

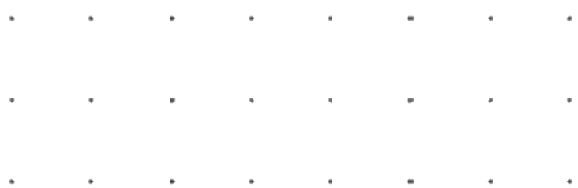
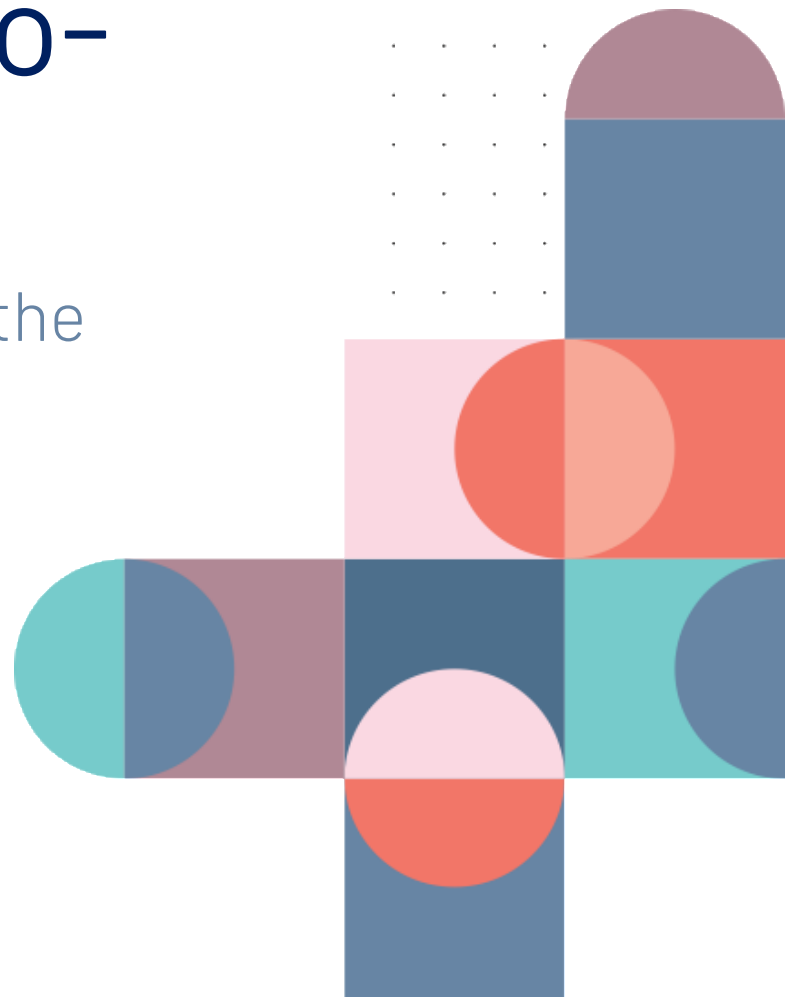


# Proposed guidelines for assessing child-to-parent abuse:

Drawing on clinical practice and the evidence base

**Dr Abigail Sheed**

ANZAPPL, 3-6 December





# Team

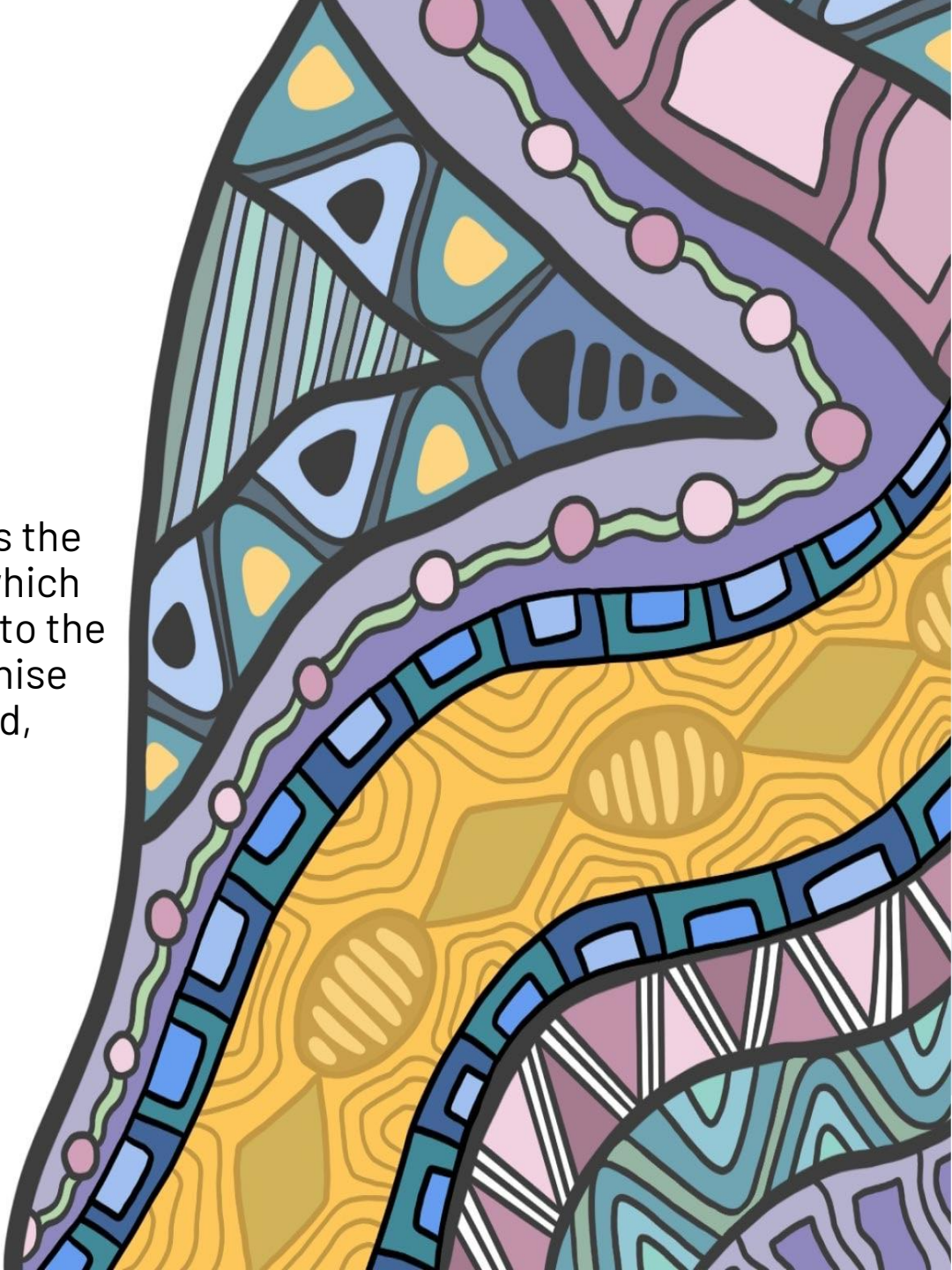
- Dr Abigail Sheed
- Dr Maddison Riachi
- Professor Troy McEwan
- Dr Melanie Simmons
- Dr Lisa Forrester
- Distinguished Professor James Ogloff

# Acknowledgment of Country

I acknowledge the Palawa people as the original custodians of the land on which we gather today. I pay my respects to the elders past and present, and recognise their ongoing connection to the land, waters, skies and community.

