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Reply to the Letter to the Editor of Van der Put, Assink, & Stams about "Deciding on child maltreatment

Bartelink, Cora; van Yperen, Tom A.; ten Berge, Ingrid J.

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Child Abuse & Neglect



Letter to the Editor

Reply to the Letter to the Editor of Van der Put, Assink, & Stams about “Deciding on child maltreatment: A literature review on methods that improve decision-making”



We thank Van der Put, Assink and Stams for their interest in our literature review on methods that improve decision-making in child maltreatment cases. They stir up a discussion on actuarial versus consensus-based instruments that has been going on for years and has previously been called “the war on risk assessment” (Johnson, 2006; White & Walsh, 2006). It is important to carefully assess the evidence on the value of risk assessment instruments, and of instruments versus clinical judgment. The purpose is to assist workers in using the best methods available for making judgments and decisions on vulnerable children and families.

Van der Put et al. express concerns about the comprehensiveness of our literature review. Specifically, they miss the articles of Baird and Wagner (2000) and D’Andrade, Benton, and Austin (2005). We did not miss these articles. However, we did not describe the studies they mention separately, because Barlow, Fisher, and Jones (2012) included these in their review. Inclusion of all three articles would have led to an extensive overlap and might make the reader think that there is a lot of evidence on risk assessment instruments, while actually the evidence is scarce and the articles presented information on the same studies. Barlow et al. (2012) included 17 studies that D’Andrade et al. (2005) also included. Five studies in the review of D’Andrade et al. (2005) were not included by Barlow et al. (2012). These studies investigated the reliability and validity of consensus-based risk assessment instruments. They add to the evidence that consensus-based instruments have low reliability and validity. Although this finding would not have changed our conclusions, we acknowledge that – for the sake of clarity – it would have been best if we had mentioned this non-overlapping part of D’Andrade et al.’s review.

The second concern of Van der Put et al. is the exclusion of studies reporting on individual instruments. We agree with Van der Put et al. that it is quite usual to study the reliability and validity of individual risk assessment instruments without comparison to a control group (i.e. another instrument or no instrument). It might seem too restrictive to exclude studies on the performance of individual instruments when this is the usual research approach. However, based on studies on individual instruments, it is not possible to conclude whether these instruments will improve decisions made in child maltreatment cases, which was the purpose of our review. Therefore we excluded studies on individual instruments that made no comparison with other instruments or conditions, as is usual in meta-analyses and systematic reviews on the effectiveness of interventions.

Further, Van der Put et al. state that the study of Barlow et al. (2012) should not be included because this study reported on individual instruments. However, we excluded articles reporting on a single instrument without a control condition. For the purpose of our study we were interested in including reviews that compared and discussed different (types) of instruments, or the use of an instrument versus no instrument. The study of Barlow et al. (2012) offered such a comparison. A drawback of reviews like that of Barlow et al.’s is that it cannot be assured that the comparison made between instruments pertains to comparable cases, because they do not describe or analyze statistically the research results in relation to the purpose and target group of the included instruments. Barlow et al. (2012) describe and compare the instruments systematically; they did not make clear whether the cases in the included studies are comparable. Therefore, in the future these reviews should also comprise a careful comparison of the cases that have been subject in each of the included studies.

Finally, Van der Put et al. find it remarkable that study findings obtained in other disciplines were not included (for example Aegisdóttir et al., 2006; Dawes, Faust, & Meehl, 1989; Grove & Meehl, 1996; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Hanson & Morton-Bourgon, 2009; Hilton, Harris, & Rice, 2006; Leschied, Chiodo, Whitehead, Hurley, & Marshall, 2003; Meehl, 1954, 1986). Evidence from other disciplines makes clear that actuarial prediction methods are about 10

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percent more accurate than clinical judgment (Aegisdóttir et al., 2006; Grove et al., 2000). Thus, the difference between actuarial prediction methods and clinical judgment is not very large. Nevertheless, one could argue that this 10 percent is important, leading to improvement in every one out of ten cases. However, since these studies do not pertain to the field of child protection and child welfare, it cannot be assumed that the evidence similarly applies to risk assessment in child maltreatment cases. Important in this respect is that Aegisdóttir et al. (2006) showed that actuarial prediction methods did not improve all prediction tasks. Actuarial methods outperformed clinical judgments on some predictions, for example treatment length or an offense or violence. There was no difference between actuarial methods and clinical judgments in more difficult prediction tasks, for example personality type, suicide attempts, brain impairment, and IQ. It is reasonable to assume that predicting the occurrence or reoccurrence of child maltreatment is one of these difficult prediction tasks, because it is influenced by a complex interplay of risk and protective factors (Munro, 2014), and involves normative and culturally bound judgements (Baumann, Dalgleish, Fluke, & Kern, 2011). Therefore, if studies on actuarial prediction methods are to be included, these should be studies about risk assessment in the field of child protection and welfare and nothing else. There are some studies in this field that included actuarial risk assessment instruments. We concluded in our review that “in some studies actuarial risk assessment seemed to reach better assessments than clinical judgement, but in other studies clinical judgement appeared to be as good as an actuarial instrument” (p. 149). However, we also think that there is not enough research, in particular research that compares instruments to a control group, to state that actuarial instruments are preferable. Moreover, we are concerned that the most promising instruments (see Barlow et al., 2012; D’Andrade et al., 2005), for example the Children’s Research Center (CRC) actuarial instruments, have serious flaws in predicting the occurrence or reoccurrence of child maltreatment.

Conclusion

The letter to the editor has provided another opportunity to highlight key issues moving forward in assessment and decision-making research. Firstly, the evidence base is in need of more rigorous work that compares assessment approaches to different key prediction issues. The exclusion of studies in our review was aimed at preventing an overlap of sources that otherwise may have resulted in an erroneous impression on the amount of studies that are available. Articles on individual instruments have not been included; for the purpose of our study we were interested in including reviews that compared and discussed different (types) of instruments, or the use of an instrument versus no instrument. We recognize that high quality research with experimental and control groups in child welfare and child protection is possible and necessary in addition to other types of research (see Tanaka, Jamieson, Wathen, & MacMillan, 2010). Contrary to what Van der Put et al. state, we do not suggest that clinical judgment may produce better assessments compared to actuarial methods. In our opinion, the evidence on risk assessment of child maltreatment is inconclusive and both actuarial and consensus-based risk assessment instruments have serious flaws in predicting child maltreatment occurrence or reoccurrence. Therefore, we caution about policy decision-making in the context of this relative lack of adequate research. As we concluded in our review, professionals should not only be aware of the limitations of their own judgments, but also of the limitations of instruments. The field of child welfare and child protection needs more reliable and valid instruments, but also improvement of other aspects of the decision-making process may move forward the services provided to vulnerable families (e.g. child and parent participation in decision-making).

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Cora Bartelink*

Netherlands Youth Institute, Catharijnesingel 47, Postbox 19221, 3501 DE Utrecht, The Netherlands

Tom A. van Yperen^{a,b}

^a *Netherlands Youth Institute, Catharijnesingel 47, Postbox 19221, 3501 DE Utrecht, The Netherlands*

^b *University of Groningen, Department of Pedagogy & Educational Sciences, Grote Rozenstraat 38, 9712 TJ Groningen, The Netherlands*

Ingrid J. ten Berge

Netherlands Youth Institute, Catharijnesingel 47, Postbox 19221, 3501 DE Utrecht, The Netherlands

* Corresponding author.

E-mail address: c.bartelink@nji.nl (C. Bartelink)

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