

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

## Child maltreatment: qualitative review of theoretical and methodological trends in intervention programs with an attachment perspective

Diana Marcela Bedoya-Gallego\*

<http://orcid.org/0000-0003-1061-982X>

Laura Carolina Jiménez-Pérez\*\*

<https://orcid.org/0000-0002-2303-2748>

Maira Alejandra González-Gaviria\*\*\*

<https://orcid.org/0000-0001-7128-6980>

Ana Rita Russo de Vivo\*\*\*\*

<https://orcid.org/0000-0002-8667-7623>

Jorge Enrique Palacio Sañudo\*\*\*\*

<https://orcid.org/0000-0001-6971-7067>

Recibido: Julio 17 de 2020

Aceptado: Septiembre 14 de 2020

Correspondencia: [jpalacio@uninorte.edu.co](mailto:jpalacio@uninorte.edu.co) [dbedoyagall@uniminuto.edu.co](mailto:dbedoyagall@uniminuto.edu.co)

\* Corporación Universitaria Minuto de Dios – UNIMINUTO

\*\* Universidad CES

\*\*\* Universidad de Antioquia

\*\*\*\* Universidad del Norte. Barranquilla (Colombia)

### Abstract.

This review provides a qualitative comparative analysis of theoretical and methodological aspects of 27 studies in which the results of the implementation of programs involved in child maltreatment are presented with an attachment perspective. The studies were examined following the Scottish Intercollegiate Guidelines Network. It was found that the programs promote the development of maternal sensitivity, mentalization or reflective functioning and empathy, however, the underlying mechanisms are not differentiated according to the type of abuse to intervene. Likewise, it was found that despite the recognition of the mother's violent childhood experiences as one of the main predisposing factors for child abuse, it is a variable that is scarcely considered in the programs examined. These findings indicate the importance of developing intervention programs that consider a cumulative ecological risk perspective.

**Keywords:** Child abuse, intervention programs, attachment perspective, systematic review.

### Introduction

Research indicates that the measures adopted to reduce the incidence of child maltreatment cases, specifically in Latin America and the Caribbean (PAHO and UNICEF, 2017), have not been sufficient and that it is necessary to deepen the understanding,

## *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

dissemination and contexts in which the phenomenon is presented and reworked and, above all, interdisciplinary work to achieve more effective interventions (Grinberg, 2015; Loredó-Abdalá et al.) However, a relevant study by Bakermans-Kranenburg et al. (2003) presents a meta-analysis with effective results in modifying insensitive parenting and insecure attachment. Other authors have recently conducted a meta-analysis (van IJzendoorn et al., 2019) with a general synthesis approach determining that the background with the largest effect size was parental experience in child abuse, partner violence, and parental personality. Regarding the intergenerational transmission of child abuse, Bérubé, Blais, Fournier, Turgeon, Forget, Coutu, and Dubeau (2020) found that mothers with a severe history of abuse have more difficulty recognizing the child's emotions, reducing sensitive response and generating continuity in this behavior.

Subsequently, the search led to the identification of two types of programs: programs focused on risk factors (Casillas et al., 2015; Temcheff et al., 2018), and programs of universal application (Pisani-Altamirano and Martins-Linhares, 2016). In these studies, there was a greater tendency to describe common program components (Temcheff et al., 2018), as well as the effectiveness of factors in program implementation (Casillas et al., 2015). However, from the perspective of Sprague-Jones, Singh, Rousseau, Counts, and Firman (2020), there is a need to promote programs based on protective factors.

A different position is found in another meta-analysis, in which the authors identified more significant effect sizes in program components than in contextual factors or structural elements (Gubbels, van der Put, Assink, 2019), an aspect on which van der Put, Assink, Gubbels and Boekhout (2018) agree, pointing out that parenting represents a representative effect size.

# *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

The foregoing highlights the need for a qualitative study focused on methodological and theoretical aspects, which favors a better understanding of the main intervention variables, theoretical trends and main measurement instruments. For this, a Comparative Qualitative Analysis (ACC) (Melendez-Torres, Leijten & Gardner, 2019) is used, making use of the Scottish Intercollegiate Guidelines Network, an instrument that allows recognizing the level of evidence and degree of recommendation of the studies. Vlahovicova, Melendez-Torres, Leijten, Knerr & Gardner (2017), point out the importance of understanding how rearing programs work, given the complexity of the interrelated components involved, a position in which Put et al. (2018) also agree.

This review sets the context for research into the risk factors associated with child maltreatment over the period 1984-2020. It accounts for the development of knowledge in relation to this phenomenon and allows us to affirm that the experience of parental childhood abuse, a risk factor currently associated with child abuse, is hardly included in the programs reviewed here. Additionally, an evaluation of the level of evidence and degree of recommendation is presented, which contributes to strengthen the structure and implementation of the programs. Finally, this review points out the need to advance in studies that allow a better definition of mediation models and potentially divergent precursors in the different types of abuse.

## **Empirical Background**

Victimization of children occurs mainly in the context of marital violence (Li et al., 2020). Some risk factors have been identified, consumption of psychoactive substances, family isolation, social exclusion and socioeconomic inequality (Vial and others, 2020;

## *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

García-Panal and others, 2016; Aguiar and others, 2015; Salinas-Quiroz and Posada, 2015; Pulido and others, 2013; WHO, 2009).

A search conducted during the period 1984-2020 determined that most relationships involving child abuse are associated with low rates of mother-child interaction (Bousha and Twentyman, 1984). It is also noted that mothers with a history of child abuse tend to be over-responsive to their children when faced with stressful stimuli (Bauer & Twentyman, 1985).

On the other hand, it is found that the social conditions associated with adolescent pregnancy can affect the mental health of mothers (Koniak-Griffin & Lesser, 1996). Therefore, it is important to strengthen the quality of functional social support, in order to promote the development of self-esteem and positive affiliation with the fetus (Koniak-Griffin, 1989).

Therefore, it is necessary to consider the trade-offs between context and maternal sensitivity in less stable and more stressful settings (De Wolff & van Ijzendoorn, 1997; De Falco et al., 2014).

Thus, it has been found that child abuse is more likely to occur when mothers are depressed, consume alcohol, care for more than one child, or have been separated from their own mothers before age 14. This predisposition is greater in mothers who also have low social support (Kotch et al., 1999; Firk et al., 2018).

In addition, Paz Montes et al. (2001), indicate that parents' cognitions mediate verbal and physical aggression directed at children. In this sense, mothers' assessment of children's behavior will be influenced by their own cognitive processes (Milner, cited in Paz Montes et al., 2001, p. 1017).

# *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

Research by MacKenzie, Kotch, and Lee (2011) suggests that the total risk burden in early childhood is related to the mother's cognitions about her new role and the indicators of the child's cognitive functioning. In this way, it is possible to state that child abuse can be considered both a risk factor in itself and evidence of the cumulative risk faced by families (Baldwina, Biehala, Allgarb, Cuswortha & Pickettb, 2020; Gubbels et al., 2019; MacKenzie, Kotch, Lee, Augsberger & Hutto, 2011).

In addition, one of the individual risk factors identified as having the greatest impact on the type of bond established between infant and caregiver relates to the caregiver's mental health (Di Venanzio et al., 2017; Sockol et al.).

These results show the need to propose early interventions considering prenatal accompaniment (Myors et al., 2018) that favor the development of the parents' reflexive functioning (Rutherford et al, 2015; Smaling et al., 2015; Mountain et al., 2017; Camoirano, 2017), and secure attachment in the mother-child dyad (Moore et al., 2016; Nieto et al., 2017; Mountain et al., 2017; Plotka & Busch-Rossnagel, 2018).

## **Method**

A qualitative documentary review was carried out (Manterola, Astudillo, Arias & Claros, 2013), making use of the adaptation for studies in basic psychology (Villada & Chaves, 2012; Fernández & Villada, 2015) of the criteria of the Scottish Intercollegiate Guidelines Network [SIGN] (Harbor & Miller, 2001; Primo, 2003), in order to recognize and compare qualitatively the evidences that support the theoretical and methodological constructs on which the studies included in this review are supported. According to Manterola and Zabando (2009), works of this nature must address four important aspects: 1. The designs, 2. The setting or scope, 3. The levels of available evidence and 4. The degrees of recommendation of the

# *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

investigations. Together these four aspects allow the ranking of the available evidence and strengthen the studies and therefore their theoretical constructs, by indicating the degrees of recommendation thereof (Goenaga, 2016).

## **Inclusion criteria**

1. Studies on empirically validated child abuse intervention programs.
2. Studies directed at mothers or the mother-child dyad.
3. Studies carried out from the perspective of attachment.

As proposed by Blanco and Rodríguez (2007), an intervention program was considered to be any “activity aimed at the solution of a practical problem that we address with the essential help of a conceptual structure” (p. 27). It is also understood that these interventions fall within the framework of primary health care levels (promotion, prevention, care and rehabilitation), as well as prevention levels (primary, secondary and tertiary) (Vignolo et al., 2011).

