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Risk factors and risk-based protective factors for violent offending: A study of young Victorians



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ABSTRACT

Purpose: The present study aims to examine risk factors and risk-based and interactive protective factors for violent offending in a group of 437 young Australians.

Methods: Participants were recruited into the study when they were in Grade 5 (age 10–11 years) and followed up almost annually until young adulthood (age 18–19 years). Measures of violent offending, risk and protective factors, and demographics were obtained through a modification of the Communities That Care youth survey. The data collected enabled identification of groups of students at-risk of violent offending according to drug use, low family socioeconomic status, and antisocial behavior.

Results: Very few associations were found between the risk factors and risk-based protective factors measured in this study (e.g., belief in the moral order, religiosity, peer recognition for prosocial involvement, attachment to parents, low commitment to school, and poor academic performance) and later self-reported violent offending. There were no statistically significant interactive protective factors.

Conclusions: Further longitudinal analyses with large sample sizes are needed to examine risk factors and risk-based protective factors and interactive protective factors in at-risk groups. The findings support the need for multi-faceted prevention and early intervention approaches that target multiple aspects of youth's lives.

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Introduction

Youth violence, particularly violent offending, is a major health and social issue in many countries around the world (Katsiyannis, Ryan, Zhang, & Spann, 2008). The rate of juvenile offending has increased in Australia every year since 2004, with rates of assault increasing by 48% between the periods of 1996–97 and 2006–07 (Australian Institute of Criminology, 2009). There are a range of costs associated with violent offending for the offender, the victim, and the broader community. Progress has been made in understanding the risk factors for violent offending across a range of contexts including intra-individual, family, peer groups, schools, and communities. Less is known about the protective factors that may reduce the likelihood of violent offending and/or moderate the effect of risk factors on violent offending. The current paper will seek to add to the existing literature by examining changeable protective factors measured in late childhood and mid-adolescence for violent offending in late adolescence and young adulthood.

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Risk and protective factors for violent offending

It has been noted that the terminology used in relation to risk and protective factors is not consistent in the literature (Lösel & Farrington, 2012). Protective factors are usually conceptualized as variables thought to mitigate the impact of risk factors on later outcomes. Risk factors are prospective predictors that increase the likelihood that an individual or group will engage in problem behaviors such as violent offending (National Crime Prevention, 1999). In the current article, the authors draw on the conceptualization of protective factors described by Farrington and Ttofi (2011), distinguishing between *risk-based* protective factors (factors that predict a low probability of negative outcomes such as violent offending) and *interactive* protective factors (factors that moderate the effects of risk factors (e.g., poor family management) on negative outcomes including violent offending; Farrington & Ttofi, 2011).

Modifiable risk and protective factors within the domains of the individual, peer group, family, school, and community have been linked to violent behavior in young people. Individual factors associated with violent behavior and offending include impulsivity (Herrenkohl et al., 2000; Vassallo et al., 2002), early concentration problems and hyperactivity (Hawkins et al., 2000; Hemphill et al., 2009), low achievement at

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school (Hemphill, Toumbourou, Herrenkohl, McMorris, & Catalano, 2006; Hemphill et al., 2011), low commitment to school (Hawkins et al., 2000; Herrenkohl, Lee, & Hawkins, 2012), belief in the moral order (Catalano & Hawkins, 1996), and attendance at religious activities (Herrenkohl et al., 2003). In the context of the peer group, interaction with prosocial peers is predicted to be associated with less violent offending (Catalano & Hawkins, 1996). It is well established that having antisocial and/or violent friends is associated with violent behavior (Hawkins et al., 2000; Hemphill et al., 2009). Within the family, conflict has been associated with violent behavior (Hemphill et al., 2009), whereas good family management is linked with less violent and antisocial behavior (Herrenkohl et al., 2003; Sullivan, 2006). Finally, the Social Development Model (Catalano & Hawkins, 1996) postulates that bonding, opportunities to participate in prosocial activities, and recognition for prosocial activities in all contexts (peer group, family, school, community) are associated with less antisocial and violent behavior and engaging in prosocial behavior.

The present study

Here, risk factors and risk-based and interactive protective factors measured in Grades 5 and 9 for self-reported violent offending in Grade 11 and young adulthood (18–19 years) were examined among an Australian sample. Analyses were completed separately for different groups at-risk for violent offending: drug users, participants from low socioeconomic status (SES) families, and participants who reported high levels of antisocial behavior in Grade 9. It was hypothesized that the risk factors and risk-based and interactive protective factors for violent offending would be similar across at-risk groups, and that these factors would span individual, peer group, family, school, and community domains.

