



Best practices on the intervention and prevention of youth violence



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This publication has been produced with the financial support of the Daphne III Programme of the European Commission. The contents of this publication are the sole responsibility of their authors and can in no way be taken to reflect the views of the European Commission.





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PRESENTATION

Over the last years, youth violence has been presented as an increasing challenge for the society and organizations or entities with social responsibility in this area, representing a considerable proportion of all the interpersonal violence identified. For this reason, and due to the economic and social costs associated with the occurrence of violence, this phenomenon is increasingly understood as a problem of security of the whole society and a public health issue.

The response to the occurrence of any form of violence has been mainly reactive, to the extent that the immediate concerns focus naturally on the intervention immediately after the violent episode, through the help and support to the victims, in order to minimize the impact of that experience and to re-establish their well-being, and, on the other hand, the punishment of those who have been responsible for the violent behaviour.

Despite necessary and essential, this response is only a part of the solution, being equally important to intervene in its prevention, preventing the manifestation of certain behaviours to in the future.

One of the main recommendations contained in the report related to the *Promotion and protection of the rights of children* presented to the General Assembly of the United Nations in 2006 by an independent expert, emphasizes precisely this interconnection: **it is essential to complement a reactive action of violence intervention with proactive and preventive actions of intervention.**

Youth violence prevention is assumed as an essential part of an integrated response targeting violence intervention, both through the prevention of victimization and and perpetration.

The following key idea must be kept in mind:

Violence, as a learned behaviour, is not something that happens and that we cannot do anything about it. Violence can be prevented and violent behaviour can be "unlearned" and modified.

WHY SHOULD PREVENTION BE A PRIORITY?

Many are the reasons that might underlie the importance of acting towards youth violence prevention:

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- Through prevention it is possible to not jeopardize young people life's project, moving him/her away from the engagement in any form of violence, both as a potential victim and as a potential offender.
- The occurrence of violence affects not only the main actors, roughly the victim and the offender, but also the entire society, causing high financial costs in terms of health, safety, education and to the justice system, as well as social costs, particularly by the sense of security felt by the community (and their citizens), by schools, families and other contexts in which young people usually moves. Youth violence prevention must then be faced as a priority for the viability, safety and health, in the short and long term, of a community.
- The high financial, human and social costs associated with violence remediation should alert the organizations to the importance of making efforts of prevention. Therefore, action should be based on the idea of *preventing before healing*.

Is in this context that we have developed the report ***Best practices on the intervention and prevention of youth violence***, developed by APAV under the Project LEAD - Inform to Prevent, co financed by the European Commission, DAPHNE III Program, with the partnership of:

- Victim Support Scotland (Scotland);
- Brottsövermyndigheten/ Crime Victim Compensation and Support Authority (Sweden);
- Instituto Superior de Ciências do Trabalho e da Empresa – Instituto Universitário de Lisboa (ISCTE-IUL) (Portugal);
- Fundação da Juventude (Portuguese Youth Foundation) (Portugal).

The main purpose of this project is to promote the development of specific resources for the dissemination of information to specific population groups (e.g. children and young people) concerning street violence, peer violence and other forms of youth violence. In this way, project LEAD-Inform to Prevent, seek to answer successfully three specific goals intrinsically related to the main goal:

- Promote the ability of support organizations to intervene among these specific and particularly vulnerable populations, through knowledge promotion, development and dissemination in the area of prevention and intervention.
- Development of instruments and resources tailored for the intervention with children and teenagers regarding violence, namely, an informative website, an awareness campaign and a school agenda, gathering a set of information about different forms of violence, and prevention, personal safety and protective behaviours.
- Promote the organizations' capacity for disseminating in a adjusted way information regarding violence among children and teenagers.

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This Report is structured in three parts.

The first one presents, in a succinct and comprehensive way, the main forms of interpersonal violence among youth, specifically bullying, dating violence, sexual violence, group violence and online abuse, as well as a brief introduction into prevention approach models, namely, the Public Health Model and the Ecological Model. We end this initial part describing the main risk and protective factors, usually referred in the literature as being associated with the engagement in interpersonal violence among youth, and describing the main prevention strategies that have been shown to be effective in these domains.

At the second part of this Report we will explore the central features of effective youth violence prevention programs and describe the most important general principles of effectiveness and some specificities that should guide the planning and implementation process of prevention programs.

Finally, at the third part of this document we have detailed several effective youth violence intervention and prevention programs.

This Report pretends to be a contribute and a stimulus to the implementation of youth violence prevention programs and a useful working tool for the organizations and professionals that seek to improve their skills and technical competences in the area of prevention and that aim to implement intervention strategies considered relevant or needed for properly answering to specific needs.

I – UNDERSTAND TO BETTER INTERVENE ON YOUTH VIOLENCE PREVENTION

TYPES OF YOUTH VIOLENCE

Youth Violence is defined by The World Health Organization as *the intentional use of physical force or power, threatened or actual, committed by or against children, adolescents or young adults, which results in or has a high likelihood of resulting in injury, death, psychological harm or deprivation* (World Health Organization, 2002).

Youth violence involves, typically, children, adolescents and young adults among ages of 10 and 24 years-old, who might play different roles within the violence dynamics, that is, the child, teenager or young adult might be a victim, an offender or both.

Youth Violence may involve different types of interpersonal violence, such as: bullying, group violence, school violence, dating violence, sexual violence, and online violence.

PEER VIOLENCE

Peer violence is a form of interpersonal violence in which violent or aggressive behaviours are committed by an offender or a group of offenders against a victim or group of victims with whom they share some common characteristics (e.g.: victim and offender might belong to the same age-group, to the same class and/or to the same grade or school).

BULLYING

Bullying may be defined as a phenomenon of peer violence, typically associated with the school environment, which involves the perpetration of aggressive or violent behaviours by an offender or group of offenders against a victim or group of victims, with the purpose of harming them, causing them damage or suffering.

In its characterization, there's a set of particular characteristics associated with bullying. Thereby, we're facing a bullying situation when the following characteristics are reunited:

- ☞ There's an unbalance relationship between the offender and the victim, usually associated to physical characteristics (e.g.: weight; height; age) and to the group structure and organization (e.g.: differences in the status of each

child/adolescent in the peer group; high number of offenders comparing to the small number of victims) that distinguish both interveners, subjecting the potential victims to a vulnerable or less powerful position when we compare it with the offenders position;

- ➡ The aggressions or the abusive behaviours are intentional, repeated and sustained over time.

As a victimization phenomenon within the context of peer relationship, it becomes implicit that bullying doesn't happen exclusively between the ones who are abusive and those who are target of the abusive actions: the abusive behaviours that typify bullying appear strongly associated with the dynamics of the peer group, ultimately involving all the students or classmates. Thereby, the dynamic of many bullying situations involves the participation of the offender, the victim, but also of followers and supporters (of the offender), defenders (of the victim) and other bystanders.

Bullying may involve the practice of different forms of violence, such as physical violence, verbal violence, social violence or social exclusion, sexual violence or cyberbullying. Among these forms, cyberbullying is pointed as a form of online abuse, which may occur through the internet and/or by the new technologies, through text messages, multimedia messages, email, chatroom, messenger, website, YouTube or social networks.

ONLINE ABUSE

Online abuse, also known as electronic aggression, refers to any kind of aggression, harassment or stalking behaviour perpetrated through the use of new technologies. It may involve acts of making fun of someone else, sharing false information about someone, making false or insulting comments against someone and/or making threats.

These behaviours may be committed through different tools available to youngsters through the high number of adolescents who is frequently connected with the new technologies: email, chatroom, instant messaging, websites and blogs, social networks (e.g.: facebook), text messages and multimedia messages.

Even though the advantages associated with the innovation of communication tools usually used by youngsters, as they facilitate the developing and maintenance of interpersonal relationships, these new technologies also allow (despite the fact that they weren't, certainly, developed for that purpose), the practice of aggressive or abusive behaviours against others. By ensuring some protection regarding the identity of the offender, either through the anonymity they provide or through the possibility of using a fake identity when practicing these acts, these new tools led to the emergence of relatively recent forms of violence (e.g.: cyberbullying) as well as to the emergence of new aggressive or abusive strategies that can be

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used within the context of youth violence phenomena that we are familiarized with (e.g.: dating violence).

One of the most common forms of online violence is cyberbullying, which emerges from the use of new technologies to verbally attack the victim and/or contribute to social isolation or exclusion, through:

- ➡ the dissemination of negative/false information with the purpose of damaging the victim (through phone calls, text messages, video messages, e-mail, chat room, websites, social networks);
- ➡ insulting, teasing or harassing the victim (with the same tools).

DATING VIOLENCE

Dating Violence is an act of violence, occasional or continuous, committed by one of the partners (or even both) in a dating relationship, with the purpose of controlling, dominating and having more power than the other.

It may involve the practice of different forms of violence, such as: physical violence, sexual violence, verbal violence, social violence or social exclusion and/or psychological violence.

More than referring to the private context (meaning, *living together with someone*) in which abusive behaviours can occur, it's important to highlight the fact that many of these dating relationships among the youngster emerge in the context of the peer group, in a period in which occurs the first intimate relational experiences. Abusive or violent behaviours among the young couple may, therefore, occur in the involvement or interaction context with the peer group, namely in school, leisure areas or public spaces.

Unlike intimate relationships among adults, in which abusive conducts are frequently committed by the male against the female partner, in adolescence dating relationships there seems to be a greater reciprocity and symmetry in the violence committed among partners, essentially characterized by mutual aggressions. Therefore, boys and girls may assume the role of victims and the role of offenders.

SEXUAL VIOLENCE

Sexual violence refers to any sexual act, or attempt of sexual act, undesirable sexual harass or comments, as any other contacts or interactions of sexual nature, made by one person against another, against her will.

Sexual violence may happen in different contexts, namely, at home, at school, on the street, on the internet. It can also occur in different relational contexts, such as:

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- dating relationships;
- friendships;
- occasional relationships (one night stand);
- formal relationships (with colleagues, for example);
- and in the absence of any previous relationship between victim and the offender (meaning, the cases in which sexual violence is committed by someone unknown to the victim).

Sexual violence covers a diverse range of forced acts of sexual nature, which might affect the perceived severity, that is, the meaning that the victim gives to the sexual violence experience he/she has lived:

- undesirable intimate touches, such as kissing, fondling or grabbing;
- comments of sexual nature that cause discomfort or fear;
- undesirable fondling in sexual organs;
- to be forced to touch someone's sexual organs;
- to be penetrated by penis, other body parts (e.g. fingers) or objects;
- to be forced to penetrate someone or to practice oral sex;
- to be forced to watch or participate in pornographic movies, photos or shows;
- to be forced to involve in prostitution.

GROUP VIOLENCE

Group violence, committed by organized groups constituted by adolescents or even by gangs of adolescents or violent youngsters, may be defined as a pattern of group identity behaviour whose function is the distinction from the society and the detachment from similar groups, providing, ultimately, the **definition of the identity of its members**.

Being mostly a tool for the **practice of illegal acts and to obtain material rewards**, group violence may also aim sensation seeking, adrenaline, hedonism and protection and affiliation.

Gangs or groups of violent youngsters differentiate themselves from the peer group by its hierarchical organization (usually there's a leader, as well as a differentiation between older and newer elements), stability and durability (though it may exist mobility with the entry or exit of some elements, the group maintains its existence) and by its group identity centred in the practice of deviant or violent acts.

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On the other hand, young adolescents that usually carry out their activities or hang out in group, are characterized by the disorganization and absence of hierarchy (at least a clear hierarchy), and the practice of violent or illegal group acts is a phenomenon that might happen, although accidental or occasional, and is often driven to sensation seeking or to the inadequate resolution of interpersonal conflicts.

PREVENTION AND ITS APPROACH MODELS

Youth violence is a complex problem that demands coordinated efforts, namely through preventive strategies that block its manifestation or its development, as well as through treatment and intervention strategies that address the impact and eventual consequences that may elapse from its manifestation.

PREVENTION BY A TEMPORAL DIMENSION

Preventive strategies may be characterized in three action levels, differentiated by its temporal dimension, this is, by the *timing* in which the efforts are directed to minimize or avoid the occurrence of some situation or problematic condition:

- ➔ **Primary Prevention:** intervention before the problem occurrence, to prevent its appearance.
- ➔ **Secondary Prevention:** approaches focused on the immediate reaction to violence (e.g.: medical care; emergence services), aiming to minimize the immediate effects caused by the manifestation of A violent behaviour.
- ➔ **Tertiary Prevention:** interventions centred in the long-term care after violence occurrence, such as rehabilitation and reintegration of the offender and in the efforts of reduce the trauma or psychological impact caused by the victimization experience.

PREVENTION BY TARGET POPULATION

Another typological perspective privileges the action according to the target population, defining:

- ➔ **Universal interventions:** interventions oriented to groups or to the general population without acknowledging the individual risk. They promote the positive development and the skills of children and youngsters. Universal interventions aim mostly the promotion and development of prosocial attitudes, values and behaviours alternatives to the use of violence, providing to children and youngsters a set of social and personal skills that reduce the likelihood of involvement in abusive or violent behaviours, as well as other conduct problems. Programs that guide their intervention through a universal approach are usually

implemented with larger groups, assuming (mainly by logistical constraints and due to the ease access to the target group for intervention), the school as a privileged context for intervention.

- ➔ **Selective interventions:** interventions directed to groups or individuals identified as being at a greater risk of violence, because they presented one or more risk factors. This type of interventions aims to identify and involve youngsters at risk of violence in specific intervention projects. Among the examples of this intervention we might find parent training for single parents or for parents from low socioeconomic statuses, assuming, therefore, single parenthood and social economic status of the children or youngster's family of origin as risk factors for involvement in violent situations.
- ➔ **Indicated Interventions:** interventions centred in individuals already involved in violence, as offenders or as victims. Victims-oriented interventions aim to reduce the psychological impact caused by the victimization experience. Offenders-oriented interventions aim the prevention of repeated perpetration, focusing in young offenders who have committed violent or illegal acts in the past.

PUBLIC HEALTH APPROACH

Although demanding, the primary goal of youth violence prevention is simple: prevent the manifestation of violent behaviour among youth. As a result, **prevention efforts should focus on reducing the factors or circumstances that increase the likelihood of youngsters engaging in violent behaviour - RISK FACTORS - and increasing the factors or conditions that might minimize or prevent any involvement – PROTECTIVE FACTORS.**

Thus, according to the **PUBLIC HEALTH APPROACH** as a prevention model, **the identification of existing risk and protective factors, as well as understanding the problem to be addressed, or rather, the understanding of its dimension, frequency and prevalence, will allow to organize and direct the intervention efforts with the purpose of developing and implementing strategies supported by empirical and theoretical evidence.**

As a strong defender of the production of scientific knowledge, this model understands the rigorous evaluation of the results of implementing intervention strategies as a crucial step to determining the effectiveness of the efforts of intervention. Thus, the results of the evaluation should motivate the sharing of knowledge with other entities and organisations and the dissemination of strategies for further implementation in other contexts.

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The **PUBLIC HEALTH APPROACH** supports that the investment in violence prevention must be guided through the following steps:

- **Knowing and understanding the problem on which we want to intervene:** what types of youth violence affect this population group, who are the victims and the offenders, what is the prevalence of victimization and perpetration, its frequency, where it appears and the impact, etc.
- **Identifying risk factors and protective factors.**
- **Developing and evaluating intervention strategies:** intervention should be implemented taking into account the theoretical and actual needs identified through a previous diagnosis. Before their implementation, strategies should be subjected to evaluation in order to assess their effectiveness.
- **Generalizing and disseminating the results:** programs and strategies proven to be effective in responding to the objectives initially proposed should be published or shared so that other structures or organizations may become aware of them and eventually adopt and/or adjust them for subsequent implementation.

