Chapter 1
A Multi-method Assessment of Risk and Protective Factors in Family Violence: Comparing Italian and Migrant Families

Luca Milani, Sarah Miragoli, Serena Grumi, and Paola Di Blasio

1.1 Introduction

Child abuse and maltreatment are serious developmental adversities in the short and long term for children and adolescents. International reviews highlight the enormous developmental, social, and economic costs of child abuse and maltreatment (Autorità Garante per l'Infanzia e l'Adolescenza, CISMAI, & Terre des Hommes, 2015; Bunting et al., 2018; CISMAI, Terres des Hommes, & Bocconi, 2014; Di Blasio, 2000, 2005; Di Blasio, Camisasca, & Procaccia, 2007; Fry et al., 2018; Gallo, Munhoz, de Mola, & Murray, 2018; Kimber, Adham, Gill, McTavish, & MacMillan, 2018). Research has led to improvements in knowledge about intervention strategies to buffer negative consequences of child maltreatment and abuse (cf. Masten, 2001; Masten, Cutuli, Herbers, & Reed, 2009; Ozer, Best, Lipsey, & Weiss, 2003). In this light, the concept of resilience has proved to be very useful to describe those developmental trajectories that lead to positive adaptation notwithstanding serious adverse conditions (Masten et al., 2009). Resilience is a key construct for scholars and professionals in the field of Child Protection Services (CPS), as it is the very foundation of the possibility of changing maladaptive developmental trajectories into more positive ones. Thus, professionals and practitioners in CPS are often required to make decisions about the best intervention to protect minors at risk, often with limited time and resources to collect the information needed for such a resolution.

Moreover, CPS professionals often deal with referred families that fall into "gray areas" of family functioning: they appear to be not completely dysfunctional – nor are they completely functional – but are characterized by (acute and/or chronic) difficulties and adversities that impact day-by-day functioning and parenting. In these instances, it is very important to assess the risk of harm/maltreatment in a

L. Milani (✉) · S. Miragoli · S. Grumi · P. Di Blasio
Catholic University of the Sacred Heart, Milan, Italy
e-mail: luca.milani@unicatt.it

timely manner, in order to implement effective protective measures and to avoid recidivisms. A key element in the decision-making process is for CPS to be able to rapidly discriminate situations that need a more decisive plan of intervention (e.g., removing the child from the family) from those that require a more cautious approach. However, Italian professionals cannot rely on national documents and manuals on assessment and decision-making process when dealing with at-risk families but only on local guidelines and on their professionalism and training. As a result, in many instances, decisions are made through intuition and not informed by evidentiary information.

Migrant families are often a challenge to CPS personnel because of the difficulty in gathering relevant information, assessing the residual capital in family resources (both from a material and social point of view) and gauging the potential for repairing/enhancing family functioning (cf. Milani, Grumi, Gagliardi, & Di Blasio, 2016). Moreover, some studies have highlighted that migrant families have both a higher risk of referral to CPS and risk of maltreatment (cf. Alink, Euser, van Ijzendoorn, & Bakermans-Kranenburg, 2013).

Our Research Centre is trying to provide an assessment protocol and other useful tools to assist professionals and operators in CPS and in the judicial system in the complex decisions they face when working with at-risk families. To our knowledge, this is the first attempt at proposing a specific assessment system for this purpose in Italy, given the fact that – among the limitations previously cited – the Italian CPS system is still lacking a unified registry about allegations and management of child maltreatment. The lack of uniformity in assessment protocols hinders the possibility of comparison between methods of assessment and case management across different locals.

As concerns the international literature, research on decision-making systems in CPS is steadily shifting toward the aim of helping professionals and operators rely less on intuition and more on objective indicators when planning interventions (cf. Bartelink, van Yperen, & ten Berge, 2015, for a review). However, there is a paucity of objective indicators with the exception of the "California Family Risk Assessment": an instrument designed to help practitioners in the decision-making about at-risk children and families, focusing on the strengths and needs of caregivers, children, and family resources, via different checklists and guidelines[1] (Barlow, Fisher, & Jones, 2012).

Our assessment system is conceptually similar – albeit less detailed – than the British Framework for the Assessment of Children in Need and their Families (FACNF), a set of guidelines and indications aimed at helping CPS professionals to assess complex situations of children and families (cf. Léveillé & Chamberland, 2010). To assist professionals in this task, our framework contains some standardized checklists focusing not only on risk assessment but also on strengths and resources. We believe our assessment protocol meets operators' and professionals' requirements in terms of comprehensiveness, modularity (e.g., selecting single or multiple modules to focus on specific areas of assessment), and scientific validity.

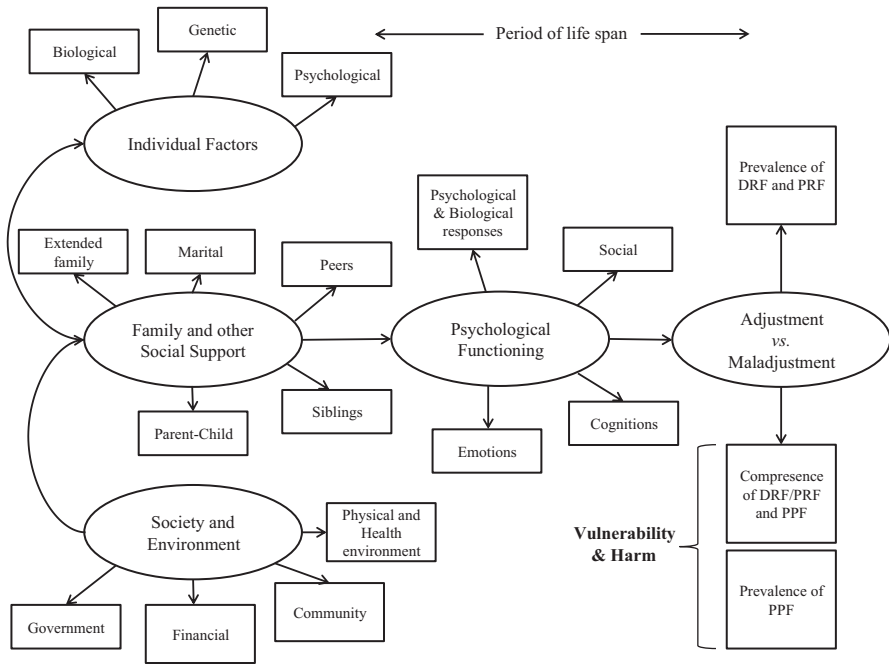[1] Cf. https://www.nccdglobal.org/assessment/structured-decision-making-sdm-model

Fig. 1.1 Process-Oriented Model (Di Blasio, 2005; modified from Cummings, Davies, & Campbell, 2000)

In particular, the system presented herein can be defined as a risk assessment tool (cf. Bartelink et al., 2015) based on an array of psychological instruments and measures that can be used to offer an accurate assessment of at-risk families. It is grounded in four pillars: (a) a process-oriented model; (b) clinical expertise of our Research Centre[2] in terms of child maltreatment and abuse; (c) extensive research efforts to validate and refine the assessment system; and (d) constant interaction with field knowledge (CPS professionals and Italian judicial system).

