported, leaving the composition of study samples unclear. Where Indigenous children were included, outcomes were typically presented in aggregated form, without disaggregation by Indigenous identity or by specific types of maltreatment. Additionally, very few evaluations tracked long-term change or examined differential outcomes across diverse populations, further constraining assessment of equity, inclusion, and the sustainability of program impacts.

Child maltreatment is a complex issue shaped by intersecting structural, economic, and social factors within a child's broader ecology. While several evaluated programs demonstrate positive outcomes—particularly in improving parenting skills and reducing proximal risk factors—most focus on targeted interventions for families

already identified as at-risk. As a result, the existing evidence base reflects a limited emphasis on upstream, population-level strategies that address the underlying causes of maltreatment, such as poverty, housing insecurity, and systemic racism. This does not mean such approaches are absent in Canada, but rather that they remain underrepresented in the peer-reviewed and gray literature. The growing integration of trauma-informed principles in Canadian programming is a promising development. These frameworks recognize the cumulative impact of adverse childhood experiences (ACEs), polyvictimization, and community-level adversity (Harden et al., 2020). However, few evaluated programs explicitly incorporate strategies to address the broader social and economic conditions that shape these experiences.

Moreover, there is limited evidence of integrated data systems that track outcomes across child protection, health, education, and social services. This fragmentation makes it difficult to assess long-term impacts, identify service gaps, or coordinate care for families with complex needs. Strengthening data infrastructure is essential for improving service integration and accountability across sectors. In addition, few programs incorporated participatory or community-engaged research approaches. Most interventions were designed and evaluated by academic or institutional actors, with limited involvement from caregivers, youth, or community members in shaping the programs themselves. This lack of engagement risks overlooking the lived realities and priorities of those most affected by child maltreatment. Embedding participatory methods in both program design and evaluation can help ensure that interventions are culturally relevant, contextually grounded, and more likely to be effective.

Our findings reveal both significant insights and notable gaps in the landscape of parenting interventions in Canada. On one hand, we have confirmed what previous systematic reviews have highlighted—the variability in results across studies, which complicates the ability to draw firm conclusions about the effectiveness of these interventions. Compared to the United States, there is a noticeable lack of scholarly output in Canada, with only a handful of studies published annually on the impact of parenting education programs. Canada lacks a strong, coherent evidence base in this area, with many of the programs in use being imported from the United States. While some programs may have been developed locally, they have largely not been subjected to rigorous research or evaluation. This presents a critical gap in understanding how

Canadian contexts, particularly diverse and marginalized populations, are affected by and benefit from these interventions. Moreover, much of the research conducted in Canada stems from a small group of researchers, with many publications emerging from the same intervention and participants. Few studies explore interventions that target broader family support, mutual aid, and the structural inequities that underpin child maltreatment. We are still largely evaluating programs that adopt an individual focus and do not view child maltreatment as a collective responsibility. While some studies hint at the potential benefits of group-based interventions, it is difficult to determine how much of this specific component is attributed to the most effective strategies in preventing child maltreatment. Importantly, the challenge is not necessarily the use of programs developed in the United States—many of which have been implemented internationally across diverse contexts—but rather the limited investment in contextually grounded, locally collaborative implementation and rigorous evaluation within Canadian settings.

4.4. Limitations

This review has several limitations. One of the primary challenges was the difficulty in capturing a sufficient number of French-language publications. Despite incorporating both English and French search terms, the majority of identified studies were in English, which may limit the generalizability of findings to francophone populations in Canada, where language and cultural factors can influence intervention design and delivery. Most French-language studies originated from Quebec, with little representation from other provinces, a discrepancy that may be partially attributed to the researcher's location and IP address during the search process. The reliance on specific databases and search terms, while comprehensive, may have excluded studies falling outside the defined parameters. Although efforts were made to include both peer-reviewed and gray literature, time and resource constraints may have contributed to the omission of relevant materials. Notably, no studies were identified from Saskatchewan, the Eastern Provinces, or the Northwest Territories. While the reasons for this absence remain unclear, it may reflect a lack of published research from these regions rather than limitations in the search strategy. Another key limitation in the studies reviewed is the lack of randomized controlled trials (RCTs), which are considered the gold standard for establishing causal relationships between interventions and outcomes (Branco et al., 2022; Euser et al., 2015). The absence of RCTs in the Canadian context severely limits the ability to draw definitive conclusions about the effectiveness of various programs.

