Youth Violence: An Overview of Predictors, Counselling Interventions, and Future Directions

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ABSTRACT

This special issue of the Canadian Journal of Counselling focuses on one of society's greatest challenges: youth violence. This article provides counsellors with a general overview of the major advances in understanding the etiology of youth violence, the highlights of promising counselling interventions, and the role of gender in addressing prevention and intervention efforts. There is much knowledge about factors that characterize high-risk violent youth, as well as intervention programs that can reduce the occurrence of violence. The authors suggest that the greatest challenge currently is program dissemination and the transfer of research knowledge on youth violence into counselling practice.

RÉSUMÉ

Ce numéro spécial de la *Revue canadienne de counseling* est consacré à l'un des plus grands enjeux de notre société: la violence chez les jeunes. Cet article offre aux praticiens une vue d'ensemble des progrès importants dans la compréhension étiologique du phénomène de la violence chez les jeunes; il met en lumière les interventions les plus prometteuses et l'importance de concevoir des programmes de prévention et d'intervention auprès des jeunes en fonction du sexe de ces derniers. Bien que les connaissances actuelles permettent de mieux comprendre les facteurs qui caractérisent les jeunes violents à risque élevé, les auteurs soutiennent que le plus grand défi actuel consiste à faire connaître les programmes sur la violence chez les jeunes et à transposer dans la pratique du counseling les connaissances découlant de la recherche dans ce domaine.

Counsellors who work with children and adolescents have long been aware of the increasing amount of violence in the lives of youth. It should not be surprising, then, that the reported rate of youth violence is subject to considerable variability due, in part, to differential reporting procedures and policies that reflect changes in the definition and classification of what constitutes a violent incident. The media's tendency to sensationalize the rate of youth violence disregards these nuances leaving the general public with perceptions that may not reflect the reality of the actual rate of youth violence. A more realistic understanding of the experience of violence in the lives of young people needs to be multifaceted, i.e., based on both officially reported rates of violence as well as self-reported rates by youth who describe their experiences with victimization and perpetration.

Officially Reported Rates of Youth Violence. Rates of violence vary and counsellors need to be wary of how comparisons of rates of violence are reported across time. Although some authors point to a leveling of rates for youth violence in

Canada over the past ten years, if not a small decline in the past five years, others decry an escalation of youth violence compared to rates of twenty years ago (Roher, 1997). A recent Canadian government publication noted:

There is a commonly held belief that violent crime is rampant, especially among youth yet it constitutes a small proportion of crime overall. In fact, less than 15% of all crimes committed by young people in 1992 were violence-related. Moreover, while the rate of violent youth crime has risen, the recorded increase is largely in minor acts of aggression between peers, which, many youth justice analysts posit, would not have resulted in intervention by the criminal justice system 10 years ago. (Government of Canada, 1999).

Recent StatsCan data suggest that the official arrest rate for youth violent crime in Canada is 242 per 100,000 for youths age 12-18 (Canadian Centre for Justice Statistics, 2002). This rate is half of the U.S. per capita rate of 412 per 100,000.

Self-reported rates of youth violence. Beyond official rates of youth violence, a number of studies have examined the rate of youth violence using youth as the key informants. Although there needs to be caution in interpreting the significance of self-report data, these data are relevant for appreciating the extent of violence experienced by adolescents that may not be included in official statistics. For example, the National Institute of Child Health and Human Development (NICHD, 2002) survey of 15,000 students found that 17% of respondents had been bullied "sometimes" or "weekly," 19% had bullied others sometimes or weekly, and 6% had been bullied and bullied others.

From a study examining adolescent girls' perceptions of safety from violence in school in southern Ontario, Traher and Leschied (2000) found that almost one third of respondents reported knowing someone who regularly carried a weapon (e.g., knife) to school and 40% reported feeling only somewhat or moderately safe while attending school. Clearly, adolescents appear to be concerned for their safety at a greater level than indicated by officially reported statistics.

Correlates of Aggression and Violence with Youth

To understand aggressive children and adolescents, counsellors need to be aware of variables that correlate with aggression. There is now considerable convergence from the research literature on the major predictors of risk for youth who demonstrate violence and appear before youth court on formal charges. Table 1 from the National Center for Injury Prevention and Control (Center for Disease Control, 2002) summarizes major empirical factors related to correlates of youth aggression.