ECOLOGICAL MODEL

In association with the public health approach, the **ECOLOGICAL MODEL** assumes that the complexity of violence, that can be explained by biological, psychological, social and environmental approaches, will demand a global ecological intervention, focused not only in the individual, but also in other contexts where he might interact (e.g.: family, school, peer group, community and society).

Considering violence as a product of multiple levels of influence on individual behaviour, this model explores the relations between individual factors and the its different life contexts, and also its relation with interpersonal factors, community and social conditions or circumstances.

Therefore, in this model the risk factors are organized in four large levels, discussed in greater detail in the next section:

- **INDIVIDUAL** risk factors
- **RELATIONAL** risk factors
- **COMMUNITY** risk factors
- **SOCIAL** risk factors

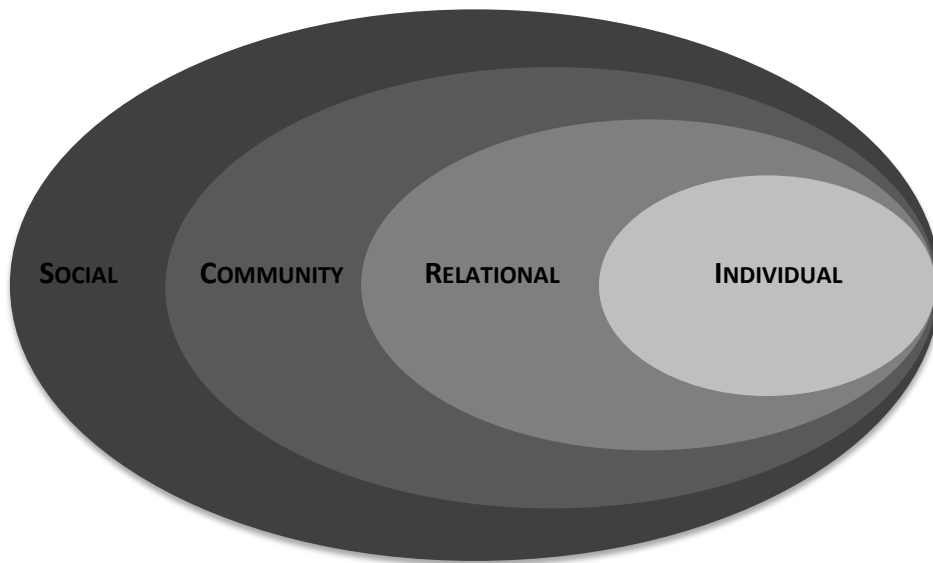


FIGURE I – Ecological Model, proposed by the World Health Organization

The Ecological Model serves two purposes:

- Each level represents a risk level.
- Each level represents a central point for intervention.

RISK AND PROTECTIVE FACTORS

The involvement in violent behaviours is associated with a group of factors or life conditions of the child/youngster, which increases the likelihood of a maladaptive pattern emergence or aggravation.

RISK FACTORS represent a group of variables that increases the vulnerability of youth population to the involvement in violent behaviours.

Risk factors **cannot be understood as causes of violent behaviour**, but as characteristics or circumstances that may contribute (increasing its likelihood) to the involvement in violent situations.

It's important to distinguish between the risk factors that the literature names as statics and those that are defined as dynamics. This distinction is crucial when planning the intervention as it wouldn't make sense to direct efforts for changing conditions that cannot be changed (this is the case of the static risk factors), many of them associated with the children or youngster's first years of life or even with the conception period (e.g.: premature birth is referred in the literature as a risk factor associated with the involvement in violence situations among youngsters). **The efforts should, therefore, be conducted to minimize the effects of dynamic risk factors.**

The likelihood of involvement in violent behaviour increases with the presence of a higher number of risk factors at different levels of the child or youngster functioning, as represented in Table I, II, III and IV.

TABLE I
INDIVIDUAL RISK FACTORS ASSOCIATED WITH THE INVOLVEMENT IN VIOLENT SITUATIONS AMONG PEERS

SOCIODEMOGRAPHIC¹

- Gender
- Age

GENETIC/BIOLOGICAL

- Complications at birth: prematurity, exposure to toxic substances during pregnancy, low heartbeat.
- Limitations in executive functions:
 - Low IQ
 - Attention and concentration problems: difficulties with the codification of information and hyper vigilance towards irrelevant information
 - Social-cognitive skills' deficits: bias in interpreting social clues, assessment of aggressive / violent strategies as effective means for solving problems
 - Information processing skills' deficits: abstract thinking and concept formation, formulation of objectives, anticipating and planning

PSYCHOLOGICAL, EMOTIONAL AND BEHAVIOURAL

- Difficulties in emotion self-regulation:
 - Inability/difficulties coping with anxiety
 - Reduced tolerance to frustration
 - Propensity for risk/*sensation seeking*
 - Impulsivity
 - Difficulties in behaviour self-control
 - Behavioural problems (e.g.: oppositional defiant disorder)
- Manifestations of anti-social behaviour in childhood
 - Small/ Minor offenses (e.g.: theft of objects of family members)
 - Aggressive and violent conducts (e.g.: peer victimization, causing fires, animal cruelty)
 - Antisocial attitudes and antisocial beliefs
 - Absence of empathy
 - Absence of guilt
- Involvement in risk behaviours
 - Substance consumption/abuse
 - Involvement in drug traffic
 - Weapons possession
 - Precocious and/or unprotected sexual behaviours
- School absence and early school dropout
- Acceptance of beliefs that support the use of violence
- No individual life expectations about the future and absence of a life project
- Difficult and challenging temper
- History of victimization in childhood and/or adolescence

¹ **Sociodemographic risk factors** are dependent of the form of youth violence on which we focus. So, for example, the risk of bullying victimization/perpetration is higher in children and youngsters attending 5th and 6th grades, dating violence risk seems to be higher for children and youngsters attending higher levels of education (from 7th grade to high school). The same stands for the sex of the child/youth because, for example, the risk of being victim of group violence is greater for male youths, whereas the risk of sexual victimization is higher for female youths.

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TABLE II
RELATIONAL RISK FACTORS ASSOCIATED WITH THE INVOLVEMENT IN VIOLENT SITUATIONS AMONG PEERS

CARACTERISTICS AND RELATIONSHIP WITH THE FAMILY OF ORIGIN

Parent personal characteristics

- ➡ Precocious pregnancy (during adolescent years)
- ➡ Single parenthood (female parent as the main and only caregiver)
- ➡ Low educational level
- ➡ Maternal depression
- ➡ Substance abuse problems and/or mental disorders
- ➡ Criminal history/involvement in the practice of criminal acts
- ➡ History of victimization in childhood
- ➡ High number of children in the family of origin/big families
- ➡ Parent's social isolation
- ➡ Low socioeconomic level
- ➡ Disorganized families in their subsystems: families too rigid or too egalitarian
- ➡ Unexpected life events: unemployment, poverty, death, disease

Parent characteristics at the parenting level

- ➡ Parents with unrealistic expectations, perceptions or attributions concerning their children's behaviour
- ➡ Parents beliefs supporting violence/physical punishment as an effective educational and corrective strategy – authoritarian parenting style
- ➡ Parent's perception of inefficacy concerning their role in the parenting field
- ➡ Ineffective parent practices:
 - Physical punishment as the main method of behavioural correction
 - Inflexibility and rigidity in discipline
 - Inconsistency in the educational practices used/absence of clear limits and criteria of discipline
- ➡ Low parent involvement
- ➡ Weak parental monitoring/ supervision

Interparental and parent-child relationship

- ➡ Interparental conflict
- ➡ Parents' divorce (mainly, after the age of 10)
- ➡ Domestic violence in the family of origin:
 - Exposure to interparental violence
 - Direct victimization in family context: physical abuse, psychological abuse, neglect, sexual violence
- ➡ Absence/reduced affection in parent-child relation
- ➡ Absence of communication/hostile communication among parents and their children
- ➡ Insecure attachment to the family of origin (especially with regard to maternal figure)

CARACTERISTICS AND PEER RELATIONSHIPS

- ➡ Reduced interpersonal relationship skills
- ➡ Difficulty in establishing positive interpersonal relationships
- ➡ Absence of involvement in conventional peer activities
- ➡ Difficult peer relationship (e.g.: with conflicts)
- ➡ Rejection by pro social peers
- ➡ Social isolation
- ➡ Association with deviant/delinquent peers

RELATIONSHIP WITH THE SCHOOL

- ➡ Weak school motivation
- ➡ Low engagement in school life
- ➡ Poor performance at school / school failure
- ➡ High number of academic retentions

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- ➡ Indiscipline behaviours and school suspensions
- ➡ School absence
- ➡ Early school dropout

TABLE III

COMMUNITY RISK FACTORS ASSOCIATED WITH THE INVOLVEMENT IN VIOLENT SITUATIONS AMONG PEERS

- ➡ Living in urban areas
- ➡ Living in an area with weak social cohesion
- ➡ Existence of violence in the community and on its main structures (e.g.: school; family)
- ➡ Existence of gangs, drugs and weapons in the community
- ➡ Degradation of the community physical environment
- ➡ Flaws in the school system:
 - Violence in school context (e.g.: bullying)
- ➡ Weak involvement and connection to the community
- ➡ Severe economic deprivation

TABLE IV

SOCIAL RISK FACTORS ASSOCIATED WITH THE INVOLVEMENT IN SITUATIONS OF VIOLENCE AMONG PEERS

- ➡ Fast growth of young population
- ➡ Population mobility
- ➡ Fast urbanization
- ➡ Changes in political structures:
 - Reduction in support / social protections of the State
- ➡ Economic recession, economic crisis, economic insecurity
- ➡ Few opportunities for employment and occupation
- ➡ Unemployment
- ➡ Unequal payment
- ➡ Lack of applicability of existing laws for punishing the offenders - sense of impunity
- ➡ Dissatisfaction concerning the functioning/efficacy of the Judicial System
- ➡ Cultural acceptance of violence as an adequate strategy for conflict resolution
- ➡ Exposure to violence through the media and/or the new technologies (e.g.: videos; games; internet; television)

Besides this cumulative effect, risk factors manifest an interactive effect, as they interact and produce a joint impact on increasing the risk of involvement in violent behaviours.

E.g.: The likelihood of a young person to be victim of dating violence is higher if he or she shows attitudes and beliefs that support the use of violence in interpersonal relationships and if he or she experienced victimization in other relational contexts (e.g.: domestic violence) or in previous dating relationships, than the likelihood of a young person being a victim when he or she “just” assumes a supportive attitude regarding violence.

It's also important to attain to the **continuous exposure to a risk factor**, as the long-term exposure to a risk factor also increases the likelihood of involvement in problematic behaviours.

E.g.: witnessing interparental violence during childhood/adolescence.

Besides the individual, relational, community and social risk factors, we can also mention **SITUATIONAL RISK FACTORS**, meaning, external circumstances associated with the moment in which the violent behaviour or event occurred and that might influence or explain its occurrence.

A situational risk factor analysis allows to explain the interactions between the potential victim, the offender and the *opportunity* for conducting a violent act and to understand how a violent situation is performed.

E.g.: It might be easier to conduct a theft when there aren't witnesses around and/or if the specific place where the theft is performed hasn't security cameras.

The following topics can be considered as situational risk factors:

➔ **The presence of weapons**

- Weapons, when present, increase the likelihood of a minor incident becoming violent. The relative importance of this factor compared with the intent of the offender to do harm (or to use the weapon) is unclear.

➔ **Alcohol or drug use**

- The use of substances, by the offender or by the victim, can trigger violent behaviour, whether motivated by an eventual disinhibiting effect associated with consumption of some substances, or due to the negative impact that consumption of narcotic substances can have on reducing the ability of emotional and behavioural self-regulation.

➔ **The presence and the behaviour of bystanders**

- People that may eventually be present during the violent situation can positively or negatively contribute to the resolution of the event if, respectively, they try to help or defend the victim or, on the other hand, reinforce and encourage the offender.

➔ **The offender's motive**

- In adolescents' cases it's common to identify sensation, fun and adrenaline seeking as a risk factor to the engagement in violent or even illegal situations, that frequently also involves their peers. Thus, and accordingly with what has been said before, the presence of the peer

group may precipitate or aggravate the violent situation by the positive reinforcement that it provides before those who attack and also by the lessening or diffusion of individual responsibility for the committed acts. Another motive associated with the involvement in violent behaviours in adolescence it's related to utilitarian purposes, since offenders sometimes aim to obtain material or tangible rewards or advantages (e.g.: when a youngster steals a passer-by to assess goods that he/she wouldn't have in another way).

➔ **Victim's behaviour during the violent situation**

- The resistance shown by the victim may influence the degree of violence used by the offender. He/she may see himself/herself forced to apply more intensive levels of violence or more severe forms of violence in order to be able to achieve his/her goal.

➔ **The occurrence of other risk, illegal or violent conducts immediately before,** such as a theft moments before the situation can increase the likelihood of performing other violent or illegal behaviours, especially in youngsters, taking into account the unspecialized and undifferentiated character of their involvement in criminal activity, as well as the reinforcement effect that the success or reward obtained through the preceding act can have in the present behaviour.

➔ The physical and environmental characteristics associated with the specific location where the potential victim is confronted with the presence of the offender might increase the opportunity for conducting violent or illegal acts (e.g.: the victim is more vulnerable when confronted in an isolated and bad lighted location).

However, not all children and youngsters exposed to risk factors develop conduct problems or engage in violent situations.

Even though the presence of these risk conditions is defined as important to the development of such behaviours, there are factors that increase the resistance or the ability to face those adverse conditions, preventing, avoiding or diminishing the involvement/aggravation of the violent behaviours. These factors are named **protective or protection factors** and are outlined in Table V.

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TABLE V
PROTECTIVE FACTORS ASSOCIATED WITH THE INVOLVEMENT IN VIOLENT SITUATIONS AMONG PEERS

INDIVIDUAL	RELATIONAL	COMMUNITY/SOCIAL
<ul style="list-style-type: none"> ➡ “Easy” temper ➡ High self-esteem ➡ Autonomy ➡ Sense of humour ➡ Empathy ➡ Interpersonal relationship skills and the ability to take the other perspective ➡ Emotional self-regulation skills ➡ Problem-solving skills ➡ Involvement in productive activities (with school; at work) ➡ Involvement in prosocial activities ➡ High IQ ➡ Good school performance ➡ Religiousness ➡ Intolerant attitudes regarding violence ➡ adoption and acceptance of conventional attitudes and values ➡ The ability to ask for help 	<p>CARACTERISTICS AND RELATIONSHIP WITH THE FAMILY OF ORIGIN</p> <ul style="list-style-type: none"> ➡ Healthy marital relationship and cooperation among parents ➡ Close relationship with the family of origin: <ul style="list-style-type: none"> ○ Positive communication, the ability to share and talk with the parents ○ Affection between family elements ○ Conducting activities together with parents ➡ Adequate and consistent educational practices ➡ Firm and assertive discipline ➡ Negotiation ➡ The ability to establish rules and limits ➡ Adequate supervision and parental involvement ➡ Safe attachment with the family and adults outsider the family ➡ The existence of, at least, one adult with interest for the child or youngster ➡ The presence of, at least, one of the parents during the child or youngster’s day ➡ Adequate parent expectations concerning the school income and performance <p>CARACTERISTICS AND RELATIONSHIP WITH PEERS</p> <ul style="list-style-type: none"> ➡ Involvement with positive peers that promote the adoption of healthy conducts and the involvement in pro social activities <p>RELATIONSHIP WITH THE SCHOOL</p> <ul style="list-style-type: none"> ➡ Involvement and commitment with school performance and school life ➡ School attendance 	<ul style="list-style-type: none"> ➡ Economically stable community ➡ Community resources for an early intervention ➡ The ability to articulate with community structures: school, health services, spiritual and religious services ➡ Affective social support network ➡ Organized neighbourhood and community, with conventional and prosocial routines, norms and values ➡ Social cohesion ➡ Positive community expectations about the youngster

KEY PREVENTION STRATEGIES

Prevention and intervention programs for youth violence differ:

- ➔ **In intervention purposes and target-groups:**
 - Children and youngsters in general, being the generic purpose the promotion of personal and interpersonal skills;
 - Children and youngsters at risk, aiming the prevention of involvement in violence situations;
 - Children and youngsters that were already involved in violent situations, being, in these cases, essential an remediative intervention (oriented to the recidivism of future violent conducts or to the prevention of revictimization) and the minimization of the impact of the preceding involvement in events of victimization or perpetration.
- ➔ **In the risk factors group on which they focus:**
 - Individual factors, relational factors, at a peer level, a family level or at a school level, and/or community and social factors;
 - Specific risk factors identified in target-groups, as well as in interactions between them.
- ➔ **The type of violence**, namely, if they focus on violence in an undifferentiated or generic form or if, on the other hand, they focus on concrete types of violence, such as bullying, dating violence, group violence/gang, etc.