5. Conclusion

This review highlights the need for child maltreatment prevention programs to expand beyond individual and family-level risk factors and address broader structural and social determinants of health. Many existing programs focus on micro-level interventions like parenting skills and behaviour modification, without fully considering the economic, social, and systemic factors contributing to maltreatment risk. While these programs are necessary and often effective in addressing immediate safety needs, they are not sufficient on their own to prevent maltreatment at a population level. A public health approach offers a more comprehensive framework by shifting focus from individual deficits to broader, population-based risks and resilience. By tackling systemic causes such as poverty, discrimination, and lack of social support, this approach emphasizes prevention and early intervention to promote well-being. This is not a call to replace or diminish the value of parenting programs, but to situate them within a more complete and integrated prevention system that combines individualized support with upstream, structural action.

Across populations, this scoping review identified significant gaps in the equity and responsiveness of child maltreatment prevention efforts in Canada. Few interventions were culturally adapted or designed to

respond to the distinct contexts of First Nations, Black, immigrant, low-income, rural, or otherwise structurally marginalized families, and most evaluations relied on aggregated, short-term outcome measures. For First Nations children and families in particular, these gaps must be interpreted alongside well-documented patterns of over-representation in child welfare systems. These disparities persist despite federal policy changes intended to acknowledge the ongoing legacy of the Indian Act (Quinn et al., 2022). Data from the First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect (FNCIS-2019) indicate that First Nations children are 3.6 times more likely than non-Indigenous children to be investigated for a maltreatment concern, and among children aged 4 to 7 years, nearly 19 times more likely to experience a child welfare investigation involving placement (Fallon et al., 2021). The limited number of Indigenous-specific prevention interventions identified in this scoping review, together with the lack of disaggregated and long-term outcome data, constrains what is currently known about effective and equitable prevention across populations. Advancing a public health approach to child maltreatment prevention therefore requires not only expanding the scope of prevention interventions evaluated, but also strengthening community-based, self-governed prevention approaches and the structural conditions that enable communities to address risk and promote well-being on their own terms.

Funding

This research received funding from the Public Health Agency of Canada. The lead author was compensated as a consultant for this work, and research funds from the Social Sciences and Humanities Research Council (SSHRC) were used to support student contributions. The funders had no role in the study design, data collection, analysis, interpretation, or decision to submit the article for publication.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

References

- Acton, R., & Doring, S. (1992). Preliminary results of aggression management training for aggressive parents. *Journal of Interpersonal Violence*, 7(3), 410–417. <https://doi.org/10.1177/088626092007003009>
- Anderson, K. (1998). A Canadian child welfare agency for urban natives: The clients speak. *Child Welfare*, 77(4), 441–460.
- Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
- Baumann, A. A., Powell, B. J., Kohl, P. L., Tabak, R. G., Penalba, V., Proctor, E. K., Domenech-Rodriguez, M. M., & Cabassa, L. J. (2015). Cultural adaptation and implementation of evidence-based parent-training: A systematic review and critique of guiding evidence. *Children and Youth Services Review*, 53, 113–120. <https://doi.org/10.1016/j.childyouth.2015.03.025>
- Benzie, K. M., Kurilova, J., & Van Der Merwe, M. (2023). Parental attitudinal and behavioral change associated with prevention-focused parenting education: An interpretive description. *Health Education & Behavior*, 50(1), 144–152. <https://doi.org/10.1177/10901981211033233>
- Benzie, K., Mychasiuk, R., Kurilova, J., Tough, S., Edwards, N., & Donnelly, C. (2014). Two-generation preschool programme: Immediate and 7-year-old outcomes for low-income children and their parents. *Child and Family Social Work*, 19(2), 203–214. <https://doi.org/10.1111/j.1365-2206.2012.00894.x>
- Benzie, K., Tough, S., Edwards, N., Mychasiuk, R., & Donnelly, C. (2011). Aboriginal children and their caregivers living with low income: Outcomes from a two-generation preschool program. *Journal of Child and Family Studies*, 20(3), 311–318. <https://doi.org/10.1007/s10826-010-9394-3>
- Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of

- psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology*, 23(1), 67–82. <https://doi.org/10.1007/BF01447045>
- Bertrand Robitaille, A., Bourassa, C., Roy, V., Godbout, É., & Lessard, G. (2023). Analyse de l'implantation du programme Caring Dads en contexte québécois et des changements observés chez les participants. *Revue de psychoéducation*, 52(2), 324–348. <https://doi.org/10.7202/1107448ar>
- Bérubé, A., Dubeau, D., Coutu, S., Côté, D., Devault, A., & Lacharité, C. (2014). *Projet d'évaluation de programmes en négligence: Résultats de l'évaluation des effets du Programme d'aide personnelle, familiale et communautaire, 2e génération (PAPFC2)*. Ministère de la Santé et des Services sociaux (MSSS).
- Blackstock, C., & Trocmé, N. (2005). Community-Based Child Welfare for Aboriginal Children: Supporting Resilience Through Structural Change. In I. M. Ungar (Ed.), *Handbook for Working with Children and Youth: Pathways to Resilience across Cultures and Contexts* (pp. 105–120). Inc: SAGE Publications. <https://doi.org/10.4135/9781412976312.n7>
- Boatswain-Kyte, A., Esposito, T., Trocmé, N., & Boatswain-Kyte, A. (2020). A longitudinal jurisdictional study of Black children reported to child protection services in Quebec, Canada. *Children and Youth Services Review*, 116, Article 105219. <https://doi.org/10.1016/j.chilcyouth.2020.105219>
- Branco, M. S. S., Altafim, E. R. P., & Linhares, M. B. M. (2022). Universal intervention to strengthen parenting and prevent child maltreatment: updated systematic review. *Trauma, Violence, & Abuse*, 23(5), 1658–1676. <https://doi.org/10.1177/15248380211013131>
- Brayden, R. M., Altemeier, W. A., Dietrich, M. S., Tucker, D. D., Christensen, M. J., McLaughlin, F. J., & Sherrod, K. B. (1993). A prospective study of secondary prevention of child maltreatment. *The Journal of Pediatrics*, 122(4), 511–516. [https://doi.org/10.1016/S0022-3476\(05\)83528-0](https://doi.org/10.1016/S0022-3476(05)83528-0)
- Cabassa, L. J., & Baumann, A. A. (2013). A two-way street: Bridging implementation science and cultural adaptations of mental health treatments. *Implementation Science*, 8(1). <https://doi.org/10.1186/1748-5908-8-90>
- Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science*, 2(1), 40. <https://doi.org/10.1186/1748-5908-2-40>
- Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., Jackson, S., Lensgraf, J., & Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology*, 72(3), 500–510. <https://doi.org/10.1037/0022-006X.72.3.500>
- Chartier, M., Enns, J. E., Nickel, N. C., Campbell, R., Phillips-Beck, W., Sarkar, J., Lee, J. B., Burland, E., Chateau, D., Katz, A., Santos, R., & Brownell, M. (2020). The association of a paraprofessional home visiting intervention with lower child maltreatment rates in First Nation families in Canada: A population-based retrospective cohort study. *Children and Youth Services Review*, 108, 1. <https://doi.org/10.1016/j.chilcyouth.2019.104675>
- Chartier, M., Nickel, N. C., Chateau, D., Enns, J. E., Isaac, M. R., Katz, A., Sarkar, J., Burland, E., Taylor, C., & Brownell, M. (2018). Families first home visiting programme reduces population-level child health and social inequities. *Journal of Epidemiology and Community Health*, 72(1), 47. <https://doi.org/10.1136/jech-2017-209321>
- Chen, M., & Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention: A meta-analysis. *Trauma, Violence, & Abuse*, 17(1), 88–104. <https://doi.org/10.1177/1524838014566718>
- Coholic, D. A., & Eys, M. (2016). Benefits of an arts-based mindfulness group intervention for vulnerable children. *Child & Adolescent Social Work Journal: C & A*, 33(1), 1–13. <https://doi.org/10.1007/s10560-015-0431-3>
- Conley, A., & Berrick, J. D. (2010). Community-based child abuse prevention: Outcomes associated with a differential response program in California. *Child Maltreatment*, 15(4), 282–292.
- Ducharme, J. M., Atkinson, L., & Poulton, L. (2001). Errorless compliance training with physically abusive mothers: A single-case approach. *Child Abuse & Neglect*, 25(6), 855–868. [https://doi.org/10.1016/S0145-2134\(01\)00243-5](https://doi.org/10.1016/S0145-2134(01)00243-5)