Broadly, these factors reflect a social learning and systemic perspective in understanding the development and expression of violence in the lives of some children and adolescents. Additionally, data from the Pittsburgh Youth Study (Loeber, Keenan, & Zang, 1997) suggest that an awareness of age of onset of aggression is important in considering both major predictors of risk at a particular developmental period, as well as long-term outcomes, especially for boys. The first major point of early onset for boys who begin to express aggression occurs

TABLE 1 Correlates of Aggression for Violence in Youth (Based on summaries provided through the National Center for Injury Prevention and Control, Atlanta, GA, 2001)

Domain	Variable
Individual	History of early aggression Beliefs supportive of violence Social cognitive deficits
Family	Poor monitoring or supervision of children Exposure to violence Parental drug/alcohol abuse Poor emotional attachment to parents or caregivers
Peer/School	Associate with peers engaged in high-risk or problem behaviour Low commitment to school Academic failure Poverty and diminished economic opportunity High levels of transience and family disruption
Neighbourhood	Exposure to violence

at10-12 years of age and the second major onset occurs at 15-17 years of age. If substantiated with further research, an awareness of these patterns will assist in understanding not only the etiology of aggression in children and youth, but also will contribute to refining understanding regarding appropriate intervention strategies as a function of developmental differences with aggressive children. It appears, for the most part, that chronically violent individuals in our culture begin their serious violence early in life with it persisting well into adulthood (Loeber et al., 1997).

Counselling Interventions

In response to the growing concern about the incidence and prevalence of youth violence, considerable effort has focused over the past fifteen years on developing and evaluating the effectiveness of counselling interventions that target youth violence. Kazdin and Weisz (1998) reported encouragingly in their meta-analysis that current knowledge of program development for violence prevention indicates that choice of interventions should be driven by available empirical evaluations of effective services. In general, not only the summary by Kazdin and Weisz (1998), but also other program reviews by Loeber and Farrington (1999), suggest that cognitive-behavioural treatments and systemically focused, ecologically valid, interventions are among the most promising programs in this area. In general, the intervention literature on youth violence can be considered in the context in which it is delivered: individual, systemic, and community-based.

Individual interventions. Interventions that focus on individual characteristics of violent youth, predominantly boys, take into account factors such as

impulsivity, temperament, affect, and the need for behavioural regulation. Typically, these interventions are cognitive behavioural in nature (Hollin, 1996) and provide treatment that monitors cognitions (e.g., internal dialogue that facilitates or promotes violent self-statements), focuses intervention to modify such self-statements, and rearranges contingencies to be nonrewarding in relation to aggressive acts. Among the better known interventions is the Anger Replacement Training (ART) program developed by Arnold Goldstein (Goldstein & Glick, 2001). This intervention is sequenced and combines both skill streaming and anger control training. In the skill streaming component, modeling, role playing, performance feedback and generalization are all employed to enhance the development of essential social skills. In the anger control component, the combination of teaching beginning social skills (e.g., listening, saying thank you) with advanced social skills (e.g., seeking help, following instructions) leads to the development of skills for dealing with feelings, alternatives to aggression, ways to deal effectively with stress, and planning. Together, these skills form the core of prosocial development in aggressive children and adolescents. Several studies have reported the effectiveness of ART with both younger children and older gang-oriented adolescents (Goldstein & Glick, 1987; Goldstein, Glick, Carthan, & Blamcero, 1994).

Systemic interventions. More recently, there has been an increasing emphasis in viewing the actions of youth within the context of the major systems that influence their antisocial and violent behaviour (Henggeler, Melton, Brondino, Scherer, & Hanley, 1997). Based on research initiatives from the late 1950's emphasizing the bidirectional nature of family interaction in child development by Bronfennbrenner, and on social learning principles promoted by Bandura from the early 1960's, systemic interventions place the focus for treatment on the entire system, typically the family and peers, over the individual youth. Justification for use of systemic treatment is found in the empirical literature generated by, among others, Scott Henggeler and his colleagues at the Medical University of South Carolina. Henggeler has developed Multisystemic Therapy (MST) (Henggeler et al., 1997), an approach to intervention with violent youth that applies many of the principles of social learning theory and family therapy.