## **Instrument**

The review of the selected articles was carried out through an information entry form, which discriminates aspects of interest related to article identification data; objectives, type and design of the investigation; information on the sample and the instruments used; information analysis procedure and results. Subsequently, this information was consigned in a systematization matrix that made it possible to compare both the theoretical foundation and methodological structure of the studies and the structure and methodology of the intervention programs. The analysis achieved in each of the studies was subjected to the SING criteria (Harbor & Miller, 2001; Primo, 2003). The relevance of this instrument is considered given the possibility it offers to emphasize methodological and design aspects (Fernández & Villada,

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

2015) and after a qualitative comparative analysis exercise, present approximations on the level of evidence on which the studies were based and their degree of recommendation (Melendez-Torres et al., 2019). The criteria that should be considered to define the level of evidence and grade of recommendation for a study, according to the SING, are described in

Table 1. *Levels of evidence and degrees of recommendation*

Degrees of recommendation	Levels of evidence: Scientific evidence comes from
A Good	I.a: systematic reviews, meta-analysis, controlled and randomized experiments.
	I.b: at least one randomized controlled experiment.
B Moderated	II.a: at least one well-designed, non-randomized, controlled prospective study.
	II.b: at least one quasi-experimental, well-designed study.
	III: well-designed, non-experimental descriptive studies, such as comparative, correlation or case-control studies.
C It is based on expert opinion	IV: documents or opinions of experts and/or clinical experiences of prestigious authorities.

Source: Own construction based on information presented in Harbour and Miller (2001) and Primo (2003).

## Procedure

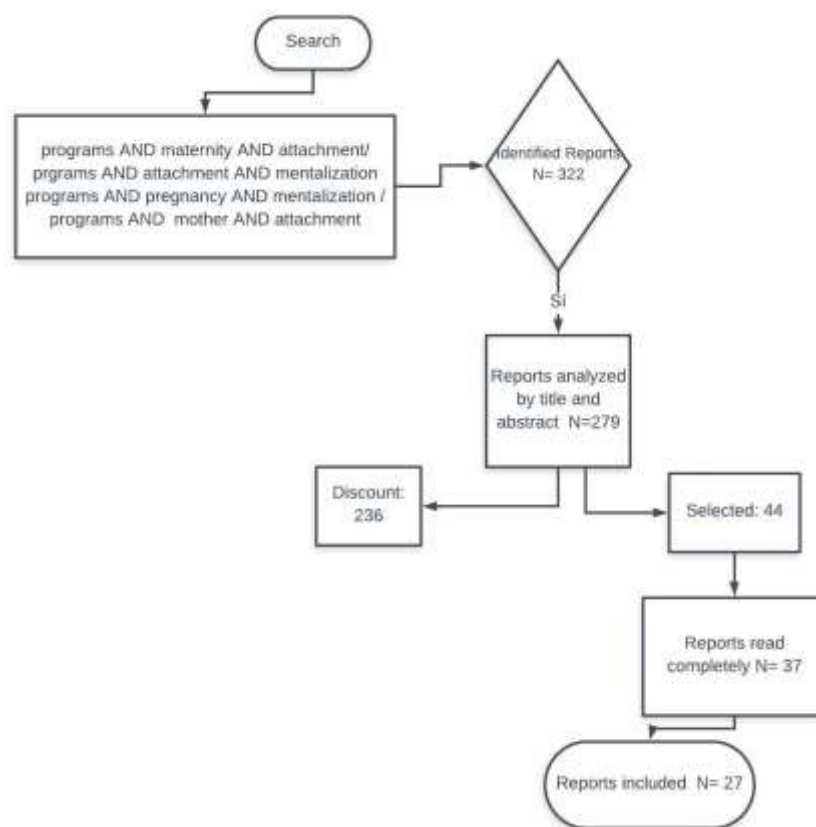
The article search was carried out between August and November 2018 and was updated between August and September 2020. The search for the studies was conducted on the Web of Science, NCBI (PubMed), Springer, Cambridge Core, PsycNet APA, and Scopus databases. The filters that were used in each of the searches covered research reports published in English between 2014 and 2020. Search descriptors included: “programs and maternity and attachment”; “programs and attachment and mentalization”; “programs and pregnancy and mentalization”; and “programs and mother and attachment”.

Once the refinement filters were used (observation window, area and type of document), 322 reports were identified to be analyzed by title and abstract, thus resulting in 44 reports for complete reading independently by the researchers. 27 of them were selected to

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

be included in this qualitative review (see Figure 1: search flow chart). For each article, a record sheet was constructed based on the SING guidelines which led to a comparative qualitative analysis and the identification of the levels of evidence on which the studies are based and their degrees of recommendation.

Figure 1.



*Search flowchart*

## Results

The results are presented according to three categories overall results, theoretical trend and variables and measurements. Based on these findings and following SING guidelines (Harbour & Miller, 2001; Primo, 2003), the level of evidence and degree of recommendation



# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

for studies is presented. The studies/programs included in this qualitative review are 27 in total and are presented in Table 2.

Table 2. *Intervention programs with an attachment perspective*

<b>Program</b>	<b>Authors</b>
Mother-Child Education Program (MOCEP)	Ponguta et al., 2020
Parents under Pressure (PuP)	Barlow et al., 2019
Lighthouse Parenting Programme	Byrne et al., 2019
Promoting responsiveness, emotion regulation and attachment in young mothers and infants PRERAYMI	Riva et al., 2019
Before You Were Born (BYWB)	Vazquez & Bergin, 2019
Community HUGS	Ericksen et al., 2018
Psychodynamic-oriented video feedback	Manna & Boursier, 2018
Mom Power Parenting Intervention	Rosenblum et al., 2018
The Video Interaction Guidance (VIG)	Pethica & Bigham, 2018
Mothering from the Inside Out (a mentalization-based intervention for mothers in addiction treatment)	Suchman et al., 2017
Steps Toward Effective and Enjoyable Parenting – STEEP	Suess et al., 2016
Play with Our Children- POC	Brahm et al., 2016
Attachment and Biobehavioral Catch-up- ABC	Yarger et al., 2016
Parents under Pressure –PuP	Barlow et al., 2016
Pro-kind (Adapted from Nurse-Family Partnership -NFP)	Sierau et al., 2016
Parent–Child Clinical Services Program	Ziv et al., 2016
Primary Care – Video Intervention Therapy -PC-VIT	Facchini et al., 2016
Mothering from the Inside Out (a mentalization-based therapy for mothers enrolled in mental health services)	Suchman et al., 2016
The Peek-a-Boo Club™	Bunston et al., 2016
Promoting responsiveness, emotion regulation and attachment in young mothers and infants PRERAYMI	Riva et al., 2016
The Baby Bond	van der Walt et al., 2016
Tuned In Parenting –TIP	King et al., 2015
Mom Power	Muzik et al., 2015
Ulm model	Pillhofer et al., 2015
Positive Parenting and Sensitive Discipline - VIPP-SD	Pereira et al., 2014
My Baby & Me	Guttentag et al., 2014
Parent-Child Psychological Support Program	Pons-Salvador et al., 2014

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

## Overall results

The identification of the main intervention variable made it possible to organize the studies according to the problems addressed in maternal mental health, other risk conditions and child development.

### *Mother's mental health*

These programs were oriented toward the intervention of postpartum depression, anxiety, intellectual disability and parental stress, posttraumatic stress disorder, and consumption of psychoactive substances. Table 3 presents a relationship between the programs and their main results.

Table 3. *Overall results. Maternal mental health*

<b>Programs</b>	<b>Characteristics of the intervention</b>	<b>Results</b>
PuP (2019)	The parents were receiving treatment for a drug or alcohol problem and were caring for a child under 2.5 years of age. Exclusion criteria: the baby was not currently residing with the main caregiver, pregnant women, active and continuous domestic abuse or active suicidal psychosis or ideation.	Significant improvements were found in emotional regulation and measures of depression, anxiety and stress, however, no significant differences were found for psychopathology and parental stress.
BYWB (2019)	At the end of the 90-day treatment, the women completed 12 sessions in each of the five groups parenting education, women's issues, prenatal education, bonding and attachment, and development. In addition, they completed 12 hours of individual therapy. The program is based on the fact that parenting education has been shown to improve behavior problems in children and decrease parental stress.	Parental stress decreased in pregnant women who SAA; the amount of substances consumed had no significant effect. In competencies, isolation and depression, there were significant differences and health and attachment were close to significance.
Community HUGS (2018)	It focuses on four tasks that seek to improve parent attachment relationships and behaviors; these relate to the parents' IWMs for attachment, new animated experiences, and the therapeutic relationship. The interventions are divided into 10 weekly sessions of approximately 60-90 minutes in duration.	In the study there were significant improvements for parental stress, parenting outcomes, and the mother-child relationship; moderate results in depression and anxiety. The pilot study only showed significant changes in post-treatment for maternal self-efficacy and a decrease in anxiety, stress and depression.

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Mom Power Parenting Intervention (2018)	It aims to improve sensitive and educated parenting, reduce mental health problems, and promote positive and balanced attributions towards the child. It uses a multi-family group format to encourage participation and retention of participants, provide social support, and connect parents to other services.	The program allowed a change in the typology of the representations, evidenced by an increase in balanced representations and a decrease in unbalanced ones. As well as a significant increase in parental reflexivity.
Video Interaction Guidance (VIG) (2018)	It aims to improve the interactive behaviors of parents. It is a short-term intervention that can demonstrate its effectiveness in three or five sessions. It uses video comments which involves showing parents a video of their own interaction with their children and reflecting on what made the interaction successful.	A perception of greater security to be heard by their children was fostered, there were improvements in interaction reflected in play and in less intrusive behavior, there was also greater interest in exercising more sensitive discipline.
POC (2016)	It aims to strengthen the positive interaction between caregiver and child during learning and play as it improves skills and promotes the development of children from 0 to 48 months. Is achieved through group sessions of 2.5 hours including 14 couples to favor interaction following the child's indications and interests and promote reflection on this; home visits individual interviews.	POC was positively associated with maternal sensitivity for mothers of older children but not for those of younger children also with a lower level of parental stress. There were no significant differences between the groups in terms of maternal depression.
Parent-Child Clinical Services Program (2016)	It seeks to alter the representations of the parents. PPP and Dyadic Psychotherapy were included, dyadic work is done with a parent, child, and doctor to help parents reflect on the emotional significance of their child's behavior.	There were significant correlations between maternal insight and sensitivity. The program had effects on improving sensitivity and decreasing intrusive behavior, but not with the constructs of hostility and separation. Likewise, the children responded more positively in the interaction with their mothers.
MIO (2016)	It is a 12-session manualized individualized therapy to enhance the ability of RF parents in the parenting role. In session the mother determines the focus of the discussion. If the child is not the immediate subject the therapist will remind him when the time is right.	The RF remained at a pre-mentalization level. The child-centered RF increased from baseline to post-treatment, potential RF was moderately increased and egocentric RF no increase. Maternal stress decreased for personal distress and difficult children but not on the interaction scale. For general psychiatric distress and depression, the magnitude of change was of average effect. There were no significant changes over time in maternal sensitivity, child participation, and dyadic reciprocity.
MIO (2017)		Compared to standard programs the most significant MIO results are observed in the

---

		potential RF; a higher quality of renderings developed but this is not remarkable. The mother-child interaction had moderate results as did the mothers' substance abuse. There were no significant effects for maternal psychiatric symptoms or child attachment status.
Mom Power (2015)	MP is a manualized multifamily intervention, of 13 sessions (3 individual sessions and 10 group sessions) focused on improvements in self-care / mental health and parental competence in mothers with experiences of trauma or abuse and psychopathology (depression with / without PTSD).	Significant reductions were found for the clinical symptoms and diagnoses of depression and post-traumatic stress disorder. As well as for maternal helplessness and impotence. The improvements in parental reflexivity were only at the trend level.

---

SAA: substance/alcohol abusing; RF: reflective functioning, IWM: Internal Working Models, PPP: Parent-Child Psychotherapy Program.

With regard to the exercise of motherhood changes in maternal sensitivity, reflective functioning, parental representations, parenting practices and other associated constructs such as hostility, intrusiveness and attachment are alluded to. However, the results are presented in terms of trends and it is not clear whether the improvement in these aspects depended in any case on the decrease in psychopathological symptoms. Except in the results of the BYWB program, in which it is evident that after its implementation parental stress decreased from 229.72 (43.37) to 217.57 (39.17) (Vazquez & Bergin, 2019) stress that contrary to the hypothesis of the researchers it was not superior to the normative group.

With regard to the use of psychoactive substances results were found in the adaptation of the Mothering from the Inside Out (MIO) program, the Parents Under Pressure (PuP) program and the Before You Were Born (BYWB) program. For this population the MIO program produced moderate effects on potential reflective functioning and parental representations, while the PuP program produced improvements in relation to depression, anxiety and parental stress, however, these results were not related to improved substance use or mother-child interaction. For its part, BYWB potentially affected the risks of relapse to

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

substance use and the use of child abuse since it decreased isolation and depression and increased parental competence, in this regard Vazquez & Bergin (2019) argue that this may be due to the willingness to access the program, which favors the perception of achievement and hope as well as less social pressure and access to the substance so that the treatment itself becomes a support scenario, that is, plays a role in stress or depression reduction.

## *Other risk conditions*

Programs aimed at intervening in work-related conflicts, exposure to violence, traumatic experiences, poverty, early motherhood, and their relationship to severe or negligent maternal responses were considered. In Table 4, a relationship between the programs and their main results is presented.

Table 4. *Overall results. Other risk conditions*

<b>Programs</b>	<b>Characteristics of the intervention</b>	<b>Results</b>
MOCEP (2020)	Reports improvements in maternal knowledge, disciplinary style, and socio-emotional development. It was implemented in 25 group sessions of 3 hours each. The curriculum includes topics on child development, the importance of play in development, parenting practices, health and hygiene, and maternal empowerment. The program combines lectures, practical demonstrations, and homework to complete	Compared with CG the use of severe discipline in parenting practices was reduced. It also reduced the stress of the parents in relation to high attendance at the program versus low attendance, therefore, mothers experienced social support, female empowerment, decreased individual distress and better pragmatic knowledge of the child. The emotions and behaviors of the children did not show reduction in their difficulties after the intervention.
Lighthouse Parenting Programme (2019)	It is designed to foster parental curiosity about the child's world and reflection on their own thoughts, feelings, and reactions. It is a 20-week intervention that works with attachment in each session. The metaphor is that parents are a beacon, providing a soft, watchful light for their child's journey.	The treatment produced favorable effects on parental sensitivity, self-efficacy and stress, however, the results were not statistically significant. No significant improvement was achieved in mentalization and global distress levels.
PRERAYMI (2019)	The dyads were recruited from three escort services in Milan. The inclusion criteria were speaking and understanding Italian; between 14 and 21 years old; absence of maternal psychopathology, uncomplicated delivery, and healthy, full-term babies. Maternal mentality was assessed from a 5-minute videotaped free play session.	The intervention helped improve the quality of maternal mindsets, mother-infant interaction styles, and maternal ability to adequately assess the infant's developmental level. Thus, the sensitivity increased and the maternal control style decreased, the cooperative style of the children also improved. Demonstrated its

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

	Mothers' speech was transcribed and comments were made that did not refer to the baby's mind or emotion and that included an internal state term that refers to the baby's mind or emotion.	effectiveness regardless of other risk conditions .
Psychodynamic-oriented video feedback (2018)	Provides support and prevention for mothers with high potential dyadic risk due to constant levels of WFC. Through a program defined in this way, identifying specific risk conditions reinforce the response capacity of mothers towards their children.	The most beneficial aspect of the program was called the “disruptive effect” in that it allowed mothers to accept the image of themselves reflected in the video, recognize their child's signs and achieve greater identification with their child.
STEEP (2016)	To support the development of secure attachment, enhance maternal sensitivity, encourage mothers, and promote the development of effective social support, the implementation process focused on IWMs to reflect on various influences on themselves, as well as their potential influences on parenting.	The STEEP group was 3.1 times more likely to develop a secure attachment compared to the GC. Comparison between groups for disorganized attachment revealed an average effect in favor of the STEEP group at both 12 and 24 months. Only at 24 months were STEEP mothers more likely to understand and assess the needs of their children.
The Peek-a-Boo Club™ (2016)	Reworking in a positive way relational ruptures and attachment difficulties resulting from exposure to family violence. 11 sessions were divided into 8 weekly groups of 2 hours, 1 meeting group and individual sessions before and after the group.	Mothers reported significantly more socially competent and less troubled children. 10% of the participants showed a significant improvement in general functioning and enjoyment of the MPAS interaction and 3% showed in the quality of MPAS attachment, the participants did not show significant changes or deterioration in the absence of hostility.
ABC (2016)	Teaches parents to care for their children when they are in distress; Responding in a sensitive way through sessions, 1 and 2 idea that children need care, 3 and 4, encourage sensitive behavior, 5 and 6 help to identify and respond to children's signals, 7 and 8 favor the exploration of the parenting experience. Sessions 9 and 10 opportunity for coaches to consolidate achievements.	For sensitivity there was a medium effect while for intrusiveness there was a significant reduction. The results were more pronounced during the first half of the treatment.
PuP (2016)	Intensive support and timely assessment and decision-making for vulnerable pregnant women. It refers to women with domestic abuse, drugs or alcohol or between 14 and 35 years and are between 18 and 28 weeks of gestation. Prenatal evaluation and intervention focuses on the mother's mental state and well-being, including the social context, they are evaluated after delivery	A better development and quality in the relationship of care, values, expectations and maternal skills was achieved. As well as better functioning in the capacity to regulate emotions in the mother and better integration with the wider social context.

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

(two months), using the CARE index and the HOME.

