

Child abuse: an analysis of the models of psychological intervention

by Andrea Caputo*

Premise

The topic of child abuse is in the interest of psychology in both research and clinical area. From a historical point of view, society wasn't always sensitive to minor maltreatment. In the classical age infants were frequently sacrificed to the gods; from ancient Greece to China, killing deformed or unwanted newborn babies was commonly accepted. Childhood was considered an imperfect age and, because of this, was the object of stiff authoritarianism and oppressive discipline. In ancient Rome, legal system established that *pater familias* had the right to decide on life and death of his own sons, considered as belonging to parents, and the whole Middle Ages, corporal punishment represented the main pedagogical instrument aimed at keeping discipline, teaching good manners and correcting "bad inclinations". In 18th century childhood care increased both in England - where famous british novelists (Scott and Dickens) reported the exploitation of minors by society - and in France – where, after the French Revolution, 1793 Constitution declared that infants had rights. Only at the beginning of 20th century pedagogy, psychology and sociology came in facing the matter of childhood and its needs, and started a gradual process of guardianship and legal acknowledgement of minors, from 1925 Declaration on the Rights of the Child in Geneva to the international Convention on the Rights of the Child signed by United Nations General Assembly in 1989. The concept of abuse extended within this period: from the "battered child syndrome" (Kempe, Silverman, Steel, & Silver, 1962) to the "maltreated child syndrome" (Fontana, 1973), arriving at the current term *child abuse*, which includes all kinds of maltreatment, negligence and psysical and psychological violence on child. Child abuse concerns active (blows, lesions, sexual offences, overstandard care) and omissive acts (substandard care, neglect, abandoning) that result in actual or potential harm to the child's health, development and dignity, in the context of a relationship of responsibility, trust and power (WHO, 2002). Lately, along with the three main forms of abuse (maltreatment, care pathology and sexual abuse), also witnessing violence was classified as a rising phenomenon in the family context which refers to minors' exposure to domestic violence acted on reference or other important figures (Montecchi, 2005).

So, the strong influence of mass media about the many current events and social politics concerning child maltreatment and abuse seem to point out a crisis of the processes of living together¹.

In relation to this "emergency", there is a mirror "childhood culture" linked to professionals' care toward guardianship of minors and attention to the hidden problem of child maltreatment, violence and negligence.

The progressive detection of this kind of offences causes further troubles to state institutions, and widely to community, on many levels – psychological, social, normative, legal and judicial – which, in turn, create critical situations about organization, education, coordination of workers of different cultural backgrounds and professional ethics (from legal practitioners, magistrates and lawyers, to psychologists, teachers, social workers and educators). With regard to this, one of the most critical

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¹ By living together we mean the symbolic component of social relationships. To live together is related to establishing relations of reciprocity with the stranger and producing new social rules of the game, when those present denounce their own inadequacy (Carli, 2000).

matters is the lack of intervention protocols that are national-shared and area-specific for different professionals: in Italy, there are only some general guide-lines made for favouring the consistency between the social and medical dimensions of abused children's care, in concert with legal intervention.

Introduction

A review of the international literature dealing with issues of psychological intervention on child abuse, produced between 1997 and 2007 and available in the CSA (Cambridge Scientific Abstracts), allowed us to identify three "cultural models"² we consider an useful key for a critical reading of the topic:

- The *attachment model* organizes the part of literature which uses attachment theories for a deterministic interpretation of *child abuse*. In fact, many studies connect directly abuse experience to an insecure or disorganized attachment style (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999), and test the intergenerational transmission of attachment itself (Alexander et al., 1998; Fonagy & Target, 2001), assuming that the cause of maltreatment acts is parent's persistent incapability of recognizing child's subjectivity during the first period of life.
- The *model of evidence-based techniques* derives from many authors' remarks (Remschmidt, Belfer, & Goodyer, 2004) about the need of combining the best available experimental evidence with clinical praxis, in order to developing new protocols based on efficacy proofs, testing different therapeutic programs (Chaffin & Schmidt, 2000) and acquiring specialist techniques for the intervention on abused children and their families.
- The *risk factors model* is defined from the studies on the influence of risk factors in child abuse, such as social isolation (Loar, 2003), domestic violence (Armstrong, 1999) and drug abuse (Kelley, 2003), this model considers the benefits deriving from the development of primary prevention programs (Suzumiya, Yamashita, Nakagawa, Noutomi, & Yoshida, 2004) and from an ecological perspective as a key to analyze the topic (Cox, 1997).