MST is a flexible intervention tailored to each unique family with no one recipe for success with each high-risk youth. Instead, clinicians use the following nine guiding principles: (a) the primary purpose of assessment is to understand the «fit» between the identified problems and their broader context; (b) therapeutic contacts should emphasize the positive and should use systemic strengths as levers for change; (c) interventions should be designed to promote responsible behaviour and decrease irresponsible behaviour among family members; (d) interventions should be present-focused and action-oriented, targeting specific and well-defined problems; (e) interventions should target sequences of behaviour within or between multiple systems that maintain the identified problems; (f) interventions should be developmentally appropriate and fit the developmental needs of the youth; (g) interventions should be designed to require daily or weekly

effort by family members; (h) intervention efficacy is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes; and, (i) interventions should be designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple, systemic contexts.

Using these principles, clinicians work intensely with a youth's entire family system in their home by teaching communication skills, modelling how to set limits and monitor youth activities, providing supportive encouragement to parents, and helping youth to make more appropriate choices. In several studies with extremely violent youth, MST has been documented to effect intermediate targets of service, such as increasing parental monitoring and shifting peer alliances, and to effect outcome, such as a lowered rate of violent offending (Borduin et al., 1995; Henggeler et al., 1997).

Community interventions. The majority of community-based interventions for violent youth focus on schools as the point of intervention. In the context of recent, high-profile school violence incidents in the U.S. (Columbine, Colorado) and in Canada (Taber, Alberta), interventions designed to prevent school-based violence are now considered a higher priority (Roher, 1997). There are currently a number of violence prevention and anger management interventions for students (e.g., Cirillo et al., 1998; Larson, 1998; Smith & Furlong, 1998). Work by researchers, such as Olweus (1993), promotes the use of individual skill-building (e.g., giving and receiving positive and negative feedback, conflict-resolution, problem solving, and resisting peer pressure) in the belief that acquiring more appropriate social skills will help adolescents interact in less aggressive ways (Green, Peters, & Associates, 1998). These types of interventions attempt to integrate interpersonal skillbuilding within the regular school routine and tend to be broad-based by targeting all youth. School counsellors have the potential to be primary agents to effect change by promoting violence prevention in schools. They are often the first source of assistance to students who experience violence at school, as well as having the knowledge and commitment to implement prevention programs.

However, because many of the correlates of aggression are factors that are not controlled by school systems (e.g., family instability, poverty, child maltreatment, substance abuse), collaborations between schools and community mental health agencies are also necessary to reduce aggression in youth. One example of a collaboration between a secondary school and service providers, the Community-School Resource Project, is occurring in London, Ontario (Tingley, 2001). In this project, four community agencies (police department, county health unit, and two justice-oriented agencies) work in collaboration with school personnel to present a multifacited violence prevention program throughout the school year at a vocational secondary school with a large number of at-risk, special needs students. Some information is presented to students by community personnel in large assemblies or within the classroom curriculum. Individual and group counselling is also made available from participating agencies to students who are

identified as being at risk for perpetrating violence or as a victim of violence. Interventions include groups on anger management, peer relations and decision making, and self-esteem for girls. Compared to short-term interventions, this type of ongoing, community-school collaboration has great promise for reducing aggression in students.

A clearinghouse for youth violence interventions. Professor Delbert Elliott (1997) of the University of Colorado has provided a useful service in developing the Blueprints series on effective, community and school violence prevention programs for youth. Elliott, along with a select panel of youth violence experts, has generated a concise summary of those programs showing encouraging research-based outcomes with high-risk violent youth. Programs highlighted in Elliottt's work include such well known services as: the Perry Pre-School Project, Big Sister, Big Brother Programs, and systemically-based programs, such as Functional Family Therapy and Multisystemic Therapy.