1.1.1 The Process-Oriented Model

Our assessment system is grounded in the "process-oriented model" of developmental trajectories and children adjustment (cf. Cummings, Davies, & Campbell, 2000), which posits that human development is characterized by mutual influences between different factors and environments, which lead to adaptive or potentially maladaptive patterns. This model has been modified and articulated to fit the clinical literature on risk assessment in CPS work (cf. Cirillo & Di Blasio, 1989; Di Blasio, 1997; 2000). The final model is presented in Fig. 1.1.

---

[2] Centre for Research in Developmental and Educational Dynamics (C.Ri.d.e.e.) – Department of Psychology, Catholic University of the Sacred Heart, Milan, Italy.

The left side of the model highlights the contribution of genetic, biological, and psychological factors of individuals, which interact with familial functioning and environmental affordances into determining parental attitudes toward offspring. The central part of the model focuses on the "here-and-now" psychological functioning that mediates between contextual factors and adaptive/maladaptive trajectories. The right side of the model presents the outcomes of this process: social competence on one side and maladjustment on the other. In our vision, social competence can be thought as a developmental outcome related to those families where there is a preponderance of proximal protective factors (PPF). In these instances, parents are able to express positive parenting and to buffer the impact of eventual negative events (e.g., loss of job, death of a relative) by tapping into personal and contextual resources.

On the other hand, maladaptive outcomes can be characterized by those instances when parents are not able to buffer the effects of negative events – or of personal difficulties and inabilities – and expose their children to situations of vulnerability or clear harm via a significant prevalence of distal and proximal risk factors (DRF/PRF). These can take the form of a sporadic, infrequent parental inadequacies that last for a limited period of time and can be addressed by "lower-impact" interventions, such as parental monitoring or training, or can take the form of a chronic impairment that poses a serious threat to children and that needs to be tackled with more impactful interventions such as limiting parental responsibility or removing the child from the family.

1.1.2   Distal and Proximal Factors

In our opinion, the most appropriate way to conceptualize and to address potentially maltreating parents and sub-par parenting skills is an examination of risk and protective factors (cf. Camisasca & Di Blasio, 2002; Di Blasio, 2000; Di Blasio, Camisasca, Procaccia, & Verrocchio, 2005). In this light, high-risk conditions are characterized by (chronic or acute) exposure to adversities that can slowly (or swiftly, in case of traumatic events) erode, consume, and ultimately deplete physical and psychological resources of individuals and families. However, high-risk conditions are *not necessarily equivalent* to maladaptive outcomes. In fact, it is often difficult to assign a "clear-cut" score of damaging potential to many life events, due to the complexity of the mutual interaction of the factors in play. Thus, to better discriminate those factors that exert a direct influence on developmental trajectories in at-risk families and those that are indirect, we refer to the distinction by Baldwin, Baldwin, & Cole (1990) between *distal* and *proximal* factors. The term "distal" is used because these factors are supposed to have an indirect effect on children and can be thought of as a *humus* on which more proximate events and factors build their influence. Proximal factors have a direct influence on family processes and can overturn frail points of balance, often exacerbating covert tensions and conflicts. Distal risk factors can lead a given family to a condition of vulnerability; however

their mere presence does not equate to harm or damage to children. Nonetheless, when distal risk factors are intertwined with proximal risk factors, the situation is very likely to evolve into a clear harm for children. For example, literature shows that maternal lack of knowledge or interest relating to child development (distal risk factor) is associated with worse health outcomes in children due to difficulties in understanding medical prescriptions. However, a lack of knowledge or interest alone is seldom related to maltreatment; other proximal factors such as family conflict and difficult temperaments in children need to be present in order to generate harm. It should be noted that proximal factors include *both* risk and protective factors. Protective factors are those proximal instances and resources that have the power – if recognized and adequately taken into consideration when implementing an intervention – to reduce the negative impact of distal and proximal risk factors. When a protective factor comes into play, if services are able to turn it into a resilience process via work with the family, it is possible that a maladaptive trajectory's likely negative outcomes will be buffered and will not cause harm to the child.

1.2   C.Ri.d.e.e. Multi-method Assessment System

In our experience, in order to sustain and mobilize residual resources in families at risk, it is important to not only focus on risk factors but also on personal, familial, and social strengths. Our proposal of a multi-method assessment system is specifically tailored to help professionals of CPS and judicial systems to promote resilience processes by identifying areas of vulnerability and areas of strength in the families at risk. The general aim of our assessment system is to integrate the specific know-how and guidelines of social workers, psychologists, lawyers, and professionals involved in the decision-making process in order to protect children at risk of abuse/maltreatment/neglect due to parenting deficits in families referred to CPS/judicial system. Thus, the different modules of our assessment system focus mainly on parenting skills and the resources in the family/social environment.

The assessment system is comprised of six stand-alone modules: one in-depth protocol for identifying proximate and distal risk and protective factors of maltreatment and recidivism against children; one explorative tool for assessing the (residual) social capital in an at-risk family; and four screening surveys for assessing parenting stress, parental child abuse potential, parents' resilience, and traumatic symptoms (in children).

As regards the surveys, three have been validated by *C.Ri.d.e.e.* research team (PSI-SF, CAPI, and TSCC), and one is a well-known measure for resilience (RSA) that we recommend for its reliability and accuracy.[3] Each of the six modules can be

---

[3] Operators need to contact the original authors of the RSA (Oddgeir Friborg or Odin Hjemdal) requesting their permission to use the scale.

applied alone or in conjunction with the others, and each of them provides information about one key area of family functioning:

- The Risk and Protective Factors Protocol and Graph can assist in collecting information about several aspects of family functioning and can help operators focus on risk factors as well as potential resources of the family. The array of risk and protective factors can be arranged as a list or as a graph, and it can be used to assess a single parent or the whole family. In this case, our recommendation is to assign the presence of a given factor to the whole family even if it is reported only for one parent (e.g., parental psychopathology reported for the mother only but assigned to the whole family). The rationale is that the presence of a risk and/or protective factor influences not only a given parent but also the whole family.
- The Todd Map can assist in detecting social capital of a given individual/family and deepen the knowledge about relational bonds between individuals. As in the case of the Risk and Protective Factors Protocol and Graph, the Map can be used to assess an individual or a family.
- The four screening instruments can be used to obtain quantitative data about the level of stress related to the parenting role, the risk of maltreatment/abuse by a parent, resources that can lead to resilience in parents, and the eventual traumatic consequences on the child. The precise indications about how to use each instrument can be found in the validation papers.