Nowadays there is a significant set of programs that aim to prevent youth violence, as well as associated scientific investigation and publications, oriented to their validation and evaluation, through a careful consideration of the indicators of effectiveness of each program.

The various prevention programs identified are divided mainly into two main groups. On one side, the **universal programs** that aim, therefore, to prevent youth violence among children and youngsters in general, regardless of any risk weighting and, on the other side, the **indicated and selective programs** that aim, respectively, to prevent violence in at-risk youth and act upon young people who had demonstrated involvement in violent events.

The great majority of the **universal prevention programs** directed to children and youngsters don't assume a clear perspective about the prevention of victimization or perpetration, conceptualising the promotion of personal and interpersonal skills as a capable strategy for preventing youngsters from the involvement in perpetration or victimization situations. Still,

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it's common to see some publications in which its authors resort to measures of violent (or non violent) behaviours as a way of assessing the programs' effectiveness.

On the other hand, **indicated and selective programs** are based especially on the prevention of the manifestation of violent conducts, becoming clear the weaknesses in the actual scientific body concerning the existence (and the evaluation) of programs with an indicated or selective nature directed to victims or to young people with a higher risk of experience victimization.

Thus, Table VI presents the **main strategies used in youth violence prevention programs, according to the level** (as shown in the Ecological Model) **and the intervention context**. Even though most of the strategies are common to the prevention of perpetration and victimization prevention, some strategies and some programs address exclusively child and young offenders and child and youth victims.

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TABLE VI
YOUTH VIOLENCE KEY PREVENTION STRATEGIES

INTERVENTION LEVEL	INTERVENTION CONTEXT	STRATEGIES	
INDIVIDUAL	Individual	Development and Training of Social and Personal Skills Psychological Intervention - Cognitive-Behavioural Therapy One-to-one support ² Counselling, social accompanying Online tools and platforms ³	A COMPREHENSIVE APPROACH involves the implementation of strategies concerning different levels and contexts of intervention.
	School	Classroom Curricula of Violence Prevention Preschool enrichment Vocational guidance Educational and publicizing initiatives	
	Community	Extracurricular activities Recreational activities	
RELATIONAL	Family	Education and Parental Support Family Therapy	
	Peer group	Mediation Counselling and education by peers Support groups ²	
	Other adults of reference	Mentoring programs	
COMMUNITY	School	School organization reforms Behaviour Management in School Teacher Training in Behaviour Management in the classroom Restorative practices	
	Community	Policing Community coordinated interventions Training opportunities for strategic audience (professionals) Development and dissemination of awareness and information materials Physical environment intervention	
SOCIAL	Society	Social Marketing – Promotion of awareness campaigns and information Physical environment intervention – poverty decentralization Prevention and protection politics Reducing exposure to violence in the media and new technologies	

² Identified in scientific literature as an effective strategy for intervention with children and youngsters victims of crime or violence.

³ Identified in scientific literature as effective strategies for intervening or preventing victimization/revictimization.

INDIVIDUAL STRATEGIES

- ➔ These approaches aim to intervene in behaviours, beliefs and attitudes that affect the youngsters' risk or protection regarding the involvement in violent and anti social behaviour, aiming to increase the protective factors associated with individual skills, attitudes and beliefs.
- ➔ These strategies seek to develop and promote individual and social skills concerning conflict resolution, decision making processes, self-control and academic/labour skills, and they have shown to be globally effective, including those that are implemented in the school context.

Individual

DEVELOPMENT AND TRAINING OF SOCIAL AND PERSONAL SKILLS

- ➔ Centred on skills' development through strategies such as clues, feedback, rehearsals, role-playing, group discussions, and communication activities.
- ➔ Primary goals and dimensions:
 - Self-control and anger management;
 - Moral development;
 - Social skills' development;
 - Perspective taking;
 - Problem-solving;
 - Conflict resolution;
 - Enriching the behavioural repertoire in order to recognize and respond adequately to potential dangerous situations.
- ➔ Central features in effective programs in social skills instruction and development:
 - usually implemented through school curricula;
 - focused on improving the behaviour, minimizing aggression and promoting interpersonal and conflict resolution skills;
 - skills education and development should be sequential and adjusted to each school level and to the student's development level;
 - searches to promote opportunities to build life skills;
 - involves the action of different ecological contexts, such as the family and the school.

Good Behavior Game
I Can Problem Solve

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PSYCHOLOGICAL INTERVENTION - COGNITIVE-BEHAVIOURAL THERAPY

- ➞ This type of intervention may assume many different formats, depending on the victimization form and on the child or youngster's characteristics. Many models may be used in intervention with children and youngsters victims of violence, different in their goals and in the intervention time (e.g.: crisis intervention; continued intervention; psychotherapy) and in the underlying theoretical rationale (e.g.: behaviour; cognitive-behavioural; narrative; psychodynamic; systemic) and also in the intervention format (e.g.: individual intervention; group intervention).
- ➞ Psychological intervention with children and teenagers victims of crime or violence has been provided, mostly, through non-governmental structures and victim support organizations.
- ➞ Psychological intervention may also be provided to young offenders, aiming the prevention of re-occurrence of violent or illegal conducts. These types of intervention are commonly supported by the State or the Criminal justice system.
- ➞ The most used theoretical model has been the **Cognitive-Behavioural**, which aims to help victims identifying and modifying dysfunctional behaviour patterns and beliefs that contribute to symptoms and problems' maintenance, considering that thoughts influence emotions and these, on the other hand, influence behaviours. Cognitive-behavioural intervention has revealed so far positive outcomes in the prevention of negative consequences after a victimization experience, also minimizing the negative impact already shown after the potentially traumatic situation. It has also revealed positive outcomes concerning the minimization of long-term negative behavioural consequences, such as: the involvement in violent conducts, substance use and abuse; teen pregnancy and risk sexual behaviours; school dropout and failure.

Aggression Replacement Training – ART
Multidimensional Treatment Foster Care
SNAP™ (Stop Now And Plan)
Too Good For Violence

ONE-TO-ONE SUPPORT

- ➞ One-to-one support is related to intervention approaches centred on individual and specialized support to children and young people who were victims of crimes, made by qualified and trained technicians.
- ➞ In this domain the crime victim support organizations and its professionals play an important role, with a confidential and free of charge way, providing

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emotional, moral, psychological, legal and even social and/or financial support, according to the victims' needs.

Are you OKAY?

Why me?

COUNSELING, SOCIAL ACCOMPANYING

- ➡ Doesn't seem particularly effective in the intervention with delinquent offenders in general, but there's some evidence that it might work with more serious offenders.
- ➡ Programs based on more therapeutic interventions, such as psychotherapy and case approaches, are mostly ineffective.
- ➡ Special care should be taken in the case of counselling approaches with peer groups because some of them have shown negative effects.

ONLINE TOOLS AND PLATFORMS

- ➡ Young victims of crime or violence show some difficulty in revealing their victimization experiences, which can explain why, most of the times, they don't ask for help (formal or informal) to support organizations, parents or teachers when confronted with personal victimization situations. The barriers for seeking help or reporting may be associated with the fear of retaliation by the offender, fear of social stigma, of not being believed, and lack of information.
- ➡ This type of tools emerges in order to provide to young victims of crime or violence the free access to support sources and to guarantee some safety and privacy, putting at their disposal information about different types of crime and violence and about the support services available to which they can ask for help. It also provides mechanisms to seek for online help or advice provided by professionals, to share experiences with other young people, through debate and discussion forums (e.g.: chats) or to report a victimization experience in a free, confidential and anonymous way, through electronic platforms.

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SHARP – School Help Advice Reporting Page

Report computerized system, accessible from home and school (available in all United Kingdom schools)

<http://www.thesharpsystem.com/>

CyberMentors

CyberMentors allows young people aged 11-25 the opportunity to help and support each other on issues such as bullying, cyberbullying and well-being, through a safe social networking site, with trained and registered peer mentors and accredited counselors.

The site is the only one of its kind that allows ‘real time’ interaction, from 8am to 2am.

This initiative has provided a significant reduction in bullying, exclusions, persistent disruptive behavior, violent behaviors and an improvement in prosocial behaviors in school and in the classroom.

<http://www.cybermentors.org.uk/>

School

➔ School, as a social learning context and a place to practice more proactive and adequate behaviours, is also crucial for the generalization and stabilization of behaviours and cognitions, being itself a privileged context to implement youth violence prevention strategies.

CLASSROOM CURRICULA OF VIOLENCE PREVENTION

➔ Programs included in school curricula aim to give students factual information, increase their awareness relatively to the social influences and pressures to the involvement in risk situations or behaviours, enrich their behavioural repertory so they can be able to recognize and respond appropriately to risk and potentially hurtful situations, increase their respect and tolerance for social diversity, adopt prosocial values, promote conflict resolution skills and individual responsibility for their own acts.

➡ The most effective school curricula of violence prevention include as goals the reduction of aggressive behaviours in the classroom and the promotion of social and academic skills. Assuming that if the teachers dedicate less time correcting the behavioural problems of their students, they will have more time to promote and invest in students academic performance, these programs aim to reduce the disruptive behaviour of students in the classroom, producing multiple benefits on academic performance that can be extended to other learning experiences (such as social skills' learning, for example).

➡ Central features in effective classroom curricula of violence prevention:

- the main goal is the promotion of cognitive, social and emotional skills;
- should be implemented in an interactive format and in small groups;
- should emphasize that violence is a part of a growing and development process, that can be prevented, as well as identify, use and train non-violent alternative strategies for conflict resolution;
- educate (re-educate) in order to anger control, acknowledging this feeling (and also other negative feelings) as a normative and healthy expression of feelings and identifying and practicing alternative responses for expressing anger appropriately and positively.
- recognize and raising awareness about the internal (stress, anxiety) and external pressure (peers and other social contexts) that may lead to some antisocial, delinquent and violent behaviours or attitudes.

Linking the Interests of Families and Teachers - LIFT
Responding In Peaceful and Positive Ways – RIPP
SECOND STEP - A Violence Prevention Curriculum
Violence Prevention Curriculum for Adolescents

PRESCHOOL ENRICHMENT

➡ Aims an early introduction and familiarization of children to the necessary skills to academic success. This way, strengthens children's involvement with school, promote academic achievement and self-esteem, increasing, therefore, the likelihood of future academic success and giving children a set of protective factors that might prevent or reduce the eventual effects of the involvement in violence behaviours or situations.

VOCATIONAL GUIDANCE

- ➡ Aims to discourage and prevent future delinquency and the involvement with the justice system, through the acquisition of basic skills and providing academic guidance, skills development and entrance in the labour market.
- ➡ These strategies should be particularly implemented with youngsters that have dropped out from school prematurely and juvenile offenders or youngsters in institutional care because they have a higher risk of dropping out school before graduation and, therefore, of facing more challenges when looking for legal and advantageous jobs.
- ➡ Vocational guidance may assume many forms, among them, curricula in high school and/or during the extended holiday period (usually, summer holidays), summer jobs, short-term training in the workplace, intensive training.
- ➡ Has shown particular effectiveness with youngsters and young adults from disadvantaged socio-economic backgrounds.

EDUCATIONAL AND PUBLICIZING INITIATIVES

- ➡ Many young people do not have the precise information or awareness about what violence is, either as possible victim or as a possible offenders. This is especially concerning when we realize that many of the young victims of crime do not understand their experience as being a serious issue, rather seeing or conceiving victimization experiences as just a normal part of *being young*.
- ➡ Therefore, these initiatives aim to inform and educate young people relatively to violence issues, namely, what constitutes a 'victim' and an 'offender', the consequences of violence, and support for young people after crime. By educating young people on these issues it may be possible for youth victims to break down the major barriers currently blocking them from asking support after crime and violence, and, on the other hand, allow young offenders to understand the scope and consequences of their acts. Educating youth to seek for help in case they face a victimization experience (instead of making a secret of it) also discourages the offender's acts.
- ➡ Central features in educational and publicising initiatives:
 - Having someone experienced in the field of youth violence involved in the development and delivery of educational sessions;
 - Being as interactive and diversified as possible in order to engage the attention of young people;
 - Addressing the following topics: what constitutes crime, violence, and what is a victim; the potential consequences for the victim, for the offender and for others; how and to whom can they seek for help when a crime or violence experience happens; what happens when a

young person reports a violence episode; what support is available; concerns about being labelled a 'grass', an offender; tips and advice for staying safe.

Children and Young people – understand, intervene and prevent violence

This project promoted by APAV focused on the development of essential guidance materials for professionals and practitioners concerning four main types of violence against youth: domestic abuse and neglect, sexual violence, bullying, and dating violence.

One of the project's outcomes was a educational and publicizing initiative for youths from the 7th to 9th grade, for youths in high school, and young adults in university, addressing issues such as healthy and unhealthy relationships, bullying, dating violence, what to do in case of victimization, what to do in case of knowing someone who is a victim, myths and facts about violence.

Community

STRUCTURED PROGRAMS OF EXTRACURRICULAR ACTIVITIES

- ➞ Structured programs of extracurricular activities act fundamentally on two major risk factors commonly related to the involvement in youth violence: the absence of supervision (by parents or primary care figures) and the inability or absence of community structures and mechanisms for performing adequate supervision (by the community structures and organizations, such as school and recreation centres, and neighbourhood). This type of strategies reduces or limits the access to opportunities for involvement with experimental and risk behaviours (violence included), providing the youngster opportunities to occupy their free time (after school period) in safe places, while socializing and promoting positive learning.
- ➞ There are three major goals: to improve students' academic performance, to prevent the occurrence of behavioural problems and to promote youngsters' positive development.
- ➞ These extracurricular activities may be implemented in the community and school context, through sports activities (e.g.: football; basketball; handball; chess), artistic (e.g.: music; theatre; plastic arts), social promotion (e.g.: groups of

interpersonal skills training, support groups) or other activities (e.g.: advancing radio, newspaper or school website; photography clubs, nonviolence clubs).

➡ This type of extracurricular activities should be organized and supervised by adults/professionals, providing youngsters the opportunities to participate in constructive activities and to obtain recognition and approval, through the appreciation and reinforcement of their qualities and talents, and, simultaneously, preventing the involvement in risk behaviours and violent conducts.

