



Securing Tomorrow: Violence Prevention Interventions for Children in LAC

Evidence Review Report

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Acknowledgments

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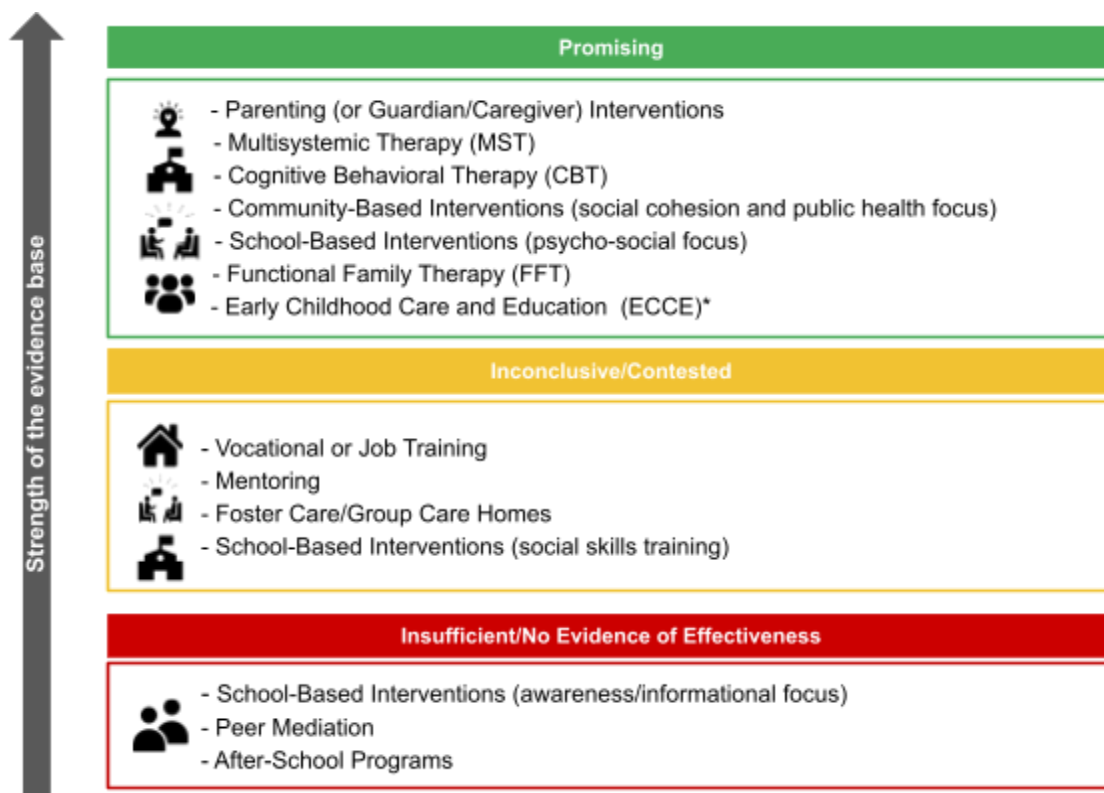
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Key Takeaways

- **Childhood experiences have a profound influence on future violent tendencies, which underscores the pivotal role of early interventions to mitigate youth violence.** Youth are more susceptible to both being victims and perpetrators of violence compared to other age groups, with the 8 to 12-year-old age group being particularly vulnerable. During this critical period, children often experience their initial encounters with violence, stemming from factors such as parental abuse, family conflict, and exposure to criminal or substance-related incidents. Furthermore, childhood coincides with biological and neurological changes that can precipitate aggressive or antisocial behaviors, as well as vulnerability to violence (Bellis and Hughes, 2023).
- **Evidence on youth violence prevention interventions targeted at children aged 8 to 12 years remains limited and stems mostly from high-income countries.** Only a few studies focusing on this age range have been conducted in Latin America and the Caribbean. Furthermore, only one study adopted a gender approach, indicating a significant research gap in this area. These findings underscore the need for more gender-sensitive research and investment in violence prevention strategies that are uniquely tailored to this age group.
- **We identified six promising interventions targeted to children aged 8-12 for preventing youth violence.** These interventions are included in the green section of *Figure 1*. Together, these methodologies offer a wide range of tools for preventing and reducing youth violence during this crucial developmental phase. As a seventh promising approach, we also emphasize the importance of Early Childhood Care and Education (ECCE). Although geared towards younger children (0-8 years old), ECCE interventions are still relevant to this study because of their proximity to the target age group and potential for effectiveness.
- **In addition to preventing youth violence, effective interventions for the 8-12 age range often have other positive effects on the lives of youth and their communities.** Promising interventions can improve crucial outcomes such as education, employment, and health, enhancing overall youth well-being. Moreover, these interventions can minimize the chances of youth engaging in other risky behaviors such as tobacco use, substance abuse, and unsafe sex, as well as address other factors that make youth more susceptible to violence. Some of these interventions are also cost-effective, as they deliver savings in health, social, and criminal justice that exceed program expenses (Bellis and Hughes, 2023).
- **Additionally, we identified six interventions with conflicting (inconclusive/contested) or insufficient evidence in support of their effectiveness.** These interventions are included in yellow and red, respectively, in *Figure 1*. It is important to note that classifying interventions as having mixed or no evidence of effectiveness does not imply they are ineffective. It could mean that the available evidence is limited, insufficient, or unclear. Further research might be needed to make a more definitive assessment.

Figure 1. Assessment of different violence prevention interventions.



- **Some of the most successful interventions are those that tackle the underlying individual risk factors related to youth violence.** Some of these risk factors, identified by Hawkins (2000), are aggressive behaviors or beliefs, attitudes favorable to antisocial behaviors, academic failure, or dropping out of school. Interventions like Cognitive Behavioral Therapy (CBT) help youth address some of these factors by teaching them how to recognize negative thought patterns and beliefs that contribute to distressing emotions and negative behaviors and reframing their perspectives to adopt more constructive ways of thinking and acting.
- **Other successful interventions are those that focus on family and community risk factors.** Family factors include parental criminality, abuse, poor family bonding, and family conflict. Other community, peer-related, and environmental factors include exposure to violence, delinquent peers, and neighborhood adults involved in crime (Hawkins, 2000). Parenting Interventions, Functional Family Therapy, and some community-centered approaches are all examples of interventions that aim to address these contextual factors.
- **When resources are limited, effectively combining interventions for different risk levels and intervention contexts becomes critical.** Rather than choosing to exclusively focus on either primary prevention (geared towards a broad audience), secondary prevention (early intervention), or tertiary prevention (rehabilitation and post-violence support), the experts interviewed for this report recommend a targeted strategy that combines efforts across various levels of risk to maximize impact while efficiently using resources. Additionally, the different contexts in which the intervention will be delivered should be considered (Kieselbach et al., 2015). For instance, school-based programs targeting primary risk levels could be complemented with visits to parents of youth with high underlying risk factors, who are more likely to become perpetrators or victims of violence in the future and require secondary prevention measures.

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Figure 2. Categories to consider when selecting interventions: Risk factors, risk levels, and intervention contexts.



- **Finally, LAC policymakers interested in investing in youth violence prevention must view the interventions outlined in this evidence review only as a starting point.** Interventions must be tailored to suit the cultural differences, institutional dynamics, and variations in violence prevalence present in each context. The most effective strategies involve a thorough assessment of local challenges and opportunities, followed by customization of successful programs to address those specific needs (Neufeld et al., 2021; UNICEF, nd).

Abbreviations

CBT - Cognitive Behavioral Therapy

ECD - Early Childhood Development

ECCE - Early Childhood Care and Education

FFT - Functional Family Therapy FFT

HIC - High-Income Countries

LAC - Latin America and the Caribbean

LIC - Low-Income Countries

MST - Multisystemic Therapy

PAHO - Pan American Health Organization

WHO - World Health Organization

Key Definitions

Cost-benefit analysis - An approach used to compare the costs and benefits of programs by converting their main benefits typically into a single standardized scale, often expressed in monetary terms, and subsequently weighing them against the program's incurred costs (Glennerster and Takavarasha, 2013).

Impact evaluation - A rigorous evaluation that identifies the effects of a specific intervention through cause-and-effect analysis, considering what would have happened without the intervention. It involves using experimental or quasi-experimental designs with comparison and treatment groups to establish causality (Collins, 2019).

Meta-analysis - A systematic approach which involves using statistical techniques to synthesize the data from several studies into a single quantitative estimate or summary effect size (Uman, 2011).

Primary prevention - Violence prevention programs that focus on reaching the general population. These interventions could include community or school-based initiatives designed to proactively address and prevent violence prior to its occurrence (Abt et al., 2016; Higginson et al., 2016; Mizrahi et al., 2021).

Quasi-experimental methods - A study design that involves using various techniques to construct treatment and control groups, and then comparing the outcomes of these groups to isolate the program's impact. While quasi-experimental designs can yield valid results, they demand additional assumptions and are more complex to implement than RCTs. Some quasi-experimental methods include: matching, regression discontinuity, and difference-in-differences (Gugerty et al., 2016).

Randomized Controlled Trials (RCT) - Commonly considered the “gold standard” in research, RCTs refer to a study design that randomly assigns individuals (or groups like households or communities) into treatment or control groups. The comparison of outcomes between these groups isolates the program's impact as the sole distinguishing factor between them (Gugerty et al., 2016).

Secondary prevention - These violence prevention programs specifically aim to reach populations within sub-groups who have high underlying risk factors and have a greater chance of becoming either perpetrators or victims of violence in the future (Abt et al., 2016; Higginson et al., 2016; Mizrahi et al., 2021).

Systematic review - A methodological approach designed to minimize bias by systematically identifying, assessing, and synthesizing all pertinent studies related to a specific topic. It often includes a meticulously crafted plan and predefined search strategy (Uman, 2011).

Tertiary prevention - Violence prevention programs that target individuals who are already involved in criminal or violent behaviors, as well as victims of violence. Their primary objective is to prevent reoffending, and they may incorporate skill-building training and psychological counseling as part of the intervention (Abt et al., 2016; Higginson et al., 2016; Mizrahi et al., 2021).

Introduction

1. Context

- **Nurturing safer futures: Evidence-based strategies to deter youth involvement in violent and criminal activities**

Across the globe, various interventions and programs have been implemented with the aim of reducing youth violence. This evidence review aims to systematically examine the available evidence on these interventions and assess whether these programs could be used to effectively reduce youth violence in Latin America and the Caribbean (LAC). Specifically, this report focuses on interventions targeting children aged 8 to 12. By concentrating on this age group, we aim to gain insights into strategies that can effectively prevent children from becoming involved in criminal or violent activities in the future.

The importance of targeting the 8-12 age group is highlighted by several factors (Bellis and Hughes, 2023):

- First, early childhood experiences have a profound impact on future violent tendencies, which underscores the pivotal role that interventions for this formative period play in preventing youth violence.
- Second, many of these interventions can improve other important outcomes, such as education, employment, and health outcomes, making them impactful tools for enhancing overall youth well-being.
- Third, some of these approaches have the potential to reduce the likelihood of youth embracing other forms of risky behavior, such as tobacco use, substance abuse, and unsafe sex.
- Fourth, these interventions can often mitigate certain factors that increase children's vulnerability to becoming victims of violence themselves.
- Lastly, some of the interventions for this age range are particularly cost-effective, yielding returns in terms of health, social, and criminal justice savings that exceed program expenses.

The objective of this report is to help policymakers and practitioners more effectively address youth violence through evidence-based strategies. The report analyzes youth violence prevention interventions and evaluates them based on their impact potential based on the strength of the evidence base that supports them, and feasibility of replication in LAC. The report focuses on interventions concerning violence and crime, with a particular emphasis on gang activities. It does not encompass other types of violence prevention interventions for youth, such as those targeting sexual violence or bullying.

- **Unraveling the intricate landscape of youth violence in LAC: From victimization to perpetration**

Despite representing just over 8 percent of the world's population, Latin America accounts for nearly a third of all homicides (Abt and Winship, 2016). In 2017 — one of the years with the most cohesive data sets on homicides to date — the two countries with the highest rates in the world were El Salvador (82.3)¹ and Honduras (57.8). In the same year, in which more than 40,000 children worldwide were victims of homicide, nearly 12,000 of those homicides occurred in Latin America alone. In fact, Latin America

¹ Figures given in homicides per 100,000 inhabitants.



What Constitutes Youth Violence?

Youth violence is a multifaceted issue, with young people often experiencing both victimization and perpetration of violent acts. According to Bellis and Hughes, writing for the Council of Europe (2023), “youth is a period marked by rapid physical, emotional, cognitive and behavioural changes that can contribute to both aggression and vulnerability to violence.” How young people manage these changes and other challenges can determine their involvement in violent activities as either victims or perpetrators.

This paper focuses on the role of youth as potential perpetrators of violent or criminal behavior. However, it is important to acknowledge the intricate relationship between victimization and perpetration among young people, as the interplay between these factors can significantly influence their involvement in violent activities. For instance, young people who are recruited into gangs or extortion-related activities from an early age may experience violence from other gang members, rival factions, or state authorities, but they may also engage in criminal or violent behavior themselves.

accounts for over 28 percent of global youth homicides, and the three countries with the highest youth homicide rate in the world are all in Latin America: Honduras (16), Brazil (11.6), and El Salvador (10.9) (World Health Organization, 2020) Homicide data serves as a useful metric for evaluating the scale and gravity of violence against youth; however, it is only the tip of the iceberg. While most notorious, violence that results in death constitutes only a small proportion of all acts of this type of violence. Children are not just victims of violence, they are also exposed to it as witnesses, from gang violence in their daily routine to intimate partner violence at home. **In addition, youth violence often functions in a vicious cycle that begets even more violence.** A child’s exposure to

violence at an early age has been associated with an increased risk not only for revictimization (Stith, 2000), but also for committing acts of violence themselves (Nofziger and Kurtz, 2005). This scale of youth violence in Latin America has severe and enduring consequences that affect health, education, and even economic growth.

After this Introduction section, the report is organized as follows:

- **Methodology:** Outlines the approach taken to map and assess the relevant evidence for producing this report.
- **Promising interventions:** Describes the seven interventions that we identified as effective in preventing violence among children. Includes a summary table of other interventions with mixed or contested evidence, and those that lack supporting evidence in their favor.
- **Limitations:** Presents the constraints of the study as well as the challenges encountered during the research process.
- **References:** Includes a comprehensive list of the sources used to produce this report, providing readers with the necessary information to further explore the referenced literature.
- **Conclusion:** Presents our general conclusions and some general policy and research-related recommendations.

2. Types of violence

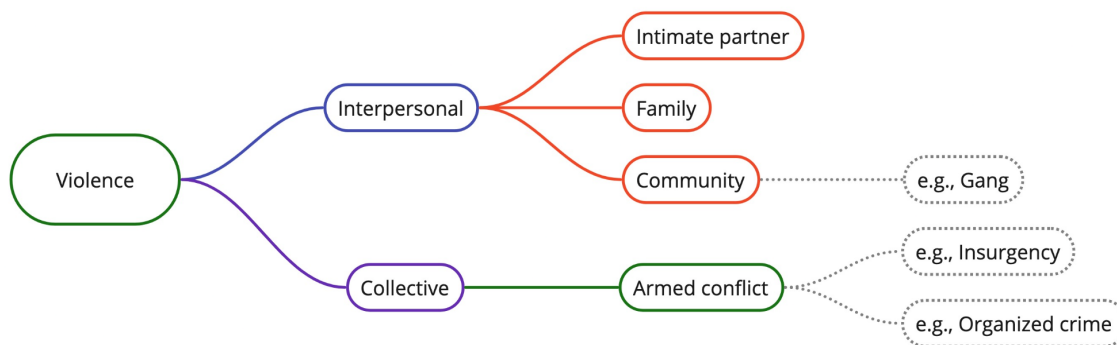
This report uses the World Health Organization’s (WHO) definition of violence: “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or

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community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." (Krug et al., 2002). Furthermore, it categorizes violence based on the number of individuals involved and the degree of organization, dividing it into two categories: **interpersonal** and **collective**.

- **Interpersonal violence** takes on diverse forms, including physical assaults, gang activities, intimate partner violence, sexual assault, and child abuse. The individuals responsible for these acts, as well as the victims, their families, and the wider community, experience the short- and long-term consequences of this violence. Interpersonal violence can be further divided into **domestic violence**, occurring within familiar or intimate partner relationships, and **community violence**, which occurs among individuals who may or may not know one another.
 - Instances of **community violence** include clashes between rival youth factions, assaults committed by strangers, and violence associated with property crimes, among other examples (Mizrahi, 2021). It is important to emphasize that this form of violence primarily occurs in public spaces. According to Abt et al. (2016), this violence is often loosely planned and impulsive in nature, although this does not diminish the severity of its consequences, which can result in death or debilitating injuries. Additionally, it should be noted that the perpetrators and victims of this violence are typically, but not exclusively, young men and boys from disadvantaged environments and communities.
- **Collective violence** is carried out by larger groups of individuals who are typically better organized and driven by diverse motives. These motives can range from political grievances to the accumulation of wealth and territorial dominance in instances of transnational organized crime, or the pursuit for political power during times of war or state-inflicted violence against internal or external adversaries (Mizrahi, 2021).

Figure 3. The typologies of violence.



The focus of this report is interpersonal violence, specifically community violence linked to gang activities and general lawlessness. Furthermore, considering the targeted age range for the interventions outlined in this report (8-12 years), we have also delved into high-risk behaviors (such as aggression or violence) and risk factors (such as family involvement in criminal activities or physical punishment) that are interconnected or have the potential to contribute to youth being involved in violent or criminal behaviors in the future.



Gang violence in Latin America

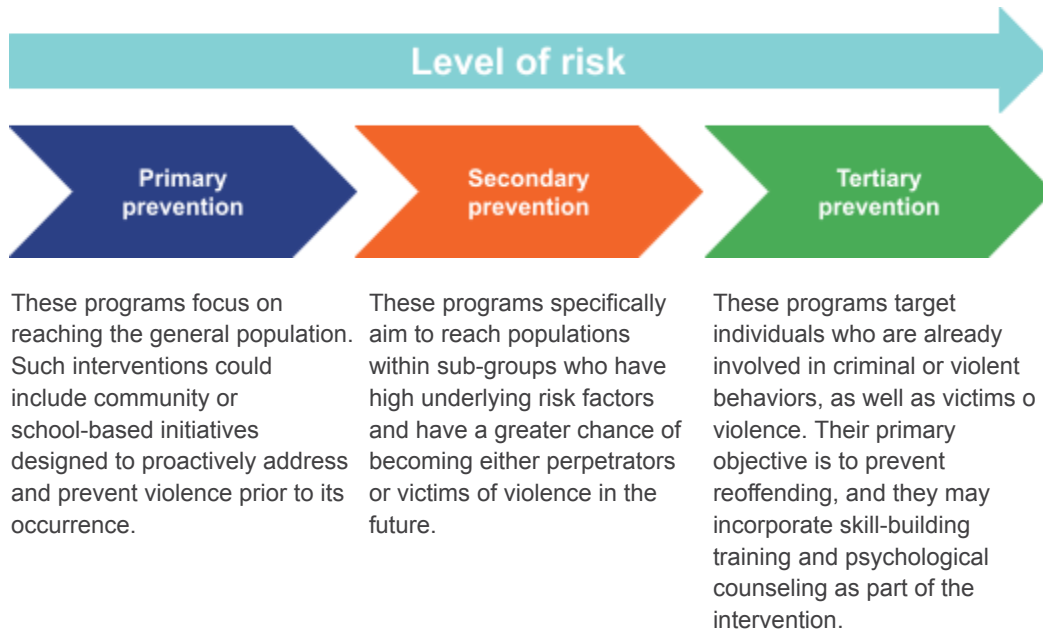
Gang violence poses a significant and enduring challenge in LAC, with gangs exerting a disproportionately high level of influence in the region. Gangs typically emerge from marginalized urban areas characterized by segregation, fragmentation, and socioeconomic inequalities, which are reflective of broader social and economic struggles faced in LAC (Dammert, 2017). The manifestations of gang violence are diverse and encompass various forms, including inter-gang conflicts, acts of violence against non-affiliated individuals, and even internal violence within the gangs themselves. Frequently, violence serves as a means to protect and expand gang territories while also serving as a method for recruiting new members (Higginson et al., 2016).

Dammert (2017) highlights the evolution of gangs from simple street groups engaged in illicit activities to criminal associations that utilize gang networks to consolidate their power. In certain instances, these gangs maintain close ties with drug trafficking and transnational organized crime. Nonetheless, this transformation is not uniformly observed across all countries, cities, and neighborhoods, thereby limiting the possibility of developing a singular LAC perspective on gangs (Dammert, 2017). Consequently, categorizing gang violence strictly as interpersonal violence within the realm of community violence or as collective violence poses challenges since it hinges on the specific context of each country.

3. Framework of analysis

This evidence review uses a public health model to assess responses to violence based on the target population and their level of risk. Figure 3 represents this model, which encompasses three distinct categories: primary, secondary, and tertiary risks levels. These categories provide a framework for addressing violence at different stages based on the level of risk, from prevention and early intervention to rehabilitation and post-violence support.

Figure 4. The classification of risk levels for violence prevention interventions²



² Abt et al., 2016; Higginson et al., 2016; Mizrahi et al., 2021.

Methodology

This evidence review was produced after analyzing a range of academic sources, including systematic reviews, meta-analyses, and research papers (particularly randomized controlled trials and quasi-experimental studies). Additionally, we conducted expert interviews to complement the findings from the literature.

As detailed in Section 3, the expert interviews served two primary objectives: (i) gaining a deeper understanding of the identified intervention types from the perspectives of both researchers and practitioners, along with their recommendations for further sources to enrich our understanding of the available evidence; and (ii) soliciting insights from experts well-versed in the LAC context to evaluate the feasibility of implementing the most promising interventions within this specific context. Broadly speaking, these interviews, conducted with individuals regarded as both prominent researchers and practitioners, not only validated the findings of our evidence review but also steered our focus towards interventions that exhibited a higher degree of relevance to the LAC context. For instance, these interventions included those that prioritized external risk factors related to families and individual risk factors related to early childhood development, which have shown greater relevance within the LAC region.

We started by defining an **inclusion criteria**, and then using systematic reviews and meta-analysis to filter relevant studies that met that criteria. We then reviewed those studies individually to gather insights about specific interventions. In this section, we describe the criteria for selecting studies, process used for the search process, and the methodology for assessing the studies that led to the findings presented in this report.

I. Criteria for inclusion

In order to ensure the inclusion of the most relevant literature on youth violence prevention interventions, we employed the following criteria to select studies:

1. **Outcomes:** We included studies that address one or more of our primary outcomes of interest, including crime and recidivism, antisocial or violent behaviors, and, to a lesser extent, risk factors such as low academic performance, substance abuse, or child abuse.
2. **Target population:** The target population for this study are children within the age range of 8-12 years old. Studies that included populations below or above this range were limited to no more than a five year difference. This flexibility allowed for potential applicability of other interventions to the target age group.
3. **Rigor:** We started by looking at systematic reviews and meta-analysis. When relevant, we selected studies employing rigorous methodologies, such as randomized controlled trials (RCTs) or quasi-experimental designs.
4. **Time period:** Apart from a couple of papers, the majority of selected studies were published after January 2000, ensuring the inclusion of more recent research.
5. **Geography:** Although there were no strict restrictions on geography, studies conducted in the LAC region were given priority, recognizing the importance of local relevance and context.
6. **Languages:** Studies written in English and Spanish were considered.

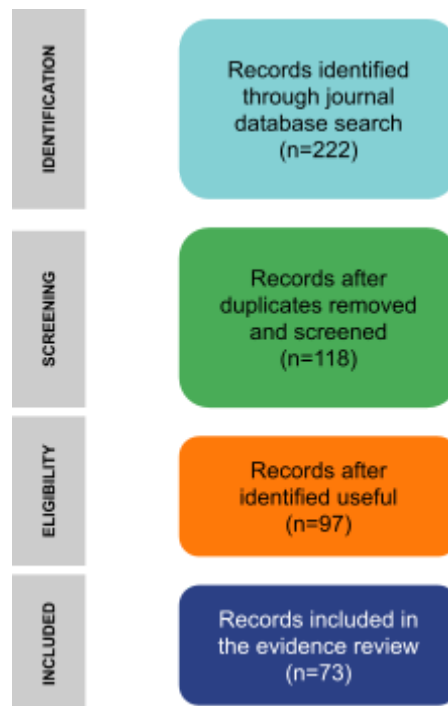
- Sources:** Preference was given to studies published in trusted sources such as academic journals and academic databases, ensuring the reliability and credibility of the included literature.

2. Search strategy for the identification of relevant sources

To ensure a comprehensive search for relevant literature, we used databases from various research organizations that focus on evidence generation and sharing, such as the Abdul Latif Jameel Poverty Action Lab (J-PAL) and Innovations for Poverty Action (IPA). We also explored resources from justice-oriented organizations like the National Criminal Justice Reference Service (NCJRS). In addition, we accessed digital libraries, including JSTOR, the Scientific Electronic Library Online (SciELO), and the Network of Scientific Journals from Latin America and the Caribbean (Redalyc), which provide access to a wide range of articles and scientific books.

The process of article selection and the resulting number of eligible articles can be summarized in the following chart:

Figure 5. The evidence review process.



When utilizing the aforementioned databases, we followed a search strategy akin to that outlined by Blattman and colleagues (2016). Our approach commenced with the identification of the desired study type, employing keywords like "meta-analysis," "systematic review," "RCT," or "quasi-experimental study." We then included keywords linked to the selected outcomes, such as "violence," "crime," "gang," "recidivism," "risk factor," or "victimization," as well as keywords associated with the target population,

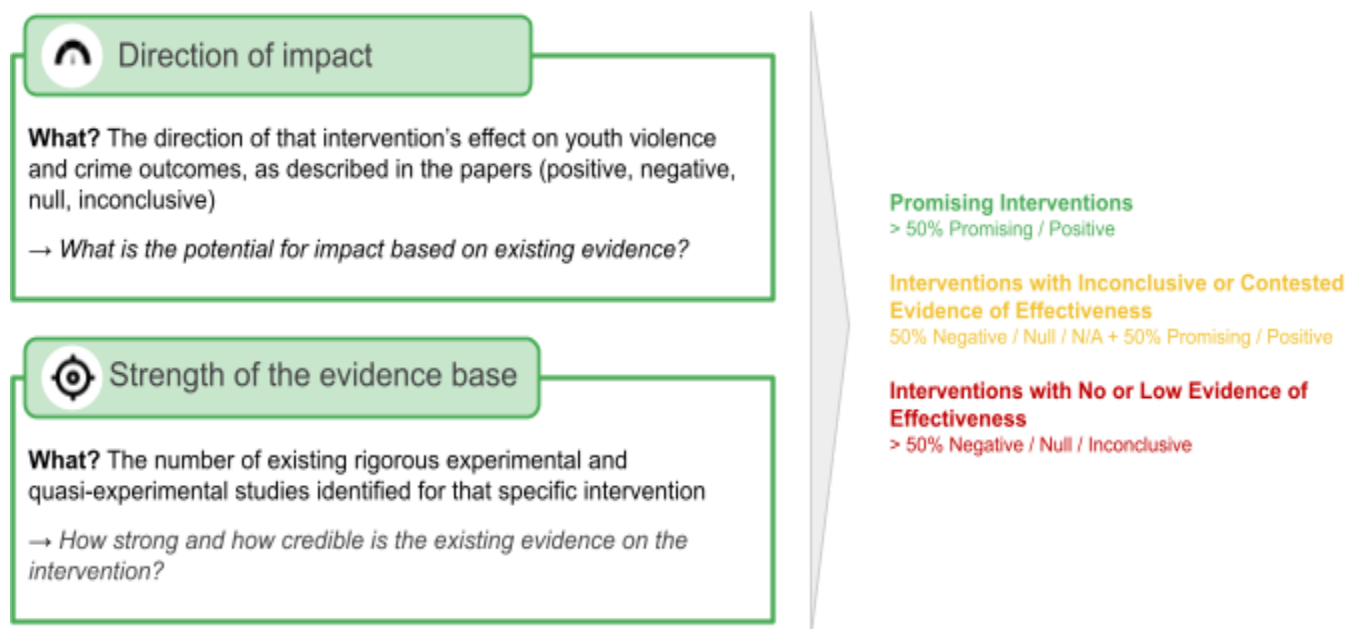
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such as "children," "youth," "parents," or "family." In instances where we sought studies related to specific intervention categories, we further integrated relevant search terms, such as "CBT," "parenting," "therapy," or "school-based," to refine our search parameters.

In addition to the search criteria described above, we established the following evaluation categories to assess the effectiveness of interventions in reducing youth violence in the context of Latin America³:

- **Promising interventions:** The interventions falling under this category are those for which more than 50 percent of the assessed studies demonstrate positive or promising⁴ effects in addressing our outcomes of interest. These interventions show potential and have a body of evidence supporting their effectiveness.
- **Interventions with inconclusive or contested evidence of effectiveness:** For interventions categorized as having inconclusive or contested evidence, 50 percent of the reviewed papers yielded negative or inconclusive findings. The evidence regarding these interventions is mixed or lacks consensus, indicating a need for further research or variability in the observed outcomes.
- **Interventions with no or low evidence of effectiveness:** This category applies to the interventions for which more than 50 percent of the papers reviewed show a negative, null, or inconclusive impact on the selected outcomes. **It is important to note that classifying interventions as having no or low evidence of effectiveness does not imply they are ineffective.** It could mean that the available evidence is limited, insufficient, or unclear. Further research might be needed to make a more definitive assessment.

Figure 6. Description of the assessment categories.



³ Similar categories are used by several evidence reviews, including Blattman et. al., 2016.

⁴ The effects that are considered promising are those from interventions that were found to be successful in preventing youth violence in systematic reviews, meta-analyses, or other syntheses, but we were not able to verify independently.

3. Prioritization of interventions based on local relevance

For the most promising interventions identified according to the process presented above, we applied a simplified and tailored version of an Evidence Generalizability Framework⁵ to assess if each intervention had the potential to be replicated or adapted to improve targeted outcomes in LAC. The steps in this stage included (i) identifying the underlying conditions necessary for the intervention's outcomes in the literature, and (ii) assessing the local relevance of those conditions for a similar program to be implemented in the LAC context.

- *Assess original intervention conditions:* We began the assessment of local relevance by identifying the necessary conditions within each promising intervention's theory of change. These conditions are the contextual factors that need to hold true for the intervention activities to successfully link to the final outcomes, as observed in past applications, such as infrastructure, resources, and relevance.
- *Assess intervention conditions in the new context:* We then assessed whether these critical intervention conditions held in the LAC context. To do this, we used descriptive data and publicly available information to better understand if the underlying issues and conditions from the context of the intervention were also at play in LAC.

Additionally, we conducted interviews with two experts from the LAC region, Santiago Tobón and Jorge Cuartas, to better understand whether the interventions could be implemented in the LAC context, how these interventions had been implemented in different contexts, and recommend sources to deepen our understanding of the available evidence. The interviews focused on addressing the following key questions for the most promising interventions identified:

- Does the issue or challenge that the original intervention aimed to solve exist in LAC? To what extent?
- Is there evidence that the underlying cause is the same or similar?
- Are the same conditions that were important for the intervention to be implemented in the original context also present in this context?

In general, these interviews not only affirmed the findings derived from our evidence review regarding the identified intervention categories and their potential impact but also steered us toward interventions more apt for the LAC context. Specifically, interviewees emphasized the significance of interventions that target risk factors prevalent in the LAC region, including issues like family conflict, physical punishment, the perpetuation of violent masculine stereotypes within cultural norms, and the insufficient attention given to early childhood development. Additionally, the interviews shed light on innovative approaches and interventions currently underway in the LAC region. For instance, we learned about initiatives like the ongoing research in Medellín, Colombia, which delves into the motivations behind individuals joining criminal gangs and explores the economic dynamics and governance structures within these gangs. These insights encouraged us to explore alternative, less punitive approaches to addressing youth violence in the region.⁶

⁵ The Evidence Generalizability Framework was originally developed by [Mary Ann Bates and Rachel Glennerster](#) and further detailed for practice through [JPAL](#).

⁶ For more information on these topics being studied by Santiago Tobón and other researchers, see: <https://sites.google.com/view/santiagotobon/research>.

Analysis and Recommendations

1. Promising interventions

Intervention	Prevention type	Description	Key takeaways
Parenting (or Guardian/Caregiver) Interventions	<i>Primary/Secondary Prevention</i>	<ul style="list-style-type: none"> Interventions designed to improve child-parent or child-caregiver relationships, promote effective parenting and disciplinary practices, and equip parents with the knowledge to understand and respond appropriately to their children's behavior. Divided into two types: Parenting programs and parent visits. 	<ul style="list-style-type: none"> Parenting interventions can be effective at reducing risk factors for youth violence, such as antisocial and violent behaviors as well as child maltreatment and abuse. Both, parenting programs and parent visits, have shown promising results in LMICs. Evaluations in HICs have highlighted their cost-effectiveness. Considerable variation in program components and goals allow for customization and adaptation to different contexts and needs.
Multisystemic Therapy (MST)	<i>Secondary/Tertiary Prevention</i>	<ul style="list-style-type: none"> Interventions that aim to improve family functioning which will in turn improve other relationships and participation in the community. Incorporates evidence-based therapies such as cognitive-behavioral therapy, family therapy, behavioral approaches, and parent management training. 	<ul style="list-style-type: none"> MST interventions have proved pertinent to the LAC social and cultural reality. There's evidence of effectiveness in terms of reoffending, arrests, and improved family relations in the short term, and some suggest positive effects after 20 years of applying.
Community-based Interventions (social cohesion and public health focus)	<i>Primary/Secondary Prevention</i>	<ul style="list-style-type: none"> Interventions that involve the participation of community members or community groups in violence prevention activities. <ul style="list-style-type: none"> Public health focus: Includes case management, outreach, and direct service providing. Social cohesion focus: Aims to generate strong social bonds often they offer infrastructure to make it possible. 	<ul style="list-style-type: none"> Promising evidence for effectiveness in the LAC context. Programs often do not follow a targeted strategy for identifying key beneficiaries, which can hinder their effectiveness and elevate costs. Scalability and inter-agency coordination challenges often occur during implementation.

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<p><u>Cognitive Behavioral Therapy</u></p>	<p><i>Secondary/Tertiary Prevention</i></p>	<ul style="list-style-type: none"> • Cognitive or social skills training where participants work with a specialist to address harmful beliefs, behaviors, trauma, and thought patterns, aiming to modify and improve decision-making processes. 	<ul style="list-style-type: none"> • Extensive evidence that CBT programs have a positive impact on recidivism and violent behavior. • Diverse outcomes are supported by rigorous research. • Few CBT-inspired programs have been implemented for young children with a focus on crime and violence.
<p><u>School-based interventions with a psycho-social focus</u></p>	<p><i>Primary/Secondary Prevention</i></p>	<ul style="list-style-type: none"> • Interventions that take place generally during the school day and involve students participating in various classes or activities. Programs with psychosocial components, such as individual behavior change, conflict and problem resolution, and social and life skills training, tend to be the most effective. 	<ul style="list-style-type: none"> • The effectiveness of school-based interventions depends on key components and implementation, favoring those using proven psychosocial methods in higher doses. • Few rigorous evidence on outcomes related to violence and delinquency in LMICs.
<p><u>Functional Family Therapy</u></p>	<p><i>Tertiary Prevention</i></p>	<ul style="list-style-type: none"> • Cognitive and behavioral intervention which usually involves primary caregivers and children. Most programs aim to create communication channels that strengthen parenting practices or change dysfunctional patterns of family interaction. 	<ul style="list-style-type: none"> • FFT has been found as an effective treatment either alone or as part of a multimodal or multisystemic treatment program for delinquency risk factors and behavioral issues. • Few evidence and rigorous research exist of FFT interventions in LAC.
<p><u>Early Childhood Care and Education</u></p>	<p><i>Primary/Secondary Prevention</i></p>	<ul style="list-style-type: none"> • Interventions that focus on brain stimulation to influence cognitive, linguistic, social, and psychological development, and can include health care and nutrition components. 	<ul style="list-style-type: none"> • Most effective when targeted towards at-risk children and families. • Long-term effects in preventing youth delinquency have been evaluated in HICs, providing insights into their potential impact in LAC. • While several LMICs have implemented these interventions, few have conducted evaluations of their effectiveness in preventing youth violence, highlighting the need for further research in LMIC settings.

Parenting (or Guardian/Caregiver) Interventions

Primary/Secondary Prevention

Note: Some of the interventions mentioned in this section are not specifically directed at the target age group of 8-12 (e.g., prenatal parenting interventions and those focused ECD). However, we have included them in our report due to their proximity to the target age range and potential impact.



Parenting interventions are designed to improve child-parent or child-caregiver relationships, promote effective parenting and disciplinary practices, and equip parents with the knowledge to understand and respond appropriately to their children's behavior. These interventions, which are often delivered starting from the prenatal period and can last throughout adolescence (Mizrahi, 2021) are geared towards fostering strong bonds between children and their parents or caregivers and teaching parents skills for nurturing and educating their children. Parenting interventions are delivered in community, school, and in-house settings (PAHO, 2016; Tager et al., 2011). This diversity in settings offers flexible avenues for implementation in LAC, making them adaptable to various contexts. In this section, we analyze two different types of parenting interventions: Parenting programs, and parent/home visits.

Key takeaways

- Can be effective at reducing some risk factors for youth violence, such as antisocial and violent behaviors as well as child maltreatment and abuse.
- Both, parenting programs and parent visits, have shown promising results in LMICs.
- Evaluations in HICs have highlighted their cost-effectiveness.
- Considerable variation in program components and goals allow for customization and adaptation to different contexts and needs.

Evidence summary

- *Parenting programs:*

Parenting programs have shown promise in reducing youth violence by targeting risk factors such as physical punishment, aggressive behavior, abuse, and drug use. They achieve this by enhancing parental skills, increasing knowledge of child development, and fostering healthier parent-child relationships (PAHO, 2016). Parenting programs can take on different approaches. A synthesis conducted by Weaver and Maddaleno (1999) highlights the substantial body of literature that shows that teaching parents **less coercive disciplinary techniques** results in decreased violence among their children. A study by Dumas (1989), cited by Weaver and Maddaleno, found that **simultaneous parent and child training** yielded positive outcomes, showcasing the benefits of a combined approach. Another family-focused intervention found promising effects in reducing child delinquency when focusing on **preventing adolescent substance use** (Mason, 2003).

- *Parent visits:*

Parenting interventions designed to visit high-risk families, **particularly those with young mothers in impoverished communities and facilitated by trained personnel**, have shown encouraging results in reducing violence. During these visits, families receive guidance, support, and education on child development, childcare, and effective parenting practices. A study by the Pan American Health

Organization (PAHO, 2016) **indicated that initiating these visits before birth yields even greater impact.**

An especially noteworthy study of a prenatal and infancy nurse home visitation program demonstrated significant improvements in maternal functioning and notable reductions in incidents of violence, including arrests, convictions, and probation violations (Brash, 2004). This program addressed three key risk factors associated with antisocial behavior and early child development: **maternal health issues and neurodevelopmental deficits in children, child abuse and neglect, and problematic maternal life courses.** The program involved visits during pregnancy and the first two years of the child's life, offering comprehensive training on prenatal and postnatal care, infant development, the significance of proper nutrition, and behaviors to avoid during pregnancy, such as smoking and drinking (Farrington and Welsh, 2006).

Feasibility of implementation in LAC

Parenting interventions can play a crucial role in addressing risk factors associated with youth violence in the LAC region. The experts interviewed for this report highlighted the detrimental effects of physical punishment, not only as a predictor of violence later in life but also on cognitive growth (Cuartas, 2020). They also stressed the **importance of considering children and their broader context, including parents and communities, in intervention strategies.** One interviewee mentioned that interventions targeting both parents and children become more relevant in LAC, as youth in the region tend to imitate their parents' behaviors and base their own behavior on these role models.

Examples such as the "*Creciendo en Participación y Protagonismo por una Sociedad sin Violencia*" program from Rosario, Argentina (Abad, 2006), demonstrate the potential of these interventions in LAC. Nevertheless, specific challenges in the region, including limited resources and different family setups, can hinder program implementation. To overcome these obstacles, **adjusting implementation intensity and delivery channels (such as schools, home visits, or other settings) to cater to different family setups, participant willingness, and time and resource availability, becomes key.**

Resources and costs

The cost of parenting interventions varies depending on the type of program, how it is delivered, and whether it targets high-risk parents exclusively or all parents in a community. In the United States, the cost of **parenting programs** can range from USD \$200 to USD \$1,200 per family per year. Meanwhile, **home visiting programs** in the United States can cost between USD \$1,000 to over USD \$5,000 per family annually (Kieselbach et al., 2016). The main cost components for both categories include training, staff, and administrative costs. Although we lack cost data for similar programs in LAC, it's probable that parenting programs are less expensive than parent visits, just like in the United States. This highlights the importance of prioritizing home visits for families with the greatest underlying risks, such as those having young mothers with other risk factors.

It's worth noting that more intensive programs, such as daycare programs that provide mothers with advice on child development and relationship-building, tend to be more expensive. For instance, one such program that operated 267 days per year costs an average of USD \$15,000 per child annually. However, this initiative had immediate benefits, as infants who participated in the program

demonstrated higher intelligence and fewer behavioral problems at ages two and three, according to Farrington & Welsh (2006).



Spotlight:

Two examples of noteworthy parenting interventions include:

- *Triple P, Positive Parenting Program (implemented in 25 countries worldwide)*, a parenting program aimed at parents of newborns to 16 years old. It operates as a community-based intervention with a public health approach. This multilevel program (from awareness delivery methods to anger management and other behavioral strategies) can be implemented in different settings (one-on-one, large groups, or small groups) for hard-to-reach parents or complex needs, as well as parents who might want tips for parenting. This program stands out for its flexibility and tailored approach to the parents' needs. This program has been widely evaluated (>182 RCTs), and evidence shows positive effects in outcomes such as disruptive child behavior problems, child abuse, and neglect in different contexts (Prinz, 2009).
- *Parenting for Lifelong Health for Young Children (PLH for Young Children) (implemented in over 14 countries worldwide)*, a community-based group intervention that aims to improve parent-child relationships and minimize harsh discipline. Trained facilitators encourage parents and caregivers to develop better parenting skills through interactive and non-didactic methods such as group discussions and role-playing. Studies have shown that the program can effectively tackle risk factors related to youth violence, including child maltreatment, such as physical and emotional abuse, neglect, dysfunctional parenting, and endorsement of corporal punishment (WHO, 2023).

Multisystemic Therapy

Secondary Prevention / Tertiary Prevention / Offender Rehabilitation



Multisystemic Therapy (MST) is a community-based intervention that provides concentrated treatment to children and teenagers who face high risk due to their individual, family, or community context. The focus of this therapy is on improving family functioning, which ultimately leads to better relationships and participation in the community. MST is tailored to individual needs and operates under the belief that young

people are part of different systems that pose various risks, thus interventions must be equipped to effectively address those risks. The MST model incorporates evidence-based therapies such as cognitive-behavioral therapy, family therapy, behavioral approaches, and parent management training (Abt and Winship, 2016; Van der Stouwe et al., 2014; Pantoja, 2015).

Key takeaways

- MST interventions have proved pertinent to the LAC social and cultural reality.
- There's large evidence of effectiveness in terms of reoffending, arrests, and family relations in the short term and some suggest positive effects after 20 years of applying.

Summary of the available evidence

Overall, positive effects of this intervention are consistently found in the literature. While a rigorous analysis by Littel and colleagues (2005) did not find significant differences between MST and usual services in restrictive placements or arrests and convictions in the USA, Canada, and Norway, the combination of studies generally favors MST. In fact, a systematic review by the Pan American Health Organization (PAHO, 2016) reported that MST interventions reduced arrests and convictions by half, with positive effects sometimes lasting up to 21 years after the intervention. These findings are supported by Welsh and Farrington (2006), who reported a reduction of 56 percent to 63 percent in the prevalence of arrests and improvements in family functioning. Additionally, it was found that only 29 percent of those who participated were rearrested four years after the program (Henggeler et al., 1997, cited in Welsh and Farrington, 2006). Lastly, a systematic review conducted by Mikhail and Nemeth (2015) on RCTs in the United States found a moderate positive effect.

According to Blattman and colleagues (2016), who reference research by Chaeffer and Borduin (2005), the most successful MST interventions are those that focus on addressing factors that have been linked to criminal behavior and violence in young people. These factors include behavior issues, disruptions in parental relationships, problematic family dynamics, negative peer influences, and poor academic performance.

It is worth noting that adherence to MST principles by therapists, as well as continuous attendance, are crucial to achieving positive results, as consistent participation in the program is a key factor for experiencing more significant improvements.

Feasibility of implementation in LAC

MST interventions hold promise for the LAC context, yet it is important to consider the existing challenges and institutional deficiencies in the region. A notable example of MST in LAC was the implementation by the government of Chile of MST for youth crime prevention. This program appeared to be a good fit with a population of around 10 to 17 years old high-risk youth offenders. Pantoja (2015) attributes the success of this intervention to its innovative public approach featuring partnerships between central and local governments (the political side), collaboration with the Multisystemic Therapy Group (the technological side), and local capacity development (the operational side).

However, it's worth mentioning that implementing agencies often customize their therapeutic approaches or curricula to fit their specific contexts. While this customization allows for a more effective adaptation to the unique circumstances, it can compromise the fidelity of the implementation, especially when carried out by less experienced agencies. An illustrative example of the former scenario is the early termination of the implementation of MST in Hawaii (documented in "A Randomized Trial of Multisystemic Therapy With Hawaii's Felix Class Youth," conducted by Rowland et al, 2005). The study was halted in Hawaii due to implementation challenges, offering valuable insights into the complexities of coordinating such processes. While evidence of effectiveness exists for these interventions, research is needed to explore longer-lasting impacts and the adoption process.

Resources and costs

The lack of affordable therapeutic interventions presents a significant barrier to their widespread adoption. Therapeutic methods necessitate well-trained and dedicated personnel to provide consistent counseling to youths and their families. Aos (2001) reports the cost of the intervention is approximately USD \$5,000 per case (Litnell, 2005). Nevertheless, the incremental costs of MST have been found to be largely offset by the savings resulting from fewer days of out-of-home placement during the first year (Farrington and Welsh, 2006). A cost-benefit analysis carried out by Dopp and colleagues (2014) found that the MST condition resulted in a decrease in criminal activity. This reduction had long-term benefits for taxpayers and victims of crime, with the MST treatment estimated to save \$35,582 per juvenile offender and \$7,798 per sibling. In total, every dollar spent on MST resulted in \$5.04 in savings for taxpayers and crime victims over a period of 25 years after treatment.



Spotlight:

An exemplary instance of a noteworthy MST intervention took place in the state of Hawaii, USA. Here, an intensive family- and community-based MST treatment program was strategically chosen as a promising alternative to placing 9-17-year-old youths, who were part of the Felix Consent Decree and were grappling with severe mental health issues, in out-of-home care. In comparison to their counterparts in the control group, youths who underwent MST reported substantial reductions in externalizing symptoms, internalizing symptoms, and minor criminal activities. Additionally, their caregivers noted near-significant improvements in social support, and there was a significant decrease in the number of days these youths spent in out-of-home placements (Rowland et al., 2005).

Community-based interventions (social cohesion/public health focus)

Primary/Secondary Prevention



Community-based interventions involve the participation of community members or community groups in violence prevention activities. These programs usually aim to actively engage the community in designing, implementing, and monitoring a collective response to address violence. These interventions encompass a wide range of strategies, including but not limited to individual or family-level approaches such as education, counseling, and awareness campaigns. By involving the community, these programs aim to foster a sense of ownership and empowerment, which can lead to more sustainable violence prevention efforts.

Since these programs vary widely, we split them into two groups defined by their main components:

- *Public health*: Interventions that offer an array of services, including outreach, case management, and direct services from subsidized employment to behavioral and psychological health.
- *Social cohesion*: Interventions that aim to foster intergroup collaboration, strengthen the effectiveness and trustworthiness of local leaders, and improve conflict management within a society where tensions between the groups risk escalating into violence.

Key takeaways

- Promising evidence for effectiveness in the LAC context.
- Programs often do not follow a targeted strategy for identifying key beneficiaries, which can hinder their effectiveness and elevate costs.
- Scalability and inter-agency coordination challenges often occur during implementation.

Summary of the available evidence

A number of studies have found that community-based programs with components of social cohesion and public engagement have a positive impact on reducing violence in boys and girls (Harrel et al. 1999; Brash, 2004; Abad, 2006; Campie et al., 2020; Berk-Selikson et al., 2014).

In one quasi-experimental study with at-risk children in the US, Harrell et al. (1999) found that community-based programs were associated with a reduction in the likelihood of both committing violent crimes and consuming mild drugs and stronger hallucinogenic drugs. However, the effect was observed only for one year after the program ended.

An analysis of a multi-state RCT by Kuklinski et al. (2011) found that community-based programs reduced eighth-grade students' likelihood to engage in delinquent behavior and use tobacco. Additionally, a systematic review by Brash (2004) found that over the course of four years, children in the community-based Choice program in Baltimore were arrested at much lower rates than children receiving traditional probation services. In addition, a quasi-experimental study by Campie et al. (2020) found that the community-based Safe and Successful Youth Initiative has shown significant and consistent reductions in violence in high gang activity neighborhoods in Massachusetts since its inception more than a decade ago.

More evidence, less poverty

A systematic review by Abad (2006) found that some of the most successful community-based interventions concentrated their efforts across three project categories: 1) programs based on meetings and communication channels between authorities and the community; 2) programs aimed at adolescents, providing free time alternatives and spaces to gather; and 3) programs that sought to cultivate greater informal social control as a means of deterrence. If we understand formal controls as police and the law, informal social controls may be understood as the community norms and pressures that reinforce or discourage certain behaviors.

In the LAC context, an RCT conducted in El Salvador, Guatemala, Honduras, and Panama found that the Central America Regional Security Initiative (CARSI) led to a reduction in the perception of homicides, robberies, and gang violence (Berk-Selikson et al., 2014). The main objective of CARSI was to create educational and employment opportunities for at-risk youth as a means of strengthening community capacity to combat crime. Critics of the program, however, allege that the initiative is not an integrated strategy and — despite some areas of modest success — has had a negligible overall impact. However, a systematic review by Atienzo et al. (2016) focused exclusively on Latin America found that community-based programs had the most consistent effectiveness in preventing violence.

Feasibility of implementation in LAC

Implementing community-based interventions in LAC poses two key challenges as stated by the experts interviewed. Firstly, coordinating multi-agency efforts can be difficult for interventions that offer a range of services, for example including counseling and healthcare support. Secondly, these interventions may not have a specific plan for identifying and targeting the most at-risk populations, leading to higher costs. The experts interviewed mentioned that community-based interventions are often seen as ongoing initiatives without set timelines or completion conditions. Although this can lead to strong initial participation, efforts may gradually decrease over time, limiting the impact of these initiatives.

Resources and costs

The cost of the intervention demonstrates a significant financial commitment with variations across different contexts. For instance, the average Comprehensive Adolescent Rehabilitation (CAR) program, operating at full capacity, provided services to around 90 participants and a similar number of family members (83) annually, incurring an expenditure of USD \$420,000, equivalent to under USD \$4,700 per youth participant per year. When accounting for family members, the cost per individual served decreases to USD \$2,400. The distribution of costs reveals that 79 percent constituted cash outlays, predominantly allocated to personnel and contractual expenses, collectively accounting for 70 percent of the total expenditure. Other cash costs constituted 8 percent on average, differing among sites, ranging from 4 percent to 13 percent (Harrell et al. 1999). Notably, a significant portion of the costs represented in-kind services from CAR partnership organizations, indicating a diversified resource distribution. Similarly, the Community That Cares (CTC) initiative incurred an average expenditure of USD \$637,014 over five years, with an annual average of USD \$127,403 across communities. The collective benefit CTC, centered on averting smoking and delinquency initiation, amounts to USD \$5,250 per youth, distributed among participants, taxpayers, and the general public, highlighting the multi-dimensional impact and resource allocation of the program (Kuklinski et al. 2011).



Spotlight:

The *Safe and Successful Youth Initiative (SSYI) (United States)* is a state-funded violence prevention program that targets at-risk young men aged 17 to 24 but can also include those aged 14 to 24. The program employs a community-based approach with a public health focus to reduce the incarceration and victimization of youth from both violent and nonviolent crimes. The program offers a range of services, including case management, outreach, and direct services such as subsidized employment and behavioral health. Each participant's needs are evaluated to create a customized service plan.

Cognitive Behavioral Therapy

Secondary/Tertiary Prevention



Cognitive Behavioral Therapy (CBT) is a therapeutic approach used to address harmful beliefs, behaviors, trauma, and thought patterns, aiming to modify and improve decision-making processes. With CBT, youth learn to recognize negative thought patterns and beliefs that contribute to distressing emotions and negative behaviors. By acknowledging and challenging these cognitions, they can reframe their perspectives and adopt more constructive ways of thinking and acting. The available evidence highlights the effectiveness of CBT in reducing aggressive behaviors, improving conflict resolution skills, and promoting positive decision-making among at-risk youth.

Key takeaways

- Extensive evidence that CBT programs have a positive impact on recidivism and violent behavior.
- Diverse outcomes are supported by rigorous research.
- Few CBT-inspired programs have been implemented for young children with a focus on crime and violence.

Summary of the available evidence

Numerous studies have concluded that CBT-based programs can have a significant impact on decreasing violent behavior and improving social and emotional skills in adolescents. These programs equip young people with coping strategies and emotional regulation skills that help them manage their reactions to distressing situations more effectively.

For example, in the United States, the Becoming a Man (BAM) program, which is inspired by CBT, has been successful in reducing total arrests by 28-35 percent and violent crime arrests by 45-50 percent among economically disadvantaged youth aged 12 to 15 (Heller et al., 2015). The program, created by the NGO Youth Guidance, involves small groups of around 8 students who engage in introspection, role-playing, and other experiential activities. A similar program implemented at the Cook County Juvenile Temporary Detention Center (JTDC) in Chicago has been successful in reducing readmissions to the facility by 21%. The significant positive impact on behavior of these programs, coupled with low program costs, resulted in benefit-cost ratios ranging from 5-to-1 up to 30-to-1 or higher for these interventions. Heller et al. (2015) credit the success of these programs to helping youth slow down in high-stakes settings, examine their assumptions about the situation, and question whether it could be perceived differently.

In LMICs, research by Blattman and colleagues showed that a CBT therapy for young men in Liberia was successful in reducing crime and violence among participants and that these effects were more lasting if accompanied by cash transfers. In fact, this program reduced antisocial behaviors dramatically, roughly 0.2 standard deviations compared to the control group, but these effects diminished within one year. However, when therapy was followed by cash, the reductions in an index of antisocial behaviors were lasting. It's important to note that this study was conducted with older men aged 18-35.

Feasibility of implementation in LAC

Adaptations of CBT interventions have been made in various programs across Brazil, Paraguay, and Argentina, according to Neufeld et al. (2021). The experts we interviewed for this study concur with existing literature that applying CBT in LAC is a promising area for implementation and research. The reviewed evidence shows that CBT interventions are adaptable to diverse populations and settings, including schools, community centers, and juvenile justice facilities, and have demonstrated promise in reducing violence and promoting prosocial behaviors. The fact that CBT has been implemented successfully in LMIC countries like Liberia is particularly encouraging (Blattman, 2017).

Blattman and colleagues' (2017) intervention model resulted in a low-cost program that included a publicly available manual, curriculum, and training guidelines to facilitate adaptation and replication. The authors believe that qualified and effective facilitators can be trained in other countries with time, given established methods for teaching CBT.

However, as conversed with the experts we reached out to, there are still questions about the efficacy of CBT for younger children, and cultural nuances regarding the program flexibility and intensity. Professional training in the LAC context must also be considered when implementing these programs. Although there is promising evidence for the growing adoption of CBT in the region, there is an ongoing need to design scientifically-based curricula and promote the dissemination of results.

Resources and costs

The cost associated with any therapeutic intervention is an important aspect to consider. In the case of CBT, the expenses encompass various components, including staffing, training, and ongoing counseling sessions for both youth participants and, on occasion, their families. However, these costs can be reduced if the intervention is implemented in a group setting and if using non-professional staff. The Sustainable Transformation for Youth in Liberia (STYL) program is an example of a low-cost intervention that successfully reduced criminal, violent, and other antisocial behaviors over a period of ten years. Its cost was only USD \$530 per person, which included all implementation costs for the 8-week CBT program, cash transfer, distribution costs, program registration, and administration costs. A cost-benefit analysis of the program found that STYL reduced theft and robbery at a cost of as little as USD \$1.50 per crime avoided. Additionally, the fact that STYL led to reduced drug selling and other violent activities makes it an even more cost-effective solution overall (Blattman et. al., 2022).



Spotlight:

One example of a noteworthy CBT intervention is *Becoming a Man (BAM)*. BAM is a school-based group counseling program implemented in several US cities, and with adaptations in other countries, that guides young men in 7-12 grades to learn, internalize and practice social cognitive skills, make responsible decisions for their future and become positive members of their school and community. In 2 studies, the effect on program participants during the program period were similar, reducing total arrests by 28–35%, violent-crime arrests by 45–50%, and arrests for other crimes by 37–43%.

“BAM does not tell youth the “right” thing to do, it recognize that these youth live in distressed neighborhoods where being aggressive or fighting may sometimes be necessary to avoid developing a reputation as someone who is an easy victim” (Brash, 2004)

School-based interventions with psychosocial components

Primary/Secondary Prevention



Different types of school-based interventions aim to address youth violence, with varying degrees of effectiveness. Some interventions involve sharing information, doing community work, working with parents, or using psychosocial techniques like CBT to alter thought and behavior patterns. Research suggests that interventions utilizing proven psychosocial methods tend to be the most successful (Blattman et al., 2016). These programs aim to promote individual behavior change, conflict, and problem resolution, and provide training in social and life skills. Our focus in this section will be on this category of interventions.⁷

Key takeaways

- The effectiveness of school-based interventions depends on their key components and implementation, favoring those using proven psychosocial methods in higher doses.
- Few rigorous evidence on outcomes related to violence and delinquency in LMICs.

Summary of the available evidence

Several school-based interventions centered around psychosocial development have demonstrated favorable outcomes in thwarting violence, criminal tendencies, and associated risk factors, including aggressive conduct, school attrition, and academic performance concerns.

For instance, within the United States, the Resolving Conflict Creatively Program (RCCP) reached 5,053 students and resulted positive results. This initiative fostered constructive attitudes towards law enforcement, curtailed involvement in gangs, and fortified resilience against negative peer influences (Swaim and Kelly, 2008).

Wilson and Lipsey (2005) conducted a review of 249 school-based programs that aimed to address aggressive and disruptive behavior among students. The review revealed that interventions that involved behavioral, cognitive, and social skills, had similar positive effects overall. Programs with better implementation and involving students at higher risk for aggressive behavior showed larger effects. It is important to note that this review specifically focused on aggressive and violent behaviors within schools, such as interpersonal aggression among children. Although such behaviors can increase the risk of more severe types of violence in the future (Hawkins, 2000), there is no direct link between these programs and those outcomes in the study.

⁷ It is important to note that other types of school-based interventions, such as those with an informational focus or those aimed at preventing substance abuse and gang involvement like D.A.R.E and G.R.E.A.T, may not have significant effects in reducing youth violence (although some might improve other outcomes, such as attitudes and perceptions of youth towards law enforcement).

Feasibility of implementation in LAC

To successfully implement psychosocial school based programs, Kieselbach et al. (2015) mention as a key factor a well-functioning school system with effective oversight and management mechanisms (Kieselbach et al., 2015). Additionally, it is necessary to ensure that their components are evidence-based and that the state provides adequate capacity and services.

A study conducted by Blattman et al. (2016) found that school-based violence prevention programs in Mexico had similar components to those that have been proven ineffective in other parts of the world. Moreover, NGOs implementing programs in Mexican schools faced challenges in directing at-risk students towards specialized interventions due to the lack of services offered by the state. Therefore, it is important to carefully consider factors such as age, contextual setting, risk assessment, and desired outcome domains when selecting components and delivery methods, as emphasized by Xu et al. (2020).

Despite these challenges, there are promising school-based programs in the LAC region such as *Aulas en Paz* (Classrooms in Peace) in Colombia, a multi-component program for prevention of aggression and promotion of peaceful relationships in elementary schools, is one example. Inspired by international programs and socio-emotional research, the program includes a classroom universal curriculum, parent workshops and home visits to parents of the 10% most aggressive children, and extracurricular peer groups of two aggressive and four prosocial children. The activities aim to promote socio-emotional competencies like empathy, anger management, creative generation of alternatives, and assertiveness. A two-year quasi-experimental evaluation found positive results in prosocial behavior and reduction of aggressive behavior, according to teacher reports, as well as assertiveness and reduction of verbal victimization, according to student reports (Chaux et al., 2017).

Resources and costs

Costs mainly come from setting up tasks such as teacher training workshops and providing technical support for both teachers and coordinators throughout the project. Materials may also need to be provided. These costs vary for each program. For instance, the Life Skills Training program costs USD \$35 per student annually, while the Alternative Thinking Strategies program costs approximately USD \$350 to USD \$600 per classroom. In turn, the Positive Action Program's expenses range from USD \$390 to USD \$460 per classroom. Cost-benefit analyses show a benefit-to-cost ratio of 25:1, with outcomes including violence prevention and reduced illicit drug use. It is important to note that every school received the intervention free of charge, accessible to all students in the corresponding grade levels, and participating classrooms received up to USD \$250, with a maximum of USD \$1,000 per year of the study (Kieselbach et al., 2015).



Spotlight:

An example of a school-based program is:

- The *Life Skills Training* is a classroom-based universal prevention program targeted to youth between the ages of 8-14 years old, it is mainly designed to prevent adolescent tobacco,

More evidence, less poverty

alcohol, marijuana use, and violence. This program is taught in 30 sessions using instruction, demonstration, feedback, reinforcement, and practice over the course of three years. It contains components related to personal self-management skills, social skills, and information and resistance skills. Evidence has shown positive and lasting effects after the implementation (Kieselbach et al., 2015).

Functional Family Therapy

Secondary Prevention



Functional Family Therapy (FFT) is a systemic, cognitive, and behavioral approach that can vary in design and content and targets families that are at high risk. The main goal of these programs is to improve communication among family members, strengthen parenting practices, and address dysfunctional patterns of family interaction (Mizrahi et al., 2021; Humayun et al., 2017).

Key takeaways
<ul style="list-style-type: none">○ FFT has been found as an effective treatment either alone or as part of a multimodal or multisystemic treatment program for delinquency risk factors and behavioral issues.○ Few evidence and rigorous research exist of FFT interventions in LAC.
Summary of the available evidence
<p>Overall, small to medium positive effects of this intervention on recidivism are found (PAHO, 2016). In the reviewed systematic reviews, it is observed that in HIC countries, while there are varied effects, the majority of them are positive (Weisman and Montgomery, 2018).</p> <p>In the United States, an RCT was conducted with teenagers aged 10 to 17 years, who were considered 'difficult to treat' by their families. The intervention consisted of eight to 12 one-hour sessions, tailored to the family's needs, conducted over a range of three to five months. Promising effects were found on the minors' behavior, such as the prevention of violent acts or exposure to them (Humayun, 2017). Additionally, in another study, this intervention was implemented with youth between the ages of 11 and 18 years who had been placed out of their homes due to various dangers within their families (Darnell, 2015). The results indicate that youth who received FFT were less likely to be placed out of their homes again during the first two months, although this advantage disappeared in the later months.</p>
Feasibility of implementation in LAC
<p>As per the evidence reviewed, implementing an FFT intervention demands a skilled team of licensed professionals to execute the program over a span of approximately 3 to 5 months. The World Health Organization (2015) underscores that in regions with limited mental health resources and professionals, there could be challenges to the successful execution of these programs.</p> <p>Furthermore, considering the suitability of FFT interventions within the contextual framework of Latin America, Carr's study (2000) offers insights and recommendations concerning the practicability of implementing such interventions for specific groups of children and adolescents who confront issues like child abuse, neglect, conduct disorders, emotional challenges, and psychosomatic problems. Factors such as the availability of human and financial resources, as well as the characteristics of the intended beneficiaries, play a significant role, particularly since the engagement of caregivers who participate in the program can wield influence over its effectiveness.</p>

Resources and costs

When considering different forms of therapy, it's crucial to factor in costs. For FFT, the main expenses are related to staffing, training, and facilities. According to a study by Aos in 2001, the program costs per FFT participant are around USD \$2,161. However, the same study reveals that the intervention is effective in avoiding 0.5856 felony convictions per FFT participant, resulting in a net present value of USD \$22,497. This means that for every dollar spent, there are benefits of USD \$11.41.



Spotlight:

A noteworthy FFT study by Darnell and Schuler (2015) examined FFT and an adaptation, *Functional Family Probation (FFP)*, among predominantly Latino and African American youth transitioning from court-ordered out-of-home placements. Results showed that FFT, with either standard probation or FFP, reduced the likelihood of out-of-home placement during the initial two months post-release, but this advantage waned later. Youth receiving only FFP also had a lower, though not statistically significant, likelihood of out-of-home placement in the initial two months. These findings offer encouraging support for the positive impact of FFT, whether employed alongside FFP or conventional probation, among a diverse array of young individuals involved in the juvenile justice system.

Early Childhood Care and Education (ECCE)

Primary/Secondary Prevention

Note: Some of the interventions mentioned in this section are not specifically aimed at children aged 8-12, as they instead focus on developmental stages from birth to 8 years old. However, we have included them in our report due to their proximity to the target age range and potential impact in preventing violence later in life.



Early Childhood Care and Education (ECCE) focuses on brain stimulation during early years with the aim of improving cognitive, linguistic, social, and psychological skills. These programs can target, simultaneously or not, two interrelated high-risk groups, children and/or parents and caregivers (PAHO, 2016). Common interventions include those that focus on health care and nutrition, as well as those that focus on cognitive, social, and emotional stimulation (PAHO,2016; Tager, et al.,2011). Furthermore, some interventions take a holistic approach and target additional components, such as those included in the Nurturing Care framework, such as health, safety, opportunities for early learning, and responsive caregiving.

Key takeaways

- Most effective when targeted towards at-risk children and families.
- Long-term effects in preventing youth delinquency have been evaluated in HICs, providing insights into their potential impact on LAC.
- While several LMICs have implemented these interventions, few have conducted evaluations of their effectiveness in preventing youth violence, highlighting the need for further research in LMIC settings.

Evidence summary

Out of the four papers reviewed, three showed positive effects while one showed promising effects. For instance, Walker et al. (2011) conducted a quasi-experimental study in Jamaica involving children aged 9 to 24 months. The study examined the effects of nutritional supplements and stimulation in the early months on key violence outcomes such as involvement in physical fights, violent crime, weapon use, and arrests, among other outcomes. They found that the treatment group had lower participation in fights and less serious violent behavior compared to the control group, although there were no significant differences in the number of arrests. Additionally, the treatment group showed higher IQ and higher educational levels.

Moreover, the Pan American Health Organization (PAHO) (2016) found that educational programs promoting child development in early childhood are the most promising programs for violence prevention when examining different treatments in LMICs.

Feasibility of implementation in LAC

The experts consulted for this report agree with existing literature on the importance of implementing ECCE to prevent crime and violence in the LAC region. ECCE programs have already been widely used in different formats in LAC, so there is an existing knowledge base and infrastructure for their implementation. For instance, the Community Homes program of Family Welfare in Colombia is mentioned in the WHO field guide analysis on crime and violence (Mizrahi et al., 2021). However, more research is needed with a specific focus on violence and crime prevention.

Despite this, there are things to keep in mind when implementing these programs in LAC. Depending on the approach (i.e. center, school, or community based), special infrastructure might be needed such as childcare facilities, daycares, schools, or community centers. However, these costs could be prevented in home visiting programs. Some programs can last for several months or even years, thus budget feasibility and required length for impact analysis should be well considered (Kieselbach et al., 2015).

Resources and costs

Cost-benefit analyses of multi-component interventions targeting ECD indicate that successful programs can yield substantial cost savings. The magnitude of cost benefits, however, varies depending on the follow-up duration and ranges from 6:1 to 12:1. As Kieselbach et al. (2015) indicates, these ratios are most pronounced in societies that heavily invest in services to mitigate long-term consequences of inadequate ECD, such as substance abuse, violence, and mental health issues. In contrast, societies lacking such services may experience lower avoided costs from these programs.



Spotlight:

An instance of a significant ECCE intervention is the *IRIE Classroom Toolbox*. This is a school-based violence prevention program tailored for early childhood educators. The Toolbox's approach encompasses training teachers in classroom behavior management while fostering children's social-emotional competence. In Jamaican preschools, the Irie Classroom Toolbox demonstrated its effectiveness by notably reducing instances of violence against children perpetrated by teachers. This toolbox was purposefully designed to support under trained teachers working in resource-constrained settings and holds promise for early childhood practitioners in other low- and middle-income countries (Baker-Henningham et al., 2021).

2. Interventions with mixed/contested evidence

This section delves into interventions with mixed or contested evidence, as well as with no or low evidence of impact in outcomes related to crime and recidivism, antisocial or violent behaviors, and risk factors such as aggressive behavior, low academic performance, substance abuse, or child abuse.

While some studies report small to moderate positive effects, the findings are not consistent across all reviewed papers. Moreover, the suitability of these interventions for the target population and their feasibility in the LAC context pose additional challenges to their implementation. In light of the scarcity of rigorous studies in LAC countries, determining the true impact and generalizability of these interventions requires careful analysis and consideration for each country and region. In this section, we examine the key findings from evaluating a total of 34 articles to shed light on the complex landscape of interventions targeting youth violence in the 8-12-year-old population within the LAC context.

Intervention	Description	Summary of the available evidence ⁸
Mixed/contested evidence		
Vocational or job training	Equip youth with marketable career skills through technical, trade, and entrepreneurial education. Some programs include internships for at-risk youth, combining traditional technical training with life skills and support services.	Observational studies that have found positive effects reveal small to moderate impacts, yet few rigorous studies have evaluated outcomes on youth violence and others do not find effects on violent behavior. Crucially, these types of interventions are not necessarily suitable for the target population this report aims to focus on (8-12 years old). (Evaluated 4 articles)
Mentoring	This program involves training and assigning a non-parental mentor to build trusting relationships with at-risk youth. The goal is to offer support and guidance while reducing risk factors by promoting healthy relationships. Mentoring can be done one-on-one on a regular basis, or in groups at locations such as schools, hospitals, community centers, or other sites.	Some meta-analytic and systematic reviews conducted in HICs point from negative to moderate positive effects against aggression and delinquency. Mixed evidence on the effects of mentoring interventions indicate the need for further research. (Evaluated 5 articles)
Foster care and group care homes	falls under the category of residential care. When a child's current living situation is inadequate or does not meet their needs, these services aim to work with the child and their family in a less restrictive environment.	The effects of these interventions are not clearly defined due to the scarcity of rigorous studies. Additionally, in the context of LAC, not all countries have a system of foster care or group care homes, which makes implementation

⁸ The interventions discussed in this section are supported by studies listed in Annex 1.

	These services include half-way homes, campus-based homes, and emergency shelters. In addition to the typical care facility services, they also offer mentoring and cognitive-behavioral training.	difficult. (Evaluated 5 articles)
Interventions with no or low evidence of effectiveness		
School-based interventions with awareness or informational components	Implemented in school settings, the review considers programs aimed at sharing information or developing relationships with law enforcement, focused on health-enhancing behaviors (physical activity, nutrition, oral health, and other self-care), citizenship skills and substance usage or alcohol abuse.	The evidence found specifically on the awareness components of the school based interventions have mainly null effects. Programs such as D.A.R.E. and G.R.E.A.T were reviewed and even though two of the 6 articles showed promising results not enough positive evidence was found. (Evaluated 6 articles)
Peer mediation	Implemented in school settings by students who receive training on conflict resolution. The chosen students help their peers mediating in minor conflicts by guiding the process of resolving an issue. Usually adults are not involved in this mediation unless it involves threatening or illegal behavior.	Evidence on these interventions have inconclusive, null or negative effects. Some studies have not found benefits in any outcomes related to drug and alcohol use, misconduct outside of school or relationships. (Evaluated 5 articles)
After-school programs	Can be implemented through school or community-based programs, depending on the main component and timing. These programs aim to limit exposure and opportunities for risky behavior by focusing on affective relationships, self-expression, creativity, and cognitive-emotional skill training. They may incorporate arts, culture, sports, or recreation to achieve their goals.	Research on various implementation approaches including artistic, spiritual, and sports-based interventions have shown unclear or insignificant impact on interest outcomes such as delinquency or gang adherence, both in the short and long term. Furthermore, the studies indicate that these interventions are more suitable for middle-school aged youths rather than those in elementary school. (Evaluated 9 articles)

Limitations

Evidence reviews can have limitations due to various factors, including the quality and nature of the evidence available, difficulties in drawing generalizable conclusions from studies implemented in different contexts, and the possibility of missing relevant evidence during the review process. **As stated in the methodology, interventions that lack rigorous evidence may still have potential, but further research is needed to establish their effectiveness conclusively.** In the context of this study, there are five main limitations, which can be grouped into the following categories:

- **Age precision:** The inclusion process encountered challenges in precisely defining the age range (8 to 12) due to studies referring to "youth" without clarifying the age to which they were referring to. Additionally, some studies were focused on interventions that included the target age range of 8 to 12 within a more broader range (e.g., those encompassing individuals aged 10 to 29). This could affect the accuracy of results.
- **Lack of rigorous evidence:** There is a scarcity of rigorous evidence regarding program effectiveness and implementation conditions. Many studies lacked comprehensive information on program implementation, duration, intensity, format, and setting, limiting our understanding of factors contributing to intervention success or failure.
- **Possible overlooking of studies:** While efforts were made to include relevant sources, some studies might have been overlooked, and there could be redundancy in the inclusion of meta-analyses and systematic reviews.
- **Publication bias:** The presence of publication bias may favor studies with positive outcomes, potentially skewing the overall findings.
- **Limited geographical coverage:** The evidence review's geographical coverage is restricted, potentially impacting the generalizability of the findings to other contexts.

Conclusion

In summary, this evidence review underscores the critical importance of youth violence prevention interventions targeted at the 8 to 12-year-old age group. These interventions are especially relevant as this age group is particularly vulnerable to being the victims of violence and can experience various risk factors that can lead to future violent or criminal behavior. Beyond preventing youth violence, interventions for this age group can also yield positive outcomes in areas like education, employment, and overall health.

However, it's essential to acknowledge that research in this field remains limited, with a significant gap in gender-sensitive and context-relevant studies. Therefore, a primary recommendation stemming from this review is the urgent need for gender and context-relevant research focusing on young children.

Moreover, policymakers in LAC should recognize the need of tailored strategies that take into account local challenges and opportunities when addressing youth violence. In this regard, it is essential for interventions to comprehensively target the individual, family, and community risk factors that may vary across different settings. Emphasizing the integration of interventions across diverse risk levels and contexts is also highly recommended to optimize their impact.

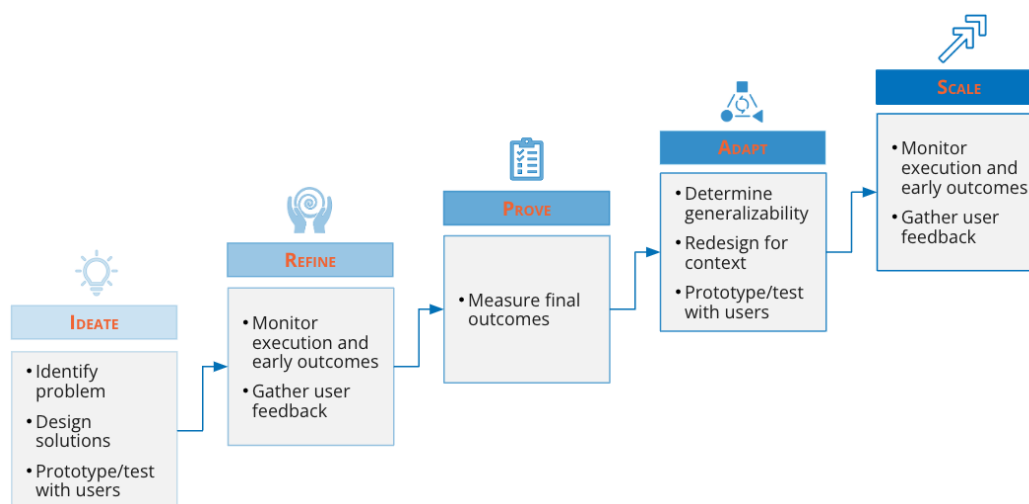
In conclusion, this review calls for the following general policy and research recommendations to effectively address youth violence in the region:

- **Start with a thorough assessment of needs.** To design effective and relevant programs, it is important to start by conducting a thorough assessment of needs. This involves understanding the specific challenges, risk factors, and local dynamics. To increase the chances of successful intervention outcomes, it is crucial to target individuals and regions with higher risk levels. This targeting should be based on robust data and thorough risk assessments, focusing efforts and resources where violence is most concentrated.
- **Invest in programs supported by strong evidence.** When considering which programs to invest in, it's vital to prioritize those that have been proven effective through strong evidence. However, it's important to recognize that much of this evidence is based on experiences in HICs. Therefore, it's crucial to assess whether a program is suitable for a new context. This necessitates a deep comprehension of the local circumstances and the mechanisms that contributed to the program's success elsewhere. By grasping these mechanisms, it becomes feasible to determine if a strategy can be customized to a new setting. Hence, investing in evidence-based programs must be accompanied by a thorough evaluation of their adaptability to the unique conditions of LAC.
- **Recognize and elevate the contributions of local research networks and practitioner communities.** It is important to recognize and appreciate the efforts of local research networks and practitioners who are actively engaged in testing and implementing violence prevention strategies in the 8-12 age group in the LAC region. Although there is a shortage of research on this topic in the region, supporting and promoting these local networks can stimulate context-relevant research and highlight innovative solutions. These networks can serve as catalysts for generating new research insights and sharing emerging best practices, ultimately contributing to a more comprehensive and effective response to youth violence in the region.

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- **Invest in local innovation of new strategies.** In line with the recommendations of Blattman and colleagues (2016), new interventions should adhere to core principles and elements of effectiveness. This includes a focus on addressing the underlying causes of crime to prevent its occurrence. To develop and scale-up innovative strategies, IPA's "Path to Scale Framework" (illustrated in Figure 7 below) could serve as a valuable guide. This framework formulates specific learning questions based on past evidence and experiences, facilitating a gradual learning and investment process. This approach ensures that interventions are continuously refined, allowing only the most promising ones to be implemented at scale. This not only promotes cost-efficiency but also builds confidence in the effectiveness of these interventions.

Figure 7. IPA's learning objectives along the "Path to Scale"



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