In our proposal, professionals should aim to assess all of the above areas as a rule of thumb, as the array of information gathered could help in subsequent decision-making. However, the modularity of the system allows professionals to arrange and personalize the assessment in order to meet time constraints and priority. In this light, some indications may be helpful:

- The Risk and Protective Factors Protocol and Graph can be completed in different sessions and can be updated as the knowledge about the family increases. Indications are to use this module whenever possible, as it is also a useful tool to monitor progress.
- The Todd Map can be used as a "resource-oriented" tool to complete the representation about the social capital of the family. As such, it can be of invaluable help to gain a broader picture of the resources that can be engaged in a support system for the family. As for the Risk and Protective Factors Protocol, it can be completed in different sessions and can be used as a monitoring tool.
- We think of the four instruments as sort of practical "alarm tools" to be administered when the operator suspects the presence of:
  - Deep parental strain that may impact child-rearing or lead to increased risk of maltreatment (PSI + CAPI + RSA)
  - Risk of parental maltreatment (CAPI + TSCC to child)
  - Risk of psycho-traumatic damage to the child (TSCC to child)
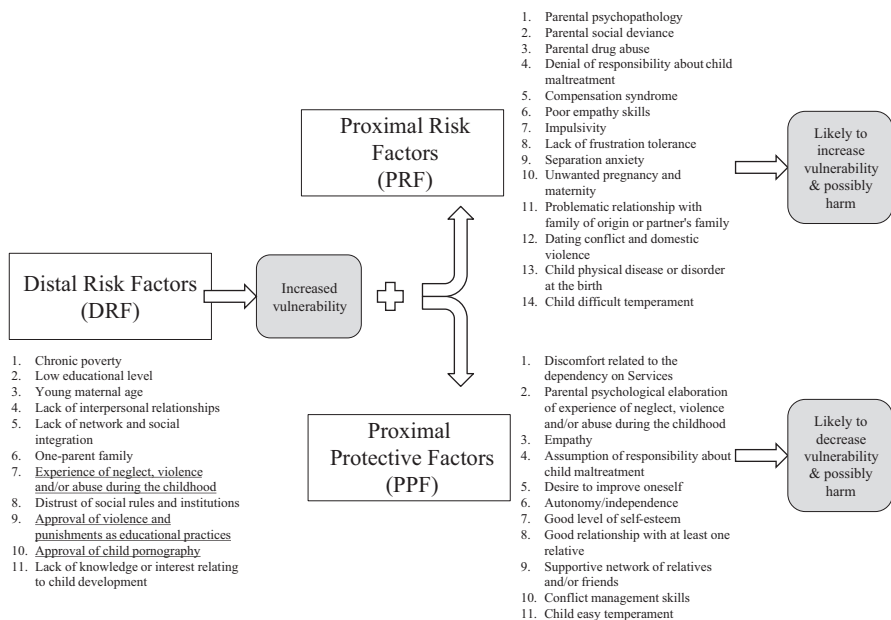 - Need for understanding resilience resources in parents (RSA)

Fig. 1.2 Risk and protective factors Protocol

1.2.1 Risk and Protective Factors Protocol and Graph

The Risk and Protective Factors Protocol is a theoretically grounded instrument that consists of 36 factors. The aim of the Protocol is to help professionals evaluate individual, familial, and contextual factors that come into play when parents are at risk of not attending to their children needs or becoming maltreating/abusive.

As it is clear from Fig. 1.2, distal risk factors mostly concern context, values, and resources that exert an influence on parenting activities and raise the level of vulnerability of families. Some of them are non-specific in terms of child maltreatment and abuse (e.g., chronic poverty, young maternal age, etc.). Three are *very specific:* Experience of neglect, violence, and/or abuse during the childhood; Approval of violence and punishments as educational practices; and Approval of child pornography. These are underlined in Fig. 1.2.

Proximal factors have a direct influence on children and can overturn a frail relational balance in the family (risk factors) or ameliorate the situation by adding resources and buffering conflicts (protective factors). The 36 factors can be thought of as contributing to 4 areas of family functioning (refer to Figs. 1.2 and 1.3):

A. *Children*: Lack of knowledge or interest relating to child development, child physical disease or disorder at the birth, child difficult temperament, child easy temperament.
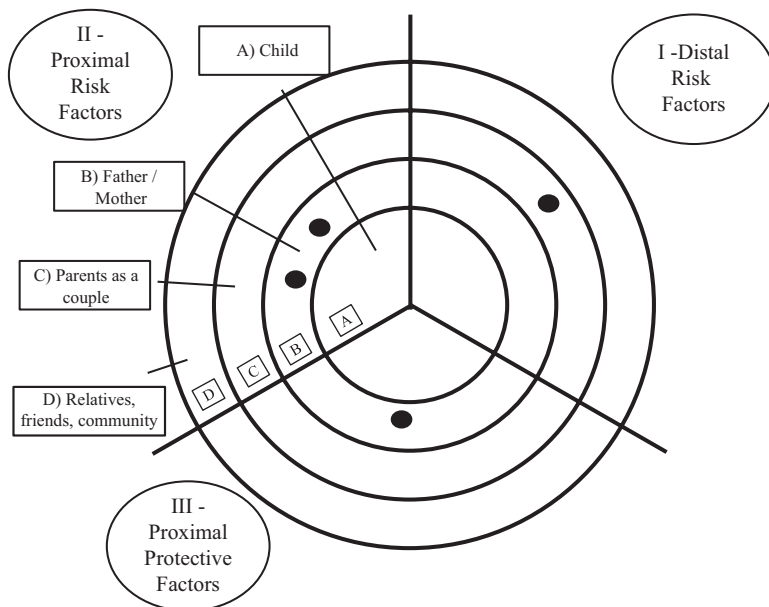
Fig. 1.3 Risk and protective factors Graph

B. *Mother/father*: Young maternal age, experience of neglect, violence and/or abuse during the childhood, parental psychopathology, parental social deviance, parental drug abuse, denial of responsibility about child maltreatment, compensation syndrome,[4] poor empathy skills, impulsivity, lack of frustration tolerance, separation anxiety, parental psychological elaboration of experience of neglect, violence and/or abuse during the childhood, empathy, assumption of responsibility about child maltreatment, desire to improve oneself, autonomy/independence, good level of self-esteem.

C. *Parents as a couple*: Chronic poverty, low educational level, one-parent family, approval of violence and punishments as educational practices, approval of child pornography, unwanted pregnancy and maternity, dating conflict and domestic violence, discomfort related to the dependency on services, conflict management skills.

D. *Relatives, friends, community*: Lack of interpersonal relationships, lack of network and social integration, distrust of social rules and institutions, problematic relationship with family of origin or partner's family, good relationship with at least one relative, supportive network of relatives and/or friends.

---

[4] "Compensation syndrome" can be defined as a parental attitude in which the parent expects some sort of psychological compensation for experiencing adverse growing conditions as a child, and this compensation is expected from a third person (usually his/her child) or an institution (e.g., CPS, judicial system, social welfare, etc.).

A useful complement is the risk and protective factors graph (see Fig. 1.3) that explodes the Protocol on a 2-dimensional space in order to help professionals quickly assess whose areas of family functioning are more worrying or needing attention. The operator may use it as a graphic representation of the array of risk and protective factors assessed in the family, by recording in the appropriate area the presence of a given factor. For example, a family characterized by Chronic poverty (DRF 1), Parental psychopathology (PRF 1), Separation anxiety (PRF 9), and Empathy (PPF 3) will have one note in the quadrant I-C, two in quadrant II-B, and one in quadrant III-B. This notation system allows the professional to quickly be aware of those areas that are more at-risk or more resourceful in a given family.

1.2.2 Todd Map

The Todd Map (1979) is a sociological instrument to assess relational capital in individuals. It allows the operator to measure with a graph the density and the rank of social capital of individuals, in different environments and contexts.

It can be represented as a series of concentric circles segmented in different sectors, while the parent under assessment is placed in the center of the graph. The operator should trace a dot for each person the parent is in relation with for the four relevant environments reported: family, friends, work, and public services. The distance from the center indicates how relationally close that person is to the parent: one is the most important (a close relative), while four is the least important (an acquaintance).

