



# **THE JUVENILE RISK OF VIOLENCE ASSESSMENT QUESTIONNAIRE:**

## **MANUAL-VERSION 1.0**

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# Table of Contents

<b>CHAPTER 1</b>	<b>4</b>
INTRODUCTION	4
THE BASIS OF THE JRVAQ	5
THREAT OF VIOLENCE ASSESSMENTS	7
USER QUALIFICATIONS	9
STRUCTURE, ADMINISTRATION AND CODING OF THE JRVAQ	10
VIOLENCE DEFINITION	14
<b>CHAPTER 2: IMMINENT WARNING SIGNS</b>	<b>15</b>
I1. RECENT VIOLENCE	16
I2. TYPE OF VIOLENCE	17
<b>CHAPTER 3: HISTORICAL FACTORS</b>	<b>18</b>
H 1. PAST VIOLENCE OR AGGRESSION	18
H 2. AGE AT FIRST INCIDENT	19
H 3. AGE AT LAST INCIDENT	19
H 4. NUMBER OF INCIDENTS/LAST YEAR	19
H 5. ABUSED SUBSTANCES	20
H 6. MAJOR MENTAL ILLNESS	21
H 7. PERSONALITY/CONDUCT DISORDER	22
H 8. FAMILY/SOCIAL MALADJUSTMENT	24
<b>CHAPTER 4: PRESENT PSYCHOLOGICAL FACTORS</b>	<b>27</b>
P 1. INSIGHT PROBLEM	27

P 2. ANGER PROBLEM	28
P. 3. IMPULSIVITY PROBLEM	29
P 4. EMPATHY PROBLEM	30
P 5. ANTISOCIAL ATTITUDES	31
P 6. ACTIVE SYMPTOMS OF MAJOR MENTAL ILLNESS	33
P 7. ACTIVE SYMPTOMS OF NON-PSYCHOTIC MENTAL ILLNESS	33
P 8. ACTIVE SYMPTOMS OF ADHD	34
P 9. ABUSING SUBSTANCES	35
P 10. SOCIAL ALIENATION	35
<b>CHAPTER 5: RISK MANAGEMENT FACTORS</b>	<b>37</b>
R 1. NO SUPPORT EXPECTED	37
R 2. REMEDIATION RESISTANCE EXPECTED	38
R 3. UNDUE STRESS EXPECTED	38
<b>BIBLIOGRAPHY</b>	<b>40</b>
<b>CODING SHEET</b>	<b>45</b>

# CHAPTER 1

## INTRODUCTION

The Juvenile Risk of Violence Assessment Questionnaire (JRVAQ) is not a formal psychological test. Rather, it is an assessment tool and research instrument. When used to assess risk of future violence in youth it should be used with requisite caution, appropriate training, in consultation with the authors or other experienced professionals, and as part of a multi-method multi-source forensic psychological evaluation procedure. It should be remembered that there exists a danger of misusing any assessment tool, particularly when assessing youth and when assessing risk of violence. Therefore certain rules must always be kept in mind when using the JRVAQ.

These are:

- First and foremost do no harm. The JRVAQ should not be used to stereotype or mislabel a youth.
- Understand that violence occurs within a context. Therefore it necessary to explore and understand the youth's total life experience before coming to any conclusion regarding risk of violence.
- Avoid stereotypes. It is crucial to be aware of false cues such as race, socio-economic status, cognitive or academic ability and/or physical appearance. Such false cues must not color a logical and thorough analysis of the referral question.

- Understand the impact and influence of a child and youth's developmental history. It is important to understand what is developmentally typical behavior so that a particular youth's actions are not misinterpreted.

The JRVAQ was developed by the senior author in an effort to integrate the scientific data that has been published to date regarding youth violence with the practical, day-to-day need of performing forensic psychological evaluations to assess risk of violence. This manual is divided into the following chapters. Chapter 1 presents a brief review of literature regarding the scientific basis of the JRVAQ. This presentation is in summary only and the authors refer the user to other sources for a more thorough discussion of the literature. Next is presented a discussion of user qualifications, administration and coding of the JRVAQ, general principles regarding risk of violence assessments and maintaining predictive accuracy, and a brief description of the concept of violence as it is used in the JRVAQ.

Chapters 2 through 5 present a discussion of the four sections of the JRVAQ, Imminent Warning Signs, Historical Factors, Present Psychological Factors, and Risk Management Factors, and the twenty-three items that comprise these sections. Each item's coding scheme is described along with a brief review of relevant literature. Provided at the end of the manual are a bibliography and a sample coding sheet

## **THE BASIS OF THE JRVAQ**

An individual's risk for dangerous behavior and the risk he or she poses to self and others are crucial factors in psychology, treatment, and corrections. In the past 30 years and since landmark cases such as *O'Connor v. Donaldson* (1975) and *Addington*

*v. Texas* (1979), mental health professionals have been asked by the criminal justice and corrections systems, institutions, and courts of law to assess risk of violence. *Tarasoff v. Regents of the University of California* (1976) required that mental health professionals protect third parties against patients deemed violent (see VandeCreek & Knapp, 2001). Risk of violence assessments assist the court in various ways. Security during detention, pretrial, and rehabilitation periods is certainly an issue for those involved (Grisso, 1998). The risk assessment duty of mental health professionals remains and contributes to the importance and need for useful and appropriate assessment tools.

