

Table 25-2 Risk and Protective Factors for Serious Youth Violence by Age of Onset

FACTORS	EARLY ONSET (<12 yr)	LATER ONSET (>12 yr)	PROTECTIVE FACTORS
Individual	Substance use*	General offenses	Intolerance toward deviance
	General offenses	Aggression†	High IQ
	Being male	Being male	Being female
	Antisocial behavior	Physical violence	Positive social orientation
	Aggression**	Antisocial attitudes	Perceived sanctions for transgressions
	Hyperactivity	Crimes against persons	
	Exposure to TV violence	Low IQ	
	Low IQ	Substance abuse	
	Antisocial attitudes	Risk-taking behaviors	
	Dishonesty**		
Family	Low SES/poverty	Poor parent-child relations	Supportive parents or other adults
	Antisocial parents	Low parent involvement	Parental monitoring
	Poor parent-child relations	Antisocial parents	Parents' positive evaluation of peers
	Broken home	Broken home	
	Abusive, neglectful parents	Low SES/poverty	
		Abusive parents	
School	Poor attitude	Poor attitude	Commitment to school
	Poor performance	Poor performance; academic failure	Recognition for involvement in school activities
Peer	Weak social ties Antisocial peers	Weak social ties Antisocial delinquent peers	Friends who engage in conventional behavior
Community		Gang membership Neighborhood crime Neighborhood drugs Neighborhood disorganization	

From National Center for Injury Prevention and Control, Substance Abuse and Mental Health Services Administration: Youth violence: a report of the surgeon general. Rockville, MD, 2001, U.S. Department of Health and Human Services.

SES, Socioeconomic status.

***Bold** = factors with strongest effect.

†Males only.

do not progress into serious violent offenders, violent behavior that continues into high school years indicates the potential for severe violent behavior in adulthood. Another subset of violent youth begins at a very young age. These children tend to be more serious offenders, perpetrate more crimes, and more often continue their violence into adulthood. Most adolescent violence ends by young adulthood. Most violent youth are only intermittently violent. Frequent acts of violence are committed more commonly by youth who start their violence before the onset of puberty. These violent youth need to be evaluated for cognitive impairments or mental illness.

Serious youth violence is not an isolated problem but usually coexists with other adolescent risk-taking behaviors, such as drug use, truancy and school dropout, early sexual activity, and gun ownership. Risk factors for youth violence are slightly different for children who begin their violence early in life compared with youth who begin during adolescence. Often these risk factors exist in clusters, and they tend to be additive. Although understanding risk factors for violence is crucial for developing prevention strategies, the risk factors do not predict whether a particular individual will become violent. For children who begin their violence early in life, the strongest risk factors are early substance abuse (<12 years of age)

and perpetration of nonviolent, serious crimes during childhood. Additional risk factors include poverty, male gender, and antisocial behavior. For children who begin their violence during adolescence, individual risk factors are less important, whereas factors related to peer groups are most important. Gang membership, associating with antisocial or delinquent friends, being unpopular in school, and having weak ties to conventional peer groups are important risk factors for adolescent-onset violence (Table 25-2). The strength of the listed risk factors is not uniform, and some factors show a small effect only. Table 25-2 also lists protective factors that seem to buffer the effects of risk factors. One important protective factor is the child's level of school connectedness, such as involvement in class and extracurricular activities, and how positively the child regards the school's personnel. Another protective factor is the support of nonviolent family members and close friends.

Violence prevention efforts that target risk and protective factors need to be developmentally appropriate. Education about the dangers of substance abuse should begin before the onset of puberty, whereas adolescent programs must consider the importance of peer group identification. Many violence prevention programs fail to show long-term effects. Effective violence prevention programs must address simultaneously