Method

Participants

Data from Victorian participants in the International Development Study (IYDS) were analyzed in this study. The IYDS is a longitudinal study of antisocial and prosocial behaviors among adolescents in Victoria, Australia, and Washington State, United States (U.S.). The Victorian sample consisted of 927 (481 female, 446 male) students first surveyed in 2002 at age 10–11 years (M = 11.0, SD = .41). These students were re-surveyed in 2003-4, 2006-8, and 2010-12. Of the original sample, 791 (85%) completed the survey at age 16-17 years $(367 \text{ males}, 424 \text{ females}; M_{age} = 17.0, SD_{age} = 0.4)$, and 809 (87%) completed the survey at age 18-19 years (365 males, 444 females). Original sampling and recruitment for the IYDS has been described elsewhere (McMorris, Hemphill, Toumbourou, Catalano, & Patton, 2007). Briefly, the IYDS used a two-stage cluster sampling approach: 1) random selection of public and private schools stratified according to geographic location, using a probability proportionate to grade-level size sample procedure; and 2) one class at each grade level (Grade 5, 7, and 9), within each school, was selected at random.

Measures

The self-report measures of violent offending, risk factors and risk-based protective factors, and demographic variables were contained within a modified version of the *Communities that Care* (*CTC*) survey used in the IYDS which has been adapted for use in Victoria (Hemphill et al., 2011). All risk factors and risk-based protective factors were scored so that high scores reflected greater occurrence of the outcome (e.g. poor academic performance, high opportunities for prosocial involvement in the family). Table 1

describes the scales measured, example items, Cronbach's alphas, and descriptive statistics.

Self-reported violent offending

Participants were asked how often they had engaged in various types of violent offending over their lifetime (Grade 5) and in the past year (Grades 9, 11, and young adulthood). At Grade 5, participants were asked two questions: 1) if they had beat up someone so badly that they probably needed to see a doctor or nurse, and 2) if they had attacked someone with the idea of seriously hurting them. At Grades 9 and 11 and in young adulthood, participants were asked the two items measured in Grade 5, in addition to the item: "How many times in the past year have you threatened someone with a weapon?" At each timepoint, responses were recoded to give participants a score of 0 if they answered *Never* and a score of 1 if they reported engaging in violent behavior *one or more* times, allowing a distinction to be made between participants who had and had not engaged in violent behavior.

Risk factors and risk-based protective factors

Risk factors and risk-based protective factors spanned the individual, family, peer group, school, and community domains. All factors were dichotomized similar to previous analyses of this nature (e.g. Hemphill, Tollit, & Herrenkohl, 2014), to identify high levels of 'protection' (scored as 1). For variables originally classified as protective factors, the top quartile (75%) was used as the scale cut-point and responses were coded 0 if they fell into the bottom quartile (25%), and 1 if they fell into the top quartile (25%) was used as the scale cut-point and responses were coded 0 if they fell into the top quartile (25%), and 1 if they fell into the top quartile (25%), and 1 if they fell into the top quartile (25%), and 1 if they fell into the bottom quartile (25%), and 1 if they fell into the bottom quartile (75%).

At-risk groups

Risk factors and risk-based protective factors were examined for three at-risk groups, defined on behavior (drug use and engagement in antisocial behavior) or personal circumstance (family SES).

Drug use. Drug use was assessed in Grade 5 (lifetime use) and Grade 9 (past month use). In Grade 5, participants were asked if they had used alcohol ("have you ever had more than just a sip or two of an alcoholic drink (like beer, wine, or liquor/spirits)") or tobacco ("have you ever smoked a cigarette, even just a puff?") in their lifetime. In Grade 9, participants were asked how often in the past month they had: smoked cigarettes; had more than just a few sips of an alcoholic beverage (like beer, wine or liquor/spirits); used marijuana (pot, weed, grass); and used other drugs (LSD, cocaine, inhalants, stimulants, ecstasy, heroin, and other illegal drugs). Participants were also asked about binge drinking over the last fortnight using the item "How many times have you had five or more drinks in a row?" Responses to all substance use measures were recoded to give participants a score of 0 if they answered 'never' to all questions and a score of 1 if participants reported engaging in any type of drug use one or more times, allowing a distinction to be made between participants who had and had not engaged in drug use (lifetime for Grade 5, and past month for Grade 9).

Antisocial behavior. An at-risk group based on antisocial behavior in Grade 5 could not be formed due to the small number of cases identified. In Grade 9, participants were asked about five types of antisocial behavior: carried a weapon; stolen something worth more than \$10; sold illegal drugs; stolen or tried to steal a motor vehicle; and been drunk or high at school. Responses were recoded to give participants a score of 0 if they answered '*never*' on all items and a score of 1 if participants reported engaging in any antisocial behavior *one or more* times, allowing a distinction to be made between participants who had and had not engaged in antisocial behavior in their lifetime (Grade 5) or past year (Grade 9).

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