Early research and reactions to risk of violence estimates were not encouraging. As recently as the 1980's accurate predictions were widely regarded as impossible (Monahan, 1981). A 1981 review by John Monahan reported that only one in three predictions of violence in institutionalized mentally ill patients was accurate. Monahan's findings echoed popular thought of the early years of risk assessment research, during which psychologists and psychiatrists were dissuaded from predicting future violent behavior. Psychologists' ability to make accurate short-term predictions of dangerousness seemed weak, and the predictions themselves, faulty.

However, in the recent past events have shaped a different conclusion. Otto (1992) claims Monahan's (1981, 1984, 1988) conclusions and appeals for "more focused and relevant research" in the 1980's resulted in an improvement in studies assessing the abilities of mental health professionals to predict dangerousness (p. 107). The decades following have proved more supportive of risk assessment and prediction;

Otto stated that “advances in predictive techniques suggest that, rather than one in three predictions of long-term dangerousness being accurate, at least one in two short-term predictions are accurate” (p. 130). Psychologists are now thought to develop risk estimates of violence with better-than-chance accuracy (Borum, 1996; Mossman, 1994; Otto, 1992).

### **THREAT OF VIOLENCE ASSESSMENTS**

No one can foretell the future. Thus it is a conceptual error to assert that the JRVAQ, or any assessment tool, technique, or procedure can be used to, in fact, predict violence. Furthermore, it is a well-known truth that in the general population violence is a low base rate phenomenon. In other words, it occurs infrequently. Therefore, from a purely statistical point of view, if the forensic mental health professional wanted, more often than not, to be accurate in his or her assessment of a youth all they need report is that the expectation of future violent acts is low—and, more often than not, their prediction would be proved correct. However, adopting such a methodological procedure, or, in reality, lack of procedure, actually begs the question and provides the decision maker, e.g. a district court judge, with no relevant information with which to craft a decision.

Although forensic mental health professionals cannot foretell the future they can develop informed opinions as to the likelihood that a particular youth will act out in a violent manner. In other words, analogous to a weatherman forecasting the risk of bad weather, the forensic specialist can craft an estimate of the risk for future violence. These risk estimates, or risk assessments, must be based upon a logical analysis of

dispositional, historical, contextual, and clinical risk factors that research has shown to be related to such estimates. A risk assessment specifies how great the risk, for what, and within what time period.

Debate continues as to whether a clinical approach is justified or whether a purely actuarial approach is best. Obviously the present authors have developed the JRVAQ to be used by those who are not averse to utilizing the former method of risk of violence assessments. Nevertheless, it is recognized that whenever possible the forensic specialist must be aware of those base rates that do exist for the various populations he or she is evaluating and that the opinions generated are referenced to the relevant population, i.e. junior high school youth males in public schools versus juveniles incarcerated in a correctional facilities.

Happily, the literature regarding how to perform violence assessments has increased over the last several years. While a thorough discussion of this literature is not appropriate for the present manual, some basic recommendations can be made which are particularly relevant to the appropriate use of the JRVAQ. First, the evaluator must perform a thorough and complete evaluation utilizing multi-methods and multi-sources for obtaining information and data. The four principle data domains for forensic evaluations are interviews, observations, psychological tests, and collateral source information. Collateral source information can be anything from school records to information obtained from interviews with the youth's family members.

As much as possible all information must be verified and cross-checked. Whenever possible seek corroboration of crucial data. Likewise, it is important to

assess the possibility of malingering and deception. Threat of violence assessments must be made with appropriate informed consent and with regard to the legal rights, particularly 5<sup>th</sup> Amendment rights, of the person being evaluated. Likewise, it is crucial that the evaluator fully understand the referral question, the context in which the evaluation is being sought, and the needs and responsibilities of the decision-maker who is seeking the evaluation.

Risk of violence conclusions should be provided as estimates or probabilities rather than as definite factual statements. Thus, the use of words such as *low*, *moderate*, or *high* is preferable. Finally, the evaluator, when providing a risk of violence opinion, should give some thought and discussion regarding the various factors that might increase the risk of violence for a particular youth and those factors that might decrease the risk. The youth's strengths and weaknesses should be noted, situational factors that might decrease or increase the risk should be discussed, and, if appropriate, suggestions for managing or lowering the risk of violence may be provided.

## **USER QUALIFICATIONS**

Given the seriousness of performing risk of violence assessments and the significant negative impact either a Type I or Type II error can have on both society and the youth evaluated, the use of the JRVAQ requires the user to have the highest professional skill both in terms of education, experience, and judgment. At a minimum the individual user must have training and experience in forensic clinical interviewing techniques; the administration and interpretation of psychological tests; the diagnosis of mental disorders; and be knowledgeable with respect to the scientific literature

regarding the causes and management of youth violence. Likewise, because a majority of the referral questions regarding youth violence stem from the judicial system the user should be knowledgeable regarding the different psycho legal referral issues that arise from case law and statute and how they interplay with risk of violence assessments. Also, because risk of violence estimates must take into account the setting in which the youth may find himself or herself the evaluator must have understanding and experience with juvenile and adult correctional system within their community, state, or province.

