

Psychological Trauma: Theory, Research, Practice, and Policy

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Online First Publication, July 31, 2025. <https://dx.doi.org/10.1037/tra0001992>

CITATION

Kern, A., Esposito, T., Hélie, S., & Langevin, R. (2025). Child maltreatment typologies within intergenerational contexts: A latent class study. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <https://dx.doi.org/10.1037/tra0001992>

Child Maltreatment Typologies Within Intergenerational Contexts: A Latent Class Study

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Objective: Child maltreatment (CM) in one generation can predict CM in the next, a concept known as the intergenerational continuity of CM. However, the specific forms of intergenerational CM remain unclear, and fathers are largely absent from this body of literature. This study examined second-generation CM typologies in families where intergenerational continuity was present and assessed the impact of parental CM on these typologies using multilevel latent class analyses. **Method:** Child protection data from families with confirmed intergenerational CM in Montreal were analyzed ($n = 5,861$ children). Two models were examined, one based on intergenerational CM on the mother's side and the other on the father's side. **Results:** In both models, four latent classes were identified: (a) sexual abuse, physical abuse, and neglect, (b) risk of CM, (c) psychological abuse and exposure to intimate partner violence, and (d) high polyvictimization. Child age and maternal histories of sexual and physical abuse were associated with child class membership, while no paternal CM experiences were associated. **Conclusions:** These findings clarify the co-occurrence of CM types and how parental CM influences child typologies of CM in a two-generation sample, providing crucial insights for CM prevention.

Clinical Impact Statement

This study clarified patterns of intergenerational maltreatment and child protective services (CPS) involvement within families. Several children with parents who were also involved with CPS as children experienced co-occurring types of maltreatment. Intergenerational patterns of maltreatment types were detected on the maternal side. Therefore, interventions should target parent-child dyads to process their trauma and recover a resilient developmental trajectory to foster the discontinuity of child maltreatment.

Keywords: child maltreatment, intergenerational continuity, child and youth protection, latent class analysis, cohort study

Supplemental materials: <https://doi.org/10.1037/tra0001992.supp>

Child maltreatment (CM) encompasses experiences of sexual or physical abuse, psychological maltreatment, exposure to intimate partner violence (IPV), or neglect before the age of 18. In Canada, CM is a nationwide issue, with 2019 child protection data revealing

an incidence rate of 46.6 CM investigations per 1,000 children (Fallon et al., 2021). CM not only leads to acute physical injuries but also predicts long-term difficulties, including substance use problems, mental health issues, and challenges in adult relationships,

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The data used in this article have been used in a previously published article and were collected as part of a larger study. This article examined homotypical versus heterotypical trajectories of child maltreatment. In contrast, the current article examined child typologies of child maltreatment using latent class analyses.

The authors have no conflicts of interest to disclose. This project was fully supported by a grant from Institut Universitaire Jeunes en Difficulté awarded to Rachel Langevin. Audrey Kern is supported by the Vanier Canada Graduate Scholarships from the Social Sciences and Humanities Research Council of Canada. Rachel Langevin is supported by a Chercheur-Boursier Award from the Fonds de recherche du Québec—Santé. The authors thank Marie-Noëlle Royer for the extraction of the data and creation of the data set.

Audrey Kern played a lead role in conceptualization, formal analysis, investigation, methodology, validation, visualization, writing—original draft, and writing—review and editing and a supporting role in project administration. Tonino Esposito played a supporting role in conceptualization, funding acquisition, methodology, and writing—review and editing. Sonia Hélie played a supporting role in conceptualization, funding acquisition, methodology, and writing—review and editing. Rachel Langevin played a lead role in funding acquisition, project administration, and supervision, a supporting role in formal analysis, methodology, validation, and writing—original draft, and an equal role in conceptualization and writing—review and editing.

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among others (Cabrera et al., 2020; Li et al., 2023). The etiology of CM is widely recognized as multifactorial (e.g., Belsky, 1980; Cicchetti & Rizley, 1981; Cicchetti et al., 2000), where an interplay of numerous protective and risk factors present in parents, children, and the rearing and cultural environments that influence the likelihood of child victimization and the maintenance of intergenerational cycles of violence (Belsky, 1980). Nevertheless, a key risk factor repeatedly identified by scholars and practitioners is parents' histories of CM, which can increase the likelihood of CM in their own children—a concept known as the intergenerational continuity of CM (Langevin et al., 2021; Madigan et al., 2019). While the study of this phenomenon has garnered empirical support (Madigan et al., 2019), several limitations in the field have been highlighted, including the exclusive focus on mother–offspring dyads, nonrepresentative and small samples, and a lack of Canadian studies (Langevin et al., 2021; Madigan et al., 2019; Thornberry et al., 2012). To address these gaps, the present study examined intergenerational continuity of substantiated CM among children on both parents' sides, using population-level data from a child protection database collected over more than 40 years.

Intergenerational Continuity of Child Maltreatment

Research on the prevalence of intergenerational continuity of CM reveals a wide range, with 7%–88% of children whose parents were maltreated experiencing CM themselves (Langevin et al., 2021). Although many parents with CM histories do not maltreat their children, a recent meta-analysis of 142 studies found a positive association between first- (G1) and second-generation (G2) CM (Madigan et al., 2019). Theoretical perspectives on intergenerational CM, such as social learning and attachment theories, posit that parents may recreate the parenting models they were exposed to as children or can be more accepting of the use of similar practices from their coparent (Belsky et al., 2009). While existing empirical literature primarily supports trajectories where both parent and child experience the same type of CM, there is some evidence that certain types of CM in the first generation can predict different types in the second generation (Langevin et al., 2023; Madigan et al., 2019). For example, physical abuse in the first generation has been found to predict neglect and sexual abuse in the second generation (Madigan et al., 2019).

Despite this, type-specific CM continuity trajectories have been relatively understudied, with most research treating CM as a composite by combining all types into one category (Madigan et al., 2019). Berzenski et al. (2013) argued for further research using a multidimensional approach of intergenerational CM that distinguishes between types to better guide prevention efforts, as different CM types have distinct correlates and consequences. Similarly, they highlighted that while types of CM have different correlates and consequences, their continuity across generations may vary as well, supporting the need to move beyond the approach that looks at CM as one general construct. Additionally, a meta-analysis revealed that the limited studies that have examined type-specific CM continuity typically focus on only one or a few types of CM, rather than all five in multivariate models (Madigan et al., 2019). This is problematic because CM, especially officially reported CM, rarely occurs in isolation; more than half of maltreated children experience multiple CM types (Pinto-Cortez et al., 2022). Given the prevalence of polyvictimization, it is crucial to understand how different forms of CM co-occur in the context of intergenerational

continuity and the specific parental CM types associated with children's CM experiences.

To account for the co-occurrence of CM types, Scott-Storey (2011) suggested that person-centered approaches, such as latent class analysis (LCA), are particularly well-suited. Person-centered approaches identify subgroups of individuals based on shared profiles across relevant variables, allowing for the detection and characterization of heterogeneous patterns within a population (Scott-Storey, 2011). For instance, a review of CM co-occurrence studies using LCA ($N = 14$ studies) identified that the most common classes included a class with low accounts of CM and a class with polyvictimized groups in single-generation samples (Rivera et al., 2018). Rivera et al. (2018) also noted that some studies identified additional classes comprising acts of commission and acts of omission. It was argued that grouping children based on a conceptual typology of CM combinations offers greater predictive validity for understanding the predictors and outcomes of these experiences (Rivera et al., 2018). Thus, using multivariate modeling and person-centered techniques could provide a more accurate representation of families with intergenerational reported CM, which has yet to be fully explored.

Moreover, several methodological limitations persist in the literature on the intergenerational continuity of CM as determined by reviews of the literature (Langevin et al., 2021, 2025; Madigan et al., 2019). Validity indicators regarding methodological quality (11 criteria) have been developed to assess the robustness of research in this area (e.g., definitional criteria, demographic comparability, retrospective measurement, double-blind evaluations, and controls for intervening variables; Thornberry et al., 2012). In their 2019 meta-analysis, Madigan et al. evaluated the quality of the literature using these validity indicators. They found that only nine studies met eight or more criteria, concluding that research to date is limited by unrepresentative samples, low participation, high attrition, use of retrospective data, same assessors for parents' and children's CM, unvalidated or unreliable measures of CM, unclear definitions of CM, and a lack of long-term follow-ups (Madigan et al., 2019).

Additional gaps have been identified in the literature on intergenerational continuity of CM (Langevin et al., 2021, 2025). First, IPV has rarely been included as a CM type in this research, limiting our understanding of the phenomenon and our ability to intervene effectively (Langevin et al., 2021). This omission is especially problematic given that in Canada, IPV is one of the most pervasive forms of substantiated CM (36%–40%; Fallon et al., 2021). Additionally, very few studies have examined factors related to caregivers beyond the mother involved in the intergenerational continuity of CM (Langevin et al., 2021, 2025). A few exceptions exist where studies found that paternal histories of child welfare involvement increased offspring risk for child welfare involvement (Armfield et al., 2021; Langevin et al., 2023; McKenzie, Thompson, et al., 2024). All caregivers play a vital role in children's development (Yogman et al., 2016), making it essential to better understand their role in intergenerational CM. Finally, there are few Canadian studies available, which is important given the legal and sociocultural particularities (e.g., child protection laws, service accessibility) that can impact intergenerational victimization and associated factors (Esposito et al., 2017). In summary, further robust research using multivariate and person-centered techniques is needed to better understand how parental CM affects child CM. Addressing these gaps could significantly enhance our ability to prevent these cycles from occurring (Berzenski et al., 2013).

