



WHAT WORKS TO PREVENT LETHAL YOUTH VIOLENCE IN THE LAC REGION: A GLOBAL REVIEW OF THE RESEARCH

NOVEMBER 2019

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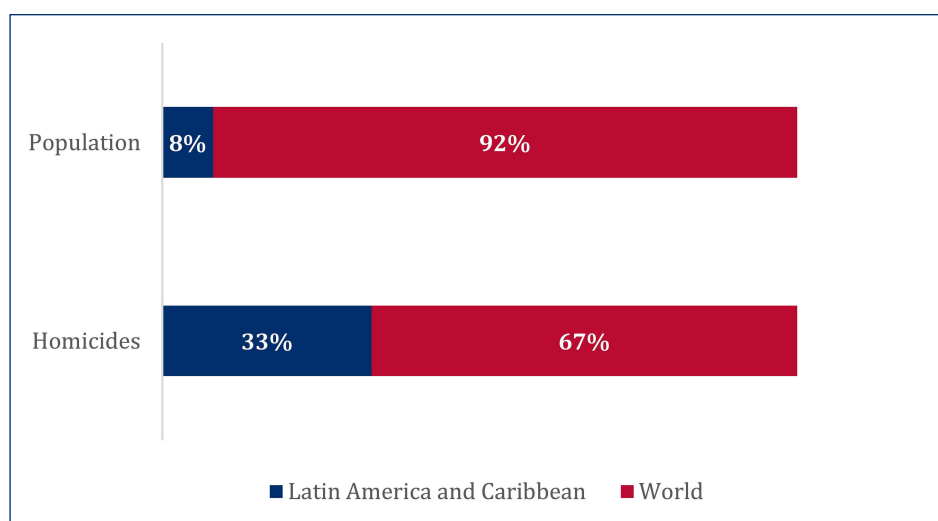
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INTRODUCTION

The Latin America and Caribbean (LAC) region contains some of the highest rates of interpersonal and community-based violence in the world, accounting for one-third of all homicides despite being home to less than 10 percent of the world's population (Exhibit 1). El Salvador, Jamaica, and Venezuela have the highest homicide rates in the region, exceeding 50 deaths per 100,000 persons in 2017, with some municipal homicide rates in these countries exceeding 130 deaths per 100,000 persons.¹ That said, the region is not without hope. For example, once known as the murder capital of the world in the 1980s and 1990s Colombia's homicide rate was roughly equivalent to the city of Chicago in 2017 (24 in Colombia compared to 24.1 in Chicago) and was lower than the homicide rate in 15 other cities in the United States during that year.²

Exhibit 1. Homicides and population in the LAC region in 2017³



The fact that Colombia has been able to make improvements in community safety demonstrates that violence can be reduced, although there is an incomplete understanding of the most effective ways in which to do so in the Latin American context. The most recent effort to document evidence generated from the region found a paucity of rigorous research on intervention effectiveness,⁴ leaving policymakers to look to other regions of the world for reliable evidence to guide their prevention planning. To address this need, the United States Agency for International Development (USAID) hired the American Institutes for Research (AIR), in collaboration with Democracy International (DI), to conduct an evidence mapping and gap analysis under the Latin America and the Caribbean Youth Violence Prevention Task Order. This report provides an assessment of the global evaluation evidence from interventions that directly or indirectly aim to prevent violence that affects youth, which is defined by USAID as persons 10–29 years of age.

Evidence gap mapping is a growing method to support evidence-informed policymaking.⁵ This method provides a framework for identifying existing evidence from impact evaluations and systematic reviews and key gaps where little or no evidence is available. This review also examines research areas where there are few studies, to identify where new primary experimental and quasi-experimental studies may add value. Overall, the results from this review aim to inform USAID's policymaking in the LAC region for prioritizing program development, research and evaluation funding and enacting a strategic research agenda in coordination with other stakeholders in the region.

METHODS

The AIR-DI research team developed a comprehensive written protocol, in collaboration with USAID, to search for published systematic reviews (with and without meta-analyses), rapid evidence assessments, and research syntheses. Systematic reviews are comprehensive literature and data review studies that examine a group of previously published research on the same topic to understand the state of research in a particular field, identify any gaps, and determine if a common outcome is evident across studies. Finding a common outcome across studies allows researchers to draw broader conclusions than any single study can support. To be included in the review, the study must have been produced anywhere in the world between 2000 and 2017 and examine the outcomes of violence prevention interventions affecting youth 10–29 years of age. Once all published research syntheses were identified and reviewed, unpublished single research studies were sought to fill gaps in topics and LAC-relevant locations of study. Inclusion criteria are shown in Exhibit 2.

Exhibit 2. Inclusion criteria

Year of Production	January 1, 2000 to December 31, 2017
Method of Production	Step 1: Published systematic reviews (with and without meta-analyses), rapid evidence assessments, and research syntheses Step 2: Individual unpublished studies that fill gaps in multi-study reviews (completed after Step 1)
Location of Study	Worldwide
Population Impacted	Communities and youth 10–29 years of age
Topic of Study	Violence prevention (all typologies, from child maltreatment to homicide)
Type of Study	The study must be research and/or evaluation using systematic methods to report on the effectiveness of violence prevention interventions (primary, secondary, or tertiary) and show either positive or mixed effects. ^a Published systematic reviews (with and without meta-analyses), rapid evidence assessments, research syntheses, and a small number of unpublished individual studies that used experimental or quasi-experimental designs.

^a We also reviewed studies that showed no effects or iatrogenic (harmful) effects and coded them in our analyses, but the specific purpose of this study was to uncover interventions that might hold promise for the LAC region.

IDENTIFICATION

Using an approach that includes PICO (population, interventions, comparisons, and outcomes) criteria⁶ to provide a systematic investigation framework, we first conducted a keyword search related to violence typologies. This search was performed on an array of online journal databases (see lists of keywords and databases in Appendix A). Second, we performed hand searches in leading research and government institutions (e.g., USAID Development Experience Clearinghouse, The International Initiative for Impact Evaluation, and Red Latinoamericana de Juventudes Rurales) to search for studies published in English, Spanish, and Portuguese. These searches identified 456 abstracts. The contents of the abstracts were documented per a screening protocol with five eligibility criteria to determine whether the study (a) was published in 2000 and after; (b) was a systematic review, systematic review with meta-analysis, meta-analysis, rapid evidence assessment, or research synthesis of evaluations of interventions; (c) targeted prevention of youth violence and crimes even if it also addressed other areas, such as academic outcomes; (d) targeted youth 10–29 years of age; and (e) evaluated the effectiveness of interventions targeting aggression, violence, or crime. Abstracts were excluded if they did not meet all these criteria. Because there

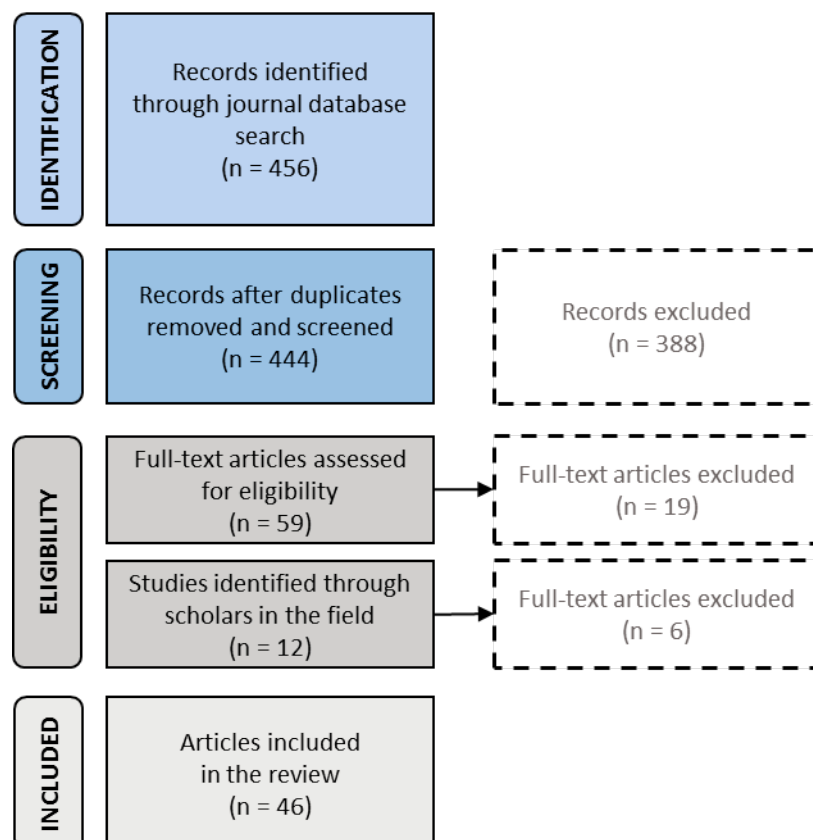
were no recent systematic reviews focused on the LAC region, we broadened our search to include studies that focused on other regions in addition to countries specific to the LAC region. Of these abstracts, 59 were identified for further screening. Two coders reviewed each abstract, and a third person who was not involved in the initial coding provided another layer of review before studies were excluded.

SCREENING

Fifty-nine eligible studies were screened to identify studies that showed statistically significant effects of violence prevention. A research manager reviewed the coding process, and a quality control review was done after the initial coding was completed. The screening process yielded 40 published studies for final review. Reasons for exclusion included lack of specificity on populations served by the intervention and studies that reviewed only empirical data but did not conduct new analyses of those data (e.g., literature reviews). The final 40 published studies that met inclusion criteria were further reviewed and coded for intervention characteristics, research outcomes, research design, and research quality.

In addition to these published studies, as a final step, we contacted a network of leading criminology and criminal justice scholars of violence prevention and crime (N = 55) to retrieve unpublished evaluations of interventions, single studies, or research syntheses to fill gaps among the 40 studies. These scholars were defined as those authoring at least one study that matched our inclusion criteria, as previously described. From this query, we identified an additional 12 studies, and six of these met our inclusion criteria, resulting in a total sample size of 46 studies, as shown in Exhibit 3. (Appendix B presents a bibliography and table of key features about each included study and bibliographic information for each study. Appendix D identifies the excluded studies.)

Exhibit 3. Article processing and results



ANALYSES

The documents that remained after the first two inclusion reviews were subjected to a stepwise content analysis procedure:

1. Developed thematic definitions,
2. Developed thematic levels,
3. Developed codebook for themes,
4. Coded each article using coding guide,
5. Inputted coding analysis into analysis software, and
6. Analyzed data.

This codebook served as a tool for organizing and subsequently analyzing the information within each included study. A list of definitions for the codes accompanied the codebook so that coders could categorize information using the same standards. After inputting the codes into Excel, a sample of studies was selected to double-code as a means of ensuring interrater reliability. Using this coded data, the team employed grounded theory to inductively identify themes, categories, and theories that emerged from each study. During this process of data reduction, researchers characterized the prevalence of responses, examined differences among groups, and identified key findings and themes related to the research questions. Coding was also reviewed to assess the quality of data entry and to identify incorrect or missing entries. Once all codes were verified as accurate in the Excel sheet, data were imported into the Statistical Package for the Social Sciences (SPSS) for analysis. The complete dataset of coded literature was synthesized, beginning with descriptive statistics describing the overall content of the literature. This included a raw count of document characteristics within the dataset, such as setting type (e.g., education setting) or study type (e.g., randomized controlled trial [RCT]). The next step was to conduct analyses within each intervention and outcome area (e.g., gang prevention) to describe predominant themes and other content characteristics across documents within that topic (e.g., location of gang prevention programs). The third and final step was to analyze all documents across all topics to determine content themes and depth of thematic coverage across topics.

FINDINGS

NATURE OF STUDIES

Of the 46 studies, 40 were syntheses analyzing results across multiple studies, while six were individual research studies. The six individual studies were culled from the request for unpublished studies to fill gaps in the research synthesis literature. Three of the six individual studies examined interventions at the individual (rather than the community) unit of analysis (i.e., program participants), and the average sample size across these studies was 2,298 participants. On average, 38 individual studies were examined in each of the 40 research syntheses, totaling 1,389 studies overall. Among these studies, the team found no longitudinal studies tracking individual changes over time beyond the prescribed post-intervention follow-up period, which ranged from the day after completing the program to 2 years following program completion. Many of the research syntheses were systematic reviews with meta-analyses (46 percent), and pre-post, correlational designs were most common in the six individual studies (50 percent). Almost half (41 percent) of the 46 studies were reported in 2016 and 2017, and only 20 percent of the studies were reported from 2000 to 2010. A breakdown of study characteristics is shown in Exhibit 4.

Exhibit 4. Study characteristics

Study Type and Unit of Analysis	Sample Size Within Studies	
	Single Study (6) of Individuals	Syntheses (40) of Studies
Systematic review: 39 percent <ul style="list-style-type: none"> • Individuals: 50 percent Systematic review with meta-analysis: 46 percent <ul style="list-style-type: none"> • Community: 11 percent Rapid evidence assessment: 2 percent <ul style="list-style-type: none"> • Individuals and community: 39 percent Single study: 13 percent <ul style="list-style-type: none"> • Individuals and community: 50 percent • Community: 35 percent • Individuals: 15 percent 	Mean: 2,298 Mode: 300 Max: 5,238	Mean: 38 Mode: 14 Max: 214

STUDIES BY COUNTRY

In the final pool of 46 studies, 65 percent examined research on interventions conducted in high-income countries.⁷ Less than one-fifth of the studies (19.6 percent) presented research conducted in the LAC region (Exhibit 5). Eight studies (17 percent) did not report the location of the study.

Exhibit 5. Countries represented in studies

LAC countries included in studies (n = 9 studies/12 countries)	Argentina, Brazil, Chile, Colombia, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Peru, and Trinidad and Tobago
Non-LAC countries included in studies (n = 29 studies/30 countries)	Australia, Belgium, Canada, China, Czech Republic, Finland, France, Germany, Greece, Grenada, Hong Kong, India, Iran, Ireland, Israel, Italy, Kazakhstan, Korea, Kyrgyzstan, Netherlands, New Zealand, Romania, Serbia, South Africa, Spain, Tajikistan, Turkmenistan, United Kingdom, United States of America, and Uzbekistan

INTERVENTION CHARACTERISTICS

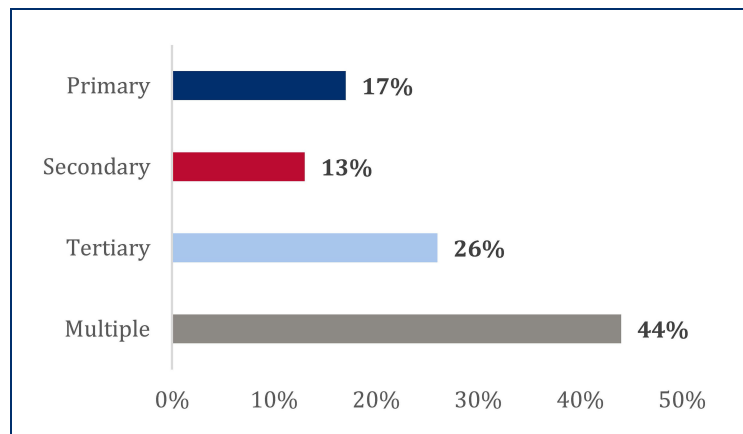
The 46 studies included in our analysis assessed a variety of intervention types. In addition to the many interventions that were not described with a specific name, 229 distinctly named interventions were examined in the body of studies. Appendix C lists these programs.

INTERVENTION LEVEL

Interventions varied by whether they were implemented at the primary, secondary, or tertiary levels of prevention.⁸ Primary prevention efforts intervene before violence occurs by altering risky behaviors in a general population of youth (e.g., all students in a school). Secondary prevention efforts involve minimizing the onset of violent behavior among individuals determined to be at greater risk for violence (e.g., students associating with violent peers). Tertiary prevention efforts seek to reduce violence among individuals who have already demonstrated violent behavior (e.g.,

students expelled for fighting in school). As shown in Exhibit 6, of the 46 included studies, close to half (44 percent) examined the outcomes of interventions that involved multiple prevention levels. Tertiary prevention interventions were the subject of more than a quarter of studies (26 percent), and primary prevention interventions were examined in 17 percent of the studies. Interventions targeting youth at risk for violence (i.e., secondary prevention) accounted for 13 percent of the studies.

Exhibit 6. Interventions by prevention level



INTERVENTION FOCI

The most common intervention focus in studies (Exhibit 7) was on interventions to prevent gun violence (13 percent), followed by school-based violence prevention studies (11 percent) and studies examining the published literature on any other type of violence prevention, excluding gun and gang violence (9 percent). Only one systematic review study focused on interventions exclusively delivered in the LAC region.⁹

Exhibit 7. Intervention focus

Intervention Focus	Number of Studies
Anger management	3
Bullying	3
Deterrence	1
Gang prevention	2
Gender-responsive ^a	1
Gun violence prevention	6 ^b
Intimate partner violence or domestic violence	2
Juvenile curfew	1
LAC-specific programs	1
Martial arts	1
Mentoring	1
Mindfulness	1
Parenting	2
Peer influences	1
Policing	1
Positive youth development	1
Restorative diversion	1
School-based programs	5 ^b
Social skills training	2

Intervention Focus	Number of Studies
Therapy in foster care	2
Universe of LAC youth violence prevention programs	4 ^b

^a Gender-responsive programming can be defined as programs that “creat[e] an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of the lives of women and girls and that addresses and responds to their strengths and challenges” (page 1 of Treskon, L., & Bright, C. L. (2017, March). *Bringing gender-responsive principles into practice evidence from the evaluation of the PACE Center for Girls*. Retrieved from https://www.mdrc.org/sites/default/files/PACE_brief_March2017_web.pdf).

^b The greatest numbers of studies are shaded in light blue.

Of the nine studies that included research from the LAC region, the interventions focused on school-based violence prevention (4), community-based violence prevention (3), parenting programs (1), and policing practices (1).

PERSON VS. PLACE-BASED INTERVENTIONS

The 46 studies differed on whether the interventions targeted individual behavior change in any location or targeted individuals in very specific environments. Most of the studies (72 percent) examined interventions that were person-based and not tied to any physical or social environment. One study examined the effectiveness of “hot spots” policing, a practice that uses data on past crime to identify locations that might benefit from increased police presence, acting as a deterrent to future crime.¹⁰ The remaining studies (26 percent) involved interventions that targeted both person and place, such as bullying programs in schools and gun violence interventions with individuals and in neighborhoods at high risk for violence.

PROGRAM PARTICIPANTS

AGE

In our review, we included studies of youth 10–29 years old. Forty of the studies (87 percent) provided details on the ages impacted by the interventions under study. Individuals between the ages of 10 and 18 years of age were most commonly involved in violence prevention interventions, which is not surprising given that older youth and young adults (i.e., persons older than 18 years of age) are rarely targeted for violence prevention programs and most programs target no-risk or low-risk youth populations. The six studies that failed to provide age details were generally studies of community or place-based violence prevention initiatives.

GENDER

The six community and place-based interventions did not report results according to gender. Thirty-nine of the remaining 40 studies reported results for male and female participants, with just one discussing results and implications based on gender.¹¹ Only one paper, which was a single intervention study, was gender-specific and involved males who were gunshot victims that were hospitalized where the intervention occurred (Salzman et al. 2014).

TYPE OF PARTICIPANTS

Many studies included multiple types of participants in the same intervention. The majority of studies included interventions involving students in school settings (63 percent) or youth outside the school setting (46 percent). Parents were involved in just over a third of the studies (35 percent).

A smaller number of studies examined interventions involving justice-involved persons (24 percent), gang members (20 percent), police officers (9 percent), or professionals working with victims or perpetrators of violence, such as patients in a hospital (7 percent each). Only two studies (4 percent) examined interventions involving employers or workplace settings.

INTERVENTION SETTINGS, IMPLEMENTERS, AND COMPONENTS

Interventions require resources—including people, materials, and finances—for effective delivery. Most of the included studies provided limited information about the characteristics of the resources used to implement the interventions; this is likely because the systematic reviews and meta-analyses in our review aimed to summarize and quantify the effectiveness of interventions on program outcomes rather than describe intervention processes. Nevertheless, we analyzed studies with respect to settings, implementers, and components used in each intervention to provide a sense of what these interventions look like in practice.

SETTING

The interventions were implemented in schools (63 percent), neighborhoods (44 percent), social service organizations (35 percent), and homes (26 percent). Some studies examined interventions delivered in community corrections (i.e., day treatment) settings (24 percent), secure correctional facilities (20 percent), or law enforcement settings (13 percent). The studies provided limited and inconsistent information on the implementation sites of single interventions (i.e., whether the interventions were implemented in a single site, multiple sites in the same geography, or multiple sites across different geographies). One-third did not provide any information on this characteristic, making it difficult to understand the intervention's effects in relation to the scale of implementation. Of those that did provide information, 15 percent reported on outcomes from multi-site interventions in the same geography (e.g., same intervention in different schools in the same city) and 17 percent included interventions implemented in multiple sites within and across different geographies.

IMPLEMENTERS

All but six studies (87 percent) provided information on the person(s) responsible for implementing the intervention. In these studies, school staff (68 percent) and social service workers (61 percent) were the most common implementers named. Therapists were described as implementers in one-third of these studies, and police officers (17 percent), researchers (17 percent), and outreach workers (15 percent) were the other implementers mentioned most frequently. Faith leaders and attorneys (4 percent each) were mentioned least as implementers.

IMPLEMENTERS AND PREVENTION LEVELS

We also examined implementers by prevention level (Exhibit 8). The most common implementers of tertiary programs were outreach workers, police officers, and therapists or social service providers, while school staff and sports coaches were most commonly associated with primary and secondary prevention programs.

Exhibit 8. Interventionist by prevention level

Interventionist	Primary Level	Secondary Level	Tertiary Level	Multiple Levels	Total Studies
Attorneys	1	-	-	1	2
Clergy	-	1	-	1	2
Coaches	1	2	-	1	3
Community members	-	1	1	3	5
Mentors	-	-	-	5	5
Outreach workers	-	-	4	3	7
Parents	2	1	-	2	5
Peers	1	1	-	2	4
Police	-	-	4	4	8
Probation officers	-	1	2	2	4
Researchers	1	1	2	4	8
School staff (e.g., teachers, nurses, aides)	9 ^a	4 ^a	1	18 ^a	32
Social service staff	3	3	10 ^a	12	28
Therapists	-	1	5	9	15

^a The greatest number of implementers at each level is shaded in light blue.

INTERVENTION COMPONENTS

A long line of research has demonstrated that programs with structured curricula that stimulate cognitive or behavioral responses in youth are more effective at reducing problem behaviors than are programs that offer unstructured or passive learning (e.g., lectures or videos), although the majority of this research has been done in only the United States and English-speaking, high-income countries.¹² In the studies we reviewed, we coded intervention components to assess the extent to which interventions were aligned with findings from past research on characteristics of effective youth-focused interventions. Across all interventions, the use of a structured curriculum (59 percent), training (24 percent), and structured program activities (21 percent) were the most heavily implemented components used to deliver the interventions—signaling that many interventions are designed, at least in theory, to contain active and structured components to engage youth in programming.

INTERVENTION COSTS

Outside of the medical field, cost-effectiveness is not often studied in research on intervention outcomes. Of the 46 studies included in this review, only one included a discussion of program costs.¹³ The lack of cost-effectiveness studies is a substantial gap for understanding (a) the relative benefit of violence prevention efforts in relation to alternative approaches and (b) an intervention's long-term benefits to intervention participants, social systems, and society at large.

INTERVENTION IMPLEMENTATION QUALITY

Most studies in our review (76 percent) provided little to no information on the program implementation process, the quality of implementation, and the extent to which the interventions were implemented with fidelity or according to plan. It is expected that systematic reviews will focus on outcome analyses and provide limited information about the implementation of the interventions. However, without this information, it can be challenging to understand why an intervention was unsuccessful, confirm why an intervention produced positive results, and, more importantly, how to replicate positive outcomes in the future. In addition, we know from past research that implementation quality is typically associated with better intervention outcomes.¹⁴ So, when there is no measure of implementation in a study that shows less-than-effective outcomes, we may wrongly attribute poor results to the intervention's theory of change if we cannot assess the quality with which the intervention was implemented.

OUTCOMES STUDIED

As shown in Exhibit 9, the most common type of outcome studied was some type of violence against persons (e.g., child maltreatment, homicide), followed by violence according to place (e.g., community violence, which was rarely defined more specifically) and changes in skills related to intervention objectives. The least common outcome studied was family conflict. No studies examined employment as an intervention outcome.

Exhibit 9. Outcome types reported across all studies (N = 46)

Outcome	Frequency	Percent of Studies
Family conflict	2	4
Violence prevention knowledge	3	6
Violence beliefs	3	6
Violence against property	3	6
Classroom behavior	5	11
Violence left undefined	5	11
Drug-related	7	15
Violence attitudes	10	22
Gang-related	9	20
Mental health	11	24
Physical health	5	11
Violence prevention or social skills	10	22
Community violence	17	37
Violence against persons	28	61

DATA SOURCES. The most common type of data used to measure intervention outcomes came from self-reported surveys of attitudes, knowledge, beliefs, or behaviors (39 percent). Official police data were used to measure outcomes in 22 percent of the studies, followed by school administrative data, used in 20 percent of studies. Observational methods were used to measure outcomes in 17 percent of the studies, but other qualitative methods, such as interviews and focus groups (4 percent each), were rarely used to understand effectiveness.

RESEARCH OUTCOMES, QUALITY, AND LIMITATIONS

RESEARCH OUTCOMES

The corpus of studies was almost evenly split between those that reported statistically unequivocal positive intervention effects (52 percent) and those reporting a mix of positive, negative, or no effects (48 percent). Of the 24 studies reporting overall positive intervention effects (Exhibit 10), nine acted across multiple prevention types, eight targeted tertiary levels of prevention (i.e., in high-risk youth), five involved primary prevention programs (i.e., all youth), and two focused on secondary prevention (i.e., at-risk youth).

Exhibit 10. Intervention types producing positive outcomes

Intervention Type	Primary Level	Secondary Level	Tertiary Level	Multiple Levels
Hot spots policing			X	
Psychosocial parenting programs	X			
Structured interventions targeting criminogenic risk factors (e.g., thinking for a change)			X	
Cognitive behavioral therapy			X	
School-based interventions to reduce aggressive and violent behavior		X		X
Multi-dimensional family therapy				X
Domestic abuse screening and response training				X
Multi-sector outreach and intervention with proven risk youth			X	
Focused deterrence			X	
Violence interruption			X	
Afterschool program	X			
Peer influence		X		

STRATEGIES WITH MIXED FINDINGS

Eighteen articles described mixed effects for violence prevention interventions, typically showing that immediate changes in knowledge or attitudes often improved but observational or reported behavioral outcomes did not follow suit. In no cases did these programs have harmful or negative effects. Almost all these studies (15 of 16) reported substantial limitations affecting the conduct of the research, with the most common issues surrounding the quality of individual studies included in systematic reviews, which is discussed in greater detail at the end of the Results section. One study producing mixed effects did not have sufficient baseline data with which to compare intervention results.¹⁵ Exhibit 11 lists mixed effects studies by prevention level and intervention type.

Exhibit 11. Intervention types producing mixed effects

Intervention Type	Primary Level	Secondary Level	Tertiary Level	Multiple Levels
Gender-responsive ^a				X
Positive youth development programs	X			
Mindfulness				X
Juvenile curfew				X
Child skills training				X
LAC-specific interventions (e.g., school-based education to counter crime and corruption)				X
Restorative diversion			X	
Bullying prevention		X		
Adolescent interpersonal violence		X		X
Aggression replacement training			X	
Community-based parenting interventions		X		
Violence interruption			X	

^a Gender-responsive programming can be defined as programs that “creat[e] an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of the lives of women and girls and that addresses and responds to their strengths and challenges” (page 1 of Treskon, L., & Bright, C. L. (2017, March). *Bringing gender-responsive principles into practice evidence from the evaluation of the PACE Center for Girls*. Retrieved from https://www.mdrc.org/sites/default/files/PACE_brief_March2017_web.pdf).

RESEARCH QUALITY AND LIMITATIONS

The rigor of research designs was controlled by the fact that the bulk of studies contained systematic reviews that required quasi-experimental or experimental designs to meet inclusion criteria. As a result, half (50 percent) of studies were based on experimental research and 24 percent were quasi-experiments. The remaining studies used nonexperimental designs. An 11-item AMSTAR (A MeaSurement Tool to Assess systematic Reviews) rubric was used to assess the quality of the 40 research syntheses in our review.¹⁶

1. **Was an “a priori” design provided?** The research question and inclusion criteria should be established before the conduct of the review.
2. **Was there duplicate study selection and data extraction?** There should be at least two independent data extractors and a consensus procedure for disagreements should be in place.
3. **Was a comprehensive literature search performed?** At least two electronic sources should be searched. The report must include years and databases used (e.g., Central, EMBASE, and MEDLINE). Key words and/or MESH [medical subject headings] terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found.

4. **Was the status of publication (i.e., grey literature) used as an inclusion criterion?** The authors should state that they searched for reports regardless of their publication type. The authors should state whether they excluded any reports (from the systematic review), based on their publication status, language, etc.
5. **Was a list of studies (included and excluded) provided?** A list of included and excluded studies should be provided.
6. **Were the characteristics of the included studies provided?** In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions, and outcomes. The ranges of characteristics in all the studies analyzed (e.g., age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases) should be reported.
7. **Was the scientific quality of the included studies assessed and documented?** A priori methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo-controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant.
8. **Was the scientific quality of the included studies used appropriately in formulating conclusions?** The results of the methodological rigor and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations.
9. **Were the methods used to combine the findings of studies appropriate?** For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e., Chi-squared test for homogeneity, I²). If heterogeneity exists, a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e., is it sensible to combine?).
10. **Was the likelihood of publication bias assessed?** An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test).
11. **Was the conflict of interest stated?** Potential sources of support should be clearly acknowledged in both the systematic review and the included studies.

With one point added for meeting each criterion and two subtracted for missing the criterion, a perfect AMSTAR score is 11 points. *Only one article received a perfect score.* The median score for quality was 8, meaning that half of all studies scored lower than this number and half of the studies scored higher than 8 on the AMSTAR scale. As a result, the overall quality of research syntheses in this review is considered mediocre.

We also assessed the quality of the six individual research studies, using credibility ratings for the qualitative and quantitative data used to support each study's main findings. Specifically, three key questions were used to determine the credibility of findings in the context of the qualitative and quantitative evidence presented in the study (Exhibit 12). A positive answer to each question was scored a 1, with a negative answer scored a zero. A score of 3 would indicate the highest credibility of evidence in each of the two data categories, followed by a score of two indicating moderate credibility, and 1 indicating low credibility.

Exhibit 12. Credibility of the evidence approach

Qualitative Data	Quantitative Data
<ul style="list-style-type: none">• Are the findings clearly connected with direct quotes or thick descriptions of observations, rather than just the opinion of the researcher with little connection to the evidence?• Is there an adequate amount of qualitative data to have confidence in the findings, or would additional time in the field have produced different findings? If different methods are triangulated to produce the finding, credibility is higher. If there is no indication of the number of interviews or time spent observing, credibility is weakened.• Is there evidence of careful qualitative analysis, such as using multiple coders, validation methods, qualitative software, or discussions of data validity?	<ul style="list-style-type: none">• Are the findings directly connected to a statistical finding and consistent with that statistical finding in terms of statistical significance, direction of effect, and magnitude of effect (note that not all of these will be relevant for all types of quantitative findings)?• Are findings based on at least 85 percent of the original sample or 85 percent of the subsample, if finding is based on a subsample?• Are clear risks of bias for findings minimized? Things to consider are: (1) post hoc nature of finding (i.e., possible data fishing), (2) appropriateness of statistical method, (3) selection bias or other internal validity concerns if finding is of a causal nature, (4) poor question wording or measurement construct fit, (5) adequate statistical power if finding is one of no effect, and (6) any other concerns that would raise doubt about the finding?

None of the individual studies met any of the evidence credibility criteria for qualitative data, essentially resulting in a score of zero across the six studies. Although none of the six studies received a perfect score of 3 for the quantitative evidence they presented, five of the six studies received a score of 2. Consequently, the results of these studies are judged to have moderate credibility.

We also assessed study limitations across the corpus of articles reviewed. These included limitations stated by authors of the respective studies and those observed through the coding process that were not stated by the authors.

Author-cited limitations:

- Ten percent cited the low number of female participants in study samples.
- Fifteen percent reported that police enforcement practice data were either reported inconsistently or lacking altogether, resulting in the inability to know what impact variation in enforcement practices had on intervention outcomes.
- Twenty-seven percent excluded unpublished, gray, or non-quasi-experimental design and experimental design studies.
- Forty-two percent cited poor quality of included studies, noting that weaker studies claimed stronger intervention effects. Quality issues centered on sample attrition, poor operationalization of the dependent variable, poor data quality overall, and inadequate intervention details.

Observed limitations:

- There were no longitudinal studies (i.e., studies that by design measured changes in participant outcomes over an extended period of their life).

- Changes in individual violent behavior were rarely measured, so it is unclear if reduced or increased levels of violence measured at the community level are directly attributable to those involved in a program, or if violence is still taking place in other places adjacent to or outside the community that are not under study.
- Upwards of 20 percent of studies were conducted by individuals connected to the intervention under study, raising concerns of research independence and integrity.
- Intervention fidelity was rarely measured as an independent variable or analyzed as a mediating variable in outcome analyses.
- Many RCTs had small sample sizes, which leads to concerns with power. With very small sample size, individual studies may report significant findings that are biased. Random-effects models may result in biased estimates of between-study variance when the number of included studies is small.¹⁷ Conversely, studies that did not show significant effects may be the result of low statistical power rather than an indictment of the intervention's effectiveness.

EVIDENCE GAPS

REGION

Only one systematic review¹⁸ was based on studies conducted solely in the LAC region, finding mixed results for violence prevention interventions using experimental and quasi-experimental designs. Still, this systematic review represents an improvement from the results of Abt and Winship's 2016 review, which found no quasi-experimental or experimental (i.e., rigorous) studies available from the LAC region.¹⁹ There were also three single studies from the LAC region not included in this systematic review: one experimental study and one nonexperimental study, each reporting effective outcomes, and one correlational study producing mixed effects.

TOPIC

There were very few studies on violence directed at family members ($n = 1$) or between intimates ($n = 2$). Similarly, there was only one study examining interventions to prevent sexual violence. Taken together this indicates a general lack of interventions or research focusing on females as either perpetrators or victims of violence. There were also no studies assessing environmental design impacts on violence directed toward youth in our target population. Place-based approaches (e.g., hot spots policing) were often not assessed for any spillover effects they may produce, such as shifting crime problems to other areas that are not under heightened law enforcement observation.

POPULATION

Only one study examined violence prevention outcomes based on gender differences, finding mixed results but also concluding that the differentials in sample sizes across genders in most violence prevention programs makes it difficult to study gender-specific outcomes or gender-responsive strategies. Employers were rarely included in studies, with only one review including them as part of an intervention approach.

OUTCOMES

Individual behavioral outcomes (e.g., recidivism, violence) were rarely measured. Instead, knowledge, attitudes, beliefs, and skills were the most common way that studies measured the impact of interventions on participants. When violence was measured in studies, it was typically done at a community level, using official data for violent crime from law enforcement sources, without the ability to attribute changes in community crime to specific individuals targeted by interventions.

RESEARCH DESIGNS AND QUALITY

Several studies in our review did not have a clear theoretical approach or research questions. Many of the universal prevention programs in the studies we reviewed targeted the promotion of positive skills and behaviors rather than reducing violence. Consequently, violent or nonviolent behavior was not a primary outcome for which data were reported. Studies also measured violence in divergent ways making it difficult to conduct systematic analysis of outcomes across interventions (a requirement for conducting meta-analysis), a point raised by other scholars in the field.²⁰ Very little information is included on the fidelity of studies that are built into outcomes analyses. Thus, we do not know if significant outcomes are lacking because of poor implementation, poor program design, or a poor theory of change. In fact, in only a few studies, sample attrition was linked to unfavorable program outcomes. Likewise, weaker methodologies that lacked specificity on implementation characteristics, such as program dosage or intensity, were sometimes associated with stronger (more positive) treatment effects.

DISCUSSION

The results from this evidence gap analysis provide several key insights to inform the research agenda and program planning efforts of USAID and stakeholders in the region for reducing and preventing lethal youth violence.

THE IMPLEMENTATION IMPERATIVE

Given the fact that most violence prevention and reduction initiatives are exported into the LAC region from middle- and high-income countries, there is an imperative for researchers to accurately and completely document the implementation process (including cost), so the interventions can be implemented according to design and have the best chance of producing comparable results in other places. Researchers cannot do this work alone. Donors must be willing and able to provide sufficient financial resources, and practitioners must have the capacity and willingness to support more comprehensive research studies that include measurement of outcomes and the intervention components and process that produced those results. Tools that help practitioners, researchers, and donors understand the importance of measuring implementation quality and components of effectiveness and putting that advice into action may be one immediate means to make progress filling the implementation gap that currently exists in the violence prevention evidence base.

FOCUSING ON OUTCOMES

When conducting a gap analysis of this type it becomes apparent if a field is well organized around outcomes of interest and has a clear focus for the change research is attempting to measure. However, in the field of violence prevention, there is tremendous variation in the way researchers define and measure youth violence and community-based violence. In this gap analysis, we found that researchers approached their work from a disciplinary perspective of what might be driving

violence rather than from the policy or system perspective that is typically more focused on the results of, or responses to, acts of violence. Therefore, across the body of research on the topic of youth violence prevention, there is an unwieldy number of outcomes and contexts to sort through—from violence-permissive attitudes among students or community norms of violence among residents, to acts of assault by intimate partners or nonfatal shootings by rival gangs. No single program, strategy, policy, or practice has the power to address all the outcomes and all the contexts that the violence prevention research field studies; and, when one program, practice, policy, or strategy is deemed “effective” through studies, such as this gap analysis, and the program finds its way into an evidence registry, such as www.crimesolutions.gov, the specific outcomes measured in the research behind the intervention are often not obvious enough to let policymakers or practitioners know if the intervention may be a good solution for the specific type of violence and context that they are trying to manage. For example, the Perry Preschool Program is an intervention deemed effective under the category of violence prevention, owing to follow-up data showing that children in the treatment condition as preschoolers have better educational, income, mental health, and criminal behavior outcomes as adults than those in the control condition. Despite being more than 50 years old and using a very small sample size (128 children), the Perry Preschool Program might be a promising long-term approach for preventing bad outcomes in general and promoting good outcomes among impoverished children, but the intervention is not one that can specifically help a practitioner prevent violence among those currently at risk for engaging in, or being victimized by, violent behavior.

IMPROVING RESEARCH QUALITY

Our results also show a need to improve the way research is conducted, in order to improve the credibility of results on which to base future programmatic or policy decisions. Our study found that many evaluations only assessed change in individual attitudes and beliefs about violence rather than violent behavior or experiences—except at the aggregate level when looking at community crime rates. Additionally, the preponderance of studies used self-report surveys, rather than direct observation or measurement of behavior, to generate outcomes. Providing guidance on outcome indicators to target in future evaluations of violence prevention programming in the LAC region would allow USAID to grow the body of evidence faster and provide clarity on which prevention strategies work or do not work. Our evidence gap analysis suggests that many systematic reviews and meta-analyses lack substantial information about program characteristics and implementation to provide adequate guidance for future policymaking, practice, and research. For example, many reviews did not report on age of participants, country and setting where interventions were implemented, implementers, or data sources. Furthermore, we identified only one systematic review that examined interventions specific to the region. As the body of evidence in the LAC region grows through individual studies, it will be important to establish clear guidelines for how these larger reviews should be conducted so there is greater credibility in the results and policymakers and donors can feel confident using the evidence base to make informed and actionable investment choices. Lastly, many of the same communities face violence that persists over long periods of time, but not a single longitudinal study was found in the research syntheses included in our analysis, despite the fact that it is in these persistently violent and high-need communities where the majority of interventions, policies, practices, and funding are focused. Therefore, the need is great for donors, policymakers, and researchers to invest in long-term examinations of violence in persistently dangerous places to understand how these patterns of violence develop, why they persist, and how some communities (e.g., Medellín, Colombia) have made remarkable strides to overcome long histories of community-based lethal youth violence.

GENERATING EVIDENCE ON TERTIARY RISK POPULATIONS

Although all types of violence are unacceptable and worthy of prevention, lethal youth violence generates the largest economic impact and the greatest concerns among most policymakers and community members, including those in the LAC region. Despite this fact, research and programming working directly with youth involved in violence (i.e., tertiary risk youth) is uncommon. This is even more surprising, given the fact that many of the more effective interventions are those that focus on youth at risk for violence (e.g., cognitive behavioral therapy) or tertiary risk youth who are vulnerable to committing or being the victims of lethal violence (e.g., focused deterrence). There could be many reasons for this gap, beginning with the rationale that punishment is the best place to focus scarce resources on this population, rather than investing in their ability to overcome difficulties. To this point, cognitive behavioral and other therapeutic approaches, while effective with secondary risk individuals, are rarely reported as being used with tertiary risk youth. Regardless of the reasons and the effects of having so little research and practice evidence from working with these populations in a preventive manner, we have limited knowledge on the factors that lead to desistance from violence among these individuals, including those who are trying—perhaps unsuccessfully—to exit from a criminal or street gang. Only a handful of systematic reviews have been done with this population because of the lack of individual research studies, of sufficient quality, available for synthesis.

SPECIAL ISSUES FOR MEASURING EFFECTIVENESS OF LETHAL VIOLENCE PREVENTION WITH RANDOMIZED CONTROL TRIALS

Typically, RCTs are considered the gold standard for social science research because their experimental design is meant to control for unobserved factors that might otherwise explain an intervention's effectiveness. That said, RCTs are not always the best approach to use in the context of the real-world situations in which programs operate and people live. In the case of examining interventions to curb lethal youth violence, the most promising approaches are those that target tertiary risk youth who are already involved in violence as a victim or a perpetrator (frequently both are true of the same youth). If implementing an RCT to examine a program like this, finding a control group is made difficult because (a) only a small percentage of youth (8–10 percent) in any community account for the majority of violent crime, and (a) it may be ethically or legally problematic to withhold treatment for participants in the control group if they have the same risk factors for violence as those in the treatment group.

Beyond this difficulty is the larger issue of controlling the intervention environment itself, which is critical for an RCT to operate properly. Community-based violence occurs in the middle of interactions between people, places, and time. These people and the places where they experience or commit violence are not isolated from other people or places in the community that do not carry with them the same risk for violence. When interventions involve activities in these places, such as street outreach workers interrupting a brewing conflict between two gangs near a boundary between two “turfs,” it becomes even more difficult to keep the controlled intervention of the RCT from seeping into and influencing other individuals who witness the conflict outside their shop window or hear about the conflict from other community or family members—essentially erasing meaningful differences between treatment and control conditions.

Because of these difficulties, the evidence base for lethal youth violence interventions aimed at tertiary populations is limited to quasi-experimental studies that examine community violence trends over time (e.g., time-series analyses) rather than changes in individual behavior or propensities for violence. And even these studies are few in number because it can be difficult to collect community-level data on violence in communities where police and/or policymakers are unwilling to share their

data or where the technical capacities for data collection or sharing are underdeveloped. The downhill result is that evidence reviews, such as this one and others before it, tend to focus on studies of primary and secondary prevention interventions that can support more rigorous research designs, even though those programs do not appear to have the impact on lethal violence that tertiary programs produce. Thus, the evidence gaps continue to grow over time when studying the difficult contexts presented by community-based lethal youth violence interventions.

Although these settings may not be conducive to experimental designs, this does not mean that high-quality research to examine causes and correlates of lethal violence cannot be done in these contexts. More investment is needed by donors, policymakers, and researchers over longer periods of time to develop more resilient research methods and designs that are not limited to traditional RCTs and can be sensitive to the community context while mustering statistical precision for measuring the precursors and outcomes of lethal youth violence.

LIMITATIONS OF OUR APPROACH

CONTINUOUS GROWTH OF KNOWLEDGE. One of the inherent limitations of evidence gap analysis is that results become outdated as new studies are published. This study was performed in summer and fall 2017, and our search criteria included studies that were published between 2010 and 2017. It is possible that new studies published after this period would have contributed to our findings. Ideally, this study should be updated every two years to continue building evidence and identifying gaps in lethal youth violence prevention efforts.

RELIANCE ON PUBLISHED EVIDENCE. Our study began with identifying published systematic reviews (with and without meta-analyses), rapid evidence assessments, and research syntheses. Although our results may be affected by publication bias, where publishers are inclined to choose studies showing a positive effect, we took the following steps to reduce the negative effect of publication bias:

- We examined the positive outcomes as well as the outcomes that generated mixed neutral and positive effects.
- Once the published studies were coded and analyzed systematically, we reached out to 55 social scientists known for their research on youth violence prevention and requested from them unpublished individual studies that used experimental or quasi-experimental designs to gather additional evidence.

CODING PROCESS FOR EVIDENCE MAPPING AND GAP ANALYSIS. In any study that uses a comprehensive coding process, coding errors are possible. This study used a systematic written review methodology—created from guidelines by the Campbell Collaboration—to identify, select, review, code, and synthesize evidence and gaps with a team of researchers. To reduce inadvertent coding errors, we applied quality control processes (e.g., two coders who used a checklist to select or code a publication), and our analyses and products were reviewed by an external review for quality control purposes. We used AMSTAR, an 11-item rubric, to assess the quality of the 40 research syntheses in our review and created a quality scoring sheet to rate the six individual evaluation reports. We also incorporated feedback from the leadership of USAID’s Central America Regional Security Initiative into our review protocol to ensure that results were relevant to the policy context and violence prevention efforts in the LAC region.

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APPENDIX A. METHODOLOGY NOTES

SEARCH METHODS FOR IDENTIFICATION OF STUDIES

We conducted an initial search of proposed databases using identified search terms and strings in the relevant languages. These search terms were approved by USAID and reviewed by a librarian at AIR before our search began.

English:

("youth intervention program"* OR "crime and violence prevention"* OR violence* OR crime* OR criminal* OR assault* OR homicide* OR "homicide reduction"* OR "fear of violence"* OR recidivism* OR extortion* OR insecurity*) OR "school desertion"*) OR "cognitive behavioral therapy"* OR "psycho-social interventions"*) OR "parental support"* OR Ni-nis (ni estudian ni trabajan)* OR "hot spots"* OR bullying* OR assault* OR gang activity* OR gang* OR drugs* OR recruit* OR vulnerable* OR education* OR skills* OR training* OR vocational* OR community* OR "community mobilization"* OR "female empowerment"* OR governance* OR "rule of law"* OR "risk exposure"* OR neglect* OR exploitation* OR trafficking* OR "safe spaces"* OR rehabilitation* OR reintegration*) AND ("street youth"* OR adolescents* OR "young adults"* OR youth* OR children) AND ("USAID")* AND ("Latin America"* OR Caribbean OR "South America"* OR Barbados "Dominican Republic" OR "El Salvador"* OR Guatemala* OR Honduras OR Jamaica* OR Mexico OR Nicaragua* OR "Saint Kitts and Nevis" OR "Saint Lucia"* OR Trinidad and Tobago)

Spanish:

("programa de intervención juvenil"* OR "prevención de la delincuencia y la violencia *" OR violencia * OR crimina * OR criminal* OR asalto * OR homicidio OR "reducción de homicidios"* OR "miedo a la violencia *" OR reincidencia* OR extorsión * OR inseguridad * OR "deserción escolar"* OR "terapia cognitiva conductual"* OR "intervenciones psico-sociales"* OR "apoyo de los padres"* OR "Ni-ni (ni estudian ni trabajan)") OR "puntos calientes"* OR acoso * OR asalto * OR "actividad de pandillas"* OR pandilla* OR drogas* OR recluta* OR vulnerable* OR educación * OR habilidades* OR formación* OR profesional* OR comunidad * OR "movilización comunitaria"* OR "empoderamiento femenino"* OR gobernación* OR "imperio de la ley"* OR "riesgo de exposición"* OR negligencia* OR aprovechamiento* OR tráfico* OR "espacios seguros"* OR rehabilitación * OR reintegración *) AND ("jóvenes de la calle"* OR adolescentes* OR "adultos jóvenes"* OR joven* OR niños) AND ("USAID")* AND ("Latino América" OR Caribe OR "Sud América" OR "América del Sur" OR Barbados OR "República Dominicana" OR "El Salvador" OR Guatemala* OR Honduras OR Jamaica* OR México" OR Nicaragua OR "Saint Kitts y Nevis" OR "Saint Lucia" OR "Trinidad y Tobago")

Portuguese:

(America Latina, Caribe OR América do Sul *OR, Antigua e Barbuda OR Argentina OR Aruba, OR Bahamas OR Barbados OR Belize OR Bermuda OR Bolívia OR Ilhas Virgens, OR Brasil, OR Gran Cayman Británicas OR Chile * OR Colômbia * OR Costa Rica * * OR Cuba, OR Curacao OR Dominicana * OR Equador OR El Salvador OR Grenada OR Guiana OR Guadalupe OR Guatemala * OR * Haiti OR Honduras OR Jamaica, OR Martinica OR México OR Mont Serrat OR Antilhas Holandesas OR Nicaragua OR Panamá * OR Paraguai * OR Peru * OR Porto Rico, São Bartolomeu OR São Cristóvão e Nevis, OR * OR Santa Lúcia, OR São Martin OR São Vicente e Granadinas OR Suriname OR Trinidad e Tobago, OR Turcas e Caicos OR Uruguai OR Venezuela) e (meninas OR meninos OR crianças * OR * bebês, infantil).

ELECTRONIC SEARCHES

We searched a number of data sources, such as existing reviews and meta-analyses, produced by the Campbell Collaboration, the Cochrane Collaboration, and the U.S. Centers for Disease Control and Prevention. We also searched in evidence-based registries on violence and crime prevention, such

as “Crime Solutions.gov”; the U.S. Office of Juvenile Justice and Delinquency Prevention Model Programs Guide, “Blueprints for Violence Prevention”; the Substance Abuse and Mental Health Services Administration’s National Registry of Evidence-based Programs and Practices; and the World Health Organization’s Violence Prevention Evidence database. The bibliographic databases that we looked at included EBSCO, International Bibliography of the Social Sciences, the Directory of Open Access Journals, Latindex, Red de Revistas Científicas de América Latina y el Caribe, España y Portugal, Scientific Electronic Library Online o Biblioteca Científica Electrónica en Línea, repositorio institucional de El Consejo Latinoamericano de Ciencias Sociales, Dialnet, eRevistas, the U.S. Department of Justice’s National Criminal Justice Reference Service database, and Psychological Abstracts.

SEARCHING OTHER RESOURCES

To identify reports on interventions and programs that are not included in systematic reviews or meta-analyses, we scanned the grey literature, for example, examining other government institutions that support violence prevention research and programming, such as the National Institutes of Health and National Science Foundation (United States), Consejo Nacional de Ciencia y Tecnología (Mexico), Colombian Institute for the Development in Science and Technology (Colombia), Conselho Nacional das Fundações Estaduais de Amparo à Pesquisa (Brazil), and FAPESP, Sao Paulo Research Foundation (Brazil). We looked for research in English, Spanish, Portuguese, Mandarin, Arabic, and French. We tapped into local networks and key informants identified through other project activities, such as attending the Living Lab meetings in Medellin, Colombia; the convening of USAID’s Central America Regional Security Initiative in El Salvador; and the Gang Conference in Los Angeles, where violence prevention and intervention researchers, practitioners, policymakers, and funders were present and doing work in cities that are using innovative and targeted violence-reduction approaches.

We stored all of abstracts in Zotero and subsequently imported them into Distiller, a software designed for conducting systematic reviews. Distiller automatically removed all duplications.

DATA EXTRACTION AND MANAGEMENT

If a reference remained in the system, the original reviewer entered information regarding the study into Distiller. We assessed bias and conducted a quality review using the following tools: The Cochrane Risk of Bias tool (for randomized controlled trials), The Effective Practice and Organisation of Care modification of the Cochrane Risk of Bias tool (for quasi-experimental studies); The Qualitative Assessment Tool for Quantitative Studies (for cohort designs or case controlled studies); and The Critical Appraisal Skills Programme Qualitative Research Checklist (for qualitative research).

APPENDIX B. INCLUDED RESEARCH STUDIES¹

All information, including analyses of findings and limitations, in the tables below was reported by the authors of the respective studies. Any additional limitations observed by our research team are also included.

A. SYNTHESSES OF STUDIES

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Abt and Winship (2016)	Geographies: Argentina, Canada, Colombia, Netherlands, Spain, United Kingdom, and United States Population(s): Age unreported Setting(s): <ul style="list-style-type: none">• School or on-site after school• Service provider• Correctional• Neighborhood• Law enforcement	43 studies Interventions: <ul style="list-style-type: none">• Hot Spots Policing• Cognitive Behavioral Therapy• Scared Straight• Broken Windows Policing• Community Policing• Neighborhood Watch• Problem-Oriented Policing• Perry Preschool Program	Unit of analysis: Multiple levels AMSTAR score: 8	<ul style="list-style-type: none">• Focused deterrence and cognitive behavioral therapy exhibited moderate to strong effects on crime and violence• Scared straight and gun buyback programs clearly demonstrated no or negative effects.• Sample sizes were not reported.	<ul style="list-style-type: none">• The study provides no population or implementation information on interventions and categorizes.• Interventions are focused on deterrence, which exaggerates the effectiveness of this type of intervention approach.

¹ The first column of the tables in this appendix identifies the research studies included in this review. Full reference information for these studies is presented at the end of this appendix.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Abt and Winship (2016) (continued)		<ul style="list-style-type: none"> • Multisystemic Therapy • Multidimensional Treatment in Foster Care • Electronic Monitoring • Juvenile Curfew • Gun Buybacks • Drug Court 			
Altafim and Linhares (2016)	<p>Geographies: France, Germany, Guatemala, Honduras, Panama, Spain, and United States</p> <p>Population(s): Males and females 9 years of age and younger, 10–18 years of age, and 30 years of age and older</p> <p>Setting(s):</p> <ul style="list-style-type: none"> • School or on-site after school • Service provider • Correctional • Neighborhood • Community corrections 	<p>23 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • RETHINK • Positive Discipline in Everyday Parenting • Families and Students Together (FAST) • Mission C • I-2-3 Magic Parenting Program • ACT • Strong Families • Strengthening Families • More Families 	<p>Data sources: Survey data and focus group data</p> <p>Unit of analysis: Multiple levels</p> <p>AMSTAR score: Unable to compute</p>	<ul style="list-style-type: none"> • Results are consistent with other reviews that emphasize the aims of many parenting programs are not specifically geared toward violence or maltreatment prevention; instead, many parenting programs aim to encourage healthy relationships, improve parental strategies, and decrease child behavior problems. • The studies that evaluated child behavior reported good psychometric properties of the instruments. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Violence is seldom measured as an outcome. • Locations of populations enrolled in these interventions differed greatly, with some being in schools, in communities, in rural areas, or urban areas.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Altafim and Linhares (2016) <i>(continued)</i>		<ul style="list-style-type: none"> • In Search of the Treasure of Families • Positive Parenting Program for Teens (Triple P) • Incredible Years • PACE • Personal and Family Support • SOS – Help for Parents 			
Atienzo et al. (2017)	<p>Geographies: Brazil, Chile, El Salvador, Mexico, Peru, and United States</p> <p>Population(s): 10- to 24-year-olds</p> <p>Setting(s):</p> <ul style="list-style-type: none"> • School or on-site after school • Neighborhood 	<p>9 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • Central America Regional Security Initiative • Programa de Mediación Escolar • Familias Fuertes Amor y Límites • School-Based Education to Counter Crime and Corruption • Vinculos 	<p>Unit of analysis: Multiple levels</p> <p>AMSTAR score: 6</p>	<ul style="list-style-type: none"> • Most studies presented evidence of a positive and significant effect on the prevention of youth violence. • Three studies documented a negative effect. • In El Salvador, the perception of murders over a 29-month intervention period decreased by 40 percent. • In Brazil, the average number of monthly homicides decreased by more than 60 percent. 	<ul style="list-style-type: none"> • Low sample size; only nine studies were found. • Almost all the studies presented bias and inadequate reporting. • More rigorous criteria could have been applied for the inclusion of studies, but such rigor would have meant the location of fewer studies. • Most studies were published in the past five years, which could represent a positive evaluation trend in Latin America.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Atienzo et al. (2017) (continued)				<ul style="list-style-type: none"> In Chile, the number of violent youth victimization crimes (homicide, assault, rape, and other offenses) decreased by 11 percent. Sample sizes were not reported. 	<ul style="list-style-type: none"> Manuscripts in Portuguese were not included, which is important given the amount of research conducted in Brazil, where the levels of youth violence are high. Excluded unpublished studies and did not attempt to contact relevant authors.
Baumel et al. (2016)	Geographies: Locations not reported Population(s): Males and females 9 years of age and younger and 10–18 years of age Setting(s): Home	7 studies Interventions: <ul style="list-style-type: none"> Parenting Wisely 1-2-3 Magic Parenting Program Positive Parenting Practices (Triple P) for Teens Adaptation 	Data sources: Survey data and observations data Unit of analysis: Individual AMSTAR score: 10	<ul style="list-style-type: none"> Effectiveness varied by age and level of interactivity of training. Compared with their counterparts, programs were more effective for younger participants and for more interactive programs. Sample sizes were not reported. 	<ul style="list-style-type: none"> Sample size was small and did not include low socioeconomic populations, which is the population the intervention hopes to support. Outcomes were limited to parent observations and reports of child behavior.
Beelmann and Lösel (2006)	Geographies: Locations not reported Population(s): Males and females 9 years of age and younger and 10–18 years of age Setting(s): <ul style="list-style-type: none"> Schools Community-based Treatment 	84 studies Interventions: Names not reported at the program level	Unit of analysis: Individual AMSTAR score: 9	<ul style="list-style-type: none"> Effectiveness varied by age and level of interactivity of training (younger = more effective; more interactive = more effective) Effects were smaller on antisocial behavior than on related social and cognitive measures. Studies with large samples produced lower effect sizes than those with smaller samples. 	<ul style="list-style-type: none"> Some studies had small sample sizes. Outcomes were limited to parent observations and reports of child behavior. The sample did not include low-income populations, which is the population the intervention hopes to support.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Beelmann and Lösel (2006) (continued)				<ul style="list-style-type: none"> Programs targeting at-risk groups had better effects than universal programs. Cognitive behavioral programs had the strongest impact on antisocial behavior. Sample sizes were not reported. 	
Bonell et al. (2016)	<p>Geographies: Australia, Canada, China, United Kingdom, and United States</p> <p>Population(s): Males and females 11–18 years of age</p> <p>Setting(s):</p> <ul style="list-style-type: none"> School or on-site after school Service provider Neighborhood 	<p>30 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> Supervised ASP YARP Chicano Latino Youth Leadership Institute Stand Up Help Out: Leadership Development ASPn AllStars Prevention Curriculum: An Enhanced ASP MAPs Cool Girls, Inc. Big Brothers Big Sisters QOP NGYCP 	<p>Unit of analysis: Individual</p> <p>AMSTAR score: Unable to compute</p>	<ul style="list-style-type: none"> Positive youth development interventions did not have a statistically significant effect on outcomes. From a perspective of public health significance, pooled effect sizes would have been considered very small. Sample sizes were not reported. 	<ul style="list-style-type: none"> Studies overall were generally of low or medium quality. Sampling and analysis methods were poorly reported. Analyses were generally descriptive and did not develop clear, second-order interpretations. Few quotes were used to substantiate the analysis.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Bonell et al. (2016) (continued)		<ul style="list-style-type: none"> • PYDC • Stay SMART program • YPDP 			
Braga and Weisburd (2012)	Geographies: United States Population(s): Age and gender not reported Setting(s): <ul style="list-style-type: none"> • Neighborhood City/Municipal 	10 studies Interventions: <ul style="list-style-type: none"> • Operation Ceasefire • Operation Peacekeeper • Indianapolis Violence Reduction Program (IVRP) • Project Safe Neighborhood Drug Market Intervention 	Unit of analysis: Neighborhood-Community AMSTAR score: 8	<ul style="list-style-type: none"> • Nine of the 10 evaluations reported statistically significant crime-reduction effects. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Less rigorous evaluation designs were associated with stronger reported effects.
Braga et al. (2014)	Geographies: Argentina, Australia, and United States Population(s): Gender and age not reported Setting(s): Neighborhood	19 studies Hot Spots Policing Interventions: Hot Spots Policing	Unit of analysis: Neighborhood-community AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • A small, statistically significant result favored the effects of hot spots policing in reducing citizen calls for service. • The effect was smaller for randomized designs but still statistically significant and positive. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Studies did not measure changes in individual violent offending behavior or offender age groups impacted by these policing practices.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Brännström et al. (2016)	<p>Geographies: Australia, Canada, United Kingdom, and United States</p> <p>Population(s): Males and females 11–18 years of age and 30 years of age and older</p> <p>Setting(s):</p> <ul style="list-style-type: none"> • School or on-site after school • Neighborhood • Law enforcement • Community corrections 	<p>16 studies</p> <p>Interventions: Aggression Replacement Training (ART)</p>	<p>Data sources: Survey data, crime data, and observations data</p> <p>Unit of analysis: Individual</p> <p>AMSTAR score: 10</p>	<ul style="list-style-type: none"> • Results indicate positive effects of ART on recidivism, anger control, social skills, and moral reasoning, but research quality undermines the results. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Obtaining data where missing or incomplete was not possible despite efforts to contact researchers. • Information on the characteristics of participants was inadequate, and there was a general failure to report systematically on any mental health difficulties. • Contamination between intervention and control participants was possible in several studies.
Candelaria et al. (2012)	<p>Geographies: United States</p> <p>Population(s): Males and females 9 years of age and younger and 10–18 years of age</p> <p>Setting(s): School or on-site after school</p>	<p>60 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • In Control • SCARE • Second Step: A Violence Prevention Curriculum 	<p>Data sources: Survey data</p> <p>Unit of analysis: Individual</p> <p>AMSTAR score: Unable to compute</p>	<ul style="list-style-type: none"> • Effect sizes were statistically significant for boys-only treatment groups and mixed-gender groups, but no significant intervention effect was found for girls. • Sample size: 3,386 	<ul style="list-style-type: none"> • Review failed to sufficiently distinguish project activities from research. • Studies lacked details about recruitment, sampling, and data collection and failed to report analysis and verification techniques.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
da Silva et al. (2017)	Geographies: Canada, China, Finland, Germany, United Kingdom, and United States Population(s): Males and females 15 years of age and younger Setting(s): School or on-site after school	18 studies Interventions: <ul style="list-style-type: none"> • KIVA (Kiusaamista Vastaa Antibullying) • Social Skills Training (SST) • Olweus Bullying Prevention Program (OBPP) 	Data sources: School data and survey data Unit of analysis: Individual AMSTAR score: 6	<ul style="list-style-type: none"> • Interventions were most effective when they took a whole-school approach, included more adult supervision in common areas, and took place in European schools, as opposed to U.S. schools. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Many interventions were grounded in little theory. • Results did not account for participant and sociogeographic characteristics.
De Koker et al. (2014)	Geographies: Canada and United States Population(s): Males and females 11–17 years of age Setting(s): School or on-site after school	8 studies Interventions: <ul style="list-style-type: none"> • Shifting Boundaries • Safe Dates • Ending Violence • Coaching Boys Into Men • Fourth R: Skills for Youth Relationships • Stepping Stones 	Data sources: Survey data Unit of analysis: Multiple levels AMSTAR score: 5	<ul style="list-style-type: none"> • Found positive intervention effects on IPV perpetration (three studies) and IPV victimization (one study). • Compared with studies with no effects on IPV, the effective interventions were of longer duration and were implemented in more than one setting. • There were quality issues in all six trials. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Gender differences are measured in only two of the six interventions studied. • Attrition levels are high for some studies. • To evaluate Safe Dates, different analytical methods were implemented across different times of follow-up, and there was a high attrition rate. • The results from Ending Violence are unclear. • Shifting Boundaries did not measure important covariates, such as violence in the home or community, which might have influenced the results.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
De Koker et al. (2014) (continued)					<ul style="list-style-type: none"> • Potential selection bias of the Coaching Boys evaluation. • All trials relied on self-reported outcomes.
de Vries et al. (2015)	Geographies: Locations not reported Population(s): Males and females 9 years of age and younger and 10–20 years of age Setting(s): <ul style="list-style-type: none"> • School or on-site after school • Neighborhood 	39 studies Interventions: Names not described at the program level	Data sources: School data, survey data, and crime data Unit of analysis: Multiple levels AMSTAR score: 10	<ul style="list-style-type: none"> • The overall effect size was significant but small. • Behavioral-oriented programs focusing on parenting skills training, behavioral modeling, or behavioral contracting yielded the largest effects. • Sample size: 9,084 	<ul style="list-style-type: none"> • A relatively large amount of studies failed to report important information about program characteristics, such as precise duration and intensity of the program and format and setting of the program.
Evans-Chase and Zhou (2014)	Geographies: United States Population(s): Males and females; age not reported Setting(s): <ul style="list-style-type: none"> • Service provider • Correctional • Community corrections 	21 studies Interventions: <ul style="list-style-type: none"> • Multisystemic Therapy (MST) • Multidimensional Treatment Foster Care (MTFC) 	Unit of analysis: Multiple levels AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • Interventions using the therapeutic approach to reducing recidivism had significant outcomes, with the treatment group outperforming the control group in 14 of 16 (88 percent) studies. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Potential publication bias by excluding unpublished or gray literature. • Lack of information on facility staffing size, expertise, and training. • Many studies were excluded because they did not provide enough information for confidence in the outcomes.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Fagan and Lindsey (2014)	<p>Geographies: Cannot be determined</p> <p>Population(s): Males and females 9 years of age and younger, 10–18 years of age, 27-years old, and 30 years of age and older</p> <p>Setting(s):</p> <ul style="list-style-type: none"> • School or on-site after school • Service provider • Home 	<p>24 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • Nurse Family Partnership • Life Skills Training • Project Towards No Drug Abuse • Communities that Care (this is not an intervention, but is listed as such in the study) • Aban Aya Youth Project • CLIMATE Alcohol Program • Children's Aid Society—Carrera Program • CASASTART • Responding in Peaceful and Positive Ways • DARE Plus • LIFT • Resolve It, Solve It • Keepin' it REAL 	<p>Unit of analysis: Individual</p> <p>AMSTAR score: Unable to compute</p>	<ul style="list-style-type: none"> • Interventions had different effects for male and female participants. Two interventions were found to increase the likelihood of delinquency for girls but not boys, two showed the opposite finding, and the Taking Charge of Your Life program showed harmful effects in increasing substance use for both sexes. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Many of the studies had methodological or statistical shortcomings. • Some studies failed to control for other possible influences on delinquency, relied on small numbers of participants, or utilized cross-sectional data. • Studies lacked clear etiological information about the risk and protective factors most influential for each gender.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Fagan and Lindsey (2014) <i>(continued)</i>		<ul style="list-style-type: none"> • TCYL • Project ALERT Plus • Project Northland—Croatia • Chicago Parent Child Center • Moving to Opportunity • Tribes • Prevention/Unplugged • HighScope/Perry Preschool Project • Strengthening Families Program (SFP) 10-14 • Good Behavior Game • Fast Track/PATHS 			
Grossman and Miller (2015)	Geographies: United States Population(s): 10- to 17-year-olds Setting(s): <ul style="list-style-type: none"> • Law enforcement • Community corrections 	8 studies Interventions: Juvenile Curfew	Data sources: Crime data Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • Juvenile curfew laws appear to have a broad impact by reducing or preventing health-related and criminal outcomes among youth. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • The majority of studies had weak methodologic approaches. • Only three of eight studies used nationally representative data. • Five of eight studies included no covariates, and endogeneity is a concern.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Hahn et al. (2005)	Geographies: Canada and United States Population(s): Males and females 18 years of age and younger Setting(s): <ul style="list-style-type: none">• Service provider• Home• Community corrections	Intervention names are not provided	Data sources: Survey data and crime data Unit of analysis: Individual AMSTAR score: 9	<ul style="list-style-type: none">• Effects were mixed for youth with extreme emotional disturbances but effective for youth with histories of delinquency.• Evidence was insufficient on the effectiveness for females and different racial/ethnic groups.• Sample sizes were not reported for each study.	<ul style="list-style-type: none">• Sample sizes were descriptively reported by authors as very small.
Hahn et al. (2007)	Geographies: High-income European Union countries Population(s): Males and females 9–18 years of age Setting(s): <ul style="list-style-type: none">• School or on-site after school• Home	53 studies Interventions: <ul style="list-style-type: none">• Family Based Treatment• Parent-Therapist Intervention	Data sources: School data and observational data Unit of analysis: Individual AMSTAR score: 9	<ul style="list-style-type: none">• School-based programs for the prevention of violence can be effective for all school levels.• Programs have other effects, such as reduced truancy and improvements in school achievement, problem behavior, activity levels, attention problems, social skills, and internalizing problems.• Sample sizes were not reported.	<ul style="list-style-type: none">• This review addresses only universal school violence prevention programs—that is, programs delivered to all children in a given school setting.
Harwood et al. (2017)	Geographies: Locations not reported Population(s): Gender not reported among those 9 years of age and younger and 10–18 years of age	12 studies Interventions: <ul style="list-style-type: none">• Karate• Akido• Mindfulness Martial Arts	Data sources: Survey data AMSTAR score: 5	<ul style="list-style-type: none">• Studies showed that interventions reduced aggression, which was generally defined.• Sample size: 507	<ul style="list-style-type: none">• Aggression was not defined and was measured differently in each study.• Outcomes relied on self-report and teacher-report surveys.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Harwood et al. (2017) (continued)	Setting(s): <ul style="list-style-type: none"> Schools Sports Clubs 	<ul style="list-style-type: none"> LEAD martial arts Taekwondo Gentle Warrior Martial Arts Koga Ha Kosho Shorei Ryu Kempo 			<ul style="list-style-type: none"> Poor study quality and inadequate documentation of study attrition. Missing data problems—up to 25 percent in one study.
Huey et al. (2016)	Geographies: Canada and United States Population(s): Males and females 9 years of age and younger and 10–18 years of age Setting(s): <ul style="list-style-type: none"> School or on-site after school Neighborhood 	26 studies Interventions: <ul style="list-style-type: none"> Boston Reentry Initiative Intervention ART Gang Resistance Education and Training (GREAT) Chicago Area Projects (CAP) Intensive Intervention Environmental Youth Corps (EYC) Military Style Boot Camp Behavioral Employment Program (BEP) Comprehensive Gang Program Model Movimienda Ascendencia Program 	Unit of analysis: Multiple levels AMSTAR score: 9	<ul style="list-style-type: none"> The majority of studies showed some efficacy in preventing or reducing antisocial behavior or gang involvement or both. Effect size coefficients indicated no overall effect on antisocial behavior and only a small effect on gang involvement. Random effects analyses showed overall effects for antisocial behavior were small and nonsignificant. Analyses for gang involvement showed statistically significant effects but of small magnitude. Sample sizes were not reported. 	<ul style="list-style-type: none"> Methodological limitations argue for caution when interpreting these findings. Many studies in this review had small sample sizes (e.g., under 50 per condition), with low power to detect significance. Substantial heterogeneity among studies suggests that additional factors outside the intervention may significantly moderate effects on gang involvement.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Huey et al. (2016) (continued)		<ul style="list-style-type: none"> Intensive Aftercare Program (IAP) Preparation Through Responsive Education Program (PREP) Regina Antigang Services (RAS) Intervention Brief Strategic Family Therapy (BRFT) Children At Risk (CAR) Delinquency and Drug Prevention Program 			
Jiménez-Barbero et al. (2016)	<p>Geographies: Australia, Finland, Italy, Netherlands, Spain, and United States</p> <p>Population(s): Males and females 9 years of age and younger and 10–16 years of age</p> <p>Setting(s): School or on-site after school</p>	<p>14 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> The Curriculum-based Intervention Among Peers The Structure/Themes/Open Communication/Reflection/Individuality/Experiential Learning/Social Problem-Solving (STORIES) Program 	<p>Unit of analysis: Multiple levels</p> <p>AMSTAR score: Unable to compute</p>	<ul style="list-style-type: none"> Some effectiveness reducing the frequency of victimization and bullying and improving attitudes toward school violence. Most of the mean effect sizes were too weak to be considered significant, which is also true of most of the individual effect sizes. Sample sizes were not reported. 	<ul style="list-style-type: none"> The study included only high-quality randomized controlled trials in its analysis, which led to excluding 293 potentially eligible studies. A less rigorous selection of studies may have provided more power in the statistical analysis.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Jiménez-Barbero et al. (2016) (continued)		<ul style="list-style-type: none"> • Psychiatric school consultation (SPC) • Creating a Peaceful School Learning Environment (CAPSLE) • KiVa Antibullying Program • Positive Behavioral Interventions and Supports (PBIS) Schoolwide • Count on Me • Social Skills Group Intervention (S.S. GRIN) • Steps to Respect • Olweus Adaptation • The Positive Action Program • Confident Kids Program 			
Klingbeil et al. (2017)	Geographies: Locations not reported Population(s): Males and females 9 years of age and younger and 10–18 years of age	10 studies Interventions: <ul style="list-style-type: none"> • Mindful-Based Intervention (MBI) 	Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • On average, MBIs had a medium effect on youths' disruptive behavior. 	<ul style="list-style-type: none"> • Outcomes were divergent across studies, leading to the exclusion of several intervention types.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Klingbeil et al. (2017) (continued)	Setting(s): <ul style="list-style-type: none"> School or on-site after school Home 	<ul style="list-style-type: none"> Mindfulness-Based Stress Reduction Soles of the Feet 		<ul style="list-style-type: none"> Researchers generally suggested that mindfulness develops through repeated practice and that continued practice may lead to greater improvements in youth behavior. Outcomes were positive among youth diagnosed with developmental or behavioral disabilities. Sample sizes were not reported. 	<ul style="list-style-type: none"> Random-effects models may result in biased estimates of between-study variance when the number of included studies is small. Multilevel modeling was not used when estimating effect sizes. Findings were potentially influenced by publication bias.
Lester et al. (2017)	Geographies: Argentina, Australia, Brazil, Canada, China, Colombia, Finland, India, Israel, Italy, Jamaica, Mexico, Netherlands, Spain, United Kingdom, and United States Population(s): Males and females 14–18 years of age Setting(s): School and community	36 studies Interventions: <ul style="list-style-type: none"> Safe Dates Ending Violence Stepping Stones Fourth R: Skills for Youth Relationships Law and Justice Curriculum Interaction-Based Treatment Shifting Boundaries Coaching Boys Into Men 	Unit of analysis: Multiple levels AMSTAR score: Unable to compute	<ul style="list-style-type: none"> Safe Dates, Fourth R, Stepping Stones, and the building-level version of Shifting Boundaries achieved positive effects. Law and Justice Curriculum and Interaction-Based Treatment were identified as possibly doing harm, leading to increased reporting of perpetration. All interventions but Safe Dates scored poorly in terms of reducing victimization. Discrete programs had the most evidence for effectiveness, followed by multilevel and whole-school programs. 	<ul style="list-style-type: none"> The review includes only systematic reviews, and the information extracted from each review was dependent on what was reported. Excludes promising interventions that had not yet been in a review. The extent of primary study duplication across the reviews on peer aggression could not be determined. The review included only studies published in English.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Lester et al. (2017) (continued)				<ul style="list-style-type: none"> Socioemotional programs are promising approaches, and cognitive behavioral and peer mentoring/mediation interventions demonstrated positive results. Across all reviews, very few studies reported harmful effects. Sample sizes were not reported. 	
Limbos et al. (2007)	Geographies: United States Population(s): 12- to 17-year-olds Setting(s): <ul style="list-style-type: none"> School or on-site after school Service provider Home Neighborhood 	41 studies Interventions: <ul style="list-style-type: none"> Responding in Peaceful and Positive Ways Moving to Opportunity Childhaven's Therapeutic Child-Care Program Aban Aya Youth Project Early Community-Based Intervention Program Turning Point: Rethinking Violence 	Unit of analysis: Multiple levels AMSTAR score: Unable to compute	<ul style="list-style-type: none"> Forty-nine percent of the interventions studied were effective. Increasing effectiveness as the level of intervention increased from primary to tertiary populations. Sample sizes were not reported. 	<ul style="list-style-type: none"> Focus was narrow and limited to articles meeting specific criteria, which excludes a considerable proportion of the violence prevention literature.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Lipsey et al. (2000)	Geographies: United States Population(s): Males and females 14–17 years of age Setting(s): <ul style="list-style-type: none"> • Service provider • Home • Correctional • Neighborhood 	200 studies Interventions: Names not reported	Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • On average, interventions produced positive, statistically significant effects equivalent to a 12-percent reduction in recidivism, but effects across studies varied considerably. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • The small number of studies forming the basis of these estimates limited the ability to draw strong conclusions.
Lösel and Beelmann (2003)	Geographies: Canada, Germany, United Kingdom, and United States Population(s): Males and females 9–18 years of age Setting(s): <ul style="list-style-type: none"> • School or on-site after school • Service provider • Home • Neighborhood 	135 studies Interventions: Names not reported at the program level	Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • Review reported small but significant effects for programs using cognitive-behavioral techniques. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Small sample sizes in some studies. • Very few studies with female participants. • Very few rigorous studies outside the United States.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Matjasko et al. (2012)	<p>Geographies: Locations not reported</p> <p>Population(s): Males and females 10 years of age and younger, 10–29 years of age, and 30 years of age and older</p> <p>Setting(s):</p> <ul style="list-style-type: none"> • School or on-site after school • Service provider • Home • Correctional • Neighborhood • Law enforcement • Community corrections 	<p>52 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • Scared Straight • Cognitive Behavioral Therapy • Multisystemic Therapy 	<p>Data sources: Other data</p> <p>Unit of analysis Multiple levels</p> <p>AMSTAR score: 10</p>	<ul style="list-style-type: none"> • Effectiveness varied according to the intervention type, setting, and population. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • There were no standardized guidelines for conducting these reviews • The authors did not address contradictory or inconsistent reporting. • Although the date of this synthesis was in our review frame (2010–2016), most studies reviewed were outdated (pre-2010).
Medlow et al. (2016)	<p>Geographies: Unable to determine</p> <p>Population(s): Males and females 10–18 years of age</p> <p>Setting(s): Home</p>	<p>9 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • Reciprocity Training • Adolescent Transition Program • Parenting Adolescents Wisely (PAWS) 	<p>Unit of analysis: Multiple levels</p> <p>AMSTAR score: Unable to compute</p>	<ul style="list-style-type: none"> • Statistically significant improvements were reported for youth in all nine studies and for parents in seven of the nine studies. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • No data on study locations. • Reliance on a small number of published studies. • Publication bias was not assessed.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Medlow et al. (2016) (continued)		<ul style="list-style-type: none"> • Neustras Familias: Andando Entre Culturas (Our Families: Moving Between Cultures) • Self-Directed Positive Parenting Program for Teens (Triple P) • Parents and Children Talking Together (PCTT) 			
Mytton et al. (2006)	<p>Geographies: Argentina, Australia, Canada, and United States</p> <p>Population(s): Males and females 9 years of age and younger and 10–17 years of age</p> <p>Setting(s): School or on-site after school</p>	<p>56 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • Moral Dilemma Discussion Group • Special Treatment Classrooms • Minnesota Competence Enhancement Intervention • Think Aloud Program • Great Expectations Program 	<p>Data sources: School data, survey data, observations data, and other data</p> <p>Unit of analysis: Individual</p> <p>AMSTAR score: 11</p>	<ul style="list-style-type: none"> • School-based secondary prevention programs to reduce aggressive and violent behavior produced moderate beneficial effects, as evidenced by improvements in teacher-rated or -observed behavior or reductions in the number of school responses to aggressive behavior. • Interventions that taught relationship and social skills were most effective with youth at risk or already displaying aggressive behavior in schools. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Study quality and reporting of variables was so poor that exploration of heterogeneity by meta-regression was not possible. • Eighteen trials were not suitable for inclusion in our meta-analysis, 12 of which would have been included if data had been available. • Some studies contained very small sample sizes. • Studies did not always distinguish between violent and nonviolent behaviors.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Mytton et al. (2006) (continued)		<ul style="list-style-type: none"> Fast Track PATHS (Promoting Alternative Thinking Strategies) Curriculum Affective Imagery Training Attributional Retraining Aggression Replacement Training (ART) Moral Reasoning Training Social Goal Modification Program Stress Inoculation Program STORIES program (social skills training, social problem solving, pretest) 			<ul style="list-style-type: none"> Data collection timepoints varied widely, with some studies not reporting a clear data collection timeline and others collecting data only immediately or soon after the intervention was completed.
Petering et al. (2014)	Geographies: Canada and United States Population(s): Males and females 9 years of age and younger and 10–18 years of age	14 studies Interventions: <ul style="list-style-type: none"> Safe Dates Coaching Boys Into Men 	Unit of analysis: Individual AMSTAR score: unable to compute	<ul style="list-style-type: none"> Positive changes in knowledge, attitudes, communication patterns, and conflict resolution skills. 	<ul style="list-style-type: none"> The review was not preregistered.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Petering et al. (2014) <i>(continued)</i>	Setting(s): <ul style="list-style-type: none"> School or on-site after school Home 	<ul style="list-style-type: none"> Families for Safe Dates Fourth R: Skills for Youth Relationships Break the Cycle 		<ul style="list-style-type: none"> Improved knowledge of laws related to violence and to the perception and likelihood of seeking victim assistance. Decreases in incidence of dating violence post-intervention. Increases in ethnic pride, self-efficacy, and attitudes about gender and couple violence. Decrease in perpetration of psychological aggression, but with attrition. Intervention participants showed greater declines than those in the control group in terms of victimization and certain perpetration behaviors. Sample sizes were not reported. 	<ul style="list-style-type: none"> Inclusionary criteria were conservative in that all studies had to include a measure directly related to individual intimate partner violence (IPV) behaviors or attitudes. Excluded recent programs that address IPV via the bystander approach, qualitative studies with no quantitative measures of IPV, and grey literature (i.e., not published). Sample attrition: The final treatment sample included only 18 girls.
Petrosino et al. (2015)	Geographies: United States Population(s): Males and females 15–25 years of age Setting(s): <ul style="list-style-type: none"> School or on-site after school 	11 studies Interventions: <ul style="list-style-type: none"> Indianapolis Violence Reduction Partnership (IVRP) Operation Peacekeeper 	Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> Ten of the 11 evaluations reported large decreases on some violence outcomes, including homicides and nonfatal shootings. The One Vision evaluation did not report any substantial decreases in violence, and in a few areas, violence increased. 	<ul style="list-style-type: none"> Publication bias may come from journals favoring studies that report positive effects over null findings. Additional studies may have been published after the review was concluded.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Petrosino et al. (2015) <i>(continued)</i>	<ul style="list-style-type: none"> • Correctional • Neighborhood • Law enforcement • Community corrections 	<ul style="list-style-type: none"> • Project Safe Neighborhoods • One Vision • Save Our Streets • Safe Streets • Youth Violence Reduction Partnership (YVRP) • Cincinnati Initiative for Reduction of Violence (CIRV) • Operation Ceasefire 		<ul style="list-style-type: none"> • YVRP reported no statistically significant difference between police precincts where the program was or was not operating. • YVRP reported a large reduction in self-reported offending by participants versus a comparison group. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Self-reports of offending may produce over- or underreporting bias.
Tolan et al. (2013)	<p>Geographies: Canada, United Kingdom, and United States</p> <p>Population(s): Males and females 9 years of age and younger and 10–21 years of age</p> <p>Setting(s):</p> <ul style="list-style-type: none"> • School or on-site after school • Correctional • Neighborhood 	<p>46 studies</p> <p>Interventions: Names not provided</p>	<p>Data sources: School data, survey data, and other data</p> <p>Unit of analysis: Individual</p> <p>AMSTAR score: 8</p>	<ul style="list-style-type: none"> • Interventions had modest positive effects on delinquency and academic functioning, and trends suggested similar benefits for aggression and drug use. • Effect sizes varied more for delinquency and academic achievement than for aggression and drug use. • No significant difference in effect size by study design. • Significantly larger effects when emotional support and advocacy were emphasized. 	<ul style="list-style-type: none"> • Most studies lacked descriptions of key features, program design organization, and theorized processes of impact that are typically provided in empirical reports of intervention effects.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Ttofi and Farrington (2011)	<p>Geographies: Australia, Canada, Germany, Netherlands, United Kingdom, and United States</p> <p>Population(s): Males and females 9 years of age and younger and 10–14 years of age</p> <p>Setting(s): School or on-site after school</p>	<p>44 studies</p> <p>Interventions:</p> <ul style="list-style-type: none"> • Project Ploughshares Puppets for Peace • Friendly Schools • S.S.GRIN • Dutch Anti-Bullying Program • SPC and CAPSLE Program • Steps to Respect • Anti-Bullying Intervention in Australian Secondary Schools • Youth Matters • Kiva • Korean Anti-Bullying Program • Behavioral Program for Bullying Boys • Expect Respect • Pro-ACT + E • The Peaceful Schools Experiment • Be-Prox 	<p>Data sources: Survey data, interviews, observations data, and other data</p> <p>Unit of analysis: Multiple levels</p> <p>AMSTAR score: 5</p>	<ul style="list-style-type: none"> • On average, bullying decreased by 20–23 percent and bullying victimization decreased by 17–20 percent. • More intensive programs were more effective, as were programs including parent meetings, firm disciplinary methods, and improved playground supervision. • Programs focused on peers was associated with an <i>increase</i> in victimization. • Effectiveness was smaller in research using more rigorous study designs. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • General methodological quality of included studies and bullying studies was raised by authors as a limitation. • Outcome variables in previous studies may have confounded weaker outcomes showing the effectiveness of anti-bullying programs.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Ttofi and Farrington (2011) (continued)		<ul style="list-style-type: none"> • Greek Olweus Program • Dare to Care: Bully Proofing Your School Program • Progetto Pontassieve • Transtheoretical-Based Tailored Anti-Bullying Program • Social Skills Training • Stare Bene a Scuola: Progetto di Prevenzione del Bullismo • Viennese Social Competence Training (ViSC) • Grenada Anti-Bullying Program • South Carolina Olweus Program • Bullyproofing your School • Befriending Intervention Program • New Bergen Project Against Bullying 			

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Ttofi and Farrington (2011) (continued)		<ul style="list-style-type: none"> • Toronto Anti-Bullying Program • Ecological Anti-Bullying Program • Short Intensive Intervention in the Czech Republic • Norwegian Anti-Bullying Program • BEST • SAVE • Kia Kaha • Respect • First Oslo Project against Bullying; 'Oslo I' • New National Initiative Against Bullying in Norway • Donegal Anti-Bullying Program • Sheffield Anti-Bullying Program • Chula Vista Olweus Bullying Program • Finnish Anti-Bullying Program 			

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Turner et al. (2017)	Geographies: Australia, Israel, and United States Population(s): Males and females 30 years of age and older Setting(s): Service provider	21 studies Interventions: <ul style="list-style-type: none"> • Pediatric Family Violence Awareness Project • Domestic Violence: More Prevalent Than You Think (Video Intervention) • ASSERT: A Guide to Child, Elder, Sexual, and Domestic Abuse for Medical Professionals • Bibliotherapy • Child Abuse and Family Violence Course (CAFVC) • Helping Child Victims of Domestic Violence: Implications for School Personnel • Domestic Violence: The Bottom Line (video and role play intervention) 	Unit of analysis: Multiple levels AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • System-level intervention studies reported significant increases in participants' knowledge about resources, training operations, and management of domestic violence issues. • Most pre-, post-, and post-test-only studies reported significant improvements in attitudes toward domestic violence and screening practices. • Of the system-level intervention studies, only one reported positive changes in attitudes toward domestic violence. • Only one of the included studies measured outcomes for parents and children. • Sample sizes were not reported. 	<ul style="list-style-type: none"> • The definition of domestic violence was not clearly reported. • Unclear if the content of the training program included men as victims and perpetrators. • Some studies referenced “family violence” and “IPV,” which could suggest different sets of individuals and may not include men as victims. • Weak designs of the primary studies reporting of interventions and outcomes.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Turner et al. (2017) (continued)		<ul style="list-style-type: none"> Understanding Children Exposed to Community Violence: A Conference for Attorneys Committed to Children The SEEK Model It's Time to Ask 			
van der Pol et al. (2017)	Geographies: United States Population(s): Males and females 15–17 years of age Setting(s): <ul style="list-style-type: none"> Service provider Home 	19 studies Interventions: Multidimensional Family Therapy (MDFT)	United of analysis: Multiple levels AMSTAR score: Unable to compute	<ul style="list-style-type: none"> MDFT is effective in a variety of settings, especially among intervention participants with high severity problems. Sample sizes were not reported. 	<ul style="list-style-type: none"> Few studies examined family functioning, which is considered a major focus in the treatment model. Unable to examine criminal behavior outcomes.
Wilson and Lipsey (2005)	Geographies: Canada and United States Population(s): Males and females 9 years of age and younger and 10–18 years of age Setting(s): School or on-site after school	219 studies Interventions: Names not reported	Sources of data: Survey data and observations data Unit of analysis: Multiple levels AMSTAR score: Unable to compute	<ul style="list-style-type: none"> Social skills training, cognitively oriented programs, behavioral programs, and counseling approaches were equally effective at reducing aggressive behavior. Effects were larger for better implemented programs and those involving students at higher risk for aggressive behavior. 	<ul style="list-style-type: none"> Implementation quality was inconsistently documented in studies.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Wilson and Lipsey (2005) (continued)				<ul style="list-style-type: none"> School violence programs were generally effective at reducing less serious aggressive behavior in schools (e.g., fighting, name-calling, intimidation). Studies did not examine the prevention of rare and serious incidents of school violence (e.g., shootings). Multicomponent comprehensive programs did not show significant effects, and those for special schools or classrooms were marginal. Sample sizes were not reported. 	
Wong et al. (2012)	Geographies: Canada Population(s): Males and females 14–24 years of age Setting(s): <ul style="list-style-type: none"> School or on-site after school Service provider Correctional Neighborhood Law enforcement 	38 studies Interventions: <ul style="list-style-type: none"> Gang Resistance Education and Training (GREAT) Teens, Crime, and Community and Community Works (TCC/CW) Neutral Zone 	Data sources: School data, survey data, crime data, interviews, focus group data, observations data, and other data Unit of analysis: Multiple levels AMSTAR score: 8	<ul style="list-style-type: none"> The more chronic the gang problem, the more effective gang activity suppression approaches were reported to be. None of the evaluations of comprehensive and holistic programs produced any strong evidence in terms of effectiveness. Sample sizes were not reported. 	<ul style="list-style-type: none"> The outcomes measured varied greatly across studies, making it impossible to conduct a meta-analysis of results.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Wong et al. (2012) (continued)	<ul style="list-style-type: none"> Community corrections 	<ul style="list-style-type: none"> Gang Prevention Through Targeted Outreach (GPTTO) National Youth Gang Drug Prevention (NYGDP) Logan Square Prevention Project (LSP) Broader Urban Involvement and Leadership Development (BUILD) San Diego Street Youth Program (SDSYP) Crisis Intervention Service Project (CRISP) Gang Employment Program (GEP) Operation Ceasefire Operation Peacekeeper Project Safe Neighborhoods 			

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Wong et al. (2012) (continued)		<ul style="list-style-type: none"> Indianapolis Violence Reduction Program (IVRP) Saskatoon Regional Psychiatric Centre program (RPC) Arizona Department of Corrections Security Threat Group program (STG) Bloomington-Normal Comprehensive Gang Program San Antonio Comprehensive Community-Wide Approach to Gang Prevention, Intervention, and Suppression Program Gang Reduction Program (GEP) Mesa Gang Intervention Program 			

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Wong et al. (2016)	Geographies: Australia, New Zealand, and United States Population(s): Males and females 12–18 years of age Setting(s): <ul style="list-style-type: none">• School or on-site after school• Neighborhood	21 studies Interventions: Names not reported at the program level	Data sources: Crime data Unit of analysis: Individual AMSTAR score: 7	<ul style="list-style-type: none"> • Restorative justice diversion programs are generally effective at reducing juvenile recidivism. • Of the 21 studies reviewed, 15 suggested positive effects of the programs and six studies suggested a negative effect • Sample sizes were not reported. 	<ul style="list-style-type: none"> • Many studies reported large amounts of missing data • Sample sizes were small for many of the moderator variable groups (<100). • Heterogeneity among the studies was large and not well-explained through analyses.

B. SINGLE STUDIES

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Delgado et al. (2017)	Geographies: United States Population(s): Males and females 12–25 years of age Setting(s): <ul style="list-style-type: none">• Service provider• Neighborhood	1 study Interventions: Cure Violence	Data sources: Survey data and crime data Unit of analysis: Neighborhood-community AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • Gun violence rates declined in the two Cure Violence neighborhoods, and young men in these neighborhoods reported less support for using gun violence to settle disputes. • Sample size: 2,266 (survey component) 	<ul style="list-style-type: none"> • The analyses in this study do not include data about all possible interventions, after controlling for an array of important variables. • This study relied on a quasi-experimental design with a data-driven but non-statistical matching strategy.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Delgado et al. (2017) (continued)					<ul style="list-style-type: none"> The South Bronx and East Harlem areas of New York City were well-matched on most socioeconomic and crime indicators. East New York and Flatbush, on the other hand, were less than ideal matches.
Dinarte (2017)	Geographies: El Salvador Population(s): Males and females 9 years of age and younger and 10–15 years of age Setting(s): School or on-site after school	1 study Interventions: Afterschool Programs (ASP)	Data sources: School data and survey data Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> Low-intensive interventions have important effects on cognitive and noncognitive outcomes, particularly for the most vulnerable students, such as those with a higher initial level of violence. Sample size: 1,056 	<ul style="list-style-type: none"> This unpublished paper did not include data tables to substantiate or explain the analysis and results. Sample was drawn using statistical techniques to predict violence, rather than by any direct measure of violence at baseline, potentially biasing the determination of equivalence.
Henry et al. (2014)	Geographies: United States Population(s): Age and gender not reported Setting: <ul style="list-style-type: none"> Neighborhood City/municipality 	1 study Intervention: CeaseFire Chicago	Data sources: School data and crime data Unit of analysis: Neighborhood-community AMSTAR score: Unable to compute	<ul style="list-style-type: none"> Raw crime counts showed a 31-percent reduction in homicide, a 7-percent reduction in total violent crime, and a 19-percent reduction in shootings in the targeted districts. Sample sizes were not reported. 	<ul style="list-style-type: none"> The time span of the evaluation was relatively short. Police patrol frequency data, which might explain a mediating effect, were not available.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Henry et al. (2014) (continued)					<ul style="list-style-type: none"> Outcomes are not at the individual level of analysis, so it is not clear that decreases in community crime were connected to individuals involved in the intervention. Implementation varied substantially in each of the study sites, making it unclear what intervention components explain positive outcomes.
Katz et al. (2010)	Geographies: Trinidad and Tobago Population(s): Males and females 16 and 17 years of age Setting(s): School or on-site after school	1 study Interventions: Violence Prevention Academy (VPA)	Data sources: Survey data and crime data Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> VPA was associated with a 30-percent decrease in offending and in discipline. Sample size: 5,538 	<ul style="list-style-type: none"> Data quality and completeness (i.e., missing data) was an issue in this nonexperimental, descriptive study.
Ransford et al. (2017)	Geographies: Honduras Population(s): Gender and age not reported Setting(s): Neighborhood	1 study Interventions: Cure Violence	AMSTAR score: Unable to compute	<ul style="list-style-type: none"> All the zones experienced a reduction of at least 89 percent, except for Zone 1, in which there were zero shootings in 2014 (as in 2015). The reduction in murders was a lot lower but only occurred in one of the program zones. 	<ul style="list-style-type: none"> There were no statistical data on violence in Honduras. Data used on the number of shootings and killings in program areas are based on reports from program field staff. Insufficient baseline data. No comparison data from other communities.

Research Study	Geographies, Populations, and Settings	Studies and Interventions Reviewed	Data Sources, Unit of Analysis, and AMSTAR Quality Score (Low = 0; High = 11)	Effects/Findings/ Sample Size	Limitations
Ransford et al. (2017) (continued)				<ul style="list-style-type: none"> • In Zone 3, there were seven fewer homicides (reduction of 88 percent). • In the other four zones, there was an increase in the number of homicides. • Sample sizes were not reported. 	
Salzman et al. (2014)	Geographies: United States Population(s): Males older than 30 years of age Setting(s): Hospital	1 study Interventions: CeaseFire	Data sources: Other data Unit of analysis: Individual AMSTAR score: Unable to compute	<ul style="list-style-type: none"> • Patients with gunshot wounds who received the hospital-based intervention were half as likely as those who did not receive the intervention to return to the hospital with gunshot wounds. • Sample size: 300 	<ul style="list-style-type: none"> • The study did not collect any data on social history, family, history, or individual history—all factors that may moderate outcomes.

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APPENDIX C. NAMED INTERVENTIONS IN THE INCLUDED STUDIES

I-2-3 Magic Parenting Program	Boston Reentry Initiative Intervention	Communities That Care
Aban Aya Youth Project	Break the Cycle	Community Policing
ACT	Brief Strategic Family Therapy (BRFT)	Comprehensive Gang Program Model
Adolescent Transition Program	Broader Urban Involvement and Leadership Development	Confident Kids Program
Affective Imagery Training	Broken Windows Policing	Conflict Resolution: A Curriculum for Youth Providers
Afterschool Programs (ASP)	Bullyproofing your School	Cool Girls, Inc.
Aggression Replacement Training (ART)	CASASTART	Count on Me
Akido	CeaseFire	Creating a Peaceful School Learning Environment (CAPSLE)
AllStars Prevention Curriculum: An Enhanced ASP	Central America Regional Security Initiative	Crisis Intervention Service Project (CRISP)
Anti-bullying Intervention in Australian Secondary Schools	Chicago Area Projects (CAP) Intensive Intervention	Cure Violence
Arizona Department of Corrections Security Threat Group	Chicago Parent Child Center	DARE Plus
ASSERT: A Guide to Child, Elder, Sexual, and Domestic Abuse for Medical Professionals	Chicano Latino Youth Leadership Institute	Dare to Care: Bully Proofing your School Program
Attributional Retraining	Child Abuse and Family Violence Course (CAFVC)	Domestic Violence: More Prevalent Than You Think
Befriending Intervention Program	Childhaven's Therapeutic Child-Care Program	Domestic Violence: The Bottom Line
Behavioral Employment Program (BEP)	Children at Risk Delinquency and Drug Prevention Program	Donegal Anti-Bullying Program
Behavioral Program for Bullying Boys	Children's Aid Society—Carrera Program	Drug Court
Be-Prox	Chula Vista Olweus Bullying Program	Drug Market Intervention
BEST	Cincinnati Initiative for Reduction of Violence (CIRV)	Dutch Anti-Bullying Program
Bibliotherapy	CLIMATE Alcohol Program	Early Community-Based Intervention Program
Big Brothers Big Sisters	Coaching Boys Into Men	Ecological Anti-Bullying Program
Bloomington-Normal Comprehensive Gang Program	Cognitive Behavioral Therapy	Electronic Monitoring

Ending Violence	In Search of the Treasure of Families	Mindfulness
Environmental Youth Corps (EYC) Military Style Boot Camp	Incredible Years	Mindfulness Martial Arts
Expect Respect	Indianapolis Violence Reduction (IVRP)	Mission C
Familias Fuertes Amor y Límites	Intensive Aftercare program (IAP)	Moral Dilemma Discussion Group
Families and Students Together (FAST)	Interaction-based Treatment	Moral Reasoning Training
Families for Safe Dates	It's Time to Ask	More Families
Family Based Treatment	Juvenile Curfew	Movimienda Ascendencia Program
Fast Track PATHS Curriculum	Karate	Moving to Opportunity
Finnish Anti-Bullying Program	Keepin' it REAL	Multidimensional Family Therapy
First Oslo Project against Bullying; 'Oslo I'	Kia Kaha	Multidimensional Treatment Foster Care (MTFC)
First Step to Success	KIVA (Kiusaamista Vastan Antibullying)	Multisystemic Therapy (MST)
Fourth R: Skills for Youth Relationships	Koga Ha Kosho ShoreiRyuk Kempo	Neighborhood Watch
Friendly Schools	Korean Anti-Bullying Program	Neustras Familias: Andando Entre Culturas
Gang Employment Program (GEP)	Law and Justice Curriculum	Neutral Zone
Gang Prevention Through Targeted Outreach (GPTTO)	LEAD Martial Arts	New Bergen Project against Bullying
Gang Reduction Program (GRP)	Life Skills Training	New National Initiative Against Bullying in Norway
Gang Resistance Education and Training (GREAT)	LIFT	National Youth Gang Drug Prevention (NYGDP)
Gentle Warrior Martial Arts	Logan Square Prevention Project (LSP)	NGYCP
Good Behavior Game	MAPs	Norwegian Anti-bullying Program
Great Expectations Program	Mastery Learning	Nurse Family Partnership
Greek Olweus Program	Mesa Gang Intervention Program	Olweus Adaptation
Grenada Anti-Bullying Program	Mindful-based Intervention	Olweus Bullying Prevention Program
Gun Buybacks	Mindfulness Martial Arts	One Vision
Helping Child Victims of Domestic Violence	Minnesota Competence Enhancement Intervention	Operation Ceasefire
HighScope/Perry Preschool Project	MAPs	Operation Peacekeeper
Hot Spots Policing	Mastery Learning	PACE
In Control	Mesa Gang Intervention Program	Parenting Adolescents Wisely (PAWS)

Parents and Children Talking Together	Responding in Peaceful and Positive Ways	South Carolina Olweus Program
Parent-Therapist Intervention	RETHINK	SPC and CAPSLE Program
PeaceBuilders	S.S.GRIN	Special Treatment Classrooms
Pediatric Family Violence Awareness Project	Safe Dates	Stand Up Help Out: leadership development ASP
Perry Preschool Program	Safe Streets	Stare Bene a Scuola: Progetto di Prevenzione del Bullismo
Personal and Family Support	Resolve It, Solve It	Stay SMART program
Positive Behavioral Interventions and Supports Schoolwide	Respect	Stepping Stones
Positive Discipline in Everyday Parenting	San Antonio Approach to Gang Prevention	Steps to Respect
Positive Parenting Practices (Triple P) for Teens Adaptation	San Diego Street Youth Program (SDSYP)	STORIES Program
Preparation through Responsive Education Program (PREP)	Saskatoon Regional Psychiatric Centre	Strengthening Families Program (SFP) 10-14
Prevention/Unplugged	SAVE	Stress Inoculation Program
Pro-ACT + E	Save Our Streets	Strong Families
Problem-Oriented Policing	SCARE	Supervised ASP
Progetto Pontassieve	Scared Straight	TCYL
Programa de Mediación Escolar	School-Based Education to Counter Crime and Corruption	Taekwondo
Project ALERT Plus	Second Step: A Violence Prevention Curriculum	Teens, Crime, and Community and Community Works
Project Northland—Croatia	Self-Directed Positive Parenting Program for Teens (Triple P)	The Curriculum-Based Intervention among Peers
Project Ploughshares Puppets for Peace	Sheffield Anti-bullying Program	The Peaceful Schools Experiment
Project Safe Neighborhoods	Shifting Boundaries	The Positive Action Program
Project Towards No Drug Abuse	Short Intensive Intervention in the Czech Republic	The SEEK Model
Psychiatric school consultation (SPC)	SMART Talk: Students Managing Anger Resolution Together	The Structure/Themes/Open Communication/Reflection/Individuality/Experiential Learning/Social Problem-Solving (STORIES) Program
PYDC	Social Goal Modification Program	Think Aloud Program
QOP	Social Skills Training (SST)	Toronto Anti-Bullying Program
Reciprocity Training	Soles of the Feet	Transtheoretical-Based Tailored Anti-bullying Program
Regina Antigang Services (RAS) Intervention	SOS – Help for Parents	Tribes

Turning Point: Rethinking Violence	Violence Prevention Academy (VPA)	Youth Violence Reduction Partnership (YVRP)
Understanding Children Exposed to Community Violence: A Conference for Attorneys Committed to Children	Violence Prevention Curriculum for Adolescents	YPDP
Viennese Social Competence Training (ViSC)	YARP	
Vinculos	Youth Matters	

APPENDIX D. EXCLUDED RESEARCH STUDIES

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