These recommendations regarding user qualifications are particularly crucial for those evaluators who are administering the JRVAQ for forensic purposes, i.e. court related, treatment, placement, and/or management of a youth. It is possible for the JRVAQ to be completed utilizing a team approach. However, only those professionals who are legally able to provide diagnoses or administer psychodiagnostic assessments should complete those JRVAQ items directly related to mental disorders. Likewise, when a team approach is utilized it is recommended that the team members be clear regarding the coding methodology they are using and that one, fully qualified member of the team be ultimately responsible for the final collation and assessment of the team generated data.

## **STRUCTURE, ADMINISTRATION AND CODING OF THE JRVAQ**

The JRVAQ is made up of twenty-three items divided amongst four categories. The categories are termed Imminent Warning Signs, Historical Factors, Present Psychological Factors, and Risk Management Factors. The items were developed by the

senior author from a review of literature focusing on those factors relevant to youth violence.

<b>IMMINENT WARNING SIGNS</b>	<b>HISTORICAL FACTORS</b>	<b>PRESENT PSYCHOLOGICAL FACTORS</b>	<b>RISK MANAGEMENT FACTORS</b>
Recent violence  Type of violence	Past Violence or Aggression  Age at First Incident  Age at Last Incident  Number of Incident/Last Year  Abused Substances  Major Mental Illness  Personality/Conduct Disorder  Family/Social Maladjustment	Insight Problem  Anger Problem  Impulsivity Problem  Empathy Problem  Antisocial Attitudes  Active Symptoms of Major Mental Illness  Active Symptoms of Non-Psychotic Mental Disorder  Active Symptoms of ADHD  Abusing Substances  Social Alienation	No Support Expected  Remediation Resistance Expected  Undue Stress Expected

As noted earlier the JRVAQ should be used as part of a multi-method, multi-source forensic evaluation that obtains relevant data from four domains—interviews, observations, psychological tests, and collateral sources. The evaluator attempts to gather information relevant to each item. The forensic evaluator must make a

determination as to whether or not there is sufficient data to indicate that the item has relevance (is present) for the youth being evaluated. Next, the evaluator must determine to what extent the item is relevant. Finally, the evaluator should summarize or integrate the totality of the items and reach a decision as to the level of risk of violence that exists.

The Historical Factors, Present Psychological Factors, and Risk Management Factors are coded on a three-point scale. A "0" indicates that the item is not present. (Note that omitted items or items for which there is insufficient data should be scored "0".) A "1" indicates that the item may be present or is present to a lesser extent as compared to a "2". A "2" indicates that the item is present.

0	Item is not present.
1	Item may be present, or is present to a lesser extent.
2	Item is present.

The Imminent Warning Signs items are scored as either present or absent. An exclamation point "!" (instead of a "1") is used to denote presence of an item. The "!" was chosen to underscore the seriousness of an imminent warning sign being designated as definitely present.

0	Item is not present.
!	Item is present.

As the evaluator completes each section he or she sums the scores for that section and then, when complete, sums the score for the total Coding Sheet. The maximum score for the Historical Factors section is 10, for the Present Psychological Factors section the maximum score is 20, and for the Risk Management Factors section the maximum score is 6. The maximum total score for the JRVAQ is 36.

Presently there are no norms for the JRVAQ. Thus it is important to realize that a high score does not necessarily equate with a higher risk of violence as compared to a lower score. Although the scientific literature lends significant support for considering each item when a forensic evaluator is developing his or her opinion there is yet no consensus as to the exact weight one item should have as compared to another. Therefore the user is warned against a rigid, number driven analysis style when employing the JRVAQ.

A special note should be made of the three items that make up the Risk Management Factors. These are whether or not the youth will receive relevant support, whether or not the youth will resist remediation, and whether or not the youth will experience undue stress. One of the single most important reasons for performing a threat of violence evaluation is to gather information with which one can craft appropriate violence reduction/management plans. Special effort should be made by

the forensic examiner to explore these three areas and, where deficiencies are noted, to creatively develop suggestions that may counteract these deficits.

## **VIOLENCE DEFINITION**

**Violence.** **Violence is defined as the actual or threatened harm** to an individual or group of individuals. This includes all sexual assaults. (Sexual assault includes any unwanted sexual contact not just rape.) Threats of harm must be obvious and apparent. Actual or resultant harm to the victim is not the defining feature of violent behavior. All behavior that would generate fear in the average person should be regarded as violence.

Acts of **moderate or less severe violence** include hitting, shoving, and/or other behaviors unlikely to cause serious harm. Acts of **severe violence** include those behaviors that cause, or could cause, death or serious injury.

**Acts, which should not be considered violent,** include insults which are not accompanied by violent threats and/or minor destruction of objects in which there is no possibility of harm to individuals. Likewise, acts of self-defense, or defense of others, are not violence for purposes of this technique, so long as the degree of violence used was reasonable for the situation.

## CHAPTER 2: IMMINENT WARNING SIGNS

Imminent warning signs indicate that a youth is very close to behaving in a way that is potentially dangerous to self and/or to others. The existence of imminent warning signs, particularly when no reasonable mitigating factor can be discerned, more often than not suggests that the risk of violence in the near future is above normal.

