

Studies on Violence Risk in Youth

The SAVRY (*Structured Assessment of Violence Risk in Youth*) is a risk assessment tool composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth. Each risk item has a three-level rating structure with specific rating guidelines (*Low, Moderate, or High*). In addition to the 24 risk factors, the SAVRY also includes six Protective Factor items that are rated as either *Present* or *Absent*.

The SAVRY is not designed to be a formal test or scale; there are no assigned numerical values nor are there any specified cutoff scores. Based on the structured professional judgment (SPJ) model, the SAVRY helps assist in structuring an assessment so that the important factors will not be missed and, thus, will be emphasized when formulating a final professional judgment about a youth's level of risk

Research cited in the Structured Assessment of Violence Risk in Youth (SAVRY).

I. Historical Risk Factors

History of Violence

Prior violent behavior is perhaps the best single predictor of future violence. The risk of future violence increases incrementally according to the number of prior episodes.

Some data suggest that the relationship between past violence and future violence is greatest in the years immediately following the most recent violent episode and that risk decreases with time.

History of Nonviolent Offending

Adolescents who have committed nonviolent criminal or delinquent offenses are at a higher risk for future violence than those who have not committed nonviolent criminal or delinquent offenses. Some empirical evidence suggests a stronger association between a history of general offending behaviors and later violence than between a history of violence and later violent acts.

Antisocial behaviors and/or prior arrest for any criminal/delinquent act increase the likelihood of a subsequent violent act. Involvement in antisocial behaviors such as stealing, property destruction, smoking, selling drugs, and early intercourse (i.e., before the age of 14) are all linked to later violence among males. However, prior nonviolent delinquency may not be a good predictor of the severity of subsequent violence .

Early Initiation of Violence

The risk level for future violence increases with both an earlier onset and a greater overall frequency of juvenile offending. However, early initiation into violence may not predict a higher frequency or rate of violent offering per year. Early initiation into violence/delinquency (i.e., particularly that which occurs prior to age 14) is associated with an increased risk for violent recidivism and predicts more chronic and serious violence. For example, Farrington (1995) found that approximately 50% of boys convicted of a violent offense between the ages of 10 and 16 years were convicted of another violent offense by early adulthood – a rate compared to 8% for those who have no conviction(s) of a violent crime as juveniles. Compared to 30% of youth whose first violent offense occurred during preadolescence (i.e., ages 11 to 13 years) and approximately 10% of youth whose first violent act occurred during adolescence. Elliot (1994) found that 50% of youth who committed their first violent act prior to age 11 years continued their violent behavior into adulthood. An even stronger relationship exists for youth whose first

act of violence occurred in early childhood (i.e., ages 2 to 5 years) – this may be seen for boys more frequently than for girls.

Past Supervision / Intervention Failures

This refers to a history of having failed to comply with rules and expectations of correctional (both custodial and community) and mental health services, or failing to comply with any conditions of a court order. Past supervision failures have been associated with increased risk for violence in adults.

History of Self-Harm or Suicide Attempts

Adolescents with a history of suicide attempts or self-harm have been shown to be at higher risk for future violence. In a sample of high school students residing in the community, Garrison and colleagues (1993) found that all forms of suicidal behavior increased the probability of violence to others. The severity of each type of behavior also was correlated. In a review, Apter et al. (1995) noted that:

According to various authors, from 7% to 48% of those patients with a history of violent behavior have also made suicide attempts in the past. This is reported to be true for adults (Skodol & Karasau, 1978) and for prepubertal children (Pfeffer et al., 1993). Similar findings have been reported in prisoners (Climent, Plutchik, Ervin, & Rollins, 1977) and in juvenile delinquents (Battle et al., 1993). (p.913)

In a sample of 1,801 juveniles detained in 39 correctional facilities, 22% had considered suicide, 20% had planned it, and 16% had made a prior attempt. Conversely, in a sample of adolescents who had committed suicide, nearly half (43%) had a history of antisocial behavior.

It is possible that suicide is related to violence by its association with other variables such as anger, impulsivity, and substance abuse. These variables have been associated with risk for both violence and suicide in adults.

Exposure to Violence in the Home.

Violence in the home generally refers to any direct physical aggression or violence (e.g., pushing, hitting, throwing objects) that occurred between parental figures or a parental figure and another child. Violence may have involved parents, stepparents, foster parents, common-law or romantic partners, grandparents, legal guardians, or between siblings. It refers to violence that the youth was not directly involved in but, nevertheless, witnessed.

