



Risk and Protection Factors for Violence Perpetration: An Ecological Model

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Preface

"The most effective violence prevention isn't about waiting for someone's emotional safe to explode, but recognising when its combination is being dialled in. This shift from harm identification to risk identification represents not just a procedural change but a fundamental reorientation of our safeguarding philosophy - one that could transform how we protect our most vulnerable and create truly safe communities."

The work presented in this report represents a pivotal step towards understanding and addressing one of society's most complex challenges: violence perpetration. As we navigate increasingly complex social landscapes, the need for evidence-based approaches to violence prevention has never been more urgent.

At **Oxon Advisory**, we believe that effective prevention requires a fundamental shift in perspective - moving from reactive responses to proactive identification of risk factors across multiple domains of human experience. This ecological approach acknowledges that violence rarely emerges from a single cause, but rather from a complex interplay of individual, relational, community, and societal factors that combine in unique configurations for each person.

This report distils decades of research into a practical framework for understanding both risk and protective factors. It offers not just analysis, but a roadmap for practitioners, policymakers, and communities seeking to create safer environments through targeted, multi-level interventions.

The combination lock analogy presented herein provides a powerful conceptual tool for understanding why traditional approaches to violence prevention often fall short. By recognising that risk factors must align in specific sequences to trigger violent behaviour, and that protective factors can disrupt these sequences, we open new avenues for early intervention and prevention.



Our hope is that this research will catalyse collaborative efforts across disciplines and agencies, fostering a shared commitment to preventing harm before it occurs rather than merely responding to its aftermath.

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Introduction

Violence perpetration remains a significant public health and social concern globally. This literature review adopts an ecological framework to examine the complex interplay of risk and protective factors across multiple domains that influence violence perpetration. Special attention is given to adverse childhood experiences (ACEs) and neurodiversity/disability as important considerations within this framework.

The ecological model, initially proposed by Bronfenbrenner (1979) and later adapted to violence research by the World Health Organisation (Krug et al., 2002), conceptualises violence as the product of multiple influences at various levels: individual, relationship, community, and societal. This approach recognises that violence emerges from complex interactions between personal history, close relationships, community contexts, and broader social factors.

Understanding Risk and Protective Factors in Violence Prevention

"It is not enough to know the magnitude of a public health problem. It is important to understand what factors protect people or put them at risk for experiencing or perpetrating violence." (Centers for Disease Control and Prevention, 2024)

What Are Risk and Protective Factors?

Risk factors are characteristics, conditions or variables associated with a higher likelihood of negative outcomes, such as violence perpetration. They function as warning signals - indicators that increase vulnerability to harmful behaviour. These factors can exist at multiple levels: within an individual (such as impulsivity), within relationships (such as exposure to domestic violence), within communities (such as high crime rates), or within society (such as cultural norms supporting violence). Risk factors rarely operate in isolation; rather, they accumulate and interact, creating compounding effects that significantly increase the probability of violence.

Protective factors, conversely, are conditions or attributes that reduce the likelihood of negative outcomes and promote resilience. These positive influences buffer against risk factors, potentially interrupting pathways to violence even when

significant risk factors are present. Like risk factors, protective factors operate across multiple domains: individual traits (such as emotional regulation skills), relationships (such as secure attachment to caregivers), communities (such as strong social cohesion), and society (such as accessible support services). Research consistently shows that protective factors aren't merely the absence of risk factors but represent distinct positive influences that actively promote healthy development and non-violent behaviour.

The Combination Lock Analogy

Risk factors for violence perpetration operate much like the numbers on a safe combination lock, coming together in a unique sequence that can be deeply personal to each individual. As with a complex lock, it's rarely a single risk factor that triggers violence, but rather a precise alignment of multiple vulnerabilities, perhaps beginning with childhood trauma, followed by poor impulse control, then substance misuse, and finally association with delinquent peers. When these factors align in just the right sequence, the metaphorical safe bursts open, releasing destructive potential that might have otherwise remained contained. The magnitude of this 'explosion' often correlates with the dosage or intensity of each risk factor, more severe childhood trauma or more extensive substance abuse can produce more devastating outcomes. Moreover, these effects can be dramatically amplified by powerful accelerants such as poverty, discrimination, or profound shame, which act like fuel poured onto an already volatile situation, intensifying and extending the resulting damage. Just as each safe has its unique combination, each person's pathway to violence involves a distinctive pattern of risk factors, making prediction and prevention necessarily individualised endeavours. This model also explains the phenomenon where someone appears to go "from 0-100 in a split second"—what observers perceive as a disproportionate reaction to a seemingly minor trigger. In reality, that individual was likely already at 98, their internal pressure gauge hovering just below critical threshold due to accumulated stressors and risk factors, requiring only the slightest additional pressure to catalyse an explosive response that appears inexplicable to the outside world.