The Present Study

Using multivariate LCA, the present study aimed to address the following questions: (1) Among families where both the child and at least one parent have been reported to Montreal's Child Protective Services (CPS), what are the typologies of children in terms of the reported CM types they have experienced? (2) Which parental-reported CM types are associated with these child CM typologies? Based on prior research (Rivera et al., 2018), we expect to identify CM classes that include a low-maltreatment group, a group characterized by deprivation, a group characterized by threat, and a polyvictimized group. Furthermore, we anticipate that parental CM experiences will be associated with similar CM experiences in their children. Due to the limited research on this topic, we are unable to provide more specific hypotheses. This study aimed to address several methodological gaps by better delineating the phenomenon of intergenerational continuity of CM through rigorous research. Specifically, the study's design met the standards of excellence proposed by Thornberry et al. (2012) by using population-level administrative data, employing different CM reporters for each generation, covering an extended period of exposure, and using official records of CM based on legal definitions. Further, this study examined the intergenerational continuity of reported CM using a multivariate approach that included all types of CM covered by the local law (neglect, physical abuse, sexual abuse, psychological maltreatment, exposure to IPV, abandonment, and risk of CM). It was novel in its use of robust person-centered methods. Moreover, the study focused on a Canadian population and explored the role of fathers. While acknowledging that gender is more complex than the binary of male and female, the data set from CPS (spanning from the 1970s) identified parents as mothers and fathers.

Method

Quebec's Child Protection Services Context and Clinical Administrative Data

In Quebec, child and youth protection is centralized through the Department of Youth Protection, which is governed by the Youth Protection Act (YPA), aiming to "protect children whose security or development is or may be considered to be in danger" (Compilation of Québec Laws and Regulations, 2021, p. 124). As such, the Department of Youth Protection intervenes in situations of neglect and serious risk thereof, physical abuse and serious risk thereof, sexual abuse and serious risk thereof, exposure to IPV, psychological maltreatment, abandonment, and serious behavior disturbances. Several steps occur before the family receives intervention. After a public or professional report is made, a preliminary investigation of the risks to the child's security and development is conducted. If the report is retained, an in-depth evaluation of the family is conducted, considering several factors such as the nature, gravity, persistence, and frequency of facts in the report using legal criteria from the YPA (see Supplemental Table S1 for the definitions of CM types according to the YPA). From this evaluation, workers from the Department of Youth Protection will determine if the report is substantiated and if interventions are needed. All reports, substantiations, intervention decisions, as well as demographic details (e.g., age, sex, ethnicity, immigration status) are recorded in real time in the child protection clinical administrative database.

Participants and Procedure

A population-level cohort of families where intergenerational continuity of CM is present was extracted by a specialized analyst from the child protection clinical administrative database of the Centre Jeunesse de Montréal, the agency serving the francophone community of Montreal. All children with substantiated reports of CM by the agency between 2003 and 2021 were identified. The parents of these children were also identified, and a search was carried out to determine which of these parents had already been reported to the agency in their childhood. The cohort consisted of all children reported to the Centre Jeunesse de Montréal between January 1, 2003, and December 31, 2020, who also had at least one parent reported to that agency in their childhood ($N = 5,861$ children, 4,067 mothers, and 1,635 fathers). Thus, only parents reported to CPS as children were included. The study was approved by the Institutional Review Board at Centre Intégré Universitaire de Santé et de Services Sociaux du Centre-sud-de-l'Île-de-Montréal (Protocol Code F20b-JD-1853; July 7, 2021) and the Research and Ethics Board at McGill University (File Number: 21-08-012; August 21, 2021). See Table 1 for demographics information.

Variables

All variables used in this study were extracted from the clinical administrative database of the Centre Jeunesse de Montréal. Consequently, the administrative data reflect information collected and recorded in real time by child protection workers involved with the families in this cohort.

Indicator Variables

For both models, the indicator variables included lifetime occurrences of substantiated neglect, physical abuse, sexual abuse, exposure to IPV, psychological maltreatment, serious risk of CM, and abandonment for the children in the cohort. All variables were mutually exclusive, dummy-coded (0 = absence, 1 = presence), and encompassed all substantiated CM types recorded at any point during the child's involvement with the agency, from birth to 17 years old or up to the age of data extraction. Despite their low prevalence, sexual abuse and abandonment were retained as indicator variables due to their operational distinction from other CM types.

Covariates

For both models, parental lifetime occurrences of substantiated neglect, physical abuse, sexual abuse, and psychological maltreatment were included as covariates in the models, using the same definitions and coding procedures as for child CM types. Due to historical changes in the YPA, risk of CM and exposure to IPV were not included as parental CM types, as these categories did not exist in isolation during the childhood of most parents. Additionally, age at first report for both parents (i.e., when they were children) and children, as well as child sex, were used as covariates. Age variables were categorized into developmental groups, that is, infants (birth to 23 months), preschool age (2–5 years), school age (6–10 years), and adolescents (11+ years) to account for the developmentally distinct periods during which both adverse experiences and appropriate intervention approaches may differ (Brown et al., 2021).