**Imminent warning signs demand an immediate response.** No single warning sign can predict that a dangerous act will occur. Rather, imminent warning signs usually are presented as a sequence of overt, serious, hostile behaviors or threats directed at peers, family, or other individuals. Usually, imminent warning signs are evident to more than one individual--as well as to the child's family.

When warning signs indicate that danger is imminent, safety must always be the first and foremost consideration. Action must be taken immediately. Intervention by appropriate helping professionals and, possibly, law enforcement is required. Parents should be informed immediately. School authorities also have the responsibility to seek assistance from appropriate agencies, such as child and family services, community mental health facilities, and threat of violence consultants.

## I 1. RECENT VIOLENCE

Recent violence is a crucial warning sign in the detection of risk of future violence. A recent display of violence is a clear sign that the individual is capable of such behavior.

The question to be asked and answered is: In the recent past (last four weeks) has the youth been involved in serious violent behavior with peers, family members, or others?

### Coding

0	No recent violence
!	Recent violence

This item is coded as either present or not present.

## I 2. TYPE OF VIOLENCE

If the forensic examiner determines that the youth has exhibited recent violence then the next question is: What type of violent behavior has the youth demonstrated?

### Coding

	Serious physical fighting with peers, others, or family members
	Severe destruction of property
	Severe rage for seemingly minor reasons
	Detailed threats of violence
	Unlawful possession and/or use of firearms and other weapons
	Other self-injurious behaviors or threats of suicide

The evaluator has six choices and is instructed to check all that apply.

## CHAPTER 3: HISTORICAL FACTORS

### H 1. PAST VIOLENCE OR AGGRESSION

Even though the forensic evaluator cannot weigh equally each factor when estimating the risk of violence, one factor that is always very important to explore is history of violence. Why--because the best predictor of future behavior is past behavior. Nevertheless, the assessment of past violence needs to be performed with skill. One needs to look at FREQUENCY OF VIOLENCE, RECENCY OF VIOLENCE, and SEVERITY OF VIOLENCE. When considering the severity of violence the evaluator should determine the motivation for the violence as well as the emotional and behavioral consequences the violence had for the individual. Also explore whether the aggression was predatory or affective in nature.

#### Coding

0	No past violence.
1	Less serious past violence (one act of moderately severe violence).
2	Serious past violence (two or more acts of moderately severe violence, or any act of severe violence).

Included as "past violence" are all violent acts that have occurred up to and including the incident triggering the present assessment.

## **H 2. AGE AT FIRST INCIDENT**

The research suggests that the earlier in life a youth is violent, i.e. aggression predates adolescence, the greater the risk of aggression presently and in adulthood. As a caveat, though, if a youth has not demonstrated violent behavior for a significant amount of time the earlier aggressive acts may not be as predictive.

Coding

	Note the age in years.
--	------------------------

Age is determined by the date of the first known violent incident.

## **H 3. AGE AT LAST INCIDENT**

Coding

	Note the age in years.
--	------------------------

If appropriate this may be the incident triggering the present incident.

## **H 4. NUMBER OF INCIDENTS/LAST YEAR**

Coding

	Note the number of incidents.
--	-------------------------------

## H 5. ABUSED SUBSTANCES

Substance abuse may increase the risk of violence in an individual. Mohandie (2000) states that substance abuse is related to poor coping and problem-solving skills and lowered tolerance of frustration. If both exist, it is important to look for a correlation between a juvenile's substance abuse and violent behaviors. For example, does the individual display violence only when using substances, or is he violent with and without substance use?

Substance abuse and dependency may be a gateway into both delinquent peer groups and behavior because of the desire to maintain the substance habits. When examining substance abuse as a risk factor, the individual characteristics (such as drug type, patterns, etc.) must be considered carefully. Alcohol and many drugs (especially psychostimulants) increase irritability and aggression, and reduce inhibitions, allowing violence to be easily triggered (Meloy, 2000; Brown, 1999). Pihl and Peterson (1996) stated, "boys at risk for either or both drug abuse and aggression are impulsive, hyperactive, and attentionally deficient" (p.239).

### Coding

0	No substance use problems.
1	Less serious substance use problems.
2	Serious substance use problems.

This item includes abuse of prescription drugs, other substances, such as paint or gasoline, as well as illegal substances. This item is scored on the basis of past history and is unaffected by whether the abuse disorder is currently active or in remission.

## **H 6. MAJOR MENTAL ILLNESS**

A study by Lewis et al. (1988) of juveniles sentenced to death found symptoms of neurological damage and dysfunction, histories of physical and/or sexual abuse, and psychiatric symptoms in each individual. Grisso (1998) states that although it is not clear if the presence of a mental disorder increases the risk of violence, in juveniles with histories of aggression “the presence of some mental disorders does increase the risk of future aggression” (p. 143). Again, past violence becomes a crucial factor, and if it exists, then the relationship between the individual’s mental illness and the past violent behavior should be considered. For example, was the previous violence motivated or amplified by mental illness? Mohandie (2000) stated, “to the extent that coping skills and perceptions are impaired, any particular disorder can increase a person’s risk for violence” (p. 63).

