Forensic + Clinical Psychology Centre
Treatment | Assessment | Consultancy

RISK ASSESSMENT – CAPACITY TO PROTECT CHILDREN FROM SEXUAL HARM

Forensic assessments can include an evaluation of individual people within a family unit where there has been a concern raised about possible harm to children. In these instances, concerns are often specific to one parent, who has some form of documented history of violence, or sexual abuse against children.

In circumstances where sexual abuse is the primary concern and the family remains intact (i.e. parents remain committed to their relationship), the most appropriate approach in terms of forensic evaluation would be to evaluate both the risk of sexual harm to specific children (specific to the 'abusing' parent) and the non-abusing parent/carer's capacity to act protectively towards their child/ren and keep them safe from potential sexual harm.

This type of assessment incorporates a thorough clinical interview and psychometric testing to assess the non-abusing parent/carer's functioning across protective factors that broadly consider the non¬abusing parents views (of the abuse and/or allegations), attitudes, and response to abusive behaviours, as well as their ability to develop and/or build skills to act protectively within the home, and their willingness and capability to work with the Department of Child Safety about the identified concerns.

The assessment also includes evaluation of factors associated with the non-abusing parent/carer's capacity to optimize their functioning across the protective factors and engage in intervention: cognitive functioning, personality disorder and psychopathy, mental health problems and substance misuse.

WHAT IS A PSYCHOLOGICAL ASSESSMENT REGARDING CAPACITY TO PROTECT?

Sexual abuse occurs in circumstances when a confluence of factors combine to create opportunity for a perpetrator, whilst also enhancing his preparedness to engage in this behaviour. In such a complex contextual and interpersonal situation, a non-abusing partner can act as a significant protective barrier for the potential victims whilst also assisting the

would-be perpetrator with strengthening his capacity to desist from such behaviour. Ten (10) 'protection factors' have been empirically identified as associated with an adult's capacity to protect children from sexual harm.

In addition to these factors a range of 'associated factors' have also been identified, that can mediate an adults' ability to manage specific protection factors and to participate in intervention designed to enhance their protective capacity. These include Cognitive functioning / learning disability; Personality Disorder & Psychopathy; Mental Health Problems and Substance Misuse.

The format and content of a 'capacity to protect' assessment adheres to these guidelines, and as such each of the factors is evaluated across a continuum of functioning, highlighting movement over time both back toward the distal end and forward toward the more optimal end of functioning.

In addition, the issue of responsivity is addressed (i.e. responsivity refers to an individual's capacity to successfully engage with intervention and treatment recommendations). This variable is evaluated over four specific domains and is important to consider in any assessment with treatment recommendations, as empirical evidence has shown that where parents accept responsibility for the neglect/abuse/concerns, are committed to meeting their children's needs, are committed to improving their own psychological well-being, and have the ability to change, the prognosis is good, and as such there is benefit to allocating resources.

Where three out of four conditions are met prognosis is fair. Where fewer than three of these conditions are met, prognosis for change is considered poor.

The following is an outline of the assessment process and possible number of sessions required in order to complete an evaluation and provide opinion and recommendations regarding the following:

- ⇒ An evaluation of the client's capacity to provide protective care and behave protectively towards the children in this context
- ⇒ Identification of the non-abusing parent/carer's strengths and weaknesses
- ⇒ An evaluation of responsivity to intervention and prognosis
- ⇒ Level of insight into the Department's concerns

ASSESSMENT PROCESS

This type of assessment typically requires:

- ⇒ Interview/s with the client (usually the mother / female carer). This can require more than one session (on average 3 hour interview) and is dependent upon the client's capacity to engage with the process which is affected by a variety of things, including the presence of cognitive impairment, personality disorder and mental illness, literacy deficits.
- ⇒ Interviews with other relevant individuals and any other involved professionals.
- ⇒ Psychometric assessment re: individual functioning and can include a formal cognitive assessment. This can take more than one session to complete depending upon the tools deemed necessary. However, if the client has reading difficulties or an identified intellectual disability, the psychometric assessment will need to be modified appropriately and therefore take more time to complete.
- ⇒ Consideration of the relationship dynamics between the client and the person of concern, and how this may contribute to future risk management.
- ⇒ Other necessary tasks include:
  - Reading relevant file material/reports
  - Scoring and interpretation of psychometric assessment tools
  - Report writing and peer review
  - Discussion of report and recommendations with the client (depending upon circumstances)

IN WHAT CIRCUMSTANCES CAN THIS ASSESSMENT BE DONE?

A 'capacity to protect' assessment can be conducted in circumstances where prior convictions, charges and/or (credible) allegations of sexual abuse exist. These assessments are most valid when it is the parents' child that has made disclosure. In instances when the disclosure / offending does not relate to the parent's specific child, an opinion about protectiveness can still be formed.

The process for assessing of some protective factors is adjusted and utilises hypothetical scenarios with the mother / carer as a substitute. An assessment of a non-abusing parent/carer's capacity to act protectively should not occur in the immediate (i.e. initial 12 weeks) following allegations, charges or concerns.

Research suggests that initially non-abusing parents go through an internal process akin to grief, and a period of 12 weeks allows for a reasonable amount of time to pass and for their functioning to be optimal.

ALL FCPC RISK ASSESSMENTS INCLUDE:

- ⇒ Use of formal and empirically validated risk assessment tool/s (when appropriate and suitable)
- ⇒ An evaluation of both static and dynamic risk factors across multiple domains, including consideration of contextual variables
- ⇒ Consideration of minority cultural context upon behaviour and functioning,
- ⇒ Individualised risk statement and forensic case formulation specific to the client
- ⇒ Use of probabilistic reporting that outlines scenarios or conditions that would elevate or reduce risk
- ⇒ A risk management strategy that is focused upon reducing risk and managing contextual factors identified to be relevant to the individual's risk of engaging in sexually abusive behaviour

WHAT A RISK ASSESSMENT DOESN'T DO:

- ⇒ A risk assessment cannot tell you whether someone will or will not reoffend. What it provides is an individually formulated understanding about a person's past behaviour and current functioning, and the circumstances under which they may be most likely to repeat their behaviour.
- ⇒ Whilst psychometric instruments are used to evaluate aspects of a person's current functioning (such as personality, mental health), a risk assessment does not typically involve determining or validating whether someone has a specific diagnosis, unless this forms part of the terms of reference of the referral. Diagnoses are offered in the body of the report, but these are typically considered to be 'provisional' in nature.
- ⇒ It doesn't give you an indefinite opinion on risk, as risk is a dynamic concept. A risk statement has a general validity of about 12 months. Should matters proceed to Court in excess of 12 months after the completion of a report, the opinion would be less accurate. In cases such as this a risk review assessment is warranted.

COMBINING CAPACITY TO PROTECT ASSESSMENT WITH A SEXUAL OFFENDING RISK ASSESSMENT

A capacity to protect assessment is often done in conjunction with a sexual offending risk assessment (often relating to the mother's partner / father / stepfather of the children), though can be a standalone assessment in specific instances. This includes circumstances where the non-abusing parent has separated from the alleged perpetrator; or in instances where the non-abusing parent has a history of being vulnerable to relationships with alleged and/or convicted abusers.

Where it is the case that a 'dual' assessment is completed, the psychologist has the ability to look at the combination of assessment outcomes and have a greater degree of confidence in their opinion/s around risk and protective factors and manageability, though there are inherent limitations to this given a lack of empirical-based framework. In addition, in the context of 'dual' assessments the relationship dynamic between the adults / parents can be taken into consideration (if single assessments are done this information can only be inferred from collateral sources).

Relationship dynamic is a core contextual factor when determining recommendations for treatment and providing support for a non-offending parent / carer, and also in considering the adults' prognosis for change, all of which impacts the safety of children / potential victims. The benefit of assessing both parents / carers (for risk and capacity) is the ability to bring together an overall 'combined' opinion regarding the manageability of any identified risk and protective elements, relevant to maintaining the safety of the identified children.

Of note, in terms of the process of a dual assessment, if the circumstances include allegations only, we would recommend that that the sexual offender risk assessment occur first. This is due to the fact that in circumstances of allegations, the sexual offending risk assessment incorporates an opinion on the general credibility of the allegations, for the purpose of considering whether or not to proceed.

Should the allegations prove 'not credible' (and there is no other history of sexually inappropriate or abusive behaviour), risk is unable to be evaluated and the assessment would not proceed. It would then not be appropriate to proceed with a 'non-abusing' parent/carer's capacity to protect children from sexual harm, when the allegation of sexual harm has effectively been dismissed due to a lack of credibility.