

PREFACE

This special issue was created because Robert Zagar and colleagues' five studies on violence and homicide among abused infants, children, and youth, and homicidal or sex offending youth and adults demanded full commentary from the authors and coauthors. The implications of these complex data are important for fields as diverse as psychology, physiology, economics, and criminology and are of interest to business, human resources, and the police and military. A serious attempt was made to present and interpret data in as much depth as was reasonable, while maintaining a focus on the practical application: reducing violence, saving lives, and reducing costs related to use of the criminal justice system, incarceration of offenders, and the pain and suffering of victims. The 14 articles are written so that they can be comprehended separately, but also cohere so that they can also be used as a book. A list of "take-home" messages from the editors follows to provide the reader with a general orientation.

Previous research on delinquency and violence has identified many potential risks for development of violent behavior. Meta-analyses have implied that these risks begin in childhood and include family and personal characteristics as well as social and medical variables. However, due to design and sampling limitations as well as the low base rate of the most violent crimes, it has been difficult to pinpoint which risks are most critical and how the risks interact.

Zagar and colleagues' five studies used random sampling and individually matched controls, with large samples of the most at-risk youth and violent delinquents and adults. This was achieved by oversampling the highest risk groups, abused infants and children and violent youth and adults, in an area representative of those where most homicides occur. Data for these individuals were gathered from court, medical, school, and other records and include virtually all known risks for delinquency. Quasi-experimental design and the use of robust modern statistical techniques yielded a detailed picture of risks in abused and violent youth and their comparison groups, which were strongly differentiated with accuracies of 78 to 99%. The implications are wide-ranging, since with increased accuracy of predicting violence and homicide, there is less chance of false positives (e.g., unnecessary incarceration) and false negatives (e.g., release of dangerous offenders).

A historical view of risks is provided by comparisons of these risks with data gathered nearly a century ago in Boston and Chicago. These comparisons show that broken families, abuse of alcohol and drugs, and gang mem-

bership have dramatically changed the risk profile of urban delinquents over the past 100 years. The average IQ of delinquents has decreased from near normal (95) to near intellectual disability (78). In analyses of risks predicting homicide in Zagar, *et al.*'s groups, low IQ was not itself a significant predictor of violence, but the level of executive function—one domain of cognitive ability—was a crucial predictor.

The data gathered from five samples and their comparison groups, including risks from gestation and infancy to adulthood, provide a detailed developmental picture of violent and homicidal delinquency. This developmental continuum includes exposure to substances during gestation, abuse by parents or guardians during infancy and childhood, witnessing familial violence, poor general health and executive function, resultant failure at academic and social tasks, and subsequent alcohol and drug use and association with antisocial peers, leading to contacts with authorities and eventually incarceration for many at-risk youth.

Prior court contacts were the best overall predictor of violent delinquency and crime, confirming what is already well understood by courts. Among the other significant predictors of violence and homicide was severely compromised executive function, which appeared as a strong risk in infancy and continued to be a significant predictor through youth and adulthood. In youth and adults, low social maturity was also a significant predictor. Data on females have not often been reported in studies of delinquency. Homicidal males and females in Zagar, *et al.*'s samples had only one difference on risks, gang membership, which supports the validity of actuarial risk assessments, *i.e.*, probation–parole decision-making tests, for both sexes.

Although the groups of abused infants and children had extremely high rates of later commission of homicide (11 and 5%, respectively), these groups were severely challenged, with many risks accumulating from gestation to adolescence. That over 70% of these groups had no violent offenses and 44% had no court contact by adolescence is remarkable. Probable protective factors include supportive, nonviolent families, mentors, and peers, well-functioning schools, services offered by communities, and avoidance of drug and alcohol abuse, as well as graduation from high school and obtaining work.

Violence is extremely costly to society. The direct and indirect costs of a single homicide are nearly \$4 million. Many interventions have been developed to intercept or divert at-risk children, youth, and adults. Meta-analyses show that delinquency can be reduced by 12% on average by empirically validated treatment programs. The clear developmental continuum of risks in Zagar, *et al.*'s data implies that if treatments were applied in a develop-

mentally targeted manner for longer periods of time and only to the most at-risk, the resultant overall reductions in delinquency—especially violence and homicide—might be improved dramatically.

In order to target the most at-risk, actuarial testing must be applied broadly. Validated “empirical” actuarial personality and probation–parole tests are already well accepted by courts, as long as they do not discriminate on the basis of race, gender, or ethnicity. Actuarial tests are far more accurate in predicting violence (70–78%) than experts’ judgments (39–56%). Interventions can be applied to individuals who are identified as potentially dangerous. It is cost-effective to treat only those most at risk and to treat them intensively, with the goal of reducing the rate of the most costly offense, homicide.

To illustrate this point, Zagar, *et al.* present an example of a set of treatments that could be applied across the developmental span from infancy to adulthood. The expected reduction in homicide rates is substantial. Further, they show that broad testing in elementary and high schools, universities, and workplaces in a city of 3 million people is cost-effective, with savings outstripping costs if testing and treatment are complied with and if only the highest risk youth are targeted for treatment in high-homicide geographical areas. Training of social workers, therapists, and other professionals in the use of actuarial measures and empirically validated treatments is needed, as is the courage to engage the most at-risk youth in high-density, urban areas which have become as dangerous as battlefields. The quality of these results and the clarity of interpretations and recommendations comprise a message of hopeful possibilities to a world beset with violence.

—The Editors