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Predictive validity of the Structured Assessment of Violence Risk in Youth (SAVRY) during residential treatment

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ABSTRACT

This prospective study examines the predictive validity of the Dutch version of the Structured Assessment of Violence Risk in Youth (SAVRY) by examining relationships between SAVRY scores and various types of disruptive behavior during residential treatment. The SAVRY, a risk assessment instrument, was coded for 66 male adolescents on the basis of file information and interviews. The adolescents were referred to Rentray, a juvenile correctional and treatment facility, by the Dutch juvenile courts because of severe behavioral problems or serious offenses. Institutional infractions were retrieved from incident registration files, which included acts of physical violence, verbal threat, verbal abuse, and violation of institutional rules. The interrater reliability of the SAVRY scores was good. The predictive validity of the SAVRY for physical violence against persons was excellent (Risk Total: AUC=.80, r=.33; Summery Risk Rating: AUC=.86, r=.48). The SAVRY also had good predictive validity for violence against objects, verbal threats and violations of rules, but not for verbal abuse. Implications for assessment and management of violent behavior among adolescents in residential treatment are discussed.

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1. Introduction

The American Academy of Child and Adolescent Psychiatry (2005) recently recommended that all youth referred to correctional institutions be evaluated for current and future risk of violent behavior. This necessitates that risk assessment tools for juvenile offenders be developed and validated. Also, Article 2 of the Dutch Principle Act on juvenile justice institutions, concerning the rights of incarcerated juveniles, states that the atmosphere within the institutions should be positive in order to resocialize and prepare the youths for their return to society (Dutch Ministry of Justice, 2001). However, thus far, no validated risk assessment instrument for adolescents has been available in The Netherlands.

Violence and aggression are serious problems in Dutch correctional and treatment facilities for adolescents. Prior studies (Dienst Justitiële Inrichtingen, 2001) have found annual incidence rates in treatment facilities of 37% for violence against peers and 42% for violence against staff. Violence often causes physical injury, and the threat of violence induces fear and uncertainty in patients as well as staff, interfering with the therapeutic climate. Given the serious consequences for staff and other patients, preventing aggression in juvenile institutions is critical.

Preventing residential violence requires that adequate risk assessment and management strategies be implemented. Risk assessment entails a systematic appraisal of risk, need, and protective factors (Hoge, 2002; Hoge & Andrews, 1996). Unstructured risk assessments often result in decisions that are inaccurate, inequitable, and lacking in accountability (Hoge, 2002). One reason

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for these problems is that, without proper structure, evaluators tend to rely on factors that do not have a demonstrable relationship to violence recidivism and overlook other factors that do predict (Borum, 1996).

Risk assessments conducted with juvenile offenders are different from, and in some ways more complicated than those with adults (Hoge, 2002; Hoge & Andrews, 1996). There are a number of reasons for this: base rates for violence are different; risk factors are different and less stable; behavioral norms are different; and psychosocial maturity is more central (Borum, 2000, 2003). Even among youth themselves, predictors of violent behavior vary by developmental stage. For example, "during childhood, individual characteristics and family risk factors are most important. Later, during adolescence, peer group and school risk factors become important" (Howell, 1997, p. 164). Very few risk assessment tools exist, which incorporate and address the developmental considerations necessary for use with adolescents. Although more than 50 years of research in the field of behavioral sciences has identified the key risk factors for violent offending in juveniles (Borum, 2000; Howell, 1997; Lipsey & Derzon, 1998), there have been few attempts to apply this knowledge base to structure offender risk assessments.

Three recently developed instruments have shown some degree of promise in structuring assessments of risk and protective factors in offenders between the ages of twelve and nineteen (Borum, 2003). The first is the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge & Andrews, 2002). This inventory consists of 42 items and focuses on risk for general recidivism, not for violence in particular. The second is the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003). This checklist consists of 20 items reflecting characteristics associated with the construct of psychopathy, including an antisocial and impulsive lifestyle, deficiencies in guilt and empathy, and egocentric and manipulative interpersonal behavior. Although, the PCL:YV is not a risk assessment instrument per se, it measures a number of personality traits that are associated with increased violence risk. Nevertheless, a handful of studies have demonstrated significant associations between PCL:YV scores and adolescent inpatient violence (Murrie, Cornell, Kaplan, Mc Conville, & Levie Elkon, 2004; Stafford & Cornell, 2003). The third instrument is the Structured Assessment of Violence Risk in Youth (SAVRY, Borum, Bartel, & Forth, 2002). The SAVRY was designed specifically for assessing violence risk, and is the instrument examined in the present study.

Risk assessment instruments can be divided into actuarial and structured professional judgment (SPJ) instruments. In several studies, the SPJ method has outperformed the actuarial method of risk assessment, both in research with adults (Dempster, 1998; De Vogel, De Ruiter, van Beek & Mead, 2004b) and with adolescents (Bartel, Borum, & Forth, 2000). In both the actuarial and SPJ models, the evaluator systematically assesses a set of predetermined risk factors that have demonstrated significant empirical relationships with (violent) offenses in prior research. The essential difference between the actuarial and the SPJ approach is in how the final risk judgment is made. For actuarial instruments, the decision is made mechanically according to a fixed algorithm. For SPJ instruments, it is made by the professional evaluator based on a structured assessment (Otto, 2000). In the SPJ method, the evaluator not only rates and sums the items, but also uses personal expertise and knowledge to interpret, combine and weigh the risk factors to arrive at a summary or final risk judgment.

The YLS/CMI and the SAVRY are SPJ instruments. However, in contrast to the YLS, the SAVRY manual explicitly advises against the use of numerical indices and cut-off points in clinical decision making. The SAVRY Risk Total is used only for research purposes. The Risk Total is derived by numerically transforming and summing codes of Low, Moderate, and High for the 24 risk items, to 0, 1, and 2, respectively. In clinical applications, the Summary Risk Rating is used. This rating is the final professional judgment, based on an overall interpretation of the 24 risk items and the 6 protective items of the case. This Summary rating is not linked to a particular score or range of scores.

Although past findings have been promising, further research is needed to study the predictive validity of the SAVRY with regard to inpatient disruptive behavior. In the present study, the strength of the association is examined in a sample of Dutch adolescents in a juvenile justice treatment facility. On the basis of prior research, which will be discussed further on in the Method section, we hypothesize that:

(1) The SAVRY Summary Risk Rating and the SAVRY Risk Total have good predictive validity for disruptive behavior, in particular for physical aggression against persons.
(2) The SAVRY Summary Risk Rating outperforms the SAVRY Risk Total in terms of predictive value.
(3) The SAVRY protective factors add incremental value to the risk assessment based solely on risk factors.

2. Method

2.1. Setting

The present study was conducted in Rentray, a correctional and treatment facility for male and female juveniles between 12 and 22 years of age. Youth are placed under a so-called "PIJ" order (Placement In a Juvenile justice institution) or a supervision order by the juvenile court, because of serious offenses and/or serious behavioral problems. Treatment methods vary widely, and include individual cognitive therapy, group therapy, expressive therapy, offense chain/psychoeducational treatment, anxiety and aggression management, impulse control training, drug and alcohol treatment, social skills training and family therapy.

Rentray runs a number of open, semi-secure and secure units in The Netherlands. The present study was conducted in the semi-secure treatment units. Semi-secure means that after 8 weeks of observation in a secure setting, the adolescent can earn supervised leave and later unsupervised visits to the nearest town, depending on his conduct, followed by visits to his parents every 2 weeks.

2.2. Subjects

The current sample included 66 boys admitted to Rentray between January 2001 and January 2003. The mean age at admission was 15.4 years (SD = 1.6; range 12–18). In terms of ethnic origin, 62% were Caucasian Dutch, 17% were Surinamese/Antillean, 10%

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