

## Psychological distress of minors and difficulties for educators in some Italian care centers for minors: a qualitative survey\*

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### Abstract

The article presents the results of a qualitative survey conducted among coordinators and managers of 25 Care Centers for minors based in different parts of Italy with the aim of exploring the way educators contextualize the psychological distress of minors and assessing the main issues encountered in their educational practices. The survey was designed using qualitative methodology and the interviews conducted with the 25 respondents were recorded. Data was then analyzed following the Grounded Theory methodology and using a constructive reformulation approach.

Respondents reported a high incidence of other-directed aggressive behaviors (in particular towards objects and/or furnishings) and an observed widespread difficulty among the minors to handle emotions and to comply with the Centers' rules.

Moreover, respondents also reported social withdrawal behaviors among minors despite – in accordance with their observations – the fact that the incidence of these episodes was rare. In this regard, such episodes might well be under-reported because they are considered less striking and problematic as compared to others.

Concerning the respondents, the interviews highlighted a common difficulty among educators in handling emotions activated by the relationship with the minors, with resulting problems in maintaining their role and safeguarding the educational setting in a functional manner.

The survey also identified a common tendency among educators to avoid the use of theoretical explanatory models for minors' psychological distress.

The present research was used as a pilot baseline to support a further quantitative survey conducted in the second semester of 2017 in 1,574 Italian Care Centers for minors.

**Key words:** *Care Centers for minors; Educators; Psychological distress; Motivation; Relationship; Theory of mind.*

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## Introduction

The Italian legal system (law 184, 1983 and subsequent amendments), in line with the international legal system (the New York Convention on the rights of children and adolescents, 1989), establishes the right for minors to grow up and to be educated in his or her own family of origin. Only if the latter demonstrates significant difficulties in guaranteeing a conducive environment for the growth of the child/adolescent or if it proves to be a futile form of support, the law provides the possibility of placing the minor in a family-type community. Generally speaking, these decisions are made in cases in which there is a serious compromise that has been drawn out over time due to the family's incapacity to offer an appropriate socio-affective context to the child or adolescent (Giamundo, 2013), in situations of serious negligence and psychophysical negligence or in situations of maltreatment and / or sexual abuse (Giordano, 2011, Del Longo, Giubilato & Raengo, 2002). In these cases, two types of interventions are possible: a) entrusting the minor to another family - possibly a household with children- or to a single person who is able to provide adequate emotional and material assistance (Lenti, 2012); b) placement in a Care Center for minors.

The removal of a minor from his or her original family unit is considered a residual option enforced by the judicial system and implemented by social services. It is nevertheless an occurrence that is anything but exceptional, so much so that by December 31, 2012, 28,449 minors ranging from 0 to 17 years of age were removed from their families of origin and of these minors, as many as 14,255 were placed in Care Centers<sup>1</sup>. Care Centers for minors are therefore currently an important resource when it comes to responding to the needs of minors that are subject to conditions of neglect and / or ill-treatment.

<sup>1</sup>

The aforementioned data refer to the Report to Parliament on the Activities of the 2016 Italian Authority for the Childhood and Adolescence.

Despite this, the Italian residential structures are worlds away from being fully defined. This is partly due to the absence of uniform and updated data regarding their numbers and characteristics. For example, compared to their classification, although there is now a fairly clear orientation regarding the minimum requirements that communities must guarantee (for example, to meet the standards for civil homes), there is no uniformity in classifying the criteria. In fact, law n.149/2001 does not give any explicit definition to this type of residential structure, and refers to it only as "family type community"; the Act n. 1402 also speaks of "apartment group" and the Ministerial Decree 308/2001 refers to "community-type structures". Repeatedly there is an absence of clear connotation (Care Centers for minors, Proposal document, Authority of Childhood and Adolescence, 2015).

Despite the many ways in which this criteria is classified (Angeli, 2002) and the consequent "labels" given to indicate this type of residential community (family home, apartment group, educational community of prompt reception, reception services for children and parents, educational and psychological community, etc.), it is easily apprehended that these Centers are community-based residential structures in which a group of minors and a team of operators coexist. The residential features in the community, as well as the education provided by the Care Centers, clearly demonstrate the important impact that this experience, often drawn out over years, can have on the psychological and socio-affective development process of minors. Also evident are the delicate, but complex roles that operators are called on to fulfill as they take in children and young people characterized by particularly difficult relational experiences.