I recognise the deep and ongoing impacts of colonisation, and that sovereignty was never ceded.

Artwork by **Nakia Cadd** (Gunditjmara, Yorta Yorta, Dja Dja Wurrung, Bunitj, Boon Wurrung woman)





# Acknowledgements

## > Court Services Victoria

- Victorian Children's Court Clinic (CCC)
- Children's Court of Victoria

*The views expressed in this presentation are those of the authors and do not necessarily reflect the views or policies of the CCC or the Children's Court of Victoria.*



# Outline

- > Why structured guidelines?
- > State of Current Knowledge & Practice
- > Overview of the Proposed Assessment Process
- > Strengths and Challenges

# WHY STRUCTURED GUIDELINES?



Promotes  
**evidence-based  
practice**



Encourages  
**consistency and  
transparency**



Enhances  
**defensibility and  
accountability**



Supports  
**workforce  
development**



# STATE OF CURRENT KNOWLEDGE & PRACTICE

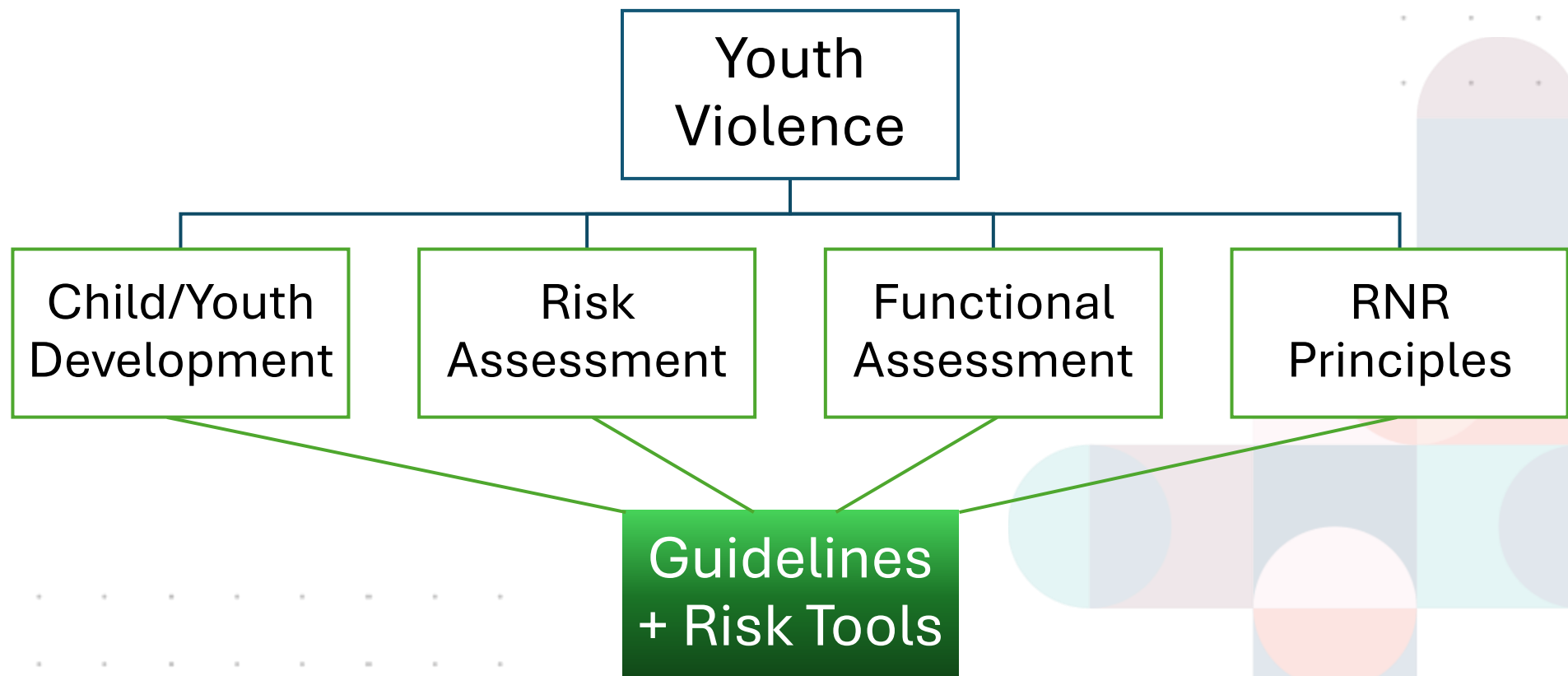


# Defining Child-to-Parent Abuse

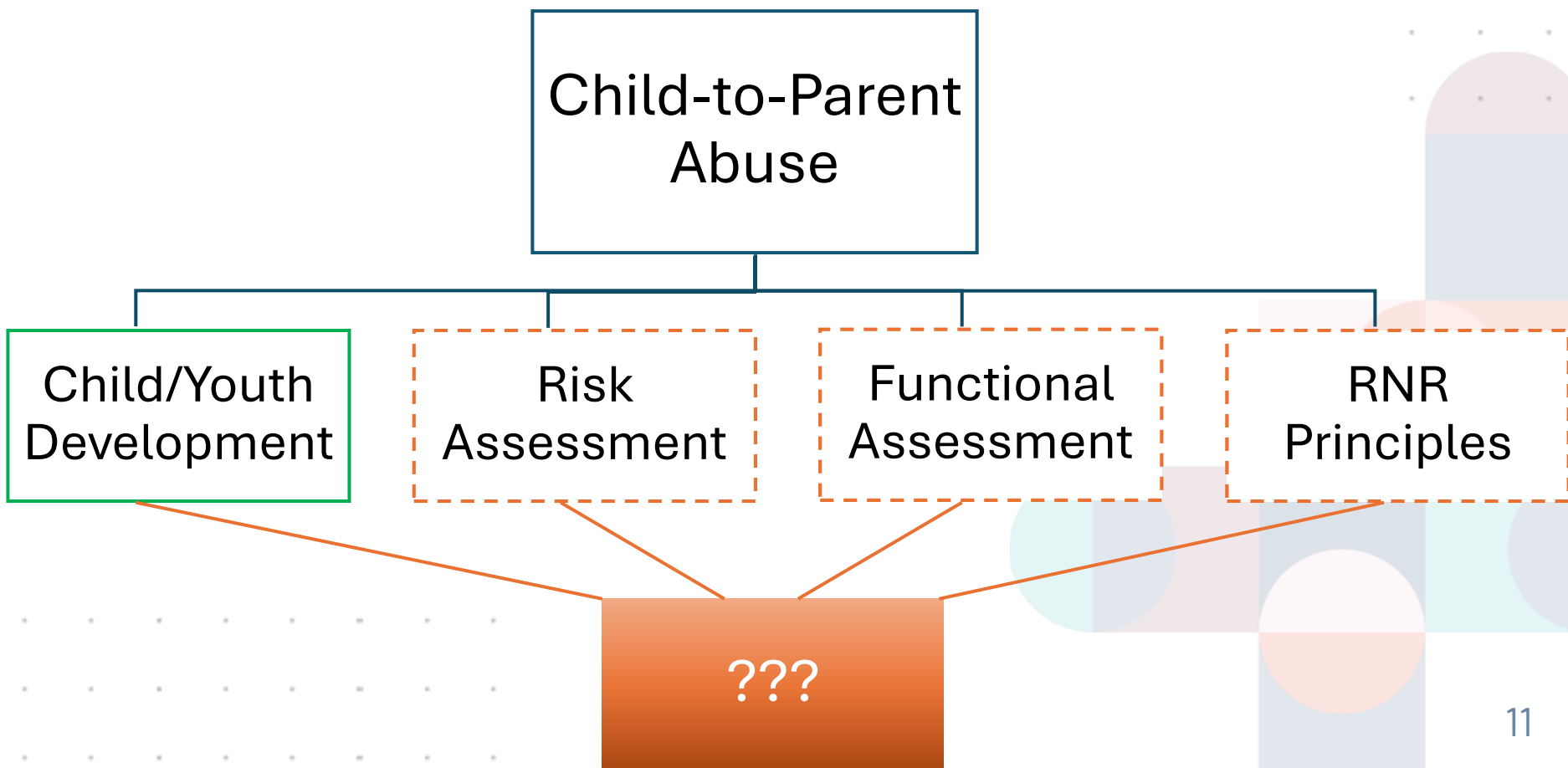
- Definitions vary somewhat across jurisdictions – particularly related to severity and frequency.
- Child-to-Parent Abuse refers to:
  - **Physical + non-physical aggression** (e.g., (e.g., physical assault, sexual assault, psychological abuse, financial abuse, cyber abuse).
  - Enacted by a **child/young person** (<18yrs vs <25 years)
  - **Toward a parent** (e.g., biological parent, step-parent, foster/adoptive parent)