### Coding

0	No major mental illness.
1	Less serious major mental illness.
2	Serious major mental illness.

This item applies to illnesses involving psychotic disturbances of thought, i.e. schizophrenia, and/or mood, i.e. bipolar disorders. Other possible diagnoses include delirium, various dementias, and Delusional Disorders. A diagnosis of major mental illness should conform to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (1994).

This item should be coded **Serious** when the evidence of a major mental illness is certain. If the evidence is not certain (e.g., the diagnosis or severity is uncertain), then the code of **Less serious** is appropriate. This item is scored on the basis of past history. Thus the disorder need not be currently active for a subject to receive a positive rating. The assessor needs to refer to the youth's psychological and/or psychiatric records and/or credible information provided by the youth's parents or guardian.

Less serious mental illnesses, such as non-psychotic mood disorders, anxiety disorders, somatoform disorders, factitious disorders, dissociative disorders, sexual and gender disorders, etc. are not considered in the coding of this item. History of Personality disorders and/or Conduct disorders are coded under H7.

## **H 7. PERSONALITY/CONDUCT DISORDER**

Personality disorders and their diagnoses are defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (1994). A personality disorder diagnosis requires an individual be 18 years of age. However, as Mohandie (2000) writes, "...one does not turn 18 and suffer from these issues 'all of a sudden'.

Rather, these patterns have already begun to manifest themselves before the person turned 18" (p. 65). These disorders and their symptoms can increase the risk an individual poses. For example, paranoia (Paranoid Personality Disorder) increases risk in the sense that an individual who feels threatened is more likely to initiate violence (Meloy, 2000). An individual with Antisocial Personality Disorder (patterns of psychopathy) disregards the rights or feelings of others, and shows a tendency to initiate violence and act aggressively (DSM-IV, 1994). Lynam (1996) found that, among offenders, psychopathic individuals commit more crimes and are more violent. Lewis et al. (1988) found that, among juveniles sentenced to death, most of the offenders displayed signs of psychopathology as children (Lewis et al., 1988).

Conduct problems in juveniles are a significant predictor of future antisocial behavior (Lynam, 1996). Symptoms of conduct disorder displayed by children may include attention seeking, impulsivity, and hyperactivity, as well as delinquent behavior such as theft or vandalism. While antisocial behavior is not uncommon in children and is therefore a poor predictor, Lynam stated that juveniles with both hyperactivity-impulsivity-attention problems and conduct problems are at high risk of chronic offending in adulthood. Frick, O'Brien, Wootton, and McBurnett (1994) found children with conduct problems that also had poor socialization skills were at higher risk for aggression.

## Coding

0	No personality and/or conduct disorder.
1	Less serious personality and/or conduct disorder.
2	Serious personality and/or conduct disorder.

A diagnosis of personality and/or conduct disorder should conform to should conform to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (1994). This item is scored on the basis of past history. The disorder is need not be currently present. The assessor needs to refer to the youth's psychological and/or psychiatric records and/or credible information provided by the youth's parents or guardian.

Less serious personality and/or conduct disorders includes diagnosis of maladaptive personality traits and/or symptoms of conduct disorders that are insufficient to warrant a diagnosis utilizing DSM-IV nomenclature.

### **H 8. FAMILY/SOCIAL MALADJUSTMENT**

Family environment and parenting are sometimes used as mitigating factors, and are also of relevance to juvenile violence. The recent progress in standardized measures of family functioning and parenting (see Hoge and Andrews, 1996) recognize the importance of these factors. Some studies have found correlational relationships between abuse or neglect of a child and aggression by that child, sometimes at a very young age (Widom, 1989; Widom & Maxfield, 1996). Social learning literature suggests

that children raised in homes where violence occurs learn and imitate aggression. The same has been said of violent peer groups; juveniles learn from other juveniles to accept violence, as well as the aggressive behaviors themselves. Meloy (2000) emphatically warns against underestimating peer influence on juveniles. Elliot (1994) found peer normlessness, peer delinquency, and attitudes toward deviance to be violence predictors among juveniles.

#### Coding

0	No maladjustment.
1	Less serious maladjustment.
2	Serious maladjustment.

Youth can experience family/social maladjustment by either being a *child victim* and/or by being a *child victimizer*. This item considers maladjustment at home, school, or in the community. For example, a youth may have grown up in a home where aggression between family members has been modeled as acceptable. Some families, in fact, support antisocial and/or criminal activity. On the other hand, youths may be the victims of physical, sexual, or emotional abuse at home or elsewhere. Finally, the youth may have a history of being "picked on", teased, bullied, or ridiculed at home, in the community, or at school.

As a *victimizer* the youth may have a history at home, in the community, or at school of being a bully; as possessing an intense prejudice toward others based on

racial, ethnic, religious, language, gender, sexual orientation, ability, or physical appearance; and/or affiliating with gangs that support anti-social values and behaviors.

Finally, it is possible that a youth is both a *victim* in one setting, i.e., the home, and a *victimizer* in another, i.e. at school.

## CHAPTER 4: PRESENT PSYCHOLOGICAL FACTORS

### P 1. INSIGHT PROBLEM

Arnett (1992) suggests that sensation seeking and egocentrism are factors that promote reckless behavior in juveniles.