- Ellenbogen, S., Calame, R., Parker, K., Finne, J., & Trocmé, N. (2015). Description and preliminary investigation of Family TIES (Training In Essential Skills), a strategy for treating youth aggression and related problems in a social services agency. *International Journal of Child and Adolescent Health*, 8(2), 231–240.
- Euser, S., Alink, L. R., Stoltenborgh, M., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2015). A gloomy picture: A meta-analysis of randomized controlled trials reveals disappointing effectiveness of programs aiming at preventing child maltreatment. *BMC Public Health*, 15(1), 1068. <https://doi.org/10.1186/s12889-015-2387-9>
- Finno-Velasquez, M., Fettes, D. L., Aarons, G. A., & Hurlburt, M. S. (2014). Cultural adaptation of an evidence-based home visitation programme: Latino clients' experiences of service delivery during implementation. *Journal of Children's Services*, 9(4), 280–294. <https://doi.org/10.1108/JCS-06-2014-0030>
- Fluke, J. D., Merkel-Holguin, L., & Schene, P. (2013). Thinking differentially: A response to issues in differential response. *Research on Social Work Practice*, 23(5), 545–549. <https://doi.org/10.1177/1049731513481390>
- Flynn, R. J., & Bouchard, D. (2006). Randomized and quasi-experimental evaluations of program impact in child welfare in Canada: A review. *Canadian Journal of Program Evaluation*, 20(3), 65–100. <https://doi.org/10.3138/cjpe.0020.006>
- Gallitto, E., Romano, E., & Whitaker, D. (2021). Investigating the impact of the SafeCare program on parenting behaviours in child welfare-involved families. *Child and Adolescent Social Work Journal*, 38(1), 115–126.
- Gautschi, J., & Lätsch, D. (2024). The effectiveness of interventions to prevent and reduce child maltreatment in high-income countries: An umbrella review. *Child Abuse & Neglect*, 153. <https://doi.org/10.1016/j.chiabu.2024.106845>
- Gillespie, S., Banegas, J., Maxwell, J., Chan, A. C. Y., Darawshy, N. A.-S., Wasil, A. R., Marsalis, S., & Gewirtz, A. (2022). Parenting interventions for refugees and forcibly displaced families: A systematic review. *Clinical Child and Family Psychology Review*, 25(2), 395–412. <https://doi.org/10.1007/s10567-021-00375-z>
- Goulden, A., Hoekstra, K., & King, B. (2023). A scoping review of programs for young mothers with child welfare involvement in Canada and the United States. *Child and Adolescent Social Work Journal*, 40(3), 299–312. <https://doi.org/10.1007/s10560-021-00782-9>
- Graham-bermann, S. A., Miller-graff, L. E., Howell, K. H., & Grogan-kaylor, A. (2015). An efficacy trial of an intervention program for children exposed to intimate partner violence. *Child Psychiatry and Human Development*, 46(6), 928–939. <https://doi.org/10.1007/s10578-015-0532-4>
- Harden, B. J., Parra, L. J., & Duchene-Kelly, M. (2021). Preventive Intervention: A Key Strategy for Addressing Child Welfare Disparities and Disproportionality for African American Families. In A. J. Dettlaff (Ed.), *Racial Disproportionality and Disparities in the Child Welfare System* (pp. 255–284). Springer International Publishing. https://doi.org/10.1007/978-3-030-54314-3_14
- Harden, B. J., Simons, C., Johnson-Motoyama, M., & Barth, R. (2020). The child maltreatment prevention landscape: Where are we now, and where should we go? *The ANNALS of the American Academy of Political and Social Science*, 692(1), 97–118. <https://doi.org/10.1177/0002716220978361>
- Jancarik, A. S. (2012). Je tisse des liens gagnants: Guide d'implantation d'un programme d'intervention en négligence en Montérégie. Agence de la santé et des services sociaux de la Montérégie.
- Kaplan, C., & Merkel-Holguin, L. (2008). Another look at the national study on differential response in child welfare. *Exploring Differential*. <http://www.americanhuman.org/assets/pdfs/children/differential-response/pc-23-1-2.pdf#page=7>
- Kennett, D. J., Chislett, G., & Olver, A. L. S. (2012). A reappraisal of the nobody's perfect program. *Journal of Child and Family Studies*, 21(2), 228–236. <https://doi.org/10.1007/s10826-011-9466-z>
