

# **SERIOUS AND VIOLENT JUVENILE OFFENDERS: ASSESSMENT AND TREATMENT**

*Robert D. Hoge\**

## **I. INTRODUCTION**

Many adolescents engage in risky rule-breaking behaviours. This may involve under-age drinking, cheating on a test, vandalism, or involvement in a physical fight. Minor legal infractions and rule breaking are normative during adolescence. However, it is important to observe that the majority of young people do not engage in serious criminal activity and are, in fact, responsible citizens.

On the other hand, a minority of youth engage in criminal acts serious enough to merit attention by the police and judicial system. Most of these youth have not committed a serious crime and most do not continue to engage in criminal activities. However, a small group of young people commit serious crimes of a non-violent (e.g., auto theft, drug trafficking) or violent (e.g., aggravated assault, rape) nature. Some will only engage in these acts once, while others will exhibit a chronic pattern of offending.

The primary concern of this paper is with youth who commit serious criminal actions repeatedly, whether of a violent or non-violent nature. We will examine some of the research on the characteristics of these young people and consider the available assessment and intervention strategies. We turn, first, though to a closer look at the categories of youth we are interested in.

## **II. DEFINING SERIOUS AND VIOLENT CRIMINAL ACTS**

Identifying criminal actions as serious and violent is sometimes complicated. Jurisdictions may differ in the way in which individual actions are regarded. For example, cigarette smoking by children is treated as a serious criminal act in Singapore but treated as a very minor transgression in other areas. Similarly, a physical confrontation between two youth in the school may be treated as a serious criminal action in some jurisdictions but regarded as simply a disciplinary matter for the school to deal with in others.

However, non-violent criminal acts involving, for example, car theft, drug trafficking, and burglary are recognized in most jurisdictions as serious. Similarly, violent actions such as homicide, aggravated assault, rape, and robbery are almost always treated as serious violent crimes.

Some ambiguity is also associated with the identification of chronic serious criminal activity. There are no firm rules about the number or duration of criminal actions that define chronicity. Generally speaking, though, we are concerned with youth who engaged in repeated antisocial actions over a period of time.

We will not worry too much about these issues in definition. Our concern is with youth exhibiting a pattern of repeated serious criminal activity or those at risk of this. We turn next to a brief overview of developments from theory and research on the causes of antisocial behaviours in youth.

## **III. IDENTIFYING PATTERNS OF SERIOUS AND CHRONIC CRIMINAL ACTIVITY**

Research in developmental criminology has identified a number of relatively stable patterns or trajectories of antisocial behaviour (see Arseneault, Tremblay, Boulerice, & Saucier, 2002; Frick, 2006; Loeber, 1988; Moffitt, 2003, 2006). These patterns describe groups of individuals following similar paths in the expression of criminal behaviours.

---

\* Department of Psychology, Carleton University, Ottawa, Ontario, Canada.

One of the paths is particularly relevant to our discussion of chronic criminal behaviour. The *life-course-persistent* pattern is characterized by youth who exhibit symptoms of a difficult temperament during the early years, the appearance of various forms of conduct and oppositional disorders during the preschool years, an escalation of the incidence and severity of antisocial actions during early childhood and adolescence, and the persistence of the antisocial behaviours into adulthood. These are individuals with a long history of behavioural problems, and they constitute the majority of those we refer to as chronic serious offenders. Their antisocial behaviours may be expressed in violent actions or as serious non-violent criminal actions.

Caution needs to be observed with this pattern. Not all youth who exhibit an early difficult temperament and serious conduct disorders during later childhood and adolescence will continue a life of criminal activity. Some do manage to cease their antisocial life style by the time they reach the adult years. However, some do not desist and will continue their criminal actions into adulthood.

The other major pattern identified in the research cited above is referred to as the *adolescent-limited trajectory*. This is characterized by normal development during the childhood years and the more-or-less sudden appearance of antisocial behaviours during adolescence. Youth exhibiting this pattern normally desist from further criminal actions during later adolescence and the adult years. These are youth who suddenly get into trouble during their teens but revert to a pro-social life style later on. Youth exhibiting this pattern are of concern to us in the juvenile justice system, but they present a somewhat lesser challenge than those who exhibit the life-course-persistent pattern.