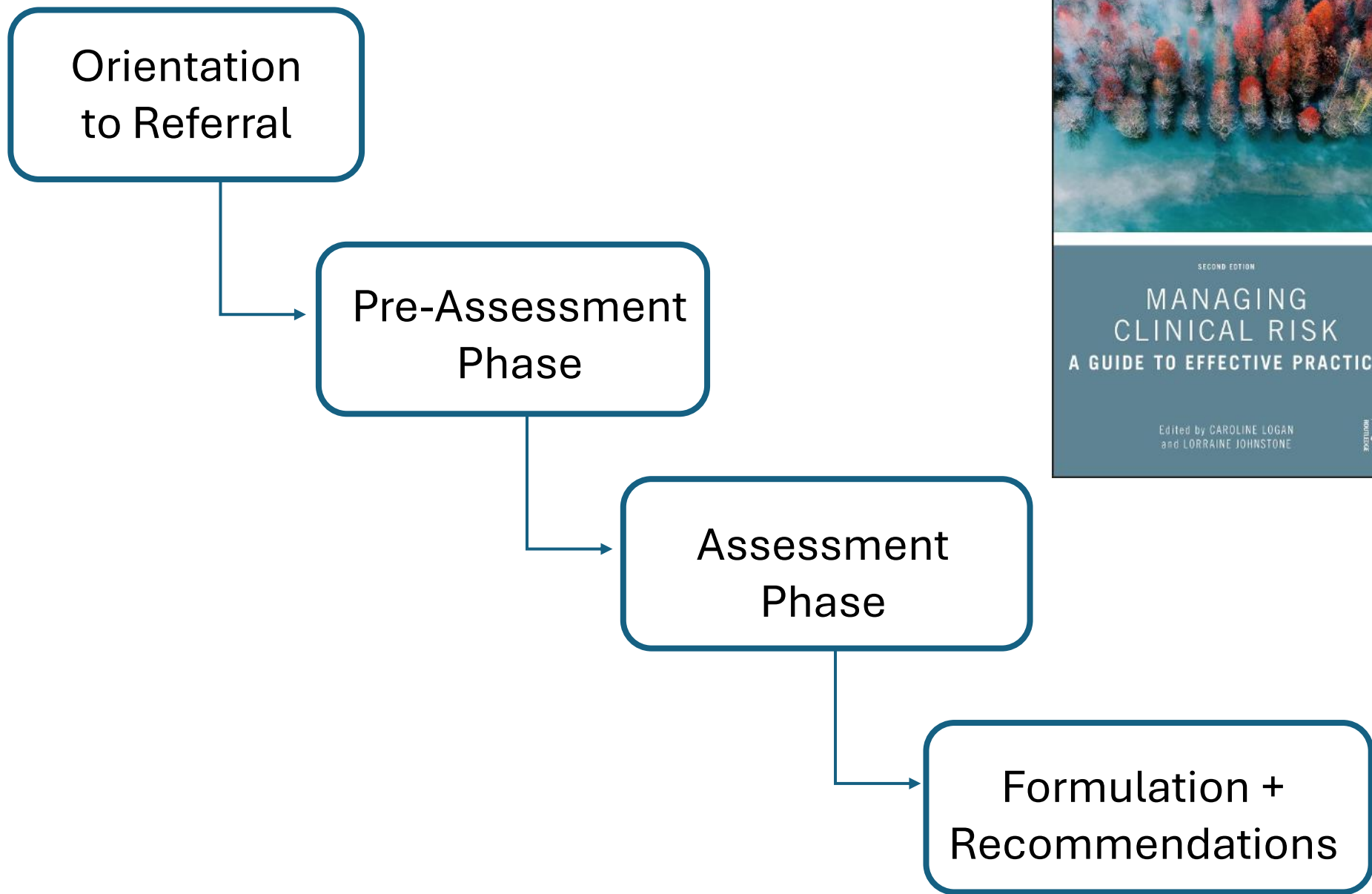
# State of Current Knowledge & Practice



# State of Current Knowledge & Practice



# PROPOSED GUIDELINES



# Orientation to Referral

1. Determine referral question(s)
2. Be clear with the referrer about
  - Parameters of the assessment
    - Focus on CPA (+ any other identified behaviours of concern)
  - Components included in assessment
    - Risk assessment
    - Opinion/formulation
    - Management of behaviour
3. Consider expertise and competence