### *Objectives of the research*

The qualitative research (Ricolfi, 1998) illustrated in the present work is written in the briefly outlined scenario which intends to explore not only the way in which operators frame the difficulties expressed by minors

present in the community, but also the main problems encountered in their practice. The present survey demonstrates the preliminary phase of a quantitative survey that was conducted in the second semester of 2017 amongst 1,547 Italian Care Centers.

### Methods and Samples

The research was carried out in September / October 2016 through qualitative interviews (Sala, 2010) to Care Center managers and coordinators with many years of experience in community work. A team of clinical psychologists experienced in qualitative research conducted the interviews. The sampling plan was non-probabilistic; more specifically, it was "objective" (Bryman, 2008). Interviewees were selected according to their knowledge and experience of the object of interest. All of the interviews were audio-recorded and then transcribed. For the analysis of the material, reference was made to the Grounded Theory (GT) (Glaser & Strauss, 1967) and to its qualitative analysis methodology aimed at the inductive construction of theories starting from the collected data. In particular, reference was made to the reformulation of the method in the constructivist context (Charmaz, 1995). The analysis procedure provides that the collected data be conceptualized in order to grasp the implicit meanings to which, in a specific context, the data itself refers. The conceptualizations that thus emerge are subdivided into categories and sub-categories, organized into a hierarchical system proceeded by successive degrees of abstraction (initial coding, theoretical coding, focused coding), until one or more central categories are identified. These coding phases, distinct from one another, define a process that recursively returns to refer to the data and to modify the previous conceptualizations, proceeding through a constant comparison method.

In line with this methodology, the present research has developed into two sub-phases: the first one involving the performance of five qualitative interviews conducted on the basis of a few simple stimulus questions. The

analysis of the transcripts made it possible to identify the most relevant topics and to draw up a questionnaire (Sala, 2010) consisting of twelve questions and a data sheet for collecting data on the community and the respondent. The questionnaire was then used in twenty further interviews that formed the second sub-phase of the survey. Overall, 25 interviews were carried out.

The sample shows a substantial overlap between the two sexes (table 1) and a presence of operators between 46 and 55 years of age (table 2).

	Num.	Perc.
Female	13	52
Male	12	48
<b>Total</b>	<b>25</b>	<b>100</b>

	Num.	Perc.
≤ 35 years	5	20
from 36 to 45 years	7	28
from 46 to 55 years	12	48
>56	1	4
<b>Total</b>	<b>25</b>	<b>100</b>

Regarding the qualification, the vast majority of respondents (80%) play the role of manager or coordinator of the Care Center in which they work (Table 3).

	Num.	Perc.
Responsible	9	36
Coordinator	11	44
Educator	2	8
Other	3	12
<b>Total</b>	<b>25</b>	<b>100</b>

Regarding the experience gained in the Care Center, 68% have been working in this sector for over 16 years (Table 4).

Tab. 4 Years of Experience	Num.	Perc.
≤ 5 years	2	8
from 6 to 10 years	3	12
from 11 to 15 years	3	12
from 16 to 20 years	9	36
Over 21 years	8	32
<b>Totali</b>	<b>25</b>	<b>100</b>

Lastly, out of the Care Centers in which our interviewees operate, 17 of them (68%) are based in central Italian regions, 5 (20%) in northern regions and 3 (12%) are located in the south. The great majority (n = 11, 44%) is classified as an "educational community for minors" or as an "educational community with a family dimension" (n = 9, 36%). Overall, during the time the interviews were carried out, the Care Centers involved were welcoming 100 minors each.

### Sample Observations

In the opening phase of the interview, the operators were asked to describe their training and the motivation that led them to work with minors, especially in residential communities. As far as the training process is concerned, it is possible to divide the interviewees into two subgroups: one made up of those who have followed paths explicitly oriented to educational or psychological areas, and the other one, those who have reported more tortuous itineraries, often distant from the so-called human sciences (Avalle, Maranzana & Sacchi, 2010). The first group includes the vast majority of respondents (e.g. professional educators, pedagogists, social workers or psychologists), who were brought to the Care Centers through post-graduate internships or voluntary activities; in the second were those who (for example secondary school graduates) said they had stumbled upon the Care Centers as a result of fortuitous events. Regarding the underlying motivations behind working with minors, the vast majority expressed a certain interest

over the question, but also an obvious difficulty in responding. We noted a tendency not to consider this aspect as a possible object of reflection and it is declassified to mere "background" of his/her profession. The dedication to social work and community work, widely shared by the interviewees is positive. It is sometimes even idealized in respect to other professional fields. In particular, those with educational or psychological backgrounds are interested in the evolutionary age as *ego syntonic* and work in the community as a "natural" evolution to their own academic formation<sup>2</sup>. However, when examining the specifics of the answers in depth, we were able to divide the respondents into four clusters according to a widespread presence of a specific characteristic:

#### a) Improvement

This cluster includes those who have an interest in the "intrinsic dynamism" attributed to children and young people. The operators of this group tend to value the rapidity of physical and psychological changes and the transformation of the interactive modalities of the subject in the evolutionary age. This "dynamism" is experienced as a continuous source of stimulus that urges us to remain active, to change our educational approach according to the changing needs of the child, to systematically question ourselves and therefore to improve, not only as professionals, but also as people.

#### b) Resolution

The second cluster includes those who have highlighted, in a more or less emphatic way, the importance of developing an "emotional proximity" with the child. The empathy referred to in this group, however, often seems to identify within the other, especially if the other is an adolescent, which can make one think of a certain difficulty in safeguarding boundaries and differences between the child and the educator. The propensity of this group to recognize itself in the child / ado-

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This aspect is interesting considering the importance given by the respondents to self-knowledge as a condition for working with children (see the next point of this work).

lescent seems intertwined with the need to solve / process, through their work, the difficulties and traumas suffered by children/adolescents.

#### c) *Compensation*

The third cluster includes, in particular, those dealing with minors in the first and second infancy stages. The interest in working with this age group is linked to a personal desire to care for and protect the little ones. This group is therefore characterized by the propensity to assume a parenting function, in a positive way, as opposed to the "bad" and / or defaulting role of the biological parents. Also in this case, there emerges the desire to compensate for the shortcomings of the minor's original context, offering a better alternative for the infant.

#### d) *Realization*

This last cluster includes the operators who consider the difficulties (socio-affective, relational, educational, etc.) posed by minors, not only as a problem to be managed, but also and especially as an opportunity for the educator to make a significant impact on the lives of these children. In this group, the motivation seems to be the ability to use their professional and personal skills in favor of the minor, with the hope of being able to positively affect their development as a person. In this perspective, minors are considered the most responsive and, in some ways, more "malleable" to educational intervention.

Two styles emerge when we attempt to summarize the approaches to the relationships between the minors and educators shown in our samples. The first, which we could define as "development oriented", is expressed by those who deal with their work in the community with a more evident interest in change, understanding however that reaching an outcome involves a transactional process in which both the child and the educator are involved. The problems of the child or adolescent are often considered educational opportunities; occasions in which people are urged, sometimes even forced, to exercise and refine their professional and personal skills. The second approach, which we

could call "correction oriented", seems to characterize those who face work in the community with an evident emotional proximity to minors, sometimes even delving into their most critical and traumatic experiences and thus risking the loss of the professional specificity of the relationship. Problems are considered deficits, which are to be corrected, and there is often the tendency for one to portray him/herself as a substitute and alternative figure to the biological parents. In short, if the first approach seems to be more oriented towards delineating the future of the minor, the latter seems more inclined to correct his past.

### **Results**

#### *The minor's discomfort from the operators' point of view*

Before describing the problems observed in the Care Centers, the interviewees were asked to provide a personal definition of "discomfort". This request showed a widespread difficulty amongst the interviewees to provide a clear definition of the concept of discomfort. In fact, we have limited ourselves to reporting the behaviors implemented by minors since only rarely has any definition been proposed. In some cases, the question was avoided by stressing that "problematics" are the norm of minors present in the community and that it is necessary to modify, if not to abandon, in this educational context, the very concept of unease.

Regarding the behavior acted out by minors, the provided answers outlined a continuum in which there is, on the one hand, *acting out* (active dimension), on the other, *relational withdrawal* (passive dimension). According to the interviewees, the two dimensions, however, carry a different "weight": *the active dimension* is in fact much more frequent. The majority of respondents say that aggression - if not anger - is the most common expression of discomfort among minors in the Care Centers.

Specifically, reference is made to a *hetero-verbal aggression* (foul language, threats, etc.) and a *physical aggression*, the latter acting out mostly towards fixtures and furnish-

ings (they also refer to acts of bullying their more fragile peers). Although not quite as common, the interviewees also reported self-aggression that is demonstrated in an inattention and / or devaluation towards themselves (e.g. poor personal care) or more rarely, in self-injurious acts (tearing hair, slapping, cutting, etc.). Again, these situations occur less frequently, although some admit that the operators could underestimate this form of behavior. This is because these minors tend to isolate themselves or remain quiet in their room, placing these children in the background of the attentional focus of the educators who are engaged with the ostentatiously provocative and aggressive actions of other children/adolescents. It is a form of aggression that is less conspicuous and problematic than the type of behavior belonging to those of the active dimension; therefore, it escapes the operator's attention.