The Todd Map allows the operator to understand, with a quick glance, how dense the support system of a parent is in terms of proximity and distribution in the four environments. For example, a parent may have many contacts in the "work" subsystem but way less in the "friend" subsystem, signaling a potentially unbalanced distribution of social capital (as illustrated in Fig. 1.4).

The Todd Map allows also a "qualitative" assessment of the relations between the parent and his/her social capital. The operator may ask the parent to draw lines that connect the most relevant relations between him/her and the persons drawn on the map, or to differentiate the relations in terms of quality (e.g., positive relations -> solid lines; negative relations -> dotted lines, etc.). The social capital is considered a very important buffering factor in at-risk families, decreasing the likelihood of child maltreatment and abuse (cf. Fujiwara, Yamaoka, & Kawachi, 2016; Zolotor & Runyan, 2006). In this regard, we assess both a sense of community and cohesion in the neighborhood and the availability of friends, relatives, and close relationships in the family. The Todd Map can help assess how many resources the parent/family has and how close they are.

The following paragraphs will focus on four quantitative measures, aimed at providing professionals with some "alarm checks" about key areas of parenting that
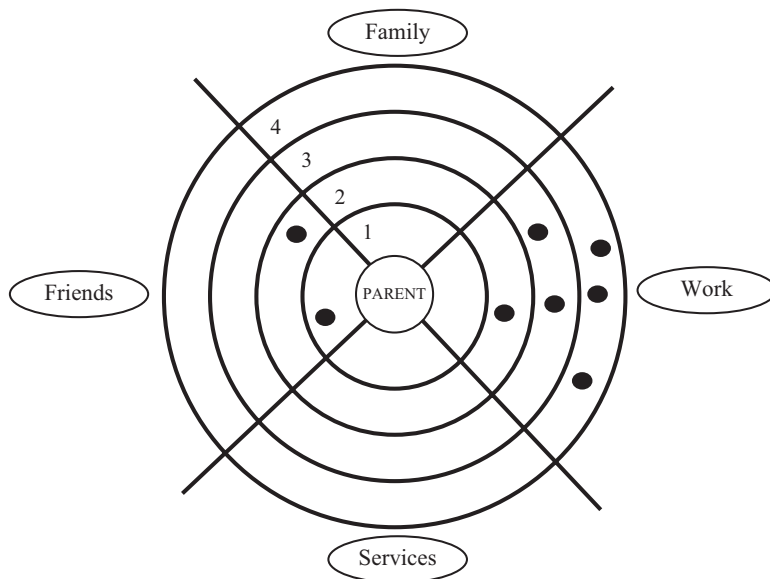
Fig. 1.4 Todd Map

need immediate attention. In particular, we assess both parenting issues and children outcomes via four measures: one about parental stress, one about parental disposition to become maltreating or abusive toward their children, one about resilience resources eventually present in parents, and finally one about eventual psychotraumatic damage to children. As previously stated, *C.Ri.d.e.e.* research team has extensively validated three of them (PSI-SF, CAPI and TSCC), while the other is a very well-known measure for resilience (RSA) that we recommend for its reliability and accuracy.

1.2.3 Parenting Stress Index Short Form (PSI-SF)

The Parenting Stress Index Short Form (PSI-SF; Abidin, 1995; Italian validation by Guarino, Di Blasio, D'Alessio, Camisasca, & Serantoni, 2008) is a self-report measure of 36 items with answers on a Likert 5-point scale (from 1 = strong disagreement to 5 = strong agreement) suitable for evaluating the stress level in the relationship between caregiver and child. The measure can be answered by each of the parents independently. The measure provides professionals with a score about a clinical level of parental stress and can be administered in about 10 minutes.

The Italian version of PSI-SF consists of three subscales such as Parental Distress (PD, 12 items; e.g., "Many things in my life disturb me"), Parent-Child Dysfunctional

Interaction (P-CDI, 12 items; e.g., "My child seldom does things that gratify me"), and Difficult Child (DC, 12 items; e.g., "My child does some things that annoy me a lot") as well as a defensive responding subscale that consists of 7 items drawn from the PD subscale. The defensive responding subscale evaluates parental bias in reporting by quantifying the desire of parents to present a favorable impression of themselves and minimize problems in the parent-child relationships. The PD subscale focuses on the sense of competence/incompetence in rearing the child, marital conflict, lack of social support, and stress associated with the restrictions deriving from the role of parent. The P-CDI subscale measures parents' perceptions of the emotional quality of their relationship with their children. Finally, the DC subscale focuses on the parent's perception of the child in terms of temperament, hostile, non-collaborative, and provoking behaviors. The sum of the scores of the three subscales (PD, P-CDI, and DC) leads to the Total Stress score, which gives an indication of the overall level of the parental role-specific stress, not deriving from other roles or other events. The 90th percentile of the total PSI-SF score represents a "clinically significant" level of parenting stress (Abidin, 1995) and can be used as an indicator that counseling or other supports are required. The values of internal consistency of the Italian validation of the PSI-SF (Guarino et al., 2008) correspond to a $\alpha = 0.91$ for the Total Stress scale, a $\alpha = 0.91$ for the PD subscale, a $\alpha = 0.95$ for the P-CDI subscale, and a $\alpha = 0.90$ for the DC subscale.

1.2.4 Child Abuse Potential Inventory (CAPI)

The Child Abuse Potential (CAP, Milner, 1986; Italian validation by Miragoli, Camisasca, & Di Blasio, 2015; Miragoli et al., 2016) is a self-report inventory of 160 items with a forced-choice format ("agree" vs. "disagree"), and it includes the Abuse scale (77 items) that is widely used as a child physical abuse screening tool. As regards the purpose of risk assessment about the physical potential abuse, only the Abuse scale (77 items) is habitually used (Milner, 1986). An even briefer version of the scale was developed for the Italian population (CAPI, 17 items; Miragoli, Traficante, Camisasca, & Di Blasio, 2017). Items were selected to maximize (a) discriminative function referred to the abuse condition; (b) predictivity of the Abuse scale on the total score; (c) factor stability; and (d) clinical validity of the selected items. A similar international brief version of the CAPI can be found in Ondersma, Chaffin, Mullins, and LeBreton (2005). The CAPI in full form can be administered in 15 minutes. The original CAP Inventory (Milner, 1986) contains a total of ten scales. The primary clinical scale is the 77-item physical child abuse scale. This Abuse scale can be divided into six factor scales: Distress (e.g., "I often feel very frustrated"), Rigidity (e.g., "Children should always be neat"), Unhappiness (e.g., "I am an happy person"), Problems With Child and Self (e.g., "I have a child who is slow"), Problems With Family (e.g., "My family fights a lot"), and Problems From Others (e.g., "Other people have made my life hard"). In addition, the

CAP Inventory contains three validity scales: Lie Scale, Random Responses Scale, and Inconsistency scale.

The factorial structure of the Italian version of the CAP Inventory presents factors consistent with the original version (accounting for 31% of the variance): "Loneliness and Distress" (16 items; e.g., "I often feel alone"; "People do not understand me"); "Rigidity" (10 items; e.g., "Children should always be neat"); "Impulsiveness and Anxiety" (13 items; e.g., "I find it hard to relax"; "Sometimes I fear that I will lose control of myself"); "Unhappiness" (7 items; e.g., "I do not laugh very much"); "Problems with Self, Child, and Family" (10 items; e.g., "I have a child who is bad"); and "Interpersonal Difficulties" (6 items; e.g., "People expect too much from me").