Pro-kind (2016)	It focused on improving maternal prenatal health, family functioning, parental skills, and financial self-sufficiency to enhance child development and reduce child abuse.	A marginally significant effect on social support was observed. The program did not have significant effects on mother-infant satisfaction, maternal skills, school development in mothers and birth control. The children in the IG showed higher levels of mental development.
PRERAYMI (2016)	It seeks to improve the mother-child relationship in the baby's first year of life, increasing maternal responsiveness and reflexivity and mother-child dyadic emotional regulation. It is based on three different approaches: video intervention, developmental counseling and psychological counseling.	The adolescent mothers of the IG showed an increase in the sensitivity style and a decrease in the control style. The effect of the intervention was greater at 3 to 6 months than at 6 to 9 months; thus there was improvement in the cooperative style, but not in the compulsive, complacent and difficult child style. There was no significant effect between the effect of the intervention and the quality of maternal attachment.
Ulm model (2015)	Short-term intervention consisted of 7 sessions of 1.5 h duration and a duration of approximately 3 months. They were carried out in the participant's home to record the mother-child interaction and identify signals and responses to explain the baby's needs and competencies to the mother and help her understand her child's signals.	In none of the groups, the mean sensitivity reached the adequate level according to the CARE-Index. The risk status showed that the average socio-emotional development was significantly higher in the high-risk group than in the moderate-risk group.
VIPP-SD (2014)	Short-term intervention that improves sensitivity and discipline using video feedback. In the first session a mother-child interaction profile is developed. In the following four sessions the difference between attachment and exploratory behavior is examined, "speaking for the child", the "chain of sensitivity" and the importance of sharing emotions, empathy and understanding of the child as disciplinary strategies.	Severe discipline decreased in the IG but not in the GC. The changes occurred only under the most stressful conditions.
Parent-Child Psychological Support	Supports parents during the first 18 months of the baby's life to promote protective systems in children. 6 individual visits of	The results indicated that at least three visits were needed to produce significant changes in the CAP. It was observed that

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Program (2014)	45/60 minutes are made from 3 months of age to 18 months or 24 months if prolonged. In these, the development of the child and their interaction with objects and with the main caregiver are evaluated.	the proportion of children with secure attachment was higher when the family made four visits to the program and when the mothers' CAP scores were reduced in the subsequent evaluation.
My Baby & Me (2014)	Designed for parents of vulnerable children, it includes modules that teach interactive skills for responsive parenting. The high-intensity intervention began during the third trimester of pregnancy and continued until the child reached 30 months of age completing 55 sessions with individual Indians. The low intensity provides basic information on the development of the child through printed informational material.	Maternal behaviors such as contingent response capacity, quality of verbal stimulation and frequency of verbal scaffolding were the most sustained over time. There was little evidence of differences between adolescents and adult mothers. It was found that the high intensity children showed better results in the involvement with their environment, expressive language and complexity of playing with toys. There were no significant differences between infant cognition and language assessment.

GC: control group, GI: intervention group, MPAS: Maternal Postnatal Attachment Scale, CAP: Child Abuse Potential Inventory, WFC: The Work-Family Conflict Scale.

Mothers achieved better results in sensitivity, maternal mentality, maternal skills, emotional regulation and integration with the wider social context. However, there were no favorable effects on reducing maternal hostility, mother-infant relationship satisfaction, mothers' school performance and birth control. With respect to child related outcomes significant improvements were found in attachment, social skills, reduction of problem behaviors, mental development, engagement with their environment and expressive language.

### ***Child development***

The programs were aimed at prenatal stimulation, child mental health, well-being, and healthy child development. Only the *Tuning in Parenting* program makes an evaluation of its effects favorable results are related to an improvement in carer-infant interaction, which in turn influences children's capacity for expression and exploration. However, it had no effect on maternal emotional well-being. Table 5 presents a relationship between the programs and their main results.



# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Table 5. Overall results. Child development

Programs	Characteristics of the intervention	Results
The Baby Bond (2016)	The program effect is measured by stimulating the chemosensory system, auditory, somatosensory, vestibular, neural and visual, these were self-administered in the comfort of their own home where they have access to the environment and the necessary instruments.	The PAI result revealed no significant differences between groups while the MAI revealed a significant increase for the control group indicating that The Baby Bond program did not have significantly more bonding benefits than the alternative stimulation program.
PC-VIT (2016)	Supports the sensitivity and awareness of caregivers to promote children's mental health. In support of the purposes of the intervention, two more WBVs were added at 2 and 4 months, during these there was a medical visit of 15 to 20 minutes in which a video clip was recorded for feedback of 40 to 45 minutes. The subject of the video recording changed with the age of the baby.	All participants rated the intervention as helpful in improving their ability to better understand their own and their infants' behaviors. They reported feeling more confident as parents and more aware of their abilities.
TIP (2015)	Enhance maternal reflexivity in the mother-child relationship to develop a sensitive attunement to the signals of babies and the adequate capacity to respond to these signals. It was carried out in a group of four to six mothers for 2 hours a week for 9 weeks simultaneously their children attended a group of babies.	The participants showed more returns and reciprocal feelings of the initiative of their children, thus, they encouraged the exploration of the environment and allowed the expression of a variety of emotions, in addition, they offered adequate comfort when necessary. There were no significant effects on depression, anxiety, and stress.

PAI: Prenatal Attachment Inventory MAI: Maternal Attachment Inventory

## Theoretical trend

The most frequently cited reference in relation to the conceptualization of maternal sensitivity is Mary Ainsworth, who maintains that it is the capacity that the mother has to respond to the needs and demands of the child according to the moment of development in which the child is, and do it precisely, appropriate, rapid and contingent manner. Likewise, it is pointed out that the capacity of response demands, in turn, an interpretative capacity of the need that is at the base of the demands. This approach gives rise to the relationship of sensitivity with other constructs, such as, maternal attachment, internal representations of work in mothers and reflexivity. Finally, it is noted that the mother's response constitutes a

## *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

model for her children to develop a capacity for self-regulation at both the cognitive and behavioral levels.

On the other hand, mentalization is presented as the mother's capacity to reflect on the child's inner states like thoughts, emotions and intentions and with it, the understanding of their behavior as well as the mental states of herself. This process is in turn associated with a capacity for regulation of affect and superior functioning within the social world. As a result, mentalization favors that the mother recognizes her limitations in order to always know what her child is thinking and, therefore, be more available to seek to tune into her signals. The authors argue that, as a whole, sensitivity and awareness are determining factors in the attachment and self-image system that the child incorporates.

The relationship between mentalization and reflexivity clarifies that reflective functioning is the observable and measurable manifestation of the capacity to mentalize, allows access to the internal working models of parents or parental representations and their application in insightful attitudes related to the child's behaviors and feelings. This suggests that when mentalization or reflective functioning intervenes sensitivity improves. Only two of the programs (Byrne et al., 2019; Riva et al., 2019) specified the differences in the approach to these variables even when they are theoretically recognized as overlapping concepts and established connection paths between them, for example through the mental mentality, interface concept between the representational and the behavioral level (Meins as cited in Riva et al., 2019).

Finally, empathy was referred to as a mother's capacity and ability that favors her understanding of the child's internal states but the differences between empathy and maternal sensitivity are not established.

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

It can therefore be seen that the programs observe different manifestations of child abuse without making a distinction between the mechanisms underlying each one which influences both the definition of the dependent variables and the selection of the measurement instruments.

## **Variables and Measurements**

In terms of the instruments used, it was identified that the most used questionnaire was *The Parenting Stress Index Short Form* [PSI/SF] (Abidin, 1995), referenced in eight of the studies (Barlow et al., 2019; Byrne et al., 2019; Riva et al., 2019; Brahm et al., 2016; Ericksen et al., 2018; Manna & Boursier, 2018; Riva et al., 2016; Muzik et al., 2015) and whose reliability varied between .72 and .95.

The most measured variable in the studies was maternal depression, the most used instruments for its measurement were: *The Depression Anxiety and Stress Scale* [DASS] (Lovibond & Lovibond, 1995) (Ericksen et al., 2018; Suchman et al., 2016; Muzik et al., 2015), with reliability ranging from .73 to .81; *The Edinburgh Postnatal Depression Scale* [EPDS] (Cox, Holden, & Sagovsky, 1987) (Ericksen et al., 2018; Brahm et al., 2016; Muzik et al., 2015), with reliability levels between .87 and .88; and *The Postpartum Depression Screening Scale* [PPDS] (Beck & Gable, 2001) (Rosenblum et al., 2018; King et al., 2015; Pons-Salvador et al., 2014), with reliability levels between .93 and .99.

The most widely used semi-structured interview in measuring internal parental work representations was *The Working Model of the Child Interview* [WMCI] (Rosenblum et al., 2009; Zeanah & Benoit, 1995) (Rosenblum et al., 2018; Suchman et al., 2017; King et al., 2015) with an inter-class correlation coefficient [ICC] ranging from .62 to .92. Likewise, the most referenced semi-structured interview for identifying reflective parental functioning was *The*

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

*Parent Development Interview* [PDI] (Slade, Aber, Berger, Bresgi, & Kaplan, 2003) (Byrne et al., 2019; Ponguta et al., 2020; Vazquez & Bergin, 2019; Suchman et al., 2017; Suchman et al., 2016; Riva et al., 2016), with an ICC ranging from .77 to .93.

The most widely used structured observation strategies were Ainsworth et al. (1978), *The strange situation attachment procedure* (Suchman et al., 2017; Brahm et al., 2016; Pillhofer et al., 2015; Guttentag et al., 2014) with an ICC of .72, and *The CARE-Index* (Crittenden, 2008) (Barlow et al., 2019; Riva et al., 2019; Manna & Boursier, 2018; Ziv et al., 2016; Suchman et al., 2016;) with an ICC of .83 for infant behavior and .88 for maternal behavior.

Finally, the most referenced instrument for the measurement of child development specifically in cognitive functioning and language was *The Bayley Scales of Infant and Toddler Development Screening Test* (Bayley, 2006) (Suchman et al., 2017; Pillhofer et al., 2015; Pons-Salvador et al., 2014). Regarding this instrument, the studies examined do not present reliable data and it should be noted that the lack of this information was a characteristic aspect of most of the studies examined.

## Levels of evidence and degrees of recommendation

There is evidence of a methodological trend of an experimental and quasi-experimental nature, in this way most of the studies are randomized controlled trials, which resulted in that, of the 27 studies reviewed, four had a level of evidence Ia and eight Ib, in that sense, the research supporting these studies favors their recommendation. The classification of studies by level and degree of recommendation is shown in Table 6.

Table 6. *Levels of evidence and degrees of recommendation*

Study	Level of evidence		Level of recommendation
Ericksen et al., 2018	I. a	A	Its scientific evidence comes from meta-analyzes, systematic reviews,
Suchman et al., 2017	I. a		

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Sierau et al., 2016	I. a		and controlled trials with or without randomness. There is ‘good’ research-based evidence to support the recommendation.
Suchman et al., 2016	I. a		
Ponguta et al., 2020	I. b		
Barlow et al., 2019	I. b		
Riva et al., 2019	I. b		
Rosenblum et al., 2018	I. b		
van der Walt et al., 2016	I. b		
Yarger et al., 2016	I. b		
Pereira et al., 2014	I. b		
Guttentag et al., 2014	I. b		
Riva et al., 2016	II. a		Its scientific evidence comes from prospective controlled studies, quasi-experimental studies, or well-designed non-experimental descriptive studies. There is ‘moderate’ research-based evidence to support the recommendation.
Pillhofer et al., 2015	II. a		
Suess et al., 2016	II. b		
Brahm et al., 2016	II. b		
Byrne et al., 2019	III		
Vazquez & Bergin, 2019	III	B	
Ziv et al., 2016	III		
Bunston et al., 2016	III		
Muzik et al., 2015	III		
King et al., 2015	III		
Pons-Salvador et al., 2014	III		
Manna & Boursier, 2018	IV		Its scientific evidence comes from documents or opinions of experts and / or clinical experiences of prestigious authorities. The recommendation is based on expert opinion or a consensus panel.
Pethica & Bigham, 2018	IV		
Barlow et al., 2016	IV	C	
Facchini et al., 2016	IV		

Source: Own construction based on the analysis of studies and the guidelines of the *Scottish Intercollegiate Guidelines Network* [SING] (Harbour & Miller, 2001; Primo, 2003).

## Discussion

The background to this study demonstrates or reinforces the idea that, in order to mitigate child abuse, it is essential to intervene in a variety of variables since the causes of child abuse are not only due to the dyadic mother-child relationship but also to individual, family and social conditions, in other words, the context in which this relationship is built (WHO, 2009). Respectively, they can be considered the violent childhood experiences and the suffering of mental disorders of the mother, the care of several children and the low social support and conditions of poverty that in itself is related to another diversity of unfavorable

## *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

conditions for the mother (Kotch et al., 1999; Firk et al., 2018; García-Panal et al., 2016; Aguiar et al., 2015; Salinas-Quiroz & Posada, 2015; Pulido et al., 2013). Conditions that may involve stress and that undoubtedly influence the exercise of motherhood as they become risk factors associated with abusive behavior towards children (de Wolff & Van Ijzendoorn, 1997; de Falco et al., 2014).

In this sense, this systematic review identified a predominance of studies aimed at intervening in the conditions defined in this study as "other risk factors", including work-family conflict, exposure to violence, traumatic experiences, poverty and the relationship of these with negligence. maternal situations or responses. The results show improvements in maternal sensitivity, maternal competencies, dyadic emotional regulation, integration with the broader social context by the mother, attachment bonds, social competencies, mental development and expressive language of the child. However, despite the intervention, hostile maternal behavior and experiences of dissatisfaction in the mother-infant relationship persisted suggesting the risk of relapse into negative parental behavior.

Although to a lesser extent, programs aimed at maternal mental health care were also found specifically with regard to anxiety, depression, stress and post-traumatic stress disorder. Results showed improvements in terms of maternal sensitivity, reflective functioning, parental representations, and parenting practices. However, it was not clear whether the improvements were related to the decrease in psychopathological symptoms.

In general, it was found that the programs are characterized by being structured between 7 and 20 sessions, oriented to the development of parental competencies, mainly in the mother-child dyad.

## *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

Risk factors especially individual ones have been shown to have greater implications for the style of the mother-child bond (Di Venanzio et al, 2017; Sockol et al., 2014; Nieto et al., 2017), which reveals the importance of attending to these conditions starting with the prenatal period (Myors et al., 2018; Rutherford et al., 2015; Smaling et al., 2015; Camoirano, 2017; Moore et al., 2016; Nieto, 2017; Mountain et al., 2017; Plotka & Busch-Rossnagel, 2018).

In relation to the above, a relevant aspect to mention is that despite the recognition of the mother's violent childhood experiences as one of the main predisposing factors of child abuse (MacKenzie, Kotch & Lee, 2011; MacKenzie, Koth, Lee, Augsberger & Hutto, 2011; van IJzendoorn et al., 2019) this is a variable that is only intervened in two programs (Byrne et al., 2019; Riva et al., 2019). This shows the relevance of developing intervention programs in which, in addition to considering the current conditions of the context in which the dyadic relationship develops, there is a perspective of cumulative ecological risk which allows recognizing the predisposing conditions in the intergenerational transmission of abuse (Bérubé et al., 2020).

The mentioned in the previous paragraphs, could well be related to the lack of conceptual delimitation found with respect to the concepts of sensitivity, mentalization, reflective functioning and empathy; this difficulty was also found by Boorman et al. (2019). McLaughlin (2017) distinguished between two types of adverse experiences in childhood threatening experiences involving harm or threat of harm and deprivation experiences involving the absence of expected input from the environment, showing that depending on the type of experience the effects on development vary. Consequently, children exposed to threat present alterations in emotional development while children exposed to deprivation

## *ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS*

manifest deficits in cognitive functioning. In this sense, recognizing that the consequences are determined by the type of abuse, it is necessary to advance in studies that allow the identification of the underlying mechanisms in the different forms of manifestation of abuse which will contribute in a greater clarity to define the most relevant intervention variables. In this regard, van IJzendoorn et al. (2019) propose that research on the background of child abuse deserves further development especially with regard to mediation models and the potentially divergent precursors in the different types of abuse.

Finally, with regard to the procedures for analyzing the information it is found that the results revolve around the p values and in some cases in effect size measures, however, no confidence intervals are established that would allow the results named as marginal or with a significant trend to be analyzed more clearly, an aspect that according to Ato et al. (2013) is a criticism that has been related to the research reports since approximately 1999. In addition, as Bardenes-Ribera and Frías (2017) point out incorrect interpretations regarding the p-value affect the understanding of the differences between statistical significance and clinical significance and the decisions regarding the practice derived from there; this fact is evident in most of the programs because, despite the fact that the results are not statistically significant, the qualitative evaluation that the participants make of them reveals an improvement in the difficulties they experience in the exercise of their motherhood.

Given the nature of this study, it should be noted that its main limitation is related as expressed by Melendez-Torres et al. (2019) for this type of analysis with the provisionality and openness of the data presented, that is, future research can deepen the results or develop them further since what it is about is to present the most effective interventions through the description of its components. In this sense, its impact is at the contextual level, that is, it



# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

allows the adoption, development or elimination of components of interventions in practical or clinical settings, in order to enhance their impact, “this heterogeneity means that the scope of the benefit of the implementation of programs is uncertain” (Meléndez-Torres et al., 2019, p. 194), so the conclusions, although exhaustive, do not allow recommendations or decisions to be made for the exercise of public health procedures.