These two patterns do not characterize all youth who engage in criminal activities. Some will not begin serious criminal activities until adolescence but will continue them into adulthood. Another pattern we sometimes observe involves persistent and chronic non-serious criminal activities. These are people who never engage in serious criminal acts but who seem to have continual conflicts with the judicial system.

Our primary concern in this case is with the youth who seem at risk of life-course persistent criminal activity, and we turn now to some research and theory relevant to explaining this phenomenon.

#### IV. SEARCHING FOR THE CAUSES OF SERIOUS CRIMINAL ACTIVITY

The fundamental challenge in the search for the causes of antisocial behaviours arises from the complexity of human behaviour. Many of the early theoretical positions regarding the causes of criminality focused on a single causal variable, whether poverty, weak ego, deficient self-control, or the XXY chromosome anomaly. These approaches were clearly inadequate. We now know that a wide range of factors can influence the commission of a criminal act. Some of these are internal (e.g., aspects of temperament, social competencies, modes of perception) and some external (e.g., influences of parents and peers, features of the immediate situation in which the action occurs). Further, these factors do not operate in isolation; rather, it is complex interactions among factors that have the causal impact. Further still, the dynamics of these factors are complicated. For example, individual predispositions relating, for example, to impulsivity and aggressiveness, are likely the product of complex interactions among genetic, biological, and environmental influences.

A wide range of theories have been advanced to explain the commission of serious antisocial acts, including those of a violent nature. The most satisfactory of the contemporary theories are the developmental life-course theories incorporating a social learning theory perspective into a broad-based integrative framework (see Andrews & Bonta, 2006; Guerra, Williams, Tolan, & Modecki, 2008a; Farrington, 2004; Rutter, 2003). Catalano and Hawkins' (1996) Social Development Model is an example of this approach. It describes causal chains leading to the development of pro-social or antisocial life styles. The theory incorporates a broad range of ecological and individual factors and tries to show how these operate at different points in the developmental sequence. Boxer & Frick (2008) and Frick's (2006) analysis of the factors leading to a life-course-persistent pattern expressed in violent actions is an example of a recent formulation focusing specifically on violence.

This theoretical work is being supported by sophisticated research on the correlates and causes of delinquency. The most important research is based on prospective longitudinal designs involving the study of the same individuals over a period of time, tracking changes in their behaviours, and exploring factors associated with those changes.

The Cambridge Study in delinquent development is an example (Farrington, 1997, 2003, 2004; Farrington, Coid, Harnett, Jolliffe, Soteriou, Turner, and West, 2006). The study was initiated in the early 1960s with the collection of data from a group of 411 eight and nine-year old males drawn largely from working class districts of London. The researchers are continuing to collect measures from these participants who are now in their late forties. A wide variety of psychological measures have been employed, including psychological tests, questionnaires completed by teachers and peers, and interviews conducted with the participants and their parents. The incidence of criminal activity on the part of the participants constitutes the primary outcome variable, and this has been measured through official records and self-reports. This research has yielded very important information about factors affecting the development of antisocial behaviours.

## V. RISK AND NEED FACTORS ASSOCIATED WITH SERIOUS AND VIOLENT CRIME

These theoretical and empirical developments are important in a number of respects, but it is their contribution to the identification of risk and need factors associated with serious and violent crime that is of primary concern to us. A brief introduction to these terms is required. *Risk factors* refer to characteristics of the youth or his or her circumstances associated with antisocial actions. Having a history of criminal activity, coming from a dysfunctional home environment, friendship with antisocial peers, and aggressive tendencies are examples. These factors place the youth at risk of continuing criminal activity. *Need factors* are risk factors that can be changed, and, if changed, reduce the chances of future criminal activity. Improving parent-child relations and reducing associations with negative peers will, for example, reduce the probability of continuing criminal activity.