Frequently, the interviewees also underlined the *lack frustration tolerance* of minors, as well as the propensity to question and violate the rules of the community, often acting provocatively and with a transgressive behavior. Respondents also frequently reported other expressions of discomfort: *alterations in eating behavior* (lack of appetite, avoidance or rejection of food or the contrary, continuous requests for food), *difficulty falling asleep, awakenings and nightmares, widespread anxiety, stereotypical movements and stuttering*. These are all reports that noticeably involve the body, which we know to be the main tool for the expression of psychological distress in the developmental age (Kreisler, 1985/1986).

Even in a context such as the Care Centers, where it is assumed that children and adolescents are carriers of discomfort and behavioral disorders, respondents were asked to provide a quantification of the most striking situations. On this, the estimates provided appeared to be rather different: some reported limited quotas (15-20%); others reported incidences that are more significant (40-50%) or even massive (80%) of children with very problematic behaviors.

*The difficulties faced by the operators*

When asked to point out the difficulties the operators face in their work with minors, the respondents first highlighted the problematic nature of a relationship which the child / adolescent approaches with a substantial distrust towards the adult. The great majority, however, also reported the difficulties of educators in modulating their "emotional distance" from the child and in managing the emotions that are activated in situations of conflict or intimacy. In some cases, there is a tendency for the operator to collude with the minor, entering a symmetrical escalation that is particularly difficult to deactivate. The rules set by the community are often what suggest that the confrontation and conflict between the minor and the educator are "triggering elements".

However, the interviewees state that they are aware of the fact that the quality of the interpersonal relationship is at the base of a good educational community and it is the *conditio sine qua non* to effectively manage the dysfunctional behavior of the minors. The importance of the operator's personal characteristics is therefore emphasized: *maturity, balance*, but also *constancy and consistency* are considered the most necessary qualities to be able to carry out this work. In some cases, it is stated that *the ability to contain and regulate one's emotions* is much more important than the theoretical knowledge of the operator.

A last major difficulty, on which the vast majority of respondents agrees, refers to the scarce economic resources available to the Care Centers. The need to operate with numerically limited teams, which are subject to contained and often discontinuous pay, is considered a criticality that impacts negatively not only on the quality of the educational intervention but also on the relational continuity of the operators (frequent turnover).

### Discussion

As we have mentioned, the Care Center operators are called upon to perform a job that is anything but simple because it requires the ability to establish and maintain a relationship with the minor in which it is possible to

understand and elaborate the emotions associated with the abandonment experience and / or mistreatment. In other words, both the community as a whole - as an educational setting - and the individual operators, can be seen as "emotional regulators" (Tronick, 2007) called, on the one hand, to be in tune with the changing emotional states of the minor, and on the other, to help him/her recognize, contain and modulate his /her emotions, without necessarily being forced to get rid of them (many of the behaviors reported by respondents can be considered symptoms of emotional dysregulation). On another note, it is essential that the operator is able to restore the relationship with the child in the inevitable cases in which a "fracture" of the relationship takes place. Repeatedly exposing the child to relational failures reiterates the negative experience that was previously experienced with his/her family of origin and reinforces the development of an affective core of anger and sadness.

In this perspective, we believe that an adequate knowledge of the motives behind working in the community and a clear idea of one's own relational needs could help the operator to better manage the emotional distance, which many referred to as a critical element with the minors. It could also benefit the development of "good enough" relational modalities between the operator and the minor, paraphrasing Donald Winnicott (1970). On the contrary, the research highlighted that interviewees had the tendency to not consider the motivation that drove them to social work and working with minors as an object of possible reflection, attributing a positive connotation to themselves. This tends to develop into a sort of "blind area" that can implement emotions and needs that are not congruent with the needs of children (think of the need that an operator feels to appear as good in the eyes of minors whose parents are considered bad). Therefore developing a more careful reflection on the motivations of the operators working in the community seems important because it would have a positive impact on the quality of the relationship and on the educational intervention.