Table 1
Sample Demographics

Variable	N/%		
	Children	Mothers	Fathers
N	5,861	2,281	1,056
Sex			
Female	47%	100%	0%
Male	53%	0%	100%
Ethnocultural identity			
Canadian	67.5%		
Caribbean	16.6%		
Latino	7.4%		
European	2.3%		
Arab	2.1%		
African	1.9%		
South-East Asian	1.2%		
Indigenous	0.2%		
Age at first report			
0–2	63%	6%	6%
3–5	18%	8%	8%
6–10	15%	24%	30%
11+	4%	63%	56%
Immigration status			
Second generation	26%		
Third + generation	74%		
Parental CPS involvement as a child			
Mother only	67%		
Father only	18%		
Both parents	15%		
Lifetime substantiated child maltreatment types			
Risk of abuse or neglect	66%	41%	39%
Neglect	50%	15%	9%
Psychological maltreatment	42%	9%	6%
Exposure to IPV	37%	5%	3%
Physical abuse	18%	17%	15%
Sexual abuse	6%	17%	5%
Abandonment	3%	7%	6%
Perpetrators of CM			
Parents	86%		
Non-parents	14%		
Number of types substantiated			
1	30%	63%	63%
2	32%	21%	21%
3	22%	9%	9%
4	12%	4%	4%
5	4%	2%	2%
Out-of-home placement	41%	44%	41%

Note. CPS = child protective services; IPV = intimate partner violence; CM = child maltreatment.

Statistical Plan

To address the research questions of the present study, two multilevel latent class analyses were conducted: one based on maternal variables (maternal model) and one based on paternal variables (paternal model). Given the categorical nature of the indicator variables, a nonparametric approach was employed (Asparouhov & Muthén, 2008). This approach began with a traditional LCA treating children as the units of analysis (Level 1). A second latent class model was then developed using families as the units of analysis (Level 2), with the random means from the Level 1 latent class solution serving as indicator variables (Asparouhov & Muthén, 2008).

To ensure robust models, best practices for conducting LCA were followed (Sinha et al., 2021). With sample sizes exceeding 500,

concerns about sample size were minimized, as models and fit statistics have been shown to consistently perform with high accuracy (Sinha et al., 2021). Missing data considerations were not relevant for this study, given the complete nature of the clinical administrative data set. Covariates were then added to the first level of the model using multinomial logistic regression. All models were estimated using Mplus Version 8.10 (L. K. Muthén & Muthén, 1998–2023). For more information on multilevel latent class analyses and the detailed statistical plan, please see the Supplemental Material.

Results

Preliminary analyses can be found in the Supplemental Material.

Multilevel Latent Class Solutions

Maternal Model

Level 1 (Within Level). At first, a traditional LCA was examined, ignoring the clustering of siblings based on their mother (4,067 observations). Class solutions were determined for models with one to six classes (see Supplemental Table S2). The information criteria statistics, that is, Akaike information criterion (AIC), Bayesian information criterion (BIC), and sample size-adjusted BIC (ABIC) largely decreased from models with one class to two classes. These statistics leveled off, slowly decreasing, for models with three classes to six classes. For each model, the likelihood ratio tests were all significant. The entropy statistic was highest for the four-class solution compared to the models with three-, five-, and six-class solutions. The substantive interpretation of the four-class solution has clinical utility and is parsimonious (further described below). As such, the four-class solution was chosen as the best model for the Level 1 LCA.

Level 2 (Between Level). Building on this four-class Level 1 solution, a second-level model was specified using the nonparametric approach. This model included 2,281 clusters (i.e., groups of children with the same mother). More specifically, a Level 2 latent class model was added based on the random means from the Level 1 latent class solution. The AIC, BIC, and aBIC slightly improved over the fixed effects four-class model with the addition of two Level 2 latent classes (see Supplemental Table S2). Adding a third and then a fourth class significantly improved each statistic. The entropy was highest in the four-class Level 2 solution. Accordingly, the 4–4 model was chosen due to statistical relevance and clinical utility.

In the 4–4 model, the largest class in the *within level* (the child level) represented children who have been substantiated for risk of CM (41%; $n = 1,668$). The second largest group represented children who have been substantiated for sexual abuse, physical abuse, and neglect (23%; $n = 935$). The last two groups respectively represented 18% ($n = 732$) of children who have been highly polyvictimized (third group) and substantiated for exposure to IPV and psychological maltreatment (fourth group). Probabilities for most likely class membership for the within level are presented in Table 2. The Level 2 classes were characterized by the random logit means, capturing the discrete distribution of the random means. Class 1 was almost exclusively comprised of families (children with the same mother) with children with substantiated risk of CM (35% of total families; $n = 799$). Class 2 was comprised mainly of families with children with high polyvictimization (21% of total families; $n = 479$). Class 3 was

Table 2*Maternal Model Within Level Latent Group Classification*

Indicator variable	Experienced CM type	Probabilities for most likely class membership			
		Class 1: Risk for CM (41%)	Class 2: High polyvictimization (18%)	Class 3: Sexual abuse, physical abuse, and neglect (23%)	Class 4: Exposure to IPV and psychological maltreatment (18%)
Neglect	Yes	0.35	0.87	0.67	0.23
Physical abuse	Yes	0.08	0.27	0.33	0.16
Sexual abuse	Yes	0.04	0.07	0.12	0.04
Exposure to IPV	Yes	0.11	0.72	0.04	0.96
Psychological maltreatment	Yes	0.14	0.73	0.25	0.96
Risk of CM	Yes	1	0.92	0.07	0.48
Abandonment	Yes	0.05	0.04	0.01	0.01

Note. CM = child maltreatment; IPV = intimate partner violence.

majorly composed of families with children with substantiated sexual abuse, physical abuse, and neglect (25% of total families; $n = 570$). Class 4 almost exclusively contained families with children substantiated with exposure to IPV and psychological maltreatment (19% of total families; $n = 433$).