#### Coding

0	No lack of insight.
1	Less serious lack of insight.
2	Serious lack of insight.

This factor should be understood as determining whether or not the youth possesses a reasonable level self-knowledge or psychological insight. For example, if the youth has been diagnosed as having a mental disorder does he or she believe that the diagnosis is correct, does he or she appreciate the interpersonal and intrapersonal ramifications of his or her disorder? Likewise, the assessor should determine the extent to which the youth perceives himself or herself to be angry, hostile, or a threat. Finally, the assessor ought to explore whether or not the youth has insight into others' behaviors, or whether the person's thinking and interpersonal perceptions are characterized by paranoid projections; e.g. does the youth tend to misattribute hostility to others when no such hostility exists.

## P 2. ANGER PROBLEM

Ewing (1990) noted that most juveniles that kill are not psychotic, but rather exhibit problems with anger and impulsivity. Most juveniles exhibit anger attributable to developmental stages or changes. "Teen angst" and brooding are not uncommon and are not, in general, risk factors. As Grisso (1998) discussed and as was previously mentioned, risk is increased with those individuals who exhibit severe (inappropriate) anger in a wide variety of situations and/or towards a variety of people. In a study by Cornell, Peterson, and Richards (1999), anger was shown to be a successful predictor of both physical and verbal aggression. In a review of adolescent homicide, Hardwick and Rowton-Lee (1996) stated, "many case studies confirm a developmental pathway involving a long history of aggressive outbursts, poor impulse control, and inability to tolerate frustration" (p.269).

### Coding

0	No anger problem present.
1	Less serious problem with anger.
2	Serious problem with anger.

Everyone gets angry once in awhile. However, anger that is expressed frequently and intensely and is out of proportion to the eliciting stimulus should be assessed as a **Serious problem with anger**. The assessor should remember that anger may be expressed verbally as well as behaviorally. Furthermore, youth often

express their thoughts, feelings, desires and intentions in their drawings and in stories, poetry, and other written expressive forms. An over representation of violence in writing and drawings that is directed at specific individuals (family members, peers, other adults) consistently over time, may signal the potential for violence and should be assessed as **Serious problem with anger**.

### **P 3. IMPULSIVITY PROBLEM**

Mohandie (2000) defines impulsivity as both instantaneous and planned acts, the latter type lacking understanding of possible or actual consequences. Impulsivity may worsen aggressive acts and crimes. Krueger et al. (1994) found that youths “who engaged in a wide variety of delinquent behavior...behaved impulsively rather than cautiously” (p.332). Developmental research shows impulsivity to be more common in adolescents, and often not stable into adulthood (Grisso, 1998). Meloy (2000) found that psychopaths are rarely impulsive in their acts, and that the complicated issue of impulsivity should be carefully considered before used to describe an individual. However, some juveniles display more impulsivity than is normal, and consistently. The risk for these individuals is increased with the presence of this characteristic (Grisso). Impulsivity is a characteristic of Attention-Deficit/Hyperactivity Disorder (American Psychological Association, 1994; Neef, Bocard, & Endo, 2001).

## Coding

0	No impulsivity problem present.
1	Less serious problem with impulsivity.
2	Serious problem with impulsivity.

Impulsivity is behavioral and mood instability. Developmental research provides much evidence that adolescents more often respond impulsively and take greater risks than do adults. Some youths, however, manifest a more persistent pattern of impulsivity that elevates risk of harmful behavior beyond that which is common to adolescents in general. The assessor should attempt to understand how the youth typically reacts to real or imagined insults, disappointments, and frustrations.

### **P 4. EMPATHY PROBLEM**

Deficient empathy is one characteristic of psychopathy. A juvenile's capacity for empathy (or lack thereof) is one of the most important factors considered by juvenile justice professionals (Grisso, 1998). Some empathy deficiencies may be a natural part of the individual's age, and should therefore not be a major part of long-term estimates. However, lack of empathy may also be an early sign of developing psychopathy or narcissism (Lynam, 1996). Cormier and Markus (1980), in their study of adolescent murderers, stated that a lack of remorse may be due to repression. Sadism may be one component of lacking empathy (see Meloy, 2000).

## Coding

0	No empathy problem present.
1	Less serious problem with empathy.
2	Serious lack of empathy.

Callousness, lack of empathy or remorse, and lack of concern for past harmful behaviors is conceptually linked to violence and youth who are developing narcissistic personalities and who are manifesting early signs of psychopathy. In essence the assessor needs to judge whether or not the youth lacks the ability to experience or sense the pain that he or she inflicts on others. Remember, however, that dramatic displays of repentance do not necessarily provide reliable evidence that a youth is empathic or remorseful. Remorseful statements are frequent among delinquent youths whose lack of empathy is characterological.

### **P 5. ANTISOCIAL ATTITUDES**

Antisocial Personality Disorder is manifested in characteristics such as disregard for law and authorities, disregard for the feelings and rights of others, lack of remorse, aggressiveness and/or destructiveness, manipulation and/or deceitfulness, and irresponsibility (DSM-IV, 1994). Disregard for others' rights and feelings allow an individual to be comfortable committing wrongs against others. Antisocial Personality Disorder cannot be diagnosed before the age of 18, although there is evidence that antisocial attitudes seen in childhood are predictors of adulthood Antisocial Personality

Disorder (Robins, 1966; 1978). As Lynam (1996) stated, "Tomorrow's antisocial adults are found among today's antisocial children" (p. 210). However, it is important to remember that conduct disorder and antisocial behavior is common in children, and therefore not a significant predictor of future problems alone.