➡ Essential features in effective programs of structured extracurricular activities:

- should be structured, with predictable schedules, reducing the access, interaction and relation with antisocial or deviant peers;
 - emphasize the acquisition of personal and social skills and provide opportunities for training and for skills' development;
 - should provide a positive interaction with peers and adults;
 - consist of groups of a small dimension which allow interaction and teaching 1 to 1;
 - seek to promote the interaction of high-risk youngsters with a majority of low-risk, fostering, thereby, the interaction and relationships with positive role models (prosocial peers), which may represent a positive influence and facilitate the access and the acceptance of pro social norms and values;
- ➡ Despite being promising, it's required a rigorous evaluation of these programs, since sensible questions are raised: the voluntary character of the involvement in such programs can skew the results obtained from intervention, once they are usually more attractive to youngsters who reveal some insight about their own fragilities; the not so clear position concerning the aggregation of youngsters with behaviour problems, given the consistent results of research demonstrating the negative consequences of the interaction between youngsters at risk of involvement in violent behaviours (interaction can inadvertently provide positive reinforcement or validation of this type of conducts, as well as the group context can work as a facilitator for learning violent or maladjusted behaviours).

Boys and Girls Club Gang Prevention Through Targeted Outreach

RECREATIONAL ACTIVITIES

- ➡ Usually intends the development of self-confidence, self-esteem, friendships and support for youngster who suffered victimization experiences.
- ➡ Seen by youngsters as an opportunity to forget problems and use their time in a useful and enjoyable manner, beyond the issues of victimization.
- ➡ Besides the activities that can be done individually, sports and group activities can be an opportunity for construction and consolidation of confidence between the group members.

RELATIONAL STRATEGIES

Family

- ➡ Being parents or caregivers the main agents responsible for children and youngsters developmental process, it is understandable that their conduct, relationships, characteristics and skills may jeopardize or, on the other hand, protect children and youngsters' from the engagement in dangerous or violent situations.
- ➡ Family intervention is considered by the research as especially effective in preventing risky behaviours and promoting normative conducts in children and youngsters, particularly when delivered prematurely and in a long-term, throughout the development and growth of the child or adolescent.

EDUCATION AND PARENTAL SUPPORT

- ➡ Investigation points out several dimensions concerning education and parental practices that function as risk factor or, on the other hand, protective factors for the manifestation of behaviour problems of their children.
- ➡ Education and parental support may focus on **group training and education** for parents or caregivers concerning different themes associated with educational and parental, such as: care during pregnancy; care for the baby and its development; family management; establishing rules and limits and adequate discipline; monitoring; communication; dealing with bad temper, provocations and aggressive behaviour; sharing experiences and feelings and encouraging attachment and affection in the relationship between parents and children.
- ➡ Some sessions may include the children participation, allowing the interaction between parents and children, in order to accomplish training and for analysing the learnt skills. This type of strategies allows, in parallel, to enlarge the parents social support network, promoting contact and interaction with other

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families. These groups are, quite often, guided by parents with experience at the level of the main topics for discussion.

➡ Education and parental support may also include the implementation of other strategies, as **home visits**. Home visits are focused, mainly, on parents of newborns or children up to 3 years of age and have as objective the prevention of abuse and neglect, the promotion of the child health, the optimal development of the children and the promotion of caring skills.

➡ This contact with new parents may be done by health professionals, usually nurses, and through health centres, with the purpose of knowing the family life conditions, understanding if they are adequate and properly adjusted to a future baby. The goal is to offer learning opportunities, support, supervision and clarification of specific doubts about the care of the child.

➡ Education and parental support have shown to be effective, with significant long-term effects in reducing violence and crime.

➡ Central features in effective education and parental support programs:

- education about behaviour management techniques, assertive communication, management of negative emotions, setting clear expectations for performance and behaviour of children;
- inclusion of social skills training for the child/youngster, including emotional management training, assertive communication training, peer resistance training and refuse tactics;
- shared sessions with parents and children are advised, and they should be designed to increase family cohesion and train or practice learnt skills of conflict resolution and communication;
- skills' learning is practice-oriented.

The Incredible Years Series
Nurse Family Partnership
Parenting with Love and Limits
Strengthening Families Program

FAMILY THERAPY

➡ This type of family therapeutic approach emphasizes the interaction between family members, family organization and the role of ongoing family processes on the behavioural problems of the children.

- ➔ Aims to improve the communication between the child/youngster's family members and to empower parents and caregivers to the resolution of future problems.
- ➔ Despite the high costs associated with the implementation of therapeutic approaches in the family context, the programs based on these approaches have been shown to be effective in improving family functioning and reducing children and adolescents' behaviour problems.
- ➔ Central features in effective family therapy programs:
 - family is involved in the therapeutic process;
 - parents' motivation is essential to produce change, which, by its turn, is fundamental to constructing the therapeutic alliance with the professional;
 - a previous family evaluation it's crucial for the program and allows the identification of family function patterns that promote the child or youngster's behaviour problems;
 - it's centred on behaviour change through learning and skills training using specific tasks and exercises: changing maladaptive interaction patterns; conflict resolution, parental and communication skills improvement;
 - intends to promote skills and to extend the positive learnt acquisitions to other systems and contexts in which the child or youngster moves.

Brief Strategic Family Therapy
Functional Family Therapy
Multisystemic Therapy - MST

Peer Group

MEDIATION

- ➔ It is a strategy of conflict prevention and resolution in which the victim and the offender voluntarily participate in a process mediated by an impartial third person with the purpose of finding solutions that meet the needs of both parts.
- ➔ Although mediation promotes cooperation, positive interpersonal conflict resolution, assertiveness, active listening and capability of taken another person's perspective, weren't found yet statistically positive results regarding the reduction of aggressive or violent behaviour in interpersonal relationships.

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- ➔ Some schools already have Mediation Offices and invest on training some students to perform **mediation between peers**.

COUNSELLING AND MEDIATION BY PEERS

- ➔ This strategy is based on the notion that children and young people often tend to share their problems with their peers rather than with parents or teachers. Since most situations are witnessed by colleagues, on the playground, in the hallways or in the classroom, they are in a privilege situation to be able to interfere positively.
- ➔ The **counselling** perspective consists in the constitution of a student's group which is trained to support other colleagues. This approach defends that students can learn to listen and care about others, promoting self-esteem and social interaction skills. Although this approach isn't particularly effective when implemented as a single component of a prevention or intervention program, reveals more promising results when integrates comprehensive and multidimensional intervention programs.
- ➔ The aspect of **education** has gained some significance in health promotion and risk behaviours prevention areas. In a simple way, is an intervention in which a minority of young people representing a particular group actively tries to inform about a particular subject.
- ➔ Some advantages of counselling and peer education are:
 - Low cost;
 - Training and benefits to the stakeholders;
 - Possibility to reach most difficult populations;
 - Greater identification by the target-group;
 - Peers as positive role models.

Adolescent Transitions Program - ATP

Teens On Target – TNT

SUPPORT GROUPS

- ➔ Consist in group support services in which young victims can meet and talk with other young people with similar experiences, providing tips and advice for young people to deal positively and overcome the victimization experience.
- ➔ The time, the structure and confidentiality are fundamental aspects in the development and implementation of support groups.
 - **Time:** the support group seems to be more beneficial during or after the individual intervention with the young victim, primarily helping

overcome the trauma and then recognizing and identifying with peers with similar experiences common thoughts and emotions in a safe relational context.

- **Confidentially:** young people commonly express that they feel afraid that the content discussed in a group setting may be disclosed by a colleague in other contexts. In this sense, it is essential to consolidate the group's cohesion and trust, as well as ensuring that there is a clear understanding and agreement on rules and terms of confidentiality. Ideally the formation of support groups should include youth with the same age, the same sex (whenever possible), victims of crimes of the same nature, and who do not know each other.

“Cabin Crew” – United Kingdom

Support group, which has been operating for about 5 years, for youth with 11 to 16 years crime victims, consisting of about 10 young people of both sexes. Monitoring meetings are held weekly; involvement in recreational activities such as art, dance, music and theater, and experiences and work projects are promoted.

At

<http://www.scotland.gov.uk/Topics/Justice/crimes/youth-justice/confidence/young-victims-report>, you can access the research report *Young Victims of Crime Project Report* of Victim Support Scotland (2011) with the support of the Government of Scotland (The Scottish Government), where this and other intervention strategies and support for young victims of crime are addressed.

Other reference adults

MENTORING PROGRAMS

- ➡ It is based on the premise that a consistent and prolonged relationship between two people, in which an older individual, experienced and caregiver (called a role model or mentor) provides help and support to the child or young person (especially one that is at risk of involvement in violent behaviours). As he/she grows it can be considered a protective factor for maladaptive social behaviours and simultaneously act on reducing risk factors and promoting other protective factors.

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- The main goal of this strategy is to provide to youth in high-risk situations a sustained relationship with an adult of reference, which will assist them in all aspects of their life. It is expected that through this guidance, the young person develops communication, interpersonal relationships and positive decision-making skills, as well as school attendance and performance, looking ahead to a possible entrance into a higher education.
- The mentor may be an older student (when this strategy is implemented in a school context) or a reference adult such as a teacher, therapist, police or other community member.
- These programs are often adopted in the Community context, in which the relationship develops and progressively involves all the activities and contexts of youth's life. More recently has emerged the implementation of these programs in schools, in which the relationship develops only in a specific context (the school) and focuses primarily on social and academic skills, during the school year.
- Central features in effective mentoring strategies:
 - It is needed a careful selection of the pair young-adult/mentor;
 - Regular and constant support must be provided to the case. Also, there should be a supervision of the relationship developed between the mentor and the teenager;
 - Regular and continuous meetings between the mentor and the minor should be made;
 - Selected activities must be appropriate to the developmental level of the child or young person;
 - It is important to articulate the mentoring implementation with other intervention strategies focused in other contexts of the young person's life, to increase the effectiveness and duration of results or behavioural changes.

Big Brothers Big Sisters

COMMUNITY STRATEGIES

School

- The United Nations General Assembly (2006) identified a number of recommendations regarding the role of school context in the prevention and intervention of youth violence. Therefore:

- schools should be encouraged to adopt and implement **codes of conduct** for all staff and students, covering all types and forms of violence that should take into account gender stereotypes and other forms of discrimination;
- school administration must ensure that teachers and school staff use **nonviolent** teaching methods, learning strategies, management and discipline strategies;
- school violence must be prevented and reduced through **specific programs involving the whole school environment**, including the teaching of non-violent strategies of conflict resolution, the implementation of anti-bullying actions and the promotion of respect for all academic community members.

ORGANIZATIONAL SCHOOL REFORMS

- ➔ Include a variety of strategies, such as:
 - Standards of conduct redefinition and dissemination;
 - Change in decision-making processes or structures of authority, involving the staff, parents, students and community members, in order to identify problems within the school and to develop potential solutions and draw activities aiming their resolution;
 - Classes and school years reorganization, in order to organize students into smaller and heterogeneous units, enabling this way a continuous interaction.
- ➔ These strategies recognize the need for a prevention approach that integrates the entire school community.
- ➔ Central features in effective school reform strategies:
 - Be based on a robust theoretical basis that provides the main guidelines for behavioural approaches;
 - Must resort to validated practices;
 - Planning and decision-making should be preceded by school data review or a specific school needs diagnosis;
 - The expected results should be operationally defined and properly assessed (e.g. social skills; academic achievement);
 - Change should be introduced in the school system that should promote quality learning for all students and reduce behaviour problems;
 - School reform strategies should be monitored by a school team committed to the ongoing and continuous monitoring of the entire implementation process;

Best practices on the intervention and prevention of youth violence



- The professionals involved in the implementation of intervention strategies should attend a training and education process, but should also be able to access support and supervision throughout the process;
- The implementation of the strategies should be guided with consistency, care and precision;
- Professionals with responsibilities in school management and administration should be active participants in the decision-making, implementation and monitoring of the organizational reforms implemented.

BEHAVIOUR MANAGEMENT IN SCHOOL

➡ These strategies focus on redefining and disseminating school rules concerning appropriate/inappropriate behaviour in a school context, through strategies such as a policy of zero tolerance about violence, setting clear rules and limits and the distribution of awareness and informative materials.

➡ **Educational policy of zero tolerance about violence** – they seek to inform the school community that school does not accept the use of violent and disrespectful behaviours, even when this occurs outside the school, through rules' specification in the Internal Regulation and in School Educational Project, and through the overall recognition of a system of rewards for socially appropriate behaviour and punishment for misconduct.

➡ **Education and publicising campaigns** – School can create events and campaigns to promote students, teachers and other professionals' awareness concerning violence issues. Professionals should be given specific training about the role they can play in these situations.

➡ **Physical environment intervention** - through strategies such as the diversification of recreational areas through the reorganization of leisure areas, the improvement of lighting conditions, the increase of human supervision and surveillance, especially in the areas and at the moments with higher frequency of conflict situations (e.g.: leisure).

Olweus Bullying Prevention Program – BPP
Promoting Alternative Thinking Strategies – PATHS
Raising Healthy Children Program
Steps to Respect

TEACHER TRAINING IN CLASSROOM BEHAVIOUR MANAGEMENT

- ➔ Teacher's training in the area of classroom behaviour management skills has revealed positive results in reducing behaviour problems. Just as prepared teachers are a key component in preventing interpersonal violence among students; it's equally relevant that they have access to professional development opportunities and continuous training.
- ➔ This strategy is mainly incorporated into comprehensive programs to prevent violent and inappropriate behaviours.
- ➔ Central features in effective teacher training strategies:
 - behaviour management practices training;
 - self-management techniques training;
 - building positive relationships with students;
 - effective use of attention and active listening;
 - use of encouragement strategies for positive reinforcing appropriate behaviours;
 - proactive strategies for education, including learning about empathy, social skills and problem solving in the classroom.

FAST TRACK

Seattle Social Development Project (SSDP)

RESTORATIVE PRACTICES

- ➔ Assume antisocial and violent behaviour as a fundamental violation of interpersonal relationships and seek to repair relations and ensure that offenders are held responsible for their actions.
- ➔ Originated in the judicial system where have shown promising results, the application of restorative practices in schools requires further investigation.
- ➔ The above mentioned **mediation**, as a relational intervention strategy, is an example of restorative approach.

Community

- ➔ Also for the general community context, the United Nations General Assembly (2006) identified some recommendations for the intervention or prevention of youth violence, including the implementation of prevention strategies for decreasing

situational risk factors, such as access to weapons, and risk factors associated with the physical environment through urban planning, such as creating safe routes for children.

➔ Community mobilization and the establishment of cooperation networks between entities or partnerships are at the centre of most of the strategies described below.

Communities That Care
PeaceBuilders

POLICING

➔ Communities' policing guided by a previous diagnosis of the community problems and needs has shown positive results through strategies such as direct patrols in areas with a high incidence of crime, proactive arrests and inspections, partnerships between police and community organizations, and other measures directed towards the identification and resolution of the causes of criminal or violent behaviours.

➔ This strategy results in a shift from a reactive position to a preventive-intervention position.

COMMUNITY COORDINATED INTERVENTIONS

➔ They intend to reduce behaviour problems in young people by mobilizing the community and through the establishment of strong partnerships between the agencies and community organizations with responsibilities in the areas of childhood and family.

➔ The development of partnerships and the establishment of collaborative networks allow to reinforce and to accelerate the intervention, creating opportunities for youth involvement in alternatives to violence and mobilizing immediate actions in risk situations (e.g. health centres; parent's associations, youth associations, schools, companies).

➔ Central features for effective coordinated community interventions:

- There should be a place for the formation of a community team constituted by members of all parts involved;
- Before the implementation of the intervention strategies it should be made an assessment of the community needs, using local data to identify risk and protective factors.

TRAINING OPPORTUNITIES FOR STRATEGIC AUDIENCE (PROFESSIONALS)

- ➡ Organizations and entities with social responsibility in youth violence should provide professionals outside their institutions training and education in order to empower them, as main social agents in the field, with the knowledge and the necessary tools to intervene in youth violence. Nowadays, quickly the knowledge become outdated, being this especially important when the youth violence is a multidimensional and complex phenomenon that will required from professionals high standards, either through basic academic graduation, either through a continuous learning upgrading and recycling.

Children and Young People – understand, intervene and prevent violence

Another project's outcome was the development and implementation of training courses of professionals about different forms of violence that children and adolescents might face; how to intervene and how to prevent revictimization.

DEVELOPMENT AND DISSEMINATION OF AWARENESS AND INFORMATION MATERIALS

- ➡ This kind of strategy can be used in addressing different issues and making use of various and diversified printed materials (e.g.: newsletters, brochures, street outdoors, educational handbooks) or information and awareness educational campaigns (e.g.: for TV, radio or new technologies).

Leaflet about *street safety* - "Your safety is not a game. Stay alert." - Produced under Project LEAD-inform to prevent, co financed by the European Commission.

PHYSICAL ENVIRONMENT INTERVENTION

- ➡ Through the reduction of physical degradation clues, of vandalism indicators against community structures (e.g. broken windows, graffiti, trash) and/or of social disorganization signs (e.g., public consumption of alcoholic drinks; urinating in public places), this strategy seeks to reduce young people opportunities and motivation to engage in risky and violent behaviour.
- ➡ Other measures may include reducing the availability of alcohol and drugs (e.g., increase of alcoholic drinks price; purchase of alcoholic drinks prohibition by people under a certain age), the creation of safe routes for the children's circulation, increasing the number and the quality of facilities for children and youth.
- ➡ These measures have been very well received in the communities because, unlike punitive measures, aim to increase life quality and to promote the involvement and participation of the community members.

SOCIAL STRATEGIES

- ➡ Changing the social and cultural context with the purpose of reducing violent behaviour is perhaps the most challenging approach for preventing youth violence. This approach highlights the reduction of economic, social and cultural barriers addressing, for example, the creation of jobs, and training/occupational opportunities, the access to social supports measures provided by the State and the strengthening of the judicial system.
- ➡ In any society, a large number of sectors have important roles to play in the systemic prevention of youth violence. Thus, working in a single sector is not enough to ensure a sustainable preventive approach to youth violence. Instead, it is only possible to target, coordinate and adapt the sector activities coherently and thereby reduce the risk factors, with an effective and active cooperation between the different sectors. Although in practice, the political or personal differences as well as the financial constraints often compromise the actual cross-cooperation, such collaboration is the foundation for a sustainable prevention of youth violence.

State and Administration - Focusing in youth violence prevention, questions should be answered of how young people, with their own interests and their own forms of communication, can participate in political and social decision-making processes, and whether or not they would make use of such opportunities. If there are no options for them to participate, this counts as a risk factor that encourages violence. In the same way, the approach to juvenile offenders must

Best practices on the intervention and prevention of youth violence



consider if there are being implemented appropriate forms for punishing young people and if those measures promote the rehabilitation of young offenders, preventing them from relapsing into violent behaviour and promoting their proper and healthy social reintegration.

Youth promotion – Young people should have at their disposal structures with the purpose to enhance their optimal development and well-being, such as counselling and/or monitoring, formation/study, prevention, rehabilitation, and reintegration opportunities.

Security – In this field stands out the important role of police activities. Targeting youth violence should not be exclusively focused on the treatment of symptoms using solely the security sector and punitive measures. Especially in societies characterized by high levels of violence, there is a need for a balanced mix of preventive and punitive measures. Thus, police activities should rely on local community needs, on the introduction of confidence-building measures between young people and the security services, and on endowing citizens with a greater sense of security, as well as information related to the behaviours that should be adopted when their security it's compromised.

Social Policies – The state is responsible for a wide range of social and family support activities that are relevant for young people. Young people seek support and want to play a role in society. If they cannot attain obtain through the family or the state there is a risk that they will distance themselves from society. The social policy sector can, within the context of prevention of youth violence, perform a range of measures such as raising awareness and services for families (e.g.: counselling services), basic insurance schemes or targeted promotion programmes for young people and their families.

Health – Children and young people must have the right to access health services when they need them. The age at which young people start looking for their place in society, discovering their sexuality and developing their character is precisely the moment when they begin to take risks. Consumption of drugs and alcohol has long-term effects on their health and has also been shown to encourage violent behaviour. Other risk factors for youth violence include risky sexual behaviour, teenage pregnancies and domestic violence. At the same time, of all the sectors, the health sector faces some of the highest costs resulting from youth violence. Access to health services, counselling and information campaigns about healthy can help to reduce youth violence.

Education - Education is a key element in against youth violence, a universal right of all children and young people. The higher the level of education attained and the longer they spend attending schools, the lower is the risk of violent behaviour. Thus, access to free and quality education, without any form of discrimination, plays a significant role in preventing youth violence.

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SOCIAL MARKETING

- ➔ **Awareness campaigns and information** disseminated through the media intend to raise awareness to change current social norms that might be promoting or strengthening violence and to promote positive alternatives to violent behaviour. At the same time, these awareness campaigns also seek social mobilization in order to change social, political or legal norms or laws pressing, for example, lawmakers.
- ➔ Have as main advantage the ability to achieve or reach a large number of people.
- ➔ These campaigns show increased effectiveness when integrated into comprehensive approaches and/or along with other strategies such as school curriculum changes, legal measures and tax relief, for example.

LEAD's awareness campaign - *"Your safety is not a game. Stay alert."*

<http://www.apavparajovens.pt/pt/go/fica-ligado>

APAV's awareness campaign - *"Cut violence. Who doesn't respect you, doesn't deserve you":*

<http://www.youtube.com/watch?v=b8vXfb80gF4>

PHYSICAL ENVIRONMENT INTERVENTION – POVERTY DECENTRALIZATION

- ➔ These strategies have as their main goal decentralizing poverty in some urban areas, allowing more access to employment, education, and other legitimate opportunities to people from more disadvantaged socioeconomic levels. Several strategies have obtained effective results by increasing the sense of security of the population, decreasing violent behaviour in adolescents, reducing the number of youth arrests and improving of health of children and young people.

PREVENTION AND PROTECTION POLICIES

- ➔ The society's ability to apply protective and violence prevention measures can act as an agent for inhibiting violence: by fighting against the possession of weapons by children and young people, by restructuring the education system, by increasing the minimum legal age allowed to purchase and consumption of alcoholic drinks, by reducing social and economic inequalities through public

policy measures, by investment in social housing, employment and quality of education, by legal penalty for illegal acts and other measures.

REDUCING EXPOSURE TO VIOLENCE IN THE MEDIA

- ➡ The undifferentiated exposure of children and young people to information provided by the media can lead to verbal and physical aggression in childhood and to the involvement in aggressive behaviours during adolescence and adulthood.
- ➡ Parents play an important role in their children's exposure to the information transmitted by the media. That's why they have to monitor, supervise and control information (quantity and quality) that children consume through the TV, internet, games, movies, etc.
- ➡ There are no known studies that have actually tested interventions in order to reducing aggressive behaviour by reducing exposure to violence in the media.

COMPREHENSIVE INTERVENTIONS

- ➡ The programs that follow a **COMPREHENSIVE APPROACH** continue to have as its central objectives the modification of behaviours and attitudes and the promotions of skills assuming clearly the complexity and multi-causality of the interpersonal violence phenomena. For this reason, the comprehensive approach states that the intervention must be made in different levels of the Ecological Model (especially at the individual, relational and community levels), targeting and intervening on multiple risk and protective factors, transversal to different developmental contexts of childhood and adolescence (e.g.: peer group, family) and to different settings and relationships in which they move (e.g.: home, school, community, etc.).
- ➡ This approach combines several intervention categories described so far, providing a continuum of interventions and activities that cover the various systems of human development (individual, family, community and social).
- ➡ These strategies are those that have empirically demonstrated more effectiveness in youth violence prevention and intervention, reducing violent and antisocial behaviour in children and adolescents.
- ➡ Central features in comprehensive interventions:
 - **INDIVIDUAL LEVEL:** are focused on education and training of conflict resolution skills, interpersonal communication and assertiveness skills, emotion regulation and behavioural self-control skills, and academic skills.
 - **RELACIONAL LEVEL:** are focused on parenting education and training in order to increase their educational, interaction and communication skills, including positive reinforcement, rules and limits setting, negotiation, monitoring, problems resolution, supervision and



involvement in children's activities. At the relational level it also stands out strategies that aim to promote young people's relational social skills, encouraging positive and non-violent relationships between peers inside and outside the classroom context.

- **SCHOOL LEVEL:** are focused on promoting communication among the leading figures with responsibilities in education and training of young people (parents and school), improving classroom management skills by teachers and disseminating of a clear conduct code of what is acceptable or not in the school context, punishing clearly and precisely maladaptive, disrespectful and violent behaviours.

II - PLANING, IMPLEMENTING AND EVALUATING YOUTH VIOLENCE PREVENTION PROGRAMS

KEY CRITERIA OF EFFECTIVE PREVENTION PROGRAMS

We will explore some criteria considerate critical for the quality and effectiveness of a youth violence prevention program. The inclusion of these criteria in a program before and while planning, implementing and evaluating contributes to its effectiveness by increasing the likelihood of accomplishing or reaching its expected results.

Therefore, the indicators listed below may be understood as a **grid of criteria that should guide the process of planning and developing a program, its proper implementation and the assessment procedures**. At the same time, these criteria can be used for the reflection or analysis after the program's implementation.

PLANNING AND DEVELOPMENT

| TARGET POPULATION

➤ Properly identifying the target population

- When designing a program or intervention strategies, it must be taken into account the population to which it is proposed. Thus, the adaptation of programs originally implemented in a distinct population (with different core characteristics) from the one on which we aim to intervene in the present must be cautions.

E.g.: Students of primary and high school differ considerably from children and teenagers who have already left school. As such, the applicability of results obtained with the implementation of strategies with children and teenagers who attend school to young people who no longer attend school is rather limited.

➤ Individualized attention

- Intervention should be planned according to the specific needs of the individual or group on which we intend to intervene and respecting the prior

collection of data about the population or the diagnosis previously performed.

- The intervention focus should always be kept on the individual or target group of intervention, even if the planned measures aimed institutional or structural changes.
- Programs should be adequate for target individuals and adequate to their age, level of development and culture.

➞ Early and developmentally adjusted intervention

- The program must be developed in order to intervene as early as possible, thus increasing the developmental impact on behaviour problems.
- The program must respect the developmental needs of the participants, including age, school level and social cognitive development.

Ex.: For children the transition period from 4th to 5th grade emerges as an important window for early intervention that can affect the development of antisocial and violent behaviour trajectories.

| THEORETICAL BACKGROUND

➞ Theoretical coherent background

- The starting point for planning an intervention should be a clear theoretical basis and an evidence-based research. This theoretical basis will guide the formulation of goals and intervention strategies.

➞ Ecological and systemic approach

- Youth violence is a multifaceted and complex phenomenon, and as such, an intervention requires a comprehensive and systemic approach, focusing on the individual, but also on the social and relational contexts he or she usually engages: family, school, community.

E.g.: Intervention programs are more successful in school when complemented with family (parents and carers) and community interventions, as these can strengthen and promote behavioural changes obtained in the school context.

➞ Integrated approach of risk and protective factors

- Programs must be developed to reduce risk factors and promote protective factors.

- Besides being the inclusion of risk and protective factors mentioned in the scientific literature, it should be taken into account the risk and protective factors extracted from data collection or from a previous diagnosis of the specific needs of the target population.

| DEFINITION OF INTERVENTION OBJECTIVES AND STRATEGIES

- **Objectives should be realistic and measurable (meaning that they can be measured through the use of instruments or assessment tools and/or through direct observation),** centred on the object of study and the target population.
- It is important to establish specific objectives, setting restricted changing expectations rather than stipulate global and generalized changes.

E.g.: Establishing as the main objective of a prevention program the reduction in the number of peer violence reported incidents over a school year is very different from defining of unclear objectives, such as the improvement of the school environment or the quality of the relationship between students.

- The behavioural change of people, groups and organizations is the main product expected from an intervention. Thus, **we must take into account the key strategies identified as effective in achieving the previously established objectives.**
- The promotion of optimal development and training of personal, social and emotional competences should focus on strategies that promote:
 - **Focus on relationships:** provide children and young people the opportunity of establishing and maintaining positive relationships with others, developing their ability to communicate, cooperate, negotiate, resolve conflicts, seek for help (if necessary).
 - **Peer involvement:** given the powerful influence of peers, some programs have demonstrated to be very promising, using the peers' encouragement in promoting adjusted behaviours or in condemning inappropriate behaviours (e.g.: bullying). There are even programs entirely based on the action of peer groups as preventive agents. Whatever the degree of direct peer involvement, its importance should not be neglected and it should be included activities that can use positively this influence.
 - **Positive pressure management:** provide strategies for dealing with difficult situations, enabling young people to be capable to withstand appropriately to peer pressure and environmental challenges (e.g.: through denial, delaying and/or through negotiation).
 - **Responsible decision-making:** learn to weigh all the relevant factors to decision making, as well as the likely consequences of certain behaviours.

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- **Promoting self-awareness and social awareness:** help young people on the ability to identify emotions and thoughts and the degree that they affect behaviour, also raising awareness for the occurrence of this process among peers with whom they interact.
- **Behaviour alternatives:** rather than try to eliminate risk behaviours, intervention should offer behaviour alternatives that are incompatible with the use of inappropriate behaviour (e.g.: behaviour that promotes a non-violent conflict resolution).
 - Self-control: emotions' management, especially negative ones, such as anger and frustration, in order to promote positive and non-violent behavioural responses.
 - Use cognitive-behavioural strategies such as behavioural modification and conditioning.
 - Change the social contexts in which children and young people live, including family functioning, monitoring and supervision, rules creation at home and school, and creating new opportunities at school and in the community.
- **Information access:** particularly about the risk factors associated with victimization and perpetration, the consequences of certain behaviours, and the social structures and support available in the community.
- **Social support:** to provide help and support for solving problems by presenting social support structures (for victims and offenders).
- **Values clarification:** clarifying or challenging the social and cultural opinions about the violence, for example, clarifying, discussing and communicating cultural and legal standards on the use of violent behaviour.
- **Neutrality in gender approach:** it is important to respect the gender identity of children and young people. On certain issues (e.g.: dating violence, domestic violence, sexual violence) is important to maintain a neutral attitude regarding possible gender differences. Depending on the context, the intervention can be performed with mixed groups (boys and girls) or single sex groups (boys only or girls only).
- **Focus on the normative levels of the problematic:** if the emphasis is placed only in the most severe forms of maladjustment, this can lead to anxiety and helplessness feelings, as well as stimulate the insecurity feeling among participants. Thus, for example, in violence prevention might be more appropriate to approach "normative" levels of violence, meaning, the most common forms of violence in a particular group, rather than exploring all forms of violence. A more extensive approach will require the use of multiple strategies, with the danger of making the intervention excessively complex.

| CONTENTS

➤ **Clear and understandable content and simple materials**

- The manuals, the structured activities and other materials available to the professional or the promoter of the intervention activities should be clear, instructive, easy to use, attractive, and they should facilitate the program implementation.

➤ **Use of interactive methods for transmitting information**

- Activities used throughout the program implementation should be interactive, appealing and appropriate for the age group they are intended: discussion groups, debates, brainstorming, role-playing, simulation of situations close to reality and the personal experiences of the participants, feedback, etc.

| ASSESSMENT MEASURES

- The program must include **rigorous and experimental study designs**, which respect the scientific knowledge production (e.g.: control groups, subject's randomization, pre-test, post-test, and follow-up).
- The assessment should include **direct measures of aggression and violence and it should be used the adequate tools for this process** (meaning, that it should be used duly validated tools, specific developed for the target population, and properly adjusted for measuring the variables we intend to assess).

| BUILDING PARTNERSHIPS

- **Relevant community partners should be included** and involved through institutions or individual members of the community, with the objective of identifying existing gaps in the community services. It is also important that the economic, knowledge and time resources are used with efficiency.

| FORMATION AND MULTIDISCIPLINARY WORK

- The preparation of professionals is critical for the intervention's success but, fundamentally, for the motivation and commitment of the participants targeted by the intervention. The quality of this preparation will influence the quality and success of the implementation.

IMPLEMENTATION

| TRAINING, SUPERVISION AND CONTINUOUS SUPPORT

- ➞ In addition to the initial preparation, it is vital to provide a **continuous monitoring and supervision throughout the intervention program implementation**, either as a team or by a responsible for managing the program. Meetings appointment is one of the strategies for the continuous support and supervision of program's activities.

| FULL CONTENTS IMPLEMENTATION

- ➞ Ensure that the program is implemented as a whole and in compliance with the initial objectives. It is important to predict and **prepare diagrams and moments of monitoring the status of the activities' implementation** and consider middle evaluations of the implemented activities.

| INTENSIVE, PROPORTIONAL AND SUFFICIENT INTERVENTION

- ➞ The intervention should be implemented **in enough time and in long term so that they produce the expected results**. Also, it should be consider the inclusion of booster sessions to maintain the results.
- ➞ The intervention should also be appropriate for the resolution of the problems and risk factors identified, as well adjusted to the promotion of protective factors and personal and interpersonal skills.

| REPLICATION IN DIFFERENT SETTINGS

- ➞ The implementation of an intervention/prevention program should consider the **possibility that it can be reused in the future**, by the same entity or by others who wish to implement it or adapt it to other contexts. For this purpose, it's important to ensure the quality of materials and handbooks used in the implementation and whether these are being disseminated or shared with professionals from other entities. It is also important to devote time to record and document the carried activities, to interpret and analyse the results of each activity and of previous and follow-up evaluations (meaning, the impact in the short, medium and long-term).

| COMMUNICATION OF THE RESULTS

- ➞ For the generalization of a prevention or intervention program and its implementation in other contexts, **the evaluation results need to be clearly communicated and disseminated**.

- The presentation of the results of an evaluation should include:
 - identification of the evaluation goals;
 - study design description;
 - the results;
 - resultant evaluation ideas and generalizations;
 - suggestions and recommendations for future implementations (e.g.: adjustments to the used format, the selected instruments).

EVALUATION

| OF THE IMPLEMENTATION PROCESS

- It is important to ensure maximum accuracy in monitoring the implementation of a program through a continuous monitoring throughout the implementation process, for example, by video recording the activities for later viewing with the purpose of obtaining answers to some questions that can motivate the restructuring of activities for future achievements.

E.g.: *How did it work? With whom did they work better?*

- The implementation evaluation process also involves the introduction **intermediate measures of evaluation**, realizing this way, if the goals are being achieved during the implementation process.

| OF THE PARTICIPANTS' SATISFACTION

- The participants' involvement and their motivation to participate in the intervention activities should be considered and, in this sense, it is important to understand **participants' perception regarding the performed intervention**.
- Although based on a subjective assessment, sustained in the significance that each participant gives to their experience, in their opinion about the activities and in the degree that the activities have met their needs, concerns and likings, the collection of the participants' opinions can motivate possible reformulations of the intervention strategies and the activities.

E.g.: *What could be improved? What approach is missing?*

| OF THE STAFF

- It is important to consider the inclusion of moments or opportunities for the **evaluation of the performance of the professionals** who work directly in the implementation of the activities defined.
- Forms of evaluation:
 - **Self-assessment** – personal performance evaluation through reflection on the strengths, weaknesses and personal and technical skills, indicating experienced doubts and difficulties. The self-assessment can be an informal moment carried out by the professional's own initiative, been recommended, however, the creation of standardized and specific moments for its realization (by completing self-assessment questionnaires and/or meetings in the presence of the responsible for program management or supervisory team).
 - **External assessment** - external review should be made by the supervision team or the person responsible for managing the program. It should also be given the participants of the prevention program the opportunity for evaluating the professionals responsible for the implementation or promotion of activities attended by the participants.
 - Self evaluation or external evaluation should be made during the implementation of the prevention program, contributing its results or conclusions for the evaluation of the implementation process. These assessments should also be performed at the end of the program implementation.

| OF THE RESULTS

- The data collected over the evaluation moments allows to evaluation of the **impact of the program's implementation** (meaning, the degree that the implemented activities were able to respond positively to the objectives originally proposed) and, when verified that the established objectives aren't being implemented, it make possible the restructuring of the activities and the focus of the resources on the resolution of the identified weaknesses.
- The use of an experimental design or quasi-experimental design, the data collection at different time points (pre-test, post-test and follow-up), the conduction of learning booster sessions after the program, the use of appropriate tools and activities are characteristics that contribute positively to the approximation between the *actual results* and the *initial expected results*.
- It is important to ensure that the selected methods for the measurement of expected changes *measure what they propose to measure*: the proposed goals will be

measured through structured assessment instruments (e.g.: scales, questionnaires, or assessment tests), as well as more spontaneous approaches (e.g.: such as the observation of the participants' behaviour in a real or simulated context in which skills, knowledge, attitudes and behaviours acquired during the program implementation are measured).

➡ It should also assess the impact of the program implementation after its ending. A **follow-up assessment** allows verifying whether the changes (in attitudes, behaviours, knowledge, etc.) persist over time and as such, if the goals established are still achieved in a long-term, despite the absence of intervention.

➡ **The differences in the results obtained between different moments of evaluation determine the effectiveness of the prevention program** in response to the initial goals.

| OF THE COSTS AND SUSTAINABILITY

➡ Although program evaluation is mainly directed towards its effectiveness, the importance of **assessing implementation costs versus benefits and its long-term sustainability** (after financing, for example) should not be put in second place. The costs associated with the implementation of the program's activities (e.g.: staff costs, consulting and supervision, rental spaces and equipment, materials, assessment instruments, acquisition or acquiring authorization to use an informative or evaluation resource, etc.) should be analyzed in light of the expected benefits from its application. Some studies have concluded that the prevention program implementation and their costs are lower than the costs associated with the criminal justice system interventions.

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PLANNING AND IMPLEMENTATION OF PREVENTION PROGRAMS

STEPS IN THE PLANNING AND IMPLEMENTATION

The planning and implementation of a prevention program should be oriented by the following guiding questions:

WHAT?	<ul style="list-style-type: none">➤ Conducting a previous diagnosis to identify issues on which we can intervene.➤ Define the problem:<ul style="list-style-type: none">➤ Identify and describe behaviours that are intended to change either by excess or by defect. Official statistics data, records from the police, hospitals, schools, and other national institutes may serve as information sources.➤ Measuring behaviours in terms of their frequency, intensity and duration.➤ Identify risk and protective factors in a variety of contexts.➤ Define explicit, realistic and measurable objectives that serve thereafter as an assessment measure for the success of the intervention.➤ Established the expected results (e.g.: attitudes, knowledge, behavioural changes, etc.) and products (e.g.: create informational materials, street campaigns to develop awareness/information on a particular topic).
WHO?	<ul style="list-style-type: none">➤ Define the target population:<ul style="list-style-type: none">➤ Young population in general, at-risk youth and/or high-risk youth who have engaged in risk or violent behaviours.➤ Establish participants' demographic characteristics necessary for inclusion in the intervention.➤ Define participant's number.➤ Define the involvement (or non involvement) of significant people (e.g.: parents, school, and peers).➤ Identify the involved actors in each life context of the target population who can, positively or negatively, influence the risk factors previously identified.<ul style="list-style-type: none">➤ On a relational level, it can be friends and peers, family and intimate partners.➤ At the community level, neighbours, security forces, teachers, community workers, technicians, social workers, etc.➤ It is also important to identify the absence/presence of stakeholders and consider the interaction and communication between them and the child or young person.

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HOW?	<ul style="list-style-type: none"> ➔ Identify existing partnerships and establish or reinforce them. ➔ Rigorous and experimental methodological design with inclusion of direct measures of violence: <ul style="list-style-type: none"> ➔ Pre-test, with the purpose of collecting data before carrying out any activity, to realize the perspective, knowledge or repertoire of young people we want to change (e.g.: knowledge, attitudes, behaviours, etc.), before the program implementation. ➔ Intermediate measures to evaluate the results obtained during the process of implementation. ➔ Post-test at the end of the program implementation. ➔ Follow-up, sometime after the end of the planned activities (weeks, months and/or years). ➔ Analyze the required resources for its implementation: <ul style="list-style-type: none"> ➔ Financial – from public funds, private funds, grants projects, fundraising. We should also establish the expected or estimated costs for each project's activities. ➔ Human – define the necessary human resources – hired technicians, meaningful people, volunteers; number of human resources needed; number of training hours required; activities carried out by each human resource and the number of necessary hours to achieve them; gender and age of human resources (e.g.: there are certain themes whose activities should be performed by human resources of a particular gender). ➔ Materials and logistics – it should be analyzed the investment in rental space and/or making partnerships or collaboration protocols for a low cost/free physical space rent. It should be defined the materials necessary to perform activities (e.g.: audiovisual support equipment; camera). ➔ Define and elaborate the programmatic contents based on a guiding theoretical basis and on a youth violence ecological approach. At this stage it is also important listening young people who represent the target population in order to identify needs, potential barriers and/or cultural issues. ➔ Recruit the target population: <ul style="list-style-type: none"> ➔ Safeguard the possibility of child or young person's involvement being dependent on the previous consent given by parents or other legal guardians.
WHERE?	<ul style="list-style-type: none"> ➔ The space characteristics may constrain the dynamics and activities being, therefore, important the selection of an adequate place for performing the activists: <ul style="list-style-type: none"> ➔ Schools, ➔ Leisure centres, ➔ Residential structures, ➔ Community centres, ➔ Educational centres, ➔ Social institutions, ➔ Mental health institutions, ➔ Etc.
WHEN?	<ul style="list-style-type: none"> ➔ Establish realistic duration for the program's implementation. ➔ Select the period of completion of all the activities planned.

STEPS IN THE EVALUATION OF RESULTS

EVALUATION should be a continuous process throughout the implementation of an intervention program, counting, for this purpose, with the contributions of the participants, of the staff responsible for the implementation of the activities, of the supervision team or the person responsible for managing the program.

In the diagram below we briefly present the different moments of evaluation throughout the planning and implementation of an intervention program.

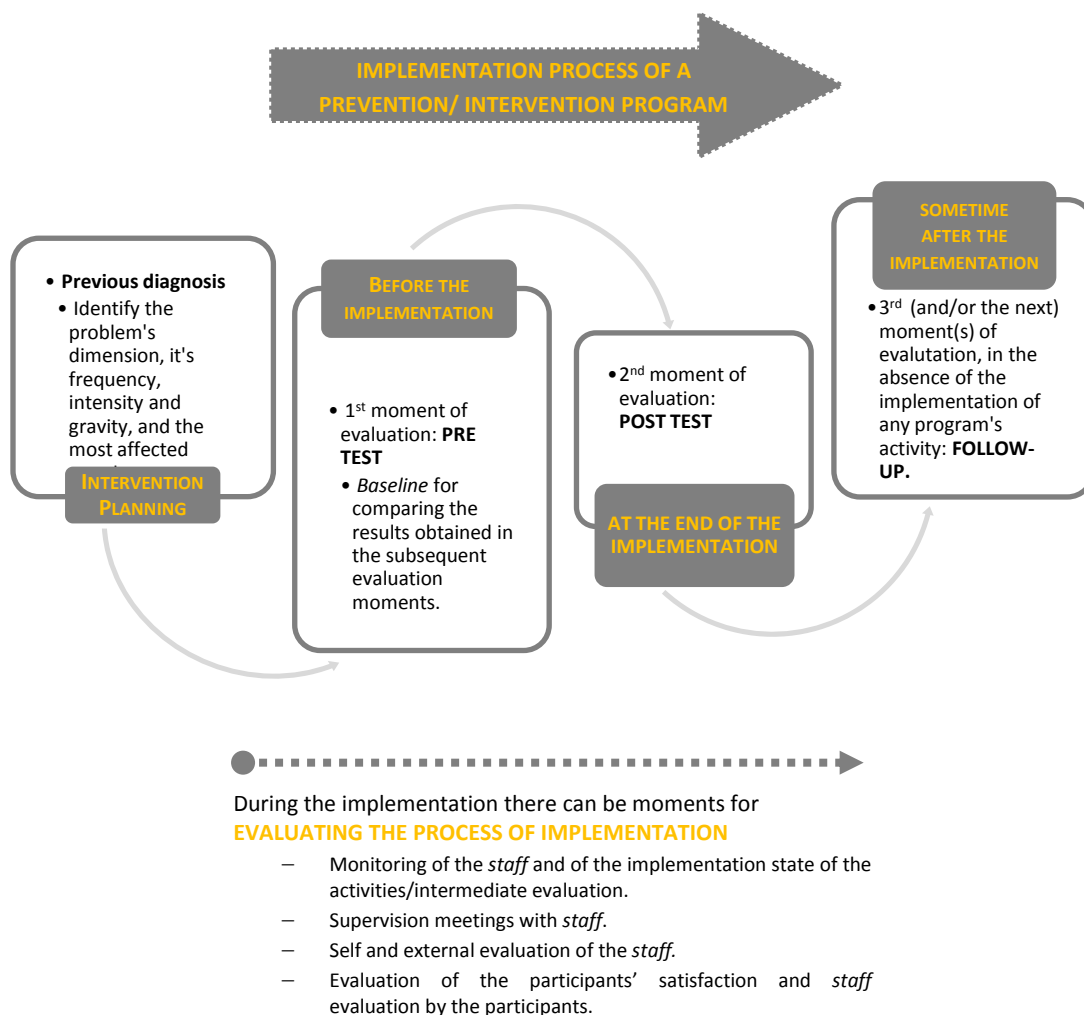


FIGURE II – Assessment moments throughout the planning and implementation of a prevention program

Best practices on the intervention and prevention of youth violence



Regarding the **specific evaluation of the results obtain with the implementation of an intervention program**, it is important to answer the following questions and tasks:

WHAT?	<ul style="list-style-type: none"> ➤ The variables to assess or measure depend on what it is proposed in the initial objectives of the program. ➤ Some alternatives may be evaluating: <ul style="list-style-type: none"> ➤ Attitudes change. ➤ Behavioural change. ➤ Behavioural intention change (meaning, when participants are faced with hypothetical problems or simulated real-life situations). ➤ Knowledge change. ➤ Learning new skills. ➤ Other changes expected with the intervention implementation.
WHO?	<ul style="list-style-type: none"> ➤ Changes should be evaluated in the participants targeted by the intervention. ➤ The role of the evaluators must be taken into account, this is, those who implement evaluation strategies. Not only is it crucial that these professionals are adequately prepared for this task through proper training, as it is also important that their basic academic training had included the training and use of assessment strategies. Professionals should know in advance the evaluation methods that will be used, and they must also be responsible for analyzing and interpreting them.
HOW?	<ul style="list-style-type: none"> ➤ Scales or questionnaires: priority should be given to the use of instruments, questionnaires and assessment tests properly validated for the target population and adjusted to the variables or changes intended to be measured. Participants must be previously informed about the objectives of the evaluation, the time available to complete the task, and the need to respond with the truth. If the questionnaire, scale or test is individual it should be ensured that participants complete it individually (without debate or discussion with the other participants). ➤ Direct observation of the participants' behaviour, interaction and communication, when faced with simulated situations in which the skills acquired can be measured in its natural context of life. The option for a direct observation implies recognizing the impact that the presence of the observer can have on participants' behaviour. In case of simulated situations, the effect that the artificiality of the evaluation context can have on the participants' behaviour should be recognized (it is more likely to arise phenomena of social desirability). In real life context observation, it should be taken into account the difficulty in controlling external variables that may affect the results (e.g. noise). The evaluation of the results by direct observation of the participants' behaviour should be prepared: creating registration grids (including criteria that will be assessed); preparation of participant's tasks (the construction of problem situations), etc.
	<ul style="list-style-type: none"> ➤ The place chosen for the evaluation procedures must meet privacy conditions, comfort and be

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WHERE?	<p>soundproof. The presence of one or more professionals inside the area where the evaluation is performed is important.</p> <ul style="list-style-type: none"> ➤ When the evaluation is based (exclusively or concurrently) in direct observation of the participants in a specific physical context (real or simulated), the place should be prepared to perform the evaluation: availability of materials for participants (e.g.: paper, pens; audiovisual support, if necessary; instructions concerning the activities / tasks to be performed in the case of simulated situations, etc.).
WHEN?	<ul style="list-style-type: none"> ➤ The initial phase of the implementation process should include a first evaluation of the participants - the PRE-TEST, in which behaviours, attitudes, knowledge, or what we want to modify is analyzed. The results collected will serve as baseline for later comparison with the results obtained after the implementation of the activities and any differences identified between the different evaluation moments will allow drawing conclusions about the impact of the program. ➤ During the implementation may also be introduced intermediate measures of the state of achievement of the objectives initially proposed. The results of this assessment will determine possible reformulations. ➤ After the implementation of the program, a new evaluation should be introduced - the POST-TEST. Any differences in the measured variables at post-test, compared with the values obtained in the pre-test, can be attributed to the effect of the intervention. ➤ One or more moments of evaluation can be introduced (e.g.: weeks, months, years) after the implementation ending - FOLLOW-UP evaluation, for determining whether the changes achieved throughout the program continue or not over time, measuring in this way, the long-term effectiveness of the prevention program used.

III – YOUTH VIOLENCE PREVENTION PROGRAMS

HOW TO CHOOSE A PREVENTION PROGRAM

The selection of a prevention program should be guided by high standards, since there is currently a enormous diversity of intervention/prevention programs available, being crucial to distinguish, highlight and select the ones that are supported by scientifically rigorous and effective methodologies.

In this regard, some **scientific parameters in selecting model-programs** are proposed:

- It should be selected programs **with effective results demonstrated through scientific experimental studies**.
- It should be chosen programs whose positive results have also been obtained by **replication of the implementation in other contexts**, thus ensuring its generalization ability.
- It should be selected programs whose results have also been evaluated in **follow-up**, this is, after the ending of the program. The existence of positive results after program ended indicates that participants assimilated the skills, knowledge and learning and maintained acquired changes (and also informs about the long-term effectiveness of the program).

Besides the importance of selecting programs with a high scientific rigor, it is also essential that the selection meets some practical or functional issues:

- The selected program should ensure minimal risk of failure and guarantee that it will not produce counterproductive effects (e.g.: leading to the absence of positive results and even worsening the problems or risk factors that were targeted by the intervention).
- The program should present a positive relationship in respect to costs *versus* benefits; in other words, the implementation of the program should allow a financial resources economy avoiding spending resources on educational, social, criminal justice, social security and other costs associated with the young's involvement in risky or illegal behaviours.
- The selection should be guided by **proportionality and prudence**: between two programs that have the same results and intervene in the same population with the

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same objectives, the option should towards the one that is economically more reasonable.

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PREVENTION PROGRAMS

Below are presented some model programs referenced in the scientific literature as effective or promising in the prevention or intervention on youth violence.

TABLE VII
REVISED PROGRAMS SUMMARY

- ➔ Adolescent Transition Program - ATP
- ➔ Aggression Replacement Training – ART
- ➔ Are You Okay
- ➔ Big Brothers Big Sisters of America – BBBS
- ➔ Boys and Girls Club Gang Prevention Through Targeted Outreach
- ➔ Brief Strategic Family Therapy – BSFT
- ➔ Communities That Care – CTC
- ➔ Children and Young People - Understand, Intervene and Prevent Violence
- ➔ Curriculum-Based Support Group - CBSG
- ➔ FAST Track
- ➔ Functional Family Therapy – FFT
- ➔ Good Behaviour Game – GBG
- ➔ I Can Problem Solve – ICPS
- ➔ Linking the Interests of Families and Teachers – LIFT
- ➔ Multidimensional Treatment Foster Care – MTFC
- ➔ Multisystemic Therapy – MST
- ➔ Nurse-Family Partnership (NFP)
- ➔ Olweus Bullying Prevention Program (BPP)
- ➔ Parenting with Love and Limits – PLL
- ➔ PeaceBuilders
- ➔ Promoting Alternative Thinking Strategies – PATHS
- ➔ Raising Healthy Children Program
- ➔ Responding in Peaceful And Positive Ways – RIPP
- ➔ Second Step – A violence prevention curriculum
- ➔ Skills, Opportunities and Recognition SOAR_SSDP
- ➔ Steps to Respect
- ➔ Stop Now And Plan - SNAP
- ➔ Strengthening Families Program & Strengthening Families Program For Parents and Youth 10-14
- ➔ Students Managing Anger and Resolution Together - SMART
- ➔ Teens On Target – TNT
- ➔ The Fourth R – 4d
- ➔ The Incredible Years Series (IYS)
- ➔ Too Good for Violence
- ➔ Violence Prevention Curriculum for Adolescents
- ➔ Why Me

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TABLE VIII
REVISED PROGRAMS SUMMARY ACCORDINGLY TO TARGET-GROUP, AGE
AND MAIN ECOLOGICAL CONTEXTS ON WHICH THEY FOCUS

		UNIVERSAL	SELECTIVE	INDICATED
SCHOOL AGE	Individual	Good Behaviour Game – GBG I Can Problem Solve Responding in peaceful and positive ways – RIPP Too Good for Violence	Boys and Girls Club Gang Prevention Through Targeted Outreach Curriculum-Based Support Group - CBSG Good Behaviour Game - GBG	Are you Okay Boys and Girls Club Gang Prevention Through Targeted Outreach Curriculum-Based Support Group - CBSG Why Me
	Relational		Big Brothers Big Sisters - BBBS Brief Strategic Family Therapy - BSFT Nurse Family Partnership	Brief Strategic Family Therapy - BSFT
	Community	Communities That Care – CTC	Communities That Care - CTC	
	Comprehensive	FAST Track Linking the Interests of Families and Teachers – LIFT Olweus Bullying Prevention program - BPP Peace Builders Promoting Alternative Thinking Strategies - PATHS Raising Healthy Children Second Step Skills, Opportunities and Recognition – SOAR Steps to Respect - BPP Strengthening Families Program The Incredible Years Series	FAST Track Linking the Interests of Families and Teachers – LIFT Olweus Bullying Prevention program - BPP Peace Builders Second Step Skills, Opportunities and Recognition – SOAR Steps to Respect - BPP Stop now and plan - SNAP Strengthening Families Program The Incredible Years Series	Olweus Bullying Prevention program - BPP Stop now and plan - SNAP Strengthening Families Program The Incredible Years Series
ADOLESCENCE	Individual	Responding in peaceful and positive ways – RIPP Students Managing Anger and Resolution Together - SMART Too Good for Violence Violence Prevention Curriculum for Adolescents	Boys and Girls Club Gang Prevention Through Targeted Outreach Curriculum-Based Support Group - CBSG	Aggression Replacement Training – ART Are you Okay Boys and Girls Club Gang Prevention Through Targeted Outreach Curriculum-Based Support Group - CBSG Why Me
	Relational		Big Brothers Big Sisters - BBBS Brief Strategic Family Therapy - BSFT Functional Family Therapy - FFT Nurse Family Partnership Teens On Target - TNT	Brief Strategic Family Therapy - BSFT Functional Family Therapy - FFT Parenting with Love and Limits
	Community	Communities That Care - CTC	Communities That Care - CTC	
	Comprehensive	Adolescent Transitions Program - ATP Children and Young People – Understand, Intervene and Prevent Violence FAST Track Olweus Bullying Prevention program - BPP Peace Builders Strengthening Families Program Strengthening Families Program For Parents and Youth (10-14) The Fourth R – 4d	Adolescent Transitions Program - ATP FAST Track Olweus Bullying Prevention program - BPP Peace Builders Strengthening Families Program Strengthening Families Program For Parents and Youth (10-14)	Adolescent Transitions Program - ATP Olweus Bullying Prevention program - BPP Steps to Respect - BPP Strengthening Families Program Multidimensional Treatment Foster Care - MTFC Multisystemic Therapy - MST

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ADOLESCENT TRANSITIONS PROGRAM - ATP	
TYPE OF PREVENTION	Universal, Selective and Indicated
PREVENTION LEVEL	Comprehensive Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training Relational <ul style="list-style-type: none"> - Peer Counselling - Education and Parental Support
TARGET POPULATION	Young people from 11 to 18 years, particularly for young people at risk of behaviour problems and substance use
TARGET PROBLEMATICS	Family functioning Behaviour problems
OBJECTIVES	The long-term goals of the program are to arrest the development of teen antisocial behaviours and drug experimentation. Intermediate goals are to improve parents' family management and communication skills.
RATIONALE	Social Learning Theory
CONTEXT OF IMPLEMENTATION	School, community settings, clinics. To be implemented by a specialist for every 10 families. It is recommended a parent consultant to facilitate parent groups.
DESCRIPTION	<p><u>The parent-focused curriculum</u> concentrates on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem-solving, and active listening. Strategies targeting parents are based on evidence about the role of coercive parenting strategies in the development of problem behaviours in youth. The ATP includes 12 parent group meetings and 4 individual family meetings. Parents meet for 90 minutes once a week. Groups are designed to provide a balance between skill development and group discussion. Each meeting includes discussion and practice of a family management and a communication skill. Parents participate in group exercises (either oral or written depending on group needs), discussion, role-plays and setting up home practice activities. There are six accompanying video tapes that demonstrate family management and communication skills using a wrong and a right way format.</p> <p><u>The curriculum for teens</u> takes a social learning approach to behaviour change and concentrates on setting realistic goals for behaviour change, defining reasonable steps toward goal achievement, developing and providing peer support for prosocial and abstinent behaviour, setting limits, and learning problem-solving.</p> <p><u>The universal level</u> is directed to the parents of all students in a school. Program goals at this level include engaging parents, establishing norms for parenting practices, and disseminating information about risks for problem behaviour and substance use. <u>At the selective level</u> of intervention, the Family Check-Up, assessment, and support are provided to identify those families at risk for problem behaviour and substance use. <u>At the indicated level</u>, direct professional support is provided to parents based on the results of the Family Check-Up through services including behavioural family therapy, parenting groups, or case management services.</p> <p>Program activities include parent group meetings, individual family meetings, and teen group sessions, as well as monthly booster sessions for at least 3 months following</p>

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	completion of the group.
RESULTS EVALUATION DATES	1998, 2003
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Post-test evaluation and follow-up 6 months after the program ended.</i></p> <p><u>Family Functioning</u></p> <p><i>Family Process Code</i></p> <p><i>Family Events Checklist</i></p> <p><i>Parent Report of Problematic Interactions</i></p> <p><i>Parent Scale- Adolescent Version</i></p> <p><i>Taped Situations Test</i></p> <p><i>Inventory of Family Feelings</i></p> <p><i>Beck Depression Inventory</i></p> <p><u>Behaviour Problems</u></p> <p><i>Child Behaviour Checklist</i></p>
RESULTS	<p><u>Substance Use</u> – decrease in youth smoking behaviours.</p> <p><u>Family Functioning</u> - reductions in negative engagement in family interactions: parents were less likely to react negatively to their children’s behaviour and less likely to take a “lax” approach to their children; improvements in the skill areas of tracking and reinforcing behaviour, setting expectations and defining problems, and remaining calm in stressful situations.</p> <p><u>Behaviour Problems</u> – decrease in antisocial behaviours at school, reported by teachers; externalizing behaviour was significantly reduced after their parents participated in ATP.</p>

LINKS

<http://www.ojjdp.gov/mpg/Adolescent%20Transitions%20Program-MPGProgramDetail-289.aspx>

<http://cfc.uoregon.edu/intervention.htm#atp>

http://www.strengtheningfamilies.org/html/programs_1999/08_ATP.html

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AGGRESSION REPLACEMENT TRAINING - ART	
TYPE OF PREVENTION	Indicated
PREVENTION LEVEL	Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Psychological Support - Cognitive-Behavioural Therapy - Classroom Curricula of Violence Prevention.
TARGET POPULATION	Young people from 11 to 17 years, with a history of severe antisocial and violent behaviour, including youth with clinical behavioural disorders.
TARGET PROBLEMATICS	Violent behaviour/ Aggression
OBJECTIVES	Reduce aggression and violence among youths by providing them with opportunities to learn prosocial skills in place of aggressive behaviour.
RATIONALE	Cognitive-Behavioural Therapy, through repetitive learning and transfer training techniques
CONTEXT OF IMPLEMENTATION	School – classroom.
DESCRIPTION	<p>Consists of a 10-week, 30-hour intervention administered to groups of 8 to 12 juveniles three times per week.</p> <p>Techniques focus on teaching youth to control impulsiveness and anger so they can choose to use more appropriate prosocial behaviours.</p> <p>During program implementation, youths attend a 1-hour session each week for each of the three components:</p> <p><u>Structured Learning Training (action component):</u> This component is intended to teach social skills through social interaction and is disseminated using direct instruction, role-play, practice, and performance feedback. This is intended to give participants the opportunity to practice prosocial responses to potentially difficult situations, such as responding to failure, dealing with an accusation, and responding to the feelings of others.</p> <p><u>Anger Control Training (affective/emotional component):</u> This component is intended to help youths recognize their external and internal triggers for aggression, aggression signals, and how to control anger using various techniques. Participating youths must bring to each session one or more descriptions of recent anger-arousing experiences (hassles), and over the duration of the program they are trained to use specific skills to better control their angry impulses.</p> <p><u>Moral Reasoning (thought and values component):</u> This component is intended to address the reasoning aspect of aggressive behaviour, and is specifically designed to enhance values of morality in aggressive youths. Techniques in this component allow participants to learn to reason in a more advanced manner in regard to moral and ethical dilemmas, providing youths with opportunities to discuss their responses to problem situations, taking perspectives other than their own.</p>
RESULTS EVALUATION DATES	1998, 2004, 2006
COUNTRIES OF IMPLEMENTATION	Canada, USA, Sweden

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MEASURES	<p><u>Social Skills</u> <i>Social Skills Rating System</i></p> <p><u>Criminal Behaviour</u> Rates of criminal recidivism.</p> <p><u>Moral Reasoning</u> <i>How I Think (HIT)</i></p> <p><u>Behaviour problems</u> <i>Child Behaviour Checklist</i> <i>Child and Adolescent Disruptive Behaviour Inventory 2.3</i></p>
RESULTS	<p><u>Social Skills</u> - Significant improvement in social skills, reported by parents and teachers.</p> <p><u>Criminal Behaviour</u> - Significant reduction in recidivism.</p> <p><u>Moral Reasoning</u> - Absence of significant differences between control and intervention group.</p> <p><u>Behaviour Problems</u> – Significant reduction in behaviour problems expressed by young, reported by parents, teachers and youth.</p>

LINKS

[http://www.ojjdp.gov/mpg/Aggression%20Replacement%20Training%20%20174;%20\(ART%20%20174;\)-MPGProgramDetail-292.aspx](http://www.ojjdp.gov/mpg/Aggression%20Replacement%20Training%20%20174;%20(ART%20%20174;)-MPGProgramDetail-292.aspx)

<http://www.aggressionreplacementtraining.org/HOME.html>

http://www.publicsafety.gc.ca/res/cp/res/2011-pcpp-eng.aspx#toc_4a

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ARE YOU OK?	
TYPE OF PREVENTION	Indicated
PREVENTION LEVEL	Individual - Psychological, Social, Legal Support
TARGET POPULATION	Children and young people from 8 to 25 years, victims of violence and crime
TARGET PROBLEMATICS	Any form of violence, among young people.
OBJECTIVES	Intervene with young children victims. Prevention of violent behaviour.
RATIONALE	<p>Protective Behaviours Approach – Emerged from the observation that many young people lacked the skills to protect themselves from abuse - physical, emotional, sexual - and so suffering in silence before asking for help. Although initially an abuse prevention strategy, it has evolved to be used in a wide range of setting and by a variety of people and organizations.</p> <p>It focuses on personal safety, being based in 2 topics and 7 support strategies.</p> <p><u>Two themes:</u></p> <ol style="list-style-type: none"> 1. <i>We all have the right to feel safe all the time.</i> 2. <i>There is nothing so awful or small that we can't talk about it with someone</i> <p><u>Seven strategies:</u></p> <ol style="list-style-type: none"> a. Protective interruption - any action we take to interrupt or halt any potential or actual unsafe situation. b. Persistence - in seeking help until we feel safe again and our «early warning signs» have gone. c. One step removed - taking a step back and looking at the situation from different angles, using a «third person». d. Risking for a purpose - deliberately choosing to take a risk, even though we may not feel safe, because we have a longer-term goal. e. Theme reinforcement – Reinforcing the two themes verbally, visually and especially by example. f. Network review g. The language of safety – this is the key element of all the previous elements. It includes re-framing our language into an empowering, non-victimizing and non-violent format. This approach acknowledges that language is a powerful tool in forming and maintaining a positive self-image. <p>Restorative justice – Focused in conflict resolution and healing the harm that it causes, whenever the person who caused the damage is identified. Encourage and enable safe communication between the people involved in the conflict, postulating that its resolution belong to those involved.</p> <p><u>Principles</u> – People usually have themselves the best solutions to their problems, and as adults working with young people our role is to support them in finding them. Allowing choices and control of the process is empowering for all involved.</p> <p><u>Values</u> – we can strive to avoid judging or blaming people, even when a crime is involved; we can be scrupulously honest and open in our relationships with everyone; everyone is valued and included.</p>

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	<u>Skills</u> – active listening; sensitive checking and exploration of meanings.
CONTEXT OF IMPLEMENTATION	<i>Information not available</i>
DESCRIPTION	<p>A practical guide for any adult (mentors, therapists, mediators) working with young people around issues of crime and victimization, in a direct way: attempted assault, harassment and bullying, cyberbullying, hate crimes (race, gender, beliefs and religion, disability, sexual orientation), dating violence, family violence, theft and vandalism, severe violence group, sexual violence provoked by peers; and in an indirect way: theft, vandalism, or near death experiences near-death in people, murder and manslaughter, domestic violence.</p> <p><u>For each form of violence previously indicated</u>, this guide contains: Incidence, Conceptualization- What is, or is not crime, Signs to look for in children and youth, How to Help. It also provides differentiated information on each different form of violence: Measuring the effectiveness of the intervention, case studies.</p> <p>It also provides guidance on the English justice system.</p>
RESULTS EVALUATION DATES	<i>Information not available</i>
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<u>Assessing the needs of the victims</u> <i>Common Assessment Framework (CAF)</i>
RESULTS	<i>Information not available</i>

LINK AND REFERENCE

<http://www.protectivebehaviours.co.uk/>

Wallis, P. (2010). *Are You Okay? A Practical Guide to Helping Young Victims of Crime*. London, Jessica Kingsley Publishers.

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BIG BROTHERS BIG SISTERS MENTORING PROGRAM – COMMUNITY-BASED MENTORING	
TYPE OF PREVENTION	Selective
PREVENTION LEVEL	Relational – <i>mentoring</i>
TARGET POPULATION	Youth aged 6 to 18, from single parent homes.
TARGET PROBLEMATICS	Violent Behaviour / Aggression Pro-Social Behaviour and Relationships Substance use Delinquency Academic achievement
OBJECTIVES	Provide support for the development of healthy youth through a guidance relationship, support and assistance, thus reducing the risk factors for behavioural problems and strengthening protective factors of positive behaviour.
RATIONALE	Advocates the need for responsive and positive relationship with an adult as a central point of reference for healthy development. This relationship is assumed as a secure base in which the child or young person will develop feelings of acceptance, positive self-concept and hence constructive behaviours. Thereby the risk factors for maladaptive behaviours are reduced and the protective factors for positive behaviours are enhanced. Although BBBSA was not developed with academic theories of delinquency in mind, the rational design approaches intrinsically Theory of Social Control, in which pro-social ties to others, commitment to socially accepted goals and objectives, and involvement in conventional activities, restrict youth from joining delinquent activities and from develop other problem behaviours, since young socially connected have more to lose by misbehaving.
CONTEXT OF IMPLEMENTATION	Across all settings and situations of youth's life. It can also be developed in the school context.
DESCRIPTION	The relationship is established with volunteers who may be older students, teachers, therapists, police or other community members. The BBBS is distinguished from other programs of its kind through rigorous criteria and procedures: mandatory orientation for all volunteers, extensive and rigorous screening of volunteers (Big Brother or Big Sister), evaluation of youths (Little Brother or Little Sister), process matching and process matching supervision between the volunteer and the child or young person. Among the activities of Matching are camps, radical weekends where the interaction between volunteers and youth is carefully observed. Once completed, it is expected to develop a relationship equally satisfactory to both parties, beginning with meetings of 3-5 hours weekly, and progressing to free and regular meetings. In addition to this main objective, other objectives are now defined at the time of matching resulting from the interview with the caregiver and the child - academic achievement, relationships with peers and siblings, hygiene care, developing a hobby, etc.. The activities to be undertaken during the development of the relationship should be Volunteer's responsibility, with the possibility of suggestions by the Case Supervisor. However, the consistency in the relationship is more important than the type of activities in which they participate.

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	<p>Supervision is done more frequently in the first months after matching, decreasing over time.</p> <p>The original Project has been adapted according to the particular characteristics and needs of local communities, being, however, always maintained the implementation criteria as quality assurance.</p>
RESULTS EVALUATION DATES	1998, 2006.
COUNTRIES OF IMPLEMENTATION	Australia, USA.
MEASURES	<p><u>Violent Behaviour / Aggression</u> Self-report items from <i>Big Brothers Big Sisters Outcome Survey</i></p> <p><u>Prosocial Behaviours and relationships</u> <i>Inventory of Parent and Peer Attachment (IPPA)</i> Self-report items from <i>Big Brothers Big Sisters Outcome Survey</i></p> <p><u>Substance use</u> Self-report items from <i>Big Brothers Big Sisters Outcome Survey</i></p> <p><u>Academic achievement</u> <i>Self-Perception Profile for Children--Scholastic Competence Scale</i> Self-report items from <i>Big Brothers Big Sisters Outcome Survey</i></p>
RESULTS	<p><u>Violent Behaviour / Aggression</u> - Significant effects in reducing the probability of assaulting someone.</p> <p><u>Prosocial behaviours and relationships</u> – Higher probability of young people having higher quality relationships with parents or caregivers, as well as having higher quality relationships established with peers at the end of school.</p> <p><u>Substances use</u> - Significant effects in reducing the probability of initiating drug use while still in school; in reducing the likelihood of starting alcohol consumption.</p> <p><u>Academic Achievement</u> - Best results in academic performance, greater sense of competence, less likely to miss school.</p> <p>➡ The implementation of BBBS in schools has also shown significant positive effects.</p>

LINKS

<http://www.bbbs.org/>

<http://www.bigbrothersbigsisters.org.au/>

<http://www.colorado.edu/cspv/blueprints/modelprograms/BBBS.html>

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BOYS AND GIRLS CLUB GANG PREVENTION THROUGH TARGETED OUTREACH / Boys and Girls Clubs of America (BGCA)

TYPE OF PREVENTION	Selective and Indicated
PREVENTION LEVEL	Individual - Afterschool/Recreation
TARGET POPULATION	Children and adolescents from 6 to 18 years, at risk.
TARGET PROBLEMATICS	Violent Behaviour / Aggression Delinquency Gang Activity
OBJECTIVES	Provide children and youth what they seek through gang membership (supportive adults, challenging activities, and a place to belong) in an alternative, socially positive format.
RATIONALE	<i>Information not available</i>
CONTEXT OF IMPLEMENTATION	<i>Information not available</i>
DESCRIPTION	1) <u>Community mobilization of resources</u> to combat the community gang problem; 2) <u>Recruitment</u> of 50 youths at risk of gang involvement (prevention) or 35 youths already involved in gangs (intervention) through outreach and referrals; 3) <u>Promoting positive developmental experiences</u> for these youths by developing interest-based programs that also address the youths' specific needs; 4) <u>Providing individualized case management</u> across four areas (law enforcement/juvenile justice, school, family, and Club) to target youths to decrease gang-related behaviours and contact with the juvenile justice system and to increase the likelihood that they will attend school and improve academically.
RESULTS EVALUATION DATES	2002
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	Review of case management records, questionnaires, and interviews and focus groups with program youths and Club directors
RESULTS	Positive outcomes: - delayed onset of one gang behaviour (less likely to start wearing gang colours); - less contact with the juvenile justice system (less likely to be sent away by the court); - fewer delinquent behaviours (less likely to steal and less likely to start smoking pot); - improved school outcomes (higher grades and greater valuing of doing well in school); - more positive social relationships and productive use of out-of-school time (engaging in more positive afterschool activities) - increased levels of positive peer and family relationships

LINKS

<http://www.ojjdp.gov/mpg/Boys%20and%20Girls%20Club%20Gang%20Prevention%20Through%20Targeted%20Outreach-MPGProgramDetail-304.aspx>
<http://www.bgca.org/Pages/index.aspx>

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BRIEF STRATEGIC FAMILY THERAPY - US	
TYPE OF PREVENTION	Selective and Indicated
PREVENTION LEVEL	Relational, through family approach
TARGET POPULATION	Children and youth between 8 and 17, displaying or at risk for developing behaviour problems, including substance abuse.
TARGET PROBLEMATICS	Substance Use Family Functioning Behaviour Problems
OBJECTIVES	Prevent, intervene and reduce behaviour problems of children and youth as substance use, delinquency, risky sexual behaviour, violent and aggressive behaviour and association with antisocial peers. Improvement in prosocial behaviours such as school attendance and performance. Improvement of family functioning through effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school.
RATIONALE	BSFT is based on the fundamental assumption that adaptive family interactions can play a pivotal role in protecting children from negative influences and that maladaptive family interactions can contribute to the evolution of behaviour problems and consequently are a primary target for intervention.
CONTEXT OF IMPLEMENTATION	Flexible. Can be in clinical setting, at family's home or community settings. To be implemented by accredited therapists.
DESCRIPTION	BSFT is a short-term, problem-oriented intervention. A typical session lasts 60 to 90 minutes and is held with the adolescent and one or more other family members. The average length of treatment is 12 to 16 sessions over a 3- to 4-month period. For more severe cases, such as substance-abusing adolescents, the average number of sessions and length of treatment may be doubled. The therapist seeks to change maladaptive patterns of interaction coaching interactions as they occur in the sessions, using three main techniques: - <u>Joining</u> : engaging and entering the family system in order to develop a therapeutic alliance with the family - <u>Tracking and diagnosing</u> : identifying maladaptive interactions and family strengths - <u>Restructuring</u> : transforming maladaptive interactions. Developing a specific plan to help change maladaptive family interaction patterns by working in the present, reframing, and working with boundaries and alliances. Depending on the case, these techniques may include helping families develop effective behaviour management skills, conflict resolution skills, or communications skills and helping parents learn parenting skills.
RESULTS EVALUATION DATES	2001, 2003, 2008, 2011.
COUNTRIES OF IMPLEMENTATION	Australia, Chile, Germany, Sweden, USA

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MEASURES	<p><u>Substance use</u></p> <p>Items from <i>Addiction Severity Index</i> (ASI)</p> <p><i>Adolescent Drug Abuse Diagnosis</i> (ADAD), scale <i>The Alcohol and Drug Use</i></p> <p><i>Adolescents' Risk-taking Behaviour Scale</i> (ARBS), sub-scale <i>The Drug Use</i></p> <p><u>Family Functioning</u></p> <p><i>Family Environment Scale</i> (FES), <i>The adolescent- and parent-reported Cohesion and Conflict scales</i></p> <p><i>Family Assessment Measure</i></p> <p><i>The Structural Family Systems Rating</i> (SFSR)</p> <p><u>Behaviour Problems</u></p> <p><i>Revised Behaviour Problem Checklist</i> (RBPC), sub-scale <i>Conduct Disorder</i> and sub-scale <i>Socialize Aggression</i></p>
RESULTS	<p><u>Substance use</u> – Significantly greater reductions in marijuana use and in overall substance use.</p> <p><u>Family Functioning</u> – Significantly better family functioning both reported by youth and obtained in the remaining scales.</p> <p><u>Behaviour Problems</u> – Significantly greater reduction in conduct problems and in socialized aggression</p>
<p>LINKS</p> <p>http://www.ojjdp.gov/mpg/Brief%20Strategic%20Family%20Therapy-MPGProgramDetail-305.aspx</p> <p>http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP03.html</p> <p>http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=151</p> <p>http://www.bsft.org/</p>	

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COMMUNITIES THAT CARE - CTC	
TYPE OF PREVENTION	Universal and Selective
PREVENTION LEVEL	Community
TARGET POPULATION	Children and young people of any age
TARGET PROBLEMATICS	Violent Behaviour / Aggression Juvenile delinquency Dropout Substance use
OBJECTIVES	To promote the healthy development of children and young people, and to prevent health and social problems by addressing the factors that increase the likelihood of positive development and decrease the likelihood of adverse outcomes for children and young people.
RATIONALE	<p>One of the hallmarks of the CTC framework is its grounding in rigorous research from a variety of disciplines. There are four primary areas of research that form the foundation of CTC:</p> <ul style="list-style-type: none"> - The Social Development Strategy. This model integrates existing knowledge about risk factors and protective relating to antisocial behaviour in children and youth, as well as guidelines from various learning theories of how individuals learn or not acceptable behaviour, namely, the Theory of Social Control, the Theory of Social Modelling and Theory of Differential Association. - A comprehