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Safety and risk assessment in child welfare

Moving forward

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Summary

Safety and Risk Assessment in Child Welfare

Child maltreatment is a major problem worldwide. Many different interventions have been developed to stop children from being maltreated. However, the effects of these interventions are generally small. This lack of effectiveness can be partly explained by how interventions are selected for children and their families in clinical practice. If intervention selection is not based on outcomes of an accurate assessment, it can be expected that the intervention does not reach its full potential, as it does not optimally fit the needs of the child and its family.

In forensic psychology, the risk-need-responsivity model (RNR-model) is a widely used model for interventions that aim to prevent criminal recidivism in juvenile and (young) adult offenders. This model describes a set of necessary principles on which interventions should be based to be effective. The three core principles are: (1) the risk principle, which describes that the intervention intensity needs to be matched with the offender's risk level to re-offend, (2) the need principle, which assumes that the intervention should focus on the offender's criminogenic needs (i.e., dynamic/changeable risk factors), and (3) the responsivity principle, which indicates that the intervention should fit an offender's characteristics and abilities. To apply these principles in clinical practice, valid and reliable assessment instruments are needed to perform the different forms of assessments.

As both child maltreatment and criminal behavior are caused by an accumulation of risk factors that can be quite similar in nature, it is likely that the RNR-model is also of great value when applied to interventions developed to prevent the occurrence or recurrence of child maltreatment. However, the application of the RNR-principles to these interventions is somewhat different, as the assessment procedures in child welfare differ from the assessment procedures in forensic mental health care. The stages of assessment in child welfare are as follows. First (1), a safety assessment needs to be performed to determine a child's immediate safety. If a child is in immediate danger, immediate action is required to safeguard the child. Second, (2) a risk assessment needs to be performed to estimate the risk of future child maltreatment. Next, (3) a needs assessment should be performed to determine a child and its family's care needs, and at last, (4) a responsivity assessment should be performed to determine the child and its family's learning abilities and characteristics. By performing these assessments the treatment and interventions can be delivered in a way that best fits the specific needs and characteristics of a child and its family. This dissertation is focused on the first two assessment types: safety and risk assessment.

For conducting these assessments many safety and risk assessment instruments have been developed throughout the years. Nevertheless, research on the quality of safety assessment instruments is still very scarce, therefore, no firm conclusions on the quality of these instruments can be drawn. On the other hand, much more research has been conducted on the quality of risk assessment instruments. On average, risk

assessment instruments show a moderate predictive accuracy, so there is still room for improvement of these instruments.

A widely used instrument in the Netherlands is the ARIJ, which contains a safety and risk assessment instrument. The ARIJ risk assessment instrument was developed because the risk outcome of a widely used risk assessment instrument of the clinical judgment type (i.e., the LIRIK) showed to have no predictive value. The ARIJ risk assessment instrument classifies children and their families into one of several risk groups using an actuarial algorithm that is based on risk factors measured in the LIRIK. The ARIJ safety assessment instrument is a practice-based instrument, which was developed in cooperation between the University of Amsterdam and the Child Welfare Agency Amsterdam. The ARIJ safety and risk assessment instrument played a central role in this dissertation, of which the primary aim was to improve safety and risk assessment procedures in child welfare. Six studies were conducted to achieve this aim. In these studies, international safety assessment instruments were reviewed, the reliability and the validity of the ARIJ safety and risk assessment instrument were examined, and the interrelatedness of risk factors for child maltreatment was explored.

The first study (Chapter 2) compared internationally used safety assessment instruments and the immediate child safety aspects these instruments measure. The results revealed a wide variety of immediate safety threats that are assessed in a single instrument. However, some threats were measured by the majority of the instruments, showing commonality between the instruments. In short, the following threats were measured in most instruments: (1) sexual abuse of a child, (2) neglect of a child, (3) physical abuse of a child, (4) domestic violence, (5) refusing access to the child by caregivers, (6) a caregiver's substance abuse impairing capacity to supervise, protect, or care for the child, and (7) describing and/or acting towards the child in a predominantly negative manner. Even though very little is known about the quality of the reviewed safety assessment instruments, the fact that these threats are measured in most of the instruments indicates that these may be valid at least to a considerable extent, and implies that these should be part of the conceptualization of immediate child safety.