Next Steps in Programming for Violence Prevention and Reduction

This review has highlighted major initiatives in programming for youth violence. It is important for counsellors to be aware that considerable knowledge is now available about the nature and type of interventions that have been linked empirically to reductions in youth violence. However, most of this literature has been generated within university-based research initiatives. The next challenge for most of these programs is to understand factors that can contribute to the transfer of this knowledge to clinical and school settings that serve at-risk children and adolescents. The recently published, Offender rehabilitation in practice: Implementing and evaluating effective programs (Bernfeld, Farrington, & Leschied, 2001), is such a guide, detailing the most important factors for implementing interventions that target youth violence. These authors suggest that key factors required in effective programming are a combined understanding of: (a) the nature of the clients to be served; (b) implementation variables, such as staff or teacher selection; (c) socio-political factors that relate to values within the organization; and (d) championing the cause of program implementation (Leschied, Bernfeld, & Farrington, 2001). Clearly, evaluations of these efforts and dissemination of their findings are critical in furthering knowledge about effective strategies in targeting youth violence.

The Role of Gender in Understanding Youth Violence

Lastly, the issue of gender has long been overlooked as a critical factor in differentiating the nature and type of violence that is expressed by some youth. There is evidence of an increasing number of young women appearing in youth court for violence-related offenses in all Western cultures (Leschied, Cummings, van Brunschot, Cunningham, & Saunders, 2001; Canadian Centre for Justice Statistics, 2000). Recent work by the authors has addressed this issue in several ways.

First, through support from the Solicitor General of Canada and with colleagues from the local social services system, much of the research literature on correlates of aggression with adolescent girls was reviewed (Leschied et al., 2001). From this review, we concluded that although there was some overlap in major predictors of risk for violence by both genders that included family stability, cognitions that justify violent acts, and use of illegal substances, there were also risk variables that were unique to the life circumstances of girls. For example, girls with histories of aggression tended to report higher rates of depression, sexual victimization, and violent episodes in reaction to life events such as a suicide attempt or pregnancy. In addition, compared to boys, girls used more relational or indirect forms of aggression (i.e., gossiping, excluding a girl from a group).

Even though relational aggression has been found empirically to be a prevalent form of aggression for girls, there were no adequate, standardized measures of relational aggression. To fill this research gap, we developed a new instrument, the Relational and Direct Aggression Scale (RDAS; Cummings & Leschied, 2001), to assess all forms of aggression with girls. This instrument asks girls to indicate how they would respond to typical situations that occur in their daily lives. These situations had been generated by other adolescent girls. With good reliability and validity data, it is hoped that the RDAS will provide researchers with better information about the various forms of aggression used by adolescent girls.

Second, programs and interventions need to be developed that are sensitive to the needs of girls. For too long, service providers have attempted to fit girls into programs to reduce violence that have been designed for boys. In the U.S., the Office of Juvenile Justice and Delinquency Prevention (2000) (OJJDP) has recently compiled a list of factors that are consistent with best practices in delivering services to girls at risk of aggression and emphasized the importance of gender-specific programming. Gender-specific programming means that interventions for girls are developed with an understanding of the contribution that female gender-role socialization plays in aggression and acknowledges the potential impact of sexism, victimization, poverty, and racism on girls' lives (Greene et al., 1998). In addition, interventions need to nurture "femaleness" as a positive identity and help girls to view other girls as potential allies, rather than as enemies or competitors for boys' attentions. Using these principles, Cummings and Leschied (2002a) developed, and recently pilot-tested in collaboration with community agencies, a gender-specific group counselling intervention for highrisk, aggressive adolescent girls in residential settings. Initial evaluation data from this eight-session intervention showed that participants' antisocial beliefs and attitudes about using direct aggression were lower at the end of the intervention.

CONCLUSION

This review has provided a context in which to appreciate major themes from the research and treatment literature related to youth violence. Highlights included the need for: (a) a multifaceted understanding of prevalence rates of

youth violence that goes beyond officially reported statistics and includes youth as informants; (b) an appreciation of the major factors that characterize high-risk violent youth; (c) and an overview of interventions that have demonstrated effectiveness including individual, systemic, and community-based efforts. Finally, the need to include gender in the etiology of youth violence and the consequent need to modify thinking around appropriate gender-sensitive programming was underscored.

While this special issue of the CJC was being produced, two events in Canada highlighted the need to shake our complacency about youth violence. They were the tragic suicides of two adolescents, one in British Columbia and one in Nova Scotia. In both cases, harassment from school-yard bullying appeared to be a contributing factor. This is a reminder that the most likely victims of violent youth are typically another young person. Counsellors need to apply their knowledge to promote safety for youth, not only in their homes, but also in their schools.

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