Family discord, conflict, and violent relationships within the family have been linked to an increased risk for violence among youth. Prior studies have found associations between marital conflict and partner-directed violence and a youth's likelihood of engaging in violence. In Maguin et al.'s (1995) Seattle study, family conflict during adolescence was strongly associated with an increased risk for violence at age 18 years, but conflict occurring during childhood (e.g., age 10 years) was not associated with an increased risk for violence.

Violent and chronic adolescent offenders are frequently found to have witnessed violence in the home. Violence between parents also has shown a positive association with later violence in a child's adolescence and adulthood. Youths who frequently witness aggression between parental figures are more likely than others to consider aggression as an acceptable method for dealing with interpersonal conflicts. In many of these instances, the use of violence becomes modeled and reinforced.

Childhood History of Maltreatment

Having a history of victimization by physical or maltreatment is associated with an increased risk for violence in youth. Being a victim of abuse induces predisposing experiences including those that model violence and those that reinforce or reward violence. Results from the Second National Family Violence Survey (Gelles, 1997) suggest that youth who are victims of severe violence in the home are approximately three times more likely to use drugs and alcohol, to get into fights, and to deliberately damage property. Youth subjected to abuse/neglect also are approximately four times more likely to steal and to be arrested than other youth. In a large study of violent crime arrest rates among youth in North Carolina, a positive association was found between frequency of maltreatment and violence.

Another study found that adolescents with a history of abuse and neglect were more violent than their nonabused counterparts, even when demographic and family variables were controlled. Widom (1989) found that persons who were physically abused were slightly more likely to be at risk for violence and those who were neglected showed the greatest increase in risk for violence. Abuse/neglect increased the chances of later delinquency and criminality by 40%.

Parental / Caregiver Criminality

A number of factors related to parental antisocial behavior and maladjustment within the family system have been linked to violent behavior among youth. In particular, a number of studies suggest that parental criminality increases the risk for violent crime among children and adolescents.

Other forms of parental deviance, such as substance-abuse problems and mental illness, also are linked to youth violence, although the magnitude of the relationship is not as strong or as consistent. Parental attitudes towards violence in you also may play a role. In one study, children whose parents were more tolerant of their violent behavior when they were age 10 years were more likely to report violence at age 18 years. In addition, biological predisposition and other distally related factors (e.g., socioeconomic status, poor child-parent attachment) may be associated with antisocial behavior in parents.

Early Caregiver Disruption

There is mounting evidence that early separation from parents or caregivers is associated with a higher risk for violence and delinquency. Farrington (1989) found that separation from parents before the age of 10 years is associated with self-reported violence in adolescence and early adulthood. In several European studies, parental separation or living in a broken or single parent family at an early age (i.e., ages 10 to 13 years) has been associated with later violence among youth. Similarly, a follow-up study of African American children in Chicago showed that leaving home before the age of 16 years was linked to increased violence in both men and women.

In general, early caregiver disruption most often will indicate the caregiver's inability to provide love, safety, support, food, and/or basic needs for the child. Although caregiver disruption and childhood history of maltreatment may often overlap, this item is not considered synonymous with neglect and abuse.

Poor School Achievement

School achievement or educational problems have been consistently found to be prevalent in violent adolescent offenders. Academic failure (i.e., low achievement, low attainment, poor grades) beginning in the elementary grades is associated with an increased risk for later violence and delinquency. This factor may be as strong, or stronger, for females as it is for males. In one

study, low attainment and low academic track assignment by age 11 years doubled the risk of later violence.

Poor bonding or attachment to school also may be associated with increased risk for violence, particularly for adolescents as opposed to younger children. The literature here is more equivocal. Commitment to school may be an important protective factor. Truancy and dropping out prior to age 15 years may be associated with subsequent violence. Having frequent school transitions around age 14 to 16 years, especially within the same year, also may be a risk factor.

Poor achievement may result from intellectual limitations or it may occur secondarily to a lack of interest/effort and other school-related problems. These problems themselves also are risk factors for violence in adolescents. Regardless of the cause, poor school achievement increases the risk for future violent behavior.