A second point highlighted by the research is the lack of connotation of the concept of discomfort<sup>3</sup> and the difficulty in explicitly and organically recurring to a theory - understood as a set of assertions regarding the relationships between variables (McBurney, 2001) - able to explain the manifestations of hardship expressed by minors. That is why the references to the self-aggression, to the violation of the rules, to the alterations of the sleep-wake rhythm or to the alterations of the alimentary conduct appear, in the great majority of the cases, discrete elements, proposed in the absence of a vision of the minor and his difficulties. By way of example, where there has been talk of impulsivity, poor tolerance to frustration and propensity to violate the rules, one could easily hypothesize a picture of affective dysregulation and a deficit of reflexive function (Fonagy, 1996; Fonagy & Target 2000; Fonagy, Gergely, Jurist & Target 2002), however, only possible where, thanks to a theoretical model, one is able to overcome a fragmented view of behavior. The fragility of the theoretical references, can also explain the tendency to interpret behavior as a direct and automatic result of the family's incapacity to offer the child an appropriate socio-affective context. Although the connection between negligence, abuse and the behavior of minors may seem logical, it risks obliterating everything that lies between that is the *mind* of the child. In essence, problematic behaviors are not direct results of negligence and "relational traumas" (Bromberg, 2011) but rather manifestations of the way in which the child's mind has managed these situations. The absence, therefore, of a clear theoretical reference facilitates an over-simplified reading of the complex relational and intersubjective situations in which the Care Center operators operate. Some interviewees have explicitly

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<sup>3</sup> As is known, it is possible to define discomfort as a situation of suffering, not specifically related to psychopathological disorders, which does not allow the individual to live and interact satisfactorily with his reference context. In the proper way, however, it is possible to speak of discomfort only in cases in which the situation of suffering is prolonged over time.

declared their incompetence to frame the discomfort of the minors they are dealing with in a more "technical" (theoretical) way, thus motivating the recourse to categories and explanatory models that we could refer to as the so-called "Naive psychology".

A third point that seems worthy of interest refers to the total absence of references to the characteristics of the context (educational setting) in which the educational interventions of the operators and the "problematic" behaviors of the minors are developed. None of the interviewees focused on the possible links between the factual and organizational conditions of the community (environmental characteristics, rules, age of operators, sex, number and age of minors, etc.) and behavior of minors. What is striking is that the respondents have repeatedly stressed the impact that the number and satisfaction of educators can have on the quality of services provided. The absence of a similar reflection on the role of the setting (think of the greater or lesser rigidity with which the rules for the use of common spaces apply) testifies for what is still prevalent today, in the psychological and social sphere, the "individualist" perspective (Grasso, Salvatore, 1997).

The foregoing introduces us to another question highlighted by the research: the difficulty in understanding the meaning and complexity of the context in which we operate. To reflect on this aspect, we can return to the importance attributed by the interviewees to the quality of the relationship with the minors, considered not only the basis of a good "educating community" but also the necessary condition for managing and resolving the fractures of the relationship with the child. Without going into the merit of the concept of trust, it seems clear to us that certain behaviors of mistrust demonstrated by a minor cannot be disregarded. Trust must be understood as a goal to be achieved through relational experiences with the members of the team. In fact, one can have trust in the other only if there have been sufficient satisfying experiences to structure it as a relational characteristic, something that seems unlikely in a minor who has been removed

from his family of origin. It is more probable that a substantial distrust has developed towards others.

Establishing and maintaining a trusting relationship with the child over time commits the educator to a difficult job of relational weaving full of ambivalence (Becchi, 2006). The rules that the community proposes to minors play a fundamental role in this. These rules are not only used to organize activities, but to also structure a social setting with consistency and constancy. It is therefore through implementing rules that the identity of the operator and of the community is unfolded. It is through careful and personalized management of the rules that the trust of the minor can be gained. Once again, this involves the educator in a work of decoding and understanding what happens in the interactions and then the need to anchor to a theory that can guide one in its daily practice, especially at times when the discomfort of the minor manifests itself in a strikingly emotional way.

### *Conclusion*

It seems that we are able to state that the present survey has raised some interesting insights on the issues that are brought to the operators who carry out their work in the Care Centers for Minors. In particular, we believe that the complexity of the role that operators are called to take on has clearly emerged as one requiring competence to modulate distance and proximity, both physical and emotional, towards minors. It is a complex relational competence that requires not only a strong self-awareness and knowledge of one's motivation behind working in the community, but also the ability to properly decode the child's requests and attitudes, taking into account the current context. In other words, it is a question of the competence to place what happens between operator and minor within a theoretical frame of reference. Doing so, the risk of fragmented interventions, which do not take into account all the elements of the child's behavior and which expose him or her to further relational failures can be avoided.

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