



Information about Respond's Risk Assessment Service

Background

Respond has been providing Risk Assessments of People with Learning Disabilities for the last 10 years. The growing recognition that people are not neatly packaged into good or bad, victim or perpetrator, but are often a demanding mixture of both, led us on to develop treatment models that could cater for abused, abuser and those that are both. The provision of forensic risk assessments has, over the years, become an important part of Respond's service, drawing together the psychotherapeutic and investigative arms of Respond's work.

Initial Enquiry

Clients are generally referred to Respond by Health Authorities, Social Services or Probation. The reasons for referral are varied – a sexual offence may have been committed, there may be concerns about sexual practices in the toilet at the day centre, a keyworker in the group home may have concerns about the sexual content of his conversations with his client. If after an initial conversation it is felt there is a compelling need for a Risk Assessment, the referrer will be asked to gather as much background information as possible on the client, including childhood, family history, employment history, any psychology or psychiatry assessments that may have been conducted. Respond will then read the material and then convene a professionals meeting to discuss the history to the case, and the current areas of concern.

Risk Assessment Thinking

It's important to ask why a risk assessment and why now? Primarily the assessment exists to assess the client, to take an in-depth look at their internal world, to consider his or her history and to explore the reasons why sexual acting out has become such a feature of someone's identity. But as important is the need to look at the world outside the client too. Respond's Risk Assessment process must also look at the environment in which the client is housed, where they receive day care or where they work. Is it a setting that is able to understand this client, can it provide safety and containment at all times, are there gaps in the safety net? To reach answers to these questions, it is necessary to have a dialogue with those who work with the client. Not just to seek pragmatic answers to pragmatic questions, but also to explore the less tangible areas. How does this client make people feel? Is the team feeling worried, anxious, concerned about the client, while the other half of the team feel secure with him/her, as if something is being blown out of proportion. Both reactions will be there for a

reason, and can tell us much about what clients project into those around them and, perhaps, can tell us much about pre-existing family dynamics.

Risk Assessment Process

Once there has been an opportunity to discuss these questions, the therapist will then meet with the client him or herself for a maximum of twelve sessions. Each lasts just under an hour, all are at the same time and the same place each week. All sessions take place at Respond's clinical base in London. Respond asks a lot of the network bringing the client to London but this is justified - if it is supposedly impossible for a service to bring a client to Respond for twelve sessions, this says something about the organisation's capacity to deal with demands on it, and its ability to enact any recommendations that might be made at the end of the three months of clinical work.

In conducting a Risk Assessment the therapist will work against a backdrop of ethical considerations. Confidentiality is high on the list. The stance of the therapist conducting the assessment also needs careful consideration, particularly in such areas as how much to push the client, using psychotherapeutic skills in what is not a psychotherapeutic piece of work. Working with sexual fantasy is one of the most difficult areas to explore, enmeshed, as it is, within the client's sense of himself/herself as a private and sexual being. The process described here is a twelve session one, and Respond must always be mindful of the dangers of dismantling people's carefully erected defences if there is not time to think about what could take their place.

Psychotherapeutic Thinking

Respond's Risk Assessment process draws on psychotherapeutic thinking. One of the things to know about the psychotherapy Respond practices is that it is informed predominantly by psychoanalytic thinking. It seeks to provide a space in which clients can think about not just the experience of abuse they have experienced or the abuse they are perpetrating upon others, but also other areas of their life that this experience has touched. For one client the thing she may wish to talk most about is not how their key worker raped them, but more about how they've always felt like they don't properly fit into every day living situations. Another client, referred because of being abused by his grandfather, will instead need to talk about how he never has enough money, or has never had a proper job, or feels upset whenever people on television talk about having lots of money. Respond's job is not to jolt the client back onto the 'right agenda', but, instead, to make links with these presenting issues and the underlying losses, abuses and traumas they have lived through. Often in the course of working with a client for two to three years it is, thus, not just the trauma of abuse that needs to be worked with, it is also the trauma of having a learning disability itself.

Professor Sheila Hollins calls the three central conflicts that are addressed by long term psychotherapeutic work:

1. The disability itself, what it feels like to be different from the majority of the world, what it felt like to not be the longed for child
2. Sexuality – the effect of one’s sexuality representing something complex and unknowable to the rest of the world, and how this can become something intricately internalised
3. Mortality – like sexuality and disability, something we as a society are not good at talking about. The experience of being born and the experience of losing others and dying oneself. Professor Hollins regards the exploration of these conflicts as being key to a worthwhile psychotherapeutic process.

Respond would also extend these conflicts to being useful in formulating a risk assessment. It is important not to isolate anything. The experience of hurting others through sexual aggression will rarely be found to be a behaviour in and of itself that does not have its roots in earlier trauma. It is rare for clients to think about their sexual behaviour in isolation from the rest of themselves and in thinking about their selves it is necessary to think about the disabled bits of themselves. The Risk Assessment must then accommodate explorations of disability, the primary organic deficit and what Valerie Sinason calls the “secondary handicap” – a construction which can be described as a defence against trauma - sometimes the trauma of being abused, sometimes the trauma of disability. The more Respond is able to consider these issues with clients, the less restricted formulations will be, and the more useful recommendations will be in terms of long term risk management.

The Risk Assessment Report

Respond end the assessment with a written report and another professionals meeting to discuss the findings. The report often covers such issues as – Family History, Childhood, Attachment History, Education, Sexual History, Offending History, Offending Cycle (where appropriate). The report ends with a list of Conclusions and a further list of Recommendations. These form the backbone of the Risk Assessment report and the Recommendations section offers referrers a list of steps to be taken to manage the level of risk. Headings often include:

Level of Risk

Residential

Day care

General community

Treatment

Implementation process

The final meeting is often used as an opportunity to look in detail at the Recommendations and to think about the current and future needs of the client. Referrers often leave with insights and ideas that had not been available to them before the assessment was undertaken. The report serves as an excellent snapshot of a particular time in the clients life. The picture that sometimes emerges is both illuminating and life changing.

Afterwards

In cases where the recommendations have, in the main, been followed, it appears that services have been able to achieve a higher degree of safety for their clients. In talking to them a year or two years down the line, one of the key elements that has been useful has been the ability to view the sexual acting out behaviour as, in most cases, a symptom of some underlying trauma. People do not just do things for the sake of doing them, and we are often called in to think with a team about the function of the sexual symptom, not just for the client, but also for the team - what it represents, and what life may be like for them once it has been worked through. Certainly the cases for whom things appear to have been worked through or are being worked through are those where, at some level, split thinking has been addressed. The capacity of Respond's clients to instil in teams a polarised set of reactions is enormous and meaningful progress can rarely be made while the split persists. To address this requires much work and commitment and it is often that Respond may recommend individual treatment for the client, as well as some kind of on going parallel process for the team in which their dynamics can also be looked at and talked about. Viewing the effects of sexual trauma whether the client is a victim or a perpetrator of both must be a core aim of a risk assessment. It is not just the effects upon the client that must be examined in order to produce effective risk management strategies, it is also the effect upon the support network that must also occupy a high position on the agenda of assessment.

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