

Changing Risk and Resiliency Factors for Severely Assaultive and Murderous Youth

By Kathryn Seifert, Ph.D.

How do severely violent youth, who injure and murder people, differ from kids who do not attempt to harm others? It is important to know how these children and teens are different so that we can identify and provide treatment for them. Two decades of research including a new study has verified the traits of these youth. They fall into 5 categories.

Several studies over the last 2 decades of youth that kill others have indicated that there was abuse, domestic violence, or parental substance abuse or mental illness in the majority of the child or teen's household before the murder occurred. In a recent study, 84% of youth that had injured or killed another person, 54% of non assaultive youth with behavior problems, and 37% of youth with no behavior problems had family histories of violence or criminality. Of the group with family histories of violence, but no behavior problems, the majority did not have learning, substance abuse, anger management, or school behavior problems. Most did not have deviant peers, although all were delinquent and most had experienced some kind of trauma and had psychiatric problems. It appears that some children with strong resiliency factors who are able to excel in some areas are also able to overcome very damaging risk factors.

Young murderers tend to struggle academically. Myers et al. (1995) reported that nearly 3/4 of adolescent murderers had failed a grade and had learning disabilities. Nearly 2/3 of youth that injured or killed a victim, in the Seifert study, had learning problems. By contrast, only 1/4 of youth without behavior problems had learning problems.

Frequent diagnoses used for youth that commit murder include ADHD, Mood Disorders, Antisocial Traits, Intermittent Explosive Disorder, and Conduct Disorder. Also reported are brief psychotic episodes that remit after the murder occurs. In the Seifert study approximately 1/2 of severely assaultive youth had substance abuse problems and/or showed signs of psychosis. However, only 15% of non-assaultive youth had substance abuse problems and 23% had symptoms of psychosis. Additionally, as in the McArthur study of adults released from psychiatric hospitals, 75% of those that had psychiatric symptoms **and** were substance abusers, were assaultive.

Many studies over the years have reported that the majority of young murderers have had prior arrests, assaults, and gang participation. Seventy-nine percent of the Seifert sample of severely assaultive youth were delinquent, while slightly more than 20% of non-assaultive youth were delinquent. Therefore, we conclude that past delinquency, assaults and disruptive behaviors distinguish severely assaultive from non-violent young people. Ninety-nine percent of youth that had killed or injured a victim and 67% of non-assaultive youth had anger management problems.

The majority of severely assaultive youth have had exposure to violence in the home, learning problems, mental illness and substance abuse, and prior delinquencies and assaults. Youth being processed by the juvenile justice system that have these traits should be targeted for intensive services, regardless of the charges for which they are arrested. Such a program would attempt to increase skills and reduce substance abuse, symptoms of mental illness, and criminogenic factors among high risk youth. Such a program has a great opportunity to be preventive of future violence. The more severe the youth's problems are, the more intensive the services should be. Families must be included in these programs. Home visiting programs that assist families to eliminate domestic violence and improve parenting skills also prevents future violence by the children in those homes.

Our juvenile justice system is still bases sanctions on the charges for which a youngster is arrested and few if any children are arrested below the age of 12. However, what the research tells us is that 1) The offense for which a juvenile is arrested is generally only a fraction of illegal activities in which the youth is actually involved; 2) The juvenile offenders who are less than 13 years of age will most likely become the chronically and severely violent youthful offenders as teens; 3) Modeling of violence often begins in a home where the parents or neighborhood are violent or criminal. Therefore, many of our State and County juvenile justice systems need major transformation. Everyone must call for change until the systems reflect the research of the last 20 years.