# Pre-Assessment Phase



## **Collate and review**

Collate and review information  
– multiple sources



## **Organise Information**

Organise information regarding  
CPA behaviour



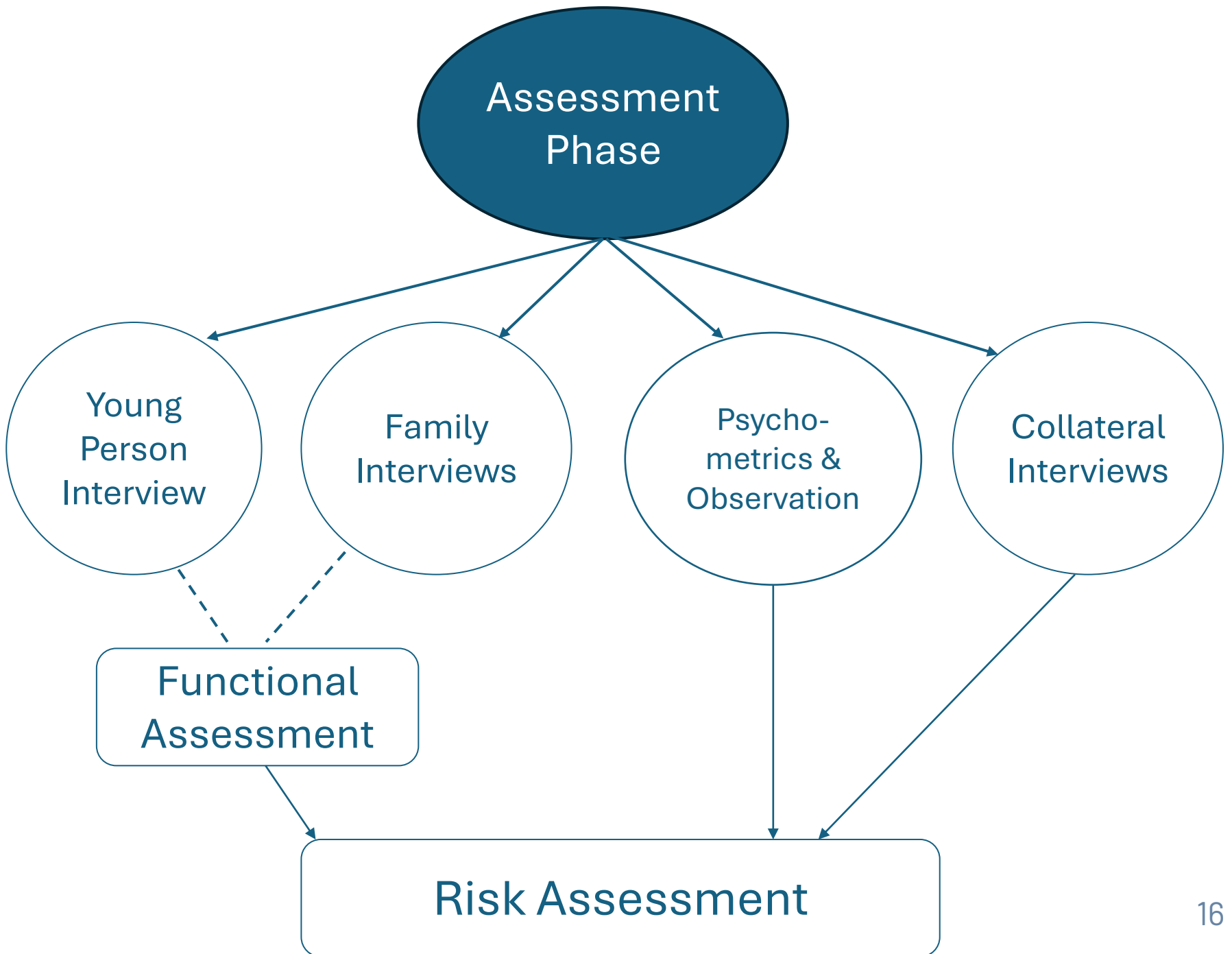
## **Generate Hypotheses**

Generate hypotheses about  
WHY the CPA is occurring

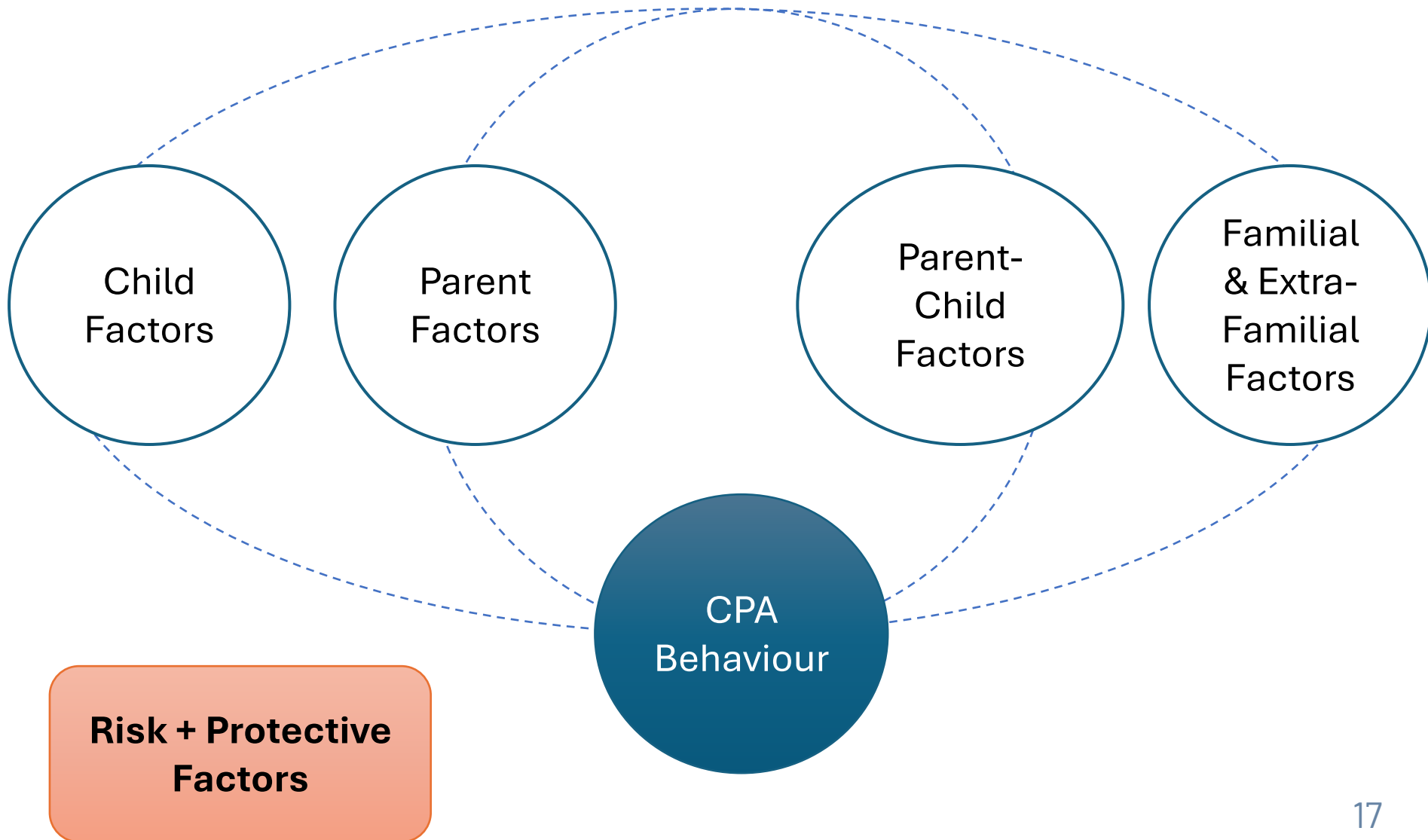


## **Plan Assessment**

Plan the assessment set-up  
and necessary interviews



# Assessment Phase - 5 Key Domains



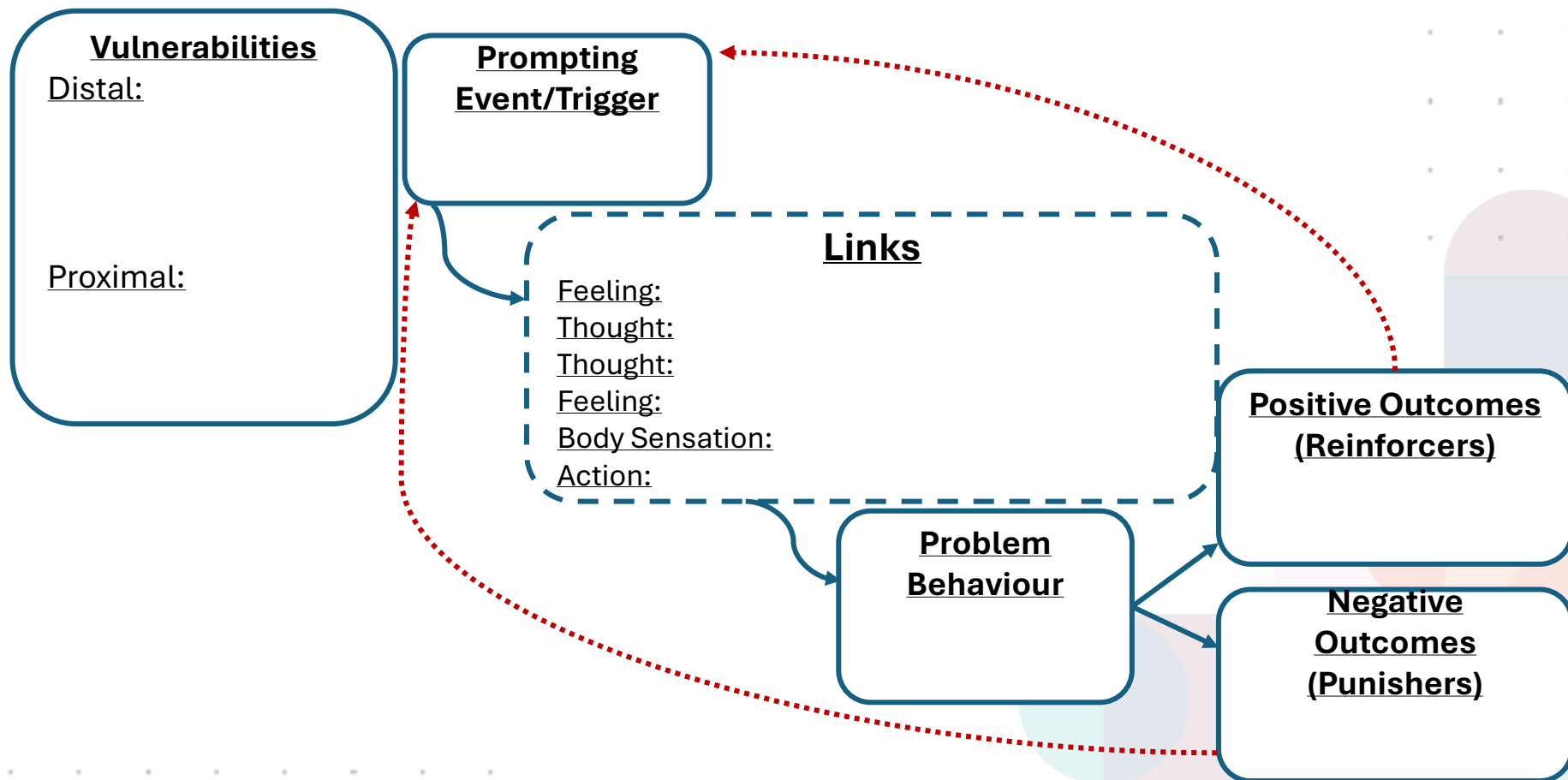
Domain	Examples
<b>Child Factors</b>	Mental health, substance use, neurodevelopmental conditions/disability, personality features, schemas, adverse childhood experiences (e.g., bullying, exposure to FV, carer instability, etc.), physical health, perception of parents.
<b>Parent Factors</b>	<u>Similar to child factors, plus:</u> Parenting style/practices (e.g., authoritative/ permissive parenting), discipline practices, attitude toward intervention, parent roles, level of isolation/ support, sense of shame, internal representation of child(ren)
<b>Parent-Child Factors</b>	Interpersonal communication styles (e.g., aggressive, passive aggressive, passive), modelling of relational/interpersonal conflict, parent attitudes/beliefs/views of the young person (e.g., negative, distorted), parent sensitivity to child cues, parenting knowledge/skill and understanding of youth development.

Domain	Examples
<b>Familial &amp; Extra-Familial Factors</b>	<p>School engagement, sibling or peer-to-peer aggression, social isolation, financial concerns, cultural influences, social media, neighbourhood (e.g., high crime), living situation (e.g., family home, OoHC, etc.), service system involvement.</p> <p>Protective factors in this domain may include a high level of family cohesion, open family communication, positive social/school support, and positive peer influence.</p>
<b>CPA (Plus Other Antisocial) Behaviour</b>	<p>Onset of behaviour, nature of behaviour (e.g., type, frequency, chronicity, severity), antecedents of CPA incidents (e.g., limit-setting), and perpetuating factors (e.g., poor communication), other antisocial behaviour.</p> <p>Explore nature + function</p> <p>Factors which have served to buffer/protect against CPA behaviour in the past?</p>

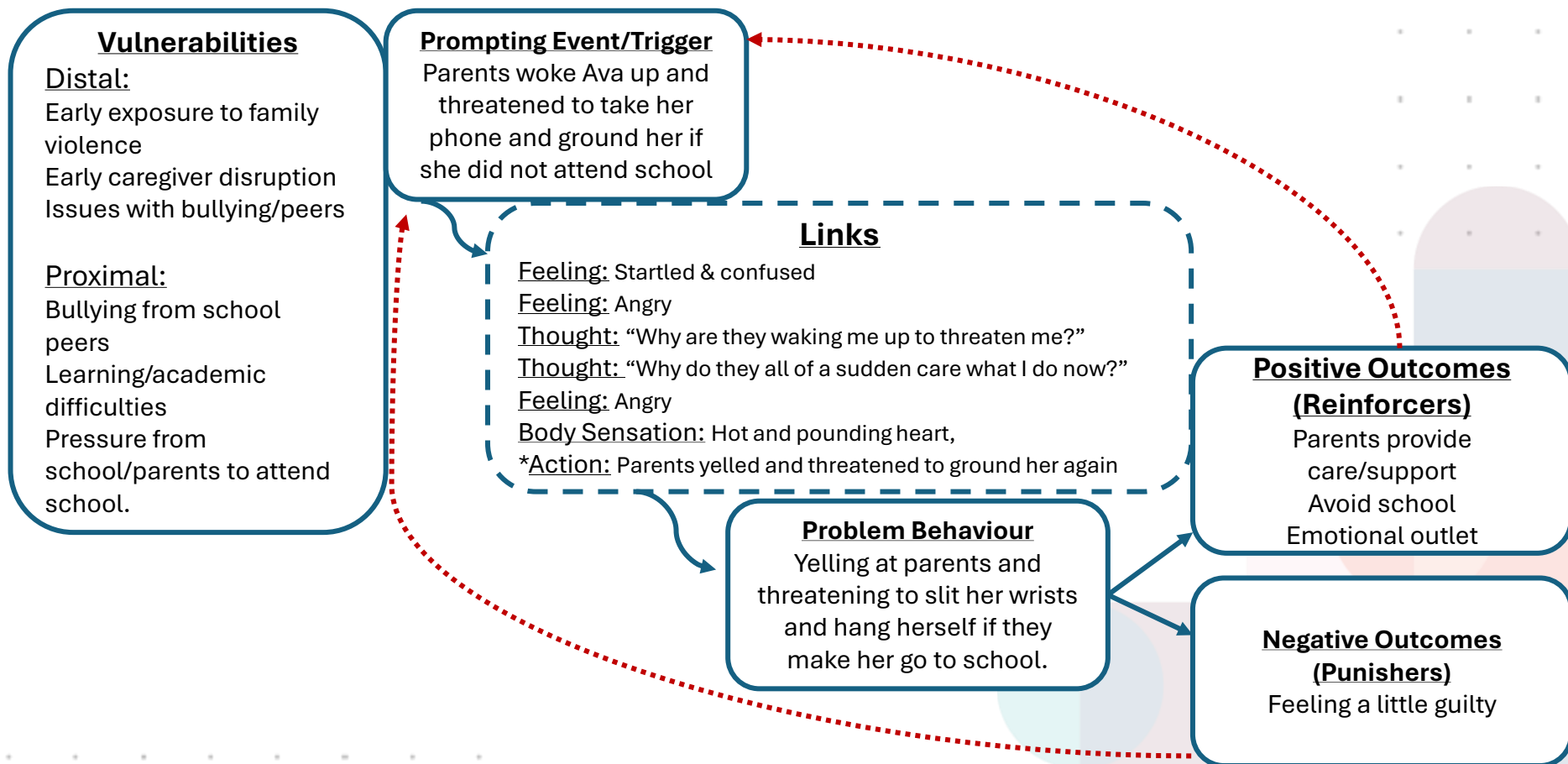
# Functional Assessment

- > Process of examining the causes and consequences of behaviour → identifies potentially controllable factors to reduce future FV.
- > Forms the foundation of your opinion and recommendations
- > Use Behaviour Chain Analysis
  - > Key premise: Behaviour is the culmination of a chain of events and feelings

# Example Behaviour Chain Analysis

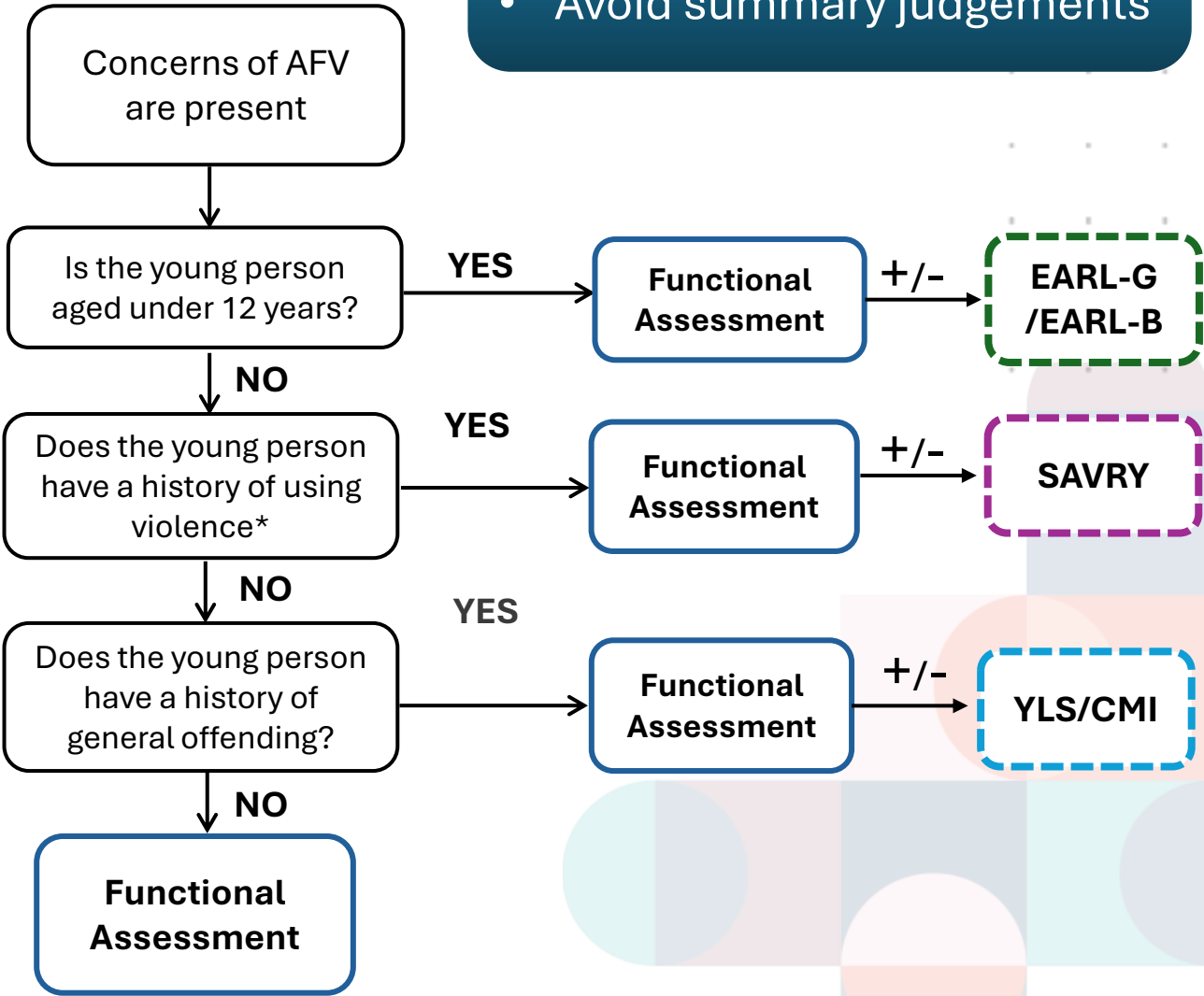


# Example Behaviour Chain Analysis

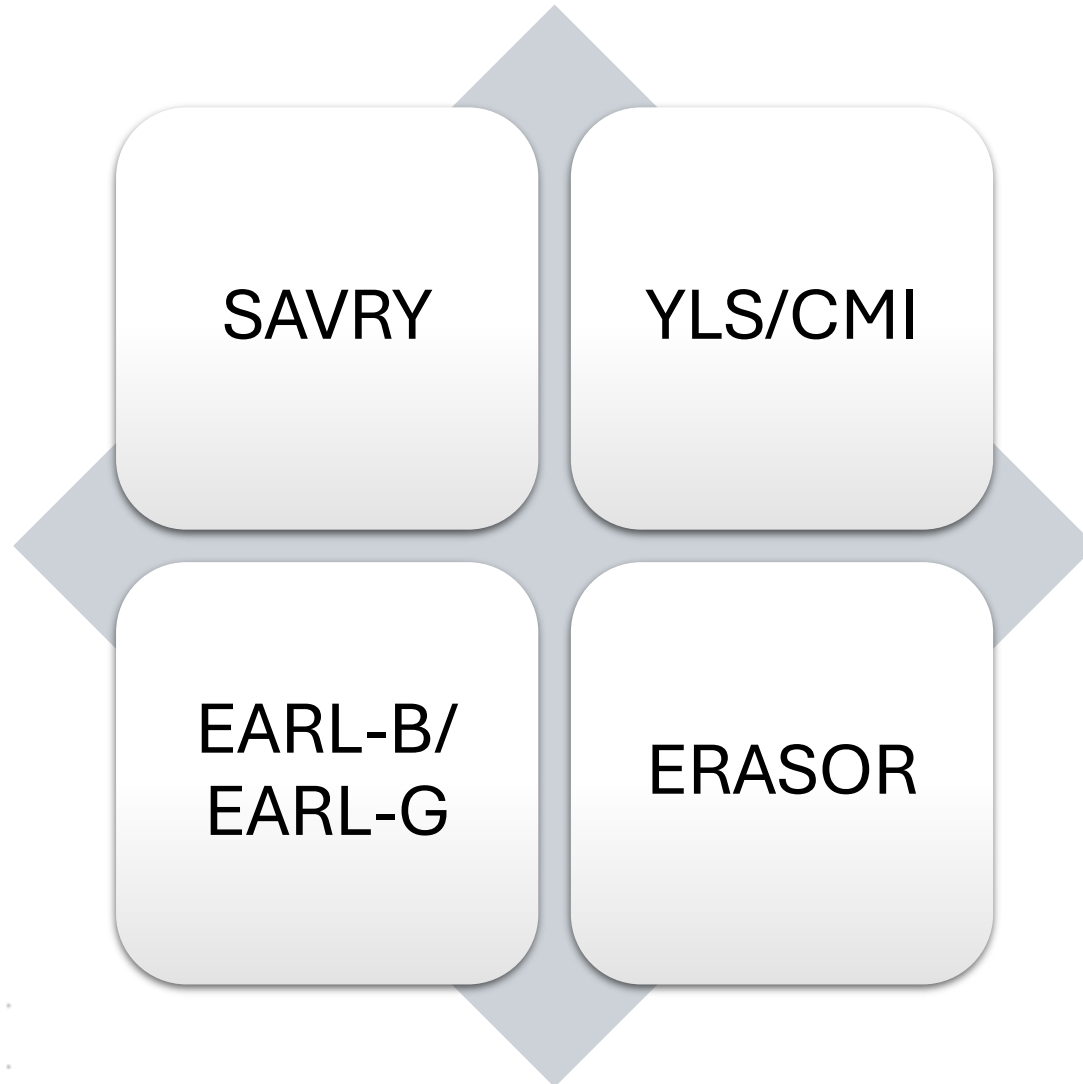


- No validated tools
- Acknowledge limitations
- Avoid summary judgements

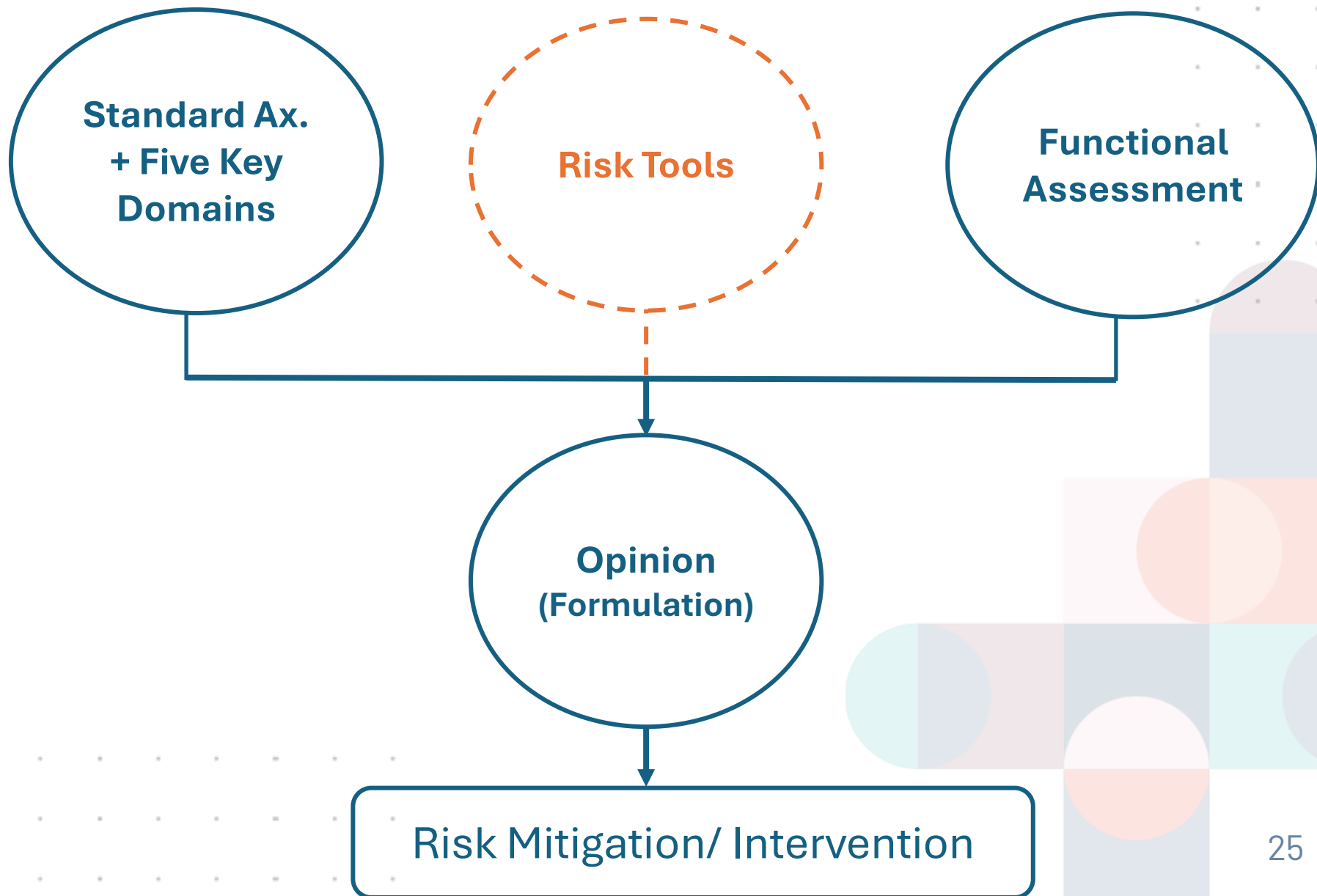
# Risk Tools: What Should I Use and When?



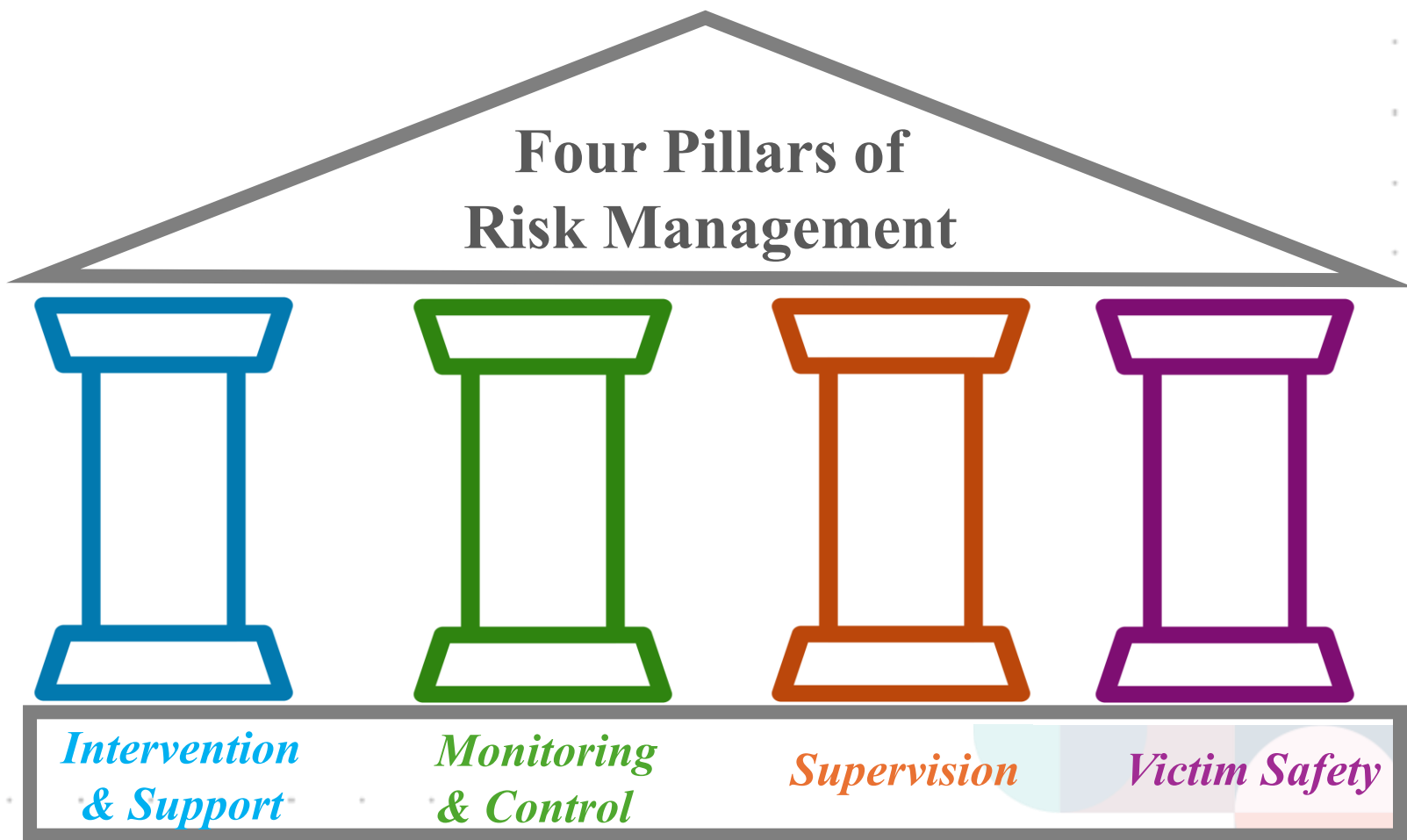
# Risk Tools (under 18s)



# Opinion/Formulation



# Recommendations



# Strengths + Challenges

## Strengths

- Consistency + Transparency
- Supports Tailored Approach
- Assists with Formulation + Recommendations
- Toward Evidence-Based Practice

## Challenges

- Limited Evidence-Base
- Lack of Validated Risk Ax. Tools
- Responsiveness to Cultural & Minority Groups

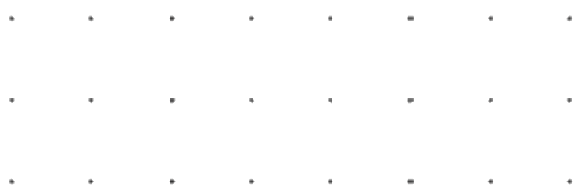
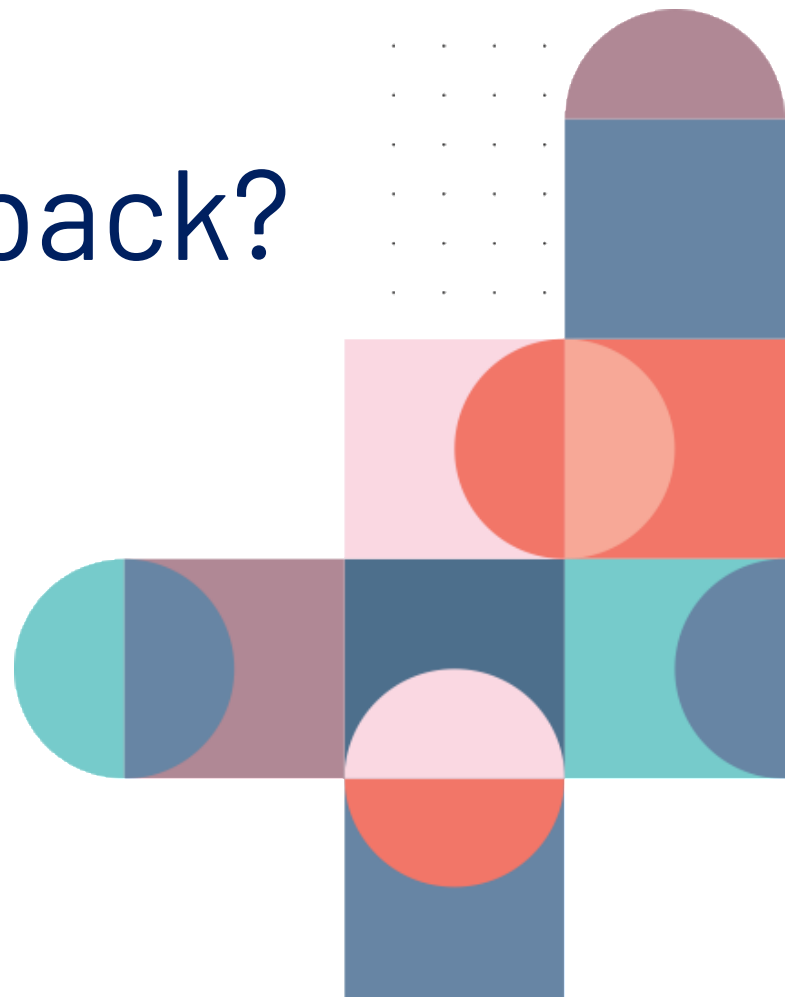
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# Questions... Thoughts... Feedback?

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