The Abuse scale of the Italian version of CAP Inventory shows adequate internal consistency ($\alpha = 0.87$) and, with the cut-off of 166 as suggested in the original version of the CAP Inventory (Milner, 1986), when abusive and non-abusive groups are compared, it correctly classifies 70.3% of the abusive parents and 100% of the non-abusive parents. The cut-off of 166 derives from the scoring procedure of the CAP Inventory, which involves a series of weighted items ranging from 1 to 23 (cf. Milner, 1986).

1.2.5 Resilience Scale for Adults (RSA)

The Resilience Scale for Adults (RSA) is a self-report screening instrument used to determine the ability to overcome stress and hardships while maintaining positive psychological functioning. It is based on the work of Friborg, Barlaug, Martinussen, Rosenvinge, and Hjemdal (2005) and has been validated in Italian by Capanna, Stratta, Hjemdal, Collazzoni, and Rossi (2015). RSA is comprised of 33 items on a 7-point semantic differential scale that provides a measure on six resilience factors and a total score. The scale can be administered in about 15 minutes. The six factors identified by the authors are as follows: Perception of self (e.g., confidence in own abilities); Planned future (e.g., positive attitude toward future); Social competence (e.g., confidence in own abilities to create and maintain social bonds); Family cohesion (e.g., positive attitude toward own family shared values and support); Social resources (e.g., availability of positive social capital outside family); and Structured style (e.g., ability to self-direct and plan goal-oriented actions).

In the Italian validation of Capanna et al. (2015), the structure of the test proved to be good for five factors out of six while only adequate for the "Structured style" factor. Research papers indicate that a mean total score of the RSA higher than 6.0 can be thought as "high resilience" (cf. Friborg et al., 2006) and a score below 3.5 may be correlated with problems of adaptation like substance use disorder (cf. Bonfiglio, Renati, Hjemdal, & Friborg, 2016).

1.2.6 *Trauma Symptom Checklist for Children (TSCC)*

The Trauma Symptom Checklist for Children (TSCC; Briere, 1996; Italian valida-
tion by Di Blasio, Piccolo, & Traficante, 2011) is a self-report questionnaire
designed to assess posttraumatic stress, dissociation, anxiety, anger, sexual con-
cerns, and depression in children and adolescents (separately normed for boys and
girls ages 8–12 and 13–16 years), who have been traumatized and/or abused.
Children indicate on a 4-point scale (0 = never to 3 = almost all of the time) how
often experiences such as "Feeling nervous or jumpy inside" happen to them.

The Italian version of TSCC is a self-report of 54-item questionnaire and con-
sists of two validity scales, Underresponse (UND, 10 items) and Hyperresponse
(HYP, 8 items), as well as six clinical scales: Anxiety (ANX, 9 items; e.g., "I feel
scared"), Depression (DEP, 9 items; e.g., "I feel sad and unhappy"), Posttraumatic
Stress (PTS, 10 items; e.g., "I can't stop thinking about something bad that hap-
pened to me"), Sexual Concerns (SC, 10 items; e.g., "I touch my private parts too
much"), Dissociation (DIS, 10 items; e.g., "I feel I'm not in my body"), and Anger
(ANG, 9 items; e.g., "I feel furious"). Each clinical scale yields subscale raw and
T-scores, and higher scores designate a greater number of symptoms.[5] The clinical
cut-off score is set at $T = 65$ for all subscales except sexual concerns where the clini-
cal range is set at above $T = 70$. All components of the TSCC show good reliability
and validity in the Italian population (ANX: $\alpha = 0.72$; DEP: $\alpha = 0.77$; PTS: $\alpha = 0.79$;
SC: $\alpha = 0.80$; DIS: $\alpha = 0.71$; ANG: $\alpha = 0.81$). It can be administered in about
15/20 minutes.

1.3 Research Data on the C.Ri.d.e.e. Multi-method Assessment System

In order to improve the Protocol of risk and protective factors (Di Blasio, 2005) and
to test its applicability, a series of empirical studies were conducted. Studies adopted
the "judgment analysis" approach (Stewart, 1988) to investigate association between
the Protocol's factors and the level of minors' safety. This methodology requires
retrospectively analyzing information cues, content, and characteristics of referred
case files and to test their correlation with CPS workers' assessment and interven-
tion (Benbenishty & Chen, 2003). In the following paragraphs, we summarize
research data about the Risk and Protective Factors Protocol.

---

[5] T-scores are a conversion of individual scores into a standard form (based on the reference values
of the Italian population), shifted and scaled to have a mean of 50 and a standard deviation of 10.

1.3.1   Exemplary Data on Italian Sample

The first preliminary study performed by Miragoli and Verrocchio (2008) focused on the collection of data on an Italian sample to verify the applicability and the discriminative power of the Protocol's risk and protective factors. The evaluation of factors' presence or absence was performed through the retrospective analysis of 400 referred families' social records. The most frequent maltreatment was neglect (35.8%), followed by physical maltreatment (15.0%). The sample was split up on the basis of the CPS workers' intervention, operationalized as child out-of-home placement (*high risk*) or monitoring and parental abilities support (*low risk*). Results showed that several factors, in particular distal factors, emerged as good predictors of workers' assessment for both mothers and fathers. In particular, it emerged that all distal risk factors but "One-parent family" and "Low educational level" were significant predictors of a *high-risk* intervention by CPSs. The most relevant proximal risk factors in predicting *high-risk* intervention were "Parental social deviance," "Parental drug abuse," "Denial of responsibility about child maltreatment," "Poor empathy skills," and "Unwanted pregnancy and maternity." Some factors were found significant only for mothers ("Parental psychopathology" and "Problematic relationship with family of origin or partner's family") and some only for fathers ("Impulsivity" and "Lack of frustration tolerance"). Regarding the interplay between distal and proximal risk factors, it is possible that the former shows more discriminant power because they have more objective indicators (e.g., poverty can be gauged with monthly wage of parents) and are consequently easier to detect.

1.3.2   Research Data on Comparisons Between Italian
            and Migrant Families

The risk and safety assessment could be more complex for CPS workers who operate in a context characterized by high rates of migrant families, and who often show a higher level of vulnerability (Milani, 2013). In fact, literature confirmed that the multiple challenges faced by migrant parents may negatively affect their level of well-being and the quality of their family relationships (Valtolina, 2013; Yu & Singh, 2012). Moreover, several studies identified the overrepresentation of migrant children in the rates of the cases reported to CPSs (Alink et al., 2013; Autorità garante per l'infanzia e l'adolescenza, Terre des homes, & CISMAI, 2015). This overrepresentation seems to be partially explained by socioeconomic disadvantage; however, literature did not provide univocal results about which factors predict the workers' safety assessment (LeBrun et al., 2015).

Considering this gap in the literature, a series of studies about the Protocol's application was investigated with two questions (Grumi, Milani, & Di Blasio, 2017a; Milani et al., 2016; Milani & Gagliardi, 2013):

- What are the differences in the prevalence rates of distal and proximal risk and protective factors between Italian and Migrant families?

Table 1.1 Significant differences in the prevalence of risk and protective factors between Italian and migrant families

Factors	Migrant families	Italian families	χ^2	p
DRF Chronic poverty	67.2%	44.7%	16.73	<0.001
DRF Low educational level	70.3%	54.6%	7.3	<0.01
DRF Lack of network and social integration	65.5%	47.7%	10.39	<0.01
DRF Experience of neglect, violence, and/or abuse during the childhood	49.7%	61.9%	4.44	<0.05
DRF Approval of violence and punishments as educational practices	58.3%	39.9%	11.07	<0.01
PRF Parents' psychopathology	36%	57.5%	15.21	<0.001
PRF Compensation syndrome	28.2%	38.6%	3.98	<0.05
PRF Separation anxiety	22.0%	39.9%	12.31	<0.01
PRF Problematic relationship with family of origin or partner's family	55.6%	72.2%	9.33	<0.01
PRF Dating conflict and domestic violence	69%	80.9%	6.11	<0.05
PPF Discomfort related to the dependency on Services	35.8%	47.7%	4.66	<0.05
PPF Elaboration of experience of neglect, violence, and/or abuse during the childhood (parents)	7.5%	15.2%	4.27	<0.05
PPF Supportive network of relatives/friends	58.7%	78%	12.37	<0.001

- Which risk and protective factors significantly influence CPS workers' removal decision in case of Italian and migrant families?

About the first aim, results are consistent with previous studies and confirmed the vulnerability of migrant parents in many areas. Table 1.1 shows that migrant families are characterized by a higher prevalence of distal risk factors related to their socioeconomic status and by a lower prevalence of protective factors compared to Italian parents (Grumi et al., 2017a). Migrant families show lower prevalence than Italian families in many indicators: parental experiences of maltreatment, psychopathology, compensation syndrome, separation anxiety, problematic relations with family, and domestic violence. We attribute these counterintuitive results to two processes: (a) migrant families could be characterized by some resilience (they accept the risk of moving from their home country to gain better living conditions); and (b) migrant families could be more "under the spotlight" of social services due to their socioeconomic condition (as the higher prevalence of distal risk factors shows) and hence taken into care before proximal risk factors appear (or worsen).

About the second point, studies demonstrated that migrant and Italian families are characterized by two different patterns of factors (Tables 1.2 and 1.3),[6] with the exception of *lack of knowledge or interest relating to child development*, which con-

---

[6] Regressions were performed inserting as predictors those factors that were significant to a preliminary Chi square analysis, in order to reduce the number of factors in each model and avoid any collinearity.

Table 1.2 Predictive factors of CPS workers' removal decision relative to migrant families – logistic regression model

Predictors	B	p	OR (95%CI)
DRF Experience of neglect, violence, and/or abuse during the childhood	0.907	<0.05	2.47 [1.05–5.84]
DRF Lack of knowledge or interest relating to child development	1.115	<0.05	3.05 [1.18–7.85]
PPF Good level of self-esteem	−1.896	<0.001	0.15 [0.06–0.36]

χ^2 = 37.5; p <0.001; R^2 *Nagelkerke* = 0.34

Table 1.3 Predictive factors of CPS workers' removal decision relative to Italian families – logistic regression model

Predictors	B	p	OR (95%CI)
DRF Lack of knowledge or interest relating to child development	3.42	<0.001	30.31 [4.55–201.79]
PRF Parents' psychopathology	2.222	<0.01	11.08 [2.51–48.93]
PRF Parents' social deviance	1.18	<0.05	3.26 [1.02–10.44]
PFF Discomfort related to the dependency on Services	−3.083	<0.001	0.44 [0.01–0.19]
PPF Autonomy/independence	−1.783	<0.01	0.22 [0.06–0.70]

χ^2 = 88.91; p <0.001; R^2 *Nagelkerke* = 0.66

stitutes a significant predictor for both groups. In particular, for Italian families the lack of knowledge or interest related to child development enormously increases the risk of child removal, and even though it exerts an indirect impact, it is linked to critical variables like parental monitoring and unrealistic expectations (Milner & Chilamkurti, 1991). Migrant and Italian families are characterized by a clear difference between Odds Ratio regarding this factor: we argue it could be possibly due to a sort of differential perception of its relevance by CPS personnel. It is possible that CPS professionals tend to overreact when this factor is detected in Italian families due to cultural reasons (i.e., "Bad parenting") while attributing it to cultural reasons when found in migrant families (i.e., "Different parenting"). Other relevant factors for migrant parents were *past experience of neglect violence and/or abuse during the childhood* that may affect parental well-being and quality of parent-child relationship and attachment (Ionio & Mascheroni, 2014) and the *good level of self-esteem* that supports change and allows migrant parents to ask for help in case of need, without denying obstacles and limits (Milani & Gagliardi, 2013). For Italian families other significant predictors were the *parents' psychopathology* and the *social deviance*, while *discomfort related to the dependency on services* and a good level of *autonomy/independence* reduced the level of risk perceived by social workers.

1.3.3   Decision Trees

A second set of studies used a decision tree analysis (CHAID) in order to identify the most relevant factors for the assessment of migrant and Italian parents (Grumi, Milani, & Di Blasio, 2017b; Milani, Di Blasio, & Grumi, 2017). The CHAID algorithm (Chi-squared Automatic Interaction Detector, Kass, 1980) is a form of recursive partitioning that begins with the "parent node" which is subsequently split into subgroups, "child nodes," by a predictor variable. The predictor variable at each stage was selected on the basis of *Chi-square tests*, and splitting continued until predetermined stopping criteria were met. The final nodes identify subgroups defined by different sets of independent variables.

This data analysis approach addresses issues related to the high number of risk and protective factors included in the assessment and the small sample size of our study. Moreover, it allows us to identify multiple profiles of high and low risk that are associated with a specific outcome (child-out-of-home placement decision vs. monitoring and support). We maintain that this methodology and the results it has provided could be of use to professionals in order to have some landmarks to prioritize some factors over others when acquiring information on the case they handle.

In particular, two decision trees were performed separately for migrant ($n = 177$) and Italian ($n = 163$) families. As shown in Fig. 1.5, the decision tree for migrants was estimated to correctly classify 77.4% of the cases and identified 2 high-risk parental profiles (see nodes 3 and 12) and 2 low-risk parental profiles (see nodes 6 and 7), while one node is not sufficiently discriminative at this level of split. In particular, the *good level of self-esteem* acts as a protective factor reducing the risk of child removal, but it is not sufficient when risk factors, *impulsivity* and *young maternal age,* are present.
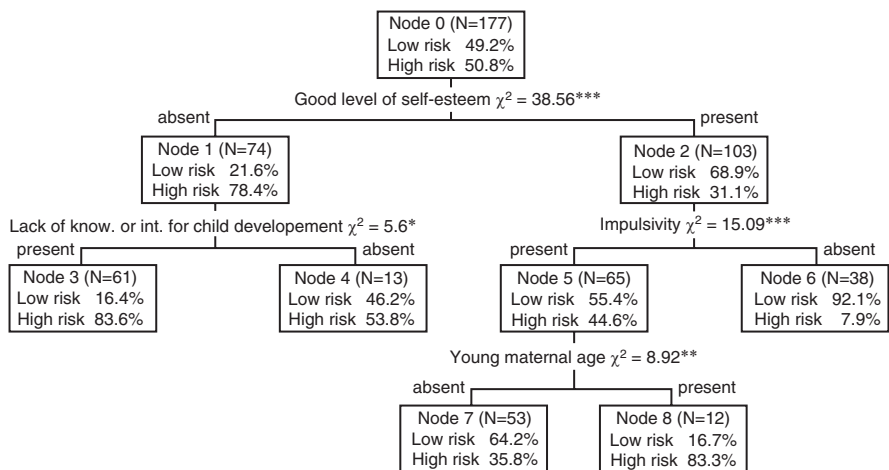

