Adolescence ages 12 to 17, is a crucial time where antisocial behaviors are likely to increase. For example, in 1997, one fourth of the United States’ violent crimes were committed by youths (U.S. Department of Justice, 1999). Economically, serious youth offenders use a significant amount of resources, like incarceration, and the benefit of preventing one high-risk adolescent from becoming a lifetime criminal is between $1.3 and $1.5 million (Cohen, 1998). These social and economic examples show the need to find methods to reduce adolescent offenses and violence (Catchpole & Gretton, 2003).

With the need to minimize youth offending, prediction of individuals who are likely to continue into violent crime is essential for researchers and clinicians. While there is literature on adult assessments, there needs to be a focus on connecting youth correlates to applying them to assessment and intervention (Catchpole & Gretton, 2003). The risk factors found through youth violence research are family instability, community disorganization, peer influence, and personal history (Farrington & Loeber, 2000; Herrenkohn et al., 2000; Tolan & Gorman-Smith, 1998). Psychopathy is one specific individual factor that has been consistently linked with violence and antisocial behavior in adults and may play a role in youth offending as well (Grann, Långström, Tengström, & Kullgren, 1999; Harris, Rice, & Quinsey, 1993; Hemphill, Hare, & Wong, 1998; Rice & Harris, 1995; Salekin, Rogers, & Sewell, 1996; Steadman et al., 2000). Psychopathy includes both affective and interpersonal factors, like superficial charm or lack of empathy, in addition to behavioral aspects, like boredom or poor anger control (Hare, 1991).
The Psychopathy Checklist-Youth Version (PCL-YV) has been adapted from the adult version to assess these aspects of criminality in adolescence. It is a good predictor of recidivism with adolescent sex offenders and general offenders (Gertton et al., 2001 and Brant et al., 1997). Two other instruments, the Structured Assessment of Violence Risk in Youth (SAVRY) and the Youth Level of Service/Case Management Inventory (YLS/CMI) have also been established using known risk factors and correlates of adolescent antisocial behavior to guide prediction of future risk (Catchpole & Gretton, 2003). Psychopathic traits that have strong predictive validity for risk assessment were also included on the SAVRY (Borum, Bartel, & Forth, 2002). Using a sample of adolescent offenders, the present authors examined how well the SAVRY, YLS/CMI, and the PCL-YV can predict general and violent recidivism (Catchpole & Gretton, 2003).

Seventy-four participants from two institution in Canada – a secure custody center and an outpatient based forensic psychiatric treatment facility – were selected by clinicians to participate in a violent offender treatment program. The authors extracted their data from file reviews; therefore, there was no direct interactions or interviews in this study. Criminal records were obtained through correctional files which allowed for a 12-month follow up for each adolescent offender (Catchpole & Gretton, 2003).

Results showed that all three instruments were significantly related to and had a strong relationship with general reoffending. There is a 74-78% chance that an adolescent who reoffended will score higher on the SAVRY, YLS/CMI and the PCL-YV than a non-recidivist. These instruments were able to distinguish between those who were more likely to reoffend and those who would do so more quickly. For violent reoffending, all three instruments were all similarly and significantly related to recidivism. Low risk and high risk youths could be distinguished in their patterns of violent reoffending after release. Overall, these instruments
were able to identify risk of recidivism in this sample of violent offenders. The PCL-YV performed as expected based on the adult samples, as it was related to both general and violent recidivism. The YLS/CMI tended to identify very few youths as low risk, thus naming a majority of the youths as higher risk more often than the SAVRY. This is to be expected since the YLS/CMI was created to predict general criminality while the SAVRY was formed to predict future violent offending. Even with these differences, these two similarly predicted general and violent recidivism (Catchpole & Gretton, 2003).

The present authors addressed several factors that affected the accuracy of adolescent risk assessment and emphasized the need for future research. First, professionals conducting risk assessment of youths should understand the developing nature of adolescents and stay up-to-date on their assessments to increase risk prediction accuracy, and focus on addressing criminogenic needs to facilitate risk reduction. More prospective research should examine the contribution of dynamic factors on violent risk and outcome by exploring risk assessments that are conducted at the time of the evaluation. Second, the lack of available outcome data in youth risk assessment literature limits the understanding of risk instruments. Therefore, more outcome data is needed to expand our knowledge. Also, examination on long-term risk assessment of adolescent offenders is needed given that this study only focused on one year. Similarly, our ability to predict the likelihood that adolescents will engage in serious violent offenses needs to be addressed. Inaccurate classification of youths has a serious impact: underpredicting will cause harm to others while overpredicting will affect the individual. This study demonstrated that all three risk instruments did not provide perfect prediction. Thus, the authors recommended to integrate intervention plan with youth risk assessment procedures (Catchpole & Gretton, 2003).
In conclusion, the findings of this study showed that the PCL-YV, YLS/CMI, and the SAVRY meaningfully differentiated risk for ongoing violence even among youth previously convicted for violent offenses. This suggests that some individuals need more intensive intervention than others, even with violent youth offenders. Although further exploration is needed, current data could support that lower risk individuals may be appropriate for community-based management intervention while intensive treatment and relapse prevention is reserved for high risk youths who have strong criminogenic needs (Catchpole & Gretton, 2003).