## References

- Aguiar, FJ., Fernández, CI. & Pereira, C. (2015). La familia y la intervención preventiva socioeducativa: hacia la identificación del maltrato infantil. *Hekademos*, 17, 31-41.  
<https://dialnet.unirioja.es/servlet/articulo?codigo=6280695>
- Alvis, A. (2009). Aproximación teórica a la intervención psicosocial. *Revista Electrónica de Psicología Social «Poiésis»*, 17, 1-6.  
<https://www.funlam.edu.co/revistas/index.php/poiesis/article/view/189>
- Ato, M., López, JJ. & Benavente, A. (2013). Un sistema de clasificación de los diseños de investigación en psicología. *Anales de psicología*, 29(3), 1038-1059.  
<http://dx.doi.org/10.6018/analesps.29.3.178511>
- Bakermans-kranenburg, MJ., van Ijzendoorn, MH. & Juffer, F. (2003). Less Is More: Meta-Analyses of Sensitivity and Attachment Interventions in Early Childhood. *Psychological Bulletin*, 129(2), 195-215. <http://dx.doi.org/10.1037/0033-2909.129.2.195>
- \*Barlow, J., Dawe, S., Coe, C. & Harnett, P. (2016). An Evidence-Based, Pre-Birth Assessment Pathway for Vulnerable Pregnant Women. *British Journal of Social Work*, 46, 960-973.  
<http://dx.doi.org/10.1093/bjsw/bcu150>
- \*Barlow, J., Sembi, S., Parsons, H., Kim, S., Petrou, S., Harnett, P., & Dawe, S. (2019). A randomized controlled trial and economic evaluation of the Parents Under Pressure

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

program for parents in substance abuse treatment. *Drug and Alcohol Dependence*, 194, 184–194. <https://doi.org/10.1016/j.drugalcdep.2018.08.044>

Baldwina, H., Biehala, N., Allgarb, V., Cuswortha, L. & Pickettb, K. (2020). Antenatal risk factors for child maltreatment: Linkage of data from a birth cohort study to child welfare records. *Child Abuse & Neglect*, 107. <https://doi.org/10.1016/j.chiabu.2020.104605>

Bauer, WD. & Twentyman, CT. (1985). Abusing, neglectful, and comparison mothers' responses to child-related and non-child-related stressors. *Journal of Consulting and Clinical Psychology*, 53(3), 335-343. <http://dx.doi.org/10.1037/0022-006X.53.3.335>

Bérubé, A., Blais, C., Fournier, A., Turgeon, J., Hélène, F., Coutu, S. & Dubeau, D. (2020). Childhood maltreatment moderates the relationship between emotion recognition and maternal sensitive behaviors. *Child Abuse and Neglect*, 102, 1-9. <https://doi.org/10.1016/j.chiabu.2020.104432>

Blanco, A. & Rodríguez Marín, J. (2007). *Intervención Psicosocial*. Pearson Educación.

Boorman, RJ., Creedy, DK., Fenwick, J. & Muurlink, O. (2019). Empathy in pregnant women and new mothers: a systematic literature review. *Journal of Reproductive and Infant Psychology*, 37(1), 84-103. <http://dx.doi.org/10.1080/02646838.2018.1525695>

Bousha, DM. & Twentyman, CT. (1984). Mother–child interactional style in abuse, neglect, and control groups: Naturalistic observations in the home. *Journal Abnormal Psychology*, 93(1), 106-114. <http://dx.doi.org/10.1037/0021-843X.93.1.106>

\*Brahm, P., Cortázar, A., Paz, M. Mingo, MV.; Vielma, C. & Aránguiz, MC. (2018). Maternal sensitivity and mental health: does an early childhood intervention programme have an impact. *Family Practice*, 33(3), 226-232. <http://dx.doi.org/10.1093/fampra/cmz071>

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

- \*Bunston, W., Eyre, K., Carlsson, A. & Pringle, K. (2016). Evaluating relational repair work with infants and mothers impacted by family violence. *Australian & New Zealand Journal of Criminology*, 49(1), 113-133. <http://dx.doi.org/10.1177/0004865814559925>
- \*Byrne, G., Slead, M., Midgley, N., Fearon, P., Mein, C., Bateman, A. & Fonagy, P. (2019). Lighthouse Parenting Programme: Description and pilot evaluation of mentalization-based treatment to address child maltreatment. *Clinical Child Psychology and Psychiatry*, 24(4) 680–693. <http://dx.doi.org/10.1177/1359104518807741>
- Camoirano, A. (2017). Mentalizing Makes Parenting Work: A Review about Parental Reflective Functioning and Clinical Interventions to Improve It. *Frontiers in Psychology*, 8, 1-12. <http://dx.doi.org/10.3389/fpsyg.2017.00014>
- Casillas, KL., Fauchier, A., Derkash, BT. & Garrido, EF. (2016). Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. *Child Abuse & Neglect*, 53, 64-80. <http://dx.doi.org/10.1016/j.chiabu.2015.10.009>
- De Falco, S., Emer, A., Martini, L., Rigo, P., Pruner, S. & Venuti, P. (2014). Predictors of mother–child interaction quality and child attachment security in at-risk families. *Frontiers in Psychology*, 5, 1-11. <http://dx.doi.org/10.3389/fpsyg.2014.00898>
- De Wolff, M. & van Ijzendoorn, MH. (1997). Sensitivity and Attachment: A Meta-Analysis on Parental Antecedents of Infant Attachment. *Child Development*, 68(4), 571-591. [https://www.researchgate.net/publication/13914401\\_Sensitivity\\_and\\_Attachment\\_A\\_Meta-Analysis\\_on\\_Parental\\_Antecedents\\_of\\_Infant\\_Attachment](https://www.researchgate.net/publication/13914401_Sensitivity_and_Attachment_A_Meta-Analysis_on_Parental_Antecedents_of_Infant_Attachment)
- Di Venanzio, C., Pacitti, F., Rossetti, MC., Santorelli, V., Gregori, E., D'Alfonso, A., Carta, G. & Rossi, A. (2017). Perinatal depression screening and early treatment. *Journal of*

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

*Psychopathology*, 23, 99-104. [https://www.jpsychopathol.it/wp-content/uploads/2017/12/01\\_Di-Venanzio-1.pdf](https://www.jpsychopathol.it/wp-content/uploads/2017/12/01_Di-Venanzio-1.pdf)

\*Ericksen, J., Loughlin, E., Holt, C., Rose, N., Hartley, E., Buultjens, BM., Gemmill, A. W., Milgrom, J. (2018). A therapeutic playgroup for depressed mothers and their infants: feasibility study and pilot randomized trial of community HUGS. *Infant Mental Health Journal*, 39(4), 396-409. <http://dx.doi.org/10.1002/imhj.21723>

\*Facchini, S., Martin, V. & Downing G. (2016). Pediatricians, Well-Baby Visits, and Video Intervention Therapy: Feasibility of a Video-Feedback Infant Mental Health Support Intervention in a Pediatric Primary Health Care Setting. *Frontiers in Psychology*, 7(179), 1-13. <http://dx.doi.org/10.3389/fpsyg.2016.00179>

Fernández, JI. & Villada, J. (2015). Análisis de evidencia en investigaciones sobre toma de decisiones entre 2002 y 2012. *Avances en Psicología Latinoamericana*, 33(1), 105-120. <http://dx.doi.org/10.12804/apl33.01.2015.08>

Firk, C., Konrad, K., Herpertz-Dahlmann, B., Scharke, W. & Dahmen, B. (2018). Cognitive development in children of adolescent mothers: The impact of socioeconomic risk and maternal sensitivity. *Infant Behavior and Development*, 50, 238-246. <https://doi.org/10.1016/j.infbeh.2018.02.002>

Fluke, J., Tonmyr, L., Gray, J., Bettencourt Rodrigues, L., Bolter, F., & Cash, S. et al. (2020). Child maltreatment data: A summary of progress, prospects and challenges. *Child Abuse & Neglect*, 104-650. <https://doi.org/10.1016/j.chiabu.2020.104650>

García-Panal, L., García-Panal, J. & Delgado-Mata, E. (2016). Un ejemplo de coordinación sociosanitaria en el ámbito de la salud mental y el maltrato infantil. *Enfermería clínica*, 26(1), 45-48. <http://dx.doi.org/10.1016/j.enfcli.2015.09.007>

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Goenaga, J. (2016). *Revisión sistemática sobre juicio moral en toma de decisiones morales (2005-2015)*

(Tesis de maestría). Recuperada de Repositorio Institucional Universidad de Antioquia.

[http://bibliotecadigital.udea.edu.co/bitstream/10495/14129/1/MedinaLeidy\\_2017\\_InfluenciaEmocionesDecisiones.pdf](http://bibliotecadigital.udea.edu.co/bitstream/10495/14129/1/MedinaLeidy_2017_InfluenciaEmocionesDecisiones.pdf)

Grinberg, J. (2015). Entre la pediatría, el psicoanálisis y el derecho: apuntes sobre la recepción, reelaboración y difusión del maltrato infantil en Argentina. *Revista de Estudios Sociales*, 1(53), 77-89. <https://doi.org/10.7440/res53.2015.06>

Gubbels, J., van der Put, C. & Assink, M. (2019). The Effectiveness of Parent Training Programs for Child Maltreatment and Their Components: A Meta-Analysis. *Int. J. Environ. Res. Public Health*, 16(13). <https://doi.org/10.3390/ijerph16132404>

\*Guttentag, CL., Landry, SH., Williams, JM., Baggett, KM., Noria, CW., Borkowski, JG., Swank, PR., Farris, JR., Crawford, A., Lanzi, RG., Carta, JJ., Warren, SF., & Ramey, SL. (2014). “My Baby & Me”: Effects of an early, comprehensive parenting intervention on at-risk mothers and their children. *Developmental Psychology*, 50(5), 1482–1496. <https://doi.org/10.1037/a0035682>

Harbour, R. & Miller, J. (2001). A new system for grading recommendations in evidence based guidelines. *BMJ*, 323(7308), 334-336. <http://dx.doi.org/10.1136/bmj.323.7308.334>

\*King, KL., Priddis, LE. & Kane, RT. (2015). Enhancing Maternal Sensitivity and Emotional Wellbeing Through a Preventative Parent – Child Relationship Intervention in a Community Setting. *Journal of Child and Family Studies*, 24, 1582-1592. <https://doi.org/10.1007/s10826-014-9962-z>