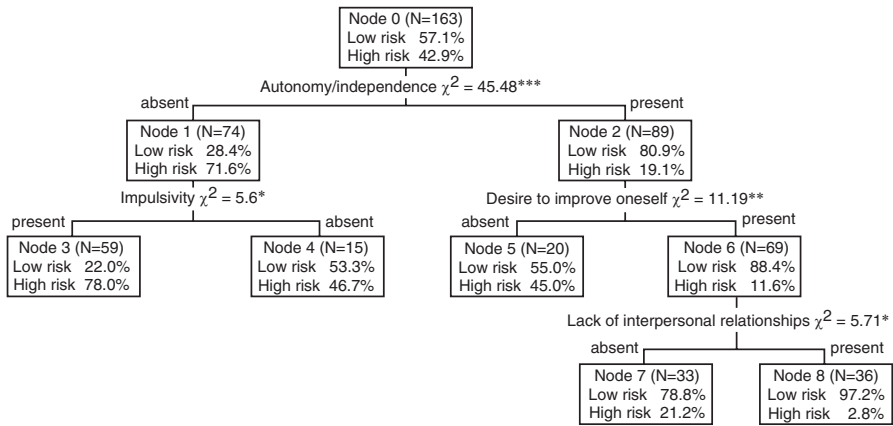**Fig. 1.5** Decision tree about migrant families' high- and low-risk profiles

Fig. 1.6 Decision tree about Italian families' high- and low-risk profiles

As shown in Fig. 1.6, the decision tree for Italian families correctly classified 73.3% of the cases. It identified one high-risk parental profile (see node 3) and two low-risk profiles (see nodes 7 and 8), while two nodes (4 and 5) were not sufficiently discriminative at this level of split. In particular, the absence of *autonomy or independence* combined with *impulsivity* emerged as the pattern with the highest probability of child removal, while a good level of autonomy together with the *desire to improve oneself* characterizes parents evaluated as low-risk, even if they have *scarce interpersonal relationships*.

To sum up, two different patterns of predictors – except for *impulsivity* – emerged for migrant and Italian parents, suggesting that CPS workers focused on different indicators when they are asked to assess parents with different sociocultural backgrounds. However, in line with previous results, distal risk factors that are overrepresented among migrants (as *chronic poverty* and *lack of network and social integration*) did not constitute significant predictors of the safety assessment.

References

Abidin, R. (1995). *The parenting stress index* (3rd ed.). Charlottesville, VA: Psychological Assessment Resources.

Alink, L. R. A., Euser, S., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2013). Is elevated risk of child maltreatment in migrant families associated with socioeconomic status? Evidence from three sources. *International Journal of Psychology, 48*(2), 117–127. https://doi.org/10.1080/00207594.2012.734622

Autorità garante per l'infanzia e l'adolescenza, Terre des hommes, & CISMAI. (2015). Indagine nazionale sul maltrattamento dei bambini e degli adolescenti in Italia. Retrieved from http://www.garanteinfanzia.org/sites/default/files/documenti/Indagine_maltrattamento_TDH_Cismai_Garante_mag15.pdf.

Baldwin, A., Baldwin, C., & Cole, R. (1990). Stress resistant families and stress resistant children. In J. Rolf, A. S. Masten, D. Cicchetti, et al. (Eds.), *Risk protective factors in the development of psychopathology*. New York, NY: Cambridge University Press.

Barlow, J., Fisher, J. D., & Jones, D. (2012). *Systematic review of models of analysing significant harm*. Oxford, UK: Oxford University Press.

Bartelink, C., van Yperen, T. A., & ten Berge, I. J. (2015). Deciding on child maltreatment: A literature review on methods that improve decision-making. *Child Abuse & Neglect, 49*, 142–153.

Benbenishty, R., & Chen, W. (2003). Decision making by the child protection team of a medical center. *Health & Social Work, 28*(4), 284–292. https://doi.org/10.1093/hsw/28.4.284

Bonfiglio, N. S., Renati, R., Hjemdal, O., & Friborg, O. (2016). The resilience scale for adults in Italy: A validation study comparing clinical substance abusers with a nonclinical sample. *Psychology of Addictive Behaviors, 30*(4), 509.

Bornstein, M. H. (1995). *Handbook of parenting*. Mahwah, NJ: Lawrence Erlbaum Associates.

Briere, J. (1996). *Trauma symptom checklist for children (TSCC) professional manual*. Odessa, FL: Psychological Assessment Resources.

Bunting, L., Davidson, G., McCartan, C., Hanratty, J., Bywaters, P., Mason, W., & Steils, N. (2018). The association between child maltreatment and adult poverty–a systematic review of longitudinal research. *Child Abuse & Neglect, 77*, 121–133.

Camisasca E., Di Blasio P. (2002), "Una Ricerca di Follow-Up su Famiglie Maltrattanti e Abusanti. Fattori di Rischio e di Protezione", Età Evolutiva,72, pp. 89–96.

Capanna, C., Stratta, P., Hjemdal, O., Collazzoni, A., & Rossi, A. (2015). The Italian validation study of the resilience scale for adults (RSA). *BPA-Applied Psychology Bulletin (Bollettino di Psicologia Applicata), 63*(272), 16–24.

Cirillo, S., & Di Blasio, P. (1989). *La famiglia maltrattante*. Milano, Italy: Cortina.

CISMAI, Terres des Hommes & Bocconi. (2014). *Studio nazionale "Tagliare sui Bambini è davvero un risparmio?"*, research report: http://cismai.it/wp-content/uploads/2015/02/6261_Tagliare_sui_bambini_studioTDH_Bocconi_Cismai.pdf

Cummings, E. M., Davies, P. T., & Campbell, S. B. (2000). *Developmental psychopathology and family process*. New York, NY: Guilford Press.

Di Blasio, P. (1997). Abusi all'Infanzia: Fattori di Rischio e Percorsi di Intervento. Ecologia della Mente, 20, 2, 13–37.

Di Blasio, P. (2000). *Psicologia del bambino maltrattato*. Bologna, Italy: Il Mulino.

Di Blasio, P. (Ed.). (2005). *Tra rischio e protezione: La valutazione delle competenze parentali*. Milano, Italy: Unicopli.

Di Blasio, P., Camisasca, E., & Procaccia, R. (2007). Fattori di mediazione dell'esperienza traumatica nei bambini maltrattati. *Maltrattamento e abuso all'infanzia, 9*(2), 33–56.

Di Blasio, P., Camisasca, E., Procaccia, R., & Verrocchio, M. C. (2005). Children's resilience, protective and risk factors in therapy with abusing families. *Maltrattamento e Abuso all'Infanzia, 7*(3), 89–104.

Di Blasio, P., Piccolo, M., & Traficante, D. (2011). *TSCC - Trauma Symptom Checklist for Children. Valutazione delle conseguenze di esperienze traumatiche*. Trento, Italy: Erickson.