The pattern of egoism and disregard for others is also referred to as psychopathy, a form of personality disorder (Cleckley, 1976). Aggression and psychopathy have been shown to be associated, but psychopathy should be used only for short-term predictions (Edens, Skeem, Cruise, &Cauffman, 2001). Psychopathic offenders are more violent and versatile, and commit more crimes (including recidivism) than non-psychopathic offenders (Lynam, 1996).

#### Coding

0	No antisocial attitudes.
1	Less serious antisocial attitudes.
2	Serious negative attitudes.

It is important for the assessor to determine the extent to which the youth's general attitudes are pro- or anti-social. Present attitudes regarding other people, social institutions, and the law must be judged. Amount and type of prior violence is dealt with under historical factors, but the assessor needs to judge the youth's present attitude toward such past acts, and whether he or she evinces genuine sorrow and regret, or in fact feels guiltless. Likewise, sadistic and/or homicidal attitudes that do not stem from mental illness should be assessed here. It is worth noting that some

individuals more or less declare their antisocial biases by the kinds of organizations (gangs) to which they belong.

#### **P 6. ACTIVE SYMPTOMS OF MAJOR MENTAL ILLNESS**

As was previously discussed, major mental illness can in some cases act to increase the risk of violence.

##### Coding

0	No active symptoms of major mental illness.
1	Less serious active symptoms of major mental illness.
2	Serious active symptoms of major mental illness.

Major mental illness refers to disorders of psychotic proportion. Assessors should follow a classification system, such as DSM-IV (APA, 1994) for definitions of psychotic symptoms. The assessor needs to refer to the youth's psychological and/or psychiatric records and/or credible information provided by the youth's parents or guardian.

#### **P 7. ACTIVE SYMPTOMS OF NON-PSYCHOTIC MENTAL ILLNESS**

##### Coding

0	No active symptoms of a non-psychotic mental disorder.
1	Less serious active symptoms of a non-psychotic mental disorder.
2	Serious active symptoms of a non-psychotic mental disorder.

Non-psychotic mental disorders refer to such disorders as depression (dysthymia), anxiety disorders, somatoform disorder, etc. but not to attentional and hyperactivity disorders (ADHD). Assessors should follow a classification system, such as DSM-IV (APA, 1994) for definitions of psychotic symptoms. The assessor needs to refer to the youth's psychological and/or psychiatric records and/or credible information provided by the youth's parents or guardian.

**P 8. ACTIVE SYMPTOMS OF ADHD**

Lynam (1996) discusses evidence that hyperactivity, impulsivity, and attention problems in children increase risk for future offending. These factors may quicken or act as a "stepping-stone" in development (p.222). Symptoms of ADHD can have a negative effect on children's social relationships, sometimes causing rejection by a child's peers (Hinshaw, Zupan, Simmel, Nigg, & Melnick, 1997). Hinshaw et al. found that boys with ADHD showed more aggression than boys in a comparison group.

Coding

0	No active symptoms of attentional and hyperactivity disorders (ADHD).
1	Less serious active symptoms of attentional and hyperactivity disorders (ADHD).
2	Serious active symptoms of attentional and hyperactivity disorders (ADHD).

The essential feature of Attention-Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable developmental level. Assessors

should follow a classification system, such as DSM-IV (APA, 1994) for definitions of ADHD symptoms. The assessor needs to refer to the youth's psychological and/or psychiatric records and/or credible information provided by the youth's parents or guardian.

**P 9. ABUSING SUBSTANCES**

Coding

0	No active symptoms of substance abuse.
1	Less serious active symptoms of substance abuse.
2	Serious active symptoms of substance abuse.

**P 10. SOCIAL ALIENATION**

Thomas, Kreps, and Cage (1977) proposed that characteristics of an authority system such as a public school could lead to a loss of power for juveniles. This in turn is related to negative attitudes toward the authorities and towards involvement. These consequences of powerlessness are predictors of delinquency. Gold (1969) also found powerlessness to be related to alienation. Hundleby (1986) found that one predictor of alienation (and drug use) was high extraversion, of which impulsivity is a factor. Krueger et al. (1994) found feelings of alienation to be a characteristic of delinquent juveniles.

## Coding

0	No signs of social alienation.
1	Less serious signs of social alienation.
2	Serious signs of social alienation.

In some situations, gradual and eventually complete withdrawal from social contacts can be important indicators of a troubled youth. The withdrawal can stem from feelings of depression, rejection, persecution, unworthiness, and/or lack of confidence. Social alienation may be expressed behaviorally, i.e. withdrawal and/or emotionally, i.e. expressing feelings of isolation and rejection. The best way to assess this item is through observation and/or simply asking the youth about their feelings.

## CHAPTER 5: RISK MANAGEMENT FACTORS

This section focuses on how the youth may adjust to future circumstances. It is recognized that such forecasting is intellectually hazardous. Nevertheless, it is necessary to do such forecasting in an effort to best design and implement a risk management plan for the youth. Finally, the assessor needs to consider any unique "resiliency factor(s)" he or she believes the youth may possess.