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

- Koniak-Griffin, D. & Lesser, J. (1996). The impact of childhood maltreatment on young mothers' violent behavior toward themselves and others. *Journal of Pediatric Nursing*, 11(5), 300-308.  
[https://doi.org/10.1016/S0882-5963\(05\)80063-6](https://doi.org/10.1016/S0882-5963(05)80063-6)
- Koniak-Griffin, D. (1989). Psychosocial and clinical variables in pregnant adolescents: A survey of maternity home residents. *Journal of Adolescent Health Care*, 10(1), 23-29.  
[https://doi.org/10.1016/0197-0070\(89\)90042-9](https://doi.org/10.1016/0197-0070(89)90042-9)
- Kotch, JB., Browne, DC., Dufort, V., Winsor, J. & Catellier, D. (1999). Predicting child maltreatment in the first 4 years of life from characteristics assessed in the neonatal period. *Child Abuse and Neglect*, 23(4), 305-319. [https://doi.org/10.1016/S0145-2134\(99\)00003-4](https://doi.org/10.1016/S0145-2134(99)00003-4)
- Li, S., Zhao, F. & Yu, G. (2020). A meta-analysis of childhood maltreatment and intimate partner violence perpetration. *Aggression and Violent Behavior*, 50, 1-12.  
<https://doi.org/10.1016/j.avb.2019.101362>
- Loredo-Abdalá, A. (2016). Maltrato infantil: ¿conocer su impacto económico favorece su prevención? *Acta Pediátrica de México*, 37, 1-3.  
[http://www.scielo.org.mx/scielo.php?script=sci\\_arttext&pid=S0186-23912016000100001](http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0186-23912016000100001)
- Loredo-Abdalá, A., Villanueva-Clift, H., Aguilar-Ceniceros, AM. & Casas-Muñoz, A. (2016). Maltrato infantil: su conocimiento, atención y difusión en tres hospitales pediátricos de México. *Boletín Médico Del Hospital Infantil de México*, 73(4), 219-227.  
<https://doi.org/10.1016/j.bmhmx.2016.03.004>
- MacKenzie, MJ., Kotch, JB. & Lee, L-C. (2011). Toward a cumulative ecological risk model for the etiology of child maltreatment. *Children and Youth Services Review*, 33(9), 1638-1647.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4013824/>

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

MacKenzie, MJ., Kotch, JB. & Lee, L-C., Augsberger, A. & Hutto, N. (2011). A cumulative ecological–transactional risk model of child maltreatment and behavioral outcomes: Reconceptualizing early maltreatment report as risk factor. *Children and Youth Services Review*, 33(1), 2392-2398.

<https://www.sciencedirect.com/science/article/abs/pii/S019074091100332X>

\*Manna, V. & Boursier, V. (2018). Mirroring effects: Using psychodynamic-oriented video feedback to work on dyadic risk. A pilot experience. *Psychodynamic Practice*, 24(2), 124-144. <http://dx.doi.org/10.1080/14753634.2018.1458641>

Manterola, C., Astudillo, P., Arias, E. & Claros, N. (2013). Revisión sistemática de la literatura. Qué se debe saber acerca de ellas. *Cirugía Española*, 91(3), 149-155. <http://dx.doi.org/10.1016/j.ciresp.2011.07.009>

Manterola, C. y Zavando, D (2009). Cómo interpretar los "niveles de evidencia" en los diferentes escenarios clínicos. *Revista Chilena de Cirugía*, 61(6), p. 582-595. <http://dx.doi.org/10.4067/S0718-40262009000600017>

McLaughlin, K. (2017). The long shadow of adverse childhood experiences. Adverse environments early in life have lasting consequences for children's health and development. *Psychological Science Agenda-APA*, 1-7. <https://www.apa.org/science/about/psa/2017/04/adverse-childhood>

Melendez-Torres, G., Leijten, P. & Gardner, F. (2019). What are the Optimal Combinations of Parenting Intervention Components to Reduce Physical Child Abuse Recurrence? Reanalysis of a Systematic Review using Qualitative Comparative Analysis. *Child Abuse Review*, 28, 181-197. <http://dx.doi.org/10.1002/car.2561>

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

- Moore, ER., Bergman, N., Anderson, GC. & Medley, N. (2016). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*, 11, 1-120. <http://dx.doi.org/10.1002/14651858.CD003519.pub4>
- Mountain, G., Cahill, J. & Thorpe, H. (2017). Sensitivity and attachment interventions in early childhood: A systematic review and meta-analysis. *Infant Behavior and Development*, 46, 14-32. <https://pubmed.ncbi.nlm.nih.gov/27870988/>
- Muñiz, CM., Nieves. IR. & Rivera, CI. (2016). El manejo de casos en maltrato a menores en Puerto Rico: ¿relación eficiente y eficaz? *Informes Psicológicos*, 17(1), 13-34. <https://www.researchgate.net/publication/316174710> El manejo de casos en maltrato a menores en Puerto Rico relacion eficiente y eficaz
- \*Muzik, M., Rosenblum, KL., Alfafara, EA., Schuster, MM., Miller, NM., Waddell, RM. & Kohler, ES. (2015). Mom Power: preliminary outcomes of a group intervention to improve mental health and parenting among high-risk mothers. *Archives of Women's Mental Health*, 18(3), 507-521. <https://pubmed.ncbi.nlm.nih.gov/25577336/>
- Myors, KA., Cleary, M., Johnson, M. & Schmied, V. (2018). 'Modelling a Secure-Base' for women with complex needs: attachment-based interventions used by perinatal and infant mental health clinicians. *Issues in Mental Health Nursing*, 39(3), 226-232. <https://pubmed.ncbi.nlm.nih.gov/29172815/>
- Nieto, L., Lara, MA. & Navarrete, L. (2017). Prenatal predictors of maternal attachment and their association with postpartum depressive symptoms in mexican women at risk of depression. *Maternal and Child Health Journal*, 21(6), 1250-1259. <https://pubmed.ncbi.nlm.nih.gov/28083731/>



# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

PAHO & UNICEF. (2017). *Revisión sistemática de protocolos nacionales para la atención a sobrevivientes de violencia en la niñez en los países de América Latina y el Caribe: Sumario de políticas de OPS/UNICEF.* PAHO/UNICEF.

<https://www.unicef.org/lac/sites/unicef.org.lac/files/2018->

[05/20180507\\_UNICEF\\_Review\\_of\\_protocols\\_care\\_%20for\\_survivors\\_of\\_VAC\\_in\\_LAC\\_ESP.pdf](https://www.unicef.org/lac/sites/unicef.org.lac/files/2018-05/20180507_UNICEF_Review_of_protocols_care_%20for_survivors_of_VAC_in_LAC_ESP.pdf)

Paz Montes, M., de Paúl, J. & Milner, JS. (2001). Evaluations, attributions, affect, and disciplinary choices in mothers at high and low risk for child physical abuse. *Child Abuse and Neglect*, 25(8), 1015-1036. <https://pubmed.ncbi.nlm.nih.gov/11601595/>

\*Pereira, M., Negrao, M., Soares, I. & Mesman, J. (2014). Decreasing harsh discipline in mothers at risk for maltreatment: a randomized control trial. *Infant Mental Health Journal*, 35(6), 604-613. <https://pubmed.ncbi.nlm.nih.gov/25798509/>

\*Pethica, S. & Bigham, K. (2018). “Stop talking about my disability, I am a mother”: Adapting video interaction guidance to increase sensitive parenting in a young mother with intellectual disability. *British Journal of Learning Disabilities*, 46(2), 136-142. <https://doi.org/10.1111/bld.12215>

\*Pillhofer, M., Spangler, G., Bovenschen, I., Kuenster, AK., Gabler, S., Fallon, B., Fegert, J. M. & Ziegenhain, U. (2015). Child abuse & neglect. Pilot study of a program delivered within the regular service system in Germany: Effect of a short-term attachment-based intervention on maternal sensitivity in mothers at risk for child abuse and neglect. *Child Abuse & Neglect*, 42, 163-173. <https://pubmed.ncbi.nlm.nih.gov/25066526/>

## ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Pisani, ER. & Martins, MB. (2016). Universal violence and child maltreatment prevention programs for parents: A systematic review. *Psychosocial Intervention*, 25, 27-38. <http://dx.doi.org/10.1016/j.psi.2015.10.003>

Plotka, R. & Busch-Rossnagel, NA. (2018). The role of length of maternity leave in supporting mother-child interactions and attachment security among American mothers and their infants. *International Journal of Child Care and Education Policy*, 12(1), 2-18. <https://doi.org/10.1186/s40723-018-0041-6>

\*Ponguta, LA., Issa, G., Aoudeh, L., Maalouf, C., Hein, SD., Zonderman, AL., Katsovich, L., Khoshnood, K., Bick, J. Awar, A., Nourallah, S., Householder, S., Moore, CC., Salah, R., Britto, PR. & Leckman, JF. (2020). Effects of the Mother-Child Education Program on Parenting Stress and Disciplinary Practices Among Refugee and Other Marginalized Communities in Lebanon: A Pilot Randomized Controlled Trial. *Child & Adolescent Psychiatry*, 59(6), 727-738. <https://doi.org/10.1016/j.jaac.2019.12.010>

\*Pons-Salvador, G., Cerezo, MA. & Trenado, RM. (2014). Dose-effect on the mothers and babies attending the Programa de Apoyo Psicológico P/Materno-Infantil. *Anales de psicología*, 30(2), 474-481. <http://dx.doi.org/10.6018/analesps.30.2.141192>

Primo, J. (2003). Niveles de evidencia y grados de recomendación (I / II). *Enfermedad Inflamatoria Intestinal al día*, 2(2), 39-42. [https://www.veterinariacalice.com/db-docs/Docs\\_propiedades/nid\\_93/niveles\\_grados.pdf](https://www.veterinariacalice.com/db-docs/Docs_propiedades/nid_93/niveles_grados.pdf)

Pulido, S., Castro-Osorio, J., Peña, M. & Ariza-Ramírez, DP. (2013). Pautas, creencias y prácticas relacionadas con el castigo y su transmisión generacional. *Revista latinoamericana de Ciencias Sociales Niñez y Juventud*, 11(1), 245-259. <http://www.scielo.org.co/pdf/rlcs/v11n1/v11n1a17.pdf>

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

- \*Riva, C., Ierardi, E., Albizzati, A. & Downing, G. (2016). Effectiveness of an Attachment-Based Intervention Program in Promoting Emotion Regulation and Attachment in Adolescent Mothers and their Infants: A Pilot Study. *Frontiers in Psychology*, 7(195), 1-17. <http://dx.doi.org/10.3389/fpsyg.2016.00195>
- \*Riva, C., Ierardi, E., Peruta, V., Moiola, M., & Albizzati, A. (2019). Video-feedback attachment based intervention aimed at adolescent and young mothers: effectiveness on infant-mother interaction and maternal mind-mindedness. *Early Child Development And Care*, 1-15. <https://doi.org/10.1080/03004430.2019.1652172>
- \*Rosenblum, K., Lawler, J., Alfafara, E., Miller, N., Schuster, M. & Muzik, M. (2018). Improving Maternal Representations in High-Risk Mothers: A Randomized, Controlled Trial of the Mom Power Parenting Intervention. *Child Psychiatry & Human Development*, 49(3), 372-384. <https://pubmed.ncbi.nlm.nih.gov/28936602/>
- Rutherford, HJ., Booth, CR., Luyten, P., Bridgett, DJ. & Mayes, LC. (2015). Investigating the association between parental reflective functioning and distress tolerance in motherhood. *Infant Behavior and Development*, 40, 54-63. <http://dx.doi.org/10.1016/j.infbeh.2015.04.005>
- Salinas-Quiroz, F. & Posada, G. (2015). MBQS: Evaluation method for attachment-based interventions in early childhood. *Revista latinoamericana de Ciencias Sociales Niñez y Juventud*, 13(2), 1051-1063. [http://www.scielo.org.co/scielo.php?script=sci\\_arttext&pid=S1692-715X2015000200036](http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S1692-715X2015000200036)
- \*Sierau, S., Dähne, V., Brand, T., Kurtz, V., von Klitzing, K. & Jungmann, T. (2016). Effects of Home Visitation on Maternal Competencies, Family Environment, and Child

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Development: a Randomized Controlled Trial. *Prev Sci*, 17, 40-51.

<https://pubmed.ncbi.nlm.nih.gov/26103919/>

Smaling, HJ., Huijbregts, SC., Suurland, J., van der Heijden, KB, van Goozen, SH. & Swaab, H. (2015). Prenatal reflective functioning in primiparous women with a high-risk profile.

*Infant Mental Health Journal*, 36(3), 251-261. <http://dx.doi.org/10.1002/imhj.21506>

Sockol, LE., Battle, CL., Howard, M. & Davis, T. (2014). Correlates of impaired mother-infant bonding in a partial hospital program for perinatal women. *Archives of Women's Mental Health*, 17(5), 465-469. <https://pubmed.ncbi.nlm.nih.gov/24643421/>

<https://pubmed.ncbi.nlm.nih.gov/24643421/>

Sprague-Jones, J., Singh, P., Rousseau, M., Counts, J. & Firman, C. (2020). The Protective Factors Survey, 2nd Edition: Establishing validity and reliability of a self-report measure of protective factors against child maltreatment. *Children and Youth Services Review*, 111, 1-12. <https://doi.org/10.1016/j.childyouth.2020.104868>

\*Suchman, NE., Decoste, CL., McMahon, TJ., Dalton, R., Mayes, LC. & Borelli, J. (2017). Mothering from the Inside Out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment. *Development and Psychopathology*, 29(2), 617-636. <https://pubmed.ncbi.nlm.nih.gov/28401850/>

\*Suchman, NE., Ordway, MR., de las Heras, L. & McMahon, TJ. (2016). Mothering from the Inside Out: results of a pilot study testing a mentalization-based therapy for mothers enrolled in mental health services. *Attachment & Human Development*, 18(6), 596-617. <https://pubmed.ncbi.nlm.nih.gov/27575343/>

\*Suess, GJ., Bohlen, U., Carlson, EA., Spangler, G., Maier, M., Bohlen, U. & Frumentia Maier, M. (2016). Effectiveness of attachment based STEEP TM intervention in a German high-

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

risk simple. *Attachment & Human Development*, 18(5), 443-460.

<http://dx.doi.org/10.1080/14616734.2016.1165265>

Temcheff, CE., Letarte, M-J., Boutin, S. & Marcil, K. (2018). Common components of evidence-based parenting programs for preventing maltreatment of school-age children. *Child Abuse & Neglect*, 80, 226-237. <http://dx.doi.org/10.1016/j.chiabu.2018.02.004>

van der Put, C., Assink, M., Gubbels, J. & Boekhout, N. (2018). Identifying Effective Components of Child Maltreatment Interventions: A Meta-analysis. *Clin Child Fam Psychol Rev.*, 21(2), 171-202. <http://dx.doi.org/10.1007/s10567-017-0250-5>

\*van der Walt, MM., Lubbe, W., Coetzee, H. & Moss, SJ. (2016). Effect of prenatal stimulation programmes for enhancing postnatal bonding in primigravida mothers from the western cape. *Africa Journal of Nursing and Midwifery*, 18(1), 27-46. <https://doi.org/10.25159/2520-5293/449>

van IJzendoorn, MH., Bakermans-Kranenburg, MJ., Coughlan, B. & Reijman, S. (2019). Annual Research Review: Umbrella synthesis of meta-analyses on child maltreatment antecedents and interventions: differential susceptibility perspective on risk and resilience. *Journal of Child Psychology and Psychiatry*. <https://doi.org/10.1111/jcpp.13147>

\*Vazquez, V. & Bergin, A. (2019). Effectiveness of a Specialized Inpatient Treatment Program for Substance and Alcohol Abusing Pregnant Women. *Journal of Drug Issues*, 49(3), 436-449.

<https://journals.sagepub.com/doi/abs/10.1177/0022042619831986?journalCode=joda>

Vial, A., van der Put, C., Stams, G., Kossakowski, J., & Assink, M. (2020). Exploring the interrelatedness of risk factors for child maltreatment: A network approach. *Child Abuse & Neglect*, 107, 104-622. <https://doi.org/10.1016/j.chiabu.2020.104622>

# ARTÍCULO EN EDICIÓN – ARTICLE IN PRESS

Vignolo, J., Vacarezza, M., Álvarez, C., & Sosa, A. (2011). Niveles de atención, de prevención y atención primaria de la salud. *Archivos de Medicina Interna*, 33(1), 7-11.

[http://www.scielo.edu.uy/scielo.php?script=sci\\_arttext&pid=S1688-423X2011000100003&lng=en&tlng=es](http://www.scielo.edu.uy/scielo.php?script=sci_arttext&pid=S1688-423X2011000100003&lng=en&tlng=es)

Villada, J. Chaves, L. (2012). Análisis de evidencia de las investigaciones sobre conciencia y lenguaje 2000-2010: una revisión sistemática. *Psicología desde el Caribe*, 29(2), 483-510.

<http://rcientificas.uninorte.edu.co/index.php/psicologia/article/view/2337/9187>

Vlahovicova, K., Melendez-Torres, G., Leijten, P., Knerr, W. & Gardner, F. (2017). Parenting Programs for the Prevention of Child Physical Abuse Recurrence: A Systematic Review and Meta-Analysis. *Clin Child Fam Psychol Rev.*, 20(3), 351-365.

<http://dx.doi.org/10.1007/s10567-017-0232-7>

WHO (2009). *Prevención del maltrato infantil: Qué hacer, y cómo obtener evidencias*. Ediciones de la OMS.

\*Yarger, HA., Hoye, JR. & Dozier, M. (2016). Trajectories of change in attachment and biobehavioral catch-up among high-risk mothers: a randomized clinical trial. *Infant Mental Health Journal*, 37(5), 525-536. <https://pubmed.ncbi.nlm.nih.gov/27548644/>

\*Ziv, Y., Kaplan, BA. & Venza, J. (2016). Practicing attachment in the real world: improving maternal insightfulness and dyadic emotional availability at an outpatient community mental health clinic. *Attachment & Human Development*, 18(3), 292-315.

<http://dx.doi.org/10.1080/14616734.2015.1135972>