The Importance of Risk Identification for Prevention

Identifying the prevalence of risk factors across individual, family, and community levels is therefore crucial for true prevention rather than merely responding to harm after it occurs. The current paradigm of "we will share information when there is a risk of harm" typically translates to action only after harm has already materialised - a

reactive approach that relies dangerously on hope and luck that the initial harm is neither severe nor fatal. This approach fails to recognise that by the time harm is visible, multiple risk factors have likely been accumulating and interacting for some time, creating a pressure cooker situation that has already reached dangerous levels.

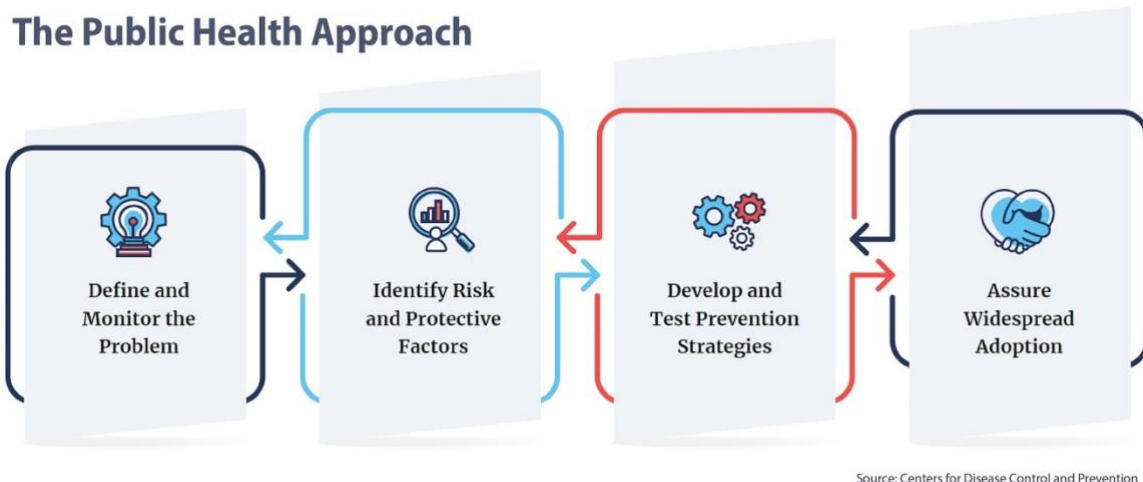
Multiagency data collaboration and formulation represent a vital shift toward genuine prevention. When education, health, social care, housing, and criminal justice agencies share their unique perspectives and data, patterns of risk can emerge that might remain invisible to any single agency (Ainsworth & Hansen, 2011; Home Office, 2014; Social Care Institute for Excellence, 2025). This collaborative approach allows for the identification of risk factor constellations before they culminate in harm, enabling earlier, less intrusive interventions. For example, a school might notice declining attendance, a GP might record parental substance misuse, and housing services might document overcrowding, each factor alone might not trigger action, but together they paint a compelling picture of escalating risk requiring preventative support.

The Police, Crime, Sentencing and Courts Act 2022 introduced a landmark Serious Violence Duty that requires specified authorities - including police, local authorities, fire and rescue services, health bodies, and probation services - to collaborate in preventing and reducing serious violence (Home Office, 2022 a) This statutory duty mandates these authorities to conduct evidence-based strategic needs assessments to identify local violence patterns and develop multi-agency strategies to address them (Police, Crime, Sentencing and Courts Act 2022 S.8 Duty to Collaborate, 2022) The legislation also amended the Crime and Disorder Act 1998, explicitly requiring Community Safety Partnerships to "formulate strategies for preventing people from becoming involved in serious violence and reducing instances of it in their areas" (Police, Crime, Sentencing and Courts Act 2022 S20 Amendment to CSP, 2022).

To facilitate this work, new information-sharing gateways were created under sections 16 and 17 of the Act, enabling specified authorities to share relevant data whilst respecting privacy constraints, particularly regarding patient information (Home Office, 2022 b). The NPCC's Science and Technology Strategy's "Build" section complements this legal framework by emphasising the importance of partnerships in developing deployable solutions. It advocates for strategic investments to reduce costs for participating forces, enhancing collaboration with equity investors to provide market signals, and recognising the value of dual-use technologies (NPCC, 2022). This approach exemplifies how multi-agency collaboration can create

integrated data platforms that support evidence-based interventions targeting the root causes of violence (NPCC, 2022, p.17).

This shift from harm identification to risk identification represents not just a procedural change but a fundamental reorientation of our safeguarding philosophy - from waiting for the safe to explode to recognising when its combination is being dialled in, and intervening before the destructive potential is unleashed. In this way, multiagency collaboration, or as some term it "The Public Health Approach" becomes not just best practice but an ethical imperative for truly protective systems.



Centers for Disease Control and Prevention: <https://www.cdc.gov/violence-prevention/about/about-the-public-health-approach-to-violence-prevention.html>

Review Methodology

For this review, literature was systematically searched across multiple databases including Web of Science, PubMed, PsycINFO, and Sociological Abstracts. Search terms included combinations of "violence", "aggression", "perpetration", "risk factors", "protective factors", "ecological model", "adverse childhood experiences", "neurodiversity", and "disability". The review focused on peer-reviewed articles published between 2000 and 2025, with emphasis on meta-analyses, systematic reviews, and longitudinal studies.

Individual-Level Factors

Risk Factors

At the individual level, a complex array of biological, psychological, and historical factors influence violence perpetration risk.

Adverse Childhood Experiences (ACEs): The relationship between ACEs and later violence perpetration is well-established. Hughes et al. (2017) conducted a meta-analysis finding individuals with four or more ACEs were at 7.5 times increased risk of violence perpetration. Specific ACEs most strongly associated with later violence include:

- Exposure to domestic violence (Fong et al., 2019)
- Physical abuse (Widom et al., 2015)
- Neglect (Maas et al., 2008)
- Parental incarceration (Murray & Farrington, 2008)

The link between ACEs and violence perpetration appears mediated through disrupted attachment, difficulties in emotion regulation, and neurobiological alterations (Teicher & Samson, 2016).

Neurodiversity and Disability: Research examining neurodiversity and disability in relation to violence perpetration reveals a nuanced picture:

- Individuals with certain neurodevelopmental conditions like conduct disorder show elevated risk for violence (Fairchild et al., 2019)
- For autism spectrum conditions, research challenges stereotypes, (Hellerschou et al., 2015) found that autistic individuals without co-occurring conditions are actually less likely than the general population to commit violent offences
- Intellectual disabilities present complex patterns, with Fogden et al. (2016) indicating that any increased risk may be confounded by socioeconomic disadvantage and comorbid conditions

Other Individual Factors:

- Poor impulse control and emotion regulation (Garofalo et al., 2018)
- Substance misuse (Foran & O'Leary, 2008)
- Attitudes supportive of violence (Debowska et al., 2015)
- Low educational attainment (Felson & Staff, 2010)

Protective Factors

Individual protective factors that buffer against violence perpetration include:

- Average or above intelligence (Ttofi et al., 2016)
- Positive self-concept and internal locus of control (Lösel & Farrington, 2012)
- Well-developed empathy and emotional intelligence (Jolliffe & Farrington, 2004)
- Religious or spiritual connection (Salas-Wright et al., 2014)
- Executive function skills (Meijers et al., 2017)

For neurodivergent individuals, research by Kawakami et al. (2012) suggests that early identification and appropriate support significantly reduce the risk of future violence involvement.

Relationship-Level Factors

Risk Factors

The immediate social context, particularly family and peer relationships, significantly influences violence perpetration:

- Exposure to family violence and harsh parenting (Smith-Marek et al., 2015)
- Association with delinquent peers (Haynie & Osgood, 2005)
- Poor parent-child attachment (Hoeve et al., 2012)
- Relationship conflicts and instability (Capaldi et al., 2012)

For individuals with neurodevelopmental differences or disabilities, problematic relationship dynamics may be exacerbated by communication difficulties or misunderstandings of social cues (Lerner et al., 2012).

Protective Factors

Supportive relationships serve as significant protective factors:

- Secure attachment to caregivers (Mikulincer & Shaver, 2015)
- Parental supervision and consistent discipline (Pardini et al., 2015)
- Positive peer influences (Bender & Lösel, 2011)
- Supportive relationships with non-parental adults (Ttofi et al., 2016)

Research by Croen et al. (2015) highlights that for neurodivergent individuals, family acceptance and understanding of their unique needs significantly reduces maladaptive behaviours including aggression.

Community-Level Factors

Risk Factors

Community contexts exert significant influence on violence perpetration:

- Neighbourhood socioeconomic disadvantage (Sampson, 2012)
- Community violence exposure (Fowler et al., 2009)
- Low social cohesion (Sampson et al., 1997)
- High residential mobility (Sharkey & Sampson, 2010)
- Limited access to social services (DeLisi et al., 2018)

For individuals with disabilities or neurodevelopmental differences, communities lacking appropriate support services may inadvertently increase risk (Allely et al., 2024).

Protective Factors

Protective community factors include:

- Strong social cohesion and collective efficacy (Sampson, 2012)
- Access to quality support services (Matjasko et al., 2013)
- Community connectedness (Edwards et al., 2014)
- Prosocial community activities and organisations (Hawkins et al., 2009)

Recent research by Vinoski Thomas et al. (2019) and Black et al. (2024) emphasises the importance of disability and neurodiversity-affirming community resources in reducing the risk of adverse outcomes for disabled and neurodivergent individuals.

Societal-Level Factors

Risk Factors

Broader societal factors that influence violence perpetration include:

- Income inequality (Wilkinson & Pickett, 2009)
- Cultural norms supporting violence (Fulu et al., 2013)
- Gender inequality (Tiwari et al., 2010)
- Societal discrimination against marginalised groups (Tiwari et al., 2010)
- Insufficient legal sanctions for violence (Krug et al., 2002)

For individuals with disabilities or neurodevelopmental differences, systemic ableism and lack of accommodations may create additional stressors (Hollomotz, 2013; Lundberg & Chen, 2024).

Protective Factors

Societal protective factors include:

- Strong legislative frameworks against violence (L. L. Heise & Kotsadam, 2015)
- Gender equality and reduced power disparities (L. Heise, 2011)
- Reduced poverty and income inequality (Wilkinson & Pickett, 2009)
- Investment in welfare programmes (Butchart & Mikton, 2014)
- Media campaigns promoting non-violence (Paluck & Ball, 2010)

Recent work by (Ross et al., 2022) highlights how disability-inclusive policy frameworks can reduce vulnerability to violence involvement for neurodivergent individuals.

Cross-Level Interactions

The ecological model emphasises the interaction between factors at different levels. Some notable interactions include:

- Individual ACEs often cluster in disadvantaged communities (Ellis & Dietz, 2017)
- Neurodevelopmental differences interact with community resources to determine outcomes (Hirvikoski et al., 2016)
- Family factors may moderate the relationship between individual risk factors and violence (Pardini et al., 2015)
- Societal inequality amplifies the impact of community disadvantage (Wilkinson & Pickett, 2009)

Importantly, the cumulative effect of multiple risk factors substantially increases the likelihood of violence perpetration, while the presence of protective factors can buffer these effects (Lösel & Farrington, 2012).