Paternal Model

Level 1 (Within Level). Aligned with the maternal model, statistical procedures for the paternal model first examined a traditional LCA and class solutions were determined for one to six classes (1,635 observations). The AIC, BIC, and ABIC statistics slightly decreased with the addition of each class. Models with five- and six-class solutions did not have any significant likelihood ratio statistics. The entropy statistic was highest for the four-class solution compared to the three-, five-, and six-class solution models. Furthermore, the substantive interpretation of the four-class solution has clinical utility and is parsimonious. As such, the four-class solution was chosen as the best model. See Supplemental Table S3.

Level 2 (Between Level). Building on this four-class Level 1 solution, the Level 2 model was next specified. This model included 1,056 clusters, that is, groups of children with the same father. With the addition of two, three, and four Level 2 classes, the AIC, BIC, and aBIC statistics improved compared to the fixed effects four-class model. The entropy statistic was highest in the four-class Level 2 solution. Accordingly, aligned with the maternal model, the 4–4 model was chosen due to statistical relevance and theoretical utility. See Supplemental Table S3.

In the 4–4 model (see Table 3 for within-level most likely class membership), the largest class in the within level represented children substantiated for the risk of CM (40%; $n = 654$). The second largest group represented children who have been substantiated for sexual abuse, physical abuse, and neglect (25%; $n = 409$). The third group represented 17% of children ($n = 278$) who have been substantiated for exposure to IPV and psychological maltreatment, and the smallest group represented children who have been highly polyvictimized (16%; $n = 262$). Regarding Level 2 class characterization, Class 1 almost exclusively comprised families with children at risk for CM (40% of total families; $n = 422$). Class 2 mostly comprised families with children who have been highly polyvictimized (18% of total families; $n = 190$). Class 3 majorly comprised families (children with the same father) with children substantiated for sexual abuse, physical abuse, and neglect (26% of total families; $n = 275$). Class 4 almost exclusively comprised families with children who have been substantiated for exposure to IPV and psychological maltreatment (16% of total families; $n = 167$).

Addition of Covariates

For both models, within-level latent class memberships (Level 1) were regressed on the child age at first report, child sex, parent age at first report, and parent CM covariates in a multinomial logistic regression. In Tables 4 and 5, correlates of latent groups were examined against both poles of the CM severity, where the risk of CM and high polyvictimization latent classes served as the reference groups.

Table 3*Paternal Model Within Level Latent Group Classification*

Indicator variable	Experienced CM type	Probabilities for most likely class membership			
		Class 1: Risk of CM (40%)	Class 2: High polyvictimization (16%)	Class 3: Sexual abuse, physical abuse, and neglect (25%)	Class 4: Exposure to IPV and psychological maltreatment (17%)
Neglect	Yes	0.46	0.89	0.61	0.01
Physical abuse	Yes	0.08	0.27	0.32	0.03
Sexual abuse	Yes	0.05	0.07	0.10	0.02
Exposure to IPV	Yes	0.23	0.83	0.08	1
Psychological maltreatment	Yes	0.14	0.98	0.26	0.99
Risk of CM	Yes	1	0.83	0.01	0.53
Abandonment	Yes	0.02	0.02	0.01	0.01

Note. CM = child maltreatment; IPV = intimate partner violence.

Table 4
Maternal Model: Logistic Regressions

Covariate	Reference group: High polyvictimization			Reference group: Risk of CM		
	Class: Sexual abuse, physical abuse, and neglect	Class: IPV and psychological maltreatment	Class: Risk of CM	Class: High polyvictimization	Class: IPV and psychological maltreatment	Class: Sexual abuse, physical abuse, and neglect
	OR [95% CI]	OR [95% CI]	OR [95% CI]	OR [95% CI]	OR [95% CI]	OR [95% CI]
Child sex	1.04 [0.84, 1.28]	0.99 [0.75, 1.31]	1.01 [0.81, 1.24]	0.99 [0.81, 1.23]	0.99 [0.74, 1.32]	1.03 [0.80, 1.34]
Child age	2.23 [1.90, 2.62]	1.67 [1.41, 1.99]	0.51 [0.39, 0.67]	1.95 [1.51, 2.54]	3.27 [2.40, 4.47]	4.36 [3.47, 5.47]
Maternal age	0.85 [0.72, 1.01]	1.05 [0.85, 1.29]	1.05 [0.91, 1.21]	0.95 [0.83, 1.09]	1.0 [0.81, 1.23]	0.81 [0.69, 0.96]
Maternal neglect	1.29 [0.81, 2.06]	1.73 [0.97, 3.06]	1.25 [0.84, 1.87]	0.80 [0.54, 1.19]	1.38 [0.82, 2.33]	1.03 [0.67, 1.59]
Maternal physical abuse	0.97 [0.65, 1.45]	1.55 [0.99, 2.42]	0.89 [0.63, 1.26]	1.12 [0.79, 1.59]	1.74 [1.09, 2.76]	1.09 [0.73, 1.65]
Maternal sexual abuse	0.76 [0.50, 1.15]	0.59 [0.30, 1.16]	1.19 [0.86, 1.65]	0.84 [0.61, 1.16]	0.49 [0.24, 0.99]	0.64 [0.42, 0.97]
Maternal psychological maltreatment	0.84 [0.49, 1.43]	1.28 [0.64, 2.57]	1.11 [0.71, 1.74]	0.90 [0.57, 1.40]	1.15 [0.62, 2.13]	0.75 [0.45, 1.25]

