The effectiveness of risk assessment methods: Commentary on 'Deciding on child maltreatment: A literature review on methods that improve decision-making'

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Letter to the Editor

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We read with interest Bartelink, Van Yperen, and Ten Berge's (2015) review on the effectiveness of assessment and decision-making methods in child maltreatment. The authors conclude that "[. . .] the results of the studies on the use of risk assessment instruments varied: in some studies actuarial risk assessment instruments seemed to reach better assessments than clinical judgment, but in other studies clinical judgment appeared to be as good as an actuarial instrument" (p. 148). Although the aim of this review is intuitively appealing, a closer examination of the way in which the review was conducted raises serious questions. Therefore, we advise cautious interpretation of the study findings on actuarial methods.

We believe that Bartelink et al. (2015) did not properly address the value of actuarial methods in assessing the risk of child maltreatment, because there are a number of concerns about the way in which the review was conducted. First, a number of important studies meeting the selection criteria as described in the review were not included by the authors, such as the work of Baird and Wagner (2000) and D'Andrade, Austin, and Benton (2008). In these studies, it is clearly demonstrated that the actuarial approach outperforms the consensus-based approach in predicting child maltreatment. Second, the decision to exclude articles reporting on the performance of *individual* instruments seems too restrictive, since studies comparing clinical judgment to actuarial methods using the same populations and outcome criteria are hardly available. Meta-analytically summarizing results of widely available studies reporting on performance measures of individual instruments would currently be the best way to learn more about the effectiveness of different methods for decision-making as well as the circumstances in which these methods perform best. Third, it is surprising that Bartelink et al. included the work of Barlow, Fisher, and Jones (2012) in their review, since it is primarily based on a synthesis of studies reporting on performance measures of *individual* instruments. Therefore, it seems that the authors did not strictly apply their own formulated exclusion criterion. Finally, it is remarkable that in reviewing the literature, the authors have ignored studies conducted prior to the year 2000 as well as study findings obtained in other disciplines. Especially the latter is problematic, since the field of child welfare lags far behind by, for instance, the field of criminal justice in developing and validating actuarial risk assessment instruments. Hence, it is crucial to learn lessons from other disciplines. Over the years, many different scholars have provided evidence for a better performance of actuarial methods relative to clinical judgment in different situations in which a decision must be based on multiple factors (e.g., Aegisdóttir et al., 2006; Baird & Wagner, 2000; D'Andrade et al., 2008; 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).

It is important to emphasize here that we do not disregard clinical judgment in general when a decision on child maltreatment is needed. Belsky (1980, 1993) showed that a large number of different risk and protective factors for child maltreatment can be identified at multiple levels of analysis (i.e., child-related factors as well as factors in different social systems surrounding the child), and we believe that clinical judgment is crucial in adequately determining which risk and protective factors are present in a child's life. However, in estimating the risk for child maltreatment, only the most important factors need to be properly weighed in order to obtain an accurate risk estimate. Selecting the most relevant factors as well as determining the weighting of these factors seems rather difficult for clinicians not using an actuarial instrument. This may be an explanation for the fact that clinical instruments perform often questionably, sometimes not even better than chance, meaning that in many cases an incorrect estimate is made (Baird & Wagner, 2000; Barber, Shlonsky, Black, Goodman, & Trocmé, 2008; Van der Put, Assink, & Stams, 2016), with possible severe negative consequences for the child.

Conclusion

There is a wealth of empirical evidence from various disciplines that actuarial methods outperform clinical judgment in decision-making, and a substantial part of the literature showing this evidence was not included in the review of Bartelink et al. (2015). Until a more inclusive review of the literature is conducted, it is vastly premature (and probably incorrect) to suggest that clinical judgment may produce equally well or better assessments compared to actuarial methods.

Conflict of interest

The authors declare that they have no competing interests.

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