II. Social / Contextual Risk Factors

Peer Delinquency

Affiliation with delinquent peers is a risk factor for delinquency and violence in youth. It is a particularly important risk factor and treatment target for adolescents. Aggressive children and adolescents tend to associate with one another in antisocial networks. Such affiliations are a risk factor for subsequent violence, as well as for overt and covert forms of delinquency. Social affiliation with a delinquent peer group predicts school-related problems and antisocial behavior. One study found that assaultive adolescent offenders associated with highly aggressive peers.

This affiliative process has been described as the second step in a sequence that begins with peer rejection – aggressive kids are first rejected by normal peers and subsequently affiliate with deviant peers. It has been shown that peer rejection at age 10 years is linked to affiliation with antisocial peers at age 12 years. Although aggressive and disruptive children tend to be rejected, by adolescence they typically have some individuals they identify as friends, however, these friendship networks are less stable than for nonaggressive youth.

Delinquent peer groups also appear to influence other youth who have no prior history of significant aggression or antisocial behavior. The delinquent groups may appear to be more mature, independent, and cool. At a time when youngsters are struggling to develop their identity, this affiliation appears attractive. Thus, the effects of social mimicry prompt these kids to imitate the delinquent peers. When delinquent behavior first appears in adolescence and in the context of these deviant peer influences, the behavior is usually limited to adolescence and desists thereafter. However, delinquent peer affiliation may be less predictive of aggression in life-course-persistent offenders.

Delinquent siblings also increase the risk of violent behavior. For example, in a sample of boys in London, 26% of those who had delinquent siblings in childhood had been convicted of a violent offense, compared to 10% of those who did not have delinquent siblings. Gang affiliation or membership appears to increase the risk of violence and delinquency beyond the risk associated with delinquent peers per se. Rates of violence among youth have been shown to increase following entry into a gang, and remain elevated unless or until the individual leaves the gang. Moreover, gang membership is associated with more serious and violent offending.

Peer Rejection

Youth who have a history of being interpersonally rejected by peers are described as children or adolescents “who are liked by few, if any, peers, and who are actively disliked by most.” They are not simply loners or youth who have few friends. Rejected status, evident as early as age 6

years, is associated with a broad range of negative outcomes for youth. Children who are rejected are at increased risk for delinquency and for perpetration aggressive acts. Often, they are also the victims of overt and relational aggression and other negative outcomes. Children who are rejected by their peers tend to both misperceive aggressive intent in others and have difficulty generating options for solving interpersonal problems. Because aggressive children are so often rejected, it is difficult to determine whether their increased risk for violent behavior is due more to the rejection or to the aggression that led to the rejection. However, the link between prior and later aggression appears stronger in chronic rejection.

Rejection may have been due to several different factors (e.g., poor social skills, likeability of the youth, situational factors). Regardless of the cause, early peer rejection has been associated with later delinquency.

Stress and Poor Coping

Stressful life events have been associated in past studies with increased risk for violence among youth. One study found that stressful events were linked to higher rates of aggression (as rated by teachers) over a 1-year period. This link may be particularly strong for persons who have been victims of violence.

Poor Parental Management

Poor parental management refers to a constellation of parenting practices relating to ineffective supervision and discipline. In a review of predictors of youth violence, Hawkins et al. (1998) states:

Research has consistently shown that parental failure to set clear expectations for children's behavior, poor parental monitoring and supervision of children, and excessively severe and inconsistent parental discipline of children represent a constellation of family management practices that predicts later delinquency and substance abuse. (p. 135)

Manquin et al. (1995) found that poor family management practices at ages 14 years and 16 years predicted self-reported violence at age 18 years. Low levels of parent-youth communication and involvement in mid-adolescence tend to increase the risk for violent behavior, and this link is stronger for males than for females.

Lack of Personal / Social Support

The absence of supportive relationships can reduce the effectiveness of risk reduction efforts and increase the risk of exposure to risky conditions. Hostile or conflictual relationships also may increase the risk for violence. In a sample of African American youth, kinship social support was positively related to anger suppression for children in high risk, urban environments. Similarly, healthy family relationships have been associated with fewer feelings of violence or acts of violence. In a prospective study of preschool boys, those who perceived more support had lower aggression ratings. Similarly, youngsters who feel hopeless may perceive that family and friends provide very little support and may be more prone to express anger overtly and aggressively.

