

Early Warning Signs of Violent Behavior

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Coie & Jacobs (1993) and Elias & Tobias (1996) have documented that prevention and early intervention efforts can reduce violence and other troubling behaviors in schools. Cornell (1998) and Quinn, Osher, Hoffman and Hanley (1998) indicate that research based practices can help school communities recognize the warning signs early and that promising prevention and intervention strategies that involve the entire educational community, administrators, teachers, families, students, support staff, and community members can make school safer.

When adults and students respect each other, when students have a positive connection to at least one adult, and when students feel free to help friends and openly share concerns about students who in distress, a good school climate for safety is created. A key element is teaching students how to share concerns about others.

The U.S Department of Education published a booklet, *Early Warning, Timely Response: A Guide to Safe Schools*. This booklet lists signs of at-risk students. At-risk signs can be taught to teachers, staff members, parents, and school student bodies. Everyone, including students should be encouraged to watch for students exhibiting those signs and report to adults. When these signs are reported, a counselor, psychologist, or social worker should investigate the child to determine if there are serious problems lurking that need attention. This document came with a strong warning that warning signs should not be used to label students, but the warning signs can be a talking point to help students realize when one of their classmates may need adult assistance. This is not intended to be a PROFILE for violent students. Rather it is an at-risk list that should prompt officials to provide counseling and other services to students who may be having problems. The following table lists many characteristics of at-risk students:

Early Warning Signs This chart was devised from the booklet, *Early Warning, Timely Response: A Guide to Safe Schools*.

Early Warning Sign	Definition	Reference
<i>Social withdrawal</i>	In some situations, gradual and eventually complete withdrawal from social contacts can be an important indicator of a troubled child	<u>McConaughy & Skiba, 1993; Skiba, 1997</u>
<i>Excessive feelings of isolation and being alone</i>	Research has shown that the majority of children who are isolated and appear to be friendless are not violent. These feelings are sometimes characteristic of children and youth who may be troubled, withdrawn, or have internal issues that hinder development of social affiliations	<u>Doll, 1996; Garber, Quiggle, Panak, & Dodge, 1991</u>
<i>Excessive feelings of rejection</i>	In the process of growing up, and in the course of adolescent development, many young people experience emotionally painful rejection. Children who are troubled often are isolated from their mentally healthy peers. Their responses to rejection will depend on many background factors.	<u>Coie, Dodge, & Kupersmidt, 1990,</u>

	Without support, they may be at risk of expressing their emotional distress in negative ways-including violence	
<i>Being a victim of violence</i>	Children who are victims of violence-including physical or sexual abuse-in the community, at school, or at home are sometimes at risk themselves of becoming violent toward themselves or others	<u>Browne & Finkelhor, 1986</u>
<i>Feelings of being picked on and persecuted</i>	The youth who feels constantly picked on, teased, bullied, singled out for ridicule, and humiliated at home or at school may initially withdraw socially. If not given adequate support in addressing these feelings, some children may vent them in inappropriate ways-including possible aggression or violence	<u>Saarni, 1990; Greenbaum, 1988</u>
<i>Low school interest and poor academic performance</i>	Poor school achievement can be the result of many factors. It is important to consider whether there is a drastic change in performance and/or poor performance becomes a chronic condition that limits the child's capacity to learn. In some situations--such as when the low achiever feels frustrated, unworthy, chastised, and denigrated--acting out and aggressive behaviors may occur	<u>Hinshaw, 1992</u>
<i>Expression of violence in writings and drawings</i>	. Children and youth often express their thoughts, feelings, desires, and intentions in their drawings and in stories, poetry, and other written expressive forms. Many children produce work about violent themes that for the most part is harmless when taken in context. However, an overrepresentation of violence in writings and drawings that is directed at specific individuals (family members, peers, other adults) consistently over time, may signal emotional problems and the potential for violence	<u>Berman & Jobes, 1991</u>
<i>Uncontrolled anger</i>	Everyone gets angry; anger is a natural emotion. However, anger that is expressed frequently and intensely in response to minor irritants may signal potential violent behavior toward self or others	<u>Rothbart, Posner, & Hershey, 1995</u>
<i>Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors</i>	Children often engage in acts of shoving and mild aggression. However, some mildly aggressive behaviors such as constant hitting and bullying of others that occur early in children's lives, if left unattended, might later escalate into more serious behaviors	<u>Batsche & Knoff, 1994</u>

<i>History of discipline problems</i>	Chronic behavior and disciplinary problems both in school and at home may suggest that underlying emotional needs are not being met. These unmet needs may be manifested in acting out and aggressive behaviors. These problems may set the stage for the child to violate norms and rules, defy authority, disengage from school, and engage in aggressive behaviors with other children and adults	<u>Loeber, 1983; Loeber, 1990</u>
<i>Past history of violent and aggressive behavior</i>	Unless provided with support and counseling, a youth who has a history of aggressive or violent behavior is likely to repeat those behaviors. Aggressive and violent acts may be directed toward other individuals, be expressed in cruelty to animals, or include fire setting. Youth who show an early pattern of antisocial behavior frequently and across multiple settings are particularly at risk for future aggressive and antisocial behavior	<u>Gardner et al., 1996; Menzies & Webster, 1995</u>
<i>Intolerance for differences and prejudicial attitudes</i>	All children have likes and dislikes. However, an intense prejudice toward others based on racial, ethnic, religious, language, gender, sexual orientation, ability, and physical appearance--when coupled with other factors--may lead to violent assaults against those who are perceived to be different	<u>Prothrew-Stith, 1987</u>
<i>Drug use and alcohol use</i>	Apart from being unhealthy behaviors, drug use and alcohol use reduces self-control and exposes children and youth to violence, either as perpetrators, as victims, or both	<u>Cook, 1991</u>
<i>Affiliation with gangs</i>	Gangs that support anti-social values and behaviors--including extortion, intimidation, and acts of violence toward other students--cause fear and stress among other students. Youth who are influenced by these groups--those who emulate and copy their behavior, as well as those who become affiliated with them--may adopt these values and act in violent or aggressive ways in certain situations	<u>Arthur & Erickson, 1992; National School Safety Center, 1990</u>
<i>Inappropriate access to, possession of, and use of firearms</i>	Gangs that support anti-social values and behaviors--including extortion, intimidation, and acts of violence toward other students--cause fear and stress among other students. Youth who are influenced by these groups--those who emulate and copy their behavior, as well as those who become affiliated with them--may adopt	<u>Poland, 1993</u>

	these values and act in violent or aggressive ways in certain situations	
<i>Serious threats of violence</i>	Idle threats are a common response to frustration. Alternatively, one of the most reliable indicators that a youth is likely to commit a dangerous act toward self or others is a detailed and specific threat to use violence	<u>Keller & Tapasak, 1997</u>
<i>Serious physical fighting with peers or family members</i>	Serious fighting indicates that there is poor impulse control	<u>Lemerise & Dodge, 1993; Lochman, Dunn, & Wagner, 1997</u>
<i>Severe destruction of property</i>	This goes beyond little acts of vandalism	<u>Harris, Rice, & Quinsey, 1993</u>
<i>Other self-injurious behaviors or threats of suicide</i>	With suicide the third leading cause of death, such threats must always be taken seriously	<u>Hillbrand, 1995</u>

Note: Teachers and administrators--and other school support staff--are not professionally trained to analyze an individual's feelings and motives, but they are on the front line when it comes to observing troublesome behavior and making referrals to appropriate professionals, such as school psychologists, social workers, counselors, and nurses. They also play a significant role in responding to diagnostic information provided by specialists. Educators and parents--and sometimes students--can recognize certain early warning signs. In some situations different combinations of events, behaviors, and emotions may lead to aggressive rage or violent behavior toward self or others. A good rule of thumb is to assume that these warning signs, especially when they are presented in combination, indicate a need for further analysis to determine an appropriate intervention.

Threat Assessment Referral Form

If you become concerned that an individual may pose a risk for harming himself or others complete this form by stating your concern, checking the Warning Signs of which you are aware, and explaining items checked. Turn it in directly to the school's principal or designee. In an *Imminent* safety threat, notify principal immediately and take immediate action to secure or isolate the individual, and move other students from harm's way.

Individual under concern _____ Date of birth _____
 Person(s) completing this form _____ Room/phone _____
 School _____ Date of referral _____

I. **Reason for Referral** (explain your concerns) _____

II. **Imminent Warning Signs** (when an individual displays Imminent Warning Signs; take immediate action to maintain safety, mobilize law enforcement & appropriate school personnel)

- | | |
|---|--|
| <input type="checkbox"/> 1. Possession and/or use of firearm or other weapon | <input type="checkbox"/> 4. Severe rage for seemingly minor reasons |
| <input type="checkbox"/> 2. Suicide threats or statements | <input type="checkbox"/> 5. Severe destruction of property |
| <input type="checkbox"/> 3. Detailed threats of lethal violence (time, place, method) | <input type="checkbox"/> 6. Serious physical fighting with peers, family, others |

III. Early Warning Signs (mark items, then elaborate below)

- | | |
|---|---|
| <input type="checkbox"/> 7. Social withdrawal or lacking interpersonal skills | <input type="checkbox"/> 18. Intolerance for differences, prejudicial attitudes |
| <input type="checkbox"/> 8. Excessive feelings of isolation & being alone | <input type="checkbox"/> 19. Drug & alcohol use |
| <input type="checkbox"/> 9. Excessive feelings of rejection | <input type="checkbox"/> 20. Affiliation with gangs |
| <input type="checkbox"/> 10. Being a victim of violence, teasing, bullying | <input type="checkbox"/> 21. Inappropriate access, possession, use of firearms |
| <input type="checkbox"/> 11. Feelings of being picked on | <input type="checkbox"/> 22. Threats of violence (direct or indirect) |
| <input type="checkbox"/> 12. Low school interest, poor academic performance | <input type="checkbox"/> 23. Talking about weapons or bombs |
| <input type="checkbox"/> 13. Expressions of violence in writings & drawings | <input type="checkbox"/> 24. Ruminating over perceived injustices |
| <input type="checkbox"/> 14. Uncontrolled anger | <input type="checkbox"/> 25. Seeing self as victim of a particular individual |
| <input type="checkbox"/> 15. Patterns of impulsive & chronic, hitting & bullying | <input type="checkbox"/> 26. General statements of distorted, bizarre thoughts |
| <input type="checkbox"/> 16. History of discipline problems | <input type="checkbox"/> 27. Feelings of being persecuted |
| <input type="checkbox"/> 17. History of violent, aggressive & antisocial behavior across settings (i.e., fighting, fire setting, cruelty to animals, vandalism, etc., especially begun before age 12) | <input type="checkbox"/> 28. Obsession with particular person |
| | <input type="checkbox"/> 29. Depression |
| | <input type="checkbox"/> 30. Marked change in appearance |

IV. Explain checked items; describe known Precipitating Events (*use back if needed*)

- V. Turn in this form** and any materials you may have which may be necessary to conduct a preliminary risk assessment (i.e., writings, notes, printed e-mail or Internet materials, books, drawings, confiscated items, etc.).

FOR OFFICE & EMERGENCY MANAGEMENT TEAM USE:

Date Received: _____ School Case Manager assigned to follow referral: _____

Threat Assessment Worksheet (2 pages)

Coupled with the Referral Form (which addresses Warning Signs), this outline addresses Risk Factors, Precipitating Events, and Stabilizing Factors. The worksheet is designed to provide a concise way to organize known concerns when conducting a preliminary risk assessment and to list relevant school and agency involvement.

Individual under concern _____ Date of birth _____
Person(s) completing this form _____
Parent/legal guardian name _____ Phone _____
School _____ Date of referral _____

I. School & Agency Involvement (past or present) *To determine if safety concerns have been noted by others. List name, contact information & date of involvement if known:*

School Law Enforcement or Discipline Referrals _____

Special Education, 504, or Under Consideration _____

School-based Mental Health or Social Services _____

Family Resource and Youth Services Center _____

Community Social Services _____

Police, Juvenile Court, Probation Services _____

Community Mental Health Services _____

Current or prior institutionalization or foster care placement _____

Other _____

Comments/concerns expressed by any of the above _____

II. Risk Factors *(indicate if Observed, Documented, or Suspected; circle O, D, S, respectively)*

In possession or has access to weapons (O, D, S) _____

History of impulsive violent or other antisocial behavior (O, D, S) _____

Child abuse/neglect (O, D, S) _____

Isolation or social withdrawal (O, D, S)_____

Domestic violence or other family conflict (O, D, S)_____

Depression, mental illness, medical ailment (O, D, S) (list current medications)_____

Substance abuse or drug trafficking (O, D, S)_____

Fire setting (O, D, S)_____

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II. **Risk Factors** (cont.) (indicate Observed, Documented, or Suspected, O, D, S, respectively)

Bed Wetting (O, D, S) _____

Cruelty to animals (O, D, S) _____

Preoccupation with real or fictional violence (O, D, S) _____

Repeated exposure to violence (desensitization) (O, D, S) _____

Gang involvement or affiliation (O, D, S) _____

Other _____

III. **Precipitating Events** (recent triggers which may influence violence)

Recent public humiliation/embarassment (whether instigated by adult or peer) _____

Boyfriend/girlfriend relationship difficulties _____

Death, loss or other traumatic event _____

Highly publicized violent act (such as a school shooting) _____

Family fight or conflict _____

Recent victim of teasing, bullying or abuse _____

Other _____

IV. **Stabilizing Factors** (factors which may minimize or mitigate likelihood of violence)

Effective parental involvement _____

Involved with mental health; list provider or agency (if known) _____

Social support networks (church, school, social organizations) _____

Close alliance with a supportive adult (counselor, mentor, teacher, minister, etc.) _____

Positive, constructive peer group _____

Appropriate outlets for anger or other strong feelings _____

Positive focus on the future or appropriate future events_____

Other_____

V. Category of Risk (*Determine a Risk for Harm Category based on available information*)

Imminent - High - Moderate - Minor - Low/No (date & time of determination_____)

NOTE: RFH Categories represent a distinct moment in time and may change from hour to hour, and day to day. Following an initial assessment, it is essential to monitor on-going status, to reassess level of risk according to new information, and to document significant changes.

RISK (or Threat) ASSESSMENT CONCEPTS

- I. **Warning Signs:** A sign or indicator that causes concern for safety.
 - A. **Imminent Warning Sign:** A sign which indicates that an individual is very close to behaving in a way that is potentially dangerous to self or others. Imminent Warning Signs call for *immediate* action by school authorities and law enforcement.
 - B. **Early Warning Signs:** Certain behavioral and emotional signs that, when viewed in a context, may signal a troubled individual. Early Warning Signs call for a referral to a school's Threat Assessment Team for assessment.
- II. **Risk Factors:** Historical or background conditions which may influence the potential for violence. These factors may include family history of violence, prior antisocial behavior, mental health background, and various social factors.
- III. **Precipitating Events:** Recent events or "triggers" which may increase potential for violence. These factors may include recent family conflict, rejection from a significant peer, serious conflict with a teacher, etc.
- IV. **Stabilizing Factors:** Support systems or networks in place for an individual which may *decrease* the likelihood for violence. These factors may include effective parental relationships, positive peer groups, strong relationship with a teacher, counselor or therapist, etc.
- V. **Threat Assessment:** The process of reviewing Warning Signs, Risk Factors, Precipitating Events, and Stabilizing Factors, to determine the Risk for Harm Category and develop an appropriate plan of action.

RISK FOR HARM CATEGORIES

Risk For Harm Categories provide a way for schools to determine and assign a level of risk based on a review of Warning Signs, Risk Factors, Precipitating Events, and Stabilizing Factors. Based on level of risk, the Emergency Management Team develops action plans to maintain safety and to help an individual gain access to needed services or interventions. The descriptors following each Category are not an exhaustive list, but are provided as a frame of reference.

Category 1: Imminent Risk for Harm.

An individual is, or is very close to, behaving in a way that is potentially dangerous to self or others. Examples include: detailed threats of lethal violence, suicide threats, possession and/or use of firearms or other weapons, serious physical fighting, etc. Most of these individuals will qualify for immediate hospitalization or arrest. Responses may include: immediate action to secure individual, arrest or hospitalization, facility lock down, security response, parent notification, background or records check, “return to school plans,” ongoing case management.

Category 2: High Risk for Harm.

An individual has displayed significant Early Warning Signs, has significant existing Risk Factors and/or Precipitating Events, and has few Stabilizing Factors. May not qualify for hospitalization or arrest at present, but requires referrals for needed services and active case management. Responses may include: immediate action to secure individual, security response, parent notification, psychological consult/evaluation, background check.

Category 3: Moderate Risk for Harm.

An individual has displayed some Early Warning Signs and may have existing Risk Factors or recent Precipitating Events, but also may have some Stabilizing Factors. There may be evidence of internal emotional distress (depression, social withdrawal, etc.) or of intentional infliction of distress on others (bullying, intimidation, seeking to cause fear, etc.). Responses may include: security response, parent notification, psychological consult/evaluation, background or records check, ongoing case management.

Category 4: Minor Risk for Harm.

An individual has displayed minor Early Warning Signs, but assessment reveals little history of serious Risk Factors or dangerous behavior. Stabilizing Factors appear to be reasonably well established. There may be evidence of the unintentional infliction of distress on others (insensitive remarks, “teasing” taken too far, etc.). Responses may include: review of school records, parent notification, psychological consult, security response.

Category 5: Low/No Risk for Harm.

Upon assessment it appears there is insufficient evidence for any risk for harm. Situations under this category can include misunderstandings, poor decision making, false accusations from peers (seeking to get other peers in trouble), etc. Responses may

include: investigation of the situation, notification and involvement of others as needed, etc.

Brief Interview Outline for Individual Under Concern

When interviewing an individual about safety concerns, one method is to ask questions which move from general introduction, to fact finding, to recognition of concerns, to assessing support networks, to developing an outline for next steps. The following questions are not intended to be a scripted interview, but provide a sample structure for the kinds of questions which may need to be asked. Individuals using this outline are encouraged to use their professional judgment and experience, and to broaden or alter the questions. Note, in general it is good to avoid “yes or no” questions.

1. “Seems like you’ve been having a hard time lately, what’s going on?” *(to establish rapport and trust and to open dialog in a non-threatening way)*
2. “What is your understanding of why you have been asked to come to the office?” *(to review factual events)*
3. “What is your understanding of why school staff are concerned?” *(to determine if student is aware of effect behavior has on others)*
4. “What has been going on recently with you at school?” *(to look into possible precipitating events such as peer conflict, student/teacher interactions, failing grades, etc.; follow appropriate leads)*
5. “How are things going with your family?” *(to look into events such as recent moves, divorce, deaths or losses, conflict)*
6. “What else is going on with you?” *(to look into events outside of school such as community unrest, threats, police involvement, medical issues, etc.)*
7. “Who do you have to talk to or assist you with this situation?” *(to determine what supports or stabilizing factors may be available or in place such as mental health professionals, peer groups, family supports, church groups, etc.)*
8. “Given (whatever is going on), what are you planning to do?” or, “What are you thinking about doing?” *(follow-up on appropriate leads, including the level of detail in stated plans, ability to carry out plans, etc.)* **(NOTE: If there is an IMMINENT RISK take immediate action to maintain safety by contacting school security and/or 911).**
9. Close with a statement that describes short term next steps (i.e., “I’ll need to contact your parents to talk about...” or, “You will be suspended for two days, then we’ll...”). Try to determine student’s affect or mood prior to his/her departure, and alert others if necessary.

Assessment Questions for Mental Health Professionals

Individual under concern _____	Date of birth _____
Parent/legal guardian name _____	Phone _____
Mental health professional's name _____	Phone _____
Person(s) requesting information _____	Phone _____
School name _____	Date of referral _____

The following outline is provided by schools to mental health professionals when referrals are made for "Risk for Harm" assessments. In order to serve students who may pose a safety risk to themselves or others, it is essential that the child's school has appropriate information about his/her potential for dangerous behavior.

Suggested use: School staff should complete this form and provide it (with accompanying materials as appropriate) to the mental health professional who will be conducting an evaluation. The mental health professional should then assess the concerns and address them in a report back to the school.

- I. Brief description of reason for current referral, and a listing of any items which may accompany this referral (Threat assessment Worksheet, student notes, printed e-mails, writing assignments, relevant documentation from other sources, etc.): _____

- II. Requested information (*please address these questions in your report to the school*):

1. What is this individual's understanding regarding the serious nature of their recent actions (behavior, oral or written communications, gestures, etc.)?
2. What is their understanding of the distress, harm, fear, etc., caused by their actions?
3. What is this individual's understanding of the inappropriateness of their actions?
4. What is your understanding of the causes of this individual's actions?
5. What, if anything, is planned to address these issues and prevent their recurrence?
6. At this time, what level of risk is this individual (low, moderate, high or critical)?
7. If or when this individual returns to school, what may school staff, parents or others need to know to assist and support the student and take action when needed?
8. Other question(s): _____