In the second study (Chapter 3), the content validity and the usability of the ARIJ safety assessment instrument were examined in two qualitative sub-studies. In the first sub-study, practitioners using the ARIJ safety assessment instrument were interviewed on the content and usability of the instrument. In the second sub-study, clinical and non-clinical experts on immediate child safety were interviewed about the aspects they consider to be important in assessing a child's immediate safety. Both the users of the instrument and the experts on child safety considered all aspects that were measured in the instrument important to assess in the assessment of a child's immediate safety. However, the participants mentioned several additional aspects that should also be measured in the instrument, such as emotional abuse of the child and threats caused by others than the caregivers. By adding these immediate safety threats to the ARIJ safety assessment instrument, its content validity could be improved. The interviews with the

users of the instrument also showed that the instrument was generally considered as useful, but several recommendations were made to improve it. The most important recommendation was that the outcomes of the instrument should be clarified, as their implications were not always evident.

The third study (Chapter 4) examined the concurrent validity of the ARIJ safety assessment instrument by comparing safety assessments performed using the instrument with safety assessment performed by experts in panels. The safety decisions reached by practitioners using the instrument moderately concurred with the safety decisions reached by the expert panels. The safety assessments performed with the instrument identified the child more often as being in immediate danger than the expert panels. The identified immediate safety threats were often similar in both assessment types. However, in some cases, the expert panels identified threats that were not measured with the ARIJ safety assessment instrument. These threats were generally the same as the threats mentioned as missing by the practitioners and experts in the previous study (Chapter 3). Notably, the experts in the panels used different definitions of immediate child safety. Some experts weighted the time since the last incident and the chronicity of the safety problems strongly in their decisions. For this reason, the experts considered children living in chronically unsafe families to be in immediate danger less often when compared to the instrument assessments. Additionally, the experts weighted some aspects in their assessments that are often not described in safety assessment instruments, such as "how well the child is functioning". If the child functioned well, then the experts sometimes considered the child to be safe despite the serious problems in the family. This might be problematic, as incident reports have shown that immediate safety threats can be underestimated if a child seems to function well.

The reliability of the ARIJ safety and risk assessment instrument was examined in the fourth study (Chapter 5). The items as well as the outcome of the safety assessment instrument showed moderate-to-high interrater reliability and substantial-to-perfect intrarater reliability. The majority of the ARIJ risk assessment items showed moderate interrater reliability and moderate-to-substantial intrarater reliability. The actuarial risk classification of the risk assessment instrument showed almost perfect interrater reliability and substantial-to-perfect intrarater reliability. Further, the reliability of the items and the outcomes of both instruments were stable across cases from two different child welfare agencies and across professionals with different experience levels. The results of this study justify the use of the ARIJ in clinical practice, and also provided valuable information for the new safety and risk assessment instruments.

In the fifth study (Chapter 6), the predictive validity of the ARIJ risk assessment instrument was examined for populations of different child welfare agencies. Additionally, it was examined whether it was possible to improve the predictive validity of the instrument by adding risk factors to the risk classification, and by simplifying the risk classification. In total, 3,681 ARIJ risk assessments performed by professionals of five different child welfare agencies were examined. The original risk classifications

showed a moderate predictive validity for the families served by the different agencies. Additionally, all risk factors in the ARIJ, including the experimental factors that were added to the instrument for research purposes, showed to be significantly related to future child maltreatment. Therefore, all risk factors were used to develop a new classification. This new risk classification was only based on the sum of the risk factors so that the classification was more widely applicable to populations served by different child welfare agencies. Similar to the risk classifications of the initially developed ARIJ risk assessment instrument, the new risk classification showed to have a moderate predictive accuracy. However, as the new risk classification is more widely applicable, and based on additional valid risk factors, the development of a new version of the ARIJ risk assessment instrument was justified.