The present work aims to explore these models and to reflect upon the relationship between the theoretical and applied dimensions of child abuse intervention.

It deals with the relationship between commission and social mandate, with the goal of identifying the several users, contexts and professional functions that are linked to the previously discussed models.

Then, the Signal Detection Theory (Green & Swets, 1966) is presented as a key for reading both the decision criteria orienting psychological praxis in uncertain and risky situations of abuse, and implications, limits and potentialities of the different professional cultures.

Lately, a psychosocial analysis of the topic is suggested through the individual-context paradigm and the exploration of collusive processes as specific patterns of psychological competence.

Intervention between commission and social mandate

² Collusive models with which Authors organize, emotionally, their representation and knowledge of the subject (in our case, intervention on child abuse), with the hypothesis that the product of literature suggests the symbolic connection established between the psychological competence and the representation of the problems set by the context (Carli & Paniccia, 2002).

By way, means and goal (Grasso, Cordella, & Pennella, 2003), as necessary dimensions to accomplish an intervention and to direct a process, we can analyze the models we identified, in the light of the relationship commissioner/user/psychologist.

We suppose social mandate is set in specific contexts of intervention and psychological praxis is grounded on defined, historical and contingent issues which are linked to some particular professional functions. The present analysis, that doesn't want to be rigid and simplifying, intends to explore the matter of social mandate and commission on child abuse related to the models suggested by the literature review.

The attachment model: the ideological-normative function

This model seems to organize a professional culture which colludes with power systems and with the social mandate of child abuse. We concern typologies of intervention that we suppose confined in a mostly prescriptive and forced context, such as psychological consulting within the legal system, where there are few degrees of freedom for analyzing demand as the first product of intervention. The way in which psychologist takes part in the demand process is the expert (from the greek *peîra*, which refers to test, search, experience) as a professional who has a deep knowledge in the topics of developmental psychology and child and family law. The etymology of the word (*peîra*) also suggests looking into things, scanning, penetrating evoking the violent act of reducing the strangeness to object to possess, in a perverse dynamic. The familistic collusion is proposed to psychologist called to observe the other, almost to touch him with hand (from the latin *tangere*, which has the same theme of attachment) within a context that is characterized by the same aggressive corporeity as emotionally experienced in primary relationships.

The means by which professional intervention is accomplished is diagnosis (from the greek *dià-gnôsis*, or looking through), attaining to a medicalized model, according to which evaluation is a mere descriptive and static operation that transfers the responsibility of change to the dynamic and evolutionary phase of the next therapy³.

For making diagnosis and/or prognosis (on parenting skills, credibility of child's testimony, examination of abuser personality, etc..), criteria of objectivity and neutrality must be guaranteed as a prerequisite for the professional praxis, given the uncertainty in which we are called to intervene. Somehow, psychologist is asked to have a sciential control on the rules of the game that govern these systems of belonging (abuser families) and to announce them, assuming to define and predict outcomes.

The goal of the expert/psychodiagnostician is therefore to advise and evaluate (*valere*, which means to be strong, important, estimate) in a dynamics that is limited to relationship with social mandate. Who evaluates, in fact, enjoys a privileged status (*validus*) by means of the power conferred by a third party that recognizes his specialistic knowledge. Assessment, however, may lead to risky operation of identifying "costs", regardless of specific contexts. Child care and guardianship are, in some way, ideological values around which we can easily build a consensus rather than a verifiable intervention. In other words, purposes are reproduced, as socially desirable and acceptable conditions, in line with control mechanisms which induce the individual to conform to values of social order, suggesting a mostly ideological and normative function of psychological profession.

³ Art. 26 of the Deontological Code and art. 10 of the Charter of Noto, states: "The roles of expert in criminal procedure and psychotherapist are incompatible."