Friborg, O., Barlaug, D., Martinussen, M., Rosenvinge, J. H., & Hjemdal, O. (2005). Resilience in relation to personality and intelligence. *International Journal of Methods in Psychiatric Research, 14*(1), 29–42.

Friborg, O., Hjemdal, O., Rosenvinge, J. H., Martinussen, M., Aslaksen, P. M., & Flaten, M. A. (2006). Resilience as a moderator of pain and stress. *Journal of Psychosomatic Research, 61*(2), 213–219.

Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., … McCluskey, G. (2018). The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. *Child Abuse & Neglect, 75*, 6–28.

Fujiwara, T., Yamaoka, Y., & Kawachi, I. (2016). Neighborhood social capital and infant physical abuse: A population-based study in Japan. *International Journal of Mental Health Systems, 10*(1), 13.

Gallo, E. A. G., Munhoz, T. N., de Mola, C. L., & Murray, J. (2018). Gender differences in the effects of childhood maltreatment on adult depression and anxiety: A systematic review and meta-analysis. *Child Abuse & Neglect, 79*, 107–114.

Grumi, S., Milani, L., & Di Blasio, P. (2017a). Risk assessment in a multicultural context: Risk and protective factors in the decision to place children in foster care. *Children and Youth Services Review, 77*, 69–75. https://doi.org/10.1016/j.childyouth.2017.04.009

Grumi, S., Milani, L., & Di Blasio, P. (2017b, October). Identifying relevant factors for the risk assessment of children referred to child protection services: A judgment analysis approach. *Poster session presented at the 15th ISPCAN European regional conference*, The Hague, Netherlands.

Guarino, A., Di Blasio, P., D'Alessio, M., Camisasca, E., & Serantoni, G. (2008). *Parenting stress index – short form*. Firenze, Italy: Organizzazioni Speciali.

Ionio, C., & Mascheroni, E. (2014). L'impatto delle esperienze di vita negative della madre sul bambino. *Maltrattamento e abuso all'infanzia, 16*(3), 87–104. https://doi.org/10.3280/MAL2014-003006

Kass, G. V. (1980). An exploratory technique for investigating large quantities of categorical data. *Applied Statistics, 29*, 119–127. https://doi.org/10.2307/2986296

Kimber, M., Adham, S., Gill, S., McTavish, J., & MacMillan, H. L. (2018). The association between child exposure to intimate partner violence (IPV) and perpetration of IPV in adulthood—A systematic review. *Child Abuse & Neglect, 76*, 273–286.

LeBrun, A., Hassan, G., Boivin, M., Fraser, S. L., Dufour, S., & Lavergne, C. (2015). Review of child maltreatment in immigrant and refugee families. *Canadian Journal of Public Health, 106*(7), eS45–eS56. https://doi.org/10.17269/CJPH.106.4838.

Léveillé, S., & Chamberland, C. (2010). Toward a general model for child welfare and protection services: A meta-evaluation of international experiences regarding the adoption of the Framework for the Assessment of Children in Need and Their Families (FACNF). *Children and Youth Services Review, 32*(7), 929–944.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227–238.

Masten, A. S., Cutuli, J. J., Herbers, J. E., & Reed, M. J. (2009). Resilience in development. In R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 117–131). New York, NY: Oxford University Press.

Milani, L. (2013). Differenze cross-culturali nell'orientamento alle punizioni fisiche e nella valutazione delle competenze genitoriali. *Maltrattamento e abuso all'infanzia, 1*, 7–10. https://doi.org/10.3280/MAL2013-001001

Milani, L., Di Blasio, P., & Grumi, S. (2017, May). *Risk and protective factors in family violence. Bridging across generations: Turning research into action for children and families.* Presentation conducted at the 15th Symposium on the Contributions of Psychology to Peace, Florence and Rome, Italy.

Milani, L., & Gagliardi, G. (2013). Fattori di rischio e di protezione nella valutazione delle competenze parentali di famiglie italiane e famiglie immigrate (Risk and protective factors in the evaluation of parenting skills: A comparison between Italian and immigrant families). *Maltrattamento e abuso all'infanzia, 1*, 59–80. https://doi.org/10.3280/MAL2013-001004

Milani, L., Grumi, S., Gagliardi, G., & Di Blasio, P. (2016). Famiglie italiane e immigrate: identificare fattori di rischio e di protezione nella valutazione delle competenze genitoriali (Italian and immigrant families: Assessing risk and protective factors in the evaluation of parenting skills). *Psicologia della salute, 1*, 67–89. https://doi.org/10.3280/PDS2016-001008

Milner, J. S. (1986). *The child abuse potential inventory: Manual* (2nd ed.). Webster, NC: Psytec.

Milner, J. S., & Chilamkurti, C. (1991). Physical child abuse perpetrator characteristics: A review of the literature. *Journal of Interpersonal Violence, 6*(3), 345–366. https://doi.org/10.1177/088626091006003007

Miragoli, S., Camisasca, E., & Di Blasio, P. (2015). Validation of the child abuse potential inventory in Italy: A preliminary study. *SAGE Open, 5*(3), 1–11. https://doi.org/10.1177/2158244015597044

Miragoli, S., Camisasca, E., Di Blasio, P., Milani, L., Ionio, C., Gizzi, N., … Malagoli Togliatti, M. (2016). Child abuse potential inventory in Italy: A comparative study of abusive and non-abusive parents. *Journal of Child Custody, 13*(4), 289–306. https://doi.org/10.1080/153 79418.2016.1250145.

Miragoli, S., Traficante, D., Camisasca, E., & Di Blasio, P. (2017). Child abuse potential inventory short form: Sviluppo e validazione italiana (child abuse potential inventory: Development of a short form). *Maltrattamento e abuso all'infanzia, 19*(3), 69–85. https://doi.org/10.3280/MAL2017-003005.

Miragoli, S., & Verrocchio, M. C. (2008). La valutazione del rischio in situazioni di disagio familiare: fattori di rischio e fattori di protezione. *Maltrattamento e abuso all'infanzia, 3*, 25–43.

Ondersma, S. J., Chaffin, M. J., Mullins, S. M., & LeBreton, J. M. (2005). A brief form of the child abuse potential inventory: Development and validation. *Journal of Clinical Child and Adolescent Psychology, 34*(2), 301–311. https://doi.org/10.1207/s15374424jccp3402_9

Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A metaanalysis. *Psychological Bulletin, 129*, 52–71.

Stewart, T. R. (1988). Judgment analysis: Procedures. In B. Brehmer & C. R. B. Joyce (Eds.), *Human judgment: The SJT view* (pp. 41–74). Amsterdam, The Netherlands: Elsevier Science Publishers B. V.

Todd, D. (1979). Social networking mapping. In W. R. Curtis (Ed.), *The future use of social networks in mental health*. Boston, MA: Social Matrix Research, Incorporated.

Valtolina, G. G. (2013). Contesto culturale, controllo genitoriale e punizioni fisiche. *Maltrattamento e abuso all'infanzia, 15*(1), 11–35. https://doi.org/10.3280/MAL2013-001002

Yu, S. M., & Singh, G. (2012). High parenting aggravation among US immigrant families. *American Journal of Public Health, 102*(11), 2102–2108. https://doi.org/10.2105/AJPH.2012.300698

Zolotor, A. J., & Runyan, D. K. (2006). Social capital, family violence, and neglect. *Pediatrics, 117*(6), e1124–e1131.