- Klevens, J., & Whitaker, D. J. (2007). Primary prevention of child physical abuse and neglect: Gaps and promising directions. *Child Maltreatment*, 12(4), 364–377. <https://doi.org/10.1177/1077559507305995>
- Kumpfer, K., Magalhães, C., & Xie, J. (2017). Cultural adaptation and implementation of family evidence-based interventions with diverse populations. *Prevention Science*, 18(6), 649–659. <https://doi.org/10.1007/s11211-016-0719-3>
- Landers, A. L., McLuckie, A., Cann, R., Shapiro, V., Visintini, S., MacLaurin, B., Trocmé, N., Saini, M., & Carrey, N. J. (2018). A scoping review of evidence-based interventions available to parents of maltreated children ages 0–5 involved with child welfare services. *Child Abuse & Neglect*, 76, 546–560.
- Lane, W. G., Dubowitz, H., Frick, K. D., Semiatin, J., & Magder, L. (2021). Cost effectiveness of SEEK: A primary care-based child maltreatment prevention Model. *Child Abuse & Neglect*, 111. <https://doi.org/10.1016/j.chiabu.2020.104809>
- Letarte, M.-J., Normandeau, S., & Allard, J. (2010). Effectiveness of a parent training program "Incredible Years" in a child protection service. *Child Abuse & Neglect*, 34(4), 253–261. <https://doi.org/10.1016/j.chiabu.2009.06.003>
- Loman, L. A., & Siegel, G. L. (2012). Effects of anti-poverty services under the differential response approach to child welfare. *Children and Youth Services Review*, 34(9), 1659–1666. <https://doi.org/10.1016/j.chilcyouth.2012.04.023>
- MacMillan, H. L., Thomas, B. H., Jamieson, E., Walsh, C. A., Boyle, M. H., Shannon, H. S., & Gafni, A. (2005). Effectiveness of home visitation by public-health nurses in prevention of child physical abuse and neglect: A randomised controlled trial. *The Lancet*, 365(9473), 1786–1793. [https://doi.org/10.1016/S0140-6736\(05\)66388-X](https://doi.org/10.1016/S0140-6736(05)66388-X)
- McConnell, D., Breitreuz, R., & Savage, A. (2012). Independent evaluation of the Triple P Positive Parenting Program in family support service settings. *Child & Family Social Work*, 17(1), 43–54. <https://doi.org/10.1111/j.1365-2206.2011.00771.x>
- Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: A systematic review of reviews. *Bulletin of the World Health Organization*, 87, 353–361.
- Molnar, B. E., Scogio, A. A. J., & Beardslee, W. R. (2021). Community-level prevention of childhood maltreatment: Next steps in a world with COVID-19. *International Journal on Child Maltreatment: Research, Policy and Practice*, 3(4), 467–481. <https://doi.org/10.1007/s42448-020-00064-4>
- Morello, L., Caputi, M., Scaini, S., & Forresi, B. (2022). Parenting programs to reduce recurrence of child maltreatment in the family environment: A systematic review. *International Journal of Environmental Research and Public Health*, 19(20). <https://doi.org/10.3390/ijerph192013283>
- Muhajarine, N., Nickel, D., & Nesdole, R. (2010). *Saskatchewan KidsFirst Program Evaluation: Report of the Quantitative Study*. Saskatchewan Population Health and Evaluation Research Unit.
- Mytton, J., Ingram, J., Manns, S., & Thomas, J. (2014). Facilitators and barriers to engagement in parenting programs: A qualitative systematic review. *Health Education & Behavior*, 41(2), 127–137. <https://doi.org/10.1177/1090198113485755>
- Prinz, R. J. (2016). Parenting and family support within a broad child abuse prevention strategy: Child maltreatment prevention can benefit from public health strategies. *Child Abuse & Neglect*, 51, 400–406. <https://doi.org/10.1016/j.chiabu.2015.10.015>
- Putnam-Hornstein, E., Prindle, J., & Hammond, I. (2021). Engaging families in voluntary prevention services to reduce future child abuse and neglect: A randomized controlled trial. *Prevention Science*, 22(7), 856–865. <https://doi.org/10.1007/s11211-021-01285-w>
- Reynolds, A. J., Mathieson, L. C., & Topitzes, J. W. (2009). Do early childhood interventions prevent child maltreatment?: A review of research. *Child Maltreatment*, 14(2), 182–206. <https://doi.org/10.1177/1077559508326223>
- Richard, M. (2018). Les ateliers Espace Parents: Analyse de la genèse d'une intervention de soutien à l'adaptation du rôle parental en contexte d'immigration. 11.