The model of evidence-based techniques: the technical function

Technique (*technè*, the body of knowledge and methods necessary for producing objects) is the central dimension of this model of intervention on child abuse. To pass from an ideological to a pragmatic perspective there is a fundamental operation, that is to transform the socially desirable states of reality in other models consistent with what most likely results from the technique.

The way in which the psychologist is called to stay within a demand relationship is closely linked to the role of the technical, as able to produce and offer solutions to the commission's problems. His intervention is grounded on the congruence between results and needs expressed by individuals or social groups and on the chance to have as a result what exactly he expects.

We refer to interventions implemented within the area of health and social local services and that sometimes take place just in compliance with the Legal Guardian devices on child or family recovery in view of subsequent judgments. In this case, the close integration of educational with clinical and rehabilitative treatments is operated under a mandate of the Territorial Social Service, which remains owner of the intervention project on minor. This context of intervention suggests the implementation of psychotherapy techniques, mostly based on a systemic-relational or cognitive-behavioral theoretical model.

Psychotherapy becomes the privileged *means* which consents to reduce deficit, eliminate symptoms (of a single person or of a whole family) in according to a social mandate grounded on the diagnostic function, typical of the previous model, but now oriented to take in charge.

The model's *goal* is related to recovery and cure, terms whose etymology suggests observing and protecting, issues linked to the concept of minor guardianship (*tueri*). There is a function which replaces the legal system, in recognition of the separation of specific competences, according to a social mandate that considers psychological profession intervening in social, health and, widely, welfare services. In other words, the psychologist is not called to collude with a client that wants using him according to his own purposes (let's think to the figure of expert as *longa manus* of the legal organization), on the contrary, technical collusion is proposed to the psychologist because he is socially considered as a figure dealing with psychological assistance and rehabilitation, in according to his professional code.

On the basis of this model, the criterion of evidence, pursued through validation of techniques, refers the profession's need of legitimacy in contexts that are mostly given and grounded on a medicalized culture, such as the welfare and care systems, so as making professional expertise visible outside (evidence). Unlike the attachment model, demand relationship isn't confined only in the commission request. The neo-emotional dynamic based on control, exercised in relation to a social-health mandate, appears to provide indications for patient's care, delegating a third figure (psychologist) to intervene in the direction of "*restitutio ad integrum*".

The other, designated as sick, is also patient in tolerating the institution of a cure relationship (from the latin *patior*). Intervention passes from an observational state towards an interactive process. Let's look at the *evidence-based* studies on "*compliance*" (also defined as adherence to medical treatment or consensual regimen) as a predictor of treatment effectiveness and on other important variables such as problem awareness, therapeutic alliance, characteristics of care system, etc. In other words, the relationship between technical and user becomes basic, even if it doesn't represent the object of intervention, but only consents a helping and affiliative dynamic between them.

The model of risk factors: what function?

The third identified model can be called the risk factor model. The psychologist is requested to intervene in a professional context that is mostly linked to the commission of Third Sector, that refers to the group of organizational entities characterized by a private nature but aimed at producing goods and services with a public and collective significance. No longer, therefore, a strong social mandate to accept, for not losing the assumed legitimacy of one's own professionalism, but a possible competence in intervening on demands of territory, in order to contribute to promotion and empowerment of living together process within the social systems of belonging (Carli, 1997). We pass from the perspective of "product" to a psychology considered as a service offer. The way in which the psychologist is involved in this process is as a consultant, according to whom the emotional dimensions of relationship are not split (attachment model) or ritualized (model of evidence-based techniques), but a source of knowledge. In according to a psychosocial perspective, instruments adopted in the intervention on child abuse are based on a preventive model, which aims at exploring at risk contexts and promoting their individual and community resources. The other, therefore, starts to have the sense of client as he stops to be a mere user of something given, and for client we mean the stranger from whom development derives (Carli & Paniccia, 2003). In relation to the Third Sector, let's think about the difficult negotiation with families, educational institutions and socio-recreational organizations within the local system, in order to implement projects that are considered useful and verifiable too. The promotion we discuss is therefore also referred to the professional credibility of the psychologist, who needs to gain a competence in staying within a competitive market. The word consultant, as indicated by etimo (from the latin *consulere*), concerns function of both taking charge of request (to provide) and using relationship as organizer of intervention (to think), so he requires models for interpreting client's problems. Prevention as a *means* oriented to improvement (*empowerment*) is, for example, a privileged object of two orientations of the psychological tradition: community psychology and health psychology. Both have the *goal* of community development, health promotion and improvement of individuals' quality of life in their contexts of belonging (Francescato, Tomai, & Girelli, 2002; Pietrantonio, 2001). The preventive model, however, raises some troubling issues for psychological intervention which, if untreated, could establish the previously discussed technical and ideological perspectives. Abuse (*ab-utor*) as misuse, defines itself a dimension that diverges from the norm and on which preventive intervention can easily be justified. Criticism towards the social cognition theories underlines, for example, the partiality of models focused on the influence of expectations, control beliefs or social learning on behaviour, where no account is taken of the automatic and unconscious processes, role of emotions and social and environmental context. Thus, risk factors, if used as alarm signals for identifying given problems, may provide the basis for the creation of ideal types, standardized responses to environmental stimuli, profiles of potential abusers and/or abused, or mythic and reassuring dimensions, in line with a diagnostic model. The same applies to the social issue of empowerment that may become like a value and increase a culture of ideologies and power conflicts since it's focused on the objective determiners and limits of context; let's think about, between all, the inequality on distribution of resources. In other words, there is the risk of establishing a technical culture that promotes ingenuous adaptation strategies, in response to a feeling of helplessness. It's the case of parenting courses, training of teachers and operators constantly informed on abuse issues, health and sex education programs in schools, prescriptively set without analyzing the cultures within one intervenes.

Professional practice and child abuse: a decision making model for a hypothetical reading

If we think of some problems concerning the assessment of minor testimony, early detection of specific indicators of abuse, conspiracy of silence of families denying the traumatic event, risk of recurrence within a not sufficiently protective context, we realize the state of great uncertainty that involves the intervention of the psychologist. In fact, he is constantly confronted with a potential danger to prevent, detect and delete if present: in a culture of "events", professional praxis, from the analysis of collusive symbolizations acted in demand relationship (Carli & Paniccchia, 1999), moves towards the adoption of decision making strategies aimed at reducing the strangeness. Let's reflect on what is involved in deciding on uncertain situations, in relation to a risky condition within a context, using the Signal Detection Theory, deepened in its "social" implications (Carli, 1987). We assume type of decision making strategy we act depends on the "costs" that the local culture attributes to decision, according to the rules of the game shared within a system of belonging.

The attachment model proposes a diagnostic-evaluative function in relation to uncertain conditions in decision making, in which the psychologist is called to intervene. We are confronted with situations where the main aim is to identify the presence of possible psycho-behavioral indicators that are consistent with abuse events, although there are many non-specific symptoms in stress responses not linked to abuse, such as, those caused by family conflict or distress. Let's think about how a categorical approach works best when all components of the diagnostic class are homogenous, when there are clear limits between classes, and when the different classes are mutually exclusive. To detect the presence of what diverges from the norm, it is therefore necessary to adopt more and more restrictive criteria in order to avoid the mistake of considering as significant something that is not (let's think of case studies on pseudo-abuse). The importance of differential diagnosis and screening of so-called false positives, turns the concern of clinician who works in a forced context that is symbolized as sanctioning, to "avoid making mistakes." This model, therefore, proposes a culture that suggests the correct rejection. The legal system entails very high emotional, legal and institutional costs; any assessment or decision has a considerable influence on people's lives within a collusive organization that attributes a professional ideological function to the psychologist, as he is considered an expert. In Justice Court time for decision is often faster and compresses, sometimes so anxiously, time for reflection. Automated strategies are used, repeating the same behaviors without adopting further ones, in order to reducing the probability of false alarms and saving time and thought. Somehow, the efficiency of intervention is achieved to maximize benefits by using the minimum economic, organizational and professional resources.

The model of evidence-based techniques lies in the technical area, whose primary interest is to standardize procedures of intervention in order to achieve the maximum effectiveness. We are confronted with the socio-health mandate that characterizes the medicalization of psychological and clinical praxis linked to the therapeutic sphere. Focus is on the target, as most likely outcome of a scientific technique, based on the assumption that there is a rationality, as a tendency to maximize the results of correct decisions. A culture of hit is proposed, according to which the applied dimension is oriented towards problem solving, or to "do the right thing." In evaluating health interventions, effectiveness is the power of intervention in improving the outcomes of a specific condition. The effectiveness of a health service is doing the right things to the right people and identifies with the appropriateness, as implicitly recognized by DDL 229/1999. To pursue the myth of technical rationality, it is necessary to flatten the influence of the environment variable, as something making action uncertain, through the use of a normative control on the context itself. The technician, in this sense, is someone who, as Fornari defined (1976), fulfills a curative or "phallogocentric" function. Intervention, in fact, involves a possible separation in patient between the "evil other" that must be attacked and destroyed (treatment) and the "own good", of which we can

take care (onphalentric function). Because of this division, technician is delegated to decide for his party. In order to this affiliative dynamic, the greater risk is the lack of action where it is necessary and correct, let's think about the obligation of care and the professional negligence of omission that characterize the socio-medical context. Thus, to pursue correct outcomes based on previously done actions seems to be distinctive of a tautological culture, which recognizes the legitimacy of the diagnostic model as a precondition for the subsequent rehabilitation.

The model of risk factors suggests a perspective of intervention mainly focused on prevention. The concept of risk assumes a very important and central role since decision, seen as a way for reducing and managing uncertainty thanks to choice in risky conditions, represents, in this case, an organizer of the psychological praxis. Prevention aims to identify those conditions that are associated with measurable impact of a phenomenon in an at risk population. These determinants can be attributed to the individual or context and show a significant influence, depending on conditions of employment and exposure, as predictors for the onset of the injury. No action on the given signal, but on the potential danger within a system characterized by strong variability and uncertainty because it is involved in a continuing negotiation with the territory's demands. We are in the area of childcare projects that have as clients the agencies of the Third Sector within the local context and take as priority the issue of economy, namely the rational and best use of resources in relation to the local needs. The link, therefore, is no longer between used resources and obtained results, but between costs and conceived targets. This implies that preventive praxis is regardless, somehow, the correct outcome of decisions: the "hurry" is proposed (from the latin *prae-stare*) as, in other words, staying (from a professional viewpoint), in relation to problems within an anticipatory position to avoid the increased cost that would derive from the actual presence of signal. It's the culture of the false alarm, according to which it is preferable to "propose measures considered useful but not necessarily effective", as an alternative to circumvent the correct possibility of intervention. In this case we speak of exploratory strategy since we tend to regard incidents as an information and not as a divergence from a model, so that we can learn, by exploring and testing analysis of the signal itself.

The phenomenon of abuse: culture of facts or cultural event?

What seems to characterize, as a common thread, the models we have discussed, is the centrality of a culture grounded on "facts" and that ignores the relationship between child abuse and collusive processes: the problematic event is theorized as something depending on characteristics, relatively stable, of the individual (attachment model); as a symptom of a divergence that must be orthopaedically restored to normal (model of evidence-based techniques) or as a fact placed within a context characterized by circumstances, relationship, specificities consenting to link the event to particular adaptive aims (model of risk factors). In response to an "alarming" signal, collusive actions are proposed, eluding the exploration of the event itself. Two main professional functions are suggested: the first, ideological-normative, acts this control by the diagnostic procedure, as preferred instrument, colluding with dimensions of power. The second function is technical, aiming at restitution *ad integrum*, and refers to the first, in a relation of continuity. We could say that it represents the most "advanced" part of the previous culture, because it turns the ideological premises, prerogative of the diagnostic model, into targets that are consistent with the results deriving from the application of the technique. The analysis thus leads us to detect the most potential in the model of risk factors, for developing the psychological profession regarding the issue of child abuse. Within this culture of intervention, in fact, there is a possible professional competence that can act as a symbolic device in reading and understanding social events, despite an expertise based only on applied dimensions. However, this culture of intervention risks

becoming co-opted by the postulate of individualism, typical of the diagnostic model, which wants the individual detached from context and characterized by "internal" psychological processes as unit of research (Carli & Panizza, 1993); or by the rationalist postulate, referred to the area of technicality, that wants rational-oriented systems for the pursuit of goals according to criteria of optimization of means (Grasso & Salvatore, 1997).

Conclusions

Reading critically the product of literature can help us identify some issues that are useful to construct a hypothesis on the "culture of abuse". In attachment studies, what emerges is the link between the experience of abuse and the self-reference functioning of a relation system (dyad mother-child) that, on one hand, is not favouring the exchange with stranger, on the other hand, does not facilitate the integration of the emotional information with the cognitive exploration of environmental signals. The model of evidence-based techniques shows that, in standardizing techniques of intervention in conformity with the effectiveness principle, a critical point is the ecological validity of the proposed programs, because they don't take into account the context within which they are set. The focus on cognitive and behavioral dimensions leads to theorize the single problematic event as individual response to environmental stimuli. Also the risk factors identified in the third analyzed model, if taken as "facts", may become technical-procedural or normative features, according to a causal linearity with the problem. We propose reading risk as a subjective representation of danger within shared collusive processes, assuming that child abuse refers to a problem of living together as symbolic component of social relationships. Social isolation, domestic violence, drug abuse, represents, on the basis of the proposed model, cultural cues allowing to rethink the individual-context bond. We are confronted with a context characterized by dimensions of power and whose rules of the game aim at possessing the strangeness. Let's consider, in this sense, the asymmetry evoked by the etymology of violence (from vis, strength) and abuse (from ab-utor, improper use), "dense words" that underline the transgression of living together, which seems to be threatened by the denial of strangeness. In this regard, Carli (2000) states that the violence on child, to whom emotions of attack, disturb of adult's peace, and needs of aggression worthy of punishment are attributed can be considered, in this way, as the result of the inability to "see" child, to decipher his messages, to know his wishes and languages.

In fact, whilst the rules of the game work as an instrument facilitating adaptation and living together, the norm always involves a "third" as a model and, at the same time, a control and penalty function for the transgression of the norm itself. Somehow, we are confronted with the conformity of psychological intervention which moves towards an ideological-normative or, alternatively, technicality-oriented function. The more social mandate is accomplished, all the more individualistic and medicalized paradigm is proposed, by using the power that is present in the social system for handling problems themselves. Psychological competence thus tends to flatten out on other professional areas and to lose specific models, so runs the risk of making intervention areas increasingly saturated and not filled in the future. The opportunity of activating an useful professional function is based on the retrieval of the individual-context paradigm and of the emotional dimension, as distinctive features of the psychological sciences, allowing to "intercept" the local demands and to propose a "cultural" key for reading the collusive processes that shape the at risk contexts of living together.

References

- Alexander, P.C., Anderson, C.L., Brand, B., Schaeffer, C.M., Grelling, B.Z., & Kretz, L. (1998). Adult Attachment and Longterm Effects in Survivors of Incest. *Child Abuse & Neglect*, 22, 45-61.
- Armstrong, M. (1999). Face to Face with Child Abuse: Towards an Ethics of Listening. *Law and Critique*, 10 (2), 147-173.
- Carli, R. (1987). L'analisi della domanda [Analysis of demand]. *Rivista di Psicologia Clinica*, 1 (1), 38-53.
- Carli, R. (1997). L'analisi della domanda rivisitata [Analysis of demand revisited]. *Psicologia Clinica*, 2 (1), 5-21.
- Carli, R. (2000). *Convivere* [Living together]. Retrieved June 22, 2007, from <http://www.sponline.it/letture>
- Carli, R. (2000). *Il contributo della psicologia per lo sviluppo della convivenza nella città* [The contribution of psychology to the development of living together in the city]. Retrieved May 28, 2007, from <http://www.sponline.it/letture>
- Carli, R., & Paniccia, R.M. (1993). Percorsi per la definizione del prodotto in psicologia clinica [Paths to define the product in clinical psychology]. *Rivista di Psicologia Clinica*, 7 (2-3), 21-45.
- Carli, R., & Paniccia, R.M. (1999). *Psicologia della formazione* [Training Psychology]. Bologna: Il Mulino.
- Carli, R., & Paniccia, R.M. (2002). *L'Analisi Emozionale del Testo: Uno strumento psicologico per leggere testi e discorsi* [Emotional text analysis: An instrument for reading texts and discourses]. Milano: FrancoAngeli.
- Carli, R., & Paniccia, R.M. (2003). *L'Analisi della Domanda: Teoria e tecnica dell'intervento in psicologia clinica* [Analysis of demand: Theory and technique of psychological clinical intervention]. Bologna: il Mulino.
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychology*, 25, 525-531.
- Chaffin, M., & Schmidt, S. (2006). An evidence-based perspective on interventions to stop or prevent child abuse. In J. R. Lutzker (Ed.), *Preventing violence: Research and evidence-based intervention strategies*. (pp. 49-68). Washington, DC, US: American Psychological Association.
- Cox, A.D. (1997). Preventing child abuse: A review of community-based projects 1: Intervening on processes and outcome of reviews. *Child Abuse Review*, 6 (4), 243-256.
- Fonagy, P., & Target, M. (2001). *Attaccamento e funzione riflessiva* [Attachment and reflective function]. Milano: Raffaello Cortina.
- Fontana, V.J. (1973). The diagnosis of the maltreatment syndrome in children. *Pediatrics*, 51, 780-782.
- Fornari, F. (1976). *Simbolo e codice* [Symbol and codex]. Milano: Feltrinelli.
- Francescato, D., Tomai, M., & Girelli, G. (2002). *Fondamenti di psicologia di comunità: Principi, strumenti, ambiti di applicazione* [Fundamentals of community psychology: Principles, instruments, scopes]. Roma: Carocci.
- Grasso, M., & Salvatore, S. (1997). *Pensiero e decisionalità: Contributo alla critica della prospettiva individualista in psicologia*. [Thought and decisionality: Contribution to the critique of the individualistic view in psychology]. Milano: FrancoAngeli.

- Grasso, M., Cordella, B., & Pennella, A.R. (2003). *L'intervento in psicologia clinica: Fondamenti teorici* [The intervention in clinical psychology: Theoretical fundamentals]. Roma: Carocci.
- Green, D.M., & Swets, J.A. (1966). *Signal detection theory and psychophysics*. New York: John Wiley and Sons.
- Kelley, S.J. (2003). Cumulative Environmental Risk in Substance Abusing Women: Early Intervention, Parenting Stress, Child Abuse Potential and Child Development. *Child Abuse & Neglect: The International Journal*, 27 (9), 993-995.
- Kempe, C.H., Silverman, F., Steel, D., & Silver, H. (1962). The battered child syndrome. *Journal of the American Medical Association*, 181, 17-24.
- Loar, L. (2003). Child and Animal Abuse: Recognizing Common Indicators of Risk and Designing Effective Interventions. In M.S. Peterson & M. Durfee (Eds.), *Child Abuse and Neglect: Guidelines for Identification, Assessment, and Case Management* (pp.168-171). California: Volcano Press.
- Montecchi, F. (2005). *Gli abusi all'infanzia: I diversi interventi possibili* [Child abuse: The various possible interventions]. Milano: FrancoAngeli.
- Pietrantoni, L. (2001). *La psicologia della salute* [Health Psychology]. Roma: Carocci.
- Remschmidt, H., Belfer, M., & Goodyer, J. (2004). *Facilitating Pathways: Care treatment and prevention in child and adolescent mental health*. Berlin: Springer.
- Suzumiya, H., Yamashita, H., Nakagawa, A., Noutomi, K., & Yoshida, K. (2004, January). *Mother-infant at risk of child abuse and neglect in Japan: A preventive intervention and care program in community based on multi-centre survey*. Paper presented at 9th meeting of World Association on Infant Mental Health, Parkville, VIC, Australia.
- Van Ijzendoorn, M.H., Schuengel, C., & Bakermans, K. (1999). Disorganized at in early childhood: Meta-analysis of precursors commitants and sequelae. *Development and Psychopathology*, 11, 225-250.
- WHO. (2002). *World report on violence and health*. Madrid: Author.