Community Disorganization

Certain features of the community or neighborhood in which the youth lives and spends time may affect his or her risk for violence. One study extensively reviewed community characteristics associated with increased rates of violent crime and found that social disorganization and community change are two of the most salient factors. In the National Youth Survey, urban youths reported higher rates of violent offenses than those from nonurban areas, and youths living in poverty had rates twice as high as middle class youths. Living in a

high-crime neighborhood also carries a predicted increased risk for violence. In a large-scale study in Seattle, adolescents who reported living in disorganized communities (e.g., high perceived rates of crime, drug sales, gangs, poor housing) and those who reported a greater availability of drugs during childhood and adolescence showed a greater variety of violent acts in late adolescence. Bad neighborhoods and community disorganization also may predispose youth to an onset of violence at an earlier age. Early initiation of violence among children occurs disproportionately in the worst neighborhoods.

III. Individual / Clinical Risk Factors

Negative Attitudes

Certain antisocial attitudes or social cognitive deficiencies can increase a youth's risk for violent behavior. Attitudes condoning violence have been found to be a moderate predictor of later violence in adolescence. Studies have noted two core social cognitive deficiencies among youth that may lead to increased aggression: (a) an inability to generate nonaggressive solutions to interpersonal conflicts; and (b) a tendency to frequently perceive hostile or aggressive intent by others, even when none is intended. Cognitive predispositions, appraisals of provocation of intentionality (i.e., hostile attribution bias), violent fantasies, aggressive self-statements or self-talk, and expectations about success or instrumentality of violence may increase the risk. Attitudes favoring violence may be more predictive of violence in older, rather than younger, children.

Inappropriately inflated self-esteem also may be linked to violence risk. Those with an inflated sense of self-worth tend to be very sensitive to any threat to their ego or self-image and may respond aggressively to negative appraisals or feedback. Empirical studies have found that idealization and inflated ratings of self-competence were associated with higher levels of aggression. In one review, researchers noted that *“the more favorable one's view of oneself, the greater the range of external feedback that will be perceived as unacceptably low.”*

Changing violent attitudes is an important component in many treatment programs for adolescent violence and is important to monitor when appraising the likelihood of short-term risk of violence.

Risk Taking / Impulsivity

Both risk taking and impulsivity are dimensions of behavior that have been linked to one another, as well as to violence and delinquency in adolescents. Impulsivity as risk factor for violence is often characterized by behavioral and affective instability, and marked fluctuations in mood or general demeanor. Impulsivity may be seen in youth who act without thinking, cut in line, can't wait their turn, blurt out answers in class, or speak when they're supposed to be quiet. They may be prone to react with intense emotions very suddenly and without consideration of the consequences. Impulsivity also refers to the inability to remain composed and focused, particularly when under pressure. Lifestyle impulsivity may include a youth engaging in very dangerous and potentially harmful activities, such as substance abuse, impulsive delinquency, or impulsive spending.

Impulsivity has been considered an important risk factor in the prediction of violence among children, adolescents, and adults. Impulsivity in youth is linked to increased risk for violence as measured by self-report and official records. Related to this is the dimension of behaviors regarded as “risk-taking” or “daring” that have been shown to bear a strong relationship to violence – even doubling or tripling the risk for violent behavior among older children and adolescents.

Substance-Use Difficulties

Substance-use difficulties refer to the use of alcohol, licit or illicit drugs, or inhalants that is sufficiently severe to cause problems in physical health or in one or more major areas of life functioning. Research consistently supports the proposition that substance abuse is a risk factor in youth for violent behavior and criminal recidivism. Results of a 20-year longitudinal survey found that drug use during early adolescence was associated with concurrent and later delinquency. Alcohol may be as much of a risk factor as drug use. In a national sample of high school students from the CDC Youth Risk Behavior Survey, the rate of physical fighting was significantly higher among adolescents who used illicit substances.

Anger Management Problems

Anger can be a “potent activator of aggression” (Novaco, 1994). Anger also tends to be associated with antisocial attitudes, and both are related to aggression, particularly reactive aggression, in young offenders. Anger management and assertiveness often are among the main treatment targets for adolescent violent offenders. Difficulty managing anger, particularly an explosive temper, often is associated with a higher risk of violence. Anger may increase arousal and, consequently, the risk for aggression. However, trait anger also has been linked to prospective risk for aggression in youth. Conversely, empathy, guilt, anxiety, or fear may inhibit risk.

Low Empathy / Remorse

An impaired ability to experience empathy and remorse are traits that have been linked to each other and to violence and delinquency in adolescents. Deficits in one’s capacity for empathy and remorse are frequently identified by courts as prima facie predictors of violence potential. Empathy is defined as the identification, understanding, and sharing of another person’s thoughts, feelings, and intentions. Deficiencies in empathy often have been found among violent youth and are linked to the risk for engaging in interpersonal violence. Conversely, the presence of empathy has been found to mitigate or inhibit aggression and to facilitate prosocial behavior.

Remorse is defined as distress arising from repentance for past behavior that has hurt others. Although there have been few empirical studies linking a lack of remorse to violence, it is one of the key components to the constellation of “callous/unemotional traits” (Frick & Hare, 2001) that distinguish a subgroup of children and adolescents exhibiting a particularly serious and persistent pattern of antisocial and delinquent behavior. In juveniles, these CU traits have been associated with a greater frequency and variety of violent offenses, with a greater frequency of proactive aggression, and with a more positive outcome expectancy from using violence to achieve a desired result. Predictive studies have “documented that the presence of CU traits predicts subsequent delinquency, aggression, number of violent offenses, and a shorter length of time to violent reoffending in antisocial youth” (Frick, Cornell, Barry, Bodin, & Dane, 2003).

Attention Deficit / Hyperactivity Difficulties

Attention/concentration deficits (including ADD) and hyperactivity have been shown to predict violence in childhood, adolescence, and adulthood. Both component problems – attention/concentration and hyperactivity – are associated separately in the empirical literature with violence risk. Current research shows that hyperactive children produce high rates of antisocial behavior and conduct problems in adolescence.

Hyperactivity is particularly problematic in the presence of conduct problems. One controlled study found that when compared with a control group, hyperactive youth had a significantly higher rate of arrest (46% vs. 11%) and incarceration (22% vs. 1%) than the control group. Hyperactive youth also had a higher rate of arrest specifically for violent crimes (34% vs. 9%).

Poor Compliance

A youth's compliance with a proposed intervention or risk reduction strategy often is contingent on appreciation of the intervention, motivation to participate, access to the program, and a belief in the beneficial outcome. Some youth do not believe or anticipate that the proposed treatment will be effective in alleviating their problems, or they may find the "costs" or side effects of treatment to be so aversive that the costs outweigh any benefits. Poor compliance has been associated with increased risk for violence in adults.

Low Interest / Commitment to School

A youth's low commitment/ interest in attending school and completing schoolwork is related to the likelihood for future violence. A low level of commitment or interest is reflected in behaviors such as truancy, dropping out of school, frequent late arrivals, not completing assignments, and seeing education as unimportant.

IV. Protective Factors

Prosocial Involvement

This can include helping, cooperating, negotiating, appropriately expressing emotions, recognizing other's feelings, participating in prosocial activities, and affiliation with organized prosocial peer groups. Research indicates that poor social involvement is one of the strongest predictors of later violence in adolescents.

Strong Social Support

Social support refers to a network of individuals (peer-aged or adult) who provide emotional support and concrete assistance in times of distress and need. Research shows that strong positive social support increases resilience in children against developing an aggressive behavioral style, particularly under severe distress.

Strong Attachments and Bonds

Warm and affectionate relationships with adults who encourage and recognize a youth's competence and convey an attitude of affection and acceptance is a protective factor that can mitigate against future violence. Researchers have found that attachment difficulties early in life are associated with a three-fold increase in the risk for commission of violent crime in adolescent boys. Conversely, developing a secure attachment in infancy is protective against the development of antisocial and violent behavior in childhood, adolescence, and adulthood.

Positive Attitude Toward Intervention and Authority

Positive attitude toward remediation attempts describes active involvement by the youth in lessening the risk for violence. One study found that a positive response to authority was related to lower levels of reoffending during late adolescence.

Strong Commitment to School

Having a strong commitment, attachment, or bond to school – not just high levels of achievement – has been linked consistently to a decreased risk of violence in both children and adolescents. Positive school achievement also has been associated with lower levels of offending and operates as a protective factor against violence in adolescents.

Resilient Personality Traits

Resilience is a critical protective factor. Resilience is characterized by the ability to succeed or have positive outcomes despite adverse conditions.