A Preventative Approach: Monitoring Risk and Enhancing Protection

This ecological analysis suggests several approaches for violence prevention, As (Akers & Lanier, 2009) note - just as epidemiologists track the spread of disease

through populations, epidemiological criminologists track the distribution of risk factors for violence. This surveillance approach enables early warning of emerging threats and evaluation of intervention effectiveness:

1. **Multi-level interventions:** Addressing factors at multiple ecological levels simultaneously shows greater effectiveness than single-level approaches (Nation et al., 2003)
2. **ACE-informed approaches:** Preventing ACEs and mitigating their impacts through trauma-informed care may reduce violence (Larkin et al., 2014)
3. **Neurodiversity-affirming approaches:** Interventions that accommodate and support neurodevelopmental differences rather than pathologising them (Milton et al., 2019)
4. **Strength-based focus:** Enhancing protective factors across ecological levels, not merely reducing risk factors (Ttofi et al., 2016)

The Value of Early Warning Systems Based on Risk and Protective Factors

A comprehensive approach that systematically monitors risk factors while actively promoting protective factors creates an effective early warning system for violence prevention. This approach represents a fundamental shift from reactionary crisis management to proactive prevention. By understanding the combination of factors that may lead to violence, especially when mental health issues, personality disorders, or fixations are present, interventions can be mobilised before situations escalate to harm.

Why This Approach Works

Identifying Pressure Points Before Critical Thresholds

Monitoring risk factors allows professionals to identify individuals who may be approaching critical thresholds long before they "explode." For someone with emerging mental health difficulties or a personality disorder, everyday stressors might have disproportionate impacts. When multiple agencies track these accumulating pressures; such as housing instability, relationship breakdown, substance misuse, or non-compliance with treatment - they can identify when someone is moving from 60 to 70 to 80 on that metaphorical pressure gauge, rather than waiting until they reach 99.

Addressing Fixation and Obsession Early

When fixation or obsessional thinking is identified as a risk factor, early intervention becomes particularly crucial. Fixations can rapidly accelerate the path to violence as

they narrow cognitive focus, amplify grievances, and provide justification for harmful actions. Multiagency monitoring can detect concerning patterns in communications, behaviour changes, or escalating rhetoric that indicate hardening fixations. By intervening at this stage, perhaps through specialist mental health support, redirection strategies, or appropriate safeguarding measures, agencies can disrupt the progression from fixation to action.

Leveraging Protective Factors as Circuit Breakers

Rather than focusing exclusively on risks, this approach simultaneously strengthens protective factors that act as "circuit breakers" in the violence pathway. For individuals with mental health conditions or personality disorders, protective factors might include:

- Consistent therapeutic relationships with trusted professionals
- Medication adherence and effective symptom management
- Meaningful daily activities and purpose
- Stable housing and financial situation
- Supportive social connections and reduced isolation

By actively building these protective elements, the approach reduces vulnerability even when risk factors are present. This is particularly important for those with complex mental health needs, where complete elimination of risk factors may not always be possible.

Creating Multiple Sequential Intervention Points

The ecological framework of risk and protective factors creates numerous potential intervention points across individual, relationship, community, and societal levels. This multi-level approach means that even if intervention at one level fails, other opportunities remain. For someone experiencing mental health difficulties, intervention might involve individual therapy, family support, community integration activities, and addressing systemic barriers to care, creating redundancy in the safety system.

The Role of Multiagency Collaboration

Multiagency collaboration is essential to this approach, particularly when mental health or personality disorders are involved. Different agencies hold different pieces of the puzzle:

- Mental health services understand diagnostic considerations and treatment engagement
- GPs may track medication compliance and physical health indicators

- Police may have information about concerning behaviours or interactions
- Housing services know about stability of living situations
- Social services may be aware of family dynamics or vulnerability factors

When these agencies communicate effectively and formulate risk collaboratively, patterns emerge that might otherwise remain invisible. This collaborative approach also ensures that appropriate expertise guides intervention, with mental health professionals taking the lead when clinical factors are prominent, while other agencies provide complementary support.

Cost-Effectiveness and Ethical Considerations

Beyond its preventative effectiveness, this approach is also more cost-efficient and ethically sound than crisis-driven responses. The financial and human costs of serious violence, including emergency services, acute healthcare, long-term care, criminal justice processing, incarceration, and the immeasurable impact on victims, far outweigh the investment required for monitoring and early intervention.

More importantly, this approach respects the dignity of all involved. For individuals with mental health conditions or personality disorders, early, proportionate intervention offers an opportunity to maintain autonomy and community integration rather than experiencing more restrictive interventions following a crisis. This trauma-informed approach recognises that many perpetrators of violence have themselves experienced trauma, and seeks to break harmful cycles rather than perpetuate them.

In essence, a system that monitors risk factors, promotes protective factors, and triggers calibrated early intervention represents the most humane, effective and resource-efficient approach to preventing violence, particularly where mental health considerations, personality disorders or fixations are present. It acknowledges that prevention is always preferable to response, and that with the right collaborative frameworks in place, many instances of serious harm are indeed preventable.

Conclusion

This review demonstrates the complexity of violence perpetration through an ecological lens. The interaction between individual factors (including ACEs and neurodevelopmental differences), relationships, communities, and broader social contexts creates pathways toward or away from violence. Effective prevention requires comprehensive approaches addressing multiple ecological levels simultaneously, with particular attention to both risk and protective factors.

Further research is needed to understand:

- How protective factors specifically moderate the impact of ACEs on violence perpetration
- The nuanced relationship between neurodevelopmental differences and violence risk/protection
- How cultural contexts influence the relevance of different ecological factors
- The effectiveness of interventions targeting multiple ecological levels simultaneously

See Appendix A for Table 1: Risk and Protection Factors for Violence Perpetration Across Ecological Levels

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Appendix A - Table 1: Risk and Protection Factors for Violence Perpetration Across Ecological Levels

Ecological Level	Risk Factors	Protection Factors	Considerations for ACEs	Considering Neurodiversity / Disability
Individual Level	<ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs) • Poor impulse control • Substance misuse • Attitudes supportive of violence • Low educational attainment • History of antisocial behaviour 	<ul style="list-style-type: none"> • Average or above intelligence • Positive self-concept • Internal locus of control • Well-developed empathy • Religious/spiritual connection • Executive function skills 	<ul style="list-style-type: none"> • Four or more ACEs increase violence risk 7.5 times (Hughes et al., 2017) • Exposure to domestic violence particularly impactful (Fong et al., 2019) • Neurobiological alterations from early trauma (Teicher & Samson, 2016) 	<ul style="list-style-type: none"> • Conduct disorder increases risk (Fairchild et al., 2019) • Autism without co-occurring conditions may decrease risk (Hellerschou et al., 2015) • Early identification and support reduces risk (Kawakami et al., 2020)
Relationship Level	<ul style="list-style-type: none"> • Exposure to family violence • Association with delinquent peers • Poor parent-child attachment • Relationship conflicts • Inconsistent parenting 	<ul style="list-style-type: none"> • Secure attachment to caregivers • Parental supervision • Positive peer influences • Supportive non-parental adults • Healthy intimate relationships 	<ul style="list-style-type: none"> • Intergenerational transmission of violence (Smith-Marek et al., 2015) • Difficulty forming secure attachments due to early trauma (Hoeve et al., 2012) 	<ul style="list-style-type: none"> • Communication difficulties may increase relationship conflicts (Lerner et al., 2012) • Family acceptance reduces maladaptive behaviours (Croen et al., 2021)
Community Level	<ul style="list-style-type: none"> • Neighbourhood disadvantage • Community violence exposure • Low social cohesion • High residential mobility • Limited access to services 	<ul style="list-style-type: none"> • Strong social cohesion • Access to quality services • Community connectedness • Prosocial activities • Safe public spaces 	<ul style="list-style-type: none"> • High-ACE communities have higher violence rates (Sampson, 2012) • Service deserts compound impact of ACEs (DeLisi et al., 2017) 	<ul style="list-style-type: none"> • Lack of appropriate support services increases risk (Allely, 2018) • Neurodiversity-affirming resources reduce adverse outcomes (Thomas et al., 2021)
Societal Level	<ul style="list-style-type: none"> • Income inequality • Cultural norms supporting violence • Gender inequality • Societal 	<ul style="list-style-type: none"> • Strong legislative frameworks • Gender equality • Reduced poverty/inequality • Investment 	<ul style="list-style-type: none"> • Societal recognition of ACEs impacts prevention efforts (Butchart & Mikton, 2014) 	<ul style="list-style-type: none"> • Systemic ableism creates additional stressors (Hollomotz, 2013) • Disability-inclusive policy

	discrimination • Insufficient legal sanctions	in welfare • Non-violence campaigns	Trauma-informed policy approaches (Ellis & Dietz, 2017)	frameworks reduce vulnerability (Crenshaw et al., 2022)
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