- Rosanbalm, K. D., Dodge, K. A., Murphy, R., O'Donnell, K., Christopoulos, C., Gibbs, S. W., Appleyard, K., & Daro, D. (2010). Evaluation of a collaborative community-based child maltreatment prevention initiative. *Protecting Children*, 25(4), 8–23.
- Scott, D., Lonne, B., & Higgins, D. (2016). Public health models for preventing child maltreatment: Applications from the field of injury prevention. *Trauma, Violence, & Abuse*, 17(4), 408–419. <https://doi.org/10.1177/1524838016658877>
- Scott, K., Dubov, V., Devine, C., Colquhoun, C., Hoffelner, C., Niki, I., Webb, S., & Goodman, D. (2021). Caring Dads intervention for fathers who have perpetrated abuse within their families: Quasi-experimental evaluation of child protection outcomes over two years. *Child Abuse & Neglect*, 120. <https://doi.org/10.1016/j.chiabu.2021.105204>
- Scott, K., Kelly, M. T., Ways, C., Crooks, C., Francis, M. K., & Probation, L. (2004). Pilot implementation of the Caring Dads Program for abusive and at-risk fathers. *The Centre for Research on Violence Against Women and Children*. https://www.learnin-gtoendabase.ca/resources-events/pdfs/Pilot_Implementation_Caring_Dads1.pdf.
- Self-Brown, S., Frederick, K., Binder, S., Whitaker, D., Lutzker, J., Edwards, A., & Blankenship, J. (2011). Examining the need for cultural adaptations to an evidence-based parent training program targeting the prevention of child maltreatment. *Children and Youth Services Review*, 33(7), 1166–1172. <https://doi.org/10.1016/j.childyouth.2011.02.010>
- Shan, H., Muhajarine, N., Loftson, K., & Jeffery, B. (2014). Building social capital as a pathway to success: Community development practices of an early childhood intervention program in Canada. *Health Promotion International*, 29(2), 244–255. <https://doi.org/10.1093/heapro/das063>
- Stern, S. B., Alaggia, R., Watson, K., & Morton, T. R. (2008). Implementing an evidence-based parenting program with adherence in the real world of community practice. *Research on Social Work Practice*, 18(6), 543–554. <https://doi.org/10.1177/1049731507308999>
- Stirtzinger, R., McDermid, S., Grusec, J., Bernardini, S., Quinlan, K., & Marshall, M. (2002). Interrupting the inter-generational cycle in high risk adolescent pregnancy. *Journal of Primary Prevention*, 23(1), 7–22. <https://doi.org/10.1023/A:1016535131384>
- van der Put, C. E., Assink, M., Gubbels, J., & Boekhout van Solinge, N. F. (2018). Identifying effective components of child maltreatment interventions: A meta-analysis. *Clinical Child and Family Psychology Review*, 21(2), 171–202. <https://doi.org/10.1007/s10567-017-0250-5>
- van Esch, R., & de Haan, M. (2017). Implementing parenting programmes across cultural contexts: A perspective on the deficit narrative. *The European Journal of Development Research*, 29(5), 983–998. <https://doi.org/10.1057/s41287-017-0102-7>
- Viswanathan, M., Rains, C., Hart, L. C., Doran, E., Sathe, N., Hudson, K., Ali, R., Jonas, D. E., Chou, R., & Zolotor, A. J. (2024). Primary care interventions to prevent child maltreatment: Evidence report and systematic review for the US preventive services task force. *Journal of the American Medical Association*, 331(11), 959–971. <https://doi.org/10.1001/jama.2024.0276>
- Wong, J., & Bouchard, J. (2020). Turning stones: descriptive and preliminary evaluation findings of an indigenous, family-centered domestic violence intervention program. *The Canadian Journal of Native Studies*, 40(2), 215–238.
- World Health Organization. (2025). Child maltreatment. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>.