

Assessing Risk of Sexual Violence in Unsubstantiated Cases of Child Sexual Abuse

Presented at the MASOC/MATSA 18th Annual Joint Conference:
Preventing Sexual Violence Through Assessment, Treatment and
Safe Management

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Who is Robert Wright?

- RSW-PP (direct practice, forensics, PCA expert)
- Former:
 - Mental Health Worker, WSP
 - ED FCS Cumberland
 - ED Child & Youth Strategy
- Founder/Facilitator, ManTalk, ManTalkPro, Young ManTalk, Healthier Men



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Protecting/Assessing

Protecting Children

- The Domain of Child Protection Services – civil setting
- Practice evolving over last 100 years
- Most legislations focus on protecting from imminent harm

Assessing Risk of Sexual Violence

- The Domain of SOTP – criminal justice setting
- Practice evolving over the last 60 – 70 years
- Most assessments are of post-adjudicated SO
- Actuarial data are substantiated

Differential Concern Thresholds

Setting	Threshold
Police & Criminal Justice	Ivory Soap Pure (99.44%) Beyond a Reasonable Doubt
Civil Child Protection	Simple Majority “Balance of Probabilities”
Civil Custody Access	Balance between parties In transition

The Dilemma

- ~36% of cases of sexual abuse reported to CPS are unsubstantiated (Trocmé, et al, CIS-98)
- Significant resources expended by CPS and CJS in investigating, adjudicating, incarcerating, treating and reintegrating SA/SO
- No resources expended to support families with no substantiation
- Families left more vulnerable and disrupted than prior to investigation – courts left making decisions without services
- Good assessments/clinical knowledge and skill key in providing direction

- But who does them?

Case Study

- Mr. S & Ms. J separated parents of 4yr old Megan
- Parents separated
- Mr. S is primary caregiver
- After 2 week vacation with dad, mom reports Megan discloses
- Dad's access suspended, protocol interview conducted
- Allegation unsubstantiated
- Mom refuses to return Megan to dad
- Family begins private litigation in family court
- Court orders assessment, dad foots the bill

It Gets Worse

- Community based clinician interviews the child
- Community based play therapist sees child for 5 sessions
- First clinician writes a report, dad's risk level: "quite high" – recommends "extensive counseling for misbehaviour", no access
- Third clinician commissioned to critique report
- Family disrupted for 9 months, dad no access

- I'm commissioned to assess risk

Practice Considerations for ATSA Members

- 3.02 Members recognize that sexual abuser–specific assessments are not designed or reliable for . . . the following purposes:
 - Substantiating or refuting allegations . . .
 - Guiding law enforcement, prosecutorial, or charging determinations . . .
 - Addressing or alluding to a client’s potential guilt or innocence . . .
- 3.03 Members collaborate with other stakeholders . . . to inform case management decisions with sexual abusers.
- 3.04 Members take steps to educate stakeholders, including the public regarding the appropriate purposes, potential misuses, strengths, and limitations pertaining to the assessment of sexual abusers.

Is it Ethical?!



SA Allegations in Custody Access Matters

Trocmé & Bala (2005)

- 36% Unsubstantiated (38% Sub., 20% Susp., 6% False)
- Extremely stressful for families and children
- Extremely expensive for families
- Calls for more training of CP workers

Towards Management of Reintegration

I disagree with Trocmé

- Not more training but a change in protocol
- Services needed to facilitate reintegration, assess and manage risk
- Best housed in Family Court Clinic – publicly funded
- Forensic clinicians familiar with SOT

Questions?

- Can you assess risk to “reoffend” in the absence of substantiated offense?
- What kind of background should an assessor have in such cases?
- What kind of model should be used?
- How do you manage risk during reintegration?

Questions Answered?

- Can you assess risk to “reoffend” in the absence of substantiated offense?
 - No. Allegation is the context, not the focus
- What kind of background should an assessor have in such cases?
 - Forensic professional familiar with CP, CA, PCA, PA & SOT
- What kind of model should be used?
 - Discretionary, structured
- How do you manage risk during reintegration?
 - Case plans to manage risk, educate and satisfy court and parties, informed by assessments

The Assessment

- Establishes limitations of assessing in absence of substantiation
- Structured, discretionary assessment following domains from ATSA guidelines
- Inability to substantiate made clear
- Educates about incidence
- Differentiates between disclosure and allegation
- Recommends planned reintegration

The Assessment

- Reason for referral
- A note about the assessor
- Risk of Sexual Violence
- Activities
- Choice to not formally interview child
- A note about the CPS/Police interview
- The nature of disclosure/allegation
- Psychosocial history
- Psychosexual history
- Medical history
- Substance use
- Criminal history
- Cognitive Functioning
- (Did not include others from ATSA guidelines)

Two Realities Courts Hate

- You may never know what “really” happened
- There is no such thing as “No Risk”
- Normalizing these realities is an important part of the work
- What happened to Megan?
 - We may never know
- Does dad present a risk?

Planned Reintegration

- Supervising, qualified, forensic, family clinician
- Supervised access, neutral location
- Supervised access, home
- Supervised overnights
- Developing new normal
 - Transparency around risk
 - New boundaries
- Plan designed to educate, assess, manage needs of the child, court and parties

Implications / Considerations

- Need for the development of models for assessment and case management in unsubstantiated cases?
- SOT professionals have a role in educating systems, developing protocol, conducting assessments and supervising reintegration?
- Need for clarification in ATSA guidelines?

Further Q&A

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