We now have considerable information from the theoretical and research efforts cited above about risk and need factors associated with serious and violent criminal activity. This work will be briefly reviewed here, and you are referred to Hoge (2001), Loeber and Farrington (1998, 2000), and Rutter, Giller, & Hagell (1998) for further discussion of the factors.

Table 1 identifies the major categories of risk and need factors associated with serious and violent criminal activity. It is the presence or absence of these factors that contribute to the likelihood the youth will engage in serious antisocial acts or develop a pattern of criminal activity. They are divided in the table into proximal factors that have a direct impact on the criminal action and distal factors that operate through the proximal factors.

---

**Table 1: Major Risk/Need Factors**

---

**Proximal Factors**

Antisocial attitudes, values, and beliefs  
Dysfunctional parenting  
Dysfunctional behaviour and personality traits  
Poor school/vocational achievement  
Antisocial peer associations  
Substance abuse  
Poor use of leisure time

**Distal Factors**

Criminal/psychiatric problems in family of origin  
Family financial problems  
Poor accommodations  
Negative neighbourhood environments

---

While all of these factors are likely relevant to the evolution of a life-course-persistent pattern expressed in violent behaviour, special attention should probably be paid to three factors when analysing a propensity of violent actions: a history of aggressive conduct disorders, certain personality and behavioural dispositions, and embracing antisocial attitudes and values.

Individuals who persistently engage in violent crimes generally have a history of serious conduct disorders. In fact, the research shows that a history of antisocial behaviour is the single best predictor of future criminal activity. However, this does not represent a need factor since we cannot do anything about history.

The second important factor relates to personality and behavioural dispositions. Youth who engage in serious and chronic crime often exhibit signs of impaired learning ability, poor self control expressed in impulsivity, a propensity for risk taking, and high levels of aggressive emotions. These traits are common among all youth who engage in criminal actions, but they are particularly pronounced in those exhibiting a life-course-persistent pattern involving violent actions. Some of these youth also exhibit a callous and unemotional type of orientation (Boxer & Frick, 2008; Frick, 2006). These are individuals who do not seem capable of forming normal attachments with others and who lack a capacity for empathy. This characterizes some of those engaging in the most serious violent crimes.

The third type of critical factor includes antisocial attitudes and values. This is reflected in negative feelings about police, judges, teachers or anyone else in positions of authority. It is also reflected in dysfunctional modes of perception and information processing. For example, many youth who engage in persistent violent behaviours exhibit a tendency to perceive hostile intent in the actions of others even when no such intentions are present.

Several cautions should be stated in interpreting the content of Table 1. First, individual factors do not operate in isolation. For example, there is often a close link between poor parenting and associations with antisocial peers. Second, the importance of these factors may vary with age level. For example, the quality of parenting is likely a more important factor during late childhood than during adolescence. Third, while this list of factors seems to apply across gender and culture, there may be differences among these groups in the weighting of the factors and the way in which they impact the youth. For example, research suggests that girls may be more affected by a dysfunctional home environment than boys. Finally, it is important to recognize that strength or protective factors are as important as risk and need factors in describing the youth. Even young people engaging in serious crime and displaying many risk factors may also possess sources of strength that need to be recognized. The youth may have an interest in sports, or exceptional abilities in an academic area, or a caring and co-operative parent. As we will see, these can often be used as part of a treatment programme.

## **VI. IMPLICATIONS FOR ASSESSMENT AND TREATMENT**

We now have considerable information from programme evaluation research about effective and ineffective practices in the treatment of the juvenile offender (Andrews & Bonta, 2006; Guerra, Kim, & Boxer, 2008b; Hoge, 2001; Loeber & Farrington, 1998). Several of these principles are relevant to our discussion. This research demonstrates that:

- Effective programmes use standardized assessment tools and procedures;
- The risk principle of case classification is observed: high risk cases are provided intensive services, while lower risk cases receive less intensive services;
- The need principle of case classification is observed: targets of service are matched with the specific needs of the youth;
- The responsivity principle of case classification is observed; interventions take account of individual or circumstantial characteristics of the youth;
- Interventions are structured and focused and are based where feasible on evidence-based programmes;
- Interventions are delivered in the community setting where feasible;
- Interventions are multimodal; address the full range of needs of the youth.

There are some additional rules that, while not extensively researched, reflect the clinical experience of professionals:

- Goals and means of achievement are realistic for the youth;
- Staff delivering services are selected with care and provided adequate training and support.
- Staff take care to ensure that they represent pro-social models.

The following are brief discussions of some specific implications of these principles for the assessment and treatment of serious and violent offenders.

#### **A. Assessment**

Assessment of the full range of characteristics and circumstances of the youth is critical to the success of any intervention effort (Hoge, 2008; Hoge & Andrews, 1996). Assessments will be used to ensure that the risk, need, and responsivity principles are applied in case planning. Practical guidelines in the conduct of assessments were discussed in the first paper in this series. It was shown there that assessment tools must demonstrate adequate levels of reliability and validity.

Full psychological assessments conducted by a mental health practitioner may be called for in the case of very serious chronic offenders, particularly where there are indications of emotional disorder. These assessments will generally involve standardized personality and intelligence tests as well as structured interview procedures.

However, full psychological assessments are not required in all cases, and a number of structured assessment tools for evaluating risk and need factors in youth engaged in serious and violent crimes are available for use by non-mental health professionals. This includes probation officers, youth workers, or staff of institutional facilities. The instruments do require a background in child studies and special training in administering, scoring, and interpreting the measures.

The *Youth Level of Service/Case Management Inventory* (YLS/CMI; Hoge, 2005; Hoge & Andrews, 2002) is an example of a standardized actuarial measure providing estimates of risk for serious and violent offending and a framework for developing case plans based on a risk/needs assessment. The risk/needs section of the inventory contains 42 items reflecting characteristics of the youth (e.g., "truancy", "chronic drug use") or his or her circumstances (e.g., "parent provides inadequate supervision"). The section yields an overall risk/needs score and scores for the following domains: Prior and Current Offences/Dispositions; Family Circumstances/Parenting, Education/Employment, Peer Relations, Substance Abuse, Leisure/Recreation, Personality/Behaviour, and Attitudes/Orientation. An opportunity is also provided to indicate areas of strength. Subsequent sections provide formats for developing a case plan based on the risk/needs assessment. Reliability and validity research has been reported for the measure.

Other instruments in this category include the Early Assessment of Risk List for Boys (EARL-20B; Augimeri, Koegl, Webster, & Levene, 2001); Structured Assessment of Violence Risk in Youth (SAVRY; Bartel, Borum, & Forth, 2005); and the Washington State Juvenile Court Assessment (WSJCA; Barnoski, 2004). Borum and Verhaagen, 2006 and Grisso, Vincent, and Seagrave (2005) have provided extended discussions of these measures.

#### **B. Treatment**

Interventions with serious and violent juvenile offenders often involve purely punitive sanctions, with incarceration in a correctional institution the most common response. However, research clearly shows that punitive sanctions are generally ineffective in reducing criminal activities (Andrews & Bonta, 2006; Lipsey & Wilson, 1998). Effective interventions are based on the principles of best practice reviewed earlier in the paper. That is, they adjust the intensity of the intervention to the risk level of the youth, direct interventions at the specific needs of the youth, and take account of responsivity factors in selecting the intervention. Further, where possible we will select standardized treatment programmes that have proven effective in dealing with high risk youth (evidence-based programmes).

Research has shown that youth engaged in serious and violent criminal activities can exhibit a wide

range of risk and need factors, some of them individual characteristics (e.g., impulsivity, substance abuse, educational failure) and some characteristics of their situation (e.g., poor parenting, lack of community resources). However, it is individual characteristics relating to poor impulse control, attention deficits, high levels of anger, antisocial attitudes, and defective social-cognitive information-processing that seem most closely related to the serious criminal activity.

A number of structured intervention programmes for dealing with these individual deficits have been developed and for which some empirical support for efficacy is available. These are identified in Table 2. It should be clear, however, that applications of these programmes require the careful selection and training of individuals administering them.

---

**Table 2: Examples of Evidence-Based Treatment Programmes**

---

Anger Control Therapy  
 Aggression Replacement Training  
 Equip Program  
 BrainPower Program  
 Anger Coping Program  
 Gang Resistance Education and Training Program  
 Social Competence Promotion Program

---

## VII. FINAL COMMENTS

The introduction of standardized assessment procedures and structured intervention programmes requires financial resources. However, these should be regarded as investments rather than simply expenses. The use of proven techniques and procedures can produce significant reductions in the criminal activities of youth and this can represent meaningful savings in the legal and social costs associated with those activities.

## REFERENCES

- Andrews, D. A., & Bonta, J. (2006). *The psychology of criminal conduct (Fourth Edition)*. Cincinnati, OH: Anderson.
- Arseneault, L., Tremblay, R. E., Boulerice, B., & Saucier, J. F. (2002). Obstetric complications and adolescent violent behaviors: Testing two developmental pathways. *Child Development, 73*, 496-508.
- Augimeri, L. K., Koegl, C. J., Webster, C. D., Levene, K. S. (2001). *Early Assessment Risk List for Boys: EARL-20B, Version 2*. Toronto, ON: Earls court Child and Family Centre.
- Barnoski, R. (2004). *Assessing risk for re-offense: Validating the Washington State Juvenile Court Assessment* (Report No. 04-03-1201. Olympia, WA: Washington State Institute for Public Policy.
- Bartel, P., Borum, R., & Forth, A. (2005). *Structured Assessment of Violence Risk in Youth (SAVRY)*. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida.
- Borum, R., & Verhaagen, D. (2006). *Assessing and managing violence risk in youth*. New York: Guilford.
- Boxer, P., & Frick, P. J. (2008). Treatment of violent offenders. In R. D. Hoge, N. G. Guerra, & P. Boxer (Eds.), *Treating the juvenile offender* (pp. 147-170).
- Catalano, R. F., & Hawkins, 1996. The social development model: A theory of antisocial behavior. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149-197). Cambridge, UK: Cambridge University Press.
- Farrington, D. P. (1997). Early prediction of violent and non-violent youth offending. *European Journal on Criminal Policy and Research, 5*, 51-66.
- Farrington, D. P. (2003). Key results from the first 40 years of the Cambridge Study in Delinquent Development. In T. P. Thornberry and M. D. Krohn (Eds.), *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies* (pp. 137-183).
- Farrington, D. P. (2004). Conduct disorder, aggression, and delinquency. In R. M. Lerner, & L. Steinberg (Eds.), *Handbook of adolescent psychology Second Edition* (pp. 627-624). New York: Wiley.
- Frick, P. J. (2006). Developmental pathways to conduct disorder. *Child and Adolescent Psychiatric Clinics of North America, 15*, 311-332.
- Grisso, T., Vincent, G., & Seagrave, D. (Eds.). (2005). *Mental health screening and assessment in juvenile justice*. New York: Guilford.
- Guerra, N. G., Williams, K. R., Tolan, P. H., & Modecki, K. L. (2008a). Theoretical and research advances in understanding the causes of juvenile offending. In R. D. Hoge, N. G. Guerra, & P. Boxer (Eds.), *Treating the juvenile offender* (pp. 33-53). New York: Guilford.
- Guerra, N. G., Kim, T. E., & Boxer, P. What Works: Best practices with juvenile offenders. In R. D. Hoge, N. G. Guerra, & P. Boxer (Eds.), *Treating the juvenile offender* (pp. 79-102). New York: Guilford.
- Hoge, R. D. (2001). *The juvenile offender: Theory, research, and applications*. Boston: Kluwer.
- Hoge, R. D. (2005). Youth Level of Service/Case Management Inventory. In T. Grisso, G. Vincent, & D. Seagrave (Eds.), *Mental health screening and assessment in juvenile justice* (pp. 283-294). New York: Guilford.
- Hoge, R. D. (2008). Assessment in juvenile justice systems. In R. D. Hoge, N. G. Guerra, & P. Boxer (Eds.), *Treating the juvenile offender* (pp. 54-75). New York: Guilford.

Hoge, R. D., & Andrews, D. A. (1996). *Assessing the youthful offender: Issues and Techniques*. New York: Plenum.

Hoge, R. D., & Andrews, D. A. (2002). *Youth Level of Service/Case Management Inventory user's manual*. North Tonawanda, NY: Multi-Health Systems.

Lipsey, M. W., & Wilson, D. B. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313-345). Thousand Oaks, CA: Sage.

Loeber, R. (1988). Natural histories of conduct problems, delinquency, and associated substance use: Evidence for developmental progressions. In B. B. Lahey & A. E. Kazdin (Eds.), *Advances in clinical child psychology (Volume 11)* (pp. 73-124). New York: Plenum.

Loeber, R., & Farrington, D. P. (1998) (Eds.) *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage.

Moffitt, T. E. (2003). Life-course-persistent and adolescence-limited antisocial behavior: A 10-year research review and research agenda. In B. B. Lahey, T. E. Moffitt, & A. Caspi (Eds.), *Causes of conduct disorder and juvenile delinquency* (pp. 49-75). New York: Guilford.

Moffitt, T. E. (2006). Life-course-persistent versus adolescence-limited antisocial behavior. In D. Cicchetti & D. Cohen (Eds.), *Developmental Psychopathology (Second Edition)* (pp. 570-598). New York: Wiley.

Rutter, M. (2003). Crucial paths from risk indicator to causal mechanism. In B. B. Lahey, T. E. Moffitt, & A. Caspi (Eds.), *Causes of conduct disorder and juvenile delinquency* (pp. 3-24). New York: Guilford.

Rutter, M., Giller, H., & Hagell, A. (1998). *Antisocial behavior by young people*. Cambridge, UK: Cambridge University Press.

At post-treatment serious offenders in the MST condition reported significantly fewer criminal offenses than their counterparts in the usual services condition. At the 59-week post-referral follow-up, youth receiving MST had significantly fewer arrests ( $M=0.87$  vs  $1.52$ ) and weeks incarcerated ( $M=5.8$  vs  $16.2$ ) than youth receiving usual services. Multisystemic treatment of serious juvenile offenders: long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569-578. Bronfenbrenner, U. (1979). *Successful Interventions for Serious and Violent Juvenile Offenders* (Loeber and Farrington, 1997), is also available (for a fee) from JJC. x Institutionalized youth placed in a 32-bed therapeutic community setting in an inner-city neighborhood received counseling, remedial education, vocational assessment and training, and other services (Auerbach, 1978). x A community-based residential treatment center for adjudicated youth used extensive group discussion as therapy and emphasized progressive assumption of self-responsibility (Allen-Hagen, 1975). *Treatment of juvenile offenders and their reintegration into society*. Compiled by superintendent BP Korff south african police service. *Division training: education training and development research & curriculum development february 2010*. *Treatment of Juvenile Offenders and their reintegration into society B*. *Treatment of Juvenile Offenders and their reintegration into society*. ACKNOWLEDGEMENTS. I want to make use of the opportunity to convey my appreciation to the following people for... dealing with serious, violent, and chronic juvenile offenders. developed by the United States Office of Juvenile Justice and Delinquency Prevention. juvenile offenders and on causes of serious, violent, and chronic. juvenile crime is briefly reviewed, as are program evaluations. The. Examples of these types of programs include a day treatment and education program operated by Associated Marine Institutes (AMI); the Florida Environmental Institute's (FEI) wilderness camp for juveniles who would otherwise be sent to adult prisons; and intensive family-based, multisystemic therapy (MST) programs, which have been effective with serious juvenile offenders in several localities (Krisberg, 1992). Assessment dictates how a juvenile is defined and often what form of treatment he or she will be assigned. In terms of assessment and sentencing, there are several differences between demographic groups in the juvenile justice system. Before an individual is placed in treatment, it is important to note his or her rights and consider any relevant ethical concerns. The pattern of behaviors often escalates throughout adolescence for serious violent offenders; however, aggressive behavior is not necessarily associated with oppositional-defiant disorder. Similar to conduct disorder, oppositional-defiant disorder is more commonly seen among male youths.