Identification of the Serious Violent Offender Among Youth: Challenges of Risk Assessment

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Could Their Crimes Have Been Prevented?
People Ask How Can We Identify the Potential Serious or Chronic Offender?

- **Life-course persistent**: 6% - 10%
- **Adolescent-Limited Offenders**: > 60%

![Graph showing the probability of committing violence over age.](Image)
Two Methods of Forensic Assessment Have Been Suggested

- Psychopathic personality disorder
  - Do NOT diagnose this in youth
  - Callous-unemotional traits (or callous-unemotional conduct disorder) can be helpful

- Risk for violence assessment tools
  - Preferred

- With children and adolescents – all assessments have a limited shelf-life
METHOD 1: PSYCHOPATHY
Psychopathic Personality Disorder

- Personality disorder with a specific symptom pattern that is diagnosed in adults
- 25% to 30% of adult offenders
Psychopathy: Causal Risk Factor for Violence in Adults?

- Relative to other offenders, psychopathic adult male offenders
  - Start their criminal careers earlier,
  - Are 5 to 10 times more likely to violently reoffend, and
  - Commit more severe acts of violence.

- Relation between PCL scores and violence is $r = .30$ to $.35$
Psychopathy is Dimensional

Hare Psychopathy Checklist (PCL-R; 2003)

- 20 items rated on 3-point scale
  - Absent = 0; Possible/partial = 1; Present = 2
    - Glibness/superficial charm
    - Grandiose sense of self-worth
    - Lack of remorse or guilt
    - Callous/lack of empathy
  - Total scores range from 0 to 40
CHALLENGES WITH IDENTIFICATION IN YOUTH
Assessment in Youth

- Traits of psychopathy start early

- Psychopathy Checklist: Youth Version
  (Forth et al., 2003) – scores range 0 to 40

- Scores on the assessment relate to
  - Early onset of offending
  - Higher frequency of offending
  - Institutional misbehavior
Violent Reoffending in 260 Incarcerated Young Offenders: 1.5-year follow-up
(Vincent et al., 2003)

Cumulative Survival

Days to Violent Reoffense

Low CU-Imp
CU
Impulsive
High CU-CD
The Adolescent Brain
3. Risk Can Change Across Adolescence

- DEVELOPMENTAL NORM
- JIMMY

- SPURT
- REGRESSION
- DELAY

A G E
10 12 14 16 18
Limitations: Stability?

- CU + Impulsive traits no longer predicted violence after 4 years (Vincent et al., 2008)

- Why? Because traits are not stable over time for most young offenders
  - Scores are stable in about 30% of youth, even among the highest scorers

- Diagnoses of psychopathy in youth based on scores are ethically & professionally inappropriate (Lee et al., 2009; Hart et al., 2003; Vincent, 2006)

- Instead: Callous-Unemotional Conduct Disorder or CU Traits
How Are CU-CD or CU Traits Helpful?

- Use in treatment and management decisions
  - **Risk Principle** – Identify those at highest risk prior to intervention planning
  - **Need** – CU traits should be seen as a malleable cause of delinquency to target for intensive treatment
  - **Responsivity** – CU-CD helps us understand how an individual might be best motivated to change.
Prosecutor stated “He is a psychopath who cannot be rehabilitated”. “Unfortunately, there are some kids we cannot fix, and this is one of them”.
Improper Uses of Psychopathy Assessment With Youth

It is inappropriate for clinicians to (Forth et al., 2003, pg. 17)

1. “….label youth as a ‘psychopath’ at this time”
2. Use as a basis for issuing recommendations against treating youth
3. Use as chief source of evidence for imposing longer sentences
4. Use in transfer decisions
METHOD 2: RISK ASSESSMENT
What is Risk Assessment?

- **Risk for reoffending assessment** = developed to help answer the question: “Is this youth at relatively low or relatively high risk for reoffending?”

- Some, but not all, risk assessment tools also address what is causing the youth to be at low or relatively high risk for reoffending (*crime-producing needs*)
Risk/Needs Assessment: SAVRY

24 Risk Items
- 10 Static
- 14 Dynamic
+ 6 Protective Items

Items rated a on 3-pt scale using interview + all available info
CONCLUSIONS
Conclusions: Use of PCL:YV

- High PCL:YV scores may compel a conclusion of higher risk for reoffending and violence over short periods.
- Given extreme developmental changes during adolescence, clinicians must reassess CU-CD traits routinely – no diagnoses.
  - Examine CU-CD symptom clusters – not PCL:YV scores.
- Assess CU-CD traits for intervention & treatment purposes.
Pending further research, for use in JJ settings valid youth risk assessments that incorporate some features of CU-CD are preferred.

- Should be seen as having limited “shelf-life” for most youths (Grisso, 2004) - Re-assessment is essential
- Risk assessment tool results are one piece of data
- Can only be used with youth who have already offended
- Not a panacea
Preventable?