The sixth and last study (Chapter 7) explored the interrelatedness of risk factors for child maltreatment. Network analyses were conducted to construct networks of the relations between risk factors in families with a high risk for child maltreatment and families with a lower risk. Overall, the risk factors showed to be highly interrelated and were stronger related to each other in the high-risk sample than in the lower-risk sample. These findings are in line with theories on the etiology of child maltreatment, which assume that interactions between risk factors cause the development of child maltreatment in families. Additionally, centrality analyses revealed that some factors play a central role in child maltreatment risk factors. These factors were: "Caregiver was maltreated as a child", "History of domestic violence", and "Caregiver is emotionally absent". Reducing the impact of these factors may also reduce the impact of related risk factors. Therefore, these factors can be considered as clinically most relevant. However, further research should examine the impact of targeting these central risk factors on the overall risk for child maltreatment.

Altogether, the results of the studies in this dissertation help to improve safety and risk assessment procedures in child welfare. New and improved versions of the ARIJ safety and risk assessment instruments were developed with which more thorough assessments can be performed by a broader range of child welfare agencies. It can be expected that these new instruments improve the quality of the assessment procedure in child welfare, and, therefore, that families are better directed toward interventions that best fit them. As the results of this project also showed that the predictive validity of the risk assessment instrument is moderate, there is still room for further improvement.

Summary

Samenvatting (Summary in Dutch)

Veiligheidstaxatie en Riscotaxatie in de Jeugdzorg

Kindermishandeling is wereldwijd een groot probleem dat de levens van vele kinderen beïnvloedt. In de afgelopen jaren zijn veel interventies ontwikkeld om kinderen te beschermen tegen kindermishandeling, maar de effecten van deze interventies zijn over het algemeen klein. Dit gebrek aan effectiviteit kan mogelijk verklaard worden door de manier waarop kinderen en hun gezinnen in de praktijk verwezen worden naar interventies. De keuze voor een interventie is vaak niet gebaseerd op een betrouwbare en valide taxatie, waardoor deze onvoldoende aansluit bij de problematiek van het gezin en er niet of slechts in geringe mate sprake is van effectiviteit.

Het *risk-need-responsivity* model (RNR-model) is in het strafrechtelijk kader een veelgebruikt model voor de toewijzing van passende interventies, zodat op effectieve wijze de kans op delictgedrag afneemt. Dit model beschrijft drie basisprincipes voor effectieve interventies: (1) het risiconiveau van de dader om opnieuw een delict te plegen, (2) het behoefteprincipe beschrijft dat een interventie zich moet richten op de criminogene behoeften van de dader, oftewel de dynamische/veranderbare factoren, en (3) het responsiviteitsprincipe beschrijft dat een interventie moet aansluiten bij de capaciteiten en eigenschappen van de dader. Om deze principes goed te kunnen hanteren bij de selectie van passende interventies moeten taxaties uitgevoerd worden met betrouwbare en valide instrumenten.

Het is aannemelijk dat het RNR-model ook toepasbaar is op interventies die ontwikkeld zijn om (herhaling van) kindermishandeling te voorkomen, omdat kindermishandeling en crimineel gedrag beide ontstaan door de accumulatie van risicofactoren en deze risicofactoren grotendeels vergelijkbaar zijn. Voor toepassing van het RNR-model in het civielrechtelijk kader (i.e., jeugdbescherming) is wel een belangrijke aanvulling nodig ten aanzien van de uit te voeren taxaties. Er moet gestart te worden met een veiligheidstaxatie (a) waarmee de directe (ook wel huidige of acute) veiligheid van een kind wordt beoordeeld. Vervolgens zijn de volgende taxaties van belang om een passende interventie te kiezen: (b) een risicotaxatie waarin het risico voor toekomstige kindermishandeling wordt geschat, (c) een behoeftetaxatie waarin de zorgbehoeften van het kind en het gezin worden bepaald, en (d) een responsiviteitstaxatie waarin de capaciteiten en eigenschappen van het kind en gezin worden getaxeerd. Dit proefschrift richt zich op de eerste twee taxatie-soorten: veiligheidstaxatie en risicotaxatie.

Om deze taxaties uit te kunnen voeren, zijn internationaal verschillende veiligheidstaxatie- en risicotaxatie-instrumenten ontwikkeld. Over veiligheidstaxatie-instrumenten is nog onvoldoende onderzoek gedaan om gedegen uitspraken te kunnen doen over hun kwaliteit. Daarentegen zijn risicotaxatie-instrumenten en de risicofactoren die deze instrumenten zouden moeten meten veel meer onderzocht. Over het algemeen zijn risicotaxatie-instrumenten redelijk in staat om kindermishandeling

te voorspellen. Er is dus ruimte om deze instrumenten te verbeteren, zodat hun voorspelkracht toeneemt.

In Nederland is de ARIJ een veelgebruikt instrument dat een veiligheidstaxatie-instrument en risicotaxatie-instrument bevat. De ARIJ werd ontwikkeld nadat bleek dat een op dat moment veel gebruikt klinisch risicotaxatie-instrument (de LIRIK) niet goed in staat was om het risico op kindermishandeling in te schatten. Op basis van de items van de LIRIK werd een actuariële risico-indeling voor de ARIJ-Risicotaxatie ontwikkeld. Aanvullend op het risicotaxatie-instrument werd de ARIJ-Veiligheidstaxatie ontwikkeld in een samenwerking tussen de Universiteit van Amsterdam en Jeugdbescherming Regio Amsterdam. De ARIJ-Veiligheidstaxatie en de ARIJ-Risicotaxatie staan centraal in dit proefschrift, waarvan het overkoepelende doel was om veiligheids- en risicotaxaties in de jeugdzorg te verbeteren. Om dit doel te bereiken, werden zes studies uitgevoerd. In deze studies werden internationaal gebruikte veiligheidstaxatie-instrumenten vergeleken, de betrouwbaarheid en validiteit van de ARIJ-Veiligheidstaxatie en ARIJ-Risicotaxatie onderzocht, en de wijze waarop risicofactoren voor kindermishandeling met elkaar samenhangen.

De eerste studie (Hoofdstuk 2) is een review waarin een overzicht werd gemaakt van alle internationaal gebruikte veiligheidstaxatie-instrumenten en de verschillende aspecten van directe kindveiligheid die deze instrumenten meten. De resultaten lieten veel variatie zien in de aspecten die gemeten werden. Ondanks deze variatie waren er ook aspecten die door de meeste instrumenten werden gemeten, wat wijst op overeenstemming. In het kort werden de volgende aspecten het meeste gemeten: (1) seksueel misbruik van het kind, (2) verwaarlozing van het kind, (3) fysiek geweld tegen het kind, (4) huiselijk geweld, (5) een opvoeder die de toegang tot het kind weigert, (6) een opvoeder die geen bescherming, verzorging of supervisie biedt door mentale problemen of middelengebruik, en (7) een opvoeder die zich extreem negatief naar het kind gedraagt. Ondanks dat er nog weinig bekend is over de kwaliteit van de veiligheidstaxatie-instrumenten die in deze studie werden vergeleken, duidt de overeenstemming tussen de instrumenten over deze aspecten op enige mate van validiteit van deze aspecten. Deze aspecten dienen daarom onderdeel te zijn van de definitie van directe kindonveiligheid.

In de tweede studie (Hoofdstuk 3) werd de inhoudsvaliditeit en de bruikbaarheid van de ARIJ-Veiligheidstaxatie onderzocht in twee deelstudies. In de eerste deelstudie werden gebruikers van het instrument geïnterviewd over de inhoud en bruikbaarheid van het instrument. Vervolgens werd in de tweede deelstudie bij deskundigen op het gebied van kindveiligheid geïnventariseerd welke aspecten zij van belang achten bij het vaststellen van directe kindonveiligheid. Zowel de gebruikers van het instrument als de deskundigen vonden alle aspecten die gemeten werden in het instrument belangrijk voor het beoordelen van de directe veiligheid van een kind. Er waren echter ook aspecten die volgens de gebruikers en de deskundigen nog ontbraken in de ARIJ-Veiligheidstaxatie. Het ging hierbij bijvoorbeeld om emotionele mishandeling van het kind en bedreigingen van de directe kindveiligheid die werden veroorzaakt door anderen

dan de opvoeders. Door deze aspecten toe te voegen aan de ARIJ-Veiligheidstaxatie werd de inhoudsvaliditeit van het instrument verbeterd. Verder gaven de gebruikers aan dat ze het instrument bruikbaar vonden en werden verschillende aanbevelingen gedaan over hoe het instrument verbeterd kon worden. Een belangrijke aanbeveling was dat de veiligheidsconclusie aangepast moest worden om de precieze consequenties van de uitkomsten te verduidelijken.

De derde studie (Hoofdstuk 4) onderzocht de concurrente validiteit van de ARIJ-Veiligheidstaxatie. Hiervoor werden veiligheidstaxaties uitgevoerd met de ARIJ-Veiligheidstaxatie vergeleken met veiligheidstaxaties uitgevoerd door deskundigen in panels. De veiligheidsconclusies van de ARIJ-Veiligheidstaxatie kwamen redelijk overeen met de conclusies van de expertpanels. Gemiddeld gezien werden de kinderen in de casussen vaker als direct onveilig beoordeeld in de ARIJ-Veiligheidstaxaties dan in de expertpaneltaxaties. Desondanks werden in sommige expertpanels bedreigingen van de directe kindveiligheid vastgesteld die niet in de ARIJ-Veiligheidstaxatie gemeten werden. Dit waren grotendeels dezelfde bedreigingen die ook in de vorige studie (Hoofdstuk 3) werden genoemd als ontbrekende aspecten in de ARIJ-Veiligheidstaxatie. Daarnaast was het opvallend dat de experts in de panels verschillende definities van directe kindonveiligheid hanteerden. In de beslissingen van sommige experts speelde de tijd sinds het laatste incident en de chroniciteit van de kindonveiligheid een grote rol. Kinderen in gezinnen waarin chronische veiligheidsproblemen speelden, werden hierdoor in de expertpanels minder vaak als direct onveilig beoordeeld dan in de ARIJ-Veiligheidstaxaties. Verder wogen de experts in hun oordelen aspecten mee die meestal niet in veiligheidstaxatie-instrumenten gemeten worden, zoals het functioneren van het kind. Bij normaal functioneren van het kind werd de situatie soms als niet onveilig aangemerkt door de experts ondanks de ernstige problemen in het gezin. Dit is opmerkelijk omdat calamiteitenrapporten hebben laten zien dat bedreigingen van de directe kindveiligheid nog wel eens ernstig kunnen worden onderschat door professionals wanneer een kind geen gedragsproblemen heeft en normaal lijkt te functioneren.

In de vierde studie (Hoofdstuk 5) werd de betrouwbaarheid van de ARIJ-Veiligheidstaxatie en ARIJ-Risicotaxatie onderzocht. Zowel de items als de veiligheidsconclusie van de veiligheidstaxatie hadden een redelijke tot goede interbeoordelaarsbetrouwbaarheid en een voldoende tot perfecte intrabeoordelaarsbetrouwbaarheid. Daarnaast had het merendeel van de risicotaxatie items een redelijke interbeoordelaarsbetrouwbaarheid en een redelijke tot voldoende intrabeoordelaarsbetrouwbaarheid. De interbeoordelaarsbetrouwbaarheid van de risico-indeling was bijna perfect en de intrabeoordelaarsbetrouwbaarheid voldoende tot bijna perfect. Bovendien zijn de betrouwbaarheid van de items en de conclusies van beide instrumenten stabiel voor casussen van verschillende organisaties en voor beoordelaars met een verschillende hoeveelheid werkervaring. Deze resultaten verantwoorden het gebruik van de ARIJ in de praktijk, maar gaven ook indicaties hoe de items verbeterd konden worden in de nieuwe versies van de instrumenten.

De vijfde studie (Hoofdstuk 6) onderzocht de predictieve validiteit van de ARIJ-Risicotaxatie voor de populaties van verschillende jeugdzorgorganisaties. Daarbij werd onderzocht of het mogelijk was om de validiteit van het instrument te verbeteren door risicofactoren toe te voegen en door de risico-indeling aan te passen. In totaal werden 3,681 ARIJ-Risicotaxaties die voor gezinnen bij vijf verschillende jeugdzorgorganisaties waren ingevuld onderzocht. De originele risico-indeling van het instrument bleek voor deze populatie een redelijke predictieve validiteit te hebben. Daarnaast bleken alle items, inclusief de experimentele items die voor onderzoeksdoeleinden aan het instrument waren toegevoegd, significant samen te hangen met toekomstige kindonveiligheid en werden daarom geselecteerd voor de nieuwe somvariabele van de risicofactoren. De nieuwe risico-indeling werd alleen gebaseerd op deze somvariabele, zodat deze breder toepasbaar is bij verschillende typen jeugdzorgorganisaties. De nieuwe risico-indeling bleek net als de originele risico-indeling een redelijke predictieve validiteit te hebben. Aangezien de nieuwe risico-indeling breder toepasbaar is en gebaseerd op meer risicofactoren werd deze verwerkt in een nieuwe versie van de ARIJ-Risicotaxatie.

In de zesde en laatste studie (Hoofdstuk 7) werd de samenhang tussen risicofactoren voor kindermishandeling onderzocht. Aan de hand van netwerkanalyses werden netwerken gemaakt van de interacties tussen risicofactoren bij gezinnen met een hoog risico en bij gezinnen met een lager risico. De risicofactoren voor kindermishandeling bleken sterk met elkaar samen te hangen. Daarnaast bleken de risicofactoren sterker met elkaar samen te hangen in de hoog risico gezinnen dan in de gezinnen met een lager risico op toekomstige kindermishandeling. Deze bevindingen zijn in lijn met theorieën over kindermishandeling die beschrijven dat kindermishandeling in gezinnen ontstaat door interacties tussen verschillende risicofactoren. Er werden ook centraliteitsanalyses gedaan om te achterhalen of er risico factoren waren die een belangrijk rol speelden in deze netwerken. Drie risicofactoren bleken het meest centraal: "Opvoeder(s) zelf slachtoffer van kindermishandeling", "Huiselijk geweld in het verleden", en "Opvoeder(s) emotioneel afwezig". Centrale risicofactoren hangen het sterkste samen met andere risicofactoren, daardoor zorgt het terugdringen van deze risicofactoren waarschijnlijk ook voor een verminderde impact van de gerelateerde factoren. Deze risicofactoren kunnen daarom mogelijk belangrijke aanknopingspunten voor effectieve behandeling bieden. Verder onderzoek zal zich nog moeten richten op het effect van het behandelen van de centrale factoren op de andere risicofactoren om met meer zekerheid adviezen te kunnen geven voor het gebruik van centrale factoren in de klinische praktijk.

De studies uit dit proefschrift dragen gezamenlijk bij aan het verbeteren van veiligheids- en risicotaxaties in de jeugdzorg. Op basis van de resultaten werden nieuwe en verbeterde versies van de ARIJ-veiligheidstaxatie en de ARIJ-Risicotaxatie ontwikkeld. Met deze instrumenten kunnen vollediger taxaties uitgevoerd worden door meer verschillende jeugdzorgorganisaties. Het is aannemelijk dat deze nieuwe instrumenten zorgen voor betere taxaties in de jeugdzorg, waardoor kinderen en hun gezinnen beter verwezen kunnen worden naar passende interventies. Hierbij is het

Samenvatting

wel van belang om te realiseren dat de predictieve validiteit van de ARIJ-Risicotaxatie redelijk is, waardoor er dus nog steeds ruimte voor verbetering is.

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List of Publications

List of publications

- Vial, A.,** Assink, M., Stams, G. J. J. M., & Van der Put, C. (2019). Safety and risk assessment in child welfare: A reliability study using multiple measures. *Journal of Child and Family Studies*, 28(12), 3533-3544. (Chapter 5 of this dissertation)
- Vial, A.,** Assink, M., Stams, G. J. J. M., & Van der Put, C. (2020). Safety assessment in child welfare: A comparison of instruments. *Children and Youth Services Review*, 108, 104555. (Chapter 2 of this dissertation)
- Vial, A.,** Van der Put, C. E., & Assink, M. (2020). *Validatie en doorontwikkeling van de ARIJ-Risicotaxatie*. Amsterdam: Universiteit van Amsterdam.
- Vial, A.,** Van der Put, C., Assink, M., & Stams, G. J. J. M. (2018). *De doorontwikkeling van de ARIJ-veiligheidstaxatie: Onderzoek naar de inhoudsvaliditeit en bruikbaarheid*. Amsterdam: Universiteit van Amsterdam.
- Vial, A.,** Van der Put, C., Stams, G. J. J. M., & Assink, M. (2019). The content validity and usability of a child safety assessment instrument. *Children and Youth Services Review*, 107, 104538. (Chapter 3 of this dissertation)
- Vial, A.,** Van der Put, C., Stams, G. J. J. M., Kossakowski, J., & Assink, M. (2020). Exploring the interrelatedness of risk factors for child maltreatment: A network approach. *Child Abuse & Neglect*, 107, 104622. (Chapter 7 of this dissertation)
- Van der Put, C., Assink, M., **Vial, A.,** & Stams, G. J. J. M. (2017). To screen or not to screen: ontorechte kritiek op instrumenten voor screening van kindermishandeling. *Kind & Adolescent*, 38(3), 190-193.

About the author

About the author

Annemiek Vial was born in Amsterdam on June 13th, 1991. After completing her secondary education at the *Open Schoolgemeenschap Bijlmer*, she started studying Psychology at the University of Amsterdam in 2009. She completed her bachelor's degree with specializations in Clinical Psychology and Psychological Methods in 2013. In between her studies she was a research intern in a juvenile detention facility for a consortium of the VU University Amsterdam and the University of Amsterdam. In 2015, she started her master's degree in Clinical Forensic Psychology at the University of Amsterdam. During her master, she was a clinical psychology intern and wrote her master thesis at a facility for forensic psychiatric outpatients (*De Waag*). The subject of her thesis was the influence of the assessor's (work)experience on the accuracy of risk assessments performed for forensic outpatients. After her cum laude graduation in Clinical Forensic Psychology, she started working as a PhD candidate at the Department of Forensic Child and Youth Care at the University of Amsterdam in 2016. The main focus of her research is on the assessment of child maltreatment with a specific focus on safety and risk assessment in child welfare. Annemiek will continue her research on the assessment of child maltreatment as a post-doctoral researcher at the University of Amsterdam.

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