Note. Values in bold indicate significant findings. CM = child maltreatment; IPV = intimate partner violence; OR = odds ratio; CI = confidence interval.

Risk of CM Latent Class as a Reference Group

Maternal Model. Compared to children in the *risk of CM* class, children were more likely to be older at their first report for the *sexual abuse, physical abuse, and neglect*, odds ratio (OR): 4.36; *exposure to IPV and psychological maltreatment* (OR: 3.27); and the *high polyvictimization* (OR: 1.95) classes (see Table 4). Compared to children in the *risk of CM* class, children in the *sexual abuse, physical abuse, and neglect* class were more likely to have mothers who were younger when first reported (OR: 0.81) and less likely to have mothers with a history of sexual abuse (OR: 0.64). Compared to the *risk of CM* class, children in the *exposure to IPV and psychological maltreatment* class were more likely to have a mother with a history of physical abuse (OR: 1.74) and less likely to have a mother with a history of sexual abuse (OR: 0.49).

Paternal Model. Compared to children in the *risk of CM* class, children were more likely to be older at their first report in the *high polyvictimization* class (OR: 2.21) and in the *sexual abuse, physical abuse, and neglect* class (OR: 1.90). Paternal history of CM was not associated with child class membership (see Table 5).

High Polyvictimization Latent Class as a Reference Group

Maternal Model. Compared to children in the *high polyvictimization* class, children were more likely to be older at their first report in the *sexual abuse, physical abuse, and neglect* class (OR: 2.23) and the *exposure to IPV and psychological maltreatment* class (OR: 1.67). No maternal CM histories were linked to class membership (see Table 4).

Paternal Model. Compared to children in the *high polyvictimization* class, children were more likely to be younger at the first report in the *IPV and psychological maltreatment* class (OR: 0.452) and the *sexual abuse, physical abuse, and neglect* class (OR: 0.51). No paternal CM histories were associated with class membership (see Table 5).

Discussion

This study identified CM typologies for children experiencing intergenerational CM, focusing on both maternal (Model 1) and paternal (Model 2) perspectives. Findings revealed four consistent CM classes across both models: (a) risk of CM; (b) psychological maltreatment and exposure to IPV; (c) sexual abuse, physical abuse, and neglect; and (d) high polyvictimization. The classes comprised co-occurring CM types align with the concept of polyvictimization (Finkelhor et al., 2007) and prior research indicating that children with intergenerational CM can be at risk for severe and multifaceted maltreatment (Langevin et al., 2021).

The study also explored demographic factors and parental CM histories relating to class membership. Child age at first report had a significant impact on class membership, and some maternal CM experiences influenced the results. However, paternal CM histories did not show an association with child CM classes, which contrasts with some previous research (e.g., Langevin et al., 2023; McKenzie, Thompson, et al., 2024). On the other hand, it is common for studies examining parental sex differences in intergenerational CM cycles to find a weaker association in G1 and G2 CM on the father's side compared to the mother's side (Langevin et al., 2023; McKenzie, Thompson, et al., 2024). In an article highlighting the future

Table 5
Paternal Model: Logistic Regressions

Covariate	Reference group: High polyvictimization			Reference group: Risk of CM		
	Class: Risk of CM	Class: IPV and psychological maltreatment	Class: Sexual abuse, physical abuse, and neglect	Class: IPV and psychological maltreatment	Class: High polyvictimization	Class: Sexual abuse, physical abuse, and neglect
	OR [95% CI]	OR [95% CI]	OR [95% CI]	OR [95% CI]	OR [95% CI]	OR [95% CI]
Child sex	1.25 [0.84, 1.86]	1.26 [0.89, 1.78]	1.22 [0.80, 1.87]	1.01 [0.69, 1.49]	0.80 [0.54, 1.19]	0.98 [0.57, 1.68]
Child age	0.32 [0.37, 0.57]	0.45 [0.24, 0.42]	0.51 [0.41, 0.65]	0.70 [0.51, 1.07]	2.21 [1.79, 2.73]	1.90 [1.83, 2.55]
Paternal age	1.04 [0.80, 1.34]	0.87 [0.68, 1.13]	1.11 [0.83, 1.48]	0.84 [0.67, 1.06]	0.97 [0.75, 1.25]	1.07 [0.79, 1.45]
Paternal neglect	0.77 [0.26, 2.29]	1.18 [0.56, 2.50]	1.35 [0.56, 3.27]	1.54 [0.62, 3.79]	1.30 [0.44, 3.86]	1.75 [0.54, 5.65]
Paternal physical abuse	0.88 [0.44, 1.75]	0.75 [0.43, 1.31]	1.34 [0.71, 2.51]	0.86 [0.43, 1.73]	1.14 [0.57, 2.28]	1.52 [0.66, 3.52]
Paternal sexual abuse	1.47 [0.46, 4.68]	1.39 [0.49, 3.93]	0.19 [0.01, 4.95]	0.94 [0.39, 2.29]	0.68 [0.21, 2.15]	0.13 [0.01, 4.43]
Paternal psychological maltreatment	0.68 [0.19, 2.42]	1.58 [0.67, 3.73]	1.66 [0.59, 4.72]	2.34 [0.74, 7.38]	1.48 [0.41, 5.30]	2.46 [0.67, 9.05]

Note. Values in bold indicate significant findings. CM = child maltreatment; IPV = intimate partner violence; OR = odds ratio; CI = confidence interval.

directions for research on intergenerational CM (McKenzie, Hurren, et al., 2024), authors argued that maternal CM may be a more salient risk factor for intergenerational CM compared to paternal CM experiences. As such, different sex-related mechanisms may exist, such as parental involvement, parenting types, and other caregivers in the lives of the children. However, the nature of the administrative data limited the ability to control for these variables. Furthermore, McKenzie, Hurren, et al. (2024) also reported that research examining fathers can be difficult due to sample size concerns and the overrepresentation of mothers and single mothers, more specifically, in CPS contexts. The present study included only parents (documented on the birth certificate of the child) who were involved with CPS as a child. There was a significant discrepancy in the number of mothers and fathers included in the study, which likely impacted the findings.

Risk of CM as a Class

The largest class in both the maternal and paternal models was characterized by children at risk of CM with a low prevalence of substantiated CM acts, which is consistent with prior research (e.g., Hélie et al., 2017). In Quebec, “risk of CM” refers to situations where CM has not yet occurred, but there is significant evidence suggesting potential risk, such as a child’s sibling being substantiated for CM or substance use by a pregnant parent (Hélie et al., 2017). A nationwide study found that this category often includes infants (Fallon et al., 2021). This finding aligns with the study’s cohort, where most children were first reported under the age of 2 (63%), compared to just 15% in the Quebec-wide study (Hélie et al., 2017). Additionally, children in the risk of CM class were more likely to have mothers with a history of substantiated child sexual abuse. The high proportion of child membership in this class and the association with maternal sexual abuse suggest a potential surveillance bias, where increased visibility due to professional support may lead to higher rates of official CPS reports (Drake et al., 2011). This bias is particularly relevant for young mothers and those with severe mental illness, substance use, or criminality (Drake et al., 2017). However, the study’s limited descriptive data restrict the ability to empirically support this conclusion, indicating a need for further research.

High Polyvictimization as a Class

The identification of a smaller, highly polyvictimized class is consistent with previous LCA studies on single-generation CM (Rivera et al., 2018). This class included children likely substantiated for multiple types of violence throughout their lives. As previous research suggests, children in these families are often exposed to various systemic stressors that increase their vulnerability to both intrafamilial and external violence, as well as deprivation of physical and emotional support (Radtke et al., 2024). In the maternal model, children in the high polyvictimization class were 1.95 times older at their first report compared to those in the risk of CM class, whereas children in other classes were significantly older. In contrast, in the paternal model, compared to those in the high polyvictimization class, children in the other three classes were significantly younger at first report. The lack of detailed descriptive data limits our ability to pinpoint the exact reasons for these age differences. However, it is likely related to the primary caregiver status (often the mother), as

CPS tends to investigate families more promptly when maltreatment occurs under the primary caregiver's supervision (Fallon et al., 2021). Maltreatment in the nonprimary caregiver's household may take longer to be detected. Further research should explore how age and CM experiences differ based on maternal versus paternal CPS involvement.

Sexual Abuse, Physical Abuse, and Neglect as a Class

This study identified a class characterized by children substantiated for sexual abuse, physical abuse, and neglect in both the maternal and paternal models. Relative to other classes, this class had the highest rates of acts of commission and moderate levels of neglect. Unlike the highly polyvictimized class, these children had very low rates of risk of CM, psychological maltreatment, and exposure to IPV. Acts of commission often co-occur in vulnerable families (Aebi et al., 2015; Rivera et al., 2018). Physical and sexual abuse share several risk factors, including community, household, caregiver, and child-level factors (Meinck et al., 2015). Neglect can also increase vulnerability to physical or sexual abuse (Kerig, 2019). Children in this class were generally older at their first report, likely due to sexual abuse being of the highest prevalence among classes, which typically occurs during adolescence (Finkelhor et al., 2015).

Psychological Maltreatment and Exposure to IPV as a Class

This study identified a class of children substantiated for both psychological maltreatment and exposure to IPV in both models. This overlap is well-documented in the literature (Jouriles et al., 2018; Lansford et al., 2014; Zolotor et al., 2007). Caregivers exposed to IPV may be retraumatized by their own CM experiences, which can hinder their ability to meet their children's emotional needs (Brown et al., 2021). Additionally, the high co-occurrence of these types of maltreatment may stem from their historical overlap; in Quebec, exposure to IPV was previously categorized under psychological maltreatment (Hélie et al., 2017).

This study also revealed differences in the age of children in this class between maternal and paternal models. In the maternal model, children were older at first report compared to other classes, while in the paternal model, they were younger. This discrepancy may be influenced by the IPV perpetration status of the parent, affecting the timing of CPS intervention (Conroy, 2021; Rebbe et al., 2021). Furthermore, the study found an association between maternal physical abuse and this class, suggesting a victimization cycle where parents abused in childhood may later be revictimized, impacting their children (e.g., Langevin et al., 2023).

Strengths and Limitations

All in all, the present study aimed to understand, in breadth, the CM experiences of families in Montreal where intergenerational continuity of CM is a reality. This study included all cases identified over 18 years at the Centre Jeunesse de Montréal, one of the largest CPS in Quebec, which provides robust data that are free from sampling bias and representative of the population covered by the agency. The methodology met the excellence threshold outlined by Thornberry et al. (2012). This study is unique as, to our knowledge, no study to date has examined CM typologies from a Canadian

cohort of children where intergenerational CM is present. This study also added to the literature by examining the associations between parental CM types and second-generation CM experiences using a multivariate model and included the paternal perspective, which have been identified as gaps by experts in the field (e.g., Langevin et al., 2021; Madigan et al., 2019).

Despite these contributions, some limitations should be acknowledged. Although LCA is a powerful statistical procedure, the analysis assigns individuals to classes based on their probability of being in classes, given the pattern of scores they have on indicator variables. As such, proper class assignment is not guaranteed (B. Muthén & Muthén, 2000). In addition, the use of clinical administrative databases limits the number of available clinical details, such as the severity of the CM and mental health variables. These factors could have influenced the classes. This study also only accounted for the CM cases that were officially reported to the authorities in one jurisdiction, limiting representation. Also, using clinical administrative data of two generations requires going back many decades in the systems. Over time, jurisdictional and legislative changes occur, for instance, the addition of exposure to IPV as a CM type. Efforts were made to account for the changes in CM definitions over time by reclassifying older cases in the context of newer definitions. Nevertheless, acknowledging the historical changes in legislation related to CM is needed. The extensive timeframe of the data set also contributes to examining parents in gender binaries, limiting the ability for gender and relational inclusivity. It is also worth mentioning that our cohort of fathers was smaller, limiting our statistical power. Finally, when examining the CPS-determined intergenerational continuity of CM, it is difficult to control for the detection bias of the agency, which may inflate the incidence of CM in the second generation (Drake et al., 2011).

Implications for Research and Practice

Future studies should build on the current findings by exploring how demographic factors (such as socioeconomic status and ethnicity), family composition (including single-parent vs. two-parent households), and psychosocial variables (parental mental health and substance abuse) differentiate children and families across the identified CM classes. Additionally, future research should replicate the current findings with a broader and more representative sample of fathers. This could involve including diverse paternal perspectives and experiences, especially in different socioeconomic and cultural contexts. For instance, studies could assess how paternal involvement and parenting styles impact the risk and types of CM and whether paternal mental health or substance abuse contributes to CM patterns. Further, the study's results suggest that children with intergenerational CPS involvement are at risk for multiple co-occurring types of CM. Future research should thus focus on examining these co-occurrences rather than isolated CM types. For instance, a study could explore how physical abuse co-occurs with neglect and sexual abuse and how these combined experiences affect children's long-term well-being and development. Furthermore, future studies should further investigate how psychosocial and contextual factors influence patterns of intergenerational service involvement. Such research could involve analyzing comprehensive data sets from CPS alongside community surveys to better understand family needs and the effectiveness of available services. For example, studies could evaluate how well community-based support services, such as family counseling or early

childhood education programs, help mitigate the risk of CM and support families in maintaining stable environments.

In terms of clinical implications, it is crucial to implement family-wide interventions that address multiple aspects of the family system. As parents in intergenerational cycles of CM may be struggling with their own posttraumatic stress symptoms, effective interventions might include integrated services that offer mental health treatment and emotion regulation strategies, as well as parental coaching tailored to be trauma-informed and culturally competent. For instance, programs designed for fathers are being developed, and emerging evidence contains positive outcomes (e.g., McKenzie, Hurren, et al., 2024). This research also supports immediate mental health interventions following childhood adversities to limit the effects of trauma spilling over to the next generation.

In conclusion, expanding research in these areas will provide deeper insights into the patterns of intergenerational CM and help develop more targeted and effective interventions. By focusing on both the systemic and individual factors contributing to CM, we can work toward reducing its prevalence and improving the support provided to affected families.

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Received September 6, 2024

Revision received April 4, 2025

Accepted June 2, 2025 ■