### R 1. NO SUPPORT EXPECTED

#### Coding

0	Low probability of lack of personal support (or, in other words, high probability of personal support).
1	Moderate probability of lack of personal support.
2	High probability of lack of personal support.

Personal support includes emotional, financial, and/or physical aid. The assessor should attempt to judge whether or not such personal support from friends and family is available; and, if it is, whether or not the youth is willing to accept it. The assessor should attempt to judge whether or not the youth intends to continue his or her education, is positively attached to his or her parents, and associates with conventional peers who themselves are approved of by the youth's parents. When these "resiliency factors" are present a lower coding is warranted.

## **R 2. REMEDIATION RESISTANCE EXPECTED**

### Coding

0	Low probability of noncompliance with remediation efforts (or, in other words, high probability of compliance with remediation efforts).
1	Moderate probability of noncompliance with remediation efforts.
2	High probability of noncompliance with remediation efforts.

Youths who score high on this item lack motivation to succeed. They are resistant to participating in a remediation effort. The assessor should view this item to include remediation efforts in both therapeutic, educational, and/or management domains. One method the assessor can use to make judgments regarding this item is to assess how the youth is responding to current or recent attempts at remediation or treatment.

## **R 3. UNDUE STRESS EXPECTED**

### Coding

0	Low probability of stress.
1	Moderate probability of stress.
2	High probability of stress.

In this item the assessor will want to predict what sources and levels of stress the youth may face in the near future as well as how the youth is likely to handle to

these different stressors. The unique characteristics of the youth need to be understood and considered. Thus, it may be predicted that a youth will be exposed to serious stressors. On the other hand, the assessor may believe that the stressors likely to be faced are moderate but given the youth's particularly poor coping skills his or her probable reaction warrant a high rating.

This item also refers to destabilizing situations to which the youth may be exposed which may trigger a violent episode. Destabilizing conditions are unique to individuals, but may include the presence of weapons, substances, or victim(s). It can also include the youth continuing to live in an abusive family situation or continuing to associate with maladaptive peers, etc. This item is also related to the presence or lack of professional support such as specialized treatment and support programs.

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## CODING SHEET

# JUVENILE RISK OF VIOLENCE ASSESSMENT QUESTIONNAIRE

## CODING SHEET.

### Client Information

CLIENT CONTRACT:

ASSESSOR'S NAME:

ASSESSOR'S ADDRESS:

ASSESSOR'S WORK TELEPHONE:

ASSESSOR'S FAX:

ASSESSOR'S EMAIL:

### Youth Demographic Data

AGE:

SEX:

RACE:

GRADE LEVEL:

GPA:

HELD BACK:

EXTRACURRICULAR ACTIVITIES:

HEALTH:

LIVING ARRANGEMENTS:

## JRVAQ CODING SHEET

<b>Imminent Warning Signs</b>		Rating
<i>Code 0 = No/absent, != Yes/present</i>		(0, 1)
<b>I1</b>	Recent Violence	
<b>I2</b>	Type of Violence	
	• Physical Fighting	
	• Destruction of Property	
	• Severe Rage	
	• Detailed Threats	
	• Possession/Use of Weapons	
	• Threats of Suicide/Other	

<b>Historical Factors</b>		Rating
<i>Code 0 = No/absent, 1 = Maybe present, 2 = Yes/present (except for H2, H3, H4)</i>		(0, 1, 2)
<b>H1</b>	Past Violence or Aggression	
<b>H2</b>	Age at First Incident	
<b>H3</b>	Age at Last Incident	
<b>H4</b>	Number of Incident/Last Year	
<b>H5</b>	Abused Substances	
<b>H6</b>	Major Mental Illness	
<b>H7</b>	Personality/Conduct Disorder	
<b>H8</b>	Family/Social Maladjustment	
<b>Historical Factors Total</b>		/10

<b>Present Psychological Factors</b>		Rating
<i>Code 0 = No/absent, 1 = Maybe present, 2 = Yes/present</i>		(0, 1, 2)
<b>P1</b>	Insight Problem	
<b>P2</b>	Anger Problem	
<b>P3</b>	Impulsivity Problem	
<b>P4</b>	Empathy Problem	
<b>P5</b>	Antisocial Attitudes	
<b>P6</b>	Active Symptoms of Major Mental Illness	
<b>P7</b>	Active Symptoms of Non-Psychotic Mental Disorder	
<b>P8</b>	Active Symptoms of ADHD	
<b>P9</b>	Abusing Substances	
<b>P10</b>	Social Alienation	
<b>Present Psychological Factors Total</b>		/20

## JRVAQ CODING SHEET

Risk Management Factors		Rating
<i>Code 0 = No/ absent, 1 = Maybe present, 2 = Yes/ present</i>		(0, 1, 2)
<b>R1</b>	No Support Expected	
<b>R2</b>	Remediation Resistance Expected	
<b>R3</b>	Undue Stress Expected	
<b>Risk Management Factors Total</b>		/6

<b>Imminent Warning Signs Present (Yes, No)</b>	
<b>JRVAQ Total</b>	/36

<b>Summary Risk of Violence Estimate</b>	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
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Notes/Comments: