Crime and Violence Prevention for High-Risk Youth in Latin America and the Caribbean:

A Handbook for Practitioners

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Crime and Violence Prevention for High-Risk Youth in Latin America and the Caribbean:

A Handbook for Practitioners

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Acronyms

ART	Aggression Replacement Training
C-YSET	Caribbean Youth Services Eligibility Tool
CBT	Cognitive Behavioral Therapy
CDC	United States Centers for Disease Control and Prevention
CVI	Community Violence Intervention
CVP	Crime and Violence Prevention
DPI-MCI	Development Professionals, Inc.-Making Cents International
DR	Dominican Republic
FFT	Functional Family Therapy
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GOC	Government of Chile
GOG	Government of Guatemala
GRYD	Gang Reduction and Youth Development
IDB	Inter-American Development Bank
IMC	*Instrumento de Medición de Comportamientos* (Behavioral Measurement Instrument)
INL	Bureau of International Narcotics and Law Enforcement Affairs
KII	Key Informant Interview
LAC	Latin America and the Caribbean
LACLEARN	Latin America and the Caribbean Learning and Rapid Response
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Others
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
MST	Multisystemic Therapy
N/A	Not Applicable
PREVI	*Prevención y Reducción de Violencia* (Violence Prevention and Reduction)
RNA	Risk and Needs Assessment
RNR	Risk-Needs-Responsivity Framework
SBS	Secretary of Social Welfare (Guatemala)
SPD	Undersecretariat for Crime Prevention (Chile)
SRD	Self-report Delinquency Scale
UNODC	United Nations Office of Drugs and Crime
USAID	United States Agency for International Development
USD	United States Dollar
YSET	Youth Services Eligibility Tool

Glossary of Key Terms

Term	Definition
Attrition	A measure tracking the rate at which participants discontinue their participation or receiving services, whether voluntarily or involuntarily.
Cognitive behavioral therapy (CBT)	"A form of psychological treatment that has been demonstrated to be effective for a range of problems […] CBT treatment usually involves efforts to change thinking [and behavioral] patterns."[1]
Community violence intervention (CVI)	Community-based interventions that seek to work with the most violent individuals in the community. They are extremely focalized interventions that target a small number of participants who are the most violent offenders and responsible for most of the homicides and gun-related and other violent incidents in the community.
Crime	Any action that violates criminal law, which may or may not involve violence.
Criminal governance	"Instances in which armed criminal groups set and enforce rules, provide security and other basic services—such as water, electricity, or internet access—in an urban area, which may be a part (or the whole) of an informal settlement or a neighborhood." This may extend to practices of enforcing parallel justice (e.g., civilian dispute resolution).
Criminogenic needs	Factors in an offender's life that directly impact risk and recidivism. For example, there are six major factors directly related to crime: low self-control, antisocial personality, anti-social values, criminal peers, substance abuse, and dysfunctional families.
Delinquent	Engaging in behavior that violates social rules or conventions, in this case criminal behavior.
Implementation fidelity	The extent to which an intervention that has been replicated from an existing model is faithful to the core principles of that model.
Intervention	Seeking to reduce or reverse violent or criminal behavior once it occurs.
Practitioner	An individual seeking to design, implement, and/or monitor crime and violence prevention (CVP) interventions in Latin America and the Caribbean (LAC), including donor staff, host government stakeholders, and implementing partners.
Prevention	Seeking to mitigate crime and violence before it happens.
Protective factor	Characteristics, variables, or situations that can protect an individual from engaging in criminal or violent behavior, countering risk factors.

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[1] Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder, "What is Cognitive Behavioral Therapy?" created 2017, https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.

Term	Definition
Recidivism	"A person's relapse into violent or criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime."[2] Recidivism is measured by criminal or violent acts that result in re-arrest, re-conviction, or return to prison during a defined period following the person's release. Specific definitions may vary depending on: 1) the length of time to recidivate; 2) the type of crime and relation to initial crime; and 3) whether the individual was arrested or sentenced.
Referral	The act of referring an individual for services based on a specific set of parameters.
Retention	The ability to retain participants throughout the entirety of an intervention or service.
Risk	Probability of engaging in criminal or violent behavior.
Risk and Needs Assessment (RNA)	A standardized approach to assess individual levels of risk, as implemented by trained professionals.
Risk factor	Characteristics, variables, or situations that, when combined for an individual, increase the probability that the individual will engage in criminal or violent behavior.
Risk-differentiation	Distinction among individuals based on their respective level of risk.
Risks-Needs-Responsivity Principles (RNR)	A framework that allows practitioners to identify the right population, design services to address the most important risk factors, and provide services in ways that maximize their effectiveness, regardless of implementation setting.
Street outreach	Work undertaken outside the walls of the implementing organization to engage with people who may be disconnected and alienated from mainstream services and support.
Violence	The intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in or has a high likelihood of injury, death, psychological harm, maldevelopment, or deprivation.
Violent crimes	Criminal actions in which one individual harms, or threatens with violence, one or more individuals.
Youth	Individuals between ages 14 and 29.[3]
Youth violence	The intentional use of physical force or power to threaten or harm others by young people.

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[2] National Institute of Justice, "Recidivism," n.d., https://nij.ojp.gov/topics/corrections/recidivism.

[3] The United States Agency for International Development (USAID) defines youth as individuals between ages 10 and 29, with a general programmatic focus on those ages 15 to 24: "Yet for policy and programming many countries and organizations expand this range to reflect the broader range of changes and developmental needs in the transition to adulthood, as well as the diversity among cultural and country contexts." See USAID, *Youth in Development Policy 2022 Update*, (2022): 10, https://www.usaid.gov/sites/default/files/2022-12/USAID-Youth-in-Development-Policy-2022-Update-508.pdf.

Executive Summary

Handbook Purpose

Tertiary risk intervention targets individuals at the highest risk of becoming perpetrators of crime and violence, which can contribute significantly to reducing crime and violence.[4] For crime and violence prevention (CVP) practitioners[5] in Latin America and the Caribbean (LAC), significant knowledge and resource gaps exist in this field, especially related to the target youth population.

To address these gaps, this handbook is designed to be multifaceted and comprehensive. As the information included is extensive, readers are encouraged to reference the Practitioner Roadmap below (Figure 1; Table 1) and corresponding sections for additional detail.

The handbook begins with background on tertiary risk intervention and general guidelines for practitioners. Following the steps below, subsequent sections guide practitioners seeking to design, implement, and/or monitor tertiary risk interventions considering the various nuances in working with high-risk youth. Annexes provide additional detail on select topics: implementation fidelity, risk factors, community violence intervention (CVI), and cognitive behavioral therapy (CBT).

Figure 1: Practitioner Roadmap Overview

1 Define the problem and expected results

2 Identify the target population

3 Identify the type of intervention that can be designed and implemented

4 Identify specific services and service providers

5 Identify indicators, baseline, targets, and timeline
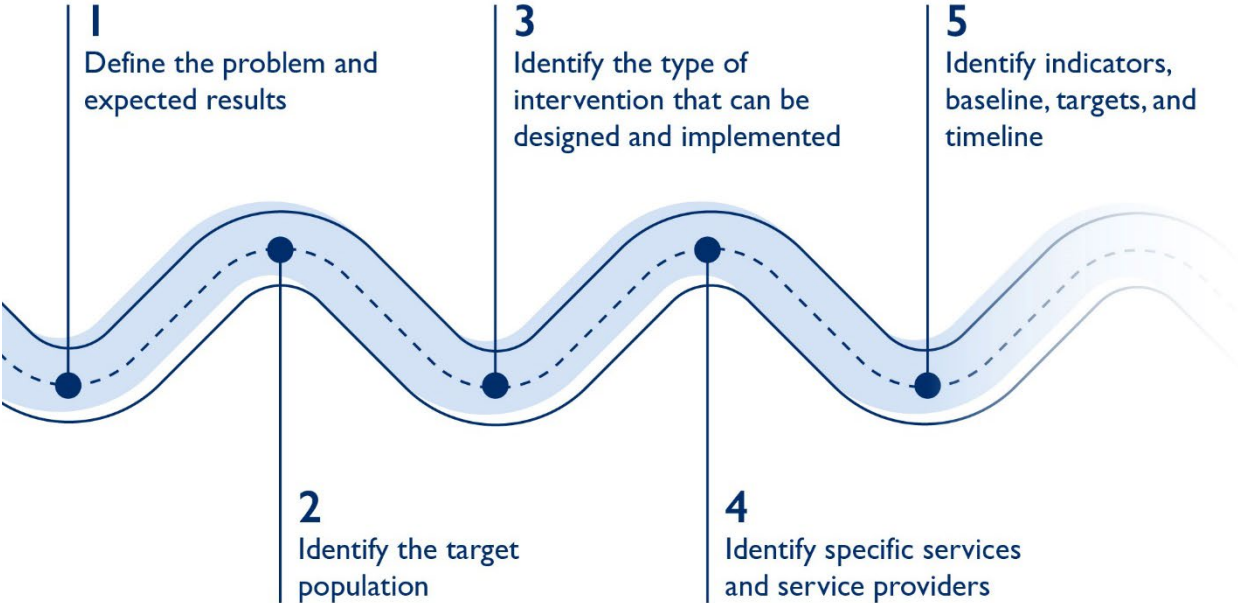
What Is Tertiary Risk Intervention?

The terms primary, secondary, and tertiary, as related to level of risk, come from the public health field. Tertiary interventions target the highest-risk population—those who are already engaged in violent or criminal behavior and have a higher probability (i.e., risk) to continue engaging in such behavior. In LAC

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[4] In the case of LAC, both crime and violence should be targeted, as elaborated in this document.

[5] This document refers to "practitioners" as those who seek to design, implement, and/or monitor CVP interventions, including personnel from donors, host governments, and implementing partners. Recognizing this wide range, the Practitioner Roadmap can be referenced for those seeking more targeted information.

and elsewhere, youth are a crucial target for these efforts; adolescence is a critical age in an individual's development when there are greater possibilities of reversing risky behavior through interventions.

> The overall goal of tertiary interventions is to _reverse_ individuals' criminal or violent behavior, decrease recidivism, and reintegrate former offenders into society. Secondary prevention seeks to _reduce_ levels of risk among those at-risk but not yet engaged in criminal or violent behavior. Primary prevention seeks to _prevent_ crime or violence from occurring in the first place.

Tertiary interventions work with relatively small numbers of people and places, typically including a range of individuals who may have been exposed to the criminal justice system, as illustrated by Figure 2 below. However, the highest risk population may _not_ have a criminal record. As such, the distinction between risk levels is not always clear, and a small subset of individuals may fall into **gray areas (particularly between secondary and tertiary risk)**, as elaborated in Step II (Identifying the Target Population).

Figure 2: Characteristics of Tertiary Populations
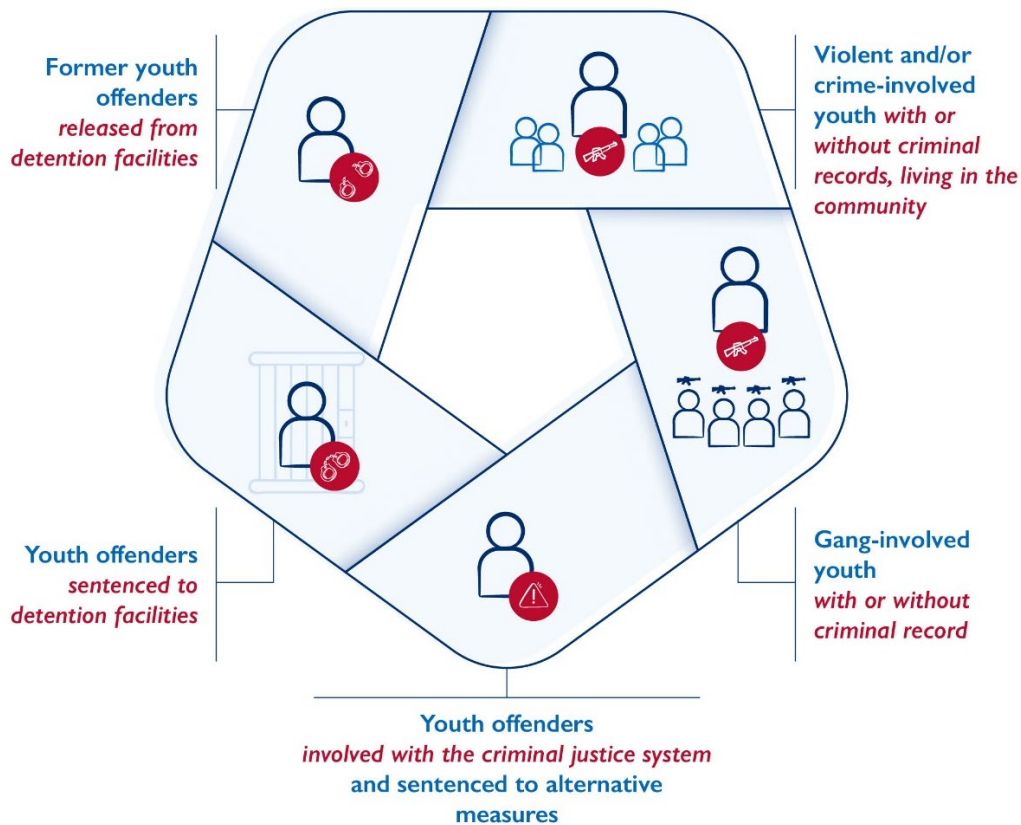
Evidence indicates that programs targeting high-risk youth have **higher rates of effectiveness in reducing violent behavior and preventing recidivism** than primary prevention programs.[6] While this approach may be more costly per participant and challenging to implement relative to primary

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[6] Weisburd et. al., "What Works in Crime Prevention and Rehabilitation. An Assessment of Systematic Reviews," *American Society of Criminology 415, Criminology & Public Policy* 16, Issue 2; Tanya Campie and Udayakumar, *What Works to Prevent Lethal Youth Violence in the LAC Region: A Global Review of the Research*, (American Institutes for Research, November 2019); Bonta and Andrews, *The Psychology of Criminal Conduct*, 6th Edition (Routledge, 2017).

prevention programs, tertiary interventions can contribute significantly to reducing crime and violence by directly working with individuals to reduce their violent behavior in the community.

Practitioner Guidance

At the general level, CVP practitioners should plan an appropriate intervention that best responds to the problem of crime and violence they seek to address, the expected outcomes within their manageable interests, and accordingly, the specific population they seek to attend.

> An intervention should be designed systematically based on these factors. This handbook does not make recommendations for specific interventions but rather guides nuanced decision-making on what is the most adequate and feasible intervention that can be adopted based on existing evidence of what works.

Further, practitioners targeting high-risk youth must assess **risk and protective factors** at the individual, relational, and community levels, allowing them to differentiate individuals according to level of risk and subsequently target those at higher risk.

Figure 3: Risk Factors and Effective Interventions

individual
level

relational
level

community
level

Identify those risk factors demonstrated to be most closely associated with violent and criminal behavior;

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and offer services (e.g., therapies, activities) that most effectively address these risk factors and also contribute to enhancing protective factors.
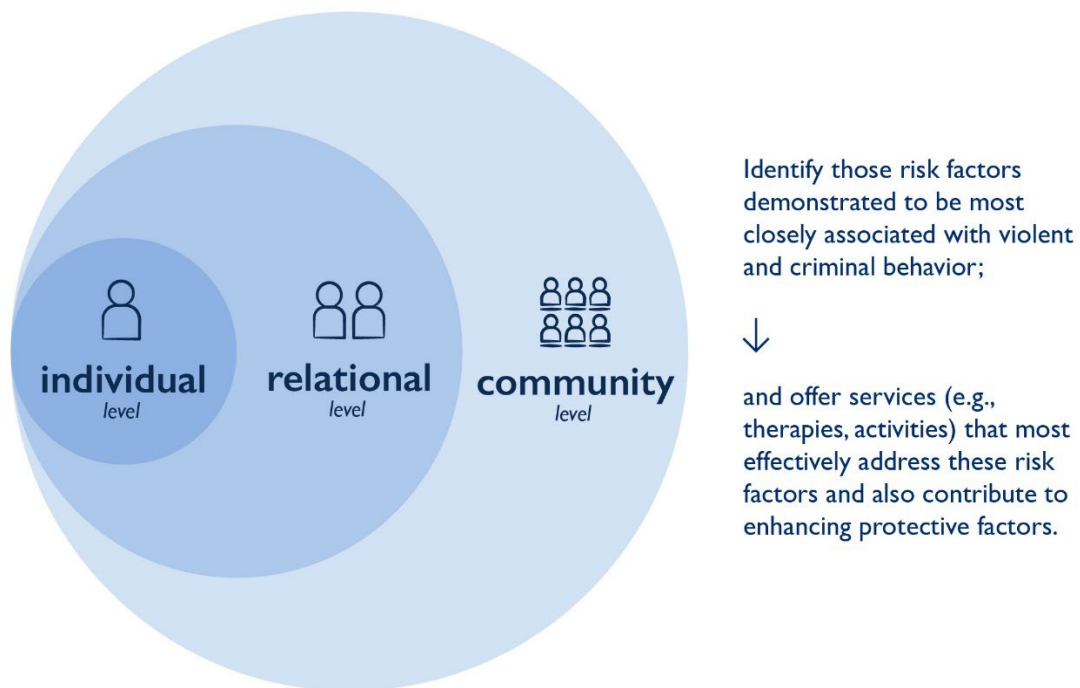
Given the relatively individualized nature of these interventions, steps faced by practitioners include: 1) determining how to identify the level of risk of potential participants through screening methodologies; 2) offering services that respond to the specific needs of the target population; 3) ensuring services are delivered as context-appropriate, gender sensitive, and likely to elicit positive responses from the target population; and 4) ensuring the selected intervention addresses the broader problem set identified.

This handbook provides **classifications of tertiary interventions** to help practitioners select their approach based on the problem set and population identified. Across this spectrum, effective interventions require a local network of support services, including the promotion of youth development opportunities, strengthening of institutions offering education, employment, and health resources, and the use of law enforcement in cases of serious crimes. Practitioners should also consider different approaches required for the purposes of individual outreach, service delivery, retention, and follow-up (post–service delivery) as outlined in Steps III (Identifying the Intervention Type) and IV (Selecting and Implementing Services). As the tertiary population is not monolithic (see Figure 2), it is also crucial to understand such nuances in refining approaches (see Table 1).

Figure 4: Classifications of Tertiary Interventions
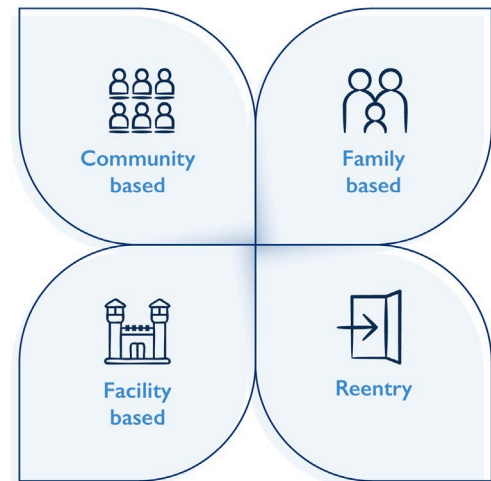
Table 1: Characteristics of Tertiary Populations and Practical Considerations

Characteristic	Practical Considerations
Violent or crime-involved youth, with or without criminal records	Require approaches aligned with rehabilitation (e.g., mental health services, addiction treatment) and reintegration (e.g., CBT and pro-social engagement)
Gang-involved youth	Require consideration of length of gang engagement and the specific dynamics affecting potential gang desistance
Court-involved youth, either serving alternative sentences or within facilities	Require individual case management that reduces the risk of recidivism once they serve their term
Former offenders	Typically face significant systemic challenges that may require strategies to gain community acceptance, trauma-informed programming, and relocation services, if necessary

Additional best practices are highlighted under the General Guidelines section. For example, lessons learned from years of research on youth crime and violence show that punitive approaches are ineffective while **comprehensive (i.e., multifaceted and intensive) interventions with behavioral approaches are most effective**. Lessons learned on "Do No Harm," conflict sensitivity, gendered approaches, and investments in tertiary interventions, among other topics, are also included.

This document also highlights the importance of selecting indicators for measuring effectiveness and provides guidance based on past programmatic evaluations (see Step V, Selecting Indicators for Measuring Effectiveness). While all tertiary interventions share the overall goal of reducing crime and violence levels, each intervention should define specific objectives to achieve (e.g., reducing homicide rates, improving security perceptions in a community, reducing the risk factors and/or violent behavior of targeted participants, reducing rates of recidivism, or increasing social reintegration of former offenders).

Figure 5: Monitoring, Evaluation, and Learning (MEL) Considerations for Tertiary Intervention

Intervention Type → Level/Expected Result → Indicator → Data Collection Sources → Analyze Context
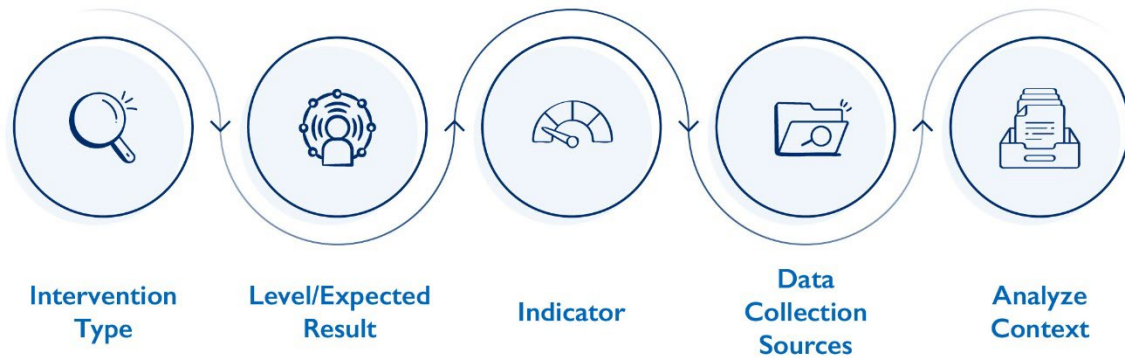
Practitioner Roadmap

In conclusion, this handbook provides evidence-informed, practical advice for practitioners seeking to impact crime and violence in a given location. The information provided seeks to address the stigma (or negative stereotypes) traditionally associated with the target population; identify what has worked, where, and how; convey the types of interventions that can be utilized; encourage adequate use of tools and resources available; and delineate why tertiary risk interventions are a necessary aspect of reversing delinquent behavior of high-risk individuals and therefore **a vital component of efforts to impact overall crime and violence**.

The roadmap below, with additional resources linked, can orient practitioners as they navigate the document. It provides an overview of practical considerations and decision points at varying stages of design and implementation, which are further developed in corresponding sections of this document.

Table 2: Practitioner Roadmap and Resources

STEP	OBJECTIVE	PRACTICAL CONSIDERATIONS	SECTION REFERENCE

I. Define the Problem and Expected Results	Define the problem of crime and/or violence that your intervention seeks to address and expected results.
	
	Ensure your approach (based on expected results) to this problem is within manageable interests.
		● What is the linkage between the overall and specific problem(s) of crime or violence that you seek to address? Have you identified what is driving this violence?
		● How will addressing the specific problem contribute to the overall problem?
		● Can the specific problem be adequately addressed through programmatic interventions?
		  ○ If not, find a more specific and manageable problem that can feasibly be addressed through programming.
		● Do you have access to relevant data to assess the specific problem identified?
		  ○ If not, are you able to establish a baseline through primary or secondary sources?
		  ○ Are there previous assessments of the problem?
		● Who else is working in this area? How could you leverage greater synergies and minimize duplication of efforts?
		● Have you mapped services existing in the community and opportunities for youth engagement?
			● Background
			● What is Tertiary Risk Intervention?
			● General Guidelines
			● Step I: Identifying the Problem
			
			Other Resources:
			● <u>What Works to Prevent Lethal Youth Violence in LAC</u>
			● <u>USAID Theory of Change Workbook</u>

II. Identify the Target Population	Determine the specific tertiary population that needs to be targeted.
	
	Validate that you are targeting the right population.
		● Have you identified the specific population directly related to the problem?
		  ○ *Can the violence problem be addressed by engaging the highest-risk individuals (i.e., those perpetuating or contributing to the violence) or those intimately tied to them?*
		● What methodologies will you use to identify the target population and assess their risk levels? If you plan to utilize a Risk and Needs Assessment (RNA) tool:
		  ○ How accurate and reliable is your instrument to diagnose/assess the potential participants' risk levels?
		  ○ Has the tool been validated? What other methods or
			● What Is Tertiary Risk Prevention?
			● Step II: Identifying the Target Population
			● General Guidelines: Risk-Need-Responsivity Framework (RNR) Principles
			● Annex II: What Do We Mean by Risk?

STEP	OBJECTIVE	PRACTICAL CONSIDERATIONS	SECTION REFERENCE

		tools can be incorporated for validation?
		   ○ Do you have free access to the tool(s), or do you have to purchase the rights for use?
		   ○ Is there local technical capacity to utilize and interpret the results? If not, can this be supported via your intervention?
		● Can you access this population safely through this intervention?
			Other Resources:
			● <u>USAID Crime and Violence Prevention Field Guide</u>
			● <u>Literature Review: Risk Assessment Tools in LAC</u>

III. Identify the Type of Intervention	Review existing evidence on the effectiveness of similar interventions.
	
	Determine whether to replicate an existing model. If using a new intervention, define the evidence to support your approach. If a replication, follow implementation fidelity guidelines.
		● What is the existing evidence regarding the effectiveness of similar interventions?
		   ○ What services and approaches have been found most effective in reducing violent behavior? Which are ineffective?
		   ○ If evidence is lacking, refine a piloted approach, assess feasibility, and scale up as appropriate.
		● Do you have the resources (e.g., budget, staff, and time) to conduct this intervention?
		   ○ If not, how can you redefine (narrow down) the problem and/or the expected result to ensure you have the level of resources you need to implement the intervention?
			● General Guidelines
			● Step III: Identifying the Intervention Type
			● Annex I: Fidelity Guide
			● Annex III: CVI
			
			Other Resources:
			● <u>Multisector Resource Guide for Preventing Youth Violence in LAC</u>

STEP	OBJECTIVE	PRACTICAL CONSIDERATIONS	SECTION REFERENCE

IV. Identify Specific Services and Providers	Determine which treatments or services to offer as well as where, how, and by whom, following RNR principles.
	
	Retest your theory of change to ensure the approach aligns with expected results; plan mitigation against potential attrition.
		• Are there specialized services for tertiary populations available?
		  ○ What types of services do not exist and could be provided?
		  ○ What other resources exist in the community that could be tapped?
		• How long will the intervention last, and what is the frequency of service provision?
		• Which risk (and protective) factors will the proposed services address?
		• How will these services be offered? Will the proposed method generate a positive response from participants?
			• Step IV: Selecting and Implementing Services
			• Annex IV: CBT

V. Define Indicators, Baseline, Targets, and Timeline	Follow USAID guidance to select indicators that measure intervention outcomes and results. Establish a baseline; define targets and timeline for results. Conduct conflict sensitivity assessments to inform programming.	• Are the data aligned with your indicators available? • If not, can you generate the data to measure the indicator? For example, RNA tools generate data on risk levels. • If data on recidivism rates do not exist, can you monitor participants to generate data on rates of reoffending? • Do you have adequate mitigation strategies for contextual risks?	• Step V: Selecting Indicators for Measuring Effectiveness Other Resources: • USAID Resource Guide for Aligning Indicators and Interventions to Deepen Impact • Do No Harm eModule • Conflict-Sensitive Programming

Background

This handbook builds on existing USAID guidance[7] for CVP practitioners and is grounded in empirical research in LAC, the United States, and elsewhere where CVP interventions have been implemented and/or assessed.[8] The team's extensive desk research is complemented by select key informant interviews (KIIs) with practitioners and subject matter experts.

As discussed in this section, the **public health lens** provides an important framing for CVP practitioners. This lens recognizes violence as a problem that can spread and affect entire communities but can also be effectively prevented, similar to a disease.[9] While these concepts have been explained in detail in USAID's Crime and Violence Prevention Field Guide (2021), they are revisited briefly here.

> **What is violence?** The World Health Organization (WHO) defines violence as: the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. This core definition is commonly utilized by practitioners, while its expansion to encompass other forms of violence (e.g., political) is subject to debate.
>
> **What is youth violence?** The United States Centers for Disease Control and Prevention (CDC) defines youth violence as: the intentional use of physical force or power to threaten or harm others by young people ages 10 to 24. It can include fighting, bullying, threats with weapons, and gang-related violence. A young person can be involved with youth violence as a victim, offender, or witness.
>
> **What is crime?** Crime refers to any action that violates criminal law, which may or may not involve violence. For example, theft is a crime, even though it may not be violent. Violent crimes involve criminal actions in which one individual harms or threatens with violence one or more individuals. Violent crimes can include sexual assault, robbery, battery, and murder. Homicides are the most radical expression of violent crime.[10]

Drivers of Youth Crime and Violence[11]

Through this lens, preventing violence first requires an understanding of the causes and the way it spreads from one individual to another within a given environment. Although contexts of crime and

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[7] Mizrahi, Yemile et al., *Crime and Violence Prevention Field Guide Updated Version*, (USAID, April 2021), https://www.usaid.gov/sites/default/files/2022-05/PA00XGHG.pdf; Paula Dias et al., *Multisector Resource Guide for Preventing Youth Violence in Latin America*, (USAID and American Institutes for Research, April 2021), https://pdf.usaid.gov/pdf_docs/PA00XCV7.pdf.

[8] Desk review sources included evaluations of tertiary risk interventions, evaluations and systematic reviews of CVP interventions, practitioner reports on best practices, and academic publications on risk and criminogenic factors.

[9] E. Gebo, "An Integrated Public Health and Criminal Justice Approach to Gangs: What Can Research Tell Us?" *Preventive Medicine Reports* 4, (2016): 376–80; Brandon Welsh, Anthony A. Braga, and Christopher J. Sullivan, "Serious Youth Violence and Innovative Prevention: On the Emerging Link Between Public Health and Criminology," *Justice Quarterly* 31, no. 3 (2014): 500-23.

[10] United Nations Office of Drugs and Crime (UNODC) considers three elements in its definition of "intentional homicide": 1) the killing of a person by another person (objective element); 2) the intent of the perpetrator to kill or seriously injure the victim (subjective element); and 3) the unlawfulness of the killing (legal element). See UNODC, *Homicide: Extent, Patterns, Trends and Criminal Justice Response: Global Study on Homicides 2019*, (2019).

[11] See Annex II (What Do We Mean by Risk?) for additional background on risk and protective factors.

violence vary, vast research recognizes three common and often reinforcing drivers of criminal and violent behavior among youth:[12]

1. **Distressing life conditions**, including exposure to violence in the community; lack of educational, recreational, and/or employment opportunities for youth; and absence of safe spaces;

2. **Weak social connections**, including negative family bonding, family violence and/or family dysfunction, negative peer influence, and absence of positive role models; and

3. **Weak individual assets**, including anger management, low emotion regulation or self-control, negative social values/attitudes, poor social communication skills, and lack of motivation.

Risk factors are generally defined as those characteristics, variables, or situations that, when combined, increase the probability that an individual will engage in criminal or violent behavior. **Protective factors**, on the contrary, are characteristics or situations that can compensate or buffer between risk factors and deviant behavior.[13] The public health lens utilizes the Socio-Ecological Model to analyze the risk factors individuals confront across domains of life. Risk factors across different domains can influence one another and tend to aggregate; the more risk factors a person accumulates across several domains, the greater their level of risk will be.

At their core, effective interventions for high-risk youth need to assess **risk and protective factors** at the following levels (see Figure 6). Through this approach, practitioners can effectively differentiate individuals according to their levels of risk and target those at highest risk.

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[12] Tak Yan Lee, Chau Kiu Cheung, and Wai Man Kwong, "Resilience as a Positive Youth Development Construct: A Conceptual Review," *Scientific World Journal* (2012), article ID 390450; Michael Ungar and Linda Liebenberg, "Assessing Resilience Across Cultures Using Mixed Methods: Construction of the Child and Youth Resilience Measure," *Journal of Mixed Methods Research* 20, no. 10 (2011); Stevenson Fergus and Marc A. Zimmerman, "Adolescent Resilience: A Framework for Understanding Healthy Development in the Face of Risk," *Annual Rev. Public Health* 26 (2005): 399–419; Min Yang, Stephen C. P. Wong, and Jeremy Coid, "The Efficacy of Violence Prediction: A Meta-Analytic Comparison of Nine Risk Assessment Tools," *Psychological Bulletin* 136, no. 5 (2010): 740–67; Julie Savignac, "Tools to Identify and Assess the Risk of Offending Among Youth," *National Crime Prevention Center, Canada,* (Communities that Care, 2010), https://www.communitiesthatcare.net/programs/ctc-plus; Randy Borum, "Assessing Violence Risk among Youth," *Journal of Clinical Psychology* 56, no. 10 (2000): 1263–88; Gill Windle, Kate Mary Bennet, and Jane Noyes, "A Methodological Review of Resilience Measurement Scales. Health and Quality of Life Outcomes," *Health and Quality of Life Outcomes* 9, no. 1 (February 2011): 8. https://www.researchgate.net/publication/49811188; USAID, *Positive Youth Development Measurement Toolkit,* (December 2016); USAID, *Crime and Violence Prevention Field Guide,* (April 2021).
[13] Michael Shader, "Risk Factors for Delinquency. An Overview." US Department of Justice. https://www.ojp.gov/pdffiles1/ojjdp/frd030127.pdf; Gina M. Vincent, Laura S. Guy, and Thomas Griso, *Risk Assessment in Juvenile Justice: A Guidebook for Implementation* (Models for Change, 2012), https://njjn.org/uploads/digital-library/Risk_Assessment_in_Juvenile_Justice_A_Guidebook_for_Implementation.pdf.

Figure 6: Risk Factors and Effective Interventions

Identify those risk factors demonstrated to be most closely associated with violent and criminal behavior;

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and offer services (e.g., therapies, activities) that most effectively address these risk factors and also contribute to enhancing protective factors.
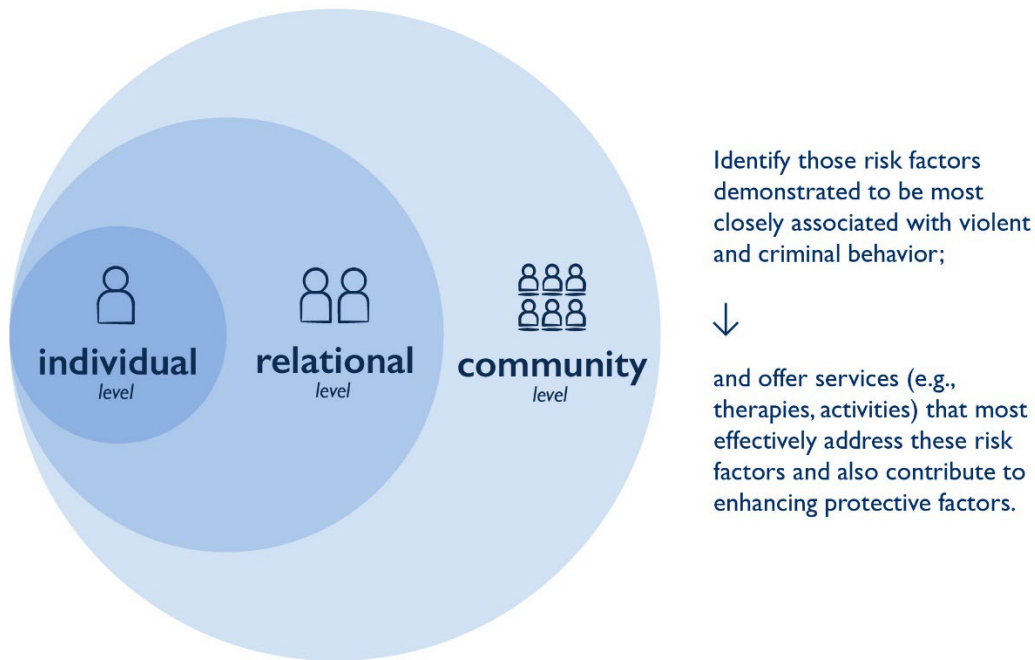
Potential solutions include **prevention**, which seeks to prevent crime and violence before occurring, and **treatment** (also referred to as *interventions*), which seeks to reduce or reverse violent and/or criminal behavior once it occurs. These differences are further illustrated in the following section.

What Is Tertiary Risk Intervention?

The terms primary, secondary, and tertiary come from the public health field and relate to the level of risk for an infectious disease (e.g., diabetes). To illustrate the differences between primary, secondary, and tertiary approaches, one should think of an individual's probability of becoming diabetic and the behaviors associated with that disease. Years of research have shown that certain behaviors such as high-sugar/low-fiber diets, lack of exercise, and genetic predisposition increase the risk of becoming a diabetic. At the most general level, the public promotion of behavioral changes such as healthy diet and exercise are important elements of prevention. In public health, this is considered **primary prevention** because it is intended to prevent diabetes before it occurs and is therefore directed at the entire community, regardless of individual levels of risk. **Secondary prevention**, on the other hand, is directed at individuals who are at higher risk of becoming diabetic, (e.g., overweight individuals with passive lifestyles and a family history of diabetes). These efforts require individualized treatments to reduce the risks. Once individuals are diagnosed as diabetics, **tertiary intervention** focuses on treating and mitigating symptoms, reversing the disease's progress, and changing the behaviors that led to their diabetes in the first place. Figure 7 illustrates these differences in the case of crime and violence.

Figure 7: CVP Using the Public Health Approach

Tertiary Level

Strategies are even more targeted to the most at-risk population: individuals who have already committed criminal or violent acts and who might have been exposed to the criminal justice system. These include individuals who have been arrested and released on alternative justice measures, incarcerated, or released to the community after serving time in detention facilities.

The overall goal of tertiary risk prevention is to *reverse* individuals' criminal or violent behavior, decrease recidivism, and successfully reintegrate former offenders into society.

Secondary Level

Strategies require more targeted interventions directed at individuals who are screened and properly identified to be at high risk of engaging in delinquent or violent behavior.

The overall goal of these strategies is to *reduce* the level of risk of an individual by addressing risk and protective factors.

Primary Level

Strategies focus on *preventing* crime and violence from occurring in the first place.

These strategies are directed at large groups and/or the entire community, regardless of individuals' levels of risk.

The distinction between risk levels is not always clear, and a small subset of individuals may fall into **gray areas (particularly between secondary and tertiary risk).** For example, youth who live freely in a community and engage in criminal activity but who have not been detected by police would not be included in a strict interpretation of the "tertiary" population as they have not been exposed to the criminal justice system. However, their behavior still reflects the highest level of risk. Conversely, youth at relatively lower levels of risk may be arrested for suspected crimes and sent to detention while awaiting trial. A strict interpretation of tertiary would consider them at highest risk, although they may not have engaged in violent or criminal behavior. This handbook considers such nuances in its examples of highest risk youth (see Step II, Identifying the Target Population).

Why is Tertiary Risk Intervention Critical?

Crime and violence cannot be addressed exclusively through interdiction (law enforcement) or prevention (primary, secondary) alone. The public health lens posits addressing all three tiers of risk as a holistic approach. Tertiary interventions are typically a small percentage of broader prevention strategies.

Evidence suggests that, on average, around 20 percent of perpetrators commit 80 percent of violent crimes.[14] Evidence has also established that even in communities with the highest incidence of crime and violence, the percentage of people who are at high risk is extremely low (less than 30 percent). **Although low in numbers, direct intervention with those at the highest risk is crucial to effectively reverse criminal and violent incidents in a given location.**

The tertiary population requires individually tailored approaches, which entail a distinct set of challenges (e.g., identifying the highest risk population outside of an institutional setting). Individuals engaged in criminal or violent behavior typically will not voluntarily show up for support or services, thus requiring focused outreach and retention strategies. Individualized approaches inevitably increase the cost per participant, a significant difference between primary and tertiary programming. However, cost should not be viewed as prohibitive but rather as an investment in fewer participants that require higher doses of treatment. These investments are specifically targeting the very individuals that may have originated the need for broader prevention approaches in that location. **Without investments in tertiary risk populations, a broader prevention strategy is incomplete.**

LAC has few examples of tertiary interventions and only a handful have been evaluated. As the region continues to experience high levels of crime and violence, populations require more investments in tertiary interventions and more rigorous evaluations to determine which approaches are most effective.

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[14] Natalie N. Martinez et al., "Ravenous Wolves Revisited: A Systematic Review of Offending Concentration," *Crime Science* 6, no. 10 (2017), DOI 10.1186/s40163-017-0072-2.

General Guidelines for Tertiary Risk Interventions

RNR Principles

Practitioners should consider the three core RNR principles that have shown to increase tertiary intervention effectiveness.[15] The RNR framework allows practitioners to identify the right population, design services to address the most important risk factors, and provide services in ways that maximize effectiveness regardless of implementation setting (e.g., community- versus facility-based).[16] Through this framework, practitioners should ask:

- **Who** is the target population for this intervention?
- **What** combination of services will the intervention offer its participants?
- **How** will services be delivered to participants, and how will service providers plan service delivery to increase the probability of a positive response from participants?

Table 3: RNR Guiding Principles

	RNR Principle	DO	ASK
W H O	*The Risk Principle: Making sure the intervention targets the right people.*	Identify and recruit the right people (target participants) using evidence-based tools and methodologies (see Step II, Identifying the Target Population).	• What tool can be used to differentiate low- and high-risk? • Will the tool be used to screen participants or also inform progress throughout the intervention? • Do target youth live in the community "undetected," or have they had contact with the criminal justice system? • If undetected, what strategies will be used to gain access and trust? • Does the target population require institutional supervision? • Does the target population require more or less intensive outreach and services? • Are there gender differences in terms of risk?

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[15] See D. Koetzle et al., *A Practical Guide to Youth Risk and Need Assessments in Latin America and the Caribbean* (American Institutes for Research and John Jay College of Criminal Justice, 2021), https://www.air.org/sites/default/files/2021-10/Practical%20Guide%20to%20Youth%20RNA%20for%20LAC%20Electronic.pdf.

[16] J. Bonta and D.A. Andrews, "Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation," *Rehabilitation* 6, no. 1, (2007): 1–22.

	RNR Principle	DO	ASK
W H A T	*The Needs Principle: Assessing criminogenic needs (those directly linked to antisocial behavior) and targeting them in treatment.*	Assess risk factors (needs) that are most closely associated with criminal and violent behavior. Ensure service providers have the technical abilities to deliver adequate services that address the identified risk factors.	• Which identified need is most closely linked to criminal behavior? • Which risk and protective factors does the intervention seek to address?
H O W	*The Responsivity Principle: Being sensitive to factors that can affect the ability of offenders to respond positively to treatments and services.*	Ensure services are offered in ways that are likely to obtain a positive response from participants: • Account for potential logistical issues (e.g., participant transportation and venue security) and plan relevant mitigation. • Participants have clear expectations and incentives to participate in the program. • Consider caregiver responsibilities and income needs to prevent attrition.	• What personal factors can facilitate participant learning? • What are the motivating factors (and barriers) for each participant? • What cultural and social factors do the intervention need to consider? • What specific considerations will ensure services are appropriate and sensitive to specific needs of participants? • What types of services are participants most likely to accept? Are there services they may reject?

Lessons Learned from Years of Research on Youth Crime and Violence

At their core, effective high-risk interventions assess risk and protective factors at the individual, interpersonal, and community levels; identify risk factors closely associated with violent and criminal behavior; and offer services that effectively address these risk factors and support protective factors. Additional lessons learned from years of research are highlighted below.

Figure 8: Five Learning Takeaways

5 Learning Takeaways
based on years of research on youth violence

1

Overly punitive approaches *are counterproductive and ineffective in reducing violence.*

Treatments are effective in reducing violent and criminal behavior when they *address risk factors that can be changed* (dynamic risk factors) as opposed to punishing past behavior that cannot be modified (static risk factors). Violent and delinquent-prone youth react more positively to rehabilitation programs based on behavioral models than on highly punitive programs.

2

Reducing youth violence requires *comprehensive interventions.*

Most effective interventions offer a *variety of services*, including *individual and group therapies* using cognitive behavioral therapy (CBT), mentorships, family counseling, educational and workforce development training, and *prosocial activities* such as sports, arts, or community engagement. Effective interventions tailor services to match individual abilities and allow intensive service provision. Interventions with a sole focus, absent other services, are less effective.

3

Interventions should *address risk factors associated with violent behavior*

Living in a low income, highly marginalized community is not a risk factor on its own. Although these conditions limit opportunities for youth, most youth are not at high risk of violence. Youth exhibiting violent behavior have an *accumulation of risk factors*, such as weak internal regulation (e.g., impulsive behavior), anti-social attitudes, antisocial peer networks, and poor family dynamics.

4

Violence tends to *concentrate in a few people and places*

As in other parts of the world, violence in LAC is highly condensed among *few people and places*; moreover, a small percentage of offenders are responsible for most violence. In densely populated communities, youth may engage frequently with delinquent peers and can be exposed to different forms of violence (in the home or community) at a younger age. This trend can normalize violence and increase vulnerability among younger community members (including children), who may engage in criminal or violent behavior and/or be recruited by criminal groups.

5

What *works*

Intensive and multifaceted interventions targeted to specific risk and protective factors directed at high-risk youth are effective. In addition, high-risk youth require a *web of social support at the community level*, including access to education, employment, and health services, as well as the *promotion of positive youth development opportunities.*

AGE AND DEVELOPMENT

The age spectrum among high-risk populations is broad, and critical differences exist between age groups. Young children have less frequently engaged in CVP interventions. However, recent studies[17] suggest promising approaches to address this population. In the case of adolescents, risky behaviors may reflect their current developmental stage and may not necessarily transgress over time. In low-risk cases, transgressions or instances of violence are likely to be transitory acts, and involvement with the criminal justice system as a result may exacerbate risk rather than improve it, which is one of the reasons assessing level of risk is critical.

Studies on psychosocial maturity in adolescents have shown that maturity influences desistance of risky behaviors, such as violence, transgression, or gang membership.[18,19] Further, residential (facility-based) measures may hinder normative maturation. Family-based interventions (e.g., Multisystemic Therapy [MST], Functional Family Therapy [FFT], and *Proponte Más*) have shown high levels of effectiveness with adolescents. However, for youth ages 18 to 19, family-based programs may not be the most appropriate as opposed to individualized approaches, such as social support services. Using screening tools to assess risk levels can help differentiate participants, especially if they are tailored for specific age ranges (e.g., for teens versus youth above the age of 18).

GENDERED APPROACHES

The majority of high-risk youth are male. As such, most interventions target the male population, which has caused the **needs of high-risk women to remain invisible**. Evidence shows gender-specific needs can affect an intervention's effectiveness. For example, trauma (especially related to sexual abuse) may have a stronger causal relationship to violent behavior in girls than boys. A girls' risk may be affected by disruptions with their caregiver (delinquent[20] parent) more so than for boys. As such, **the RNR model should account for these "non-criminogenic," gendered needs as they can affect adherence and effectiveness**.[21] Similarly, research indicates a tendency for programs linked to justice systems to replicate practices that maintain inequality and stigma among women (e.g., by not including training services that increase women's ability to engage in productive activities.[22]) Programs may offer training in sewing or other skills that are assumed to be "for women" but do not necessarily provide stable income opportunities. Men are more likely to receive a greater range of training.

Further, existing research has identified that many Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Others (LGBTQI+) youth experience social stigma and abuse from their families and peers,

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[17] Alexa Ayzara, Manuel Bustamenta, and Julia Tobias, *Evidence Review of Violence Prevention in Young Children* (Innovations for Poverty Action, 2023), https://pdf.usaid.gov/pdf_docs/PA021GRV.pdf

[18] K.C. Monahan et al., "Psychosocial (im)maturity from Adolescence to Early Adulthood: Distinguishing Between Adolescence-limited and Persisting Antisocial Behavior," *Development and Psychopathology* 25, no. 4 pt. 1 (2013): 1093–1105.

[19] J. Dmitrieva et al., "Arrested Development: The Effects of Incarceration on the Development of Psychosocial Maturity," *Development and Psychopathology* 24, no. 3 (2012): 1073–90.

[20] Delinquent refers to engaging in behavior that violates social rules or conventions, in this case, criminal behavior.

[21] A.N. Vitopoulos, *The Efficacy of the Risk-Need-Responsivity Framework in Guiding Treatment for Female Young Offenders* (University of Toronto, 2011).

[22] M. Chesney-Lind, M. Morash, and T.S. Andersen, "Girls' Troubles, Girls' Delinquency, and Gender Responsive Programming: A Review," *Australian & New Zealand Journal of Criminology* 41, no. 1 (2008): 162–89.

interrupting normative development.[23] These issues can impact individual mental and physical health and therefore risk. When applying the principle of *responsivity*, interventions should consider issues of stigma and discrimination affecting the target population.

CONFLICT SENSITIVITY AND "DO NO HARM"

Every intervention interacts with the context in which it is situated and holds the potential to either positively or negatively affect local dynamics. Local context and dynamics include the factors that drive conflict and violence and the capacities that support peace and conflict prevention. In contexts affected by conflict and violence and in contexts where dynamics evolve rapidly, understanding and operating with **conflict sensitivity** is critical. A conflict sensitive approach ensures that an implementer 1) understands the context in which intervention(s) occur, 2) understands the interaction between the intervention(s) and the context, and 3) acts based on an understanding of this interaction to mitigate negative impacts (i.e., **Do No Harm**) and maximize positive ones.[24, 25]

From this perspective, tertiary interventions should anticipate potential negative effects among the community and especially victims. For example, engaging active gang members and supporting them without including the rest of the community could lead other youth (non-gang members) to believe that one should be criminal or violent to be supported. This support is especially important because perpetrators often coexist with victims in their communities. Tertiary interventions should consider the inclusion of victims, as appropriate and safe, in activities while avoiding revictimization.

Additionally, interventions should consider influences within gang-controlled communities (e.g., changes in violence during electoral processes). In this scenario, gang-involved youth may have supported specific candidates and associated political activities and may have also influenced community participation in electoral activities by either intimidating or encouraging voting for specific candidates. Similar influences may impact an intervention's efforts and associated community support.

Understanding such local dynamics can mitigate tertiary intervention risks (e.g., the careful selection of intervention locations that foster neutrality and avoiding crossing gang-imposed borders), which was the case of the USAID-funded activity in Guatemala, *Acción Joven*. The activity chose to locate project centers in commercial zones because they were considered neutral spaces and were within safe walking distance from the two most critical zones with gang presence.[26]

NORMALIZATION OF VIOLENCE

For many countries in LAC, everyday life includes high doses of violence (i.e., chronic violence),[27] which affects individual development at multiple levels and stages and guides decision-making for individuals and

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[23] L. Garnette et al., "Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and the Juvenile Justice System," *Juvenile Justice: Advancing Research, Policy, and Practice* (2011): 156–73.

[24] Conflict Sensitivity Integration Hub (CSIH): FAQ's on Conflict Sensitivity.

[25] USAID, *Responsible Development: A Note on Conflict Sensitivity* (2023), https://pdf.usaid.gov/pdf_docs/PA00XCZ1.pdf

[26] USAID, *Organized Crime, Conflict, and Fragility: Assessing Relationships through a Review of USAID Programs, Management Systems International* (September 2015): 22, https://2012-2017.usaid.gov/sites/default/files/documents/1866/Crime-Conflict-and-Fragility-Technical-Report-9-30-2015-FINAL.pdf

[27] Tani Marlena Adams, "How Chronic Violence Affects Human Development, Social Relations, and the Practice of Citizenship: A Systemic Framework for Action," *The Woodrow Wilson Center Reports on the Americas* 35 (The Woodrow Wilson International

families. More importantly, violence influences brain functioning for youth who are still developing and continuously shapes citizens' attitudes, beliefs, actions, and values as much as it impacts the way citizens are governed. Chronic violence thus leads to a normalization of violence, for both victims and perpetrators. Tertiary interventions should consider this influence as they work across systems and communities.

SOCIAL STIGMA

Social stigma among high-risk youth also presents a challenge to social reintegration in the community. Discrimination associated with belonging to certain neighborhoods, communities, and even ethnicities is often a major barrier to community integration and participation in developmental opportunities. In Central America, for example, the stigma associated with gang membership may cause communities to refuse integration of youth who have been linked to gangs. This outcome is closely related to security concerns and may lead to service limitations (e.g., local organizations cannot serve youth who have ties to gangs due to the perceived risk involved). Therefore, raising community awareness about the importance of integrating and generating opportunities for high-risk youth is crucial.

PARTICIPATION AND MOTIVATION

Participation and motivation are directly related to attrition and effectiveness of services.[28] Youth motivation and adherence to services is often more difficult than with adults, which increases in obligatory contexts (e.g., court-mandated). Studies have shown that factors affecting adherence include drug abuse and motivation[29] and that high-risk offenders are generally less motivated to participate in interventions. Interventions should therefore consider effective recruitment and motivational strategies. Studies have also shown that if young people are given a voice and provided with the opportunity to influence how a service is implemented, they are more likely to participate. Further, participation impacts self-esteem and "motivation to change".[30] Family involvement[31] is also an effective strategy to increase adherence to services, as is the quality of alliance[32] (between youth and professionals who deliver services), which can be increased with specific approaches like motivational interviewing.

EVIDENCE-BASED

Program designers should consult with the available evidence on interventions that have higher effectiveness. While few evaluations exist in LAC, the United States has several clearinghouses with relevant evidence. The US National Institute of Justice's online clearinghouse (Crimesolutions.gov)

Center for Scholars, 2017),
https://www.wilsoncenter.org/sites/default/files/media/documents/publication/chronic_violence_final_by_tani_adams.pdf

[28] C. Mathys, "Effective Components of Interventions in Juvenile Justice Facilities: How to Take Care of Delinquent Youths?" *Children and Youth Services Review* 73 (2017): 319–27.

[29] L.C. Carl, M. Schmucker, and F. Lösel, "Predicting Attrition and Engagement in the Treatment of Young Offenders," *International Journal of Offender Therapy and Comparative Criminology* 64, no. 4 (2020): 355-374.

[30] S. Creaney, "The Benefits of Participation for Young Offenders," *Safer Communities* 13, no. 3 (2014): 126–32.

[31] J. D. Burke et al., "The Challenge and Opportunity of Parental Involvement in Juvenile Justice Services." *Children and Youth Services Review* 39 (2014): 39–47.

[32] B. Matthews and D. Hubbard, "The Helping Alliance in Juvenile Probation: The Missing Element in the 'What Works' Literature." *Journal of Offender Rehabilitation* 45, no. 1-2 (2007): 105–22.

includes rigorously evaluated CVP interventions.[33] This resource identifies programs and practices, classifying them according to the strength and the direction (effective/not effective) of evidence.[34] Importantly, programs often show various degrees of effectiveness, depending on how interventions were implemented, the duration of treatments and services, and the adequacy of setting. In addition, **funders should require evaluations** and long-term studies, both qualitative and quantitative, related to tertiary interventions to further contribute to the evidence base in LAC.

INVESTMENTS IN TERTIARY INTERVENTIONS

To be sustainable, CVP interventions require commitment and financial support from local actors. Donors can significantly contribute to pilot innovative tertiary interventions and assess their effectiveness. In LAC, most prevention interventions have been supported and funded by donors, which limits sustainability in the long run. Without sustained local support, these interventions have lower probabilities of being adopted and/or institutionalized after donor support ends, even in cases of program effectiveness. Practitioners should therefore **engage youth, families, communities, and government authorities at the local and/or central levels in the design process** to inform design, reduce attrition, and improve buy-in during implementation.

As tertiary interventions target a much smaller number of participants than primary or secondary prevention programs, **they are relatively more costly to implement on a per-participant basis**. Tertiary interventions require individualized approaches, intensive and multifaceted service delivery, consistent engagement with the participant and a broader support system (e.g., family and service providers), economic incentives, and close monitoring over a long period (over 12 months) of time. Further, staff engaged in tertiary interventions require adequate training, oversight, and mental support for their own well-being. Additionally, if a planned intervention is a replication of an existing model, the replication may require additional costs such as license purchasing or ongoing training and monitoring,[35] which are all critical considerations when designing, budgeting for, and implementing these types of interventions.

Practitioners may consider costs of tertiary interventions to be prohibitive, particularly compared to primary prevention. A more holistic comparison, however, should consider the programs' costs relative to their respective impacts:

- Primary prevention employs large-scale activities targeted to broad groups and is therefore relatively economical per participant. However, primary prevention does not assess risk or impact at the individual level and is unable to target those at highest risk of crime and violence.

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[33] This clearinghouse identifies programs (specific activities) and practices (a compilation of programs that have similar characteristics), classifying them according to the strength of evidence (how statistically reliable the results are) and the direction of the evidence (whether programs and practices are effective, promising, or ineffective).

[34] This clearinghouse only includes CVP programs that have been evaluated rigorously, either through random control tests or semi-experimental methods. Programs are reviewed based on meta-analyses that synthesize results of different evaluations.

[35] This situation represents the case of MST for juveniles in Chile. The costs of implementation in Chile, however, are much lower than in the US. Overall, the MST intervention in Chile has cost a fraction of what it costs in the US. *Public Offer Monitoring and Follow-up Sheet* (Chile: Ministry of Social Development, 2022).

Instead, primary prevention averts crime and violence from occurring at the community and family level more broadly.[36]

- In comparison secondary and tertiary interventions use individualized approaches to address the highest-risk and are **inherently more costly on a per-participant basis**. These interventions include operational costs of case management, supervision, outreach, consistent engagement, and long-term monitoring. As tertiary interventions target the population that is hardest to reach, a greater investment in outreach, retention, and service delivery is expected.
- Despite cost, tertiary interventions can contribute more significantly to reducing crime and violence; **evidence indicates that programs targeting high-risk youth have higher rates of effectiveness in reducing violent behavior and preventing recidivism than primary prevention programs**.[37]

> Tertiary interventions, while relatively costly per participant, should therefore be considered an effective investment in crime and violence reduction. This investment becomes even more important when considering the significant economic costs of crime and violence in LAC.

For example, one Inter-American Development Bank (IDB) study estimates that the economic cost of crime in LAC equates to an estimated 3 percent of gross domestic product (GDP) on average or up to United States Dollar (USD) $236 billion for the region, "with an average cost of around USD $300 per capita for each country."[38] The study also recognizes that LAC countries incur relatively greater social costs and security spending as a share of GDP compared to countries such as the United States. In addition, crimes such as extortion have significant economic impact on the private sector and the everyday spending of citizens. In El Salvador, 2014 estimates of the total cost of extortion to the private sector ranged from USD $756 million to $1.3 billion (3 to 6 percent of GDP), while in Honduras an estimated USD $200 million to $212 million was paid in extortion between 2013–2017 (approximately USD $41 million per year).[39]

Notably, only a few cost-benefit analyses are available on CVP programming in LAC,[40] and evaluations in general are needed. Such data collection and analysis—for example, of the costs of individual case management within judicial and health systems versus violence prevention and intervention programming costs—would be useful to assess return on investment more comprehensively.

> In conclusion, evidence indicates that **programs targeting high-risk youth have higher rates of effectiveness in reducing violent behavior and preventing recidivism than primary prevention**

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[36] C. David-Ferdon et al., "A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors" (2016).

[37] Bonta and Andrews, *The Psychology of Criminal Conduct*, 6th edition (Routledge, 2017): 156-157.

[38] Laura Jaitman et al., "The Costs of Crime and Violence: New Evidence and Insights in Latin America and the Caribbean" (IDB, 2017). See also Laura Jaitman et. al., "The Welfare Costs of Crime and Violence in Latin America and the Caribbean" (IDB, 2015).

[39] Mark Ungar et al., *Extortion Study for Northern Central America Final Report* (USAID LACLEARN 2022), https://pdf.usaid.gov/pdf_docs/PA00ZRZP.pdf.

[40] USAID Honduras, *Cost Benefit Analysis of the Secondary Violence Prevention Activity in Honduras* (April 2020), https://pdf.usaid.gov/pdf_docs/PA00WPWS.pdf.

programs.[41] These interventions require individualized, tailored approaches that address specific risk factors. Moreover, tertiary interventions require adequate targeting strategies to ensure they are benefiting the "right people" and offering services that adequately respond to and are sensitive to their needs. While this strategy may be more costly and difficult to implement than primary prevention programs, which offer services to the entire population within a specific community, **tertiary interventions can contribute significantly to reducing crime and violence** by helping the most violent individuals in the community reduce their violent behavior.

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[41] Bonta and Andrews, *The Psychology of Criminal Conduct*, 6th edition (Routledge, 2017): 156-157.

Step I: Defining the Problem

The first task of a CVP program is to **define the specific violence problem** to address and **expected results to achieve**. Through this process, practitioners will determine the appropriate level of intervention: primary, secondary, or tertiary (see the Background section for additional detail on these concepts).

While combating high rates of violence and crime is a shared objective, at each level of intervention, the specific problems and expected outcomes are different depending on the applied lens. To illustrate this process, a potential problem set is provided below. Furthermore, Table 20 (see Annex V) expands on this scenario with corresponding data points, potential approaches, and expected outcomes.

Figure 9: Illustrative Problem Set

Citizens in the municipality of Tepechico continue to experience *high levels* of crime and violence in their community.

While official data shows that homicide rates have decreased substantially at the national level, every day there are new violent incidents in the community, resulting in death.

The high levels of violence are driven by rival gangs competing to control the area. While gang leaders are imprisoned, they continue to exert control and direct criminal activities.

Community residents no longer feel safe and succumb to criminal governance in lieu of a strong state presence.

Most of the violent and criminal incidents in the area are concentrated in a once-popular park (shootings, homicides, armed robberies, violent assaults, rapes, and drug trafficking). Most, if not all, violent incidents end up in impunity.

Defining the Specific Violence Problem

As discussed, CVP programs share an overall goal to reduce the levels of violence and crime in a neighborhood, community, or country. Yet, when designing a specific prevention program, programs should further "unpack" this overall goal and refine the specific problem(s) the intervention seeks to achieve. At each level of intervention, the definition of the problem and the specific outcome an intervention seeks to achieve are different.

To identify the specific problem, practitioners should first collect data on crime and violence trends. Evidence-based programs require information on the criminal and violence dynamics in a particular community. General data is important (e.g., homicide rates) but may be insufficient to design an intervention, particularly a tertiary one. Tertiary interventions require disaggregated and granular data to identify criminal and violent trends at the individual and community levels and to understand causes, including types, frequencies, and locations of criminal or violent incidents; profiles of common perpetrators and victims; types of arms used; motivations behind criminal or violent incidents; and mapping key stakeholders (e.g., police, service providers, and community leaders). Practitioners can obtain this information through judicial system (e.g., courts and police) records, public reporting, and interviews with community stakeholders.

> *"It is a huge mistake to design an intervention without first diagnosing the problem locally. Many security programs, sadly, are designed without access to local crime data. Anecdotes and newspaper stories may be all that developers can reference. Yet if that is the situation, it is not an obstacle to solving an important problem. It is the most important problem."*
>
> Lawrence Sherman, *Developing and Evaluating Citizen Security Programs in Latin America*, IDB Technical Note: 436.

For the scenario provided above, primary prevention may not be effective in reducing overall homicide and crime rates at the community or city level. Primary prevention does not seek to target the highest-risk individuals or those most responsible for committing the largest number of violent crimes in a community. A primary prevention program can significantly contribute to achieving the overall goal, *provided* other programs are working at different levels of intervention in the same community. For example, a primary program could seek to improve park infrastructure, increase police presence, and introduce public awareness campaigns on reporting violence. This program could be effective in reducing the number of violent and criminal incidents in a specific location, increasing the utilization of public spaces by community members, and improving citizens' perceptions of security.

Secondary and tertiary interventions, in contrast, would target a smaller number of individuals linked to the problem of violence in the community. In this case, the main problem is related to gang violence, and therefore, interventions need to collect information on gang dynamics, recruitment strategies, and main incentives driving youth engagement with gangs. In the case of secondary prevention, the main objectives are to *reduce* the risk of crime and violence (i.e., to reduce the risk of gang involvement). A secondary prevention program could seek to mitigate youth gang recruitment by reengaging youth in school, offering prosocial activities, and providing individual and family-based therapies, all well-known risks of gang involvement. A tertiary intervention, in contrast, would specifically target the individuals linked to instances of crime and violence (i.e., gangs) and attempt to *reverse* their engagement.

Following our example, a **tertiary intervention** would aim to identify gang members most engaged in crime and violence in the community and help them disengage, which would only be possible if gang

members are willing to collaborate and desist from membership. The intervention would need to collect information on gang desistance patterns and conditions for safe disengagement. In some Central American communities, for example, full commitments to religious activities[42] via faith-based organizations have been accepted by gangs as a path toward individual disengagement.

In other contexts, the target population may not be willing or "allowed" to disengage from gangs, local partners may not be willing to work with them, the police may not be willing to access places where they live, or all of the above may occur. In such cases, program designers may decide to target younger gang recruits, those adolescents (and often children) who are gang involved but not yet actively engaged in the most violent crimes. Research on gang dynamics reveals that in some countries, such as Honduras, young recruits are more prone to disengage from gangs than older gang members with a longer history. Similarly, because of the ways gangs are structured in Honduras, gang members holding lower positions have an easier time disengaging than those at higher levels.[43]

A tertiary intervention could design a family-based intervention targeted to young gang recruits and their families. Evidence shows that unsupportive family environments, prevalence of family violence, and absence of prosocial opportunities are among the most common risk factors associated with gang membership. Consequently, the objective of a tertiary intervention targeted to young gang recruits would be to encourage young gang members to disengage by building more supportive environments, including at the family level and through prosocial activities in the community.

Building a Theory of Change

Once practitioners have identified the specific problem to address, the most important factors causing the problem, and the specific outcome to achieve (e.g., disengage young gang members from gangs), they are prepared to build a theory of change: a development hypothesis, or logic construct, that serves to explain why change happens.

Practitioners need to explain **why** the proposed intervention is expected to help gang members disengage from the gang and **how** the activities proposed for participants are logically connected to the overall expected result. The theory of change expresses an "If-Then" statement that explains how results will lead to a high-level outcome of change and why.

Following the example, the theory of change articulates as follows:

- **IF** we offer gang-involved youth individual risk-reduction services based on their specific needs; connect them to outreach services; and work with their families to promote greater communication and positive group identity through family therapy sessions, coaching, and crisis management services,
- **THEN** said youth will be able to reduce their risk factors and build stronger family cohesion, which will help them disengage from the gangs,

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[42] J. M. Cruz et al., "The New Face of Street Gangs: The Gang Phenomenon in El Salvador," (Florida International University and *Fundación Nacional para el Desarrollo*, 2017), https://lacc.fiu.edu/research/the-street-gangs-in-central-america-research-initiative-scrain/the-new-face-of-street-gangs-the-gang-phenomenon-in-el-salvador-eng.pdf.

[43] J. M. Cruz et al., "A Study of Gang Disengagement in Honduras," (American Institutes for Research and Florida International University, 2020).

- **BECAUSE** evidence shows that low emotional regulation, antisocial behavior, and lack of family support are key factors drawing youth to join gangs.

This theory of change has been premised on the existence and verification of critical assumptions, such as a contextual analysis of the location, a nuanced understanding of the risk and protective factors related to youth delinquency in this context, and an assessment of the potential conflict-sensitivities from this type of programming, among others.

While an intervention is expected to contribute to the broader objective of reducing crime and violence in the community, the intervention will not be solely responsible for achieving the overall result, which can only be achieved by a combination of simultaneous interventions and at all levels. Rather, this illustrative tertiary intervention will be **directly responsible for disengaging youth from gang involvement**. This outcome can be measured through the identification of appropriate indicators. Furthermore, **the results of the intervention can and should be evaluated to assess its effectiveness.**

Step II: Identifying the Target Population

In the case of tertiary interventions, the target population encompasses the individuals at high levels of risk. **Risk** refers to the risk of engaging in criminal and/or violent behavior.[44] For additional information on risk and protective factors, see Annex II (What Do We Mean by Risk?).

The following section details key characteristics across the high-risk youth population in LAC, practical considerations for targeting them, and relevant identification methods (see Tables 4 and 5 below).

Who Is Most At-Risk?

Globally, young men are the most at-risk of engaging in violent and/or criminal behavior. Young men are also the population group most likely to fall victim to violence. According to the United Nations Office of Drugs and Crime (UNODC), in 2017 approximately 81 percent of all homicide victims worldwide were men, and young males (ages 15–29) faced the highest risk of victimization.[45] In LAC, 90.5 percent of homicide victims were men, and 9.5 percent were women.[46] Existing data on violent behavior in the region mirrors this pattern; young males are the largest population of perpetrators of intentional homicide.[47]

Yet, most youth who exhibit violent behaviors during adolescence do not become chronic offenders as adults. Global research shows that adolescence is a stage in which risky behaviors can develop before the individual matures, so many youths may present behaviors that will not be maintained. By the time they reach age 21, most show little or no aggressive tendencies.[48] However, considering high rates of impunity and disproportionate violence against youth in LAC, **adolescence is the critical stage to reverse the violence perpetrated by and against youth**.

Characteristics of the Tertiary Population

Within this highest category of risk, individual risk levels and corresponding solutions vary. Key characteristics across this spectrum are outlined below (e.g., whether an individual has been gang-involved). Practitioners must understand these nuances to inform effective solutions, but these characteristics are not mutually exclusive.

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[44] This Handbook refers to risks associated with interpersonal violence. Other types of violence, such as sexual violence, domestic violence, or psychological violence, are associated with other cultural, attitudinal, and psychological risk factors not directly addressed in this Handbook.

[45] UNODC, *Global Study of Homicide Executive Summary*, (2019), https://www.unodc.org/documents/data-and-analysis/gsh/Booklet1.pdf.

[46] Laura Jaitman, "The Costs of Crime and Violence. New Evidence from Latin America and the Caribbean," (IDB, 2017): 32.

[47] UNODC, *Global Study*.

[48] Kara Williams et al., "Youth Violence Prevention Comes of Age: Research, Training, and Future Directions," *Annual Review of Public Health* (2007) 28: 195–211.

Figure 10: Characteristics of Tertiary Populations
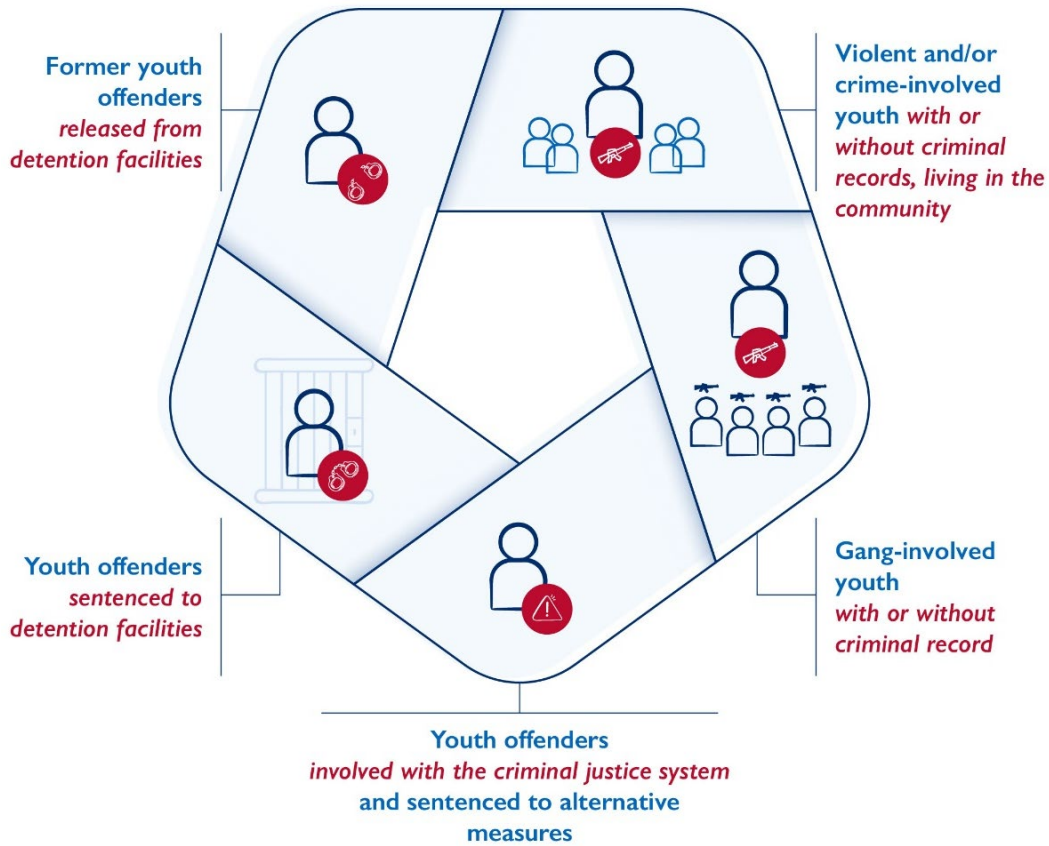
This document poses a nuanced classification of high-risk youth, which is particularly important in the LAC context considering factors such as impunity for perpetrators (e.g., youth who engage in criminal activities in the community but who have not been detected by the police, judicial inefficiency, and prolonged pre-trial detention). A strict interpretation of "tertiary" would not include these individuals as not all have been exposed to the criminal justice system. However, their behavior still reflects the highest level of risk. Conversely, youth at relatively low levels of risk may be arrested for suspected crimes and sent to detention facilities while they await trial. A strict interpretation of "tertiary" would consider them at highest risk, although they may not engage in criminal behavior.

Table 4: Characteristics of Tertiary Populations and Practical Considerations

Characteristic	Practical Considerations
Violent or crime-involved youths, with or without criminal records	Require approaches aligned with rehabilitation (e.g., mental health services and addiction treatment) and reintegration (e.g., CBT for impulse control and prosocial engagement)
Gang-involved youths	Require consideration of length of gang engagement and the specific gang dynamics affecting potential desistance

Characteristic	Practical Considerations
Court-involved youths, either serving sentences under alternative sentencing to detention or within detention facilities	Require individual case management that reduces the risk of recidivism once they serve their term
Former offenders	Typically face significant systemic challenges that may require strategies to gain community acceptance, trauma-informed programming, and relocation services, if necessary

VIOLENT OR CRIME-INVOLVED YOUTHS, WITH OR WITHOUT CRIMINAL RECORDS

Overview: High-risk youths may be characterized as those engaged in violent or delinquent behavior in the community—such as street fights, robberies, drug trafficking, extortion, and/or homicides. These individuals may have criminal records depending on whether their behavior has been formally detected by the criminal justice system. This category is broad and the most likely to include individuals responsible for most violent or criminal incidents occurring in a specific community as well as adolescents exhibiting risky behavior that may be at different levels of engagement in violence or crime.

Factors that may affect an individual's risk for crime and violence vary. They could include peer influence, violence in the home or community, and/or unstructured adult supervision. In some cases, youths may be parents themselves and have caregiver responsibilities to consider. These individuals may also struggle with long-term addictions. Moreover, given that these youths live in the community, they interact with and therefore negatively influence other youths who may be at a lower risk of violence.

This category also encompasses a broad age range. In some LAC countries, youths in low-income communities controlled by gangs become engaged in violent behavior even during childhood. For example, in Guatemala, Honduras, and Colombia, research on youth violence shows that children as young as age eight are recruited by gangs or other violent groups.[49] As in other parts of the world, most youths ages 13 to 25 are still developing key personality traits and are most vulnerable to engaging in risky behavior or disconnecting from family, school, or work.[50]

As mentioned previously, most of these individuals may not become chronic offenders. Considering their developmental stage, timely and appropriate treatment can support protective factors against risk. Evidence also shows that even when some violent behaviors occur, low-risk individuals can be seriously impaired in their development if they are incarcerated with other youths at higher risk. Therefore, experts recommend these youths not be incarcerated but rather diverted to alternative measures (elaborated further under Offenders Arrested and Released with Alternative Sentencing).

Approaches: Individuals actively engaged in crime and violence are unlikely to volunteer for services; as such, tertiary interventions require a constant outreach strategy (known as **street outreach**).

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[49] J.M. Cruz et al., *A Study of Gang Disengagement in Guatemala*, (American Institutes for Research and Florida International University, 2021); Cruz et al., *A Study of Gang Disengagement in Honduras*.

[50] Kara Williams et. al., "Youth Violence Prevention Comes of Age: Research, Training and Future Directions," *Annual Review of Public Health* 28 (2007): 195–211. This study argues that longitudinal studies of youth between ages 11 and 17 show that 75 percent of those youth who committed a serious violent offense ceased their violent behavior one to three years after having committed the violent act.

Interventions should consider alternative education programs, family-based approaches, and job placement specifically designed for a population that is likely to have a criminal record or have an encounter with the criminal justice system. Further, given the high number of risk factors associated with addiction, delinquency, and neutralization of guilt[51] among others and the probability of gang-involvement, approaches aligned with rehabilitation (e.g., mental health services, and addiction treatment) and reintegration (e.g., CBT for impulse control, pro-social engagement) may be warranted. Finally, if the youth is actively engaging in criminal behavior, CVIs may be most appropriate, as detailed in Annex III (CVI).

> **Practitioners seeking to target violent or crime-involved youths outside the criminal justice system must consider:**
> ● Risk management for implementation of safety protocols;
> ● Vetting of implementing personnel;
> ● Authorizing evening and weekend scheduling of interventions;
> ● Accounting for the time necessary to establish trust in the community; and
> ● Understanding and planning for a high degree of collaboration with law enforcement while not jeopardizing outcomes.

GANG-INVOLVED YOUTHS WITH OR WITHOUT CRIMINAL RECORDS

Overview: High-risk youths may also be characterized as those engaged in risky or delinquent behavior in the community—through gang involvement, in particular. These individuals may share similar characteristics as those outlined for the prior category, such as age and risk factors.

Gangs may be responsible for a high percentage of crime and violence in LAC and have a significant presence in low-income, socially excluded communities in some countries. Gang-involved youths have different roles and responsibilities depending on their age and length of engagement among other factors, with related exposure to violent and criminal activities. Some gang-involved youths are arrested, convicted, and sent to detention facilities; others operate in the community without being formally detected by the criminal justice system. Other gang members may not commit criminal or violent acts, although their membership inevitably reflects risky behavior.

Approaches: A study on gang desistance in Central America shows that most gang-involved youths eventually want to leave gangs as they mature and have children. Gang desistance is difficult and often involves a significant level of risk for implementers and participants. In Central America, research shows[52] only three forms of gang disengagement: a full-time religious commitment, obtaining approval from gang leadership, and escaping (the most dangerous). The individuals who become fully committed to religious activities can generally live safely, provided they strictly adhere to religious activity and disengage from the gang (e.g., socially or territorially). Gang-involved youths who obtain "permission" from gang leadership to reduce their engagement in criminal activities can live safely in the community but may still face threats

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[51] Neutralization of guilt: the process in which an individual rationalizes engaging in behavior that is considered unacceptable, unethical, or criminal by society.

[52] J. Cruz, "Los factores asociados a las pandillas juveniles en Centroamérica," *Revista Eca: Estudios Centroamericanos* 685–686 (2005): 1155-1182; J. Cruz et al., *The New Face of Street Gangs: The Gang Phenomenon in El Salvador* (Florida International University, Miami, 2017); Cruz et al., "A Study of Gang Disengagement in Guatemala"; Cruz et al., "A Study of Gang Disengagement in Honduras,"

from rival gangs. Others who seek to escape from active gang engagement face violent retaliation, including murder.

In Central America, for example, evangelical churches have often attracted gang members who seek to exit by offering a religious lifestyle commitment. In some countries, faith-based organizations are allowed to work with former offenders inside correctional institutions. To the extent that secular tertiary programs exist for gang-involved youths, their main objective would be to promote gang disengagement and prevent further violent criminal activity. Yet there is little evidence of effective anti-gang programs in the United States or elsewhere, whether in detention facilities or in community settings.[53] More evaluations of this type of programming are necessary to determine their effectiveness in the Latin American and Caribbean region.

Numerous socioeconomic and security factors serve as obstacles to disengagement, even when gang members have reached an age where they are willing to exit. Scarcity of viable economic opportunities is one prominent deterrent. Gangs often function as a precarious but reliable source of income for their members and their families, making the prospect of leaving economically daunting. Another prominent deterrent is the stigmatization of former gang members by their communities, potential employers, and state authorities, which poses a substantial barrier to social reintegration as well as economic opportunity. This systemic bias against former gang members often discourages them from abandoning their illicit activities, perpetuating the cycle of criminal engagement.

Crucially, the inability of former gang members to meet their basic economic and security needs significantly undermines rehabilitation efforts. Addressing this issue effectively requires a larger-scale and comprehensive government strategy above and beyond a single tertiary intervention, which can address the root causes of gang violence. Consequently, programming for this population should include broader advocacy efforts; evidence-informed policy recommendations; and strategic partnerships with other donors, private sector, and host-government programs to meaningfully influence conditions for this population to thrive.

> **Practitioners seeking to target gang-involved youths must consider:**
> - Participant length of gang engagement,
> - Dynamics of gang desistance within the context, and
> - Similar practical considerations as the category above.

53; A. Higginson et al., "Preventive Interventions to Reduce Youth Involvement in Gangs and Gang Crime in Low- and Middle-Income Countries: A Systematic Review," *Campbell Systematic Reviews* 18 (2015); One of the most well-known anti-gang programs in the United States is the Gang Reduction and Youth Development Program (GRYD) in Los Angeles, California. While the program was found to be effective for many different outcomes, the results were mixed with regards to prevention of gang engagement. See Meagan Cahill et al., *Evaluation of the Gang Reduction and Youth Development Program* (Urban Institute, September 2015). Cure Violence in Trinidad and Tobago was found to be an effective program in curbing gang-related violence. See Edward R. Maguire, Megan T. Oakley, and Nicholas Corsaro, *Evaluating Cure Violence in Trinidad and Tobago*, (IDB and Arizona State University, 2018), https://publications.iadb.org/en/evaluating-cure-violence-trinidad-and-tobago. Nevertheless, the structure and organization of these gangs differs notably from gangs in Central America (implementer in Trinidad and Tobago, interview, July 2023).

OFFENDERS ARRESTED AND RELEASED WITH ALTERNATIVE SENTENCING TO DETENTION

Overview: High-risk youths may be characterized as those court-involved and serving a judicial sentence outside a detention center. Depending on the type of crime and relevant legislation, youths who are arrested and then charged and convicted may either serve time in a residential detention facility (see following section, Offenders Serving Time) or be released to serve alternative sentencing (referred to as "alternative measures") to detention. In these instances, judges may sentence youths to community service hours and/or reparation for their offense, reenrollment into formal education, and reporting to a parole officer, among others. These individuals are typically released to the care of family members or a court-appointed ward.

Court-involved youths are not homogeneous. While the behaviors exhibited by youths may reflect important risk factors, some youths may have sufficient protective factors in other domains (e.g., high emotional control, anti-criminal attitudes, educational achievement, prosocial peers) that mitigate their risk of engaging in violent behavior. Similarly, some youths get arrested for drug-related offenses, but they may not exhibit high levels of risk.

Approaches: To the extent practitioners collaborate with relevant authorities, RNA tools, which are detailed at the end of Step II (Identifying the Target Population), can easily identify risk levels. Furthermore, early risk assessment can help prosecutors and judges guide their actions.

As part of alternative measures, judges may refer youths to treatment services to address behaviors or interpersonal disputes related to their criminal or violent activity. However, even after sentencing, practitioners can use risk assessments to determine the intensity of supervision and the type of intervention required (e.g., development of prosocial skills, family counseling, labor or school inclusion) In LAC, there are a few examples of RNAs used in juvenile courts; however, there is virtually no research on a standardized practice of how judges determine what these youths need before they refer them to service providers or detention centers.

While reducing risk and avoiding reengagement in violent or criminal activities is the main goal of programs targeting court-involved youth, these programs should also actively prevent further arrest (recidivism). **Evidence shows that interventions with court-involved youths sentenced to alternative measures in their home communities are more effective than in the detention setting**.[54] To be effective in reducing recidivism among court-involved youths, integrating treatment within broader interventions at the community level involving families, community leaders, private sector, and security and justice operators is fundamental to addressing stigmatization and exclusion that can further drive recidivism. Further, several risk assessments of court-involved youths within detention centers (e.g., in Mexico and Honduras) have demonstrated that many youths sentenced to detention facilities in fact have low risk levels and therefore should have been considered for alternative measures to detention, which may be more effective and prevent the possibility of increasing risk by close contact with violent offenders.

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[54] E.J. Latessa, S.L. Johnson, and D. Koetzle, *What Works (and Doesn't) in Reducing Recidivism* (Routledge, 2020).

> **Practitioners seeking to target court-involved youths serving alternative measures must consider:**
> - Institutional collaboration required with juvenile justice authorities, criminal justice actors, and child protection agencies as part of the approach and
> - Systemic challenges during implementation, such as barriers to school reenrollment and job placement for court-involved youths.

OFFENDERS ARRESTED AND CONVICTED, SERVING TIME IN JUVENILE DETENTION FACILITIES

Overview: High-risk youths may be characterized as those court-involved who are arrested, convicted, and detained in juvenile detention facilities (often referred to as pedagogical centers in LAC). Judicial systems send youths age 18 and older to adult prisons and under legal age youths (ages 14 to 18) to juvenile detention facilities. Depending on the duration of their sentence, juvenile detention facilities may release or transfer youths to an adult prison to finish their sentence after they turn 18. In most LAC countries, juveniles and adult prisoners do not live separately within facilities; similarly, facilities do not differentiate placement based on risk or type of crime within prisons.

Approaches: The main goal of tertiary interventions within detention facilities is to reverse criminal and/or violent behavior and reduce the risk of recidivism, as well as allow individuals to reintegrate into society after release. In the United States, such programs have been rigorously evaluated, and many have proven to be effective in reducing recidivism rates.[55] However, throughout LAC many detention facilities do not provide therapeutic or rehabilitation services for their residents. In limited cases where facilities offer such services, their quality is typically poor, which thwarts opportunities to reduce recidivism or level of risk (e.g., improve mental health, overcome addictions, deal with family trauma) and combat other challenges that court-involved individuals face. Consequently, detainees may complete their sentence with equal or worse conditions for reintegration into their communities. Furthermore, resources for former offenders are scarce, making the transition into society an even more daunting process for them.

Much like all court-involved individuals, youths in these circumstances are not homogenous. Evidence shows that people serving time in detention facilities may exhibit different levels of risk to crime and violence. While all have been convicted of a crime, they are not all necessarily equally violent and at-risk of recidivating. In these cases, practitioners can use RNA tools as fundamental instruments to assess risk levels and make determinations on the types and intensity of services and supervision these youths need. Examples in LAC, such as *Reinserta un Mexicano* in Mexico and the *Casa Intermedia* (Intermediary House) program in Guatemala, use risk assessment tools to manage and select cases inside detention facilities (see following section, Former Offenders). An important distinction for these examples is that only one of these interventions (*Reinserta*) conducts post-release follow-ups with participants.

To the extent detention facilities implement interventions (which may not always be feasible), practitioners should conduct assessments upon entry utilizing standardized RNAs to screen and differentiate juveniles based on risk of violence and/or recidivism. These assessments can aid screening for potential participants, reserving treatments only to those considered at higher risks. Furthermore, the assessments support the juvenile justice facility in differentiating their residents according to risk. Evidence shows that youths at higher risk benefit more from treatments, but they are also less motivated to participate in tertiary

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[55] See J. Gilligan and B. Lee, "The Resolve to Stop the Violence Project: Reducing Violence in the Community through a Jail-based Initiative," *Journal of Public Health* 27, no. 2 (2005): 143–8.

programs. To overcome these problems, programs can utilize motivational interviewing[56], therapeutic alliances, and other strategies to engage these youths. Strengths-based approaches also increasingly complement current risk management frameworks in rehabilitation, which increases motivation to engage in treatment.[57]

> **Practitioners seeking to target court-involved youths serving time in detention centers must consider** the same factors as for those service alternative measures. In addition, they should consider:
> - Institutional investments that may be necessary to affect change within detention facilities,
> - Increased service provision based on RNAs,
> - Risk differentiation within the facilities,
> - Case management,
> - Increased family engagement, and
> - Labor market skill-building.

FORMER OFFENDERS

Overview: High-risk youths may also be characterized as those court-involved youths who have finished their judicial sentence (outside or within a detention facility) and have been released back into society. Typically, these individuals are close to 18 years of age or slightly older. Commonly, former offenders may have served multiple sentences and could reach nearly 30 years old when eligible for services. Furthermore, as is common in LAC, a significant portion of these individuals may be parents and have caregiver responsibilities.

A global analysis of delinquency demonstrates that youth delinquency rates decrease significantly after the age of 21.[58] Former offenders who are older than 21 and are released to the community may have lower risk levels than when they were first arrested. Yet, the risks may significantly increase if they return to violence-prone communities, are continuously stigmatized, have few opportunities to engage in the job market, and/or have limited support networks. While former juvenile offenders typically have sealed records,[59] those over 18 may have a harder time finding jobs since employers in LAC typically request criminal records, which can be used as a basis for refusal. In some LAC countries, particularly those with high gang presence, individuals released from prison may face serious safety issues as rival criminal organizations (or by their former gang) they are often persecuted by and become vulnerable to homicide.

Approaches: These individuals experience stigma that increases psychosocial strains for them and their families; consequently, mental health support is critical. Relevant tertiary interventions should include

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[56] Motivational interviewing refers to a model designed by Miller and Rolnick used to increase adherence and willingness to change in people who need to develop behavioral changes. See M. Clair-Michaud et al., "The Impact of Motivational Interviewing on Delinquent Behaviors in Incarcerated Adolescents," *Journal of Substance Abuse Treatment* 65 (2016): 13–9. The therapeutic alliance or work alliance refers to developing a relationship of trust and collaboration between the therapist or social worker and the beneficiaries of an intervention, which shows that can increase adherence to the intervention and reduce recidivism; P. Florsheim et al., "Role of the Working Alliance in the Treatment of Delinquent Boys in Community-based Programs," *Journal of Clinical Child Psychology* 29, no. 1 (2000): 94–107.

[57] C. Mathys, "Effective Components of Interventions in Juvenile Justice Facilities: How to Take Care of Delinquent Youths?" *Children and Youth Services Review* 73 (2017): 319–27.

[58] T.E. Moffitt. "Adolescence-limited and Life-course-persistent Antisocial Behavior: A Developmental Taxonomy," *Psychological Review* 100, no. 4 (1993).

[59] Legal condition that allows civil or criminal records to be stored away from public access.

social reintegration strategies, family reunification and therapy, and employability strategies specific for this population. Depending on the potential level of risk individuals face upon return to their community (for former gang members in particular), practitioners should also consider support for relocation.

In countries such as the United States, practitioners often refer people released from prisons or juvenile detention facilities to reintegration programs, most of which are offered by nongovernmental organizations or professional service providers (e.g., Homeboy Industries in Los Angeles). Enrollment in these programs is voluntary and therefore requires the individual to have program information and motivation to participate. While studies recommend juvenile detention facilities initiate contact with target participants prior to their discharge—to promote reintegration support services (also called reentry programs) and motivate young people to participate by generating an early bond—facilities in many LAC countries do not share information on individuals to be released or partner with social reintegration programs.

This situation creates a significant barrier for social reintegration programs as they often struggle to enroll former offenders. In Honduras, the organization Orphan Helpers offers an intervention called *Academia del Éxito* within the detention centers, which supports the reintegration process. In El Salvador and Guatemala, an external social reintegration program, *La Factoría Ciudadana*, supports former offenders. However, neither intervention has been evaluated for effectiveness to date.

> **Practitioners seeking to target former youth offenders must consider:**
> - Similar factors to the two preceding subcategories, especially regarding systemic challenges that may be confronted during implementation. Additional considerations should also include:
>   – Strategies to gain community acceptance for the population,
>   – Soft skills development alongside job placement, and
>   – Relocation services, if necessary.

Participant Identification and Risk Differentiation

A core challenge for tertiary risk interventions is to **develop adequate methodologies to identify participants and assess their level of risk**. This process enables practitioners to identify solutions tailored to individual risk levels and needs, as described previously. Once the practitioner has identified which subset of the population to target, they should seek validation through the following questions:

- How can practitioners confirm this assessment? Can they use a screening tool or technique to determine eligibility? Can a similar tool gauge progress throughout implementation?
- How will the intervention determine if a participant no longer requires the service?

Common identification methods include referrals and RNA tools, which vary depending on individual characteristics (see Figure 11 below).

Referrals

High-risk youth may be referred *to services or treatments* via a range of actors - immediate family, teachers, community leaders, healthcare providers, social workers, child protection agencies, criminal justice actors, as well as law enforcement.

These actors can be further supported through awareness-raising and inclusion strategies.

It is important to:
- Emphasize *specific criteria* for youth referrals who exhibit "problematic" or anti-social behaviors, including violence.
- Use additional *screening methodologies* to identify the specific level of risk of violence for the youth referred to treatments or services.

Risk and Needs Assessment Tools

These standardized tools can be used to *assess individual levels of risk*, as implemented by trained professionals. They have been proven to be more accurate and objective in assessing the risks of violence than professional or clinical judgments.

LAC-based examples include:
- Instrumento de Medición de Comportamientos (IMC)
- Herramienta de Riesgo a la Violencia (HDRV)
- Social Embeddedness Tool
- YSL/CMI (Chile)
- JRA-YV (Jamaica)
- IGI-J (Peru)
- Youth Service Eligibility Tool (YSET)

Referrals: Evidence has shown that high-risk youths may feel less motivated to participate in tertiary interventions. High-risk youths often resist interventions and show poor motivation to engage in services because they are not personally seeking a change and sometimes may not be aware of the difficulties they are experiencing.[60] This challenge raises the importance of outreach strategies in support a referral system when conducting tertiary interventions, except for those within a detention facility. Establishing rapport, creating trust, enabling interaction, and more importantly sustaining the relationship over time is critical for retention. Tertiary interventions typically employ "street outreach," understood as outreach conducted by people who live in the same community, understand the context, have similar experiences as those they are trying to reach, and hold credibility among the community stakeholders

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[60] C. Englebrecht et al., "'It's Not My Fault': Acceptance of Responsibility as a Component of Engagement in Juvenile Residential Treatment," *Children and Youth Services Review* 30, no. 4 (2008): 466–84.

and the target population. This approach entails a sophisticated recruitment, training, and monitoring system to ensure effectiveness of street outreach and integrity of those conducting it.

Similarly, gendered approaches in outreach are critical. While young males between the ages of 16 and 24 are typically engaged in crime and violence in LAC, evidence indicates girls increasing their engagement and roles in crime and violence. While youth gangs could be considered misogynistic as they reflect machismo embedded in LAC culture, reports have shown instances of women exerting leadership within gang structures in Central America. Some reports also indicate these interactions may be coerced. However, these individuals are also immersed in the same static and dynamic risk factors associated with delinquent tendencies and should be included in tertiary interventions with special consideration to their individual identities and needs.

Community referrals do not always distinguish between youths at risk of engaging in risky behavior versus those who have, for example, broader educational challenges, drug addiction problems, or mental illnesses. Based on experiences in LAC, it is important to emphasize specific criteria for youth referrals as those who exhibit "problematic" or anti-social behaviors, including violence. In addition, practitioners should consider using additional screening methodologies to help interventions identify the specific risk among those youths referred to treatments or services.

Risk and Needs Assessment: An RNA is a process to characterize an individual, understand their overall circumstances, and identify highest risk cases (risk principle) to concentrate efforts and resources on those who are most likely to commit violent acts or crimes in the near future. RNR principles guide these tools, and their main objective is to make the best decisions for intervention and management of a person's case **to reduce risk**. Tools focus on dynamic factors that predict recidivism or repetition of violent behavior (needs principle).

The information gathered should match services to the specific needs (e.g., treatment for impulsivity and anger management, family interventions for family risk management) while also determining the level of responsiveness (responsivity principle) to the intervention (e.g. if they are motivated, if they have barriers to adhering to a service such as transportation or their learning style). These elements enable practitioners to tailor services to the individual's response potential.

When selecting an RNA tool, practitioners should ensure the tool a) has been empirically validated, b) includes dynamic risk factors or criminogenic needs, and c) allows for discretion for structured professional judgements,[61] which encompass an individual's overall situation.

An RNA process may gather information from interviews with the individual and their parents/guardians, social service files, or police files. RNA tools can support the process at in-take for determining eligibility and inform progress throughout.

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[61] Structured professional judgement is an evidence-based approach that combines empirically validated tools with professional judgment in risk assessment.

Table 5 below provides various LAC-based examples, including those adapted from the US-based models. Further detailed information on RNAs, how to select them, and which have been used and assessed in the LAC region can be useful for this part of the process.[62]

Table 5: Characteristics of Tertiary Populations and Identification Methods

Population	Identification Methods

Violent and/or crime-involved youths—with or without criminal records, living in the community	• Referrals by law enforcement, criminal justice actors, parents, community leaders, and local organizations
	• RNA tools including:
	  ○ In Honduras, a USAID-funded secondary prevention activity developed and validated an RNA tool—*Instrumento de Medición de Comportamientos* (IMC[63]), or Behavioral Measurement Instrument – to screen potential participants according to risk.
	  ○ In Guatemala, a USAID-funded municipal violence prevention activity designed and used the RNA tool *Herramienta de Riesgo a la Violencia* (HDRV), or Risk of Violence Tool.

Gang-involved youths—with or without criminal records	Referrals by community members, religious leaders, local organizations, law enforcement, and criminal justice actors Self-identified gang members willing to defect voluntarily Standardized tools, the only of which specifically designed to assess gang involvement was designed by Gang Reduction and Youth Development (GRYD) in Los Angeles, the Social Embeddedness Tool.[64] In LAC, other tools that adapted the Youth Services Eligibility Tool (YSET) to assess gang engagement (e.g., the Caribbean YSET [C-YSET] developed for Eastern and Southern Caribbean [ESC] nations)[65]

Court-involved youths and those sentenced to alternative measures	• Referrals by the juvenile court system, law enforcement, social workers, parents, teachers, and doctors
	• Mandatory court referrals
	  • RNA tools, used only by a few countries in LAC inside their juvenile justice systems to make decisions about diversion of juveniles to alternative measures (e.g., Youth Level of Service/Case Management Inventory [YSL/CMI] in Chile, Jamaica Risk Assessment Tool-Youth Version [JRA-YV], and Inventory of Management and Intervention for
	  • Youth [IGI-J] in Peru, all of which measure risk of recidivism)[66]

Court-involved youths offenders sentenced to detention facilities	• Referrals by juvenile justice institutions, social workers, and parole officers • Mandatory court referrals

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[62] DPI-MCI and University of Pennsylvania, *Risk Assessment Tools in Latin America and the Caribbean: Literature Review*, (USAID, April 2023), https://pdf.usaid.gov/pdf_docs/PA021BCM.pdf.

[63] Sample IMC in Spanish: *IMC V: Enero 2019, VERSIÓN "PROPONTE MÁS/HONDURAS,"* USAID, https://pdf.usaid.gov/pdf_docs/PA00X1ZB.pdf.

[64] P. Jeffrey Brantingham, Denisse C. Herz, and Molly Krause, "The Impact of GRYD Intervention Family Case Management (FCM) Services on Increasing Decision-Making Independence," GRYD Research and Evaluation Brief, no. 10 (July 2022), https://www.juvenilejusticeresearch.com/sites/default/files/2022-07/GRYD%20Brief%2010_The%20Impact%20of%20GRYD%20FCM%20Services_7.2022.pdf.

[65] DPI-MCI and University of Pennsylvania, *Risk Assessment Tools.*

[66] See the study on the use of RNA tools in the LAC region: D. Koetzle et al., *A Practical Guide.*

| Population	Identification Methods
	• RNA tools used only by a few countries in LAC to identify risk of recidivism and for case management decisions inside detention facilities.
Former youth offenders released from detention facilities	• Referrals by juvenile justice institutions, social workers, parole officers, parents, and community referrals; offenders released from detention facilities may choose to participate in a reintegration program via referral by a social worker or parole officer. • Mandatory court referrals

Step III: Identifying the Intervention Type

Approaches to support high-risk youths vary depending on the problem set and target individual characteristics. For example, some interventions target high-risk youths living in the community and offer individualized and/or group services. Others work with the family unit, offering services to high-risk youths and their immediate family at home. Others are offered in detention facilities where high-risk youths serve time after being arrested and convicted of a crime, and others work with youths who are about to be (or have recently been) released from detention facilities and reintegrated into society.

Some types of interventions cited below were first implemented in locations outside the LAC region; most originated as US-based models. In cases where an existing model proven to be effective is replicated elsewhere, **practitioners should implement with fidelity to the original model** (i.e., its core components) to increase the likelihood that the intervention will have comparable results. Fidelity refers to the extent to which delivery of an intervention adheres to the protocols and program model originally developed. A detailed overview of examples of US-based models of tertiary interventions that were replicated in the LAC region and recommendations on how to implement with fidelity are presented in Annex I (Fidelity Guide).

We present this classification of tertiary interventions to help practitioners select the most appropriate and feasible intervention that best responds to the problem of crime and violence they seek to address, expected outcomes, and specific population they wish to focus on. **They should systematically select the intervention type based on these factors**. Within each broader intervention type, Step IV (Selecting and Implementing Services) outlines the refinement of specific services or approaches.

These risk-differentiated[67] intervention types should offer services that most directly address the key drivers of youth violence and delinquency and offer services proven to be most effective among the tertiary population. As detailed in this section, each intervention type has a set of "core elements," in line with best practices identified by experts. Each category includes examples of each type of intervention found in LAC, along with relevant evaluation findings per intervention.

Figure 12: Classifications of Tertiary Interventions

Community based

Family based

Facility based

Reentry

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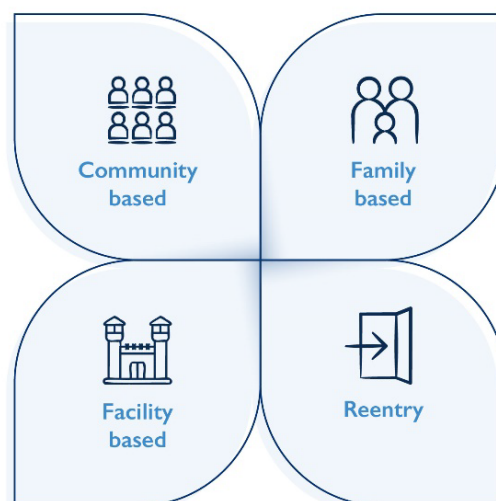
[67] Risk-differentiated approaches are rooted in public health systems in which individuals are systematically treated differently based on an assessment of their risks to disease or, in this case, their risk of criminal and/or violent behavior.

Table 6: Classifications of Tertiary Interventions

Intervention	Population Served	Possible Expected Outcomes
Community-based	Youths with criminal or violent behavior, including gang-involved youths in the community and court-involved youths serving alternative measures. In some cases, interventions may specifically target the few individuals responsible for most of the violent crime in the community (e.g., CVI). These interventions work with high-risk youths in different community settings (e.g., community centers, service providers' offices) where they can safely gather to receive services.	• Reduce homicide rates at the community level • Reduce individual youth's risk factors • Reduce individual youth's violent and criminal behavior • Reduce youth's involvement in gangs
Family-based	Youth engaged in delinquent or violent behavior and their family unit (i.e., the people they live with). This population can include gang-involved youths (with or without an arrest record) or court-involved youths serving alternative measures.	• Reduce individual youth's risk factors • Reduce individual youth's violent and criminal behavior • Reduce youth's involvement in gangs • Increase family cohesion and structured adult supervision • Increase access to sources of protection and support • Increase rates of re-enrollment in education
Facility-based	Juvenile offenders serving time in residential detention facilities.	• Reduce rate of recidivism • Reduce individual youth's risk factors • Increase youth educational and/or technical skills • Increase soft-skill development for reintegration
Reentry	Juvenile offenders released to the community from residential detention facilities.	• Increase employment of targeted youths • Promote family reunification and cohesion • Increase parenting skills to mitigate against violence • Reduce social discrimination of former offenders • Promote community acceptance through victim-centric, restorative justice practices

A potential fifth category could be hospital-based interventions. These programs are gaining traction among violence prevention professionals in the United States.[68, 69] To this research team's knowledge, LAC countries have not widely adopted these types of interventions, even though some of the community-based programs discussed may recruit program participants from hospital settings.

Community-based Interventions

Objective: Community-based interventions seek to reduce crime and violence in a community by effectively targeting the individuals most actively engaged in criminal and violent activities. The broad theory of change for such interventions can be articulated as follows:

- **IF** youths involved in crime and violence in the community are offered risk-appropriate services, engage in activities that promote psychological well-being; and are provided with the skills, social support networks, and opportunities to engage in prosocial activities and make better decisions,
- **THEN** these youths will be able to reverse their engagement in anti-social activities, and
- **BECAUSE** some of these individuals are responsible for the majority of violent incidents in the community, these interventions also expect to have an overall impact on the reduction of violence and criminal rates at the community level.

Population served: In particular, CVI programs include interventions that target the most violent individuals in the community (see Annex III, CVI). These interventions are extremely focalized, targeting a small number of participants who are the most violent offenders and responsible for most homicides, gun-related, and other violent incidents in the community.

Broader community-based interventions, by contrast, can also serve other high-risk youths who are not responsible for most homicides and violent incidents in the community but who, nevertheless, are already engaged in delinquent and or violent activities. For example, gangs recruit some youths to guard specific locations (lookouts), provide information, or deliver "packages" (e.g., phones, drugs, money, arms), but these youths do not commit the most violent incidents in the community. These programs may also include criminally involved youths who may be arrested and diverted to serve alternative measures in the community since their crimes are not considered to be serious (e.g., homicides or violent assaults). In addition, these programs often include youths at higher risk of (but not currently) engaging in criminal and/or violent behavior (or those who are not court-involved). While these individuals could be considered as secondary risk populations, they frequently intermix with criminal and violent youth in the community and should be treated as a lower risk portion of the tertiary population. While these community-based interventions are not as hyper-focused as CVI, they nevertheless work with a small number of high-risk participants, ranging from 50 to 100.

Design needs: The design of a community-based intervention requires a **deep understanding of violence and criminal dynamics at the community level**. General information about the concentration of crime and violence in specific "hot spots" or data on the predominance of young male offenders is not specific enough to identify what drives violence and crime and who is involved. While

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[68] Mark Barna, "US Hospitals Stepping up to End Violence Among Youth," *The Nation's Health* 50, no. 1 (2020): 1–20.

[69] See: N. Lovelady et al., "A Feasibility Study for the Implementation of a Hospital-based Violence Intervention Program in the Rural South," *Journal of Clinical and Translational Science*, 7, no. S1 (2023): 45–45.

research on youth violence and delinquency reveals common patterns, every community is different. Further, conflict assessments can be useful to determine contextual factors to consider.[70]

To target high-risk populations at the community level, these interventions need specific information on the profile of the most violent individuals in the community and their level of organization, territorial scope, illegal economies they profit from, and connections to other members of the community (who know them but are not involved in their criminal network). The justice system, specifically the police and courts, often collects this type of data. In some cases, particularly in the United States, these actors agree to collaborate and share data with program implementers.

> *"We recruit outreach workers, who are from the community, and they do their 'walks' (recorridos) throughout the community to identify what is happening…They talk to the local owner of a shop who knows who the gang leader in the community is and where he lives…We are able to reach out to these people because we have credibility… Finding the right partners at the local level is the most difficult task because not everyone is ready to work with aggressors, people who are all tattooed."*
>
> Interview with Cure Violence staff

Yet, even if implementers have access to this data, they still need to approach the community directly, become familiar with local stakeholders, access community sources of information, and gain trust. Local leaders, neighbors, and business owners often know the main actors involved in criminal and violent activities. Gaining their trust is essential to secure access to the high-risk population in the community, ensure their confidentiality, and enable safe collaboration with the intervention. Practitioners often refer to this process as context monitoring,[71] which can be useful during the initial stages and as a monitoring tool throughout implementation.

Core elements: The most comprehensive community-based interventions offer a combination of services, including mental health counseling, workforce development, life coaching, and even job placement. These interventions may use CBT approaches, which have proven to effectively reduce anti-social behavior among youth (see Annex IV, CBT). Importantly, by designing appropriate targeting methodologies to identify and recruit potential participants for these interventions, offer services that address the most important risk factors associated with violent and criminal behavior, and provide services where these youth live, these interventions have a better chance of reducing attrition rates and achieving expected results. This process requires comprehensive case management of the individuals and should ideally extend to long-term accompaniment.

> **Core Elements: Community-based Interventions**
> - Strong community engagement to build acceptance and trust
> - Appropriate messaging to promote behavior change
> - Street outreach to identify and reach out to beneficiaries
> - Partnerships with service providers and government authorities, including law enforcement
> - Support services tailored to individual needs, including psychological support, skills training, and life coaching
> - Crisis outreach services brought about by a violent incident (i.e., 24/7 hotline)
> - Individual case management and supervision over time

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[70] USAID, *Conflict Sensitivity Integration Hub Toolkit*, n.d., https://sites.google.com/view/usaid-csih/resource-library.

[71] USAID, *Conflict Sensitivity Integration Hub Toolkit.*

Funding and providers: A combination of stakeholders, including community-based organizations, professional service providers (e.g., therapists, social workers), and government providers, offer services. In LAC, donors typically fund these interventions, with a few exceptions in which the host government provides funding, as in the case of Chile and Colombia. In the United States, municipal governments generally fund these programs. Police departments, while not always directly engaged in program activities, may cooperate with these programs to identify the most violent individuals in the community. For youths serving alternative measures in the community in high-income countries, probation officers usually provide additional supervision of services. Where resources are scarce, supervision is often delegated to family members or community-based organizations (see Step IV, Selecting and Implementing Services).[72]

Although these programs serve a small number of participants, they are generally costly since they require a one-on-one approach. Due to their highly focused nature and higher degree of dose and intensity of services (e.g., constant supervision), CVI programs are the costliest of tertiary interventions per participant. For example, according to one implementer interviewed in Chicago, their program works with each individual for a period of three to four years, depending on their needs. Another implementer in Baltimore mentioned that case managers work intensely with their clients, contacting them by phone and in person every day, which is often referred to as "relentless engagement."

Attrition: Many community-based interventions suffer from high attrition rates due to several compounding issues. Participation in these types of programs is typically voluntary, but the target population may also lack self-discipline, have weak internal and external motivation, and generally be fighting to survive hardships that serve as obstacles. It is therefore important to **factor individual circumstances into intervention design and account for such obstacles in service delivery** (e.g., lack of housing, access to medical care, addiction, unemployment, hunger). To retain participants, these interventions can **offer incentives** such as meals, reimbursement of transportation costs, and limited participant stipends to encourage them to remain in the program. Programs can also help participants process official documents—such as birth certificates, school records, identity cards—and get access to health care or find a job.

Program examples: Broader community-based interventions in the United States that have been rigorously evaluated include the GRYD program, designed and implemented in Los Angeles,[73] and the Safe and Successful Youth Initiative, developed by the Massachusetts Executive Office of Health and Human Services.[74]

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[72] Haqanee, Z., M. Peterson-Badali, and T. Skilling. 2015. "Making 'What Works' Work: Examining Probation Officers' Experiences Addressing the Criminogenic Needs of Juvenile Offenders," *Journal of Offender Rehabilitation* 54, no. 1: 37-59.

[73] See Meagan Cahill et al., *Evaluation of the Gang Reduction and Youth Development Program*.

[74] P. Campie et al., Community-based Violence Prevention Study of the Safe and Successful Youth Initiative: An Intervention to Prevent Urban Gun Violence," (American Institute for Research, 2017).

In the United States, CVI interventions have been increasingly implemented in some of the most violent-prone communities in cities such as Chicago,[75] Oakland,[76] and Baltimore.[77] Most of interventions combine elements and approaches of programs that have been rigorously evaluated as effective in the United States—including Cure Violence, implemented in several cities across the United States, especially during the 1990s—and focused deterrence.[78] In LAC, replications of Cure Violence programs have been implemented in several countries, although only a few of these programs have been rigorously evaluated, and the fidelity of these replications is questionable (see Table 7).

Restorative justice, which seeks to divert individuals from incarceration and promote reparation in the community and/or between victim and offender, has been used more frequently outside of LAC.[79] These programs have been shown to be effective in the United States and Europe for some types of crimes, but they are not usually used for all cases. In the case of LAC, restorative justice has been used for peace agreements and for low-level[80] crimes or low-risk youth.

Table 7 below provides a summary of community-based tertiary prevention programs implemented in LAC and highlights available evaluation findings.

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[75] Trajectory Saving Solutions, n.d., https://www.trajectorychanging.com/.

[76] David Muhammad, *Oakland's Successful Gun Violence Reduction Strategy*, National Institute for Criminal Justice Reform (January 2018), https://nicjr.org/wp-content/uploads/2018/02/Oakland%E2%80%99s-Successful-Gun-Violence-Reduction-Strategy-NICJR-Jan-2018.pdf.

[77] Baltimore Mayor's Office of Neighborhood Safety and Engagement (MONSE), "Group Violence Reduction Strategy (GVRS)," n.d., https://monse.baltimorecity.gov/gvrs-new.

[78] National Network for Safe Communities and John Jay College, n.d., https://nnscommunities.org/.

[79] K.J. Bergseth and J.A. Bouffard, "Examining the Effectiveness of a Restorative Justice Program for Various Types of Juvenile Offenders," *International Journal of Offender Therapy and Comparative Criminology* 57, no. 9 (2013): 1054–75.

[80] V.R. Pereira de Andrade, "Restorative Justice and Criminal Justice: Limits and Possibilities for Brazil and Latin America," *International Journal of Restorative Justice* 1, no. 9 (2018).

Table 7: Community-based Tertiary Programs in LAC

Program Name	Location	Funding	Main Objective	Target Population	Illustrative Services	Evaluation
Cure Violence	Colombia: *Cure Violence*	IDB pilot; USAID.	Reduction of homicide rates, number of shootings, and injuries in target communities	Violent individuals engaged in retaliation against rival gangs; recruitment includes community referrals and street outreach	Violence interruption; individual case management; outreach services	The pilot's impact evaluation[81] found significant reduction of violent dynamics in the intervention areas of target neighborhoods between 2017-2019.[82]
	Mexico: *Cure Violence*	USAID				Not applicable (N/A)
	Honduras: *Convive*	USAID				N/A
	Trinidad and Tobago: *Project Reason*	IDB pilot; Ministry of Social Security				A 2018 impact evaluation by Arizona State University found significant and substantial reductions in violence, calls to the police for violent incidents, and gunshot wound admissions in a nearby hospital.[83]

[81] Carlos Enrique Moreno León, María Isabel Irurita Muñoz, and Juan Carols Gómez Benevideas, *Informe Final de la Evaluación de Impacto del Programa Abriendo Caminos de la Fundación Alvaralice*, (Universidad Icesi, 2020), https://www.alvaralice.org/wp-content/uploads/2020/12/Informe-Final-de-la-Evaluaci%C3%B3n-de-Impacto-del-Programa-Abriendo-Caminos-de-la-Fundaci%C3%B3n.pdf; https://cvg.org/wp-content/uploads/2022/09/Cure-Violence-Evidence-Summary.pdf

[82] In Charco Azul, homicides were reduced, and personal injuries and threats slightly reduced among young people between the ages of 12 and 25. On the other hand, Comuneros I had mixed results. Although the neighborhood had had more homicides since being served by the program, the analysis has also demonstrated that there was a reduction in the number of personal injuries and threats in Comuneros I. In this pilot project, 307 high-risk youths voluntarily joined the project (129 in Comuneros I and 178 in Charco Azul); 40 percent of the young people linked to the project went back to school. Return on investment: every peso invested saved 6 pesos.

[83] Maguire, Oakley, and Corsaro, *Evaluating Cure Violence*. Other significant findings indicate that within one year of the program, the violent crime rate in the treatment area was 45.1 percent lower than in the comparison area that was not part of the program and calls to the police for murders, shootings, and woundings decreased in the treatment area by 22.6 percent while increasing by 10.4 percent in the comparison area over the same period. Port of Spain General Hospital, the closest hospital to the intervention area, experienced a mean reduction of roughly 38.7 percent in the number of gunshots wound admissions following the implementation of Project REASON. See IDB, "IDB Study

Program Name	Location	Funding	Main Objective	Target Population	Illustrative Services	Evaluation
Abriendo Caminos	Cali, Colombia	USAID	Reduction of homicide rates, cases of gender-based violence (GBV), and social conflict[84]	Violent individuals in the community (some involved with criminal groups); GBV perpetrators; recruitment includes street outreach, community referrals, and police data.	Violence interruption; individual case management; outreach services; mental health support; skills-building	N/A
Tratamiento Integral de Pandillas **(TIPS)**	Cali, Colombia	Municipal government	Reduction of gang engagement.	Youth at risk of gang engagement; recruitment includes police data and community referrals.	Individual and group therapies; skills building; individual case management; family support	A performance evaluation demonstrated that in the communities intervened over 2016–2018, homicides decreased on average by 80%, suggesting that the program could have contributed to the reduction of gang-related violent behavior in these areas.[85]

Shows How Trinidad and Tobago Can Prevent Crimes with Innovative Approach," (January 2010) https://www.iadb.org/en/news/idb-study-shows-how-trinidad-and-tobago-can-prevent-crimes-innovative-approach#:~:text=The%20key%20findings%20of%20Evaluating,not%20part%20of%20the%20program.

[84] Please note that in the LAC region, Cure Violence has often morphed beyond its original focus on interpersonal violence. In Honduras, for example, Cure Violence is dealing with cases of human trafficking and GBV, which, although related to violence, is not the focus of this handbook. See Annex 11 (What Do We Mean by Risk?) for the definition of risk of violence (Interview with Cure Violence staff).

[85] M.I.G. Martínez, R.D.V. Galvis, and J. Santaella-Tenorio, "The Holistic Transformative Street-Gang Intervention Impact and Its Association with Homicide Rates in Cali, Colombia," *Criminalidad* 62 (2020).

Program Name	Location	Funding	Main Objective	Target Population	Illustrative Services	Evaluation
Prevención y Reducción de Violencia **(PREVI)**	Mexico (32 municipalities)	USAID	Preventing escalation of violence after youth engagement in "civic" violations.	Court-involved youth (administrative and civic cases). Recruitment includes RNAs; referrals.	Referrals to service providers, including mental health support.	N/A
Project Exchange	Kingston, Jamaica	USAID	Reduction of gang involvement.	Former gang members without a history of arrest. Recruitment includes community referrals; police data.	TBD (in initial stages of implementation).	N/A
Programa MAS+	Zona 18, Guatemala	USAID (pilot)	Reduction of risk factors.	High-risk youth recruited via the RNA tool HDRV.	Group and individual therapy sessions utilizing CBT; family support to improve communication and bonding; volunteering and prosocial activities.	N/A

Family-based Violence Interventions

Objective: The central premise of family-based programs is that risk factors at the family level (lack of emotional bonding, weak parental supervision, violence inside the family, lack of positive role models) are closely associated with youth violence, and family cohesion and bonding is critical to increasing protective factors. Families are universally considered to be the "primary source of child socialization, contributing both risk and protective factors during youth development."[86]

The theory of change for these interventions can be stated as follows:

- **IF** youth who are at high risk of violence and their families receive supporte to build stronger family relationships through family therapy, coaching, and a network of social support,
- **THEN** these youth will build stronger protective factors that will have a positive impact on their behavior and prevent them from engaging in risky, anti-social activities
- **BECAUSE** lack of family bonding and family dysfunction is one of the most important risk factors associated with criminal and violent behavior.

Population served: Family-based interventions are offered to youth who live in the community (with or without a criminal record) and/or to court-involved youth who are sentenced to alternative measures. Their main distinction from other community-based programs is that **the services are offered in the home** in communities where crime and violence are high. While the intervention may initiate with the youth exhibiting risky behaviors (index youth), the entire family becomes the unit of delivery. As a result, these programs may target a slightly higher number of participants.

To identify and target the right population, these programs also require the development of a methodology to screen and select participants. In some cases, interventions use a referral system (community leaders, police officers, court officials), and in others they utilize standardized RNA tools.

As mentioned in previous sections, while family-based approaches have shown a lot of effectiveness, the evidence recommends them mainly for adolescents and not for young people over the age of 18. With legal adulthood attained in most of LAC at this age, family influence is less impactful and the challenges related to economic and social self-reliance greater.

Design needs: As these programs target the highest-risk individuals and their families in the community, a deep understanding of the **specific violence and criminal dynamics taking place at the family level** is one of the first requirements for program design. This understanding can be achieved through interviews. Also required for program design is an assessment of the resources available at the community level to provide relevant services at the family level.

Core Elements: Family-based Interventions
• Family counseling services offered in home settings
• Support and supervision for family counselors
• Outreach support services for family members
• Emergency and crisis response services (available 24/7)

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[86] R.L. Simons, "A Test of Latent Trait Versus Life-course Perspectives on the Stability of Adolescent Antisocial Behavior," *Criminology* 36, no. 2 (1998): 217–44.

Funding and providers: Services are generally provided by a single therapist or social worker inside the family's home in coordination with other community-based organizations, professional service providers, and government providers for complementary services. In LAC, donors have funded these interventions; there are a few exceptions in which the host government provides funding, as in the case of Chile and Colombia. In the United States, municipal governments typically fund these types of programs.

These programs have the distinct advantage of being able to intervene in a family unit with more than one youth who may or may not be at high risk of violence and therefore could be considered cost-effective. In Honduras, for example, the family-based secondary prevention program called *Proponte Más* benefited 372 participants over a period of six months. In most countries, these types of programs last between six months and one year.

Attrition: Family-based intervention can promote program adherence among youth and those who participate in an obligatory context (e.g., court-involved youth).[87] Effective family-based programs have developed family engagement strategies that encourage adherence, which can be both clinical and non-clinical. Features that increase family adherence to programs include the "home-based intervention," which generally reduces barriers associated with accessing the intervention and shows better effects on family engagement. Program types that have shown relatively high effectiveness—MST and FFT—have structured retention and engagement strategies that enable successful adherence rates. For example, MST completion rates have been greater than 95 percent in clinical trials, and in 2010, the treatment completion rate was 84 percent among MST programs worldwide.[88] In the case of LAC, an impact evaluation of the *Proponte Más* program in Honduras found a high retention rate for youth who participated in the family counseling intervention; 82.4 percent had completed the six-month program.[89]

Program examples: In the United States and similar countries, the most widely known and robustly evaluated family-based interventions include the FFT[90] and MST models.[91] Although these models differ from one another, they offer similar core services.

Another example is the "Family Case Management Services" program, which was one component of the broader community-based GRYD program in Los Angeles. This program targeted youth who were gang-involved and offered services at the family level. Using a standardized tool to assess individual social embeddedness with gangs, the program included those with the highest levels of embeddedness in its family-based component; the rest were diverted to other components.

In LAC, a few family-based programs for high-risk youth have been replicated from these models, as shown in Table 8 below.

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[87] C.Trotter, P. Evans, and S. Baidawi, "Collaborative Family Work in Youth Justice," *Australian Social Work* 73, no. 3 (2020): 267–279.
[88] S.W. Henggeler, "Multisystemic Therapy: Clinical Foundations and Research Outcomes." *Psychosocial Intervention* 21, no. 2 (2012): 181–193.
[89] Charles M. Katz et al., *An Evaluation of the Proponte Más Secondary Prevention Program: A Summary*. (Arizona State University, 2019): 13.
[90] Functional Family Therapy (FFT) LLC, "FFT," 2022, https://www.fftllc.com/fft.
[91] Blueprints for Healthy Youth Development, "Multisystemic Therapy," 2024, https://www.blueprintsprograms.org/programs/32999999/multisystemic-therapy-mst/.

Table 8: Family-based Tertiary Programs in LAC

Program Name	Location	Funding	Main Objective	Target Population	Services	Evaluation
Proponte Más[92]	Honduras	USAID	Reduce youths risk factors and increase protective factors; improve family cohesion	High-risk youths and their families; recruitment included community and service delivery referrals, which were validated through the RNA tool, IMC, to determine eligibility.	Family counselors using CBT; individual counseling; crisis management program; outreach campaign	A 2016 impact evaluation by Arizona State University found the intervention to be effective in reducing risk factors and improving family bonding among participants.[93]
MST, *Programa Lazos*	Chile	Government of Chile (GOC), Undersecretariat for Crime Prevention of Chile (SPD)	Reduce youths' violent behavior	High-risk youths and their families; youth enrolled in school and living at home; recruitment included referrals by police and community leaders; risk assessment tool (ASSET).	Intensive family counseling; Family management training; continuous outreach support; crisis support services 24/7.	According to government monitoring and evaluation (M&E) reports, adolescents completing the program showed a significant decrease in their risk factors, from 24.5 to 9.7 points on ASSET's scale.[94]

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[92] *Proponte Más* was by design a secondary prevention intervention, and as such, its main goal was to reduce risk factors and increase protective factors as well as to build stronger family bonding. Reducing delinquent behavior was not an expected outcome of this intervention; rather, the objective was to reduce risk factors associated with delinquent and violent behavior. We decided to include this intervention because, according to interviews with interventions' staff and evaluation reports, 52 of the participants of the program included youth who exhibited delinquent and violent behavior. These youths were the population we refer to as being in the gray zone between a secondary and a tertiary level of intervention. According to the evaluation reports (please see next footnote), of these 52 youths, 53.8 percent (28) reduced their risk levels to a primary level of risk. Not only did the number of risk factors drop, but these youths also no longer self-reported belonging to a group that engages in criminal behavior.

[93] Charles M. Katz, *An Evaluation of the Proponte Más.* The evaluation found that participating families made greater progress than control group families toward adopting healthier modes of functioning (i.e., they demonstrated increased scores for balanced cohesion and flexibility and for family communication and satisfaction). The risk factors of weak parental supervision, rebelliousness, antisocial tendencies, and impulsive risk-taking that decreased significantly for the treatment group. Among protective factors, opportunities for community prosocial involvement, opportunities for family prosocial involvement, and interaction with prosocial peers significantly increased for the treatment group.

[94] ASSET is the RNA tool used to assess risk levels (DIPRES and MDSF, *Ficha de Monitoreo y Seguimiento Oferta Pública* [2022]). Other results reported include: On average, results were maintained a year after completing the program; there were more pronounced and lasting effects in reducing risks among the group with higher levels of risk at the time they entered the program (Fundación Paz Cuidadana, *Evaluatión de Impacto Programa Terapia Multisistémica: Presentación de Resultados* [2018], https://depp.spd.gov.cl/wp-content/uploads/2022/01/Evaluacion-Componente-MST-Lazos.pdf; GOC, *Evaluación Componente Terapia Multisistémica: Programa Lazos* (2021), https://lazos.spd.gov.cl/wp-content/uploads/2022/03/Presentacion-Evaluacion-de-Impacto-Programa-Lazos.pdf.

Program Name	Location	Funding	Main Objective	Target Population	Services	Evaluation
FFT	Chile	GOC	Reduce youths drug use and violent behavior.	High-risk youths and their families, in school and living at home; recruitment included community leader referrals; risk assessment tool (ASSET).	Intensive family counseling; family management training; continuous outreach support; crisis support services 24/7	Pilot evaluation results: 98% of families who completed treatment report positive changes in adolescent behavior and family relationship.[95]
CFYR, Family Matters	Guyana, Saint Kitts and Nevis, Saint Lucia	USAID	Reduce risk levels; Improve family cohesion.	High-risk youths and their families; recruitment included RNA utilizing the Caribbean Youth Services Eligibility Tool (C-YSET).	Family counseling; individual counseling	Impact evaluation found positive reductions in all risk factors among youth participants after 12 months. Total reduction in risk factors achieved among 85% of participant youth in Guyana, 68% in Saint Lucia, and 65% in Saint Kitts and Nevis. Families noted positive changes in family dynamics and communication.[96]

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[95] *Evaluation of Preliminary Results FFT Polit Results in Chile*, unpublished report (2021).

[96] USAID, *CYFR Family Matters: Quick Fact*, https://pdf.usaid.gov/pdf_docs/PA00WQ6M.pdf.

Facility-based Interventions

Objective: The central aim of facility-based interventions is to prevent recidivism among former offenders. Given difficulty in collecting reliable data on recidivism (see Step V, Selecting Indicators for Measuring Effectiveness), practitioners should define other objectives aligned with employment, education, and family functioning.[97] As such, reduction of risk levels can also be an aim.

The assumption behind these interventions is that rehabilitation of offenders can effectively reduce their violent behavior; the theory of change can be presented as:

- **IF** high-risk youth offenders receive adequate treatment programs that address the most important risk factors associated with criminal and violent behavior, and
- **IF** high-risk youth offenders are treated with dignity,
- **THEN** they will be able to exercise greater control over their actions and will not engage in criminal and violent activities during their sentence or after their release
- **BECAUSE** rehabilitative, behavioral approaches have been proven to be more effective than punitive approaches in eliciting behavior changes.[98]

> *"The central pillar of our model is the concept of treatment, not public security…The model is based on a restorative approach to justice…Education crosses all our activities.*
>
> *We offer people what they need; we keep track of every single person that is detained in our prison…The first and most fundamental condition is to depoliticize the prison system. We have agents, not police officers.*
>
> *We have proven low recidivism rates of 2.7 percent; this is why we received a recognition from the United Nations."*
>
> Interview with staff of *Casa Intermedia*, Dominican Republic (DR)

Population served: These programs are for youth offenders serving time in residential detention facilities. Both juvenile and adult detention facilities are included, considering youth both below and above the age of 18.

The use of **RNA tools,** in addition to other psychological assessments, are critical to allow for a more differentiated approach to treatment. Criminal justice systems designed RNA tools to identify high-risk offenders, those who were considered most likely to recidivate, and to assess their specific needs.[99] Today, these tools are widely used in most criminal justice systems in the United States and other developed countries. While specific RNA tools vary, they are based on the same principles. RNAs may be utilized at different stages of the juvenile justice system, including diversion (for low-risk youth), adjudication, and disposition.[100]

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[97] According to a recent publication in the United States, "[T]wenty percent of state juvenile corrections agencies don't track recidivism data for youth at all. Of the states that do track recidivism, the majority doesn't consider the multiple ways a youth may have subsequent contact with the justice system, which range from rearrest, re-adjudication, or reincarceration within the juvenile justice system to offenses that involve them with the adult corrections system." See Elizabeth Seigle, Nastassia Walsh, and Josh Weber, *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System*, (New York: Council of State Governments Justice Center, 2014).

[98] M.W. Lipsey, "The Primary Factors That Characterize Effective Interventions with Juvenile Offenders: A Meta-analytic Overview," *Victims and Offenders* 4, no. 2 (2009): 124–47.

[99] Additional Resources for RNAs: D. Koetzle et al., *A Practical Guide*; Vincent, Guy, and Griso, *Risk Assessment*; DPI-MCI, *A Capacity Building Approach to Field Test and Validate Risk Assessment Tools in Latin America and the Caribbean: Literature Review* (USAID, April 2023).

[100] Vincent, Guy, and Griso, *Risk Assessment*; OJJDP, "Risk and Needs Assessment for Youths," *Literature Review* (Washington, DC: OJJDP , November 2012), https://www.ojjdp.gov/mpg/litreviews/RiskandNeeds.pdf.

RNA tools have been utilized inside detention facilities in LAC as well. With few exceptions, there is still scant empirical evidence on how these tools have been validated and used in detention facilities and to what extent they have been utilized in designing individual treatment programs. Moreover, facilities in the region typically do not classify their residential populations according to risk levels, resulting in low-risk offenders living with high-risk offenders. More importantly, due to lack of budget and/or punitive approaches remaining predominant in many detention facilities in LAC, rehabilitation treatment services available to incarcerated individuals are highly limited.[101] In Honduras, although attempts have been made to incorporate risk assessment, detention centers are differentiated according to gang membership, which reinforces gang adherence, criminal contamination, and distancing from families and hinders differentiated intervention according to risk. On the other hand, detention centers that mix populations from different gang affiliations have resulted in violent incidents within centers.

One of the challenges of utilizing these tools in LAC is that many detention facilities restrict the access of independent, professional service providers, whether from the private sector or nongovernmental organizations. If assessments are conducted, they are primarily led by the facility's staff, who may lack the qualifications necessary for implementing the tool and interpreting results or the number of staff per facility may be limited.

Core elements: In the United States during the 1960s and 1970s, highly punitive strategies were practiced against violent young offenders. Evaluations of juvenile programs have shown that these strategies were ineffective and, in many cases, counterproductive in preventing recidivism.[102] The strategy resulted in high rates of incarceration, where low-risk juvenile offenders were mixed with high-risk offenders in the same facility. Experts began to advocate for a different approach, in favor of **rehabilitation as a more effective strategy to reduce recidivism**. Eventually, studies of rehabilitation programs suggested that certain patterns existed for more effective interventions: they were **behavioral in nature, considered individual differences in delivering treatment, and focused on dynamic risk factors that could be changed**.[103]

Rehabilitation programs inside detention facilities have been some of the most robustly evaluated programs in the United States.[104] These programs have demonstrated that cognitive and behavioral strategies, which are proven to be effective in community settings, are also most effective in reducing recidivism rates in detention facilities[105] because they address some of the most important criminogenic needs: antisocial cognition (including impulsive behavior) and lack of internal emotional regulation.

In short, **the principles of effective interventions in community settings—specifically RNR principles and cognitive behavioral strategies—have also demonstrated effectiveness in detention settings**. However, studies have also shown that interventions developed for youth in

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[101] A. Nijdam-Jones et al., "How Do Latin American Professionals Approach Violence Risk Assessment? A Qualitative Exploratory Study," *International Journal of Forensic Mental Health* 19, no. 3 (2020): 227–40.

[102] Mark W. Lipsey, *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice* (Center for Juvenile Justice Reform, 2010).

[103] Some risk factors are *static*; that is, they are related to demographic characteristics (e.g., being young and male), situations or events that occurred in the individual's past and cannot be changed, or situations beyond the control of the individual. But many more risk factors are *dynamic*; that is, they are modifiable through appropriate interventions (e.g., antisocial attitudes, abusing drugs, low emotional regulation, lack of family bonding, and association with delinquent peers).

[104] V. Garrido and L.A. Morales, "Serious (Violent or Chronic) Juvenile Offenders: A Systematic Review of Treatment Effectiveness in Secure Corrections," *Campbell Systematic Reviews* 3, no. 1 (2007): 1–46.

[105] The evidence on recidivism, however, has been mixed. For a more thorough discussion on what recidivism is and the challenges of measuring it, see Step V (Selecting Indicators for Measuring Effectiveness).

conflict with the law that are implemented in community settings (not in detention centers) are always more effective and have fewer risks or negative consequences on youth development.

> **Core Elements: Facility-based Interventions[106]**
> - Base supervision, service, and resource-allocation decisions on the results of validated RNAs.
> - Adopt and effectively implement programs and services demonstrated to reduce recidivism and improve other youth outcomes and use data to evaluate system performance and direct system improvements.
> - Employ a coordinated approach across service systems to address youths' needs.
> - Tailor system policies, programs, and supervision to reflect the distinct developmental needs of adolescents.

There are several recommendations to include the gender-responsive approach in the design of these services. David Bloom and colleagues (2003) developed a synthesis of relevant strategies as follows:

- Acknowledgment of gender-specific differences: This consideration recognizes that girls and women have unique gender-related experiences that can influence their behavior and needs.
- Facilities that provide safety, respect, and dignity: Given the significant pattern of victimization and emotional, physical, and sexual abuse that many incarcerated women have experienced, practitioners must take precautions to ensure the environment does not replicate an abusive atmosphere. A safe, consistent, and supportive environment is crucial.
- Relational approach: Relationships are fundamental in girls' and women's lives and should be addressed in programs and services.
- Consideration of socioeconomic status: Services should provide opportunities to improve girls' and women's socioeconomic status.
- Use of community resources: Local and international stakeholders should mobilize community resources to provide comprehensive services; programming can include creating a personalized support plan with the necessary resources for women and girls.
- Trauma-informed practices: Practitioners should consider the use of trauma-informed practices in assessing relevant strategies.

Additionally, Latessa, Johnson, and Koetzle[107] identify the core aspects of a gender-responsive intervention as follows:

- Adjustments to cognitive-behavioral techniques: Cognitive-behavioral interventions are recognized as effective for girls and women. However, the structure of group sessions may need modification to incorporate flexibility that allows for conversations among participants to support each other. This consideration does not mean free-for-all discussions but rather time to reinforce and understand the challenges and benefits of applying new skills, behaviors, and attitudes. Facilitators should skillfully advance the group intervention while allowing peer support.
- Strengthening the therapeutic alliance: Like any treatment group, developing a therapeutic alliance is essential for girls.
- Group composition: Women tend to adhere better and achieve greater results in single-sex programs compared to mixed-gender groups. Single-sex groups facilitate sharing experiences, thoughts, and feelings; empower women; and provide a safe space for those who have experienced sexual abuse.

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[106] Siegle, Walsh, and Weber, *Core Principles.*
[107] Latessa, Johnson, and Koetzle, *What Works.*

<u>Funding and providers</u>: In the United States, juvenile criminal system often fund these interventions and contract private service providers to work inside detention facilities. In LAC, governments provide little funding for these types of interventions, with few exceptions, such as in the DR and partially in Guatemala.

In large part, this situation is attributed to the pervasive punitive approach implemented by many juvenile justice systems. In cases where services and treatments are offered to offenders in detention facilities, donors, private sector, and faith-based organizations typically provide funding. In LAC, the Bureau of International Narcotics and Law Enforcement Affairs (INL) has typically supported these types of interventions.

<u>Attrition</u>: A meta-analysis by Mark Olver and colleagues[108] showed that attrition in offender rehabilitation programs in the US is a frequent problem, despite co-location with service provision. The respective rates range from 20 percent for prison-based treatment of adults to about 60 percent for inpatient juvenile offenders. Offenders dropping out from treatment are not only at an elevated risk of reoffending but may also lose motivation for behavioral change or become stigmatized in the criminal justice system. This meta-analysis found higher attrition for community-based than for facility-based treatment.

<u>Program examples</u>: In the United States, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) identifies seven effective or promising facility-based programs: Residential Student Assistance Program; Phoenix House Academy; Sexual Abuse, Family Education, and Treatment; Aggression Replacement Training (ART); Mendota Juvenile Treatment Center; VisionQuest; and Boys Town. Table 9 below provides examples in LAC of rehabilitation programs for youth offenders in the facility setting.

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[108] Olver, Stockdale, and Wormith, "A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism." 2011. https://pubmed.ncbi.nlm.nih.gov/21261430/.

Table 9: Facility-based Tertiary Programs in LAC

Program Name	Location	Funding	Main Objective	Target Population	Services	Evaluation
Reinserta un Mexicano*	Mexico	USAID; INL; private donors	Reduced recidivism; reduced risk factors; social reintegration	High-risk juvenile offenders but not those linked to criminal groups, selected through the risk assessment tool PREVI-A	Psychological services; skills-building; vocational training	An internal evaluation showed reductions in recidivism rates. Over a period of 6 years, the program benefited 800 juvenile offenders, and 95% did not recidivate after leaving the facility.[109]
La Cana	Mexico (State of Mexico, Mexico City)	USAID; private donors; sale of products produced in the facility.	Social reintegration	Women incarcerated in facilities; no selection strategy; voluntary participation	Workforce development; supporting productive enterprises inside the facility	N/A
Academia del Éxito	Honduras	Orphan Helpers (faith-based organization)	Social reintegration	Youth offenders in juvenile detention facilities; no selection strategy	Counseling inspired by Christian values; skills-building	N/A
Nuevo Modelo de Gestión Penitenciaria	DR	Government of DR	Reduced recidivism	Adult offenders** selected through RNA and other standardized tools	Education; mental health; recreation; employment skills	N/A
Segundas Oportunidades	Colombia	International donors; private	Reduced recidivism;	Youth offenders in juvenile detention	Psychosocial support;	A 2022 IDB impact evaluation[110]

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[109] *Programa de reinserción social para adolescentes y jóvenes.* Internal document reporting their program outcomes shared with program staff during interview. The document also reports that 67 percent of participants showed a reduction of risk factors and 60 percent increased their protection factors. https://nueva.reinserta.org/

[110] Fundación Acción Interna, 2022, https://fundacionaccioninterna.org/boletin-2022/; HUB Segundas Oportunidades, 2024, https://segundasoportunidades.org/. The results also highlight the importance of having short-term but high-intensity training programs since the probability of employment for the population during the study period drops by 34 percent. When moving to the stage of productivity, the probability increases by 9 percent compared to people who do not participate in the program.

Program Name	Location	Funding	Main Objective	Target Population	Services	Evaluation
		sector; Institute of Social Welfare (ICBF).	strengthened support networks	facilities or with alternative measures (and their families in some cases); voluntary participation	vocational training; workforce development.	preliminary results show that when a participant completes the psychosocial support and training programs, their risk of recidivism is reduced by 63%.
La Casa Intermedia	Guatemala	INL; Secretary of Social Welfare (SBS)	Reduced recidivism; social reintegration	Low-risk juvenile offenders selected through the Risk Assessment and Social Reinsertion Tool (ARR)	Psychological therapies; education program; skills-building; vocational training	N/A

* *Reinserta* in Mexico can also be classified as a reinsertion program. However, since participants of this intervention are detained in juvenile facilities, the program has been classified as a facility-based intervention.

** In the case of the DR, the *Nuevo Modelo de Gestión Penitenciaria* is only for adult offenders, but the program includes individuals who are older than 18 years of age. USAID defines youth as individuals between the ages 16 of 29. This model has been replicated in Guatemala for youth in *La Casa Intermedia.*

Reentry Programs

Objective: The main objective of reentry programs is to prevent recidivism but, most importantly, to allow former offenders to reintegrate into society by finding employment and pursuing education and family reintegration. The programs seek to strengthen protective factors to build resilience against potential risks in the community setting after release from detention. Ideally, these programs also seek to destigmatize individuals as former offenders, often by promoting restorative methods to "repair" the damage they inflicted on victims by facilitating encounters with victims and implementing other community projects.[111]

The theory of change behind these programs can be stated as follows:

- **IF** former offenders are supported with risk-appropriate treatment and services so they can reintegrate into society,
- **THEN** they will be less motivated to reengage in criminal behavior
- **BECAUSE** positive reinforcement, motivation, and their ability to socially reintegrate in their home community enables former offenders to lead a positive life.

Population served: These programs target released offenders and others who have disengaged from criminal or violent activities in the community. Research in the United States and LAC has demonstrated that recidivism for young offenders continues to be high; a large percentage of serious or chronic offenders will recidivate. Yet, chronic offenders are only a small percentage of the population who are incarcerated and later released.[112] The risk levels of offenders released from a detention facility also depend on several factors, such as gender, age, time spent in detention, and types of services received while incarcerated.

As youth mature, they have less propensity to engage in criminal and violent behavior. Similarly, research on gang members in several Central American countries demonstrates that most gang members who are incarcerated eventually want to leave the gangs.[113] Life cycles such as having children, establishing romantic relationships, and maturing motivate even the most serious and violent gang members to stop criminal and violent behaviors.[114] After spending time in detention facilities, most offenders who are released seek employment opportunities. In some cases, particularly in the case of younger offenders, they may also seek educational opportunities.

In Honduras and Guatemala (and to some extent in Mexico and Colombia) where gangs or criminal groups have territorial control, many youth offenders released from detention facilities suffer stigmatization in their communities. Employers in general refuse to hire individuals with a criminal record, even if these individuals exhibit low levels of risk after release. This level of stigma significantly

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[111] The assessment team did not find a reinsertion program with a restorative justice approach. Restorative justice programs exist in Colombia for former combatants during the armed conflict, but these programs offer different interventions centered on political, not criminal, violence. In the US, several programs offer a restorative justice approach. See Impact Justice, "Restorative Justice Project: Pioneering Restorative Justice Diversion," 2024, https://impactjustice.org/innovation/restorative-justice/?gclid=Cj0KCQjwpc-oBhCGARIsAH6ote8RW9DIvsLNK8P1ugLTF7L_GRjXwbKPuMS8PWn5kaN25-8CHhGoaAsaAt7dEALw_wcB

[112] Siegle, Walsh, and Weber, *Core Principles*; Kara Williams et al., "Youth Violence Prevention Comes of Age: Research, Training and Future Directions." *Annual Review of Public Health* 28 (2007): 195–211.

[113] Scant research exists on the impact of gender in gang desistance decisions. The most detailed study on this topic has been conducted by Jose Miguel Cruz in El Salvador, Honduras, and Guatemala. See J.D. Rosen, and J.M. Cruz, "Rethinking the Mechanisms of Gang Desistance in a Developing Country," *Deviant Behavior* 40, no. 12 (2019): 1493–1507.

[114] Rosen and Cruz, "Rethinking the Mechanisms," 1493–1507.

reduces the opportunities for many offenders, especially if they had prior gang involvement or if their lives are threatened by rival gangs. In these cases, **practitioners need to consider strategies to mitigate stigmatization**, such as offering private sector firms to screen and vet (or certify) their participants that apply for job positions in their firms, providing relocation services in some cases, providing mental health and group therapy services to counter aggressive tendencies, assisting former offenders to remove visible tattoos, and supporting strategies to mitigate discrimination. For example, in Honduras and El Salvador, there have been tattoo removal opportunities attached to reintegration programming to mitigate the stigma and social exclusion associated with gang-related tattoos.

Reentry programs do not screen participants to assess risk levels. Although this population is considered tertiary risk due to their experience with the criminal justice system, they are assumed to be at lower risk levels because they have been released to the community, have the initiative to rebuild their lives, and have expressed motivation by voluntarily participating in a reinsertion program. (If questions about risk level persist, a fresh screening by adequate risk assessment tools is useful.) No matter the risk level, these individuals may still have important mental health issues or require further education, vocational, and/or professional training to be able to find employment.[115] Some programs, like Homeboy Industries in the United States, screen participants to diagnose problems of substance addiction and require them to be drug-free before joining the program.

In addition, some high-risk offenders often complete their sentences and return to their communities to continue with their criminal and violent behaviors. These individuals, often referred to as "chronic offenders," can become the target population for CVI interventions (see Annex III, CVI).

Core elements: Reentry programs often begin while an offender is in a detention facility and continue after release. Most reentry programs offer a mix of therapeutic and skills-building programs. In LAC, little empirical research exists on the results of these types of interventions.

Core Elements: Reentry Programs
● Enhance intrinsic motivation.
● Offer positive reinforcement.
● Provide ongoing support in communities via:
– Job skill development and job placement,
– Substance abuse treatments if needed, and
– Mental health support to reinforce coping skills.

Funding and providers: The research team found that private sector foundations and donors fund most of these programs in LAC and may also fund grants to organizations for implementation. There is scant evidence of the results of these interventions. In some cases, such as in El Salvador, there is only anecdotal evidence of factories willing to hire former offenders, while in Guatemala a similar program targeted at former offenders allegedly had to close because the implementer could not protect the safety of participants. A more detailed study would be required to assess the validity of these stories.

Attrition: Reentry programs have demonstrated success in developing the prosocial skills required to mitigate recidivism, but participants frequently fail to complete programming.[116] Reasons for incompletion include recidivism itself, the transient nature of released offenders, a lack of steady income from external

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[115] GEO Reentry Services, *What Works to Reduce Recidivism. White Paper: An Examination of Research- and Evidence-Based Principles, Practices, and Programs*, n.d.

[116] E. Latessa et al., *Evaluation of Ohio's Prison Programs* (University of Cincinnati Corrections Institute, 2015).

sources, and a lack of motivation.[117] For this reason, **attrition mitigation strategies during implementation are recommended, including** positive reinforcement, mentorships, incorporation of interesting activities for participants, reduced barriers to program access, and involving the family, among others.[118]

Program examples: In the United States, there are many reentry programs. Some of the most well-known programs are Operation New Hope,[119] Homeboy Industries, and Amity[120] in California. Select interventions in LAC also incorporate aspects of reentry programs, as indicated below.

Table 10: Reentry Tertiary Programs in LAC

Program Name	Location	Funding	Main Objective	Target Population	Services	Evaluation
Mennte - Cedat	Jalisco, Mexico	USAID	Reduced impulsivity; social reinsertion	Youth on bail identified through court referrals	Therapeutic services utilizing CBT and mindfulness approaches; referrals to municipal services (i.e., education, skill-building, professional development).	N/A
La Cana	Mexico (State of Mexico, Mexico City)	USAID; private donors; sale of products produced in facility	Social reinsertion	Female offenders finalizing sentences in halfway houses; voluntary participation	Workforce development; mental health support	N/A
Factoría Ciudadana	El Salvador	USAID	Social reinsertion	Former offenders; voluntary participation	Mental health services; skill-building; tattoo removal	N/A

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[117] C. James et al., "The Effectiveness of Aftercare for Juvenile and Young Adult Offenders," *International Journal of Offender Therapy and Comparative Criminology* 60, no. 10 (2016): 1159–84.

[118] R.J. Taylor, "Reducing High-Risk Young Adult Offenders' Attrition from Reentry Programs," (Doctoral dissertation, Walden University, 2018).

[119] National Institute of Justice Crime Solutions, "Program Profile: Operation New Hope," posted July 20, 2012, https://crimesolutions.ojp.gov/ratedprograms/263.

[120] National Institute of Justice Crime Solutions, "Program Profile: Amity In-Prison Therapeutic Community," June 10, 2011, https://crimesolutions.ojp.gov/ratedprograms/54.

Step IV: Selecting and Implementing Services

Available evaluations of tertiary interventions suggest they require **individualized, tailored approaches that address specific risk factors** to be effective. Furthermore, to target different risk factors while also building protective factors for high-risk youth, **these interventions should be intensive** (in terms of duration and frequency of services)[121] **and multifaceted** (in terms of the variety of services provided). Interventions with a sole focus (e.g., offering only therapeutic services or only job skills training), absent other services, are less effective in accomplishing their expected results.[122]

Reducing the incidence of violence in a community is a complex effort and requires multiple approaches and resources that go beyond a single intervention. To be effective, **tertiary interventions require the availability of a network of support services at the community or municipal level**, including promotion of youth development opportunities; strengthening of institutions offering education, employment, and health resources; and the use of law enforcement in cases of serious crimes. These services are typically central or local government responsibilities. However, if government engagement proves difficult:

- Designers of tertiary interventions should conduct an assessment of the resources available at the community level to provide relevant services to the target population (e.g., nongovernmental organizations offering services; professional groups such as doctors, therapists, social workers; community leaders).
- Implementers should seek partnerships with other interventions and professional networks to whom youth may be referred. For example, both *Proponte Más* (Honduras) and *Segundas Oportunidades* (Colombia) have relied on a network of professional volunteers. To build such a network, awareness-raising campaigns are important.

Services and therapeutic approaches: Studies have found that the **most effective prevention interventions offer a variety of services**, including outreach services, violence interruption and/or crisis intervention responders, individual and group therapies, mentorships, family counseling, educational and workforce development training services, and prosocial activities such as sports, arts, or community engagement projects. In a world of finite resources and time, while an intervention may be developed to take place in a community or through a family setting as a base, additional services will still be required to ensure the risk needs of the individual and family are being met. If tertiary interventions identify risk and needs *of an individual*, then **individual case management** should be applied throughout.

> The public health field defines **case management** as a "process in which a professional helps a patient or client develop a plan that coordinates and integrates support services that the patient/client needs to optimize health care and psychosocial goals and outcomes."[123] This definition applies to the CVP field, which should optimize prevention services as well as psychosocial goals and outcomes. The Department of Justice/Office of Justice programs further posits that "aggressive and intensive case management and a comprehensive array of

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[121] Effective interventions require intensive service provision (several times a week over a period of five months to a year and a half). See R. Borum, "Managing At-risk Juvenile Offenders in the Community: Putting Evidence-based Principles into Practice," *Journal of Contemporary Criminal Justice* 19, no. 1 (2003): 114–37.

[122] A.W. Leschied and P.D. Psych, "What Works with Young Offenders: Summarizing the Literature," *Annual Report for 2000 and Resource Material Series* no. 59 (2000): 83.

[123] C. Hudon, "Characteristics of Case Management in Primary Care Associated with Positive Outcomes for Frequent Users of Health Care: A Systematic Review," *Annals of Family Medicine* 17, no. 5 (2019): 448–58.

community support services are key to reducing the risk of violence."[124] Case management also implies that once services have been completed, a period for follow-ups and monitoring for sustainability and effectiveness of expected outcomes is embedded into the intervention. Practitioners should therefore visualize aspects of case management based on the intervention type, incorporating case management as a process throughout the intervention, plan and budget for training and oversight of case managers, and establish a robust collaborating, learning, and adapting (CLA) model that considers case management aspects.

For individual and group therapies, which typically seek to address risk factors at the individual level, evidence shows that interventions **using CBT approaches**, either in individual or group sessions, are effective in reducing problems with impulsivity, anger management, anti-social rationalizations, and substance abuse. See Annex IV (CBT).

These therapies focus on the present, are time-limited, and include problem-solving techniques. By helping individuals link their thoughts to feelings and actions, CBT approaches are most responsive to youths' patterns of social learning. They are also proven effective in addressing violent behavior by allowing individuals to gain self-control and address social skills deficits that provoke antisocial behaviors and reinforce poor adjustment across time and contexts.

> CBT is used as an approach or technique, not an intervention model or type of program. Many interventions apply CBT techniques through family or individual counseling and complement it with other approaches like systemic therapy.
>
> Programs such as MST, Safe and Successful Youth Initiative (SSYI), PREVI, *Programa MAS+*, and Mennte, among many others, used CBT approaches in their family and individual sessions with at-risk youth.
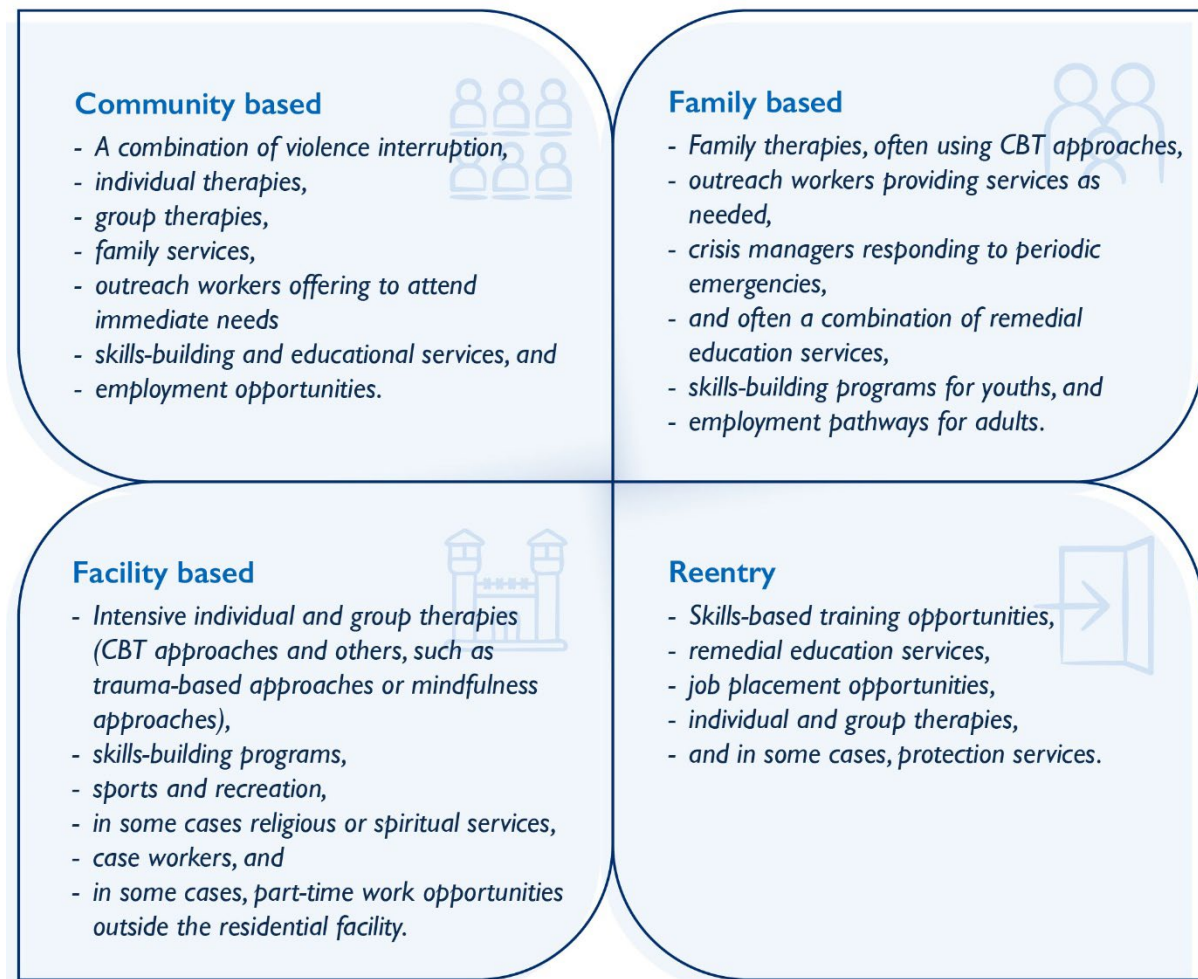
Table 11: CBT Approaches

Core Cognitive Behavioral Skills Typically Covered in CBT Programs[125]	
Training on general thinking and decision-making	Stopping and thinking before acting, generating alternative solutions, evaluating consequences, and making decisions about appropriate behavior
Cognitive restructuring	Activities and exercises aimed at recognizing and modifying the distortions and errors that characterize criminogenic thinking
Interpersonal problem-solving	Training in problem-solving skills for dealing with interpersonal conflict and peer pressure
Social skills	Training in prosocial behaviors, interpreting social cues, and taking other peoples' feelings into account
Anger control	Training in techniques for identifying triggers and cues that arouse anger and maintain affective arousal
Moral reasoning	Activities designed to improve the ability to reason about right and wrong behavior and raise the level of moral development
Victim impact	Activities aimed at getting offenders to consider the impact of their behavior on their victims
Substance abuse	Application of any of the typical CBT techniques specifically to the issue of substance use and abuse
Behavior modification	Behavioral contracts and/or reward and penalty schemes designed to shape and reinforce prosocial behavior
Relapse prevention	Training in strategies to recognize and cope with high-risk situations and halt the relapse cycle before lapses turn into full relapses

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[124] J.A. Dvoskin and H.J. Steadman, "Using Intensive Case Management to Reduce Violence by Mentally Ill Persons in the Community," *Hosp Community Psychiatry* 45, no, 7 (July 1994): 679-84, DOI 10.1176/ps.45.7.679; *Hosp Community Psychiatry* 45 no. 10 (1994):1004, PMID: 7927292.

[125] Eds. R.C. Tafrate and D. Mitchell, *Forensic CBT: A Handbook for Clinical Practice* (John Wiley & Sons, 2013).

In addition to therapies, most programs entail capacity-building activities to improve high-risk youths' technical and soft skills, remedial education programs to improve educational outcomes, and crisis management services to deal with violent incidents such as family crises. Figure 13 and Table 12 below offer more detailed information on the menu of services and therapies that tertiary interventions can utilize stemming from the intervention type.

Figure 13: Illustrative Services by Intervention Type

Community based
- *A combination of violence interruption,*
- *individual therapies,*
- *group therapies,*
- *family services,*
- *outreach workers offering to attend immediate needs*
- *skills-building and educational services, and*
- *employment opportunities.*

Family based
- *Family therapies, often using CBT approaches,*
- *outreach workers providing services as needed,*
- *crisis managers responding to periodic emergencies,*
- *and often a combination of remedial education services,*
- *skills-building programs for youths, and*
- *employment pathways for adults.*

Facility based
- *Intensive individual and group therapies (CBT approaches and others, such as trauma-based approaches or mindfulness approaches),*
- *skills-building programs,*
- *sports and recreation,*
- *in some cases religious or spiritual services,*
- *case workers, and*
- *in some cases, part-time work opportunities outside the residential facility.*

Reentry
- *Skills-based training opportunities,*
- *remedial education services,*
- *job placement opportunities,*
- *individual and group therapies,*
- *and in some cases, protection services.*

Table 12: Determining Service Provision by Intervention Type

Intervention Type	Questions to Consider
Community-based	• Does a local organization have credible access to the community? • Who are the appropriate local partners? • Is there buy-in from government authorities? • Is there access to reliable police data? • Can police be involved in the intervention? What are potential risks in involving the police? • What other targeting methodologies exist to recruit high-risk participants?

| Intervention Type	Questions to Consider
	• What risks exist for outreach workers, and how can they be mitigated? • Are therapists or social workers able to provide mental health services to this population? • What are the potential barriers for accessing and offering services to this population? • What is the role of illegal economies in the community? To what extent could these economies affect the intervention? • Can community-based facilities provide services in a safe setting? • Is there an adequate budget to hire all the personnel required by the selected model to provide the required services and mitigate attrition of program participants? Consider operational and administrative personnel, professional services, and duration of the intervention. Also consider whether additional services need to be offered to participants, such as stipends for food and transportation, childcare, and food staples (e.g., rice, oil).
Family-based	• What methodology will be used to select participants? • Is there buy-in from the governmental institutions for this intervention? • What risks exist for counselors providing services in the home, and how can they be mitigated? • How are families integrated, and how are family members abroad engaged (migration issues)? • Are there sufficient social workers or therapists able to offer CBT therapeutic services? • What resources exist in the community to support a family-based intervention? • What barriers for completing the program do families face? • Is there an adequate budget to support the intervention?
Facility-based	• What services already exist in detention facilities, and how can they be complemented? • Will the responsible governmental institution support the intervention? • Are facilities using RNA tools to screen offenders and assess their levels of risk to recidivate? • What local organizations have safe access to the facilities, and what relationship do they have with both authorities and the target population? • What are the main risks and mitigating actions against criminal dynamics inside detention facilities that may affect the intervention? • What are the potential barriers to treatment for this population? • Is there an adequate budget to support the intervention?
Reentry programs	• What kind of services (if any) were available to the target population while still in detention facilities? • What educational and employment opportunities exist for former offenders in target communities? • How will the needs of the target population be assessed? • Will gangs pose a threat to the released person in the specific community? If so, what safety measures can be incorporated to protect the integrity of these participants, including temporary shelters or transportation to other locations outside the community? • How can providers protect information about youth released from prison, especially when working together with police institutions? • What strategies will practitioners use to address stigmatization in the community and at the workplace for released offenders? • What partnerships can be formed with potential employers? • Are sufficient resources available to fund this intervention?

Step V: Selecting Indicators for Measuring Effectiveness

Expected Results and Relevant Indicators

Evaluating the results of tertiary interventions first requires the identification of adequate indicators and targets. While all tertiary interventions share the overall goal of reducing risk of engaging in crime and violence, each type of intervention should define more specific and immediate objectives, such as reducing homicide rates in a target location, increasing the perception of security in a community, reducing the risk factors and/or violent behavior of participants, increasing family bonding, reducing rates of recidivism, and increasing social reintegration of former offenders.

Figure 14: MEL Considerations for Tertiary Intervention

Intervention Type — **Level/Expected Result** — **Indicator** — **Data Collection Sources** — **Analyze Context**
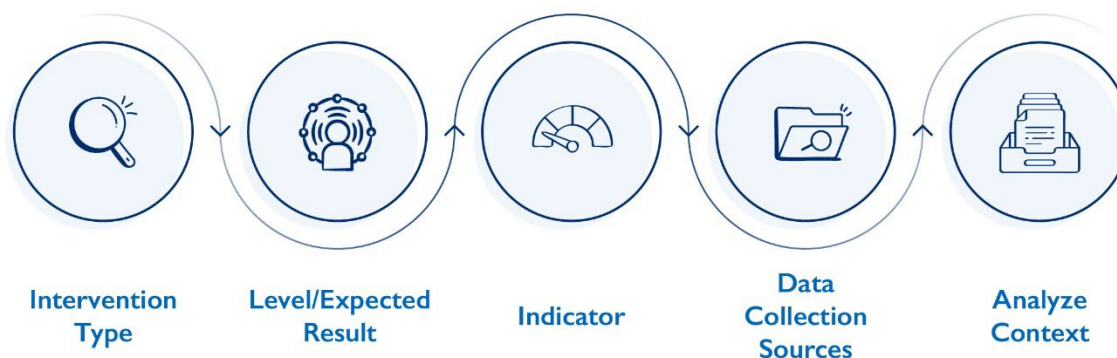
Indicators measure the change we expect to observe over the course of the intervention. They allow implementers to monitor the performance of the intervention and assess whether the intervention is on track to achieve its results or if adaptations are necessary. Indicators also help to validate the theory of change and explain results to a wider audience. Finally, indicators help an evaluator assess whether the appropriate environmental conditions existed to achieve the expected results.

USAID has developed general guidance on how to select adequate performance indicators.[126] Among the most important qualifications, USAID states that indicators should be **direct** (i.e., linked to the result expected to be achieved). Indicators need to be **objective, attributable** to the intervention, and **practical** (i.e., data can be collected on a timely basis and at a reasonable cost.

Importantly, indicators should adequately measure the **level of result** the intervention seeks to achieve. For example, if the intervention seeks to achieve reductions in risk levels, it should find the appropriate indicator at the individual level—one that measures changes in levels of risk, behaviors, or attitudes rather than selecting a collective-level indicator such as homicide rates. Conversely, if the overall expected result is to reduce levels of community violence, an adequate indicator could be the rate of homicide at a particular location. However, if this intervention only works at the individual level, the indicator needs to establish the linkage between how changes in individuals' behaviors will contribute to changes at the community level.

A **target** establishes how much change is expected to be observed over time. Existing evidence can provide guidance on how to set the target. For example, tertiary prevention interventions involve fewer

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[126] P. Campie et al., *Youth Violence Prevention in LAC: A Resource Guide for Aligning Indicators and Interventions to Deepen Impact* (Washington, DC: USAID and American Institutes for Research, 2021) https://pdf.usaid.gov/pdf_docs/PA00XCGX.pdf.

participants than primary or secondary prevention programs. Accordingly, the number of targeted participants should be kept at reasonable levels, most often in the tens or hundreds.

Practitioners must also determine a **timeline**. Many tertiary interventions take time to demonstrate results, often requiring follow-up with participants after the intervention concludes, as many longitudinal evaluations demonstrate. Yet, interventions that define extremely short periods may not be able to demonstrate actual results, while interventions over longer periods may prove to be too costly to be feasible.

Table 13 below offers guidance to designers on how to select appropriate indicators based on the type of intervention and population targeted.[127]

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[127] Additional guidance indicators can be found in: P. Campie, M. Tanya, and C. Udayakumar, *What Works to Prevent Lethal Youth Violence in the LAC Region: A Global Review of the Research* (American Institutes for Research, November 2019).

Table 13: Illustrative Expected Results and Indicators of Tertiary Interventions

Intervention Type	Level/Expected Result	Indicators	Data Collection Sources	Environmental Conditions
Community-based intervention	**Community: Reduction of community violence**	• Intentional homicide per 100,000 inhabitants • Percentage of population who feel safe walking in their neighborhood at night • Percentage of population who express trust in police • Rates of other violent crimes (gun-related, drug-related); active or retaliatory incidents (with gun violence)	• Police data; observatories of crime and violence • Effective evaluations show decreases in homicide rates in the community • Perception surveys	• Access to granular data on community violence and criminal dynamics, including location of incidents, types of violent incidents (e.g., homicides, violent robberies), profile of perpetrators, and motivations and drivers of violence in the community (e.g., gang violence, other criminal groups) • Ability of intervention to gain access to most violent individuals and recruit and retain them
	Individual: Reduction of risks of violent behavior	• Percent of at-risk youths who express an ability to deflect a life of crime • Changes in anti-social attitudes and beliefs; changes in perceptions about family bonding, changes in substance abuse, changes in association with negative peers • Protective factors for youth increased • Risk factors for youth decreased	• Risk assessment tools measuring different risk of violence factors at the individual, family, peer, and community levels • Effective interventions show reductions in risk scales	• Adoption of a valid risk assessment tool; access to "at-risk" participants; ability of intervention to identify, recruit, and retain them
Family-based intervention	**Individual: Reduction of risk of violent behavior**	• Changes in anti-social attitudes and beliefs; perceptions about family bonding, substance abuse, and association with negative peers among targeted participants • Protective factors for youth increased • Risk factors for youth decreased • Substance use levels • Self-report Delinquency Scale (SRD)	• Risk assessment tools measuring different risk of violence factors at the individual, family, peers, and community levels • Effective interventions show reductions in risk scales	• Access to granular data on the dynamics of violence at the family level in a specific community • Adoption of a valid risk assessment tool; access to "at-risk" participants; ability of intervention to gain access to youth's family and offer services; ability of intervention to retain participants over duration of intervention

Intervention Type	Level/Expected Result	Indicators	Data Collection Sources	Environmental Conditions
	Family: Decrease of family dysfunction	• Family functioning levels • Self-reporting Domestic Violence Scale • Changes in cohesion, communication, and bonding among targeted family members	• Risk assessment tools—family dimension • Other instruments (or scales) designed to measure related results, such as level of family cohesion (see the Family Adaptability and Cohesion Scale IV [FACES IV][128] instrument), gang embeddedness among family members,[129] or youth resilience[130] • Effective interventions show increases in assessment values	• Availability of appropriate tools, in addition to RNA, to assess family cohesion, bonding, and communication • Ability of intervention to gain access to youths' family and offer services; ability of intervention to retain participants over duration of intervention
Facility-based intervention	**Collective: Reduced recidivism of youth offenders**	• Rates of recidivism • Percentage of participants in select service delivery (group therapy, individual CBT approaches, work skill development, education)	• Detention facilities, police data • Self-reported data • Effective rates of intervention indicating reductions with respect to an established rate of recidivism	• Availability of data on rates of re-arrest, re-conviction, and/or return to prison following release • Rates of re-offense for individual offenders, mostly based on self-reports • Average rates used to calculate recidivism rates (questionable reliability and validity)
	Individual: Reduced violent behavior of at-risk youth; reduced risk of reoffending	• Reported changes in violent behavior • Number of behavioral incidents • Changes in risk factors associated with violent behavior, including anti-social attitudes, weak emotional regulation, substance abuse, perceptions of availability of support networks, and association with negative peers	• Available reports on youth behavioral outcomes in the facility; self-reports • RNA instruments measuring risk factors associated with violent behavior • Effective interventions showing decreases in risk factors associated with criminal and violent behavior	• Availability of RNA instruments inside detention facilities; ability of program implementers, if outside the facility, to provide services to targeted participants

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[128] FACES IV is an instrument used by *Proponte Más* in Honduras to measure family function. See Katz, *An Evaluation of the Proponte Más.*

[129] See Cahill et al., *Evaluation of the Gang Reduction and Youth Development Program*.

[130] Lee, Cheung, and Kwong, "Resilience as a Positive Youth Development Construct"; Ungar and Liebenberg, "Assessing Resilience Across Cultures."

Intervention Type	Level/Expected Result	Indicators	Data Collection Sources	Environmental Conditions
Reentry programs	**Individual: Social reintegration of former offenders**	• Substance use levels • SRD Scale • Completion of individual therapy • Changes in employment or educational performance of targeted participants	• Educational data, including information on years of schooling completed and proficiency tests • Employment data, including type of employment, duration of employment (i.e., years or months showing employment status)	• Availability of educational and employment data at the community level to compare participants' performance with overall population; ability to recruit and retain former offenders; community willingness to support former offenders

Establishing Targets: Determining Level of Change

In addition to defining the expected results and relevant indicators to measure them, practitioners need to determine how large the change should be for an intervention to be considered effective and in what timeframe. For example, is a one percent reduction in the rate of recidivism sufficient to conclude the intervention was effective after a year? How do we know what is sufficient? Obviously, there are no universal standards for these judgments. Even when an intervention in one country adopts one standard, the same standard may prove to be unrealistic in another country.

This determination depends on various factors. First, evidence from results of similar interventions could be used to determine a minimum baseline and a reasonable timeline. Second, even in the absence of data (a "zero baseline"), incremental change may reflect a degree of success.

For example, a reduction in recidivism of 10 percent and higher is considered successful among US experts.[131] However, recidivism measures may also consider other aspects of criminal behavior, such as severity of offense, type of offense, time to re-offense, and frequency of re-offense. While an intervention that serves high-risk individuals may not register a significant decrease in the number of re-offenders, the progress can still be reflected in participants committing less serious and less frequent offenses or taking longer time to reoffend.[132] Even a small reduction in recidivism among high-risk offenders can lead to significant reduction in crime at the community level.[133]

In the absence of data, at a minimum, practitioners should establish a baseline at the onset of the intervention. However, the expected rate of change in individual behaviors, attitudes, and skills (or in community outcomes) of the expected number of participants engaged in the program should not be determined arbitrarily. A target established too high may lead an evaluator to conclude that the intervention was ineffective when in fact it may have been highly effective, but the number of targeted participants or the percentage of change in the targeted outcome was unrealistic. Conversely, an intervention may be evaluated as highly effective, but the expected target could have been established too low to reflect a substantial difference.

Finally, most effective programs require time to show their effects, and in many cases, programs need to track participants for several months after the completion of program activities to assess whether they have reoffended. Yet, in most cases, practitioners almost never conduct continuous participant supervision and tracking, especially after donor funding ends.

Measuring Recidivism

In the United States, research shows that recidivism has remained persistently high. In the case of juvenile justice systems, an estimated 75 percent of youth are rearrested within three years of release, and in the case of adults, 68 percent of released prisoners are rearrested within three years of release.[134] While these numbers are high, they may not be fully accurate or generalizable. First, even in the United States, recidivism data is difficult to obtain because many crimes are committed without

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[131] James Gilligan and Bandy Lee, "Beyond the Prison Paradigm: From Provoking Violence to Preventing It by Creating 'Anti-Prisons' (Residential Colleges and Therapeutic Communities)," *Annals of the New York Academy of Sciences* 1036.1 (2004): 322.

[132] Urban Institute, *Measuring Recidivism at the Local Level: A Quick Guide* (2015), https://www.urban.org/sites/default/files/2015/02/11/recidivism-measures_final-for-website.pdf.

[133] Urban Institute, *Measuring Recidivism*.

[134] Siegle, Walsh, and Weber, *Core Principles*.

detection. Moreover, many prisons and juvenile correction centers do not track recidivism data. Finally, studies on recidivism rates often use self-reporting data (interviews with offenders to determine whether they have committed crimes since being released) rather than police or prison data.

In LAC, evidence suggests that both recidivism *and* impunity rates are high, further creating data vacuums on delinquency rates. Studies based on survey data and qualitative interviews reveal that people serving time in detention facilities have typically been arrested several times.[135] Due to high levels of arbitrary detentions in LAC, especially in those countries with "*mano dura*" policies, practitioners must differentiate between recidivism (commission of a crime) and reentry into the judicial system, which can happen without clear commission of crime. Yet, in most countries, prisons and police departments do not have reliable information systems to track rates of re-arrest of previously released offenders. Most importantly, as is the case in the United States, people released from detention may continue to engage in violent or criminal activity without being detected.

Given the difficulty of measuring recidivism in LAC, tertiary interventions often resort to evaluating results using additional indicators such as reduction of risk, rates of employment, and/or educational achievements of program participants. This process requires program capacity to track and collect data on participants over time, even after the completion of a program. Establishing a baseline for recidivism between a 12- to 24-month timeframe as of the most relevant milestone (i.e., date of arrest, date of release, start of sentence) may be a significant contribution to establishing rates.

Additional Resources for MEL

There are a significant number of recommendations, best practices, and tools available for practitioners to inform program design, implementation and evaluation. USAID offers invaluable toolkits and other online resources that may be useful for any intervention addressing high-risk populations. A few key examples are included in Table 14 below.

Table 14: MEL CVP Resources

Best Practices	Additional Resources
- Identify mechanisms of data collection and data management systems; consider local partner and participant feedback. - Track and monitor performance; adjust indicators; actively track retention and attrition rates. - Assess performance progress and pause and reflect; maintain implementation flexibility. - Plan (and budget for) an evaluation: If an impact evaluation, evaluation and intervention should be designed in parallel; if a performance evaluation, then determine if the evaluation will be conducted by an external or internal party.	- USAID Youth Violence Prevention eLearning Module - CLA Framework and key concepts - Discussion note: Adaptive management - Guide to Complexity Aware Monitoring Approaches - A Condensed Summary of Real World Evaluation

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[135] Cruz et al., "A Study of Gang Disengagement in Honduras": 20.

Annex I: Fidelity Guide

Introduction

This handbook provides guidance on how to identify, assess the needs of, and work with youth at the highest risks of crime and violence in LAC. For practitioners seeking to replicate and adapt existing interventions to their local contexts in LAC, this Annex provides complementary guidance on how to:

- Identify interventions for potential replication,
- Implement interventions following core design parameters, and
- Assess whether the replication was implemented with fidelity.

The Fidelity Guide first provides a conceptual framing of implementation fidelity, including tradeoffs between implementing with fidelity to the original design and adaptations for the local context. The second section discusses core components for activity design, while the third discusses implementation considerations (e.g., making adaptations while preserving core components). Finally, the guide outlines methodological steps to assess the fidelity of a replicated intervention.

We also offer concrete examples of LAC-based interventions that originated elsewhere,[136] which provide insights into lessons learned from replication and adaptation in LAC. The following criteria were used to select these cases: 1) interventions targeted to high-risk youth (i.e., tertiary),[137] 2) interventions originally designed outside of LAC and replicated within the last five years, 3) regional diversity, and 4) interventions with sufficient structure (i.e., methodological development). Programs or practices that do not have an original model, base structure, or intervention methodology—or some level of homogeneity in their implementation (e.g., all therapists in the program apply similar practices established by the program)—were not eligible for this case study analysis.

Table 15: Illustrative Program Replications in LAC

Intervention Type[138]	Original Model	Replication
Community-based	United States: Cure Violence, Chicago	Honduras: *Convive; Juntos en Acción por la Convivencia* (Together in Action for Coexistence) Colombia: *Abriendo Caminos* (Opening Pathways) Trinidad and Tobago: Project REASON
Family-based	United States: MST Services, South Carolina	Chile: *MST*
Facility-based	United States: Transitional Housing Units (Missouri) DR: *Nuevo Modelo de Gestión Penitenciaria* (New Model of Penitentiary Management)	Guatemala: *Casa Intermedia* (Intermediary House)

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[136] The team's extensive desk review and 10 KIIs with designers of the original interventions, implementers that replicated the interventions, and donors inform these examples.

[137] Other potentially relevant examples from LAC were excluded as they did not primarily serve the tertiary-level population.

[138] These categories align with the intervention types presented in the handbook. Please note the team did not identify any cases of reentry interventions that were designed in the US or elsewhere and replicated in the LAC region.

Why Is Replicating with Fidelity Important?

Evidence demonstrates that some CVP interventions are more effective in achieving expected results, whether these results are community-based (e.g., homicide reduction), relational outcomes (e.g., improved family bonding), or individual-based (e.g., reduced violent behavior, decreased recidivism). CVP programs that have been evaluated as effective become ideal candidates for replication.

When selecting which model or intervention type to implement, one must first consider the specific crime and/or violence problem and related evidence demonstrating effective approaches. In some cases, practitioners create an entirely new program—which may incorporate some elements from existing interventions but without replicating a core model (e.g., clear implementation or supervision protocols).

Apart from design, results highly depend on how these projects are **implemented**—namely, the technical capacities of service providers, its length and duration, and appropriateness of setting where services are provided among others. The importance of implementation is at times an afterthought for policymakers and system leaders; as one study states, these stakeholders pay attention to implementation issues "when evaluations demonstrate poor results."[139]

In cases when an existing model proven to be effective is replicated elsewhere, **practitioners should implement with fidelity to the original model (in particular, the core components) to increase the likelihood that the intervention will have comparable results**.[140] The distinction between an intervention design and its implementation is critical. When a program fails to achieve its expected results, distinguishing between intervention and implementation outcomes helps to determine if the failure occurred because the intervention was ineffective (intervention failure) or whether it was deployed incorrectly (implementation failure).[141]

Of course, interventions proven to be effective in one context will not always be effective in another. The new context may be radically different from its original setting, in which case the intervention chosen may not be appropriate. But even when well-adapted to the local context, the intervention may be ineffective in achieving its expected results. This outcome is typically related to implementation (e.g., in the case of significant modifications to an intervention's core elements, insufficiently trained personnel, lack of fidelity protocols, or insufficient funding). However, adapted interventions that are implemented with fidelity to the core model are generally as effective as in the original setting.[142]

Trade-offs Between Fidelity and Adaptation

Replication will inevitably require adaptation to the new local context. Interventions with relatively structured and prescriptive implementation protocols are more easily replicated with fidelity, and adaptations are typically limited to preserve the original design's integrity. However, they are often

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[139] Siegle, Walsh, and Weber, *Core Principles.*

[140] J.D. Allen et al., "Fidelity and Its Relationship to Implementation Effectiveness, Adaptation, and Dissemination," *Dissemination and Implementation Research in Health: Translating Science to Practice (*2012): 281–304.

[141] D.L. Fixsen et al., "Implementation in the Real World: Purveyors' Craft Knowledge," retrieved from University of South Florida (National Implementation Research Network, 2005), https://www.activeimplementation.org/resources/imple mentation-in-the-real-world-purveyors-craft-knowledge

[142] M. Bopp, R.P. Saunders, and D. Lattimore, "The Tug-of-War: Fidelity versus Adaptation Throughout the Health Promotion Program Life Cycle," *Journal of Primary Prevention* 34 (2013): 193–207.

more difficult and costly to replicate. For example, they may require purchasing a license to use proprietary protocols and/or require significant investment in training and supervision.[143]

In contrast, less-structured interventions are more flexible to adaptation. But in the process, they may depart so much from their original design that they risk losing its integrity.[144] In other words, demanding too much fidelity to the original design is as impractical as accepting too many adaptations. **Finding a balance between fidelity and adaptation is critical for any replication to be feasible**.

A central pillar of this balance is identifying the original intervention's **core components**.[145] Interventions may provide a variety of services in a range of settings, but some services are critical and differentiate it from other approaches. The overall description of the program typically cites core components, or they could be identified through consultation with its developers. Features may include content, procedures, and the core logic or underlying theory of the intervention.[146] At a minimum, practitioners should preserve essential elements to replicate with fidelity. Table 16 provides case examples below:

Table 16: Intervention Case Examples

Cure Violence[147]	MST[148]	*Nuevo Modelo Gestion Penitenciaria/*Transitional Housing Units[149]
• Violence interrupters used to mediate conflicts, thereby preventing a violent incident or retaliation • Targets the most violent individuals in the community • Trained outreach workers identify and change behaviors of high-risk individuals • Community engaged to change social norms	• Intensive (two to four times a week) family therapy using different approaches (e.g., CBT, parenting training) and on-call support services 24/7 • Treatment duration: three to five months • At-home and community-based treatment by trained psychologists • Strong supervision and oversight structure.	• Juvenile offenders serve sentences in houses, not corrections facilities • RNA tools are used to assess individuals and measure progress • Restorative approach focused on treatment • Treatment based on the principle of education and zero leisure (cero ocio)

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[143] Donors and local organizations should be aware of the implications of using a licensed program or tool, as should implementers (local or international) from a legal, process, operational, and budgeting perspective. Clear written agreements are advisable regarding the scope of the license, training, adaptations, publications, and local use.

[144] D.M. Morrison DM et al., "Replicating an Intervention: The Tension Between Fidelity and Adaptation." *AIDS Education and Prevention* 21, no. 2 (April 2009):128–40.

[145] For more on how to identify the core components of a model, see: L. Perkinson, K.E. Freire, and M. Stocking, *Using Essential Elements to Select, Adapt, and Evaluate Violence Prevention Approaches* (National Center for Injury Prevention and Control and Centers for Disease Control and Prevention, 2017).

[146] D.E. Goodrich, *The QUERI Roadmap for Implementation and Quality Improvement* (US Department of Veterans Affairs, 2020), 15.

[147] For an overview of Cure Violence's core approach, see Cure Violence Global, "What We Do," n.d., https://cvg.org/what-we-do/.

[148] For an overview of MST's core approach, see MST Services, "Proven Results," 2021, https://www.mstservices.com/.

[149] For an overview of the core approach, see Missouri Department of Corrections, "Traditional Housing Units," n.d., https://doc.mo.gov/programs/missouri-reentry-process/transitional-housing-units.

Selecting and Planning an Intervention for Replication

Practitioners should ensure a pre-implementation phase in the first year of a new project. This stage provides an opportunity to define (or redefine) the problem, select the most appropriate intervention, identify potential barriers to implementation, and secure stakeholder engagement. It is also highly recommended to conduct a pilot to test the intervention before full implementation.[150]

> **Three Critical Steps for Pre-Implementation**:
> - Define the main problem the intervention seeks to address.
> - Identify the most suitable intervention to be replicated, addressing the identified problem.
> - Conduct a feasibility assessment.

When planning any CVP activity, practitioners should first **define the problem** the intervention seeks to address,[151] then explore existing solutions that have been evaluated as effective, and lastly **identify a solution that is most suitable for replication**.[152] Steps for this determination include ensuring the **solution addresses the same (or very similar) problem**, identifying the population profile (e.g., LAC nuances) and setting, exploring the availability of **manuals and protocols** that could be used in replication, and assessing whether **core components** could be supported in the new setting. The latter entails identifying the types of expertise and skills required for staff, organizational capacity required to implement activities, physical setting, program duration, frequency and timing of activities, and finally, intervention cost estimation.[153]

> **Identifying and Selecting Programs: Case Study Examples**
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> **MST, Chile**:[154] In 2011, the SPD[155] sought new solutions to address ineffective juvenile correctional programs, which were believed to be linked to high levels of recidivism among adolescent offenders (ages 10 to 17). After researching different programs proven to be effective in reducing recidivism among this population, the GOC selected MST because it offered an alternative to isolating juveniles in residential facilities. One of MST's core elements is working with juveniles in their own homes where they can strengthen the family unit, which is an important protective factor for this population. Moreover, the GOC sought MST's high level of structure with a strong system of oversight and supervision.
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> **Casa Intermedia, Guatemala**: In 2015, faced with high levels of gang violence and homicide, the Government of Guatemala (GOG) with support from the US Department of State's INL conducted an assessment of its prison system. The DOG sought solutions to prison overpopulation, estimated at over 200 percent. The assessment

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[150] Elaine M. Walker et al., "Improving the Replication Success of Evidence-Based Interventions: Why a Pre implementation Phase Matters," *Journal of Adolescent Health* 54, no. 3 Supplement (2014): S24-S28. Practitioners will benefit from learning as much as possible about the local context through such methods as community needs and strengths assessment, organizational capacity assessment, and environmental scan.

[151] For more details on problem analysis in citizen security, see Arizona State University Center for Problem-Oriented Policing, "The Problem Analysis Triangle," 2024, https://popcenter.asu.edu/content/problem-analysis-triangle-0.

[152] Practitioners may resort to existing databases that list crime and violence prevention interventions, such as the National Registry of Evidence-Based Programs and Practices, What Works Clearinghouse, Youth.gov, the OJJDP Model Program Guide, Blueprints for Healthy Youth Development, and College of Policing's Crime Reduction Toolkit. Attending professional conferences and reaching out to professional networks are also potential methods to identify a suitable intervention.

[153] L. Perkinson, K.E. Freire, and M. Stocking, *Using Essential Elements to Select, Adapt, and Evaluate Violence Prevention Approaches* (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention [CDC], 2017): 17.

[154] For more details, see Rodrigo Pantoja, "Multisystemic Therapy in Chile: A Public Sector Innovation Case Study." *Psychosocial Intervention* 24, no. 2 (2015): 99–100; MST Services, *Taking Multisystemic Therapy® to the Country of Chile*, https://cdn2.hubspot.net/hubfs/295885/MST%20Redesign/Marketing%20Collateral/Marketing%20Kit%20Collateral%20Digital%20Files/Guides/Chile%20Success%20Story%20Guide%2011.28.pdf.

[155] A government agency under the Ministry of Interior and Public Safety.

suggested improving the system by creating a new and parallel model. They planned to grow the new model gradually, eventually replacing the traditional model. After reviewing different prison management systems, INL identified the *Nuevo Modelo de Gestión Penitenciaria* (New Prison Management Model), designed in the DR, as an adequate and replicable model for Guatemala. The model's restorative approach to justice, one of its core elements, was regarded as a viable alternative to the overly punitive and administrative approach of the existing Guatemalan prison system.

Finally, if practitioners identify an intervention as a potential solution in a new context, they should conduct a **feasibility assessment** to review the fitness of the proposed intervention to the local setting, identifying contextual issues and determining adaptations needed in the new setting.

Central Elements of a Feasibility Assessment
- Assess the local context and propose modifications required.
- Assess local delivery capabilities (service providers, potential local partners).
- Estimate costs of replication.

For example, a feasibility study reviews the required expertise, skills, and organizational capacities for service providers; appropriate types of settings; and estimated costs. Although a rigorous and comprehensive study may require significant resources, the assessment allows practitioners to identify potential barriers to implementation, plan training activities to address identified capacity gaps, and assess necessary adaptations for successful replication. The more the intervention's elements fit the new context, the fewer adaptations are required, thereby increasing the chances of a successful replication.

In the case of Chile, language was the main barrier to MST replication, given that manuals and protocols were in English, and Spanish-language trainers and supervisors were unavailable. Eventually, the GOC invested in training English-speaking trainers and supervisors in-country and translating manuals and protocols to Spanish with validation by MST. The feasibility assessment concluded that MST only required minor adaptations for its Chilean replication, such as to lower the target age group from 12–17 to 10–17.

In the case of Guatemala, a loss of political support was the main barrier to implementing the new prison management system. Despite an adverse political context, INL found a new opening in the juvenile justice system; the new SBS leadership championed juvenile justice reform and shepherded the initiative in collaboration. INL identified Missouri's Transitional Housing Units (focused on juvenile offenders) and the DR's *Nuevo Modelo de Gestión Penitenciaria* (focused on adult offenders) as two models for a combined replication in Guatemala.[156]

Table 17 further illustrates how different replications have defined problem sets, identified solutions, and planned adaptations during the pre-implementation phase.

Table 17: Illustrative Program Replications in LAC (continued)

The Problem	The Solution	Required Adaptations Identified
High rates of recidivism among juvenile offenders in Chile	**MST**'s approach that keeps young offenders at home to strengthen families and build resilience against risky behavior.	• Translation of protocols, training, and supervision materials into Spanish. • Lowering the target age group from 12–17 to 10–17.
Prison overpopulation; corruption entrenched	Creation of a new prison system based on the ***Nuevo Modelo de Gestión***	• Model adapted from adult prisons to juvenile detention facilities

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[156] Interview with an INL officer in Guatemala.

The Problem	The Solution	Required Adaptations Identified
in prison administration; gang control of prisons in Guatemala	***Penitenciara*'s** restorative justice approach, managed by custodians and treatment agents rather than police	• Required modified housing units, deemed more appropriate for the new management model
Gang presence and high homicide rates in Trinidad and Tobago	**Cure Violence**, a community-centered approach designed to reduce homicide rates by stopping further escalation of violence in response to or to avenge a violent incident	• In Trinidad and Tobago, a feasibility study showing the model was replicable, as criminal/violence dynamics were similar • Minor adaptations required, such as adjusting RNAs to expand inclusion (e.g., individuals who dropped out of school, returned from foreign deportation, those with access to firearms).[157]
High rates of homicide, extortion, and gang presence in Colombian (Cali) and Honduran communities		• A feasibility study was not identified, but adaptations were made during implementation. • One implementation challenge was the relatively greater structure and territorial control of gangs in these contexts than in the United States.

Implementation: Replicating a Model with Fidelity

Replication in a new context entails an inevitable discovery process. As interventions unfold, further adaptations may be introduced. This section highlights aspects of the replication process that help to preserve fidelity, including training, supervision, and quality standards for preserving fidelity; recruitment of well-trained local personnel and partners; questions of sustainability; and the types of adaptations that are often adopted during implementation and their effects on fidelity.

TRAINING AND SUPERVISION

To ensure knowledge from the original model is transferred to new implementers, best practices include:
- *Rigorous training of implementing managers and service providers, including field visits.* Local implementers should travel to the original intervention's site for training, while technical advisors from the original model should visit its replication site. Training duration varies by trainee needs.
- *Creation or transfer of reference materials.* Original program must provide adopters with detailed, updated, and adapted protocols and manuals. If uavailable, both parties should collaboratively create appropriate reference materials.
- *Constant supervision and quality assurance throughout implementation.* Partners from the original model should share rigorous quality assurance protocols and performance improvement processes to guarantee adherence to implementation protocols. This approach may include field visits, fidelity evaluation tools, user surveys, regular meetings between service providers and program managers, and periodic technical supervision of implementation.

Best Practices in Training: Case Study Examples

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[157] IDB, *Feasibility Study, Adaptation, and Evaluation of the Cure Violence Model*, unpublished technical co-operation document (2012). IDB, interview with one of the implementers of the program in LAC.

> ***MST, Chile***: Given the absence of Spanish-speaking personnel from MST Services (the original implementer), qualified English-speaking staff were trained in Chile and eventually became trainers and supervisors. In addition, all materials were translated into Spanish. MST Services provides ongoing technical assistance to its Chilean partners to ensure adherence through quality assurance processes. This assistance includes manuals and protocols covering a range of processes, including staggered leave for therapists to avoid service interruption, emergency protocols, etc. While local consultants train and supervise teams of therapists, these consultants are mentored by MST Services coaches. At the management level, MST Services and local implementers hold a monthly call where they discuss challenges and goals. If a deviation in local implementation is found, MST Services may assign an audit.
>
> **Project REASON, Trinidad and Tobago**: This project began with in-person, comprehensive training for project leads (four faculty members from a local university) in Chicago on the Cure Violence model. Training included both classroom learning and field experience. The training's success was facilitated by the criminological backgrounds of project leads and their familiarity with the model. Reference materials for implementation were provided by Cure Violence, whose team supervised implementation throughout the process (remotely and via visits). Further, an M&E system was in place throughout implementation with regular reporting.
>
> ***La Casa Intermedia*, Guatemala**: The GOG recruited custodial and treatment agents who participated in an intensive three-month training at the DR's Penitentiary Academy. INL funded the training and assisted with vetting and recruitment of new agents. In subsequent years, training instructors traveled to Guatemala for additional training, and Guatemala established an academy where new agents receive training by both local and Dominican instructors. This training included provision of protocols and manuals detailing operational procedures for the detention facility, screening tools to assess individuals, assessment guidelines, and treatment options.

Our team also identifies some aspects of less adequate training, as perceived by local partners.[158] While these may not be representative of a broader practice, such challenges are relevant for this guide:

- Training led by technical advisors with limited knowledge of the local context and weak Spanish;
- Materials considered outdated and irrelevant to the local context;
- Lack of reference materials, protocols, guides, and manuals for local staff;
- Minimal interaction between technical advisors and local adopters; and
- Reporting platforms not adapted to local staff capabilities (leaving many activities unreported and untracked) and lack of relevant capacity-building.

The level of funding allocated is a main attributing factor to the success of training programs. Donor-funded interventions typically invest fewer resources in training programs than programs funded by local government agencies. In the case of Trinidad and Tobago, the Ministry of National Security was important in securing investments for local staff training. The IDB, the primary funder, also paid Cure Violence to train local implementers and provide technical support, including for contextual assessments, recruitment of local violence interrupters, and development of an M&E system.

In addition to adequately training local staff, sustaining program fidelity requires oversight from the original program. The challenge is to determine how much supervision is sufficient and at what point the original program reduces its engagement. These decisions largely depend on the resources and capabilities of the local implementing partners. Once local programs build capacities that can be sustained over time, the implementing partners could reduce or eliminate oversight from the original model.

The case of ***MST Chile*** is a success story in this regard, with its highly structured design, including supervision at all levels of implementation. One year into its implementation, MST Chile became a certified network partner, which allowed implementers to hire and train local teams, thus significantly reducing program costs. Currently, the GOC pays MST for its license and operates under a high-level oversight.

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[158] Given that this is not an evaluation of training programs, we maintain the anonymity of these informants.

This long-term linkage has ensured the intervention's high adherence to MST standards and has resulted in its effective implementation. The intervention success is also attributed to the GOC's sustained commitment (providing 95 percent of funding) and the development of a local professional cadre.

RECRUITING LOCAL PERSONNEL

A common problem faced by CVP implementers in LAC is a lack of implementing staff adequately trained in the relevant skills needed. This situation is especially challenging for highly structured programs, which have stringent requirements for the competencies of local staff, especially for therapists or family counselors. Community-based programs are generally more flexible in selecting service providers since they need to adapt to the services available at the local level. However, challenges may encompass using a computer or uploading files, among others. In many cases, trained social workers can substitute therapists. In other cases, knowledge of the local context, personal relationships with potential participants, and trust with the community are essential aspects of recruitment that cannot necessarily be developed in training. Rather, such individuals must be found in the community.

> *"Selection of a violence interrupter is crucial, more art than science. While credibility is their main characteristic, the profile and background of those who have these features might be diverse and will vary across communities."*
> Cure Violence local implementer

In general, tertiary interventions entail risk for implementers. For example, program staff may receive threats when visiting communities, be unaware of unwritten rules of behavior in certain locations, cross invisible borders between rival gang territory, or experience verbal or physical assaults. Given the background of participants and operating environment for tertiary interventions, programs must establish safety protocols for staff, whether they are established in the original design or not. Moreover, service providers tend to experience high levels of stress, work irregular hours, and operate in environments with frequent violent incidents. In Colombia, for example, *Abriendo Caminos* included a psychosocial support provider who attended to violence interrupters experiencing emotional burdens, which was not a position established in Cure Violence's original design. Security risk assessments[159] are highly recommended.

FORMING PARTNERSHIPS AND PLANNING FOR SUSTAINABILITY

Establishing partnerships with local government agencies, service providers, civil society organizations, academia, and other local stakeholders is key to the success and sustainability of tertiary interventions. The greater the engagement of government support for implementation (including financial), the more likely the program can rely on a wider network of service providers and sustain activities over time. When these programs are evaluated and considered to be effective, they can also attract greater public support and engagement of the academic community for scale-up or design improvement over time.

In some cases, original models use police information to identify their target participants at the community level. In many LAC countries, however, the involvement of the police must be rigorously assessed (in many cases it may even be advised against), given high levels of distrust between communities and police as well as high levels of corruption.

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[159] USAID, *Conflict Sensitivity Tool of the Month 1B: Conflict Sensitivity Integration in Risk Assessments* (July 2023), https://drive.google.com/file/d/1Nh-xmlLR2EpM4t5FIjjgKRjFWxIcTlSb/view.

> *"In Trinidad and Tobago we brought rival gangs together in safe settings. When you bring them together, they begin to interact. We realized members of rival gangs did not even know one another. We promoted activities with their mothers, grandmothers, children, so they could talk and resolve conflicts."*
> Project Reason implementer

Cure Violence, for example, explicitly excludes cooperation with police officers at the community level. In the United States, however, Cure Violence often collaborates with local governments, who in turn use police data to identify and reach participants. In the case of Trinidad and Tobago, given the involvement of the Ministry of National Security, Project Reason was able to collaborate closely with the police, who in contrast to many Latin American countries, are generally trusted in communities. As a local implementer stated, police provided security and transportation across gang territories as one form of support.[160]

In addition to government engagement, political will at local or national levels to provide financial support is essential. As the case of Trinidad and Tobago shows, government support may end once a new administration is elected. Project Reason, considered a pilot to test the Cure Violence model, ended once IDB funding ceased in 2017. Subsequent local governments had little interest in the program.

> *"The key is to have champions—people/organizations who are dedicated to implementing the model as it was designed…Solid reputation, legitimacy, and recognition at the national level developed over the years allows the implementers to withstand political changes."*
> MST Services professional

Finding local sources of funding, whether public and/or private, is the most critical element of sustainability. However, funding also relies on the ability of the program to demonstrate itself as effective, such as through strong M&E systems or external validation by local institutions. For example, MST Chile has endured for over 10 years and continues to scale up despite changes in GOC administration. In this sense, the program's implementation has become a public policy. In Guatemala, continuous INL support and its alliance with a reform-minded SBS that allocates substantial funding for Casa Intermedia operations has been responsible for its sustainability.

Donor-funded programs with limited engagement of government agencies or private sector foundations are most vulnerable to program closure after the program cycle concludes. While donors may continue to support the program, their priorities may change over time. For example, in Honduras current Cure Violence replication focuses on issues of domestic violence and trafficking of minors, which are a departure from the program's original design.[161] In Colombia, the program established a partnership with a private foundation, which continues to provide support. However, the program has adapted so much to the local context that "it can no longer be called Cure Violence."[162]

ADAPTATIONS DURING IMPLEMENTATION

Implementers should properly document and justify program adaptations, especially if unanticipated during the design phase.[163] In addition, whether an adaptation is made to core or non-core components of the original intervention affects the extent to which it is replicated with fidelity.

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[160] For details, see Maguire, Oakley, and Corsaro, *Evaluating Cure Violence*, 15.

[161] Interview with implementer of Cure Violence in Honduras.

[162] Interview with a program implementer in Colombia.

[163] A. Movsisyan et al., "Adapting Evidence-informed Population Health Interventions for New Contexts: A Scoping Review of Current Practice," *Health Research Policy and Systems* 19, no. 1 (2021): 13.

The adaptation process usually involves consultations and negotiation between the developers of the original intervention and the adopters. It is not uncommon for implementers to encounter difficulties convincing original program staff of the need for an adaptation, because the latter may perceive changes as compromising the intervention's rigor or integrity. This situation can be resolved through close collaboration and dialogue between original developers and local implementers, with emphasis placed on preserving core components. Importantly, original developers should create space for local personnel to express challenges and proposed adaptations to the program.

Adaptations can be classified by the following dimensions:

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Types of Adaptation

- Are changes made to the content of the intervention or its delivery? Consider timing (frequency and duration), format, and target population.
- To what extent are core components preserved?
- What is the source of adaptation?
- Who proposed the adaptation (the original intervention developers or the local implementers)?
- What is the level of adaptation?
- To whom does the adaptation apply (select groups or entire population of participants)?

</div>

In Trinidad and Tobago, the methodology was modified to include school dropouts and returned migrants in the at-risk population as a result of the feasibility study.[164] Retrospectively, this adjustment may have undermined capacity to target the at-risk population as originally designed. An evaluation of the program concluded that "only 40.6 percent of Project REASON's 64 participants were labeled as high-risk. This is inconsistent with the spirit of the Cure Violence model's focus on high-risk individuals and represents one of Project REASON's greatest deviations from the model."[165]

During a pilot of Cure Violence in Colombia, both its developers and local implementers sought to incorporate additional elements. They sought to address GBV and substance abuse, as major drivers of violence in target communities. If designed and implemented adequately, such locally driven adaptations can strengthen an intervention. The Cure Violence replication in Honduras also incorporated problems such as GBV and trafficking of children. If not designed properly, deviations that override core elements may weaken an intervention in the new context.

In some contexts, an original program may have to adjust its expected results or metrics. For example, while the original model of Cure Violence attempts to reduce homicides in the community, the role of violence interrupters is limited in a context in which gangs dominate. As a local implementer shared, *"Cure Violence can interrupt beatings or shootings, but it is hardly in a position to prevent a murder if a gang decided to carry it out."* To measure success, indicators apart from homicide could become relevant. In Chile and Guatemala, in contrast, adaptations were relatively minor and did not compromise the program's integrity, such as lowering the age of participants, increasing minor case load, or housing juveniles in modified housing units.

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[164] This decision could have been driven by donor request to include this population as part of the target population or by the perception of implementers that returned migrants and school dropouts were at high risk of violence.

[165] Maguire, Oakley, and Corsaro, *Evaluating Cure Violence*, 9.

Evaluation: Assessing Implementation Fidelity

Following implementation, a fidelity assessment evaluates to what extent the adaptation preserved the integrity of the original model. This assessment includes four key dimensions: implementation processes, adherence to core elements, competence, and types of adaptations made.

IMPLEMENTATION PROCESS

Understanding the implementation pathway requires reviewing established protocols and the degree to which they were followed in replication. Program differentiation components are essential elements, without which the program will not have the expected results. With core components identified, implementers can differentiate between core intervention models in assessment.

A fidelity assessment should also consider attributes of implementation processes such as target population, expected results and indicators, how the program was selected and planned, functioning principles or theory of change, and M&E mechanisms.

ADHERENCE

Adherence refers to whether an intervention was delivered as originally intended, specifically the extent to which implementers conformed to established protocols. Adherence measurement focuses on the quantity of prescribed behaviors in a replicated intervention manual or protocol and assessment of the implementation of program differentiation components.

The adherence dimension often includes subcategories that cover the full breadth of the intervention: i) *content* refers to key components that must be delivered, ii) *coverage* refers to the type of participant or participant reach, iii) *frequency* refers to the amount of an intervention received by participants, and iv) *duration* considers whether treatment was delivered for as long as required by design. Together, frequency and duration constitute the "dose" of the intervention.[166]

COMPETENCE

Competence refers to the level of skill in delivering the intervention and thereby evaluates the quality of the protocol's execution.[167] This aspect considers interpersonal and process-level abilities, such as communication skills, technical expertise, and the ability to respond effectively to participants. To assess competence, practitioners should know if the specific program or intervention has i) training activities and strengthening of staff skills, ii) technical support and advisory, and iii) quality indicators of service delivery, among other factors.

ADAPTATIONS

Some fidelity assessments further characterize factors that may explain observed variations to original implementation and protocols. Two possible explanations include moderators of implementation fidelity and intervention adaptations. *Moderators of fidelity* include a variety of factors that may explain unintended departures from intervention protocols[168], including i) the intervention's inherent complexity, which may explain how easy it is to follow an implementation protocol); ii) facilitation strategies; iii) the extent to

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[166] Eds. P. Nilsen and S.A. Birken, *Handbook on Implementation Science* (Edward Elgar Publishing, 2020).

[167] K.F. Stein, J.T. Sargent, and N. Rafaels, "Intervention Research: Establishing Fidelity of the Independent Variable in Nursing Clinical Trials," *Nursing Research* 56, no. 1 (2007): 54–62.

[168] Nilsen and Birken, *Handbook.*

which participants were receptive to the program; and (iv) organizational and cultural context, including capacity and support. In situations where practitioners intended to implement an intervention faithfully, these reasons may have caused them to depart from the original design. *Intervention adaptations* include any intentional alteration made to the content or delivery of an intervention to tailor it to specific contextual needs.

FIDELITY MEASURES AND DATA COLLECTION METHODS

Fidelity measures assess the adequacy of implementation of an intervention. Considerations for designing a fidelity assessment methodology include (see following template):

1. Fidelity measures are indicators to characterize adherence, competence, or other key aspects of implementation. These measures can be analyzed in isolation or combined to form an overall fidelity scale.
2. Data can be collected through self-reporting, direct observation, video or audio recording, documentation review, and other methods. Data collection includes using tools designed to assess the level of competence with which an intervention is performed (recorded or observed), which should be analyzed by qualified professionals who specialize in the type of interventions implemented.
3. Measures of fidelity can be specified to a specific intervention model or a generic model but are not suitable for both. The more specific to an intervention, the less useful these measures are in generating conclusions between interventions. For example, programs that use licenses for their implementation (such as MST) usually include specific fidelity tools that allow for the evaluation of key program components and their level of competence and adherence. These instruments are often not suitable to evaluate other programs, even when they consider the same target population or expected results. Therefore, to obtain comparable conclusions for different programs in a fidelity assessment, the tools should have fewer specific characteristics that allow overall evaluation of implementation processes.
4. Measures of fidelity in implementation are generally framed in quality assurance (and monitoring) systems and go hand in hand with continuous improvement protocols that seek to maintain standards, develop appropriate adaptations to different contexts, and measure the factors associated with implementation. For example, based on fidelity measures and indicators, programs such as MST and FFT[169] often develop improvement plans that are implemented through supervision and advisory processes to maintain the quality standards as designed.

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[169] Washington State Functional Family Therapy Project, *Quality Assurance and Quality Improvement System* (2021), https://www.dcyf.wa.gov/sites/default/files/pdf/FFT-QA-Improvement.pdf.

Fidelity Assessment Guiding Template

Name of original intervention: /   Name of replication:

Intervention type:

Dimensions	Original	Replication

Targeted population:
Recruitment methods:
    Use of RNA
    Community-based references
    Police records		

Expected results:		
Indicators:		
Implementation Process Is there a theory of change? What are the components of the program? Which components are "core"? Are there indicators for each core component?		

Adherence
Are there established protocols? Include:
    Contents of the services delivered by the program
    Type of services
    Coverage of the program
    Frequency and intensity of intervention
    Duration		

Competence Training activities and strengthening of staff skills: Technical advice or supervision system: Quality indicators or tools of service delivery: Quality assurance systems: User satisfaction evaluations:		
Adaptations Type of adaptation: Nature of adaptation: Source of adaptation: Level of adaptation:		

Annex II: What Do We Mean by Risk?

Tertiary interventions target people at high levels of risk. When we refer to **risk**, we mean the risk of criminal and/or violent behavior.[170]

Risk factors are generally defined as those characteristics, variables, or situations that, when combined for an individual, increase the probability that this individual will engage in criminal or violent behavior. **Protective factors**, on the contrary, are characteristics or situations that can compensate or buffer between risk factors and deviant behavior.[171]

The public health field utilizes the Socio-Ecological Model to analyze the risk factors individuals confront across domains of life. As Figure 15 illustrates, the level of risk is shaped by the types of interactions individuals maintain within their environment. In the case of violence, people's level of risk depends not only on their individual attitudinal and emotional make-up but also by a set of enabling conditions in the home, neighborhood, and broader social setting (e.g., school, workplace) from which violence and crime can be directed into the community. Enabling environments contain factors that either place young people at risk for or help protect them from crime and violence.

Risk factors across different domains can influence one another and tend to aggregate. The more risk factors a person accumulates across several domains, the greater their level of risk will be.

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[170] This Handbook refers to risks associated with interpersonal violence. Other types of violence, such as sexual violence, domestic violence, or psychological violence, are associated with other cultural, attitudinal, and psychological risk factors not directly addressed in this Handbook.

[171] Shader, Michael. "Risk Factors for Delinquency. An Overview."; Vincent, Guy, and Griso, *Risk Assessment*.

Figure 15: Risk Factors across the Socio-Ecological Model[172]

Individual	Family	Peers	Community
- Criminal history - Antisocial cognition - Impulsivity; low emotional regulation - Lack of motivation - Low educational achievement - Substance abuse.	- Violence in the family - Lack of emotional bonding - Absence of positive roles models - Weak parental supervisión - Gang involvement - Family members in prison	- Antisocial peers - Negative peer influence	- High homicide rates - High incidence of gun violence - Insecurity - High unemployment - Lack of recreational activities - Tolerance for violence - Weak social capital

Based on years of research on youth violence, the CDC has identified an extensive list of risk and protective factors along several domains of the Socio-Ecological model.[173] Some of these risk factors are **static** (i.e., they are related to demographic characteristics, such as being young and male), situations or events that occurred in the individual's past and cannot be changed or situations beyond the control of the individual (e.g., age of first arrest or imprisonment or living in households where one or more members of the family are in prison). But many more risk factors are **dynamic**—that is, they are modifiable through appropriate interventions: for example, antisocial attitudes, abusing drugs, low emotional regulation, lack of family bonding, and association with delinquent peers.

Empirical research in the United States, Canada, and the United Kingdom has also shown that some risk factors are more strongly associated with criminal and violent behavior than others. These are known in

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[172] U.S. CDC. "The Social-Ecological Model: A Framework for Prevention."
https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.
[173] CDC, "Violence Prevention: Risk and Protective Factors," updated March 2, 2020,
https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html.

the literature as the **"Central Eight Risk Factors,"** which are all dynamic factors that when addressed can substantially reduce the risk of violent behavior:[174]

> 1. Antisocial cognition (antisocial attitudes and beliefs, disregard for social norms, pro-criminal attitudes)
> 2. Antisocial personality (impulsivity, lack of emotional regulation)
> 3. Antisocial associates or peers, negative peer influence, or deviant peers
> 4. Dysfunctional family dynamics: weak family bonding, poor parental supervision, family violence
> 5. Substance abuse
> 6. Low educational achievement or missing school
> 7. Lack of employment or lack of motivation to find employment
> 8. Excessive unstructured free time or lack of pro-social leisure activities

Moreover, some studies distill the risk factors among these eight that have the most significant impact on recidivism:[175] 1) antisocial cognition, 2) antisocial personality, 3) antisocial associates or peers, and 4) poor family dynamics.[176] Research suggests that tertiary programs can be expected to have a positive impact in reducing rates of recidivism to the extent they successfully address the most criminogenic risk factors.[177] In LAC, less empirical research exists on the risk factors most strongly associated with violent behavior,[178] but existing literature suggests that youth face similar risk factors to youth in other developed countries. Importantly, individual, family, and peer factors seem to exert the most influence on criminal or violent behavior.

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[174] D. Andrews and A. Bonta, *The Psychology of Criminal Conduct*, 5th edition (Taylor & Francis, 2010); D. Koetzle et al., *A Practical Guide*; GEO Reentry Services, *What Works*.

[175] GEO Reentry Services, *What Works*.

[176] National Institute of Corrections, *Evidence Based Decision Making from Principle to Practice* (2013), https://info.nicic.gov/nicrp/system/files/028172.pdf.

[177] C. Dowden and D.A. Andrews, "What Works in Young Offender Treatment: A Meta-analysis," *Forum on Corrections Research, Correctional Service of Canada* 11 (May 1999): 21–24.

[178] P. Alarcón et al., "Validez Predictiva del Instrumento Evaluación de Riesgos y Recursos (FER-R) para la Intervención en Adolescentes Infractores de Ley: Estudio Preliminar," *Universitas Psychologica* 11, no. 4 (2012): 1183–96.

Annex III: Community Violence Interventions

The United States Department of Justice defines CVI as "an approach that uses evidence-informed strategies to reduce violence through tailored community-centered initiatives. These multidisciplinary strategies engage individuals and groups to prevent and disrupt cycles of violence and retaliation and establish relationships between individuals and community assets to deliver services that save lives, address trauma, provide opportunity, and improve the physical, social, and economic conditions that drive violence."[179] In the United States, CVI interventions have been increasingly implemented in some of the most violent-prone communities in Chicago, Oakland, and Baltimore.[180]

CVI is a subtype of community-based interventions as they work with the highest-risk population living freely in the community. What distinguishes these interventions is that they are "hyper-focalized" and target the most dangerous individuals in the community (i.e., the small percentage of highly violent individuals who are responsible for the largest share of the criminal and violent incidents taking place in a specific community). Often this population is not larger than a few hundred individuals, but they operate freely in the community. In many cases, these individuals are what the literature identifies as "chronic offenders," individuals who have a history of arrests and incarceration.

These interventions are the result of learning from implementing and evaluating results of different types of tertiary prevention interventions. They stem from Cure Violence and/or Cease Fire, programs based on an epidemiological model designed to interrupt and control violence in communities with the highest incidence. Like most CVI programs, Cure Violence uses violence interrupters to prevent a violent incident from further escalating. However, after evaluations demonstrated these interventions had at best mixed results, designers and implementers of tertiary prevention interventions targeted to this specific population decided to expand the breadth and scope of these interventions, both in terms of offering the most violent individuals in the community additional services, aside from mediation and violence interruption, and working in a more intensive fashion, both in terms of the duration of the intervention and the frequency of treatments.

Services for CVI interventions include individual therapy sessions, group therapy sessions, and outreach services to help these individuals navigate within the community to process official documents and gain access to public services (e.g., helping them process birth certificates, high school degrees, driver's licenses) They also offer skills training and employment services, providing a much-tailored approach designed to meet their participants' individual needs.

Importantly, one of the most recurring criticisms of Cure Violence programs is that it measures changes at the aggregate level (whether homicides increased or decreased after the intervention). Analysis links the effects of specific elements or activities of the program to expected results, but no method exists to assess the effects of the intervention at the individual level. For example, we do not know the extent to which conflict mediation, one of the central elements of the program, contributes to reducing participants' violent behavior or increasing their engagement in pro-social activities.[181]

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[179] Bureau of Justice Assistance, US Department of Justice, "Community Based Violence Intervention and Prevention Initiative (CVIPI)," modified October 26, 2023, https://bja.ojp.gov/program/community-violence-intervention/overview.
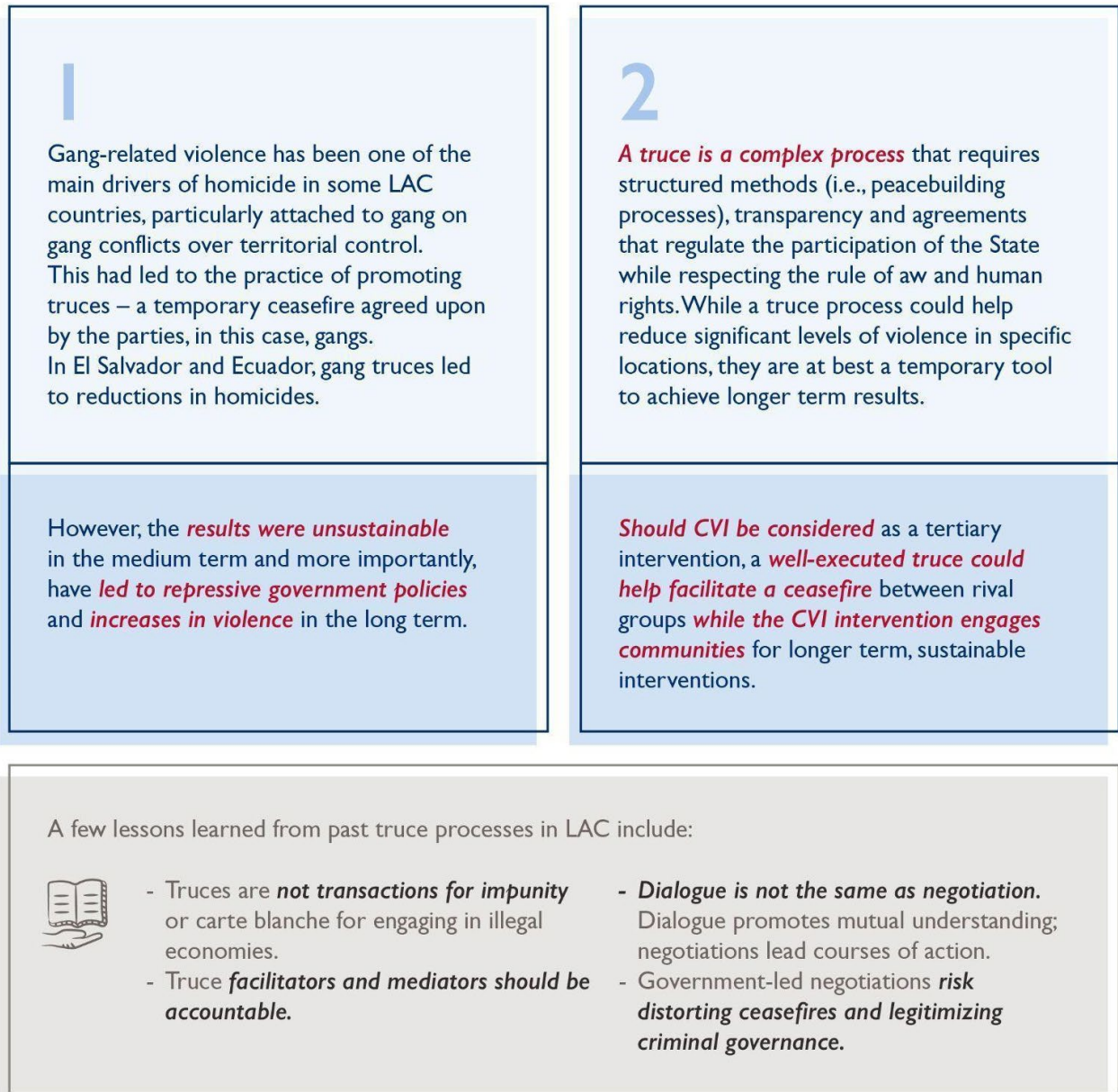
[180] Trajectory Saving Solutions.

[181] Andrew V. Papachristos, "Too Big to Fail. The Science and Politics of Violence Prevention," *American Society of Criminology, Criminology & Public Policy* 10, no. 4 (2011): 1053–61.

In recent years, as CVI has been implemented across the United States, USAID has become increasingly interested in these interventions as promising models to be replicated in the LAC region. This annex offers more detailed information on these types of interventions based on existing documentation and interviews with program implementers in the United States.

Figure 16: Gang Truces and Potential Effects on CVI in LAC

1

Gang-related violence has been one of the main drivers of homicide in some LAC countries, particularly attached to gang on gang conflicts over territorial control.
This had led to the practice of promoting truces – a temporary ceasefire agreed upon by the parties, in this case, gangs.
In El Salvador and Ecuador, gang truces led to reductions in homicides.

However, the *results were unsustainable* in the medium term and more importantly, have *led to repressive government policies* and *increases in violence* in the long term.

2

A truce is a complex process that requires structured methods (i.e., peacebuilding processes), transparency and agreements that regulate the participation of the State while respecting the rule of aw and human rights. While a truce process could help reduce significant levels of violence in specific locations, they are at best a temporary tool to achieve longer term results.

Should CVI be considered as a tertiary intervention, a *well-executed truce could help facilitate a ceasefire* between rival groups *while the CVI intervention engages communities* for longer term, sustainable interventions.

A few lessons learned from past truce processes in LAC include:

- Truces are *not transactions for impunity* or carte blanche for engaging in illegal economies.
- Truce *facilitators and mediators should be accountable.*

- *Dialogue is not the same as negotiation.* Dialogue promotes mutual understanding; negotiations lead courses of action.
- Government-led negotiations *risk distorting ceasefires and legitimizing criminal governance.*

TARGETING THE MOST VIOLENT INDIVIDUALS IN THE COMMUNITY

CVI relies on the collection of granular detailed data on criminal dynamics in the community. In Baltimore, the intervention targets **shooters**, a narrow definition of tertiary population, the "**tip of the pyramid**, repeat offenders with an average of 12 prior arrests…It is impossible to program for all the

tertiary population in the city. We focus on shooters specifically because 95 percent of violence in the city involves firearms. It is a **gun violence intervention**."[182]

Collaboration with the police and other justice-level institutions is critical for these types of programs. Examples may include when the police may not have sufficient evidence to arrest individuals, or alternatively, when in collaboration with other justice agencies, they may agree to refer these individuals to community service providers. For example, in Chicago, CVI implementers rely more heavily on "community intelligence" sources. They collect data from different community resources, including schools, hospitals, and community leaders. They engage outreach workers who are respected in the community to help them identify where "active shooters" are.[183]

In most of the violent cities across the United States, programs do not operate in isolation from one another. Since the local government typically funds the programs, they work with other programs, including law enforcement programs. The premise is that one intervention, however successful, cannot singlehandedly be responsible for lowering high rates of crime and violence in a community setting.

CORE ELEMENTS OF CVI INTERVENTIONS

As mentioned previously, CVI relies on strong community partnerships offering services and treatments to the target population. One of the most critical components of these interventions, similar to Cure Violence, is to ensure community engagement and trust. CVI also includes violence-interrupters and street outreach workers who engage with these individuals directly.

CVI focuses on the "ecosystem." They do not focus only on violence incidents and their immediate responses. Rather, they offer more comprehensive and tailored services on a more regular basis, including mental health services.[184] CVI utilizes repetitive, non-punitive approaches termed "relentless engagement," which seeks to account for an expected high degree of attrition considering the population involved. CVI utilizes a coordinated approach that links services from a range of providers for this target population, including mental health counseling, life support coaching, job placement, housing and/or financial assistance, legal services, substance abuse treatment, and others. These services are referred to as individualized "wrap-around" services, given the need for intensive case management.

CVI is deeply entrenched in the community where its target population lives. The program staff "spend time observing the community, understanding the criminal and violent dynamics, mapping the existing networks, and building relationships. Credible messengers are also engaged to overcome mistrust of working or collaborating with the police."[185]

FINDING LOCAL PARTNERS, TRAINING PROGRAM STAFF AND ADDRESSING MOST IMPORTANT CHALLENGES

Finding adequate local partners willing to work with the target population is difficult and can be dangerous. Therefore, these interventions invest significant resources in training and supervising their staff and introducing security protocols.

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[182] Baltimore Mayor's Office of Neighborhood Safety and Engagement (MONSE), interview with program staff, June 16, 2023.
[183] CVI program, interview in Chicago, July 14, 2023.
[184] CVI program, interview.
[185] CVI program, interview.

Staff turnover is one of the most serious challenges, as acknowledged by CVI implementers. People burn out and leave these interventions, and implementers need to administer another round of training to new staff. Securing the financial resources necessary to implement these interventions is also challenging, which is why government funding, along with donors and private foundations, is essential. Although these interventions target few individuals, they typically have many unmet needs, ranging from mental health, housing, education, and employment. These interventions require sufficient adequate skill levels of staff to provide services and reach target populations.

Given the considerable risk involved for intervention practitioners and the target population, CVI is considered a long-term investment. For example, recruitment and training of street outreach workers often takes up to 18 months. Building a trusting relationship with the community may occur concurrently to this process. However, the more time and effort invested in establishing trust and credibility within a specific community, the higher the likelihood of sustainable results.

The US Department of Justice has developed a checklist of guiding principles for implementing CVI that could be applied elsewhere:[186]

CVI Guiding Principles

Community-centered: The approach must be informed by, and tailored to, community residents and stakeholders, which means social service partners are engaged to collaborate with residents and law enforcement partners.

Equitable and inclusive: The most affected and disenfranchised community members should be carefully included in creating (and benefiting from) CVI solutions.

Evidence-informed: Each strategy should be built using evidence generated by multiple disciplines. Evidence used to support a CVI program may include findings from research and evaluation as well as case studies or documented lessons learned from the field. Ideally, a CVI program will engage in research and evaluation to help build the evidence base for "what works."

Effective and sustainable: Programs must demonstrate measurable impacts and have access to resources that enable responses to challenges over time.

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[186] Bureau of Justice Assistance, "Community Based Violence Intervention."

Annex IV: Cognitive Behavioral Therapy

This annex elaborates on the basic principles of cognitive behavioral therapy (CBT) and its use for tertiary interventions, which has been demonstrated as effective by several studies.

CBT Background

CBT KEY CONCEPTS

Cognitive behavior relates to the interactions between an individual and their environment. In a particular situation, how does the person think, feel, and act? These various facets of social functioning can help understand risky behavior.

The ability to recognize and interpret interpersonal cues is central to social functioning. Several studies have found that violent offenders may have difficulties in selecting appropriate behavioral reactions during social interactions. The misperception of social cues may lead to misattribution of intent, so others are mistakenly seen as threatening. For example, some youth may perceive someone staring at them as a provocation, and they may react violently.

As with social perception, social cognition has a demonstrable association with risky behavior. Depending on their perception and understanding of the situation, the individual will select the response considered appropriate to them. This response selection requires the cognitive skills to create feasible courses of action and consider alternatives and their probable consequences. Several studies have suggested that offenders may have a greater tendency to rely on verbal or physical aggression in certain social situations, in lieu of alternatives to resolve interpersonal problems.

To address such behavior, CBT focuses on changing an individual's pattern of thinking and associated beliefs, attitudes, and values. In working with high-risk youth, CBT emphasizes aspects of cognitive functioning associated with risky behavior. For example, among former offenders, CBT may aim to improve recognition of thinking patterns associated with violent behavior and encourage new ways of thinking such as problem-solving skills. CBT may also seek to develop empathy for others, including those who suffer because of criminal acts, or to learn to manage emotional arousal.

A range of techniques may be utilized, including modeling, skills training, self-instructional training, thought-stopping, emotional control training, and problem-solving training. CBT also focuses on skills for managing emotions, decreasing impulsivity, increasing self-control, and developing prosocial skills.

Cognition-behavior-emotion triad: From this perspective, modified thinking will generate changes in emotions, leading to behavioral changes. If cognitions that lead to risky decision-making are changed, emotions are modified (anger management) and generate behavioral change (less violent behavior).

Thus, CBT aims to engender change in internal states, sometimes both psychological and physiological, so covert (internal) change will precipitate overt (observed) behavioral change. These behavioral changes will elicit new patterns of social reinforcement, thereby maintaining these new behaviors. For example, in the case of a youths who react violently to a perceived provocation from another individual, helping them develop new beliefs and thinking around these types of social interactions will help them feel less threatened or angry and thereby not react violently.

CBT Approaches

CBT is an intervention *approach*. Different programs may use this approach "purely" (i.e., using only CBT) or as one of several approaches. For example, multisystemic therapy (MST) and Functional Family Therapy (FFT) complement systemic family approaches with CBT. The CBT approach, whether pure or mixed, should focus on the **most relevant needs**, which consider a series of factors to intervene (and a multi-service approach) to ensure the intervention is effective (as described in the next section).

Programs utilizing CBT approaches **typically use a range of techniques, sometimes addressed at several different targets for change, also known as multimodal programs.** These programs have become increasingly used. For example, Aggression Replacement Training (ART)[187] comprises three modules aimed at bringing about change in cognition (moral values), emotional control (anger management), and behavior (skills streaming). The methods used within ART are traditional cognitive behavioral methods based on anger control, problem-solving skills training, and social skills training.

In the case of MST, for example, the CBT approach is used together with the strategic family therapy approach to change patterns of family interaction and individual behaviors, seeking to strengthen protective factors' impact on risk factors for violence (e.g., low parental supervision, attachment to antisocial peers, and others). FFT and the *Proponte Más* share the same use: helping families to address risk factors and develop protective environments.

CBT and Tertiary Interventions

Effectiveness Among High-Risk Youth

Among various strategies to reverse youth violence, studies have shown that therapeutic approaches (such as CBT) focusing on **behavioral factors** emerge as promising in their effectiveness. Generally, behavioral interventions have shown greater effects compared to non-behavioral interventions.[188]

On the other hand, studies that support the "what works" approach—and that are based on Risk-Need-Responsiveness (RNR) principles—establish that **cognitive behavioral interventions based on social learning theory are the most recommended and effective**. Studies indicate that the use of CBT improves participant **responsivity** to interventions.

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[187] L. Brännström et al., "Aggression Replacement Training (ART) for Reducing Antisocial Behavior in Adolescents and Adults: A Systematic Review," *Aggression and Violent Behavior 27* (2016): 30–41.

[188] In the behavioral/non-behavioral comparison, a meta-analysis that included seven studies compared the effectiveness of behavioral programs that also included a cognitive (i.e., approaches designed to change unhealthy thought patterns) and/or social skills (i.e., techniques designed to improve communication and social skills) component to behavioral programs without one. The meta-analysis found that those programs with a cognitive component had more effectiveness than those without one. See J.L. Matjasko et al., "A Systematic Meta-review of Evaluations of Youth Violence Prevention Programs: Common and Divergent Findings from 25 Years of Meta-analyses and Systematic Reviews," *Aggression and Violent Behavior* 17, no. 6 (2012): 540–52, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5831140/.

Further, treatment reviews indicate programs that focus on cognitive-behavioral approaches such as MST or FFT have positive effects. A meta-analysis of FFT found small to medium effects on recidivism among juvenile offenders.[189] A narrative review of MST found the treatment reduced arrests and convictions, including for violent crime, by half. Several longitudinal studies have shown positive effects up to 21 years after intervention.[190]

One systematic review,[191] which focused on how therapeutic approaches can reduce recidivism among youth who have been incarcerated for serious crimes, highlighted that **programs that included cognitive therapy worked best while programs that focused only on education, academic skills, or behavior change through positive role models were not as successful**. Another systematic review[192] found that CBT reduced reoffending by 25 percent one year after the intervention. In 2009, a meta-analysis of CBT for children and youths (ages 6 to 18) concluded that children who complete CBT interventions show significant reductions in antisocial behaviors and conduct disorders.[193]

Regarding the effectiveness of cognitive behavioral intervention in Latin America and the Caribbean (LAC), a systematic review developed by Hernández, Waller, and Hardy analyzed whether it is necessary to adapt CBT to be effective in LAC. The evidence indicated that both conventional and culturally adapted CBT offered the same benefits for Latin American patients in terms of effectiveness and retention. **Rather than focusing on cultural adaptations, clinicians are encouraged to improve the way they deliver CBT through training and supervision**.[194]

> **Effectiveness of MST Program in Longitudinal Studies**
>
> A 21-year follow-up study by Sawyer and Borduin looking at the impact of MST on adult violent and criminal behavior identified that the program has important outcomes that last even into middle adulthood.
>
> The analyses showed that violent and crime recidivism rates were significantly lower for MST participants than for individual treatment participants (34.8 percent vs. 54.8 percent, respectively) and that the frequency of misdemeanor offending was five times lower for MST participants. In addition, the odds of involvement in family-related civil suits during adulthood were twice as high for IT participants as for MST participants.

Another systematic review[195] of mental health interventions among Latin American offenders found promising data from trials demonstrating that anger management, depression, substance use, and reoffending could be successfully addressed through interventions using cognitive behavioral techniques and motivational interviewing. One of the studies **analyzed the effects of CBT on recidivism**

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[189] S. Aos et al., *The Comparative Costs and Benefits of Programs to Reduce Crime* Version 4.0 (2001).

[190] A. Sawyer and C. Borduin, "Effects of Multisystemic Therapy through Midlife: A 21.9-year Follow-up to a Randomized Clinical Trial with Serious and Violent Juvenile Offenders," *Journal of Consulting and Clinical Psychology* (2011).

[191] V. Garrido and LAM Quintro, "Serious (Violent and Chronic) Juvenile Offenders: A Systematic Review of Treatment Effectiveness in Secure Corrections," *Campbell Systematic Reviews* 3, no. 7 (2007).

[192] M. Lipsey, N.A. Landenberger, and S.J. Wilson, "Effects of Cognitive-behavioral Programs for Criminal Offenders: A Systematic Review." *Campbell Systematic Reviews* 3, no. 6 (2007).

[193] C.M. Litschge, M.G. Vaughn, and C. McCrea, "The Empirical Status of Treatments for Children and Youth with Conduct Problems: An Overview of Meta-analytic Studies," *Research on Social Work Practice* (2009).

[194] M.E.H. Hernandez, G. Waller, and G. Hardy, "Cultural Adaptations of Cognitive Behavioral Therapy for Latin American Patients: Unexpected Findings from a Systematic Review," *Cognitive Behaviour Therapist* 13 (2020): e57.

[195] L.A. Beigel et al., "Mental Health Intervention Research in Latin American Correctional Settings: A Scoping Review," *International Journal of Social Psychiatry* (2023).

among parolees in Central America[196] (Honduras), showing that the treatment group was 69 percent less likely to reoffend.

COST EFFECTIVENESS

Studies[197] show that the cost-benefit evaluation of investing in CBT programs for youth violence prevention has a ratio of 1:1.96 in terms of investment versus return, which means that for every dollar spent, almost USD $2 is saved. For example, the FFT program, which has a strong cognitive behavioral component, showed that the costs of the program are on average USD $2,380 per intervention (four- to five-month average), resulting in savings as high as USD $52,156 of life-cycle benefits. As a reference, the Justice Policy Institute's report[198] found that the average cost of locking up youths in the United States is $588 a day.

> **Example of LAC: Cost Effectiveness of MST in Chile**
>
> In 2023, implementing MST in Chile cost USD $1,985 per intervention (4.5 months average) for the year. Meanwhile, government data shows that the average cost of deprivation of liberty for youths is over USD $1,000 per month, and the recidivism rates assessed in 2015 (last evaluation) were more than 50 percent versus only 15 percent at the 24-month follow-up of the MST evaluation.

CBT APPROACHES WITHIN TERTIARY INTERVENTIONS

Programs that use CBT approaches typically address various objectives, yet including just *any* type of CBT may not be effective for crime and violence prevention (CVP) efforts. CBT corresponds to a "therapeutic" approach.[199] However, CBT utilized in CVP efforts must be applied to achieve a desired outcome (i.e., decrease in reoffending).

This finding brings forth the crucial differentiation between criminogenic and non-criminogenic needs. Criminogenic needs pertain to elements of an offender's functioning, such as their substance abuse or uncontrolled anger, that can be tangibly linked to their criminal activities. On the other hand, non-criminogenic needs encompass aspects of an offender's behavior, such as experiencing panic attacks or self-esteem problems, which might pose challenges but are not connected to their criminal behavior. **If the goal is to prevent crime and violence, the cognitive behavioral intervention should focus on the criminogenic needs that predict such behavior**, which include antisocial attitude or beliefs, transgressive peers, lack of supervision, drug use, and problems at school or work.

In terms of delivery of CBT services, many programs consider group interventions. Especially in high-risk cases, findings recommend individual interventions complement group services.[200] Table 18 below summarizes the main factors that cognitive behavioral programs should target and the techniques to be used among high-risk individuals.

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[196] J.A. Capellan, S. Koppel, and H.E. Sungm, "The Effects of Cognitive Behavioral Therapy on Recidivism among Parolees in Central America: Evidence from a Honduran Experiment," *Journal of Experimental Criminology* (2020): 1–14.

[197] R. Muggah, J.C. Garzón, and M. Suárez, *Mano Dura: The Costs and Benefits of Repressive Criminal Justice for Young People in Latin America* (Igarapé Institute, 2018).

[198] No Kids in Prison, "Costs per State," 2019, https://www.nokidsinprison.org/explore/costs-per-state.

[199] C.R. Hollin and R.M. Hatcher, "Working with Young Offenders," *Assessments in Forensic Practice: A Handbook* (2017): 354–369.

[200] E. Feindler and A.M. Byers, "CBT with Juvenile Offenders: A Review and Recommendations for Practice," *Forensic CBT: A Handbook for Clinical Practice* (2013): 354–376.

Table 18: Risk Factors and CBT Techniques

Main Factors to Intervene	Core Techniques
- Antisocial attitude or beliefs - Antisocial personality - Transgressive peers - Family risks (conflict, lack of supervision) - Drug use - Misuse of free time - Problems at school or work	- Training on general thinking and decision-making: Stopping and thinking before acting, evaluating consequences, making better decisions - Cognitive restructuring: Recognizing and modifying the distortions that characterize criminogenic or violent thinking - Interpersonal problem-solving: Developing problem-solving skills for dealing with interpersonal conflict and peer influence - Social skills: Training in prosocial behaviors, interpreting social cues, and taking other persons' feelings into account - Anger control: Training in techniques for identifying triggers and cues that arouse anger and maintain affective arousal - Moral reasoning: Improving the ability to reason about right and wrong behavior and raise the level of moral development - Victim impact: Engaging in activities aimed at getting offenders to consider the impact of their behavior on their victims - Substance abuse: Applying any of the typical CBT techniques specifically to the issue of substance use and abuse - Behavior modification: Utilizing behavioral contracts and/or reward and penalty schemes designed to shape and reinforce prosocial behavior - Relapse prevention: Training in strategies to recognize and cope with high-risk situations and halt the relapse cycle

Landenberger and Lipsey[201] developed a meta-analysis of 58 studies of the effects of CBT on the recidivism of adult and juvenile offenders, which confirmed prior positive findings and explored a range of potential moderators to identify factors associated with variation in treatment effects. With method variables controlled, **the factors independently associated with larger recidivism reductions were treatment of higher-risk offenders, high-quality treatment implementation, and a CBT program that included anger control and interpersonal problem-solving**. However, the factors did not include victim impact or behavior modification components.

CBT Programs in LAC

Although the experience of implementing programs with CBT components in LAC is limited, Table 19 below includes several reviewed cases, including so-called **brand programs**, which are highly structured programs with standardized procedures and implementation and monitoring support by their creators, and **generic programs**, which may implement common approaches shown to be effective. According to Lipsey and collaborators, these programs can show similarly positive results.

From this perspective, practitioners can choose to implement a branded program such as MST, FFT, or others and ensure fidelity in implementation. Creating a new CBT-based program that addresses key risk factors and expects similar results would also be effective. Notably, brand programs often require licenses (typically at high cost) for implementation.

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[201] N.A. Landenberger and M.W. Lipsey, "The Positive Effects of Cognitive–behavioral Programs for Offenders: A Meta-analysis of Factors Associated with Effective Treatment," *Journal of Experimental Criminology* 1, no. 4 (2005): 451–76.

With brand programs in LAC, such as MST and FFT, the protocols and training were highly rigorous, which allowed implementers to deliver services with high quality standards. These programs also include participant retention strategies in their design, which increases effectiveness.

With programs such as Mentte-Cedat, *Prevención y Reducción de Violencia* (PREVI), *Proponte Más*, and *Casa Intermedia*, protocols were adapted from other programs based on the specific population and objective. The experiences from which they were based were diverse. For example, PREVI considered various existing protocols as a reference, and Mentte-Cedat used a model created for addictions as a basis. *Casa Intermedia* created its own protocols based on the training received by the original team. The factors focused on the interventions were also diverse. For example, Mentte-Cedat focused specifically on impulsivity.

With *Programa MAS+*, a specific protocol was created from an expert group in CBT. This protocol designed sessions mainly oriented to the development of life skills such as self-regulation, resilience, and management of emotions among others. Some of the lessons learned from the developers of this program included relevance of pre-post evaluation instruments to evaluate the results of the intervention, relevance of strategies to increase adherence to the intervention, the need for trained personnel and continuous supervision, consideration of aspects related to the accessibility of the intervention, and monitoring the evolution of the interventions.

While studies have shown that generic programs can produce similar results as branded programs, experiences show the rigorous quality assurance systems of branded programs present an advantage. **In LAC's experience, branded programs tend to protect the quality and fidelity of the intervention more rigorously**. Although programs created in LAC have made attempts to develop protocols, not all have standardized instruments or quality assurance systems, the level of training varies, and the standardization of implementation processes is therefore usually low. Although this outcome reflects a comparative advantage to branded programs, **generic programs can design structured aspects to guarantee fidelity and quality**.

Table 19: Programs in LAC with CBT Components

Program Name	Location	Funding	Target Population	Services	Main Objective
PREVI	Mexico (32 municipalities)	USAID	Court-involved youths (administrative and civic justice cases)	Referrals to service providers, including mental health support	Preventing escalation of violence after youth engagement in "civic" violations
MST	Chile	GOC	High-risk youth and their families	Intensive family counseling with CBT component; continuous outreach support; crisis support services 24/7	Reduction of youths' violent behavior; youths enrolled in school and living at home
FFT	Chile	GOC	High-risk youths and their families	Intensive family counseling with CBT components; continuous outreach support; crisis support services 24/7	Reduction of youths' drug use and violent behavior; youths enrolled in school and living at home
Programa MAS+	Zona 18, Guatemala	USAID pilot	High-risk youths	Group and individual therapy sessions utilizing CBT; family support to improve communication and bonding; volunteering and prosocial activities	Reduction of risk factors
Proponte Más	Honduras, 5 municipalities	USAID	High-risk youths and their families	Intensive family counseling with CBT approaches; family cohesion strategies; referrals to vocational training	Reduction of risk factors
Mentte - Cedat	Jalisco, Mexico	USAID	Youths on bail	Therapeutic services utilizing CBT and mindfulness approaches; referrals to municipal services (education, skill building, professional development)	Reduced impulsivity; social reinsertion
La Casa Intermedia	Guatemala	INL; SBS	Low-risk juvenile offenders	Psychological therapies; education programs; skills-building; vocational training	Reduce recidivism; social reintegration
Reinserta	Mexico	USAID	High-risk juvenile offenders, not linked to criminal groups	Psychological services (CBT); skills-building; vocational training	Reduced recidivism social reintegration

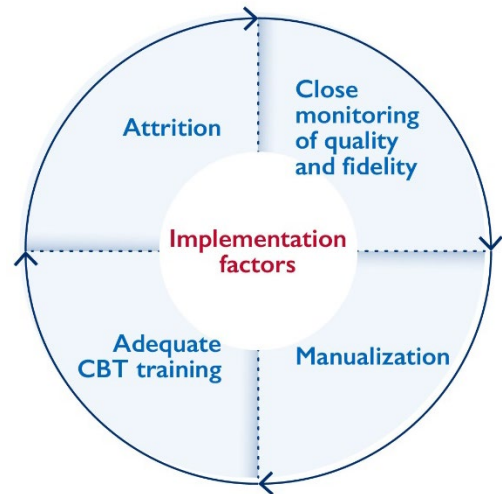## Recommendations for the Effective Implementation of CBT Approaches

Effective CBT programs tend to include high-quality implementation, reflected by low attrition, close monitoring of quality and fidelity, and adequate training for providers.

As mentioned above, the RNR model's principles of effective intervention are consistent with findings on the effectiveness of CBT for CVP. This finding supports the contention that **the effects of CBT are greater for offenders with higher risk of recidivism than those with lower risk**, contrary to any presumption that higher risk offenders might be less amenable to treatment. Andrews and colleagues[202] argue that the best results occur when higher-risk offenders receive more intensive services that target criminogenic needs using cognitive behavioral and social learning approaches. From a practical standpoint, practitioners should also highlight variables that are not related to treatment effects. In particular, **CBT is as effective for juveniles as for adults, and the treatment setting does not alter treatment effects**. Offenders treated in custodial centers showed recidivism decreases comparable to those treated in the community.[203]

Figure 17: CBT Implementation Factors

In sum, key considerations for the implementation of CBT approaches for CVP in LAC are:

1. The use of CBT improves participant responsivity to interventions.
2. CBT is an approach or technique, not a type of program. Many programs use CBT among other approaches, such as applying family or/and individual counseling with systemic therapy.
3. CBT should target high-risk youth through risk diagnostic tools.
4. CBT needs to address factors that predict the risk of recidivism (e.g., thought patterns and attitudes that lead to risky behavior, development of skills associated with prosocial behavior).
5. Family involvement in treatment is characteristic of the most successful programs. Caregivers and family members may learn tools and strategies from treatment that can carry over into the family environment.[204]
6. Training and supervision of implementers is critical, and the use of structured protocols and manuals is recommended.
7. Pre and post evaluation of CBT programs is recommended.
8. CBT programs need to address retention and motivation.
9. Programs should always be individualized for youth needs. The program should teach multiple new skills and be strength-based not just risk-focused[205].
10. Real-life opportunities to practice and internalize new skills need to be included[206].

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[202] Andrews, Bonta, Wormith, The Recent Past and Near Future of Risk and/or Need Assessment. 2006. https://www.researchgate.net/publication/249718755_The_Recent_Past_and_Near_Future_of_Risk_andor_Need_Assessment.

[203] Landenberger and Lipsey, "The Positive Effects."

[204] Tafrate and Mitchell, *Forensic CBT*.

[205] Tafrate and Mitchell, *Forensic CBT*.

[206] Tafrate and Mitchell, *Forensic CBT*.

Annex V: Additional Tables

Table 20: Illustrative Problem Set and Expected Outcomes

High levels of crime and violence (e.g., homicide rates, gun-related incidents, violent assaults, and arrests for drug trafficking) are concentrated around a location (e.g., a specific park) and largely driven by gang activity.				
Level	**The Problem**	**Potential Data Points**	**Potential Approaches**	**Potential Expected Outcomes**
Primary Lens	The park is unused by residents due to fear, and homes near the park are now vacant. In addition, park infrastructure is weak (e.g., no lighting at night), and police presence is limited.	• Data disaggregated by type of crime and weapon used; victim and perpetrator profiles (e.g., age, sex) • Homicide rates in the community • Number of youths in school in target areas • Participatory mapping of local stakeholders and assets • Number and timing of violent incidents in the specific location	• Develop community-led activities to revitalize the park. • Create public campaigns that promote social cohesion and safe spaces. • Design community-led prevention strategies. • Identify youth to engage in cultural, sport, and social activities. • Establish alliances with institutions and the private sector to revamp infrastructure (e.g., install public lighting). • Increase public security around the park (e.g., police patrolling at specific hours, surveillance cameras). • Promote community activities at specific hours.	• Reduced number of violent and criminal incidents around a specific area • Increased utilization of the park by community members • Decreased number of violent incidents on specific days/times • Improved citizen perceptions of insecurity
Secondary Lens	Gangs are recruiting youths at the school and in the park. Many students have dropped	• School dropout rates in the community; data disaggregated by school, gender, age, etc. • Police data and community	• Identify (through risk assessments) the youths most vulnerable to gang recruitment, school drop-	• Reduces risk factors and increased protective factors for at-risks youths

Level	The Problem	Potential Data Points	Potential Approaches	Potential Expected Outcomes
	out of school due to fear or lack of motivation and hang out at the park during the day. Low-income families struggle to make a living wage. Gangs entice youths with cash, gifts, and so-called "street respect." Youths come to the park to hang out with gangs while they conduct drug sales to other youths. Commercial and financial entities blacklist the community as dangerous, thereby limiting economic opportunities.	insights on gang recruitment ● Youth focus groups on issues of discrimination, job opportunities, and prosocial activities ● School and community referrals of youths and families with suspected delinquency issues	out, and delinquency. ● Identify families willing to enroll in youth support strategies. ● Engage students, teachers, and parents in extracurricular activities. ● Facilitate targeted positive youth development (PYD) activities for high-risk youths. ● Engage private sector partners to mitigate social discrimination.	● Increased supervisory abilities of families, mitigating violence in the home ● Reduced youth delinquency target locations ● Increased youth resilience through school attainment and job placement
Tertiary Lens	Violent crimes are tied to a select number of gang-involved individuals. Homicides and other violent crimes are mostly gun-related incidents and typically occur at night in and around the park, which has become a drug distribution point. Gang membership continues to grow, recruiting boys out of school as young as 8 years old. Instead of attending school, the	● Detailed police and community-level data on criminal and/or gang violence: locations, times, and types of incidents, arm type, arrest rates, etc. ● Detailed mapping of community stakeholders and service providers willing to service high-risk youth in the area ● Detailed information of community dynamics related to violence (e.g., "invisible	● Identify (through risk assessments) and engage high-risk youths. ● Identify families willing to enroll in youth support strategies. ● Engage high-risk youth in job placement strategies in collaboration with private sector. ● Identify structures and dynamics of illegal economies in the community.	● Reduced homicide rates in the community ● Reduced gang presence and criminal governance ● Decreased number of targeted youths who self-identify as gang-involved ● Increased confidence and trust among law enforcement and service providers in target locations

High levels of crime and violence (e.g., homicide rates, gun-related incidents, violent assaults, and arrests for drug trafficking) are concentrated around a location (e.g., a specific park) and largely driven by gang activity.				
Level	**The Problem**	**Potential Data Points**	**Potential Approaches**	**Potential Expected Outcomes**
	boys show up at the park during school hours. Former offenders or those serving alternative justice measures return to the community, absent rehabilitation or reintegration services. To occupy their time, they hang out at the park with their former neighborhood "friends." Fear of violence overcomes law enforcement and service providers. They do not patrol near the park or do engage with suspected armed individuals if a crime is reported at the park.	borders," criminal governance, curfews, displacement due to violence, school enrollment rates in high-crime areas)	● Collaborate with juvenile justice and criminal justice actors to enable a stronger presence for supervision, service delivery and deterrence. ● Collaborate with law enforcement to support an effective state presence.	● Decreased number of youths involved in illegal economies ● Former gang members find employment and are reintegrated into their communities