



YOUTH VIOLENCE PREVENTION IN LAC:

A RESOURCE GUIDE FOR ALIGNING INDICATORS AND INTERVENTIONS TO DEEPEN IMPACT

March 2021

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PREPARED UNDER TASK ORDER AID-OAA-TO-16-00041 LATIN AMERICA AND CARIBBEAN YOUTH VIOLENCE PREVENTION PROJECT, UNDER THE YOUTHPower: EVIDENCE AND EVALUATION INDEFINITE QUANTITY CONTRACT, AID-OAA-I-15-00007.

MARCH 2021

Submitted to:

USAID/LAC

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Suggested citation:

Campie, P., Hill, C., Dias, P., Garcia Lozano, M. & Mizrahi, Y. (2021) Youth Violence Prevention in LAC: A Resource Guide for Aligning Indicators and Interventions to Deepen Impact. Washington, DC: American Institutes for Research

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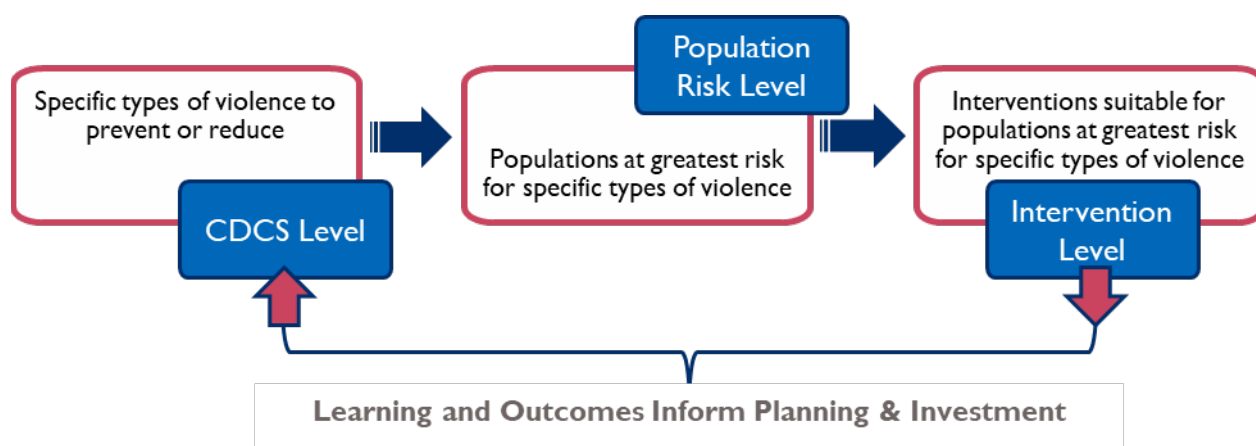
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PURPOSE

The Youth Violence Prevention Indicators and Interventions Resource Guide (YVPRG) offers guidance on choosing indicators and interventions that USAID, donors, service providers, local government, and community stakeholders can use to inform planning, implementation, and evaluation of youth violence efforts in Latin America and the Caribbean (LAC). The YVPRG builds on existing USAID monitoring and evaluation (M&E) guidance and the most recent violence prevention efforts and evidence from the region. It is meant to improve understanding of, and ability to address, gaps or misalignments among youth violence prevention and intervention strategies, programs, practices, and partnerships that happen at different levels of action, from the country development (CDCS) level to the intervention/activity implementation level. Work at one level feeds into and supports work at another level, where outcomes and learning inform future planning and investment (Exhibit I).

Exhibit I. Interdependence of Prevention Work Across Different Levels of Action



At the country level of action, the YVPRG specifically focuses on the Northern Triangle countries of El Salvador, Guatemala, and Honduras, but the YVPRG also contains generalizable guidance at the population risk and program levels of action. The YVPRG can also help policymakers determine how best to use their violence prevention resources and adopt a coordinated and impactful youth violence approach within individual countries and throughout the LAC region. The YVPRG and its component tools will be available on the internal website within the LAC Bureau at USAID and available for use in the Youth Violence Prevention eLearning module for USAID staff.

ORGANIZATION OF THIS GUIDE

The YVPRG is organized in six sections:

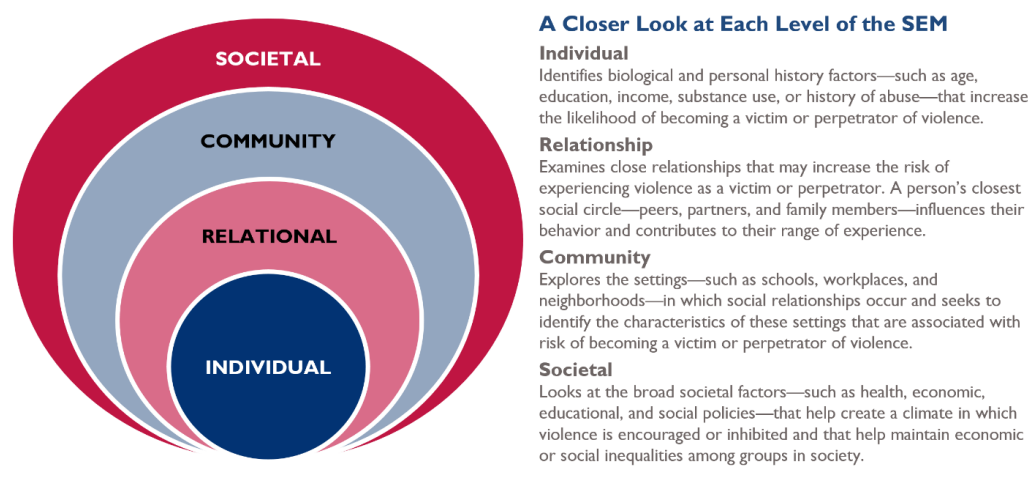
- I. Indicators, Measures, and Data Sources
- II. Extant Indicators That Align With USAID Objectives
- III. USAID and Country-Level Indicators
- IV. Population Risk-Level Indicators
- V. Intervention-Level Indicators
- VI. Summary of Key Considerations

In Section I we discuss the importance of choosing appropriate indicators, measures, and data sources, and review key data quality, security, and access considerations. Section II reviews the existing indicators in use by other bilateral and multilateral entities with youth violence investments in the LAC region, making note of indicators that are complementary or fill gaps with indicators in use by USAID. We review the most recent CDCS plans for El Salvador, Guatemala, and Honduras in Section III, identifying the CDCS indicators in common across the region. Section IV describes the importance of aligning indicators and interventions to the appropriate population risk level, ensuring that interventions are relevant and appropriate for the targeted population and adequate to measure expected results, while also making sure interventions “do no harm” and are gender responsive. In Sections V and VI we present guidance on intervention-level indicators followed by implementation and measurement profiles for a subset of interventions showing effectiveness for primary, secondary, and tertiary risk populations. The Guide concludes with key considerations for choosing violence prevention indicators.

BACKGROUND

A comprehensive approach to citizen security must include prevention efforts that address the factors that lead to crime and violence in the first place. Individuals, opportunities, and deterrents against criminal or deviant behavior operate within and across a set of enabling conditions in the home, the neighborhood, and the broader social setting—within schools, the workplace, and even within prisons—from which violence and crime can be directed into the community. These enabling environments contain factors that either place young people at risk for, or help protect them from, crime and violence. To prevent crime and violence over the long term, efforts must reduce risk and strengthen protective factors at each level of the social-ecological model (Exhibit 2).¹

Exhibit 2. The Social-Ecological Model (SEM) for Violence Prevention



The indicators to determine progress and outcomes from violence prevention strategies are intimately tied to the factors in these enabling environments. Therefore, there must be alignment between indicators and interventions within each level of the social ecology, as well as across the levels, since no one factor alone will prevent or increase risk for violence.

I. INDICATORS, MEASURES, AND DATA SOURCES

Having a clear understanding of indicators and measures, how they are defined, where they come from, and how to use them is essential for accurate monitoring of violence prevention activities and results.

An indicator is defined by USAID (ADS 201.3.5.7) as “a quantifiable measure of a characteristic or condition of people, institutions, systems, or processes that may change over time.”² A measure is typically understood as the quantity, size, weight, distance, or capacity of something compared to a designated standard. For example, one indicator of citizen safety might be a reduction in the number of extortions. But, the approach to measuring those reductions may vary, from fielding a public opinion survey, to interviewing local officials, to examining police or prison data. Each of these different measurement approaches will tell you a different story about the decline in extortions, so it is crucial to know from the outset what it is you are trying to explain—in this case, the perception that extortions are declining, or decreasing arrests and incarceration for extortion, or both?

The way specific indicators are defined, however, is not always consistent from place to place, and may vary according to the entity reporting the data. Take the case of homicide. A police agency may report the number of homicide arrests they make in a month, but by definition this number may over- or underestimate the number of actual deaths, because several people might be arrested for a single homicide, or more commonly, no one is arrested for the homicide. In contrast, a medical examiner’s determination is typically required to establish the cause of death from suspicious means, including death by homicide. Medical examiners report homicide data based on the examination of each patient/victim, yielding a more accurate number of actual homicides than would come from arrest data from police.

Measures can come from a variety of data sources, each with their own advantages and drawbacks. Because justice is local, meaning that specific laws and institutional policies and practices determine the way justice systems operate in cities and higher-order governmental units (e.g., states, countries), data are usually most reliable when generated from the source closest to where the activity indicator is measured. This is true even in highly centralized countries, because the administration of justice, and data collected to document crime or delinquent youth behavior, happens in local, not national, contexts, using locally deployed resources, including technology and people who may implement data practices differently or vary in their level of training, understanding, or commitment to following a given practice.

Further complicating matters, poor data quality and inadequate data access often limit the usefulness of measures and their related indicators. For example, it may be ideal to know exactly what happens to a gang-involved youth once released from detention or prison back into the community (e.g., Do they get a job? Do they return to school?), to understand their likelihood of reoffending. However, in many cases the only indication we have of how well a youth is doing after release comes from re-arrest data, because systems are not in place to track youth progress or support them in the reentry process as they apply for work or re-enroll in school.

Data quality can also hamper understanding of what an indicator might be saying or how it is changing over time. Data issues are especially problematic when youth move from system to system (e.g., from police to detention to probation or prison to community). Since each system will prioritize and define indicators and develop measures in ways most relevant for their own work, output and outcome data for a single youth or an entire initiative can be missing, inaccurate, or incomplete. The result is a picture

much like the old story about blind men trying to describe an elephant only to realize that none had the complete picture of what they sought to understand. Assessing data quality is a key step in the development of reliable and valid indicators to measure violence prevention outcomes.

USAID recognizes five quality standards for assessing data:³ Validity, Integrity, Precision, Reliability, and Timeliness. It is also important to consider the data's utility in serving a specific information purpose and the extent to which data collection practices are documented. The following questions are helpful when choosing data sources, measures, and indicators for examining violence- and crime-related data. These issues also apply when examining the data that a violence prevention program generates internally as it documents program outputs and outcomes.

Do the data measure the indicator as defined? For example, if the indicator is a reduction in the number of homicides, the data measure should reflect the number of people killed by homicide (not arrested for homicide, or perceptions of homicide) over at least two different time points that match the time period over which change is desired, or that interventions were in place (i.e., before and after an intervention). To generate an accurate “trend” showing change over time, it is important to understand the nature of the indicator and what existing research suggests about the rate of change one can expect. For example, when measuring recidivism, a 2-year measurement time period is considered best practice for producing the most reliable prediction of a person's likelihood of reoffending.

Do the data measure the indicator the same way over time? For example, when measuring the degree to which citizens trust the police to act in legitimate ways that protect community safety, the same sets of survey or interview questions should be used across time with the same population, so that changing responses are the result of actual change among police rather than discrepancies in questions and different populations answering the questions.

Do the data contain all of the needed information? Indicators at the population level (e.g., community crime) rely on large data sets with many data points to describe the indicator as it relates to different aspects of a population. For example, when measuring the indicator of reductions in community crime, data might be available for total number of crimes, for different types of crimes, for rates of crime per population size, for specific places in a community, at specific times of day or days of the week, and may or may not include information on victim and offender characteristics (e.g., gender, age, relationship to each other). If using community crime data like this—as an indicator for measuring the outcomes of a crime reduction program in a particular part of the community with a particular group of youth—it will be important to know whether the community crime data can be disaggregated to include data on the gender, age group, and area relevant to the youth program. If these data are missing, it will be very difficult to make the case that any changes in community crime are related to the youth crime reduction program.

Are the data available on a regular basis? Matching the timing of indicator needs to the timing of available data measures is also a key consideration when determining which data source will yield the best information. If measuring an *output* indicator, such as the number of youth who complete a job training program, the data must measure the completion of the program as it occurs, for every youth that enters the program for as long as the program is operating. In contrast, if measuring an *outcome* indicator from the same job training program to see if the youth received or retained employment after leaving the program, the appropriate outcome measure will come from future data, typically from a different data source, such as an employer or agency that collects employment information.

Are the data useful? It can be tempting to collect as much data as possible when trying to measure complex and vague indicators such as “improved community well-being” or “reduced influence of crimes or gangs.” However, in most cases, there will be a much smaller subset of measures that have the greatest salience or utility for understanding how these indicators are performing. As noted earlier, available data from administrative sources (e.g., schools, justice agencies) typically measure indicators of importance to the organization producing the data, and may not be as useful for purposes outside of their organizational/institutional context.

Is the data measurement process documented? Understanding the way data are defined, collected, and analyzed will provide insights on the relevance and quality of the measures and whether they are a good fit for the indicators of interest. Documentation typically comes from the data source, or agency/person who is responsible for producing the data, and may also be available on agency websites if data are available to the public.

Finally, access to data will depend on a range of conditions tied to data sensitivity, security, and transparency concerns. Femicide and non-lethal violence against women is not seen as a crime in many countries around the world, and has normative roots in the LAC region that allow gender-based violence to continue with impunity even when the law prohibits it.⁴ Collecting data from female victims of violence is made more difficult by the reality that reporting the crime/act is almost guaranteed to bring more violence to the woman, without the protection of law to prevent more harm. As a result, many women do not report the violence directed at them or their children.

Aggregate, or group-level, data that do not report on individual youth will be easier to access in most cases and may even be available on public-facing websites (e.g., homicide rates per 100,000). However, these aggregate indicators will also be the least precise means for understanding why change is occurring, because individual changes in behavior cannot be examined. Conversely, data measuring change in individual youth behavior can be aggregated up to explain why change is happening at the community level and who is contributing to these changes. But these data needs may trigger privacy concerns due to the age of the youth (i.e., under age 18), sensitivity of the data (e.g., arrested but not yet found guilty), or inability to reach individual youth to collect outcome data once they are no longer in a violence prevention or related program.

The best way to mitigate these issues and collect individual-level data is to establish an evaluation plan for each initiative and contract with an independent expert who can work with relevant stakeholders to establish data sharing agreements, obtain consent from youth and parents, provide technical assistance to program implementers for collecting output data, and deploy outreach methods to collect follow-up outcome data from youth after exiting a program.

II. EXTANT INDICATORS ALIGNED WITH USAID OBJECTIVES

There are a variety of indicators, external to USAID's work, that monitor progress on strengthening protective factors that lead to reduced risk for violence. Most of these performance indicators apply to the population level of impact and are aggregated as one value for each indicator. When deciding whether to utilize these indicators to measure USAID efforts, it is important to understand whether data are available for the place and time of interest, and to review the data source, data quality, and data definitions behind each indicator, as discussed in Section I. There are several different indicator lists to consult, many containing the same type of information (e.g., rate of homicide per 100,000). In Exhibit 3 we focus on indicators that are unique for either the type of violence they monitor (e.g., childhood exposure to violence) or the population of interest (e.g., women). In the annex we provide a complete list of all extant indicators that may be relevant to USAID's youth violence prevention work.

Exhibit 3. Violence Indicators Tracked by Entities External to USAID

SOURCE	ABOUT	INDICATORS
Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs⁵	Provides guidance and resources to implementers of youth programming on how to design, measure, monitor, and evaluate youth programs more effectively, including how to identify indicators to measure each specific result and where to find measurement sources for these indicators. Few of the indicators relate to youth violence and none of them relate to lethal violence. The toolkit strongly recommends piloting indicators but does not provide specific instructions.	<ul style="list-style-type: none"> • Increased self-control skills at the conclusion of training/programming • Increased opportunities for prosocial involvement in family at the conclusion of training/programming • Increased opportunities for prosocial involvement in peer groups at the conclusion of training/programming • Increased opportunities for prosocial involvement in the community at the conclusion of training/programming • Increased prosocial norms at the conclusion of training/programming • Increased feeling of psychological safety in their environment • Increased feeling of safety in their physical environment • Reduced rates of _____ (e.g., bullying, psychological distress, interpersonal violence, gender-based violence, abuse)

SOURCE	ABOUT	INDICATORS
United Nations Geneva Declaration—Indicators on Violence against Women⁶	<p>A United Nations initiative to formulate a core of indicators to measure violence against women. The UN defines violence against women as: Partner abuse, sexual abuse of girls, rape (including marital rape), dowry-related violence, female genital mutilation, trafficking in women, forced prostitution, sexual harassment at the workplace, and violence condoned or carried out by the state (e.g., rape in war).</p> <p>This definition of violence is much broader than lethal violence. Interestingly, the definition does not include femicide, which is a violent offense.</p> <p>The methodology includes classifications for:</p> <ul style="list-style-type: none"> • Severity (for physical violence) – 1 to 4 scale • Relationship to perpetrator – 1 to 4 scale • Frequency – 1 to 6 scale 	<ul style="list-style-type: none"> • Total and age-specific rate of women subjected to physical violence in the last 12 months by severity of violence, relationship to the perpetrator, and frequency • Total and age-specific rate of women subjected to sexual violence in the last 12 months by severity of violence, relationship to the perpetrator, and frequency • Total and age-specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner in the last 12 months by frequency • Total and age-specific rate of women subjected to sexual violence during lifetime by severity of violence, relationship to the perpetrator, and frequency • Total and age-specific rate of women subjected to physical violence during lifetime by severity of violence, relationship to the perpetrator, and frequency
Inter-American Development Bank⁷	<p>The IDB created the Regional System of Standardized Indicators for Citizen Security and Violence Prevention (SES), which is a system of standardized indicators of peaceful coexistence and citizen security.</p>	<ul style="list-style-type: none"> • Homicide rate per every 100,000 inhabitants • Firearm death rate per every 100,000 inhabitants • Complaint rate for sex crimes per every 100,000 inhabitants • Rate of complaints of intra-family/family/domestic violence per every 100,000 inhabitants • Complaint rate for child and adolescent maltreatment for every 1,000 individuals younger than 18 years of age • Prevalence of sexual violence • Prevalence of family and domestic violence • Rate of criminal victimization • Percentage of people with perception of insecurity • Percentage of people who justify the use of violence

SOURCE	ABOUT	INDICATORS
United Nations Office on Drugs and Crime—Global Study on Homicide 2019⁸	The purpose of the Global Study on Homicide is to help governments understand and address the root causes of homicide and inform their public health and criminal justice responses. The study examines homicide rates and trends, criminal justice responses to violence, drivers of homicide, gender-related killings, and the homicide of children and young adults.	<ul style="list-style-type: none"> • Changes in flow of drug trafficking • Share of youth not in education, employment, or training • Rates of homicide vs. persons convicted of homicide • Intentional killings by police officers vs. intentional killing of police officers • Rates of homicide vs. rates of homicide convictions • Police personnel per 100,000 people vs. homicide rate • Judges and prosecutors per 100,000 people vs. homicides • High school graduation rates/dropout rates • Female victims of homicide perpetrated by intimate partners or other family members
Global Indicator Framework for the Sustainable Development Goals and Targets for the 2030 Agenda for Sustainable Development⁹	The indicator framework was developed by the Inter-Agency and Expert Group on SDG Indicators. The framework notes that indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability, and geographic location.	<ul style="list-style-type: none"> • Number of victims of intentional homicide per 100,000 population, by sex and age • Proportion of population subjected to (1) physical violence, (2) psychological violence, and (3) sexual violence in the previous 12 months • Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 • Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age • Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

SOURCE	ABOUT	INDICATORS
World Health Organization and UNICEF—INSPIRE Indicator Guidance and Results Framework ¹⁰	Designed to support the implementation of the strategies outlined in “INSPIRE: Seven strategies for ending violence against children,” which is an evidence-based resource for governments, international agencies, non-governmental organizations, and individuals working to prevent violence against children.	<ul style="list-style-type: none"> • Lifetime sexual violence in childhood by any perpetrator (percentage of young women and men aged 18–29 years who experienced sexual violence before 18 years of age, by sex and age) • Past-year sexual violence in childhood by any perpetrator (percentage of female and male adolescents aged 13–17 years who experienced sexual violence in the past 12 months, by sex and age) • Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls, past 12 months (percentage of ever-partnered adolescent girls aged 15–19 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months) • Physical attack against adolescents, past 12 months (percentage of female and male adolescents who were physically attacked in the past 12 months, by sex, grade level, and age) • Child homicide rate (number of victims of intentional homicide aged 0–19 years per 100,000 population aged 0–19 years, by sex and age) • Child exposure to households affected by physical partner violence against women (percentage of female and male adolescents and young adults aged 13–24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondent’s childhood, by sex and age of respondent) • Homicide rate (number of victims of intentional homicide per 100,000 population, by sex and age) • Awareness of support services for violence among adolescents (percentage of female and male adolescents aged 13–19 years who know someplace they can go for help in cases of physical or sexual violence, by sex and age) • Exposure to violence prevention and response curricula in the past 12 months (percentage of female and male children and adolescents who were taught in their classes in the past academic year how to prevent and respond to violence, by sex, grade level, and age)

SIMILARITIES/THEMES

Most of the extant indicators do not directly measure a particular program result. Rather, these indicators serve to (1) measure short-term or long-term outcomes that may correlate with a reduction in violence, (2) assess external factors that could impact the efficacy of a program, or (3) provide background information that could help inform program design, monitoring, and evaluation. Commonly cited contextual indicators that do not specifically measure youth violence can be linked to different levels of the social-ecological model. At the individual level, indicators tend to focus on school engagement and completion, unemployment, and exposure to and misuse of alcohol and drugs. At the relational level, indicators frequently center on exposure to violence in the family, unemployment in the

family, and bullying. Indicators at the community level often relate to availability and use of police and social services. Indicators at the societal level focus on criminal justice systems, attitudes towards violence, and perceptions of safety.

GAPS AND OPPORTUNITIES FOR IMPROVEMENT

While many of these indicators are broadly defined, USAID, donors, service providers, local governments, and community stakeholders can refine them to better serve their strategic or programmatic needs. Many of these indicators do not specifically pertain to youth (or do not define “youth”) and are not disaggregated by sex, leading to age- and gender-blind data. Similarly, these indicators are not LAC-specific, and may require adaptation to be more responsive to a country or regional context. While some of these indicators can serve as a basis to work from and may require simple tweaks (e.g., disaggregating by age and sex), others may need to be significantly reworked to address a wider scope of violence. Femicide, for instance, is glaringly absent from reports, toolkits, and frameworks for developing lethal violence indicators. Simply disaggregating homicide rates by sex or substituting general domestic/intimate partner violence indicators will not do enough to accurately capture this problem.

III. USAID AND COUNTRY-LEVEL INDICATORS & MEASURES

In the U.S. Strategy for Central America’s Plan for Monitoring & Evaluation¹¹ (Strategy), USAID and the State Department use a wide variety of performance indicators, context indicators, and measures to assess both the progress of programs and the environments in which those programs are operating. In the Strategy’s Results Framework, performance indicators are organized by subobjective within three of the Strategy’s overarching objectives: prosperity, governance, and security. Each objective encompasses four to five subobjectives, and each subobjective comprises one or more performance indicators. Select performance indicators most relevant to youth violence prevention include:

- Number of youth at risk of violence trained in social or leadership skills through USG assisted programs
- Number of at-risk youth in targeted communities/municipalities served
- Number of local action plans on youth and security developed and implemented with USG support
- Number of youth graduated from the GREAT program

The Strategy also contains “context indicators” and related measures. Context indicators and measures assess factors external to the program that could impact the program’s performance. Context indicators “complement the metrics used by USAID to evaluate the self-reliance of partner countries, which informs their programming.” Context indicators and measures are similarly organized by category within the Strategy’s overarching objectives. Such indicators include:

- Intentional Homicide per 100K People
- Percentage of Population Who Feel Safe Walking in Their Neighborhood at Night
- Percentage of Population Who Express Trust In Police
- Corruption Perception Index

- Youth Unemployment Rate
- Lower-Secondary School Completion Rate

Each country's development cooperation strategy (CDCS) contains indicators for every development objective, including objectives related to citizen security. The context and enabling environments within each country will determine the root causes for violence and influence how violence prevention efforts are prioritized and implemented. Given the mobility of populations across shared borders, sometimes due to poor economic opportunities and high violence, regional indicators may be useful to inform regional prevention strategies. Illustrative examples of regional LAC indicators are shown in Exhibit 4.¹²

Exhibit 4. Sample Indicators at the Government-, Community-, and Individual-Level

Government/Justice System Level	Community Level	Individual Level
<ul style="list-style-type: none"> • Corruption Perception Index Score • Public satisfaction with the performance of justice and security institutions • Number of cases admitted, cases dismissed, and cases ruled • Number of policies and laws promoted • Number of non-judiciary public officials trained in ethics and government ethics laws (disaggregated by sex) • Number of transparency and accountability initiatives promoted with US government assistance • Number of paradigmatic cases effectively prosecuted and adjudicated with USAID support disaggregated by convictions and acquittals, and types of crimes • Percentage of security and justice units offering an improved career path and benefits system for their employees • Number of civil society social audits for court cases • Security sector budget transparency index • Percentage of human and financial resources devoted to select crimes increased • Capacity index of management systems for the security and justice sectors • Number of police trained in and implementing community policing principles 	<ul style="list-style-type: none"> • Number of people reached by USAID funded interventions providing gender-based violence services (disaggregated by sex and age) • Number of municipalities with crime prevention councils • Number of communities with police/citizen groups • Number of municipalities offering education programs for at-risk youth • Number of select violence crimes in USAID targeted areas; (i.e. extortion, homicide, rape, child abuse, domestic violence, etc.), disaggregated by gender and age • Marginalization index • Area with improved, safe infrastructure • Percentage of coverage for basic social services in target areas increased • Perception of community safety (disaggregated by sex) 	<ul style="list-style-type: none"> • Optimism about future employment opportunities among at-risk youth increased • Number of citizens enrolled in volunteer activities • Percent of at-risk youth who express an ability to deflect a life of crime • Index of citizen's perception of their own safety • Proportion of women exercising their capacity to lead or actively participate in efforts to improve community security • Survey of crime victimization rate (disaggregated by gender and age) • Protective factors for youth, which improve their ability to avoid involvement in criminal activities, increased • Risk factors for youth decreased • Enrollment rate in secondary schools in high risk municipalities (disaggregated by sex and age)

IV. POPULATION-LEVEL INDICATORS

Just as the risk and protective factors for violence vary across different social ecologies, so too do levels of risk vary among different populations of youth based on their exposure to these factors. Even youth from the same family or living on the same street as other youth respond differently to exposure to these factors, and as a result have different propensities for experiencing or committing violence. As a result, interventions and strategies to reduce or prevent youth violence are most effective when a youth's risk level matches the risk level that an intervention is designed to address. When youth at lower risk for violence are placed in programs meant for higher-risk youth, there can be iatrogenic, or harmful, effects for youth, due to social stigmatization from involvement in the program or through so-called "deviancy training," when low-risk youth are influenced by delinquent peer participants.¹³ And,

when higher-risk youth are placed in programs that are meant for lower-risk youth, the program does not change their behaviors. It follows that the indicators for monitoring population-specific progress on violence prevention objectives must then be tied to the risk level for the population in question. Since most youth will never commit a serious crime, violent or otherwise, it is prudent to devise efficient and effective means to prioritize prevention investments that will reach the youth with greatest need.

TAKING A DIFFERENTIATED RISK APPROACH

The most reliable means for predicting risk of committing a delinquent or criminal act, including violence, comes from tools used with youth who have already committed a delinquent or criminal act. Predicting future delinquent or criminal behavior in the absence of past delinquent or criminal behavior is fraught with difficulties that raise technical and ethical concerns. There is no guaranteed formula, established by research, for predicting who will or will not commit a delinquent, criminal, or violent act, unless the person has already behaved in a manner consistent with one of these behaviors. While it is true that youth with a violent offending history often share many childhood risk factors in common (e.g., exposure to violence in the home or community, weak family bonds, delinquent peers), it is also true that the vast majority of youth who have exposure to these same risk factors never engage in delinquent or criminal behavior, or may have a momentary behavioral lapse but never escalate to serious crime or violence. In fact, violent criminal behavior itself is quite rare. Of all the types of crime that occur in any community around the world, violence accounts for less than 10 percent of criminal activity. From an ethical perspective, it can also be problematic to broadly sweep youth into a category of high risk for crime simply because they live in a community where crime and violence are prevalent. Research on this point indicates that youth often face limited employment and prosocial opportunities because they are labeled as troublemakers due to the high-crime community where they live. Limiting opportunity for these youth can further exacerbate the cycle of violence that persistently dangerous communities experience.

It is important to note that universal violence prevention programs, such as a school bullying or positive youth development program, do not require a risk assessment for students to participate. Universal programs like these are considered good for all youth, regardless of risk level for violence. A pre/post survey may be helpful to learn how students experience or are impacted by a program (e.g., change in attitudes, knowledge, or skill), but that type of survey should match the goals and activities of the program rather than measure “risk” in an abstract manner unrelated to the program.

Secondary risk populations include those youth who have characteristics associated with a higher risk for involvement in crime or violence, such as chronic absenteeism, conflict with peers (e.g., bullying, harassment), or a criminally involved parent or caregiver. Even minor delinquent acts such as shoplifting, underage drinking/smoking, and vandalism or property damage, even if unknown to the police or not seen as “illegal,” can be indications that a youth is at greater risk for more serious crime or violence. And tertiary risk populations include individuals with a history of delinquent, criminal, or violent behavior. Interventions meant for tertiary populations should never be used with primary prevention populations, such as youth at low risk of offending.

The assessment tool and measures to indicate change attributable to an intervention should serve the purpose of the intervention and be reasonably related to what the intervention can do to effect change.

Violence prevention interventions, and related indicators and measures, relate to specific risks of offending or re-offending. Assessments will vary in the way they differentiate risk levels, but commonly there are four levels of risk for committing or recommitting a delinquent or violent act: low, low to moderate, moderate to high, and high risk. A recent global review of violence prevention interventions confirmed and expanded on prior research identifying effective primary, secondary, and tertiary prevention strategies according to youth risk levels.¹⁴ Using this research basis, Exhibit 5 shows the relationship between youth (male or female) risk level (as judged by a validated behavioral assessment) and the most effective types of prevention strategies or programs for this population.

Exhibit 5. Typology of Prevention Types According to Youth Risk of (Re)Offending

Risk of (Re)Offending and Intervention Types				
	Low	Low to Moderate	Moderate to High	High
Primary Prevention All youth regardless of exposure to risk; low risk to offend	Social-Emotional Learning, Empathy, and Communication Skills*			
Secondary Prevention First time delinquent, violent, or criminal behavior; low to moderate risk to offend	Restorative Justice Policies and Practices*			
	Skill Building and Treatment Specific to Needs			
First time serious and repeat behavior by youth who fail to respond to immediate interventions; moderate risk to offend	Behavior Modification Programs			
Tertiary Prevention Youth whose behavior is sufficiently serious or who fail to respond to intermediate interventions; rated moderate to high risk to offend Youth who are incarcerated because supervision in the community would constitute an on-going threat to community safety; high risk to offend	Cognitive Behavioral Programs			
	Cognitive Behavioral Programs			
Aftercare/Reintegration Youth returning to the community from placement in public or private facilities. Moderate to high risk to offend.	Cognitive Behavioral Programs Employment Policies and Programs Education Policies and Programs Community Reintegration Practices			

*Indicates that the program has a family component.

The indicators that measure violence prevention efforts should relate to the specific risk and prevention level, so that data are useful to inform planning and action that is targeted to priority population needs.

As Exhibit 6 explains, the indicators most helpful for examining primary prevention strategies used with all youth center on education and knowledge-building, while secondary and tertiary prevention strategies focus on attitude, skill, and behavioral indicators. To be most accurate, the indicator should be customized to measure the specific aspects of each strategy/intervention.

Exhibit 6. Sample Indicators According to Prevention Strategy and Risk Level

Primary Prevention	Secondary Prevention	Tertiary Prevention
All risk levels	Low or moderate to high risk levels	High risk levels
<ul style="list-style-type: none"> ✓ Increased knowledge, often tied to building empathy for others ✓ Increased awareness, often tied to one's behavior impacting others ✓ Improved social norming around violence-accepting beliefs 	<ul style="list-style-type: none"> ✓ Improved attitudes, often tied to antisocial thinking ✓ Increase in relevant skills, often tied to improved decision-making ✓ Improved behaviors, often tied to impulse control 	<ul style="list-style-type: none"> ✓ Change in beliefs, often tied to personal identity as a “criminal” vs. “non-criminal” ✓ Improved skill, often tied to decision-making as well as concrete employment skills ✓ Reduced violent behavior

V. INTERVENTION-LEVEL INDICATORS

In 2016, USAID produced the Crime and Violence Prevention Field Guide (Field Guide),¹⁵ containing a conceptual framework and practical tools for how to design, implement, measure, and evaluate crime and violence prevention and citizen security projects. The Field Guide notes that prevention activities should be assessed according to the outputs, or direct results from the activity, and the outcomes that are a consequence but only indirectly related to the activity. Distinguishing between outputs and outcomes is important for attributing results to the appropriate level of action—those under the control of the program or direct intervention and those influenced by the broader enabling environment. For example, a direct output of a crime prevention program focused on youth workforce development may be placement in a job, whereas an outcome from having that particular job may be increased financial stability, an indirect result of the youth workforce program. Conversely, it could be that the wage from the job is not high enough to sustain the young person over time and may result in a return to criminal undertakings. In this case, the workforce program cannot be held accountable for this indirect outcome, making the point that accurate measurement and attribution of outputs versus outcomes is critical for informed decision-making and future planning.

The indicators that monitor outputs and outcomes from specific interventions provide the most accurate means of measuring the results from violence prevention initiatives. The limitation of these indicators is that the results may not be generalizable beyond the program, for other locations and youth, if data are anecdotal (i.e., opinions of program staff) or produced without a rigorous examination of the counterfactual (i.e., using a control group to examine changes in similar youth/places that did not participate in the strategy/intervention).

Importantly, the indicators measuring results from specific interventions are only reliable if their intervention is serving the correct population that the program is intended to serve. If an intervention meant for tertiary-risk youth is used in the general youth population at lower risk for violence, the intervention results will not be valid and, more notably, the intervention itself could be harmful to youth who might become friends with antisocial peers through the program¹⁶ or might be labeled, shamed, or treated unfairly by others for being in a program meant for youth who have serious histories of violence.

The LACYVP evidence review (2019)¹⁷ assessed the effectiveness of violence prevention intervention types that met specific research rigor criteria. The review specifically focused on interventions with

evidence of effectiveness, and relevance to the problem of violence LAC region. As we have noted in this guide, interventions are designed with specific populations and contexts in mind, and evidence of effectiveness is based on the intervention being used with the correct population in appropriate circumstances. When interventions are used with the wrong population, or in an inappropriate context, the intervention will not produce positive outcomes, wasting valuable resource and may even harm youth in the process. In the last section of this guide, we profile an illustrative selection of the interventions reviewed in the LACYVP evidence review beginning with an overview of intervention type, example, and population prevention level the intervention has evidence of affecting (Exhibit 7).

Exhibit 7. Intervention Profiles According to Population Prevention Levels

Key: ●-Primary Level ●-Secondary Level ●-Tertiary Level

INTERVENTION TYPE	INTERVENTION EXAMPLE	PREVENTION LEVEL SUPPORTED BY EVIDENCE
Hot spots policing	Hot Spots Policing in Bogotá	●
Psychosocial parenting programs	Triple P	● ●
Structured interventions targeting criminogenic risk (e.g., Thinking for a Change)	Sustainable Transformation of Youth in Liberia (STYL)	●
Cognitive behavioral therapy (CBT)	Becoming a Man (BAM)	● ●
School-based interventions to reduce aggressive and violent behavior	School-Wide Positive Behavioral Interventions and Supports (SWPBIS)	● ● ●
Multi-dimensional family therapy	Multi-dimensional family therapy (MDFI)	● ●
School-based program to prevent dating violence	Safe Dates	● ●
Multi-sector outreach and community intervention with proven risk youth	Safe and Successful Youth Initiative (SSYI)	●
Focused deterrence	Operation Ceasefire	●
Violence interruption	Cure Violence	●
School capacity-building violence prevention program	Trinidad & Tobago Violence Prevention Academy	●
Peer influence, whole school intervention	KiVa antibullying program	● ●

VI. INTERVENTION PROFILES

In the following pages, twelve violence prevention approaches are profiled according to their implementation process and evidence of effectiveness. In each profile, there is guidance on how the intervention has been implemented or could be adapted in the LAC context. Each intervention profile answers the following questions:

- ✓ **Who is the intervention meant for?**
- ✓ **What is the intervention's theory of change and evidence base?**
- ✓ **How is the intervention implemented (including where and by whom)?**

- ✓ ***How has the intervention been replicated or adapted?***
- ✓ ***What internal organizational capacities and resources are needed?***
- ✓ ***What external stakeholders/partnerships are needed?***
- ✓ ***What output indicators should be collected?***
- ✓ ***What outcome indicators should be collected?***
- ✓ ***How should program quality and fidelity be measured?***
- ✓ ***What data collection tools and methods should be used (including use of risk assessments)?***
- ✓ ***What data-sharing requirements are needed with stakeholders?***

It should be noted that many of the interventions with evidence of effectiveness reducing or preventing violence have not been tested in the LAC region. Locally adapted, tested, and validated measures and instruments should be the first choice over standard measures and instruments that may be widely used but have not been tested locally or in similar populations. If a local instrument/measure does not exist, then it is worth taking a standard measure and adapting and testing it locally.

Understanding how and when to adapt interventions to fit a new context or population, is critical to increase the odds that the intervention will have success in new surroundings. The core elements of program effectiveness should not be changed when adapting a program to improve responsiveness. The adaptation process should be deliberate, focused, and precise to avoid undermining changes to core components, and occur before program delivery begins, unless program delivery is being used to inform needed adaptations. The adaptation process should occur sequentially over a predefined period and in an iterative manner where proposed adaptations are considered and revised before final adaptations are approved for the program. Each stage of adaptation should include a minimum of five steps:

1. Review or original program curriculum and materials
2. Modification recommendations
3. Proposed revisions
4. Implementation of adaptation
5. Assessment of adaptation success and impact on overall program effectiveness

The number of adaptation stages will be determined by the complexity of the program and the number of adaptations needed. Adaptation reviews should involve a diverse group of people, including program staff, potential or actual program participants, program stakeholders (e.g., sector partners), and program evaluator/researchers (if an evaluation is part of the program).

HOT SPOTS POLICING^a

HOW DOES IT WORK?

Hot Spots Policing is a policing strategy that involves focusing police-led crime prevention in small geographic areas or places where crime and disorder is most concentrated (Braga et al., 2019). This approach is based on the premise that crime is not evenly spread throughout neighborhoods, but clustered in specific locations. There is no formal definition of “hot spots,” but they are generally defined as “small places in which the occurrence of crime is so frequent that it is highly predictable, at least over a one-year period” (Sherman, 1995, p. 36). Focusing police patrols in hot spots aims to prevent crime in these areas and potentially reduce overall crime levels in a wider geographic area. Another tactic is to reduce disorder in hotspots through municipal services. These services can make it more difficult to commit crimes by lighting dark areas or increasing the amount of people in the street (Blattman et al., 2018).

Hot spots policing has been widely evaluated in North American and European contexts, but less so in Latin America. A well-evaluated example of the Hot Spots Policing strategy was implemented in Bogotá, Colombia, in 2016 (Blattman et al., 2018). The intervention included two main components implemented in a subset of the highest-crime street segments in Bogotá: (1) **intensive policing**—increases in daily patrolling time in 756 targeted street segments during the day and, for hot spots near bars and night clubs, at night as well; (2) **municipal services**—in a subset of street segments that showed signs of physical disorder, the mayor’s office instructed municipal maintenance crews to visit, diagnose which services were needed, and deliver the appropriate services to these streets. A randomized controlled trial found that when implemented concurrently, these interventions resulted in a large and significant impact on security (a decrease of about 45.6% in the number of reported crimes as well as an improvement in perceptions of security in targeted areas) (Blattman et al., 2018). Another evaluated program from Latin America is Montevideo’s Programa de Alta Dedicación Operativa (PADO), which consisted of precise, targeted deployment of police patrols in specific small areas (1–5 streets) (Chainey et al., 2020). A difference-in-difference analysis indicated a 23% reduction in the rate at which robberies occurred in the PADO areas, with no significant displacement to neighboring areas or other areas of the city during the study period. In addition, systematic reviews have found that hot spots policing generates statistically significant small reductions in crime and disorder in areas where the strategy is implemented (Braga et al., 2019).

WHO DOES IT HELP?

Hot spots policing approaches can be used in a variety of settings, but are usually implemented in urban areas with high levels of criminal activity. The intervention is targeted at potential offenders and victims in designated hot spots, and has potential spillover effects for surrounding areas. A recent systematic review of hot spots policing found that this type of intervention is more likely to generate crime control benefits in areas that immediately surround the designated hot spots than to displace crime into nearby locations (Braga et al., 2019).

^a This intervention has shown positive effects based on the evidence cited at the end of this brief.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Targeting Techniques
 - Use multiple techniques to identify hot spots; for example, the use of effective crime mapping techniques via software packages such as ArcGIS can be combined with police officer or crime analyst experience/knowledge to accurately identify and test hot spots.
 - Crime hot spot maps can most effectively guide police when action is guided by crime theories (place, victim, street, or neighborhood) (see Eck et al., 2005).
 - Establish an iterative process between spatial analysis and hot spot selection, through which targeting can adapt to emergent data on crime incidence and victimization rates.
- Staff Resources
 - Police are operating from a position of legitimacy and are not part of the criminal activity in a community.
 - Foster adequate buy-in from police leadership, especially regarding the use of evidence-based policing interventions.
 - Build capacity in police departments to use ArcGIS and other mapping techniques to identify and test hot spots.
 - Provide officers with training in problem-oriented and situational prevention strategies that reduce police reliance on aggressive enforcement strategies, to maximize crime control gains and yield improved police–community relations.
 - Encourage an institutional culture that values evidence-based policing efforts and that rewards police officers for reductions in crime, instead of just speed of response to a crime or number of arrests made (Bergman, 2018).
 - Address officer resistance by establishing an implementation accountability system and offering additional training for officers.
 - Ensure adequate staffing for policing hot-spots—shortages of officers (due to peaks in service demand, operational requirements of redeployment) and assigning officers to too many crime spots can undermine effectiveness of the intervention (Braga et al., 2012).
- Coordination
 - Develop cross-district collaboration between law enforcement agencies, including sharing information on offenders, if hot spots fall in different districts.

REPLICATION & ADAPTATION

Hot spots policing is still incipient in Latin America and there is a lack of guidance on how to adapt this intervention to Latin American context. This limited information suggests that understanding the culture of police agencies is crucial in adapting this approach to a Latin American context. Police agencies in the region tend to have a reactive response policing model rather than focusing on intelligence and prevention (Fruhling, 2012). Further, the use of crime data analysis has been limited in Latin America (Beato Filho, 2008), and rank and experience tend to influence decisions on how to allocate police patrols (Chainey et al., 2020). Fostering buy-in with police agencies at the highest levels and ensuring

that resources can be devoted to prevention and intelligence activities is essential when adapting a hot spots policing intervention to a Latin American context.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Assess willingness of law enforcement agencies to invest resources in evidence-based policing interventions
- Determine capacity to identify and test hot spots of criminal activity using a variety of methods (ArcGIS using police data and input from police officers/crime analysts)
- Assess staffing resources to determine capacity of officers to adequately patrol designated hot spots without being overextended or neglecting their regular duties
- Assess the quality of existing relationships and trust between communities and police in potential hot spots

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WHAT OUTPUT INDICATORS TO COLLECT

- Daily average patrolling time for hot spots (treatment) and control streets (if applicable)
- Number of arrests, drug seizure cases, gun seizure cases, recovered stolen goods (depending on common crimes in the area) for hot spots (treatment) and control areas (if applicable)
- Number of calls for service in hot spots (treatment) and control areas (if applicable)

WHAT OUTCOME INDICATORS TO COLLECT

- Crime incident data from hot spots and control areas (if applicable) for offenses such as violent crimes, property crimes, disorder offenses, drug offenses
- Survey data on self-reported crimes, perceptions of security, and attitudes towards the police and local government
- Administrative crime data from neighboring blocks to assess spillover effects

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY?

- Accurate Targeting
 - Hot spots are effectively identified and tested using existing crime data and mapping techniques (ArcGIS)
 - Setting up control areas from the beginning of implementation to facilitate rigorous evaluation
- Adequate Training
 - Training of police departments to use mapping techniques to identify and test hot spots
 - Training of police officers to use problem-oriented and situational prevention strategies that reduce police reliance on aggressive enforcement strategies
- Effective Implementation of Hot Spots Policing Plan
 - Ensure adequate dosage of policing in hot spots
 - Police officers spend the expected time patrolling hot spot areas over period of intervention
 - Peaks in service calls and/or vacation season do not affect the intensity with which hot spots are patrolled
 - Police officers are held accountable through an implementation accountability system
 - Adjacent streets are also patrolled (although to a lesser extent), to discourage spillover of crimes into neighboring areas

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Analysis of extant police data to determine percentage change in reported crime for treatment and control areas
- Qualitative interviews with police officers and observations of police activity to assess fidelity of implementation

- Surveys and focus groups with members of community to determine perceived impacts and potential effects on community-police relations

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Randomized controlled trials (RCTs) to determine impact of hot spots policing on reduction of crime in treatment and control areas
- Quasiexperiments that compare areas that are similar in socioeconomic, housing, and other characteristics to estimate impact of hot spots policing on crime reduction in treatment and control areas
 - Difference-in-difference approach to examine the change in outcome (e.g., the change in reported crime) in a group of non-participants to estimate what the change in outcome would have been if the program did not exist
 - Multi-level linear regression to compare changes in crime before and during the intervention for treatment and control areas

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

Blattman, C., Green, D., Ortega, D., & Tobón, S. (2018). *Hotspot interventions at scale: The effects of policing and city services on crime in Bogotá, Colombia* (3ie Impact Evaluation Report 88). New Delhi: International Initiative for Impact Evaluation (3ie).

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TRIPLE P – POSITIVE PARENTING PROGRAM^b

HOW DOES IT WORK?

Triple P, or Positive Parenting Program, is a parenting and family support system designed to prevent—as well as treat—behavioral and emotional problems in children and teenagers.^c Triple P aims to develop skills and confidence in parents and to help them become self-sufficient and be able to manage family issues without ongoing support (Triple P, n.d.).

Triple P is guided by five core principles of positive parenting: (1) ensuring a safe, engaging environment, (2) promoting a positive learning environment, (3) using assertive discipline, (4) maintaining reasonable expectations, and (5) taking care of oneself as a parent. Parents learn how to apply these skills towards different behavioral, emotional, and developmental issues in children, ranging from common childrearing challenges (e.g., toileting, behavior during meals, bedtime, behavior in public) to more intense challenges (e.g., child aggressive behavior, fears and anxiety, ADHD difficulties) (Prinz et al., 2009). These core principles then translate into 35 specific strategies and parenting skills clustered into several major categories, including (1) parent–child relationship enhancement, (2) encouraging desirable behavior, (3) teaching new skills and behaviors, (4) managing misbehaviors, (5) preventing problems in high-risk situations, (6) self-regulation skills, (7) parental mood management and coping skills, and (8) partner support and communication skills. Through Triple P, parents learn how to apply those techniques and strategies that are relevant to their child, the parent’s goals, and the family situation (Prinz et al., 2009; Triple P, n.d.).

Triple P is a multi-system program with a suite of interventions that vary in intensity, each catering to a different level of family need or dysfunction, from “light touch” parenting help to highly targeted interventions for at-risk families. There are five levels, shown in Exhibit 8:

Exhibit 8. Triple P Interventions

LEVEL	DESCRIPTION
Level 1 – Universal	<i>Media and Communication Strategy.</i> Involves a social marketing campaign to promote positive parenting and increase receptivity to parenting programs. Includes use of radio, local newspapers, newsletters at schools, mass mailings to family households, presence at community events, and website information.
Level 2 – Selected	<i>Brief Parenting Advice/Parenting Seminar.</i> Designed for parents with relatively minor and fairly discrete problem behaviors that do not require more intensive levels of intervention. This level has two delivery formats: (1) one to two brief and flexible 20-minute consultations with individual parents, and (2) three 90-minute parenting seminars with large groups of parents.
Level 3 – Primary Care	<i>Narrow Focused Parenting Skills Training.</i> Appropriate for the management of discrete child problem behaviors that are not complicated by other major behavior management difficulties or significant family dysfunction. Four brief (20-minute) consultations that incorporate active skills training and the selective use of parenting tip sheets covering common developmental and behavioral problems of preadolescent children.

^b This intervention has shown positive effects based on the evidence cited at the end of this brief.

^c The program was developed by clinical psychologist Matt Sanders and colleagues at the University of Queensland, Australia.

LEVEL	DESCRIPTION
Level 4 – Standard or Group	<i>Broadly Focused Parenting Skills Training.</i> Benefits children who have detectable problems but who may or may not yet meet diagnostic criteria for a behavioral disorder, and parents who are struggling with parenting challenges. Can be delivered to individual families (10-session program [up to 90 minutes per session] plus home visits or clinic observation sessions [40–60 minutes each]), or groups (five 2-hour sessions, three 15–30-minute follow-up telephone sessions).
Level 5 – Enhanced	<i>Intensive Family Intervention.</i> Intervention geared towards vulnerable families whose parenting is complicated by factors such as partner conflict, stress, or mental health issues. ^d This can be delivered through training sessions with individual families or in group sessions.

The program has been implemented by a variety of organizations, including governments, local authorities, schools, and others. Practitioners who can be trained to deliver Triple P can be sourced from a wide range of professions and disciplines, including family support workers, doctors, nurses, psychologists, counselors, teachers, teachers’ aides, police officers, social workers, child safety officers, and clergy.

Triple P has an extensive evidence base. Various components of the Triple P system have been subjected to controlled evaluations, which have consistently shown positive effects on observed and parent-reported child behavior problems and parenting practices. A meta-analysis of Triple P based on 55 studies found that the program causes positive changes in parenting skills, child problem behavior, and parental well-being in the small to moderate range, varying as a function of the intensity of the intervention (Nowak & Heinrichs, 2008). A study featuring a pre-post randomized design at the population level (n=13,650) showed that Triple P slowed rates of child abuse, reduced foster care placements, and decreased hospitalizations from child abuse injuries in treatment counties (Prinz et al., 2009). One study of Triple P in Japan showed that mothers effectively improved their parenting style and parental adjustment through the program, while child conduct problems decreased (Fujiwara et al., 2011). Another study of Triple P in Switzerland showed significant reductions of dysfunctional parenting behavior and significant improvements in warm parenting from pre- to post-intervention, which was successfully maintained 4 years later; the study also showed immediate improvements in child behavior during the course of the program (Heinrichs et al., 2014).

WHO DOES IT HELP?

Triple P’s multi-system approach is designed to help parents of a wide variety of backgrounds and needs. The core program is delivered to parents of children up to 12 years, but there is also a version for parents of teenagers aged 12–16 (Teen Triple P). Further, there are specialist programs for children with a disability (Stepping Stones), parents undergoing a separation or divorce (Family Transitions), parents of children who are overweight (Lifestyle), and Indigenous parents (Indigenous) (Triple P, n.d.).

^d Adapted from Prinz et al., 2009 and MAPP, 2016.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Implementation Planning
 - Develop implementation plan
 - Use TPI (Triple P International) Organizational Assessment Guide to assess organization's existing capacity, resources, and expertise to deliver Triple P
 - Confirm budget/financial commitments and funding
- Training & Accreditation
 - Develop a training & accreditation plan, including the determined reach, who will be delivering the service, and number of seminars/groups/individual sessions each practitioner will be expected to provide over a determined period (usually 1–5 years)
 - Consider developing systems for practitioner supervision and peer coaching/supervision
 - Consult with Triple P International (TPI) to determine which practitioners are eligible for training in which levels of Triple P, the length of training courses, and the combination of courses required
 - TPI Training Consultants must deliver all training courses and complete the accreditation process with the trained practitioners
 - Training/accreditation sessions are experienced as being of high quality
- Implementation & Maintenance
 - Effective delivery of Triple P components for which staff have been trained
 - Actively evaluate the impact of the implementation; create feedback loops to provide information for ongoing development and sustainability

REPLICATION & ADAPTATION

Triple P was designed to be flexible in its delivery and adaptable to a range of situations. For instance, the program can be delivered as a public health initiative at the population level, or interventions can be selected to specifically target a particular demographic or parenting group according to an organization's priorities and budget (Triple P, n.d.).

The program's content was designed to be relevant to most cultures and socio-economic groups. The program encourages parents to choose their own parenting goals according to their beliefs and values. Practitioners are also encouraged to be sensitive to the different beliefs, expectations, and traditions of families, and may choose to tailor their delivery to suit different populations. Triple P has been implemented in several Latin American countries, including Chile, Costa Rica, Mexico, and Panama. In addition, the program has Spanish-language materials.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Phase 1: Engagement
 - Make initial contact with the Triple P organization^e and begin a conversation about the scope and fit of potential implementation, as well as the organizational context that may contribute to or impede implementation
 - Conduct needs analysis, including area profile and existing services and parenting support
 - Decide on target age range (consider limited age range where resources are restricted)
 - Inform and consult with potential partners
 - Assess organizational readiness for getting involved with Triple P
 - Assess cost and funding potential
- Phase 2: Commitment and Contracting
 - Work with TPI to achieve mutual understanding of the goals of the initiative (e.g., target population, parameters, and region; practitioners, agencies, and benchmarks) as a means of addressing community needs
 - Develop training and support plan
 - Estimate implementation resources usage with the TPI Capacity Calculator
 - Consider level of implementation support required to ensure that Triple P can be maintained
 - Identify local capacity for Triple P coordination

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WHAT OUTPUT INDICATORS TO COLLECT

- Use Triple P's built-in assessment framework to collect data on:
 - Number of interventions from each of the five levels
 - Number of trained staff
 - Number of families participating in program
 - Family demographics (e.g., family structure, household makeup)
 - Parent satisfaction
 - Session checklists

WHAT OUTCOME INDICATORS TO COLLECT

- If implementing population-level component, collect survey data on public awareness of Triple P
- Collect administrative data on child maltreatment from child protective services, child out-of-home placements through the foster care system, and child hospitalizations and emergency room visits due to child maltreatment injuries (see Prinz et al., 2009)
- Relevant changes in child behavior
- Relevant changes in parenting style
- Relevant changes in parental adjustment

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY?

- Use standardized training and quality-promotion protocol developed by The Triple P system
- Use Triple P fidelity verification checklist

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Analysis of administrative data on child maltreatment, child out-of-home placements, and child hospitalizations and home placements due to maltreatment

- Assessment tools on child behavior, such as the Strengths and Difficulties Questionnaire (SDQ), the Social Behavior Questionnaire (SBQ) (Malti et al., 2011), or the Child Behavior Checklist (CBCL) (Heinrich et al., 2014)
- Assessment tools on parenting style and adjustment, such as the parenting scale (Arnold et al., 1993), the depression-anxiety-stress scale (DASS) (Lovibond & Lovibond 1995), and the parenting experience survey (PES) (Turner et al., 1997)

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Randomized controlled trials (RCTs) to compare impact of Triple P on parenting and child outcomes between treatment and control areas
- Pre-post analysis of key parental and child outcomes to determine program effects—not generalizable without a control or comparison group

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COGNITIVE BEHAVIORAL THERAPY SUSTAINABLE TRANSFORMATION OF YOUTH IN LIBERIA^f

HOW DOES IT WORK?

Cognitive Behavioral Therapy (CBT) is a therapeutic approach that can be used to treat a range of harmful beliefs and behaviors, including depression, anger, and impulsivity (Blatmann et al., 2017). In violence prevention efforts, CBT attempts to change the distorted thinking and behavior of criminal and juvenile offenders, including self-justificatory thinking, misinterpretation of social cues, displacement of blame, deficient moral reasoning, and schemas of dominance and entitlement, among others (Abt & Winship, 2016; Lipsey & Cullen, 2007). CBT assumes that such deficits are changeable rather than inherent, and works to correct them using a set of structured techniques, including cognitive skills training, anger management, and various supplementary components related to social skills, moral development, and relapse prevention (Abt & Winship, 2016). CBT has been proven effective in reducing recidivism in juvenile and adult offenders, in institutional or community settings, as part of a broader violence prevention program or as a stand-alone intervention (Lipsey & Cullen, 2007). According to a systematic Campbell review that included 58 studies (19 of which were randomized controlled trials), CBT is associated with a relatively large 25% decrease in recidivism, but when most effective types of CBT were used, recidivism declined 52% (Lipsey & Cullen, 2007; Hockenhull et al., 2012).^g

A well-evaluated adaptation of CBT is the **Sustainable Transformation of Youth in Liberia (STYL)**, a program designed and implemented by the Network for Empowerment and Progressive Initiatives (NEPI), a Liberian non-profit. STYL was designed to target the hardest to reach, most vulnerable youth to address issues of violence by focusing on transforming behavior (NEPI Liberia, n.d.). STYL was implemented as an 8-week program of group therapy among the highest-risk men ages 18 to 35 in Liberia's capital, Monrovia (Blattman et al., 2017). The program also included a cash grant component of about US\$200 (3 months' wages). Both components of the intervention were assigned by lottery, meaning that subjects either received offers of therapy alone, cash alone, therapy then cash, or neither.

The STYL program curriculum focused on helping men foster skills of planning, goal-setting, reflection, deliberate decision-making, and controlling emotions and impulses (Blattman et al., 2017). Two transformation trainers led sessions with 20 participants and delivered training three times a week, 4 hours at a time. NEPI facilitators were themselves ex-combatants or ex-criminals who graduated from prior NEPI programs. The sessions employed a variety of techniques, from lectures and group discussions to various forms of practice, including role-playing in class, homework that required practicing tasks, exposure to real situations, and in-class processing of experiences of executing these tasks. On alternate days when groups did not meet, facilitators visited men at their home or work to provide advising and encouragement.

^f This intervention has shown positive effects based on the evidence cited at the end of this brief.

^g Not all CBT programs are equally effective. Key drivers of CBT effectiveness include focusing on high-risk offenders, ensuring sound implementation, and incorporating anger control and interpersonal problem-solving components (as opposed to victim impact and behavior modification components, which were associated with weaker effects) (Lipsey & Cullen, 2007). Further, CBT was found to be more effective when combined with other services, rather than when operating as a stand-alone intervention. Examples of such services included mental health counseling, employment and vocational training, and educational programs (Lipsey & Cullen, 2007).

The therapy also encouraged nonviolent, noncriminal behavior and lifestyles by fostering a change in the men's social identity. A key premise of the program was that the men self-identified as outcasts and did not hold themselves to the standards of mainstream society. The therapy tried to convince men that they were able to change how they were perceived. The NEPI facilitators modeled this identity change and walked the men through basic steps, such as changing their appearance, engaging in normal interactions, and behaving more cooperatively. Results from a randomized controlled trial indicate that men who received therapy reduced antisocial behaviors dramatically—by roughly 0.2 standard deviations compared to the control group. With therapy alone, these effects diminished after 1 year, but when therapy was followed by cash, the reductions in antisocial behavior were lasting (Blattman et al., 2017).

WHO DOES IT HELP?

In the case of STYL, CBT was used to reduce antisocial behaviors among high-risk men ages 18–35 in Monrovia. However, CBT is very flexible, and can work effectively in a variety of settings. The Campbell systematic review by Lipsey and Cullen (2007) suggests that CBT is as effective for juveniles as adults and could therefore be useful in both juvenile justice and criminal justice settings. Further, the setting of CBT treatment did not affect its performance. Offenders treated with CBT approaches in prison performed as well as offenders treated in the community (Lipsey & Cullen, 2007).

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Design
 - Consider combining CBT with other interventions/services, such as mental health counseling, employment and vocational training, cash transfers, and educational programs, to enhance effectiveness
 - Incorporate anger control and interpersonal problem-solving components, which have been proven more effective than victim impact and behavior modification components (Lipsey & Cullen, 2007)
- Targeting & Recruitment
 - Tailor recruitment to those most important to preventing community violence
 - Consider targeting high-risk offenders for increased effectiveness
 - Effectively identify and recruit targeted audience
 - Consider assigning random treatment and control groups to facilitate impact evaluation
- Treatment Dosage and Monitoring
 - Monitor program attendance and limit dropout (may be challenging in a community-based setting)
 - Carefully monitor project implementation
- Staff Resources
 - Provide adequate training for treatment providers

- The characteristics of the facilitator are crucial for program effectiveness. Consider recruiting facilitators who have cultural competence and ties to the target community (Blattman et al., 2017), and/or exhibit traits such as honesty, empathy, and sensitivity (National Institute of Justice, 2010).
- Train and encourage facilitators to meet participants “where they’re at,” meaning respecting, and earning respect from, program participants (Abt & Winship, 2016). This could mean recruiting from similar backgrounds to those of program participants (such as the example of NEPI facilitators), but this is not required. Staff must be able to interact authentically with participants and be “real” with them, empathizing but also challenging when appropriate (Abt & Winship, 2016).
- Psychotherapeutic type training programs must include months of supervision for skills transfer to occur and be confirmed. Monitor attendance at supervision. Supervision reports can be designed to include the necessary measures of skills and fidelity.

REPLICATION & ADAPTATION

CBT is a highly flexible approach that can be adapted to a variety of settings. However CBT must be relevant to participants in order to be effective. This can include being culturally appropriate, having materials that match participant age & background, and having therapeutic goals that are aligned to violence prevention in the local context. Further, having tailored recruitment requires specific local knowledge and coordination (Hinze-Pifer & Chioda, 2017).

CBT approaches such as STYL have been implemented in Latin America - for instance, the Pensar para el Exito program in Honduras. However, to our knowledge, there is not specific guidance on how to implement these interventions in Latin American contexts. The STYL program faces similar challenges to CBT approaches in Latin America since it is implemented in a resource-poor context. One factor to consider when adapting a CBT approach to Latin America contexts is to use lay counselors instead of trained mental health experts, as STYL has done. However, this requires investment in training counselors and a supervision model to ensure program fidelity. Another important factor is to align therapeutic goals with the local context. CBT programs must examine what factors contribute to violence in the local context and which of those factors are malleable and build therapeutic goals from that understanding (Hinze-Pifer & Chioda, 2017).

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Secure resources for program implementation—consider providing at least 40 hours training for facilitations and 96 hours of group therapy per participant
- Determine capacity to identify and recruit high-risk offenders
- Assess capacity to identify, recruit, and train facilitators who can build trust/rapport and empathy with program participants
- Assess capacity to collect data on program implementation

FOR MORE INFORMATION ON IMPLEMENTATION AND BACKGROUND

Abt, T., & Winship, C. (2016). *What works in reducing community violence: A meta-review and field study for the Northern Triangle*. Washington, DC: United States Agency for International Development.

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WHAT OUTPUT INDICATORS TO COLLECT

- Enrollment data
- Number of group and individual therapy sessions attended by participants
- Number of activities completed by participants, including homework assignments and exposure to “real world” situations
- Number of home visits by program facilitators
- Number of dropouts from program
- If applicable, receipt of cash transfers or access to other program components/referral services

WHAT OUTCOME INDICATORS TO COLLECT

- Collect data on reduction of antisocial behaviors, such as drug selling, fights, carrying weapons, arrests, aggressive behaviors, gang activities, and intimate partner violence
- If combined with a cash transfer component, collect data on economic performance, including income, homelessness, savings, investment, and employment levels
- Using tools such as psychometric questionnaires, collect data on indications of noncognitive skill and preference change, such as:
 - Forward-looking time preferences (patience, time inconsistency)

- Self-control skills (impulsiveness, future orientation, consciousness, perseverance/grit, reward and responsiveness)
- Identity and values (attitudes toward use of violence)

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Conceptual Framework
 - Ensure that the implementing organization’s leadership, management, and staff have a rigorous understanding of the theory of change, and carefully monitor fidelity to the program model
- Staff Recruitment & Training
 - Implement rigorous hiring standards
 - Provide adequate training for program facilitators (generally, at least 40 hours of specialized lessons and skills building) (National Institute of Justice, 2010)
 - Ensure that facilitators are culturally competent and responsive to the community
- Participation Levels
 - Develop means of ensuring consistent attendance (especially important in non-school settings)

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Survey data on reported antisocial behavior, economic performance, and skills/preferences
- Qualitative interviews with participants to understand perceived impacts and validate self-reported data

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Consider implementing randomized controlled trials (RCTs) to determine impact of program on participants’ violence behavior.

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

Abt, T., & Winship, C. (2016). *What works in reducing community violence: A meta-review and field study for the Northern Triangle*. Washington, DC: United States Agency for International Development.

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COGNITIVE BEHAVIORAL THERAPY BECOMING A MAN^h

HOW DOES IT WORK?

Cognitive Behavioral Therapy (CBT) is a therapeutic approach that can be used to treat a range of harmful beliefs and behaviors, including depression, anger, and impulsivity (Blatmann et al., 2017). CBT attempts to change the distorted thinking and behavior of criminal and juvenile offenders, including self-justificatory thinking, misinterpretation of social cues, displacement of blame, deficient moral reasoning, and schemas of dominance and entitlement, among others (Abt & Winship, 2016; Lipsey & Cullen, 2007). CBT assumes that such deficits are changeable rather than inherent and works to correct them using a set of structured techniques, including cognitive skills training, anger management, and various supplementary components related to social skills, moral development, and relapse prevention (Abt & Winship, 2016). CBT has been proven effective in reducing recidivism in juvenile and adult offenders, in institutional or community settings, as part of a broader program or as a stand-alone intervention (Lipsey & Cullen, 2007). According to a systematic Campbell review that included 58 studies (19 of which were randomized controlled trials), CBT is associated with a relatively large 25% decrease in recidivism, but when most effective types of CBT were used, recidivism declined 52% (Lipsey & Cullen, 2007; Hockenhull et al., 2012).ⁱ

Becoming a Man (BAM), a program developed by the non-profit organization Youth Guidance (YG), uses CBT to reduce violence among teenage boys in schools from disadvantaged neighborhoods in Chicago. BAM uses standard elements of CBT to help youth recognize their automatic responses and slow down their thinking in high-stakes situations (Youth Guidance, n.d.). The program offered youth weekly group sessions for one hour during the regular school day and a counselor that participants could seek out individually during the week.^j Some editions of the program also offered after-school sports programming to increase participation and reinforce the program, since coaches were also trained in parts of the BAM curriculum. BAM has been highly effective in addressing the sort of impulsive, automatic responses that can lead to violence. In two separate randomized controlled trials, arrests were substantially lower for BAM participants than for those who did not participate (Heller et al., 2015). The first study showed that during the course of the program, BAM participants were 44% less likely to be arrested for violent crime than the control group and 36% less likely to be arrested for any other crime (Heller et al., 2015). In addition, participants were more engaged in school, which the authors forecasted could lead to a 7-22% improvement in graduation rates. The second study found a 50% reduction in violent-crime arrests and a 43% reduction in arrests for other crimes (Heller et al., 2015).

^h This intervention has shown positive effects based on the evidence cited at the end of this brief.

ⁱ Not all CBT programs are equally effective. Key drivers of CBT effectiveness include focusing on high-risk offenders, ensuring sound implementation, and incorporating anger control and interpersonal problem-solving components (as opposed to victim impact and behavior modification components, which were associated with weaker effects) (Lipsey & Cullen, 2007). Further, CBT was found to be more effective when combined with other services, rather than when operating as a stand-alone intervention. Examples of such services included mental health counseling, employment and vocational training, and educational programs (Lipsey & Cullen, 2007).

^j One edition of the program offered 27 one-hour, once-a-week group sessions during the school day during a single school year. Another edition of the program offered 45 weekly sessions over two years, so providers could go into more depth on each topic as well as cover more advanced material.

WHO DOES IT HELP?

BAM was designed for disadvantaged urban male youth at risk of violence in grades 7–10 from high-crime Chicago neighborhoods. However, CBT is very flexible and can work effectively in a variety of settings. Evidence suggests that focusing CBT interventions on high-risk offenders (most of whom are not in school) can maximize effectiveness (Lipsey & Cullen, 2007). A systematic review by Lipsey & Cullen (2007) suggests that the setting of CBT treatment does not affect its performance. For instance, offenders treated in prison performed as well as offenders treated in the community. Further, CBT is as effective for juveniles as adults and could therefore be useful in both juvenile justice and criminal justice settings (Lipsey & Cullen, 2007).

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Clinically Rigorous CBT Implementation
 - Implement rigorous standards of hiring and training. For instance, BAM staff must complete 300 hours of training prior to working with youth
- Authentic Youth Engagement
 - The characteristics of the facilitator are crucial for program effectiveness. Consider recruiting facilitators who have cultural competence and ties to the target community (Blattman et al., 2017), and/or exhibit traits such as honesty, empathy and sensitivity (National Institute of Justice, 2010).
 - Ensure that facilitators are able to meet participants “where they’re at,” meaning respecting, and earning respect from, program participants (Abt & Winship, 2016). Staff must be able to interact authentically with participants and be “real” with them, empathizing but also challenging when appropriate (Abt & Winship, 2016).
- Treatment Dosage
 - Monitor program attendance and limit dropout
 - Limit groups to no more than 15 participants to help develop relationships
- Infrastructure
 - Ensure that there is a safe, private space in which to hold program meetings

REPLICATION & ADAPTATION

CBT is a highly flexible approach that can be adapted to a variety of settings. However CBT must be relevant to participants in order to be effective. This can include being culturally appropriate, having materials that match participant age & background, and having therapeutic goals that are aligned to violence prevention in the local context. Further, having tailored recruitment requires specific local knowledge and coordination (Hinze-Pifer & Chioda, 2017).

CBT approaches such as BAM have been implemented in Latin America - for instance, the Pensar para el Exito program in Honduras. However, to our knowledge, there is not specific guidance on how to implement these interventions in Latin American contexts. Based on this limited information, one important factor to consider when adapting a CBT approach to Latin America contexts is budget constraints. Interventions such as BAM have a much higher cost than is feasible in the Latin American

region. Another constraint, also related to cost, is a limited local pool of trained counselors. One option is to use lay counselors instead of trained mental health experts. However, this requires investment in training counselors and a supervision model to ensure program fidelity. Another important factor is to align therapeutic goals with the local context. CBT programs must examine what factors contribute to violence in the local context and which of those factors are malleable and build therapeutic goals from that understanding (Hinze-Pifer & Chioda, 2017).

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Secure resources for program implementation, including offering extensive training to facilitators and at least 27 hours of group CBT sessions to each participant
- Determine capacity to identify and recruit target population
- Assess capacity to identify, recruit, and train facilitators who can build trust/rapport and empathy with program participants
- If implementing program in a school setting, obtain buy-in from school officials and teachers
- Assess capacity to collect data on program implementation

FOR MORE INFORMATION ON IMPLEMENTATION AND BACKGROUND

Abt, T., & Winship, C. (2016). *What works in reducing community violence: A meta-review and field study for the Northern Triangle*. Washington, DC: United States Agency for International Development.

Blatmann, C., Jamison, J. C., & Sheridan, M. (2017). Reducing crime and violence: Experimental evidence from cognitive behavioral therapy in Liberia. *American Economic Review*, 107(4), 1165–1206.

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Youth Guidance. (n.d.). BAM – Becoming a man. Retrieved from <https://www.youth-guidance.org/bam/>

WHAT OUTPUT INDICATORS TO COLLECT

- Enrollment data
- Level of attendance in program activities
- Number of dropouts from program

WHAT OUTCOME INDICATORS TO COLLECT

- If possible, collect police administrative data such as arrest records
 - If administrative data are unavailable, consider collecting self-reported data on antisocial behaviors and validating through in-depth qualitative research
- If implemented in a school setting, collect schooling outcomes data such as GPA, attendance rates, and graduation rates
- Collect qualitative data from program staff and participants to understand program implementation and perceived impacts

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY?

- Conceptual Framework
 - Develop clear understanding of program's theory of change among leadership, management, and staff
 - Carefully monitor project implementation, including fidelity to the program model
- Staff Recruitment & Training
 - Implement rigorous hiring standards
 - Provide adequate training for program facilitators (generally, at least 40 hours of specialized lessons and skills building) (National Institute of Justice, 2010)
 - Ensure that facilitators are culturally competent and responsive to the community
- Participation Levels
 - Develop means of ensuring consistent attendance (especially important in non-school settings)

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Analysis of administrative data on criminal behavior
- Analysis of administrative data on schooling outcomes
- If applicable, survey data on self-reported antisocial behavior
- Key informant interviews with program staff and focus group discussions/in-depth interviews with participants

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Consider implementing randomized controlled trials (RCTs) to determine impact of program on participants' violent behavior

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

Abt, T., & Winship, C. (2016). *What works in reducing community violence: A meta-review and field study for the Northern Triangle*. Washington, DC: United States Agency for International Development.

Heller, S. B., Shah, A. K., Guryan, J., Ludwig, J., Mullainathan, S., & Pollack, H. A. (2015). *Thinking, fast and slow? Some field experiments to reduce crime and dropout in Chicago*. Cambridge, MA: National Bureau of Economic Research.

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SCHOOL-WIDE POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (SWPBIS)^k

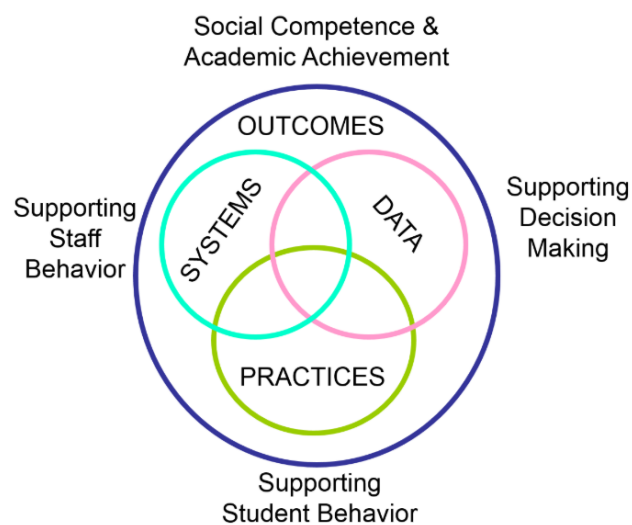
HOW DOES IT WORK?

School-Wide Positive Behavioral Interventions and Supports (SWPBIS) is a schoolwide prevention strategy that aims to reduce students' behavior problems through the application of behavioral, social learning, and organizational behavioral principles (Bradshaw et al., 2009). The program aims to alter school environments by creating improved systems (e.g., discipline, reinforcement, data management) and practices (e.g., office referral, training, leadership) that promote positive change in student behavior by targeting staff behaviors (Bradshaw et al., 2009). The program model also requires schools to use data to select, monitor, and evaluate outcomes, practices, and systems (PBIS, n.d.). The interaction between these four components (systems, data, practices, and outcomes) is depicted by the PBIS conceptual framework(Exhibit 9).

The SWPBIS program involves following the steps below:

1. At the onset of the process, a school forms a team that includes 6–10 staff members and an administrator. The team then attends annual training events provided by skilled trainers, establishes an action plan and materials for implementation, trains school staff members, and meets twice each month to discuss school-wide behavior management systems and procedures.
2. An external behavioral support coach provides consultation and technical assistance at the school.
3. Expectations for student behavior are defined in positive, easy-to-remember language and posted in classrooms and around the school—for example, “Be responsible, be safe, be respectful.”
4. Expectations for behavior are taught to all students, using lesson plans developed by the school staff. Usually, these lessons are taught at the beginning of the school year, and once each month during the remainder of the year. Some lessons may be taught outside the classroom to allow students to practice the appropriate ways to behave in the cafeteria, in the hallway, and on the bus.
5. A system is developed and used consistently throughout the school to reward students who behave appropriately. For example, some schools use “high-fives” to reinforce positive behaviors.

Exhibit 9. PBIS Conceptual Framework (PBIS, n.d.)



^k This intervention has shown positive effects based on the evidence cited at the end of this brief.

6. Behavioral violations are dealt with in a consistent manner across all classrooms. Everyone in the school knows what types of behaviors are dealt with in the classroom and which lead to office discipline referrals.
7. A formal system is developed to collect, analyze, and use disciplinary data for data-based decision-making. Disciplinary data (e.g., office discipline referrals, suspensions) are systematically collected, analyzed, and summarized in a report that is used by the SWPBIS team to make decisions regarding program implementation.

A series of randomized controlled trials (RCTs) indicate that SWPBIS is effective in reducing school suspensions, office referrals, and teacher-reported bullying and peer rejection, as well as increasing perceptions of school safety. An RCT by Bradshaw and colleagues (2010) found that the percentage of students receiving school suspensions significantly declined over the course of the study for the SWPBIS schools, but not for the comparison schools that did not receive SWPBIS training. Another study by Bradshaw and colleagues (2012) using a similar design indicated significant effects of SWPBIS on children's behavior problems, concentration problems, social-emotional functioning, and prosocial behavior. An RCT by Waasdorp and colleagues (2012) found that children in SWPBIS schools displayed lower rates of teacher-reported bullying and peer rejection and were 33% less likely to receive an office discipline referral than those in the comparison schools (Waasdorp et al., 2012). Finally, an RCT conducted by Horner and colleagues (2009) found that SWPBIS had a significantly large effect on perceptions of school safety. The study indicated that perceptions of safety improved in the schools that implemented SWPBIS but declined in the schools that did not implement SWPBIS.

WHO DOES IT HELP?

SWPBIS is a universal—meaning school-wide—approach applied to all students within an elementary (K–5) school population, using tiered supports differentiated by student need (and related risk). It has been implemented in urban as well as rural locations across 44 states in the U.S.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Leadership Team
 - Implementation of evidence-based practices and systems are guided, coordinated, and administered by a local team composed of representation from leadership, stakeholders, implementers, consumers, and content experts. This team is responsible for ensuring high implementation fidelity, management of resources, and data-based decision-making.
- Training
 - A team of 6–10 staff members and an administrator are required to form a SWPBIS team in the school. Ultimately, every staff member should be trained in the process, whether by skilled trainers or staff members on the SWPBIS team who attended the initial training.
- Fidelity
 - Structures and procedures are in place to assess, ensure, and coordinate appropriate adoption and accurate and sustained implementation of evidence-based practices and systems in the context of assessment data regarding student responsiveness.

- Continuous Progress Monitoring
 - Performance is reviewed on a frequent and regular schedule to identify the adequacy of growth trends, student responsiveness, fidelity of support implementation, and adaptations and modifications in supports.

REPLICATION & ADAPTATION

SWPBIS interventions have been implemented primarily in U.S.-based schools, and there is little guidance on how to implement these interventions in a Latin American context. However, SWPBIS training materials are available in Spanish. In addition, development, implementation, and enhancements of a continuum of evidence-based practices of behavior support must be contextualized explicitly to reflect the cultural learning history of students, staff, and family and community members (e.g., language, customs and practices, normative expectations, forms of acknowledgements and recognition). Systems that are tailored to the needs and preferences of the local students, families, and community are more likely to be effective than those that are implemented in a generic format. Further, effective SWPBIS implementation depends on a range of organizational and systemic factors, including administrative support, funding mechanisms, in-service training, and coaching (Fixsen et al., 2005). Therefore, assessing the capacity of the school to implement SWPBIS may be important in resource-poor settings.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Find out if there is a licensed SWPBIS partner in your country or region that can work with you to adapt and implement the program in your district
- Obtain leadership approval (superintendent, commissioner, principal)
- Obtain participant commitment to implement (ideally, more than 80% agreement)
- Assess district and state capacity for SWPBIS training and coaching
- Identify existing district systems for collecting data that can be used for assessing fidelity and impact of SWPBIS implementation
- Identify number of competing or concurrent academic and/or behavior-related initiatives
- Determine the estimated cost of the program through consulting the PBIS cost assessment guide¹

FOR MORE INFORMATION ON IMPLEMENTATION AND BACKGROUND

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WHAT OUTPUT INDICATORS TO COLLECT

- Student enrollment data
- Leadership team meeting agendas and minutes
- Evidence of expected student behavior messaging, such as posters, lesson plans, staff and student handbooks, etc.
- School discipline policy documents
- Evidence of formal system of disciplinary data collection
- Disciplinary data

WHAT OUTCOME INDICATORS TO COLLECT

- Teacher-reported data on bullying-related behaviors (including bullying subscale and student rejection) for each student
- Administrative data on school suspensions and other disciplinary action
- Survey data on student and teacher perceptions of school safety

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Use the SWPBIS Tiered Fidelity Inventory^m to measure fidelity of a number of program components, including:
 - Team composition
 - Team operating procedures
 - Behavioral expectations
 - Teaching expectations
 - Problem behavior definitions
 - Discipline policies
 - Professional development
 - Classroom procedures
 - Feedback and acknowledgment
 - Faculty involvement
 - Student/family/community involvement

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Teacher Observation of Classroom Adaptation-Checklist (TOCA-C), a well validated measure of student behavior problems (Koth et al., 2009)
- School Safety Survey (SSS) Risk Factor Score to measure level of perceived school safety in participating schools
- Analysis of school administrative data on suspensions and other disciplinary action

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Randomized controlled trials (RCTs) to assess effectiveness of SWPBIS on student outcomes and behaviors.

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

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^m Available at: [https://assets-global.website-files.com/5d3725188825e071f1670246/5daf1f12bc3bf471b96cbe2b_SWPBIS%20Tiered%20Fidelity%20Inventory%20\(TFI\).pdf](https://assets-global.website-files.com/5d3725188825e071f1670246/5daf1f12bc3bf471b96cbe2b_SWPBIS%20Tiered%20Fidelity%20Inventory%20(TFI).pdf)

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MULTI-DIMENSIONAL FAMILY THERAPY (MDFT)ⁿ

HOW DOES IT WORK?

Multi-dimensional Family Therapy (MDFT) is an integrated, comprehensive, family-centered treatment for youth problems and disorders (MDFT, n.d.). MDFT addresses a range of youth problem behaviors—substance abuse, delinquency, antisocial and aggressive behaviors, school and family problems, and emotional difficulties. The principal treatment objectives of MDFT are to eliminate substance abuse, crime, and delinquency, and to improve mental health, school, and family functioning. MDFT seeks to improve adolescents' coping, problem-solving, and decision-making skills, and enhance family functioning, a critical ingredient in positive youth development (MDFT, n.d.).

MDFT improves adolescents' and their families' lives by intervening in four domains: the adolescent, the parents, the family, and the community. Trained therapists conduct work with an individual adolescent, his/her parents, and other family members. Therapy sessions are conducted with the adolescent and family at the appropriate intensity and duration for their level of need. Sessions can be delivered one to three times per week, and are usually delivered over a course of 4 to 6 months. Therapists work on a team, with a therapist assistant delivering many of the community interventions. Sessions are held in the family's home, in the clinic, or at community locations in collaboration with the youth. Different versions of MDFT offer the program in juvenile justice settings, including jails, detention centers, day treatment programs, and residential treatment facilities.

The therapist works simultaneously and systematically linking interventions that occur in each domain. In Exhibit 10, program objectives are organized by domain.

Exhibit 10. Goals Within MDFT Domains (adapted from MDFT, n.d.)

DOMAINS	GOALS
Adolescent	<ul style="list-style-type: none">• Help adolescents engage in treatment• Communicate effectively with parents• Develop coping, emotion regulation, and problem-solving skills• Improve social competence and school/work functioning• Establish alternatives to substance use and delinquency
Parent	<ul style="list-style-type: none">• Strengthen parental teamwork• Improve parenting skills & practices• Rebuild parent-teen emotional bonds• Enhance parents' individual functioning
Family	<ul style="list-style-type: none">• Improve family communication and problem-solving skills• Strengthen emotional attachments and feelings of love and connection among family members• Improve everyday functioning of the family unit
Community	<ul style="list-style-type: none">• Improve family members' relationships with social systems such as school, court, legal, workplace, and neighborhood• Build family member capacity to access and actualize needed resources

ⁿ This intervention has shown positive effects based on the evidence cited at the end of this brief.

MDFT treatment is organized in three stages:

- **Stage 1: Build a foundation for change.** Therapists create an environment in which the youth and parents feel respected and understood. Therapists meet alone with the adolescent, alone with the parents, and with the family, depending on the session's goals. The Stage 1 goals are to develop strong therapeutic relationships, achieve a shared developmental and contextual perspective on problems, enhance motivation for individual reflection and self-examination, and begin the change process.
- **Stage 2: Facilitate individual and family change.** Goals for youth, parent, and family functioning are established, evaluated, and revisited throughout this phase. Accomplishments in each individual domain activate and support change in the others.
- **Stage 3: Solidify changes.** The last few weeks of treatment strengthen the accomplishments parents and teens have achieved. The therapist amplifies changes and helps families create concrete plans for responding to future problems, such as substance use relapse, family arguments, or disappointments. The family members reflect on the changes made in treatment, see opportunities for a brighter future, and regain hope.

A meta-analysis of randomized controlled trials (RCTs) showed that MDFT has a significant overall effect in reducing adolescents' substance abuse, delinquency, externalizing and internalizing psychopathology, and family malfunctioning (van der Pol et al., 2017). MDFT was found to be 13% more successful than other treatments, such as cognitive behavioral therapy and group therapy (van der Pol et al., 2017). Further, the meta-analysis found that MDFT is more effective for those with high-severity problems, such as severe substance abuse.

WHO DOES IT HELP?

MDFT was designed for youth between the ages of 9 and 26 with drug and behavior problems and delinquency. To participate, youth must have at least one parent/guardian able to participate in treatment, and must not be actively suicidal or suffering from a psychotic disorder.

MDFT has been implemented in a variety of levels of care and treatment settings, including:

- In drug abuse and mental health treatment settings, including outpatient, in-home, intensive outpatient, day treatment, and residential settings
- Among adolescents in juvenile justice, drug court, and child welfare settings
- As a culturally responsive and gender-sensitive approach across cultures and countries
- As an early intervention or preventative approach for young adolescents
- In urban and rural settings

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Training
 - Training is conducted by certified MDFT trainers

- MDFT is carried out by certified MDFT therapists, who work in teams, one being the supervisor of the team. Training is practice-oriented, with the trainer regularly visiting the treatment center, and holding detailed consultation calls, and with the trainee sending in video recordings of treatment sessions in order to receive feedback and advice
- Therapists must have master's degree in counseling, mental health, family therapy, social work, or related discipline
- Staff Resources
 - Clinic management is on board and supportive of MDFT
 - Supervisor effectively carries out supervision duties, including regular meetings to discuss cases, and video/live supervision of sessions
 - Therapists are motivated to carry out an intensive program and be the main source of support for the adolescent and their family; for instance, therapists are prepared to conduct home sessions and be contacted outside office hours
 - Caseload at any one time does not exceed eight families per therapist
- Quality of Delivery
 - It is important to not let limits of traditional ways of service delivery (e.g., in-clinic sessions, 1 hour of treatment per week) define what is perceived to be needed with multiproblem adolescents and their families
- Phone contact may need to be frequent
 - The amount and the nature of the time a therapist spends with each case, his or her attention to the implementation details of the MDFT model, and the nature and quality of the clinical supervision influence case outcome
 - Therapists are able to develop good relationships with family members and involve them in the process
 - In collaboration with family members and relevant extrafamilial others, therapists continually evaluate the results of all interventions. Using this feedback, they alter the intervention plan and modify particular interventions accordingly.
- Partnerships
 - Identify and develop partnerships with other members of the treatment system, such as hospital administrators and influential contacts in the public schools and juvenile courts

REPLICATION & ADAPTATION

MDFT has been implemented in diverse contexts across the U.S. and Europe, but there is little guidance on how to adapt this intervention to Latin American contexts. The program requires training by certified MDFT trainers which are based in the U.S. and Europe, so travel or virtual training methods would be needed to implement this in Latin America. Further, this program relies on trained therapists with masters' degrees which may not be available in resource-poor settings. Therefore, this program may be more well-suited for urban middle to upper income areas where there is a larger pool of qualified personnel to implement the intervention.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Obtain buy-in and support from therapists, who will be the main actors in implementing the program
- If relevant, find out if MDFT is accredited as an evidence-based therapy in your country/state/district. This may have implications for funding or buy-in
- Assess availability of resources/budget for the following activities:
 - Clinic treatment rooms large enough to accommodate a family
 - Cell phones for therapists, case managers/therapist assistants, and supervisors to call each other and clients.
 - Equipment to record therapy sessions for supervision and play back sessions for supervision
 - Capacity to conduct live supervision sessions
 - If serving a drug-using or high-risk population, funds to pay for instant urine screen testing that is incorporated into ongoing treatment

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WHAT OUTPUT INDICATORS TO COLLECT

- Meeting agenda/notes of biweekly meetings between supervisor and therapists
- Attendance logs to document frequency and duration of treatment sessions and domains targeted
- Home visitation records
- Video recordings of selected therapy sessions for quality assurance

WHAT OUTCOME INDICATORS TO COLLECT

- Substance use levels
 - The Personal Experience Inventory (PEI) and Timeline Follow-Back Method (TFBM)
- Delinquent behaviors
 - National Youth Survey (NYS), Self-Report Delinquency Scale (SRD)—specifically general delinquency, a measure of delinquency across different levels of crime, and Index Offenses, a subscale targeting serious crimes such as motor vehicle theft, aggravated assault, and forcible rape
 - Police arrest data
- Externalizing and internalizing psychopathology levels
 - Externalizing subscales of the Youth Self-Report
- Family functioning levels

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Use tools from the Multidimensional Family Therapy Competency Evaluation^o to assess the following:
 - Parameters of treatment (e.g., frequency and duration of treatment sessions and domains targeted; frequency of supervision provided)
 - Techniques of MDFT by trainer ratings of competence
 - Clinical rating of outcomes from intake to discharge
- Use the Multidimensional Family Therapy Intervention Inventory (Rowe et al., 2007) to evaluate therapy sessions

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- To measure delinquency, use the (U.S.) National Youth Survey (NYS), Self-Report Delinquency Scale (SRD)
- To measure externalizing behaviors, use the externalizing subscales of the Youth Self-Report (YSR)
- To measure substance use, use the Personal Involvement with Chemicals (PIC) scale of the PEI, a 29-item scale focusing on the psychological and behavioral depth of substance use involvement and related consequences in the previous 90 days
 - Alternatively, consider measuring youth's substance consumption

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Randomized controlled trials (RCTs) to assess effectiveness of MDFT adolescents' substance abuse, delinquency, and externalizing behaviors

^o More information on: <https://www.cebc4cw.org/program/multidimensional-family-therapy/>

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

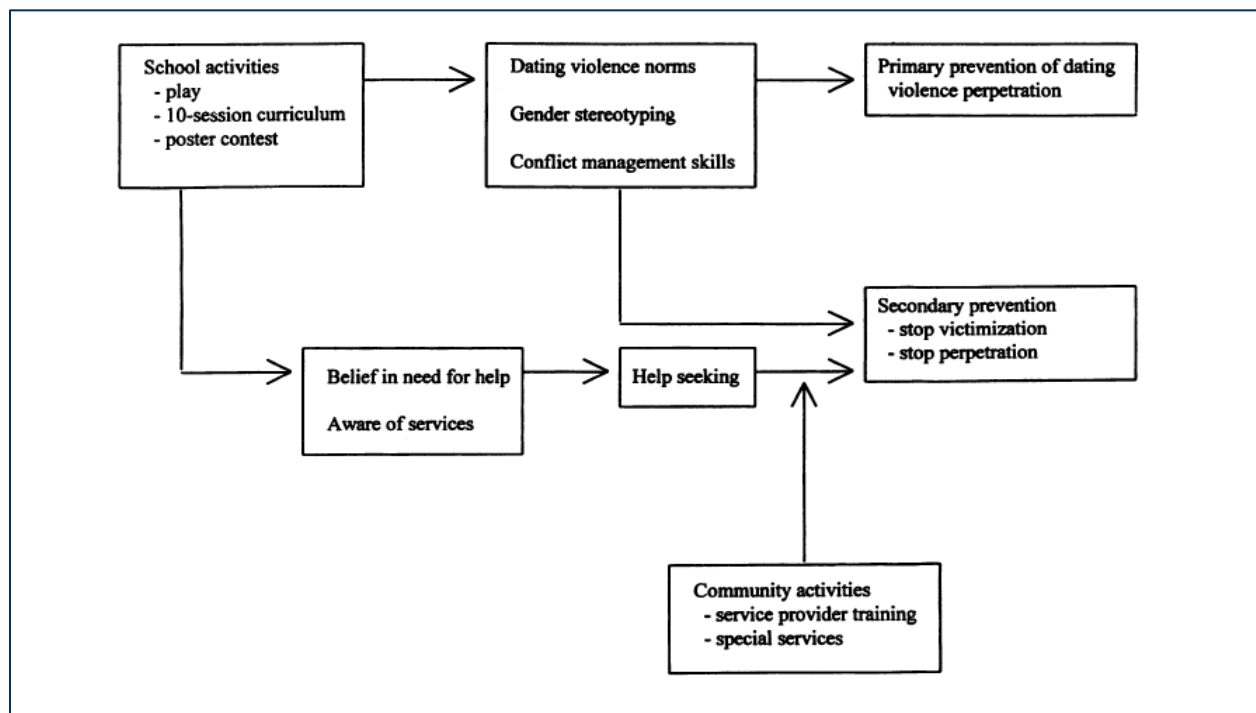
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SAFE DATES^P

HOW DOES IT WORK?

Safe Dates is a school-based program designed to prevent dating violence victimization and perpetration, including psychological, physical, and sexual abuse between youths involved in a dating relationship (Safe Dates, n.d.). The program seeks to change perceptions, attitudes, and behaviors around dating violence; educate youth on identifying and preventing dating violence; and promote help-seeking behaviors. The program was developed taking into account that one of the primary causes of dating abuse is adolescents' perceived acceptance of it (Foshee & Langwick, 2010). Through a series of school and community-based activities, Safe Dates targets both primary (when the first act of perpetration is prevented) and secondary (when victims stop being victimized or perpetrators stop being violent) prevention efforts (Foshee et al., 1998). As illustrated in the program's theoretical model (Exhibit 11), school activities support primary prevention while both school and community activities support secondary prevention.

Exhibit 11. Safe Dates Theoretical Model



Source: Foshee et al., 1998

Safe Dates school-based activities include a curriculum of ten 45-minute interactive sessions involving games, group discussions, role-playing, and writing exercises. Topics covered include (1) Defining Caring Relationships; (2) Defining Dating Abuse; (3) Why Do People Abuse; (4) How to Help Friends; (5) Helping Friends; (6) Overcoming Gender Stereotypes; (7) Equal Power Through Communication; (8) How We Feel, How We Deal; (9) Preventing Sexual Assault; and (10) Reviewing the Safe Dates Program (Foshee & Langwick, 2010). These sessions are intended to raise awareness on the causes and

^P This intervention has shown positive effects based on the evidence cited at the end of this brief.

consequences of dating violence, equip students with the skills to help themselves or a friend involved in an abusive dating relationship, and help students develop conflict management skills to maintain healthy relationships. Other school activities include a 45-minute play performed by students, titled “There’s No Excuse for Dating Abuse,” and a poster contest, both aimed at reinforcing messages from the curriculum. Community-based activities include distributing materials for parents and guardians to facilitate discussions on dating violence with students (also available in Spanish), providing support services for adolescents in abusive relationships (e.g., crisis lines, support groups), and training community service providers (Foshee et al., 1998; Safe Dates, n.d.).

The program demonstrated significant effects in reducing abuse perpetration in adolescent dating relationships. A series of multiyear, quasi-experimental follow-up evaluations of the same group of 8th and 9th grade students in public schools in North Carolina participating in Safe Dates demonstrated reductions in several types of violence in dating relationships (Foshee et al., 1998; Foshee et al., 2000; Foshee et al., 2004; and Foshee et al., 2005). Four years after program implementation, researchers found that students who were exposed to the program reported a 56%–92% decrease in dating violence victimization and perpetration compared with control groups (Foshee et al., 2004). A recent meta review of systematic reviews on prevention of school violence found Safe Dates to be the most effective school-based program for preventing school dating violence (Lester et al., 2017).

WHO DOES IT HELP?

The program is intended for middle- and high-school students 12 to 18 years of age, both male and female. The program uses a gender-neutral approach, meaning that it acknowledges that either gender could play the role of victim and perpetrator (De Koker et al., 2014). The curriculum and program activities can be implemented as a stand-alone program or can be integrated into a health education, family, or general life skills curriculum (Foshee & Langwick, 2010). Safe Dates can also be implemented outside school settings, such as in support groups, counseling programs, youth programs, and domestic violence crisis centers. Because dating violence is often associated with substance abuse, the program can also be incorporated into drug and alcohol prevention programs.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Program Setting
 - Ideally, implement the program in schools or outside-of-school environments that promote healthy relationships and take dating abuse and other kinds of violence seriously.
- Training
 - Provide training to educators and other school staff on teaching the Safe Dates curriculum and implementing the school-based activities.
 - Schools can reach out to youth organizations or service providers that are familiar with the topics covered by the Safe Dates curriculum to learn more about dating abuse and be better equipped to deliver the sessions.
 - Interested partners may also request training and technical support directly from Hazelden Publishing (publisher of Safe Dates) of the Hazelden Betty Ford Foundation to implement the curriculum.
 - A teacher training outline is also provided in the Safe Dates curriculum.

- Referral to Support Services
 - Inform educators and other school staff about emergency and non-emergency community services that are available to students who are seeking help (both victims and perpetrators), such as domestic abuse centers or hotlines.
- Quality Assurance and Fidelity
 - Use the Safe Dates Manual and accompanying CD-ROM (available for purchase from the Hazelden Betty Ford Foundation) with resources to guide program implementation and materials to distribute to youth (e.g., handouts) and parents/guardians (e.g., parent letter with information on Safe Dates, newsletter).

REPLICATION & ADAPTATION

The Safe Dates program curriculum is available for purchasing online from the Hazel Betty Ford Foundation. As stated earlier, interested organizations may contact Hazelden Publishing to request consultation, training and ongoing support for program implementation. Safe Date materials are available only in English so any replication and adaptation of the program in Spanish-speaking countries in Latin America and the Caribbean (LAC) would first require a culturally appropriate translation. Similar school-based dating violence prevention programs exist in other countries, including in LAC, but these were not assessed in the LACYVP evidence review of violence prevention programs, which is where we are drawing the 12 interventions from. However, some lessons learned from the experience of a dating violence prevention program in Chile may be relevant for adapting Safe Dates in the LAC context. These include, incorporating examples of dating violence that are relevant and relatable to the target group; assigning more time to interactive and group activities (e.g., role play and review of case studies); focusing on building students' communication, negotiation, and conflict resolution skills; and ideally having both a man and a woman teaching the curriculum to convey the message that both males and females have a role to play in dating violence prevention⁹.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- If in a school setting, identify best option to implement the program curriculum, whether as stand-alone or within an existing curriculum
- Identify staff who will teach the *Safe Dates* curriculum and lead the school-based activities (e.g., teachers, faculty, school counselors, school administrators)
- Identify existing community service providers that focus on youth experiencing physical, psychological, and sexual violence.
- Obtain buy-in from school staff to implement a dating violence prevention program and assess their willingness and capacity to devote time for activities such as reaching out to parents and connecting with community service providers

⁹ Póo, A.M., & Vizcarra, M.B. (2011). Diseño, implementación y evaluación de un programa de prevención de la violencia en el noviazgo. *Terapia Psicológica*, 29(2), 213-223.

^r Vizcarra, M.B, Póo, A.M., & Donoso, T. (2013). Programa educativo para la prevención de la violencia en el noviazgo. *Revista de Psicología*, 22(1), 48-61.

- Identify existing or potential school- and community-based activities with similar goals as Safe Dates and determine whether and how they can complement the program.

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WHAT OUTPUT INDICATORS TO COLLECT

- Number of female and male students participating in the program
- Number of curriculum sessions delivered
- Performance of and attendance at student play
- Number and type of content of posters designed in contest
- Number of parents/guardians reached through program materials
- Number and types of community support resources made available to students
- Number and type of special services provided to youth (e.g., a crisis line, support groups)
- Number and type of trainings offered to community service providers (e.g., workshops)

WHAT OUTCOME INDICATORS TO COLLECT

- Change in program participants' psychological abuse (1) perpetration and (2) victimization in treatment and control groups
- Change in program participants' physical abuse (1) perpetration and (2) victimization in treatment and control groups
- Change in program participants' sexual violence (1) perpetration and (2) victimization in treatment and control groups

- Change in dating violence norms, gender stereotyping, and conflict management skills^s to assess primary prevention
- Change in beliefs about the need for help, awareness of community support services, and help-seeking behaviors^t to assess secondary prevention
- Development of communication and conflict resolution skills in students

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY?

- Accurate Targeting
 - Target middle- and high-school students, or youth between the ages of 12 and 18
- Fidelity to Program Components
 - Implement school-based activities to address both primary and secondary prevention:
 - Deliver 10-session curriculum following detailed instructions provided in the program manual
 - Carry out school play and poster contest
 - Implement community-based activities to address secondary prevention:
 - Make available special services for youth
 - Contact and provide relevant training to service providers
 - Use Safe Dates Fidelity Checklist to ensure fidelity of program implementation

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Safe Dates Evaluation Questionnaire^u to assess the attitude, skills, and behaviors that the program is designed to change in youth (Foshee & Langwick, 2010)
- An evaluation design where students, classrooms, or schools are randomly selected to implement the program (recommended by Foshee & Langwick, 2010)
- Safe Dates exam to assess youth knowledge of the curriculum's concepts solely for grading purposes; can be implemented as pre- and post-test to collect baseline and post-intervention data

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Randomized controlled trial to assess the effects of Safe Dates on primary and secondary prevention of adolescent dating violence
- Multivariate logistical regression to conduct attrition analyses

^s Described by Foshee et al. (2000) as “theoretically based mediating variables that the program was designed to influence” (p. 1619).

^t *Ibid.*

^u Contained in the second edition of Safe Dates (and used in the original program evaluation in North Carolina).

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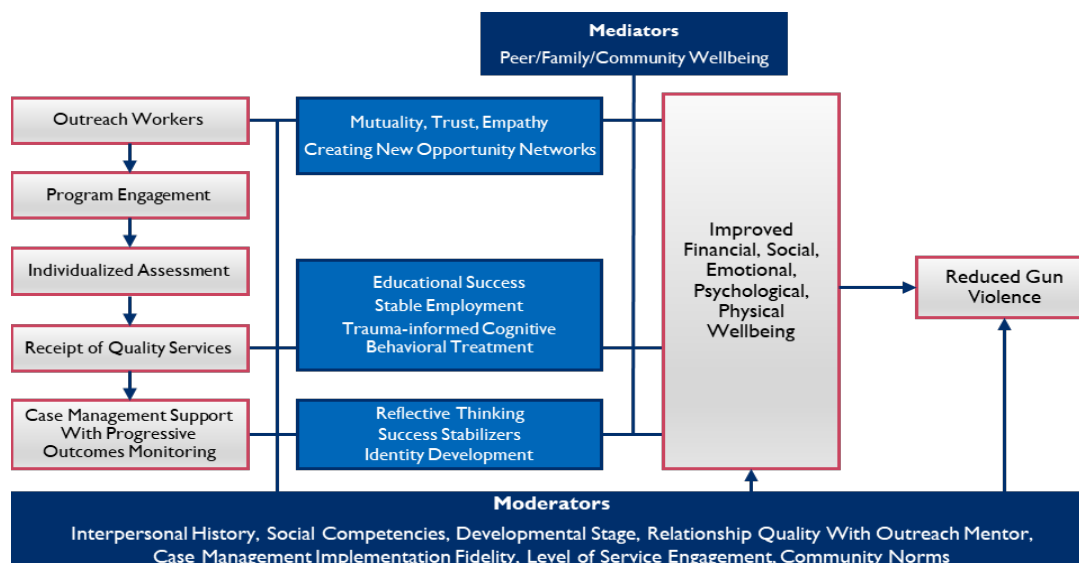
SAFE AND SUCCESSFUL YOUTH INITIATIVE^v

HOW DOES IT WORK?

The **Safe and Successful Youth Initiative (SSYI)** is a multifaceted, community-based strategy that combines public health and public safety approaches to reduce serious violence (particularly gun violence) among urban youth. The SSYI model focuses on improving individual economic, physical, social, and emotional well-being through an intensive outreach and one-on-one case management process that is not time-bound, but rather continues until clients become self-sufficient and lead healthy and independent lives (Campie et al., 2017). Varying from client to client, outreach workers and case managers may connect with at-risk youth several times a week at the very beginning of the program and may follow up for up to 2 years after completion, as was done in the city of Lowell, Massachusetts (Giffords Law Center et al., 2018). A distinguishing feature of SSYI is the lack of police suppression or direct involvement with the young men who receive services and supports. SSYI is deemed a “promising practice” by the U.S. Department of Justice, Crime Solutions Registry and Model Programs Guide.

The core components of SSYI include (1) **identification** of young men with highest risk of involvement in firearms violence; (2) **outreach** workers to directly engage with young people and act as brokers for services; (3) **assessment** of client’s needs to create individual service plans; (4) **case management** services specific to each client; (5) **mental health and behavioral health** services, including trauma treatment and cognitive behavioral therapy, among other practices; (6) **education** services; and (7) **workforce development** that provides soft and hard skills training. As presented in the SSYI theory of change in Exhibit 12, these activities are aimed at enabling in-risk young men to achieve improved well-being by affecting their relational experiences (e.g., building empathy and creating new opportunity networks); individual capacities (e.g., building new skills through education and employment training); and situational environment (e.g., living in safe housing, maintaining stable employment). Improved financial, social, emotional, and psychological well-being among these young people is expected to result in reduced gun violence.

Exhibit 12. SSYI Theory of Change



^v This intervention has shown positive effects based on the evidence cited at the end of this brief.

SSYI was first launched in Massachusetts in 2011 in an effort to address the rapid increase in gun homicides in the state. Eleven cities with the highest levels of violence received state funding to implement SSYI, including Boston. SSYI is administered by the Executive Office of Health and Human Services (EOHHS). Ongoing evaluations of the impact of SSYI have found that cities receiving SSYI funding experience statistically significant reductions in the number of violent criminal offenses and victimizations (Petrosino et al., 2017; Campie et al., 2020) and realize a greater than 5-to-1 return on their SSYI investment in societal benefits from reduced victimization costs. Further, studies have shown young men engaged in SSYI services are significantly less likely to be incarcerated than young men with similar risk profiles who did not participate in the program (Campie et al., 2014), and report positive changes in their lives as a result of participating in SSYI that are associated with reduced violent and criminal behaviors (Campie et al., 2020).

WHO DOES IT HELP?

SSYI's target population include men^w ages 17 to 24 who are at "proven risk" for involvement in gun violence, as perpetrators or victims. These young people have one or more of the following characteristics: committed a violent crime using a gun or knife, were victimized by violent crime and prone to retaliation, are repeat juvenile or criminal offenders at high risk of re-offending, or belong to a gang (Campie et al., 2014; Giffords Law Center et al., 2018). SSYI also works with family members of SSYI participants by offering services such as family counseling and mental health services.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Participant Targeting and Engagement
 - Identify specific violent offenders at greatest risk of involvement or exposure to violence, particularly with firearms
 - Carry out proactive street outreach to invite young men into the program and develop a trusting relationship
 - Ensure continuous engagement and exhaustive communication with clients and potential participants
 - Develop individualized plans that address the unique needs of each participant
- Financial Resources
 - Direct funding to cities and neighborhoods with the highest rates of violent crime and victimization, especially when funding is limited (rather than spreading limited funding throughout a state or region)
 - Secure long-term and sustainable funding to support the program's approach of continuous and long-term involvement with young men

^w SSYI began a pilot program for women in 2019. Implementation of this program will examine ways to adequately include female clients in programming and identify gender-responsive adaptations needed to serve women effectively.

- Staff Resources & Partnerships
 - Lead agency has proven experience working with high-risk youth that can provide dedicated outreach and/or case management
 - Partner with employment, education, and counseling organizations that provide services that address mental and behavioral health, including substance use disorder needs
- Quality Assurance and Fidelity Supports
 - Train outreach workers and case managers for effective and long-lasting engagement with high-risk youth, particularly staff with lived experiences in high-risk communities

REPLICATION & ADAPTATION

To date the SSYI program has been implemented and evaluated in 13 cities in the commonwealth of Massachusetts. An important factor to be taken into account for potential replication and adaptation of the program is cost. As described above, SSYI involves an intensive outreach and continuous one-on-one case management process that requires large investments in specialized human resources, such as case managers. Annual program costs for fiscal year 2017-2018 across all 13 sites was \$7.8 million, with city-specific costs ranging between \$237,975 in Brockton (lowest) to \$1,003,576 in Boston, the state's capitol and largest city (highest) (Campie et al., 2020). Although this may be viewed as an inexpensive program in the US, this is a very large investment for countries in Latin America and the Caribbean (LAC).

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Determine your capacity to identify the appropriate target population—proven-risk young men with the highest likelihood of involvement in violent crime—using police data and community knowledge
- Identify active local youth- and young adult-focused organizations that can provide the outreach work, case management, and, possibly, subsequent services
- Commit to long-term and sustainable funding to support long-term involvement with clients

FOR MORE INFORMATION ON IMPLEMENTATION

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WHAT OUTPUT INDICATORS TO COLLECT

- List of young men ages 17–24 eligible and enrolled in SSYI, as well as eligible but not enrolled
- Number of contacts (sessions/check-in meetings) between SSYI participant and outreach worker/case manager per week or month
- Duration of program participation per client, from outreach to completion of or disconnection from program participation
- Individualized service plans for each participant, based on risk and needs assessments
- Number of clients participating in workforce and employability skills training
- Number of clients participating in education opportunities
- Number of clients receiving mental health or behavioral health treatment, including for substance use disorder

WHAT OUTCOME INDICATORS TO COLLECT

- Percent change in violent criminal offenses and victimizations, including homicide, aggravated assault, rape, and robbery, in intervention areas vs. areas without the intervention
- Percent change in gun violence or gun-related criminal activity, including gang-related, in intervention areas by young people ages 17–24 enrolled in the program vs. those eligible for the program but not enrolled
- Percent change in arrests or convictions of young people ages 17–24 enrolled in the program vs. those eligible for the program but not enrolled
- Number of SSYI participants obtaining and/or maintaining employment, obtaining educational and career credentials, and experiencing improved mental and/or behavioral health (e.g., cessation of alcohol or drug use, decreased stress, increased association with prosocial peers)
- Direct and indirect service costs from program implementation
- Societal economic benefits/savings of crime victimization reductions

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Accurate Targeting
 - Direct funding to cities/communities with highest levels of violence
 - Use police data to identify young men at proven risk for involvement in gun violence and gang activity, as perpetrators or victims

- Program Readiness
 - Train street outreach workers and case managers in program delivery
 - Capacity of experienced staff and partners implementing the specific interventions employed by the program (e.g., CBT, work readiness)
 - Trusting relationships and history of working within the neighborhoods from which participants are recruited
- Quality Partnerships
 - Engage with local agencies/organizations with experience delivering services to the target population, with deep roots in the communities where participants live
 - Coordinate, collaborate, and communicate with all partnering organizations (e.g., police, education, workforce, health, housing) within each community
 - Sustained and data-driven technical assistance and evaluation support from the funding agency
- Fidelity to Intervention Model
 - Develop individualized service plans based on in-depth assessments of client's risk and needs
 - Train and supervise outreach workers and case managers for effective and long-lasting engagement with high-risk youth, particularly staff with lived experiences in high-risk communities
 - Ensure effective collaboration between case management and service providers to implement individualized service plans
 - Deliver evidence-based mental and behavioral health services, including services addressing substance use disorder, to address underlying issues faced by clients
 - Deliver education and workforce development support to help clients lead more self-sufficient lives
- Participant Engagement
 - Outreach workers and case managers are in contact with clients and potential participants on a consistent basis, determined by each client's level of need, articulated in their individualized case management plan and their development over time (e.g., every other day, weekly, biweekly, monthly)
 - Young people stay enrolled until age 25, or when all services proposed in their individualized plan are completed; clients are also provided with opportunities to give back to the program and mentor incoming clients

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

To monitor program implementation:

- Analysis of local police data to identify eligible clients from among local young people at proven risk for involvement with violence (i.e., already committed a violent crime)

- Assessment of new police contacts for each client on a monthly basis with police partners during monthly meetings, and discussion of strategies for deeper engagement or new outreach strategies for struggling youth
- Surveys and focus groups with program participants and community members on program experiences
- Interviews with program staff and partners to assess implementation quality, challenges, assets, and lessons learned
- Logs of contact attempts and meetings between outreach workers/case managers and program participants.
- Records of types and duration of services provided and completed by SSYI participants.

To evaluate program impact/effectiveness:

- Benefit-to-cost ratio (BCR) analysis to determine the actual return on investment from program implementation (calculating the estimated annual savings incurred from reduction of crime rates against the costs to society of implementing the program)
- Interrupted time series (ITS) study to measure the change in victimization rates associated with the implementation of the program at the community level of analysis, between communities operating and not operating the program
- Propensity score matching (PSM) analysis to examine youth-level differences in incarceration and recidivism between program participants and non-participants with similar risk profiles

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FOCUSED DETERRENCE OPERATION CEASEFIRE^x

HOW DOES IT WORK?

Focused deterrence, also referred to as “pulling levers policing,” is a multifaceted crime reduction strategy that aims to dissuade *specific* criminal behavior (e.g., gun violence) by implementing locally customized responses involving a mix of law enforcement, community engagement, and social services (Braga, 2017; Braga et al., 2019). Specifically, it seeks to deter violent behavior by directly and repeatedly communicating in advance the legal consequences to criminal offenders while at the same time offering tailored support services to individuals at highest risk. The approach stems from the theory of deterrence, which argues that people are discouraged from committing crimes if they believe they will be punished with certainty, severity, and swiftness. A USAID-commissioned meta-review of 30 evidence-based violence prevention solutions found that focused deterrence had “the largest direct impact on crime and violence, by far, of any intervention” in the review (Abt & Winship, 2016). Balancing deterrence with community engagement and assistance helped to enhance the perceived legitimacy of the effort among offenders and the community (Abt & Winship, 2016).

Boston’s **Operation Ceasefire**^y pioneered the focused deterrence approach in the mid-1990s in response to the increasing levels of youth homicide, firearm-related violence, and illegal gun possession in the city. A working group comprising law enforcement, social service providers, and influential community figures organized face-to-face meetings with known gang members, in which they explicitly stated that any form of violence would not be tolerated. The group communicated credible threats of enforcement and a promise that the full extent of the law (i.e., “pulling every lever”) would be applied to those that ignored the warning. These meetings took place in various settings, including in formal forums (also known as call-ins), through contact with probation officers, and at juvenile correctional facilities (Kennedy et al., 2001). Concurrently, street outreach workers, probation and parole officers, religious leaders, and community groups offered various forms of assistance to discourage gang members from future engagement in violence (Kennedy et al., 2001).

Any incident of violence by a gang member was handled with a special enforcement operation. Criminal justice agencies used all legally available means and suppression tactics, anywhere from intense patrolling in violent neighborhoods, aggressive policing of minor offenses, and execution of outstanding warrants to more serious actions, such as revoking probation and parole, imposing stronger bail terms, and involving federal authorities in the case (Braga et al., 2001; Braga et al., 2012). An impact evaluation of the Operation Ceasefire intervention found statistically significant reductions in youth homicide victimization and gun assault incidents (Braga et al., 2001). A time series analysis showed that the number of youth homicide victims decreased from 3.5 per month to 1.3 per month between 1991 and 1998, a 63% reduction (Braga et al., 2001).

^x This intervention has shown positive effects based on the evidence cited at the end of this brief.

^y The original approach used in Operation Ceasefire has evolved throughout the years and is presently implemented as the Group Violence Intervention (GVI) model by the U.S.-based National Network for Safe Communities (NNSC). NNSC has made available a comprehensive, step-by-step GVI implementation guide.

WHO DOES IT HELP?

As in Operation Ceasefire, focused deterrence interventions target a specific and usually small number of criminally active individuals whose behavior is normally driven by gang or group dynamics. This approach is based on the fact that very often only a fraction of individuals commit the majority of crimes in a community, and that of this group, an even smaller group commits the majority of violent crimes (Campie et al., 2017). In Boston, the intervention targeted gang members age 24 and younger who were identified as being responsible for the majority of homicides and gun violence in the city. However, the target population differs from one location to another, and must be identified by previous research identifying the active offenders driving violent crime.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Site and Participant Targeting
 - Carry out quantitative and qualitative research at the local level to gain an in-depth understanding of the drivers and dynamics of youth violence in the program area
 - Select 1–2 cities for first-time implementation to facilitate learning and adaption of the operating principles of focused deterrence to the specific context
 - Identify and target key violent youth offenders and criminally active groups (e.g., gangs) in the program area
 - Develop a credible and effective deterrence communications campaign targeting violent and criminally active youth offenders
- Financial Resources
 - Secure initial short-term funding for research activities and design of focused deterrence strategy
 - Consider reallocating existing resources from *general* deterrence activities (i.e., all youth) to deterrence activities focused on identifiable youth offenders
- Staff Resources & Partnerships
 - Establish partnership between researchers and practitioners to design a focused deterrence operation that is contextually relevant
 - Create a multi-sector and interagency working group that includes law enforcement agencies, social service providers, and community representatives

REPLICATION & ADAPTATION

Applying a focused deterrence approach in countries in Latin America and the Caribbean (LAC) would be possible, but authorities must account for several factors that are unique to the violence in the region. A report exploring the feasibility of implementing focused deterrence strategies in El Salvador suggests starting in one or two cities to allow time to adapt it to the local context (National Network for Safe Communities, 2018). An initial step would include shifting authorities' mindset that they are "facing out-of-control violence to thinking about bringing the capacities of law enforcement, community, and service providers to bear on the behavior" of the few violent groups (National Network for Safe Communities, 2018, p. 13). Outside of El Salvador, the Conflict and Development Foundation (CDF), in partnership with the Center on Conflict and Development at Texas A&M University, is leading a multi-

year impact evaluation of focused deterrence interventions in the states of Chihuahua and Nuevo León in Mexico^z. One of the objectives is to assess the conditions needed to successfully implement a focused deterrence strategy in Northern Mexico.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Assess the capacity of law enforcement agencies, including operational capacity, staffing, and financial resources, to effectively carry out violence suppression and enforcement actions to demonstrate their commitment to ending violence.
- Assess the legitimacy of law enforcement authorities in the community. Distrust between law enforcement and the community may make it very challenging to implement a focused deterrence approach.
- Determine whether social services and supports are available to youth who are willing to change their behavior and way of life.

FOR MORE INFORMATION ON IMPLEMENTATION

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Braga, A. A. & Weisburd, D. L. (2012). Pulling levers: Focused deterrence strategies to prevent crime. No. 6 of Crime Prevention Research Review. Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services.

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National Network for Safe Communities. (2013). Group violence intervention: An implementation guide. Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services.

^z <http://www.condevfoundation.org/index/>

WHAT OUTPUT INDICATORS TO COLLECT

- Reports of drivers and nature of violence in intervention area
- List of key violent offenders (individuals and groups) in intervention area
- Type, number, and frequency of face-to-face meetings between program working group and violent individuals and groups
- Level of participation in meetings, including youth offenders, law enforcement authorities, community representatives, and social service providers
- Content of anti-violence and law enforcement (“pulling levers”) messages conveyed during the meetings
- Types of social services and supports offered to youth wishing to change their behavior
- Number of youth engaged in social services

WHAT OUTCOME INDICATORS TO COLLECT

At the community level:

- Percent change in youth homicide rates
- Percent change in gun assault incident reports
- Percent change in non-fatal serious violent offenses
- Percent change in calls to the police about gun violence incidents

At the individual level:

- Changes in youth beliefs on violence
- Changes in youth attitudes toward law enforcement

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Accurate Targeting
 - Focus on a small group of individuals that are perpetrating the majority of homicides and other violent crimes and those mostly likely to become victims of violence
 - Assess factors driving violence to tailor and adapt deterrence strategies to the local context
- Quality Partnerships
 - Facilitate collaboration between law enforcement agencies, social service providers, and influential community figures to convey unified message against violence
 - Actively engage influential and respected “moral voices” of the community for greater legitimacy of intervention
 - Use street outreach workers to connect youth offenders with social service providers

- Strong Management Structure
 - Establishment of a working group, chaired by a project manager, to manage implementation and track progress of intervention
 - Establishment of a governing structure to ensure accountability
- Efficient Messages
 - Use clear and credible messages about zero tolerance to violence, including examples of law enforcement response to violence
 - Select meeting speakers representing law enforcement, social service providers, and community moral voices

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Data from local police department on type of violent crime intended to be deterred, such as homicide, gun assault incidents, and other serious violent offenses
- Interviews/focus groups with youth offenders who participated in meetings and/or received social services offered by the intervention
- Interviews with law enforcement authorities, social service providers, and outreach workers

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

Abt, T., & Winship, C. (2016) What works in reducing community violence: A meta-review and field study for the northern triangle. Retrieved from <https://www.usaid.gov/sites/default/files/USAID-2016-What-Works-in-Reducing-Community-Violence-Final-Report.pdf>

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CURE VIOLENCE MODEL^{aa}

HOW DOES IT WORK?

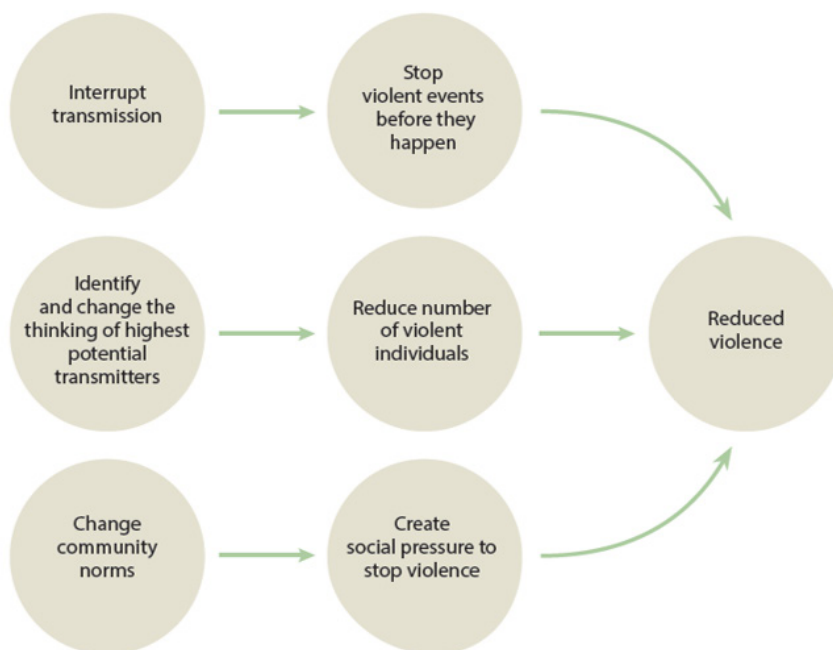
The Cure Violence (CV) model (formerly Chicago Ceasefire) uses a public health approach to reduce violence in high-risk communities (Butts et al., 2015). It was developed by Gary Slutkin of the University of Illinois in Chicago, an epidemiologist formerly at the World Health Organization (WHO). According to this model, violence behaves like a contagious disease that can be transmitted and spread through exposure (Cure Violence, 2015). For instance, a person consistently exposed to violence can be at increased risk of adopting violent behavior themselves. Therefore, the CV model seeks to treat violence using the same methods employed to stop the spread of epidemics: by working simultaneously to create change at both the individual (behavior change) and community (norm change) levels (Butts et al., 2015). CV uses the following three-pronged approach—adapted from the WHO’s epidemic disease control model—to stop the spread of violence:

1. **Detecting and interrupting conflicts:** The CV model relies on trained “violence interrupters” (VIs) who are hired to monitor threats of violence and stopping (“interrupting”) incidents of violence through direct intervention. Their role consists of mediating ongoing disputes or potentially lethal conflicts in a community and resolving them peacefully, preventing retaliatory actions following a violent incident, and following up on conflicts to ensure that they do not reignite.
2. **Identifying and treating the highest risk individuals:** Trained outreach workers (OWs) identify, and then develop close and trusting relationships with, young people at highest risk for exposure or transmission of violence. They persuade them to reject the use of violence and teach them non-violent techniques to resolve conflicts and disputes. Similar to case managers, OWs meet with high-risk youth regularly and help them connect with resources and social services, including education, training, and employment opportunities, as well as mental health and substance abuse treatment (Butts et al., 2015).
3. **Changing social norms:** CV staff also work closely with the community, including residents, business owners, faith-based organizations, and other groups, to change social norms and attitudes around violence. The objective is to build a general consensus against violence. The CV model supports various community mobilization activities, events, and distribution of materials to convey a message that violence is not acceptable and will be rejected. Examples of activities include post-shooting vigils, antiviolence marches, and media campaigns, among others (Butts et al., 2015).

^{aa} This intervention has shown positive effects based on the evidence cited at the end of this brief.

The three strategies form the basis for Cure Violence’s theory of change, shown in Exhibit 13:

Exhibit 13. Theory of Change for Cure Violence



Source: Cure Violence Global, 2019a

WHO DOES IT HELP?

Cure Violence focuses solely on treating individuals at highest risk for involvement in violence, either as perpetrators or victims. According to the model, CV participants need to meet at least four of the following seven criteria to be considered the highest risk: (1) gang-involved, (2) major player in a drug or street organization, (3) violent criminal history, (4) recent incarceration, (5) reputation of carrying a gun, (6) recent victim of a shooting, and (7) being between 16 and 25 years of age (Butts et al., 2015).

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Partnership With Cure Violence Global
 - For intervention to be formally recognized as a CV program, interested stakeholders must partner with Cure Violence Global, the non-profit organization responsible for developing and helping adapt the CV model worldwide.
- Site Selection
 - Work closely with the CV team to determine the target neighborhood for program implementation. Selection is based on factors such as levels and driving factors of violence. It is important to identify an area where data on violent crime is available to allow for assessment of program effectiveness (Cure Violence, 2015).

- Participant Engagement
 - Carry out regular check-in meetings with program participants to encourage behavior change and assist highest-risk individuals with their specific needs.
 - Establish trusting relationships with program participants.
- Staff Resources
 - Implementing organization is aligned with CV mission, has strong ties to the local community, and has a history of working with individuals at highest risk. Given the CV model's use of a public health approach, the CV team suggests that the lead implementing agency be a health department, hospital, health-based community organization, or university focused on health.
 - Careful vetting and recruitment of VIs and OWs. These program staff must be seen as credible, non-judgmental messengers by the highest-risk young people in the community. Ideally, both VIs and OWs will come from the same neighborhood they are working in, have had previous experience with crime and violence (e.g., former gang member, formerly incarcerated individual), and have the capacity to influence and change behaviors.
 - Provide specialized training from the Cure Violence Global team to recruited VIs and OWs before the start of the program. Continuous training throughout program implementation is highly desirable.
- Partnerships and Buy-In From Key Stakeholders
 - Form partnerships with a variety of social service agencies to which OWs can refer youth participants to assist them with their individual needs.
 - Develop collaborative relationships and continuous engagement with community partners to help promote a collective stance against violence.
 - Secure support and buy-in from key stakeholders, including the mayor's office, law enforcement agencies, hospitals, and community and faith-based leaders.
- Quality Assurance and Fidelity Supports
 - Work directly with the Cure Violence Global team before and throughout the life of the CV program to ensure fidelity of implementation. The CV global staff offers several support services, including capacity building, program adaptation and technical assistance, recruitment of program staff, selection of partners, training (including specialized booster trainings), and monitoring.
 - Utilize the CV team's resources (also available in Spanish), including checklists for implementation that help to track and ensure fidelity to the model.
 - Record on a regular basis all data on program activities to constantly evaluate and assess CV implementation to ensure it is working with the right population. These data can also be used to inform strategic planning.

REPLICATION & ADAPTATION

The CV model has been replicated in cities across the U.S., such as Baltimore, Chicago, New Orleans, and New York, as well as in other countries, including in the Latin America and Caribbean region (e.g., Honduras, Trinidad and Tobago, and Mexico). Impact evaluations of CV programs using quasi-

experimental designs have shown significant reductions in violent crime rates, homicides, shootings, and gun injuries, as well as decreases in pro-violence attitudes in target neighborhoods and in young people's willingness to use crime to solve disputes (Maguire et al., 2018; Delgado et al., 2017; Ransford et al., 2017; Webster et al., 2012).

Working in partnership with the Cure Violence Global team is key to help local partners adapt the CV model to a specific context according to its unique needs and characteristics. Four key phases have been identified for the model's adaptation, which are particularly relevant for locations outside the U.S. (Jiang, 2018): (1) interested partner completes a self-assessment tool to determine the model's feasibility in the local context; (2) CV team conducts an assessment visit and/or feasibility study in the target location during which safety considerations are also taken into account; (3) CV team provides training and technical assistance and helps select a community-based organization to implement the model; and (4) partner implements the CV model with ongoing support from the CV team.

One of the major adaptation factors identified by implementers and evaluators of the CV model across cities in LAC is the relationship with the police, given the general distrust to the authorities in the region (Jiang, 2018). In contrast, in the U.S. the model normally engages law enforcement for reasons such as hiring OWs and VIs (Butts et al., 2015) and improving relationships between the community and police. Implementers from El Salvador and Argentina discussed the risks of working in dangerous communities and the need for both violence interrupters and outreach workers to take care of themselves, both physically and psychologically to be able to provide services to their communities (Jiang, 2018). In Ciudad Juárez, the CV model (locally known as *Del Barrio a la Comunidad*) faced some limitations given the city's unique violence dynamics—over 80 percent of violent deaths are linked to organized crime and only 5 percent to disputes at the community level, with the majority of the latter occurring spontaneously (e.g. parties with alcohol consumption) (González Martínez, 2019). For this reason, rather than focusing on violence interruption, most efforts were dedicated to education and training, arts and sports, creation of public spaces, and family cohesion (Ibid.). In San Pedro Sula (Honduras), some aspects of the model were also not implemented with fidelity. For example, no outreach workers were hired, due to a lack of resources and community services to offer to youth. CV activities resulted in a significant reduction in shootings but only a small decrease in homicides in selected areas (Ransford et al., 2017).

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

The Cure Violence website outlines a series of steps for all partners interested in implementing the CV model in their city or community. Support for this model would entail championing an approach that departs from traditional policing and punitive strategies to addressing violence.

The steps are as follows: (1) watch the introduction to Cure Violence video (30 minutes) to help you better understand the approach, (2) read more about the CV approach through resources provided on Cure Violence's website, (3) build support for the CV in your community, and (4) identify and secure funding. Once the city's support and financial resources are in place, (5) contact the Cure Violence team, and (6) prepare for a phone meeting, which will include a discussion about an assessment of the targeted community. The assessment consists of a visit to the site to conduct an analysis of the target area, determine the feasibility of implementation, and provide recommendations for an appropriate implementation strategy.

FOR MORE INFORMATION ON IMPLEMENTATION AND BACKGROUND

Butts, J. A., Gouvis Roman, C., Botswick, L., & Porter, J. R. (2015). Cure Violence: A public health model to reduce gun violence. *Annual Review of Public Health*, 36, 39–53.

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Ransford, C., Decker, R. B., Cruz, G. M., Sánchez, F., & Slutkin, G. (2018). El modelo Cure Violence: reducción de la violencia en San Pedro Sula (Honduras). *Revista CIDOB d'Afers Internacionals*, 116, 179–206.

WHAT OUTPUT INDICATORS TO COLLECT

- Number of CV program participants engaged with outreach workers on a regular basis
- Levels of engagement of each CV participant with the program
- Percentage of CV program participants referred to and receiving support services (e.g., education and training, employment, mental health, alcohol and drug treatment)
- Quality and intensity of relationships between program participants and VIs and OWs
- Number of conflicts receiving mediation from VIs and percentage of those successfully resolved
- Daily log forms with detailed notes on program mediation activities entered into central CV database (e.g., level of mediation, primary reason of conflict, outcome of mediation, likelihood of conflict reigniting) (Maguire et al., 2018)
- Number of community violence education/awareness campaigns (by type)
- Number and names of organizations engaged with the CV program

WHAT OUTCOME INDICATORS TO COLLECT

- Percent change in violent criminal offenses and victimizations, including homicides, gun injuries, non-fatal shootings, and other violent crimes, in intervention areas vs. comparison sites with similar demographic characteristics and levels of violence
- Percent change in calls for service to police for violent crime

- Percent change in youth attitudes towards violence and propensity/willingness to use violence to solve conflicts before and during implementation of the program
- Number of CV program participants learning nonviolent conflict resolution skills
- Changes in community norms, values, and beliefs around violence

Desired:

- To measure changes in individual behavior, Butts & Roman (2013) propose conducting interviews or surveys “with active participants and with repeated measurements” (p. 17). However, this is an expensive and challenging process, because primary data would need to be collected directly from individuals but the effectiveness of the CV model depends on confidential relationships between CV staff and program participants (Butts & Roman, 2013).

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Adherence to the CV models’ five required components (Cure Violence Global, 2019b). Cure Violence provides detailed criteria under each component to guide program quality.
 - Implement the model’s **core components** (described earlier in the model’s three-pronged approach):
 - Detect potentially violent events and interrupt them to prevent violence through trained, credible messengers
 - Provide ongoing behavior change and support to the highest-risk individuals through trained, credible messengers
 - Change community norms that allow, encourage, and exacerbate violence in chronically violent neighborhoods to healthy norms that reject the use of violence
 - Implement the following **implementing components**:
 - Continually analyze program data to ensure proper implementation and identify changes in violence in the target area
 - Provide training and technical assistance to workers, program managers, and implementing agency covering the necessary skills to implement the model correctly
- Accurate targeting of program site and participants
 - Identify CV intervention site with assistance from the CV team
 - Focus outreach efforts on youth and young adults at highest risk for involvement in violence—for example, gang members, individuals with a criminal history, individuals engaged in high-risk street activity, and victims of shootings
- Training and technical assistance
 - Provide VIs, OWs, and other program staff with training from CV team on mediation and non-violent conflict resolution techniques, working with highest-risk individuals, and changing social norms
 - Provide program staff with continuous technical assistance from CV team throughout the life of the project to ensure proper adaptation of the CV model

- Data capturing and analysis
 - Use Cure Violence database for regular recording of program activities, including conflict mediation interventions, interactions between program participants and OWs, and anti-violence community events
 - Analyze information in database on an ongoing basis to monitor implementation and changes in levels of violence

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Analysis of official crime data in CV site and comparison sites over time and during program implementation
- Analysis of data on hospital admissions for gunshot injuries (Maguire et al., 2018) in CV site and control sites historically and during program implementation
- Analysis of CV database with information on the frequency, quality, and intensity of mediation and outreach activities
- Surveys and/or interviews of program participants assessing their values, beliefs, and attitudes toward violence (Butts and Roman, 2013), willingness to use violence in both petty and serious conflicts based on hypothetical scenarios (Delgado et al., 2017), and perceptions of the program's impact on their lives (Webster et al., 2012).
- Surveys of community residents' attitudes toward violence, particularly gun violence (Webster et al., 2012)

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Quasi-experimental comparison design (e.g., difference in differences) to assess program effects on levels of violence (e.g., homicides, shootings, non-fatal gun injuries) in target site using comparison neighborhoods with similar demographic characteristics, gun violence rates, and social norms around violence.
- Interrupted time series analysis to compare data on levels of violence (e.g., homicides, gun injuries, non-fatal shootings) pre- and post-implementation of CV program.

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

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Delgado, S. A., Alsabahi, L., Wolff, K., Alexander, N., Cobar, P., & Butts, J. A. (2017). The effects of cure violence in the South Bronx and East New York, Brooklyn. In *Denormalizing violence: A series of reports from the John Jay College Evaluation of Cure Violence Programs in New York City*. New York, NY: Research and Evaluation Center, John Jay College of Criminal Justice, City University of New York.

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- Maguire, E. R., Oakley, M. T., & Corsaro, N. (2018). *Evaluating Cure Violence in Trinidad and Tobago*. Inter-American Development Bank and Arizona State University. Retrieved from <http://dx.doi.org/10.18235/0001427>
- Webster, D.W., Mendel Whitehill, J., Vernick, J. S., & Parker, E. M. (2012). *Evaluation of Baltimore's Safe Streets Program: Effects on attitudes, participants' experiences, and gun violence*. Baltimore, MD: Center for the Prevention of Youth Violence, Johns Hopkins Bloomberg School of Public Health.

TRINIDAD AND TOBAGO VIOLENCE PREVENTION ACADEMY^{bb}

HOW DOES IT WORK?

The **Violence Prevention Academy (VPA)** was a program designed to build the capacity of schools to development, implement, and sustain evidence-based violence prevention plans that were responsive to their specific needs and characteristics. The program was piloted in 25 selected schools in Trinidad and Tobago between 2008 and 2010 through an informal agreement between VPA^{cc} and the Ministry of Education (Katz, Choate, Maguire, Webb, & Armstrong, 2010). The program consisted of four components carried out sequentially: (1) training program, (2) development of school-based plan for violence prevention, (3) implementation of the school-based plan, and (4) evaluation of the implementation and impact of the school-based plan (Katz et al., 2010). Three to four staff from each school, generally comprising a mix of a principal, school safety officer, and teacher, participated in the program.

VPA's approach to school violence prevention was guided by the SARA model of problem-solving, a process involving four stages: (1) **Scanning** or identifying a problem, (2) **Analyzing** or studying the problem, (3) **Responding** or taking action, and (4) **Assessing** or evaluating the effectiveness of the response. With support from the VPA team, staff from participating schools were actively involved in each stage. Face-to-face training sessions for school staff covered topics such as crime prevalence in Trinidad and Tobago, violence prevention strategies, and the problem-solving process, among others. These were followed by practical "inter-session activities" that resulted in the development of various instruments, including a centralized database to store incident data and a student and teacher survey to identify and diagnose violence-related issues at school (Katz et al., 2010). The VPA program also developed a School Incident Report Form (SIRF) to collect official incident data at the school level in a more standardized manner. Based on this information, school staff identified and quantified the frequency of one or a handful of major issues, identified responses to resolve the issue, and implemented the activities proposed in the school plan. Staff were then trained to assess the impact of their responses using the database and survey instruments developed during the training.

In a report assessing the implementation and effectiveness of VPA, Katz et al. (2010) found a 30% decrease in student offending and in discipline after VPA implementation for schools that developed the incident database. Teachers also reported a statistically significant decrease in some types of teacher victimization, including damage to personal property and physical attacks not requiring a doctor's attention.

WHO DOES IT HELP?

The primary beneficiaries of the VPA program are school-based staff selected to participate in the four-stage problem-solving process aimed at reducing violence in their schools, including victimization rates of both students and teachers. Through VPA's trainings and technical assistance, school staff not only acquire skills to address violence, crime, and other disciplinary issues at schools, but take ownership of

^{bb} This intervention has shown positive effects based on the evidence cited at the end of this brief.

^{cc} The VPA was led by the Center for Violence Prevention and Community Safety of Arizona State University, with Crime & Justice Analysts, Inc., and Sam Houston State University.

the process. The secondary beneficiaries are students from the participating schools that may benefit from the actions implemented within schools to reduce violence and disorderly conduct.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Staff Resources
 - Ensure that school staff who are selected to participate in VPA program have the time and commitment to participate throughout the whole VPA process, including attending all training sessions and implementing the “inter-session activities”
 - Form VPA teams comprising a mix of school staff, including a dean or vice principal, school security officer, and teacher
 - Select at least one VPA participant from each school who is competent in using online databases and spreadsheets
- Data Collection
 - Ensure that schools make consistent use of the SIRS as tool to report incidents
 - Ensure that schools maintain an up-to-date database of all reported incidents to inform problem-solving and implementation of violence prevention activities
- Other Resources
 - Ensure that VPA participants have access to laptops equipped with Excel to create incident-level database

REPLICATION & ADAPTATION

To date the VPA program in its pilot form has been implemented only in Trinidad and Tobago. However, the intervention may be easily replicated and adapted to other countries in Latin America and the Caribbean (LAC) given its focus on developing contextually-relevant violence prevention plans according to the unique characteristics and challenges of each school. Unlike other youth violence prevention programs that are more prescriptive in nature and require closer attention to program adherence and fidelity, the Violence Prevention Academy is more flexible in its process to addressing violence at school. For instance, it encourages active involvement of teachers and other school staff to identify the most frequent violent episodes at schools and accordingly design and implement appropriate schools measures to prevent and decrease the levels of violence.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Assess the school’s capacity and willingness to regularly collect and archive data on school incidents
- Determine whether there is sufficient commitment from school leadership and teachers to be fully invested in all stages of the VPA program

FOR MORE INFORMATION ON IMPLEMENTATION AND BACKGROUND

Katz, C., Choate, D., Maguire, E., Webb, V., & Armstrong, T. (2010). *A pilot test of the Trinidad and Tobago Violence Prevention Academy (VPA): A final report*. Unpublished manuscript. Center for Violence Prevention and Community Safety, Arizona State University.

WHAT OUTPUT INDICATORS TO COLLECT

- Participant enrollment data
- Number and duration of training modules
- Number of school-based incident databases created (1 per participating school required)
- School Incident Report Form created by VPA participants
- Number and type of delinquent, violence, and disciplinary-related incidents reported and registered in school database
- Student perception survey (1) created by VPA participants and (2) number of surveys administered to students
- Teacher perception survey (1) created by VPA participants and (2) number of surveys administered to teachers
- List of issues to be addressed by school-based plans
- Number of school-based violence prevention plans developed by VPA participants (1 per participating school required)
- Number of violence prevention activities (“responses”) implemented at VPA schools, per school and total for all participating schools
- Number of final evaluation reports submitted by VPA participants measuring the impact of the violence prevention activities implemented at their school

WHAT OUTCOME INDICATORS TO COLLECT

- Percent change in reported delinquent offending, violence, and disorderly behavior by students based on SIRF data
- Percent change in students’ perceptions of decrease in serious and violent-related issues at their school
- Percent change in teachers’ perceptions in the following variables: increased school safety, reduced teacher victimization, improved staff morale, reduced classroom disruption, and increased organizational capacity for planning and taking action

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Accurate Targeting
 - Target a small but diverse team of school staff comprising at minimum a principal or vice-principal, security personnel, and teacher

- Fidelity to VPA Components and Process
 - Selected school staff participate in all training sessions and are engaged in developing, implementing, and evaluating proposed school violence prevention plans
 - Participating school staff develop data collection and data storage instruments to identify and evaluate changes in frequency of major violence-related issues at school, including student perception survey, teacher perception survey, SIRF, and centralized incident-level database
 - Use the SARA (scan, analyze, respond, and assess) model or four-stage problem-solving approach to guide violence prevention efforts.

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- Student Incident Record Form (SIRF)
- Official student incident data collected by VPA participants
- Student perception survey developed by VPA staff
- Teacher perception survey developed by VPA staff

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

Katz, C., Choate, D., Maguire, E., Webb, V., & Armstrong, T. (2010). *A pilot test of the Trinidad and Tobago Violence Prevention Academy (VPA): A final report*. Unpublished manuscript. Center for Violence Prevention and Community Safety, Arizona State University.

KIVA ANTI-BULLYING PROGRAM^{dd}

HOW DOES IT WORK?

KiVa is an anti-bullying program developed at the University of Turku in Finland with resources from the Finnish Ministry of Education and Culture. KiVa, whose acronym stands for *Kiusaamista Vastaan* (“against bullying” in Finnish), is a whole-school intervention focused on three main goals: (1) preventing bullying, (2) effectively tackling acute cases of bullying, and (3) minimizing the negative effects of bullying (Herkama & Salmivalli, 2018). The program’s premise is that bullying is a group process that can either be sustained or discouraged depending on how bystanders (witnesses) react to the bully’s behavior (Salmivalli et al., 1996). KiVa’s strategy, therefore, focuses on targeting group dynamics more broadly rather than focusing solely on the victim–bully relationship. Program activities seek to influence the behaviors of bystanders and empower them to intervene in bullying incidents by standing up to the bully and showing support for the victim. KiVa is one of only three anti-bullying programs that have received the “Promising” rating by Blueprints for Violence Prevention, a register of experimentally proven prevention programs.

KiVa’s key components consist of a set of **universal** and **indicated** actions (see Exhibit 14). Universal actions target all students and are implemented across the school to address bullying at the systemic level, while indicated actions target individual students to address specific incidents of bullying. One of the main activities under universal actions consists of interactive lessons (primary school) and themes (secondary school) that aim to raise students’ awareness of the role that group dynamics play in supporting bullying, increase empathy toward victims, and promote students’ strategies to support victims (Kärnä et al., 2011). Topics covered include inclusion, group interactions, understanding emotions, empathy, and conflict resolution, among others (Green et al., 2019). Students then play online games to deepen and test their knowledge of the curriculum’s content and practice their responses to real-life bullying scenarios. Indicated actions are reserved for when serious incidents of bullying take place. In this case, a group of selected school staff (trained KiVa team) have small group discussions with the victimized students and bullies and conduct appropriate follow-up (Herkama & Salmivalli, 2018).

Exhibit 14. KiVa’s Universal and Indicated Actions

UNIVERSAL ACTIONS	INDICATED ACTIONS
<ul style="list-style-type: none">• KiVa curriculum lessons and themes (3 units targeting 3 different age groups: 7–9, 10–12, and 13–15)• KiVa online games (one for each of the 3 units)• Staff meeting, KiVa kickoff, and back-to-school night materials• Parents’ newsletter and guide to raise awareness about bullying in general and about the program specifically• Visible symbols, such as posters and vests for school administrators, to remind that the school is a KiVa school• Annual KiVa online survey for students and staff with information on the outcomes and level of program implementation	<ul style="list-style-type: none">• Addressing bullying incidents that occur• Series of discussions with the victim and perpetrator(s)• A few high-status classmates are invited to provide support for the victimized peer• Parents are informed of bullying behavior

Source: Adapted by authors from Herkama & Salmivalli, 2018

^{dd} This intervention has shown positive effects based on the evidence cited at the end of this brief.

Two program evaluations in Finland using randomized controlled trials (RCTs)—one for grades 4–6 (phase 1) and the other for grades 1–3 and 7–9 (phase 2)—demonstrate significant reductions in bullying and victimization among students, particularly among younger children (ages 7–12) after one school year (9 months) (Kärnä et al., 2011; Kärnä et al., 2013). Phase 1 of the evaluation showed that the odds of being bullied continuously (at least 2 to 3 times a week) were around 1.5 times higher for a student in a control school than for a student engaged in the program, and the odds of bullying others continuously were 1.3 times higher for a control-school student than for an intervention student; this corresponds to approximately 30% and 17% reductions in victimization and bullying (Salmivalli & Poskiparta, 2012). The program effects in the phase 2 evaluation also showed effectiveness in reducing victimization and bullying, more so for grades 1–3 than grades 7–9, with the latter producing mixed results (Kärnä et al., 2013).

WHO DOES IT HELP?

KiVa was designed to target male and female students in grades 1–9 in the Finnish education system, which means it is intended for elementary and lower-secondary school students around the ages of 7–15. KiVa’s activities target male and female students equally, but there are mixed findings about the differences in effects of this and other antibullying interventions in victimization and perpetration rates for each gender.

WHAT IS NEEDED TO IMPLEMENT IT WELL?

- Staff Resources & Partnerships
 - Form a KiVa team (around 3–5 school staff) that will be responsible for addressing individual bullying cases (i.e., indicated action).
 - Work directly with a licensed KiVa partner^{ee} operating in a specific country or region (KiVa International, n.d.-a). Schools without a licensed partner cannot implement the program.
- Training
 - Provide training from certified KiVa trainers to school staff and teachers who will become part of the KiVa team during program implementation (KiVa International, n.d.-b). Only trainers that are associated with a licensed partner institution may provide training to schools (Herkama & Salmivalli, 2018).
- Supportive School Environment
 - Schools take bullying seriously and are committed to addressing it adequately.
 - Schools are committed to putting in place guidelines and policies to appropriately address bullying incidents.
 - Schools have effective mechanisms for students and staff to report bullying incidents.

^{ee} KiVa partners are organizations (e.g., NGOs, school districts, training companies, or publishing houses) that have signed a licensing agreement with the University of Turku and are granted the right to distribute KiVa products and use the knowledge from the antibullying program to implement the program (KiVa International, n.d.-b). For more information on how to become a KiVa licensed partner, visit www.kivaprogram.net.

- School Infrastructure
 - Schools are equipped with computers or tablets to implement the online game component of the program and to administer the KiVa surveys.
- Quality Assurance and Fidelity Supports
 - Schools use KiVa-produced materials to ensure accurate program replication.
 - Teachers use the KiVa manual to prepare the lessons and presentation of themes.
 - KiVa team uses the KiVa’s standard protocol to address cases of bullying.
 - Schools work directly with KiVa licensed partners and certified trainers.

REPLICATION & ADAPTATION

KiVa has been implemented or is in the process of implementation in other European countries (e.g., Belgium, Ireland, Italy, Spain, UK, and Sweden). In Latin America and the Caribbean (LAC), KiVa was first piloted in 39 low-income schools in Chile to determine its effectiveness in the new local context. The program’s material was translated and made culturally relevant for the Chilean context, a process that was reviewed by young researchers. An ongoing randomized control trial (RCT) study was developed by researchers at the Universidad de los Andes (Gaete et al., 2017) to inform how best to adapt the program to schools in Chile. One aspect that will be closely evaluated is the impact of KiVa’s online game and whether there is evidence showing that the program has stronger effects having this component. Researchers are looking to provide an effective intervention with the lowest cost, which would also be relevant for other countries with limited resources (Gaete et al., 2017). In Italy’s implementation experience, the KiVa program was contextually adapted by making changes on the ‘surface structure’, defined as “the parts that improve the face validity of the intervention with participants, language, material, activities, and channels of communication”, rather than on the ‘deep structure,’ which encompasses the program’s theory (Nocentini & Menesini, 2016, p. 1014). Similar to Chile, all online components of the program were left out because computer availability in the country’s schools is very low (Nocentini & Menesini, 2016). Other modifications included changes in the language, pictures, and stories used in the materials and lessons (Ibid). These types of ‘surface structure’ changes can be made when adapting the KiVa program to other countries in the LAC region.

STEPS TO TAKE BEFORE DECIDING TO USE THIS APPROACH

- Find out if there is a licensed KiVa partner in your country or region that can work with you to adapt and implement the program at your school(s).
- Ensure you have buy-in from school staff—especially from teachers, since they will be most involved with implementing the program.

FOR MORE INFORMATION ON IMPLEMENTATION AND BACKGROUND

Herkama, S., & Salmivalli, C. (2018). KiVa antibullying program. In M. Campbell and S. Bauman (Eds.), *Reducing cyberbullying in schools*. Cambridge, MA: Academic Press.

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KiVa International. (n.d.-b). *What is a Certified KiVa Trainer?* Retrieved from <http://www.kivaprogram.net/certified-kiva-trainers>

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WHAT OUTPUT INDICATORS TO COLLECT

- Number of students (and corresponding grade level) receiving KiVa curriculum lessons and/or themes
- Number of lessons and/or themes delivered in a school year
- Number of bullying incidents reported to school officials or directly to KiVa team
- Number of meetings between victim/bully and KiVa team, and follow-up actions
- Number of parents/guardians reached through KiVa newsletter and antibullying guide
- Completion of online KiVa survey before and after program implementation

WHAT OUTCOME INDICATORS TO COLLECT

- Percent change in student self-reported frequency of (1) bullying behavior and (2) victimization before and after program implementation for KiVa schools (treatment) and control schools (if applicable) as reported by students, disaggregated by gender
- Percent change in peer-reported frequency of (1) bullying behavior and (2) victimization before and after program implementation for KiVa schools (treatment) and control schools (if applicable) as reported by students, disaggregated by gender
- Changes in student self-reported antibullying attitudes, empathy toward victims, and self-efficacy in defending and supporting victimized peers (Kärnä et al., 2013)

HOW TO MEASURE PROGRAM QUALITY AND FIDELITY

- Conceptual Framework
 - Ensure that the school’s leadership, teachers, and other key staff have a clear understanding of program’s theory of change
- Adherence to Program Components
 - Implement all universal and indicated actions as indicated by the KiVa program
- Adequate Training
 - Provide training from KiVa certified trainers to teachers and school staff

WHAT DATA COLLECTION TOOLS AND METHODS SHOULD BE USED?

- KiVa online student survey (anonymous) administered before program delivery (baseline data) and at the end of the school year.
 - To measure rates of bullying and victimization in students, the global items from the revised Olweus Bully/Victim Questionnaire can be incorporated in the survey. The most current questionnaire assesses nine forms of bullying, including verbal, exclusion, physical, spreading false rumors, personal items stolen/damaged, threats/coercion, racial, sexual, and cyber-bullying.
 - To measure participant roles in bullying incidents and peer-reported victimization, the Participant Role Questionnaire (Salmivalli et al., 1996) can be used.
- Teacher survey after each lesson to measure level of implementation and fidelity, with questions assessing number of lessons delivered, average delivery time, and number of activities completed in each lesson. Or as a proxy for implementation fidelity, the online survey for students can contain a question about how much a teacher did to reduce bullying during the school year (Green et al., 2019).

TO EVALUATE PROGRAM IMPACT/EFFECTIVENESS:

- Randomized controlled trials (RCTs) to assess effects of KiVa program on bullying victimization and perpetration rates in intervention schools and to compare with control schools.

FOR MORE INFORMATION ON MEASUREMENT AND PAST RESEARCH

Gaete, J., Valenzuela, D., Rojas-Barahona, C., Valenzuela, E., Araya, R., & Salmivalli, C. (2017). The KiVa antibullying program in primary schools in Chile, with and without the digital game component: Study protocol for a randomized controlled trial. *Trials*, 18(75). doi:10.1186/s13063-017-1810-1

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VII. SUMMARY OF KEY CONSIDERATIONS

A comprehensive approach to citizen security must include prevention efforts that address the factors that lead to crime and violence in the first place. Individuals, opportunities, and deterrents against criminal or deviant behavior operate within and across a set of enabling conditions in the home, the neighborhood, and the broader social setting. The indicators to determine progress and outcomes from violence prevention strategies are intimately tied to factors in the enabling environments where youth live, play, and learn. Therefore, there must be alignment between indicators and interventions within each level of the social ecology, as well as across the levels, since no one factor alone will prevent or increase risk for violence. Alignment between youth violence prevention strategies at different levels of action, from the country development (CDCS) level to the program implementation level, allows work at one level to feed into and support work at another level, where outcomes and learning inform future planning and investment. Just as the risk and protective factors for violence vary across different social ecologies, so too do levels of risk vary among different populations of youth based on their exposure to these factors. It follows that the indicators for monitoring population-specific progress on violence prevention objectives must then be tied to the risk level for the population in question. Since most youth will never commit a serious crime, violent or otherwise, it is prudent to devise efficient and effective means to prioritize prevention investments that will reach the youth with greatest need.

Key considerations when deciding what indicators are best suited to a violence prevention strategy:

- Choose indicators most closely tied to the intervention's purpose, so results are more attributable
- Use indicators that are measurable and specific
- Use indicators that are culturally relevant, gender specific, and age appropriate, adapting as needed
- Use indicators that are specific to different population risk levels
- Use indicators that align with specific primary, secondary, and tertiary prevention levels
- Always include indicators of intervention fidelity and uptake
- Examine the quality of indicator data
- Check the accessibility of indicator data
- Determine the usefulness of the indicator for different needs (e.g., planning, scale-up)
- Build sustainability by incentivizing program implementers and others to collect and share data
- Build trust in cross-sector relationships that encourage data transparency and data sharing

ANNEX

Complete List of Extant Indicators From Section II

SOURCE	ABOUT	INDICATORS
Measuring Positive Youth Development Toolkit: A Guide for Implementers of Youth Programs ¹⁸	Provides guidance and resources to implementers of youth programming on how to design, measure, monitor, and evaluate youth programs more effectively, including how to identify indicators to measure each specific result and where to find measurement sources for these indicators. Few of the indicators relate to youth violence and none of them relate to lethal violence. The toolkit strongly recommends piloting indicators but does not provide specific instructions.	<ul style="list-style-type: none"> • Increased self-control skills at the conclusion of training/programming • Increased opportunities for prosocial involvement in family at the conclusion of training/programming • Increased opportunities for prosocial involvement in peer groups at the conclusion of training/programming • Increased opportunities for prosocial involvement in the community at the conclusion of training/programming • Increased prosocial norms at the conclusion of training/programming • Increased feeling of psychological safety in their environment • Increased feeling of safety in their physical environment • Reduced rates of _____ (e.g., bullying, psychological distress, interpersonal violence, gender-based violence, abuse, etc.)
The Institute for Economics and Peace ¹⁹	The Global Peace Index includes 23 indicators weighted on a 1–5 scale. The purpose of the index is to gauge the relative state of peace and understand the drivers of peace.	<ul style="list-style-type: none"> • Level of perceived criminality in society • Number of security officers and police per 100,000 • Number of homicides per 100,000 • Number of jailed population per 100,000 • Ease of access to weapons • Level of violent crime • Level of organized conflict • Likelihood of violent demonstrations • Impact of terrorism • Number of deaths from organized conflict • Number of displaced people per 100,000 • Relations with neighboring countries

SOURCE	ABOUT	INDICATORS
United Nations Geneva Declaration—Indicators on Violence Against Women ²⁰	<p>A United Nations initiative to formulate a core of indicators to measure violence against women. The UN defines violence against women as:</p> <p>partner abuse, sexual abuse of girls, rape (including marital rape), dowry-related violence, female genital mutilation, trafficking in women, forced prostitution, sexual harassment at the workplace, violence condoned or carried out by the state (e.g., rape in war).</p> <p>This definition of violence is much broader than lethal violence.</p> <p>The methodology includes classifications for:</p> <ul style="list-style-type: none"> • Severity (for physical violence): 1–4 scale • Relationship to perpetrator: 1–4 scale • Frequency: 1–6 scale 	<ul style="list-style-type: none"> • Total and age-specific rate of women subjected to physical violence in the last 12 months by severity of violence, relationship to the perpetrator, and frequency • Total and age-specific rate of women subjected to sexual violence in the last 12 months by severity of violence, relationship to the perpetrator, and frequency • Total and age-specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner in the last 12 months by frequency • Total and age-specific rate of women subjected to sexual violence during lifetime by severity of violence, relationship to the perpetrator, and frequency • Total and age-specific rate of women subjected to physical violence during lifetime by severity of violence, relationship to the perpetrator, and frequency • Total and age-specific rate of women subjected to psychological violence in the past 12 months by the intimate partner
Inter-American Development Bank ²¹	<p>The IDB created the Regional System of Standardized Indicators for Citizen Security and Violence Prevention (SES), which is a system of standardized indicators of peaceful coexistence and citizen security.</p>	<ul style="list-style-type: none"> • Homicide rate per every 100,000 inhabitants • Firearm death rate per every 100,000 inhabitants • Complaint rate for sex crimes per every 100,000 inhabitants • Rate of complaints of intra-family/family/domestic violence per every 100,000 inhabitants • Complaint rate for child and adolescent maltreatment for every 1,000 individuals younger than 18 years of age • Prevalence of sexual violence • Prevalence of family and domestic violence • Rate of criminal victimization • Percentage of people with perception of insecurity • Percentage of people who justify the use of violence • Suicide rate per every 100,000 inhabitants older than 5 years of age • Kidnapping rate per every 100,000 inhabitants • Percentage of victimization due to robbery • Percentage of victimization due to theft • Percentage of people with perception of risk • Percentage of people with perception of fear • Percentage of people with confidence in the institutions

SOURCE	ABOUT	INDICATORS
United Nations Office on Drugs and Crime—Global Study on Homicide 2019²²	<p>The purpose of the Global Study on Homicide is to help governments understand and address the root causes of homicide and inform their public health and criminal justice responses. The study examines homicide rates and trends, criminal justice responses to violence, drivers of homicide, gender-related killings, and homicide of children and young adults.</p>	<ul style="list-style-type: none"> • Rule of Law Index • Gini index • Changes in flow of drug trafficking • Share of youth not in education, employment, or training • Rates of homicide vs. persons convicted of homicide • Intentional killings by police officers vs. intentional killing of police officers • Rates of homicide vs. rates of homicide convictions • Police personnel per 100,000 people vs. homicide rate • Judges and prosecutors per 100,000 people vs. homicides • High school graduation rates/dropout rates • Female victims of homicide perpetrated by intimate partners or other family members • Changes in prices of illicit substances • Gross domestic product • Life expectancy • Proportion of youth among the general population • Rate of civilian-held firearms per person • Share of population living in urban areas • Adolescent fertility rate • Rates of alcohol consumption • Homicide rates per 100,000 police officers vs. per 100,000 general population • Gender inequality index • Proportion of total adult population with secure tenure rights and, (1) with legally recognized documentation, and (2) who perceive their rights to land as secure, by sex and type of tenure

SOURCE	ABOUT	INDICATORS
Global Indicator Framework for the Sustainable Development Goals and Targets for the 2030 Agenda for Sustainable Development ²³	The indicator framework was developed by the Inter-Agency and Expert Group on SDG Indicators. The framework notes that indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability, and geographic location	<ul style="list-style-type: none"> • Number of victims of intentional homicide per 100,000 population, by sex and age • Proportion of population subjected to (1) physical violence, (2) psychological violence, and (3) sexual violence in the previous 12 months • Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 • Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age • Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence • Proportion of population that feel safe walking alone around the area they live • Number of victims of human trafficking per 100,000 population, by sex, age, and form of exploitation • Total value of inward and outward illicit financial flows (in current United States dollars) • Proportion of seized, found, or surrendered arms whose illicit origin or context has been traced or established by a competent authority in line with international instruments
World Health Organization and UNICEF—INSPIRE Indicator Guidance and Results Framework ²⁴	Designed to support the implementation of the strategies outlined in “INSPIRE: Seven strategies for ending violence against children,” which is an evidence-based resource for governments, international agencies, non-governmental organizations, and individuals working to prevent violence against children.	<ul style="list-style-type: none"> • Lifetime sexual violence in childhood by any perpetrator (percentage of young women and men aged 18–29 years who experienced sexual violence before 18 years of age, by sex and age) • Past-year sexual violence in childhood by any perpetrator (Percentage of female and male adolescents aged 13–17 years who experienced sexual violence in the past 12 months, by sex and age) • Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls, past 12 months (percentage of ever-partnered adolescent girls aged 15–19 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months) • Physical attack against adolescents, past 12 months (percentage of female and male adolescents who were physically attacked in the past 12 months, by sex, grade level, and age)

SOURCE	ABOUT	INDICATORS
World Health Organization and UNICEF—INSPIRE Indicator Guidance and Results Framework (continued)		<ul style="list-style-type: none"> • Child homicide rate (number of victims of intentional homicide aged 0–19 years per 100,000 population aged 0–19 years, by sex and age) • Child exposure to households affected by physical partner violence against women (percentage of female and male adolescents and young adults aged 13–24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondent’s childhood, by sex and age of respondent) • Homicide rate (number of victims of intentional homicide per 100,000 population, by sex and age) • Awareness of support services for violence among adolescents (percentage of female and male adolescents aged 13–19 years who know someplace they can go for help in cases of physical or sexual violence, by sex and age) • Exposure to violence prevention and response curricula in the past 12 months (percentage of female and male children and adolescents who were taught in their classes in the past academic year how to prevent and respond to violence, by sex, grade level, and age) • Physical and/or sexual violence against adolescents by a romantic partner, past 12 months (percentage of female and male adolescents aged 13–19 years subjected to physical and/or sexual violence by any romantic partner in the past 12 months, among those who ever had a romantic partner, by sex and age) • Peer violence: bullying victimization, past 12 months (percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex, grade level, and age) • Weapon carrying in the community, past month (percentage of female and male adolescents and young adults who report carrying a weapon, such as a gun or knife, in the community or neighborhood in the past 30 days, by sex and age) • Missed school due to safety concerns, past month and past 12 months (percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/from, school or online, by sex and age)

SOURCE	ABOUT	INDICATORS
UNICEF—Ending Violence Against Children: Six Strategies for Action ²⁵	The goal of “Ending Violence Against Children: Six Strategies for Action” is to “to connect decision-makers and relevant actors with strategies that prevent and respond to violence in the lives of children.”	<ul style="list-style-type: none"> • Rates of intimate partner violence, rape, and transactional sex • Rates of bullying • Feelings of safety in school • Prevalence of emotional abuse, by age and sex • Availability of police and social services for children • Percentage of women and men age 15–49 years who experienced physical violence of robbery or assault within the last 12 months • Percentage of women and men age 15–49 years experiencing physical violence of robbery and/or assault in the last 12 months and reporting the last incidents of robbery and/or assault experienced to the police • Percentage of women and men age 15–49 years feeling safe walking alone in their neighborhood after dark
United Nations Office of the Secretary-General’s Envoy on Youth ²⁶	The United Nations Office of the Secretary-General’s Envoy on Youth presents facts and statistics on violence against children and adolescents, and identifies risk factors within the individual, close relationships, and the community.	<ul style="list-style-type: none"> • Homicide rate, by sex, age, and weapon used • Rates of hospitalization • Presence of gangs and local supply of illicit drugs • Rates of exposure to violence in the family • Rates of commitment to school • Rates of unemployment (and unemployment in the family) • Levels of access to and misuse of alcohol and firearms • Rates of exposure to bullying, by age and sex • Rates of involvement (and early involvement) with alcohol, drugs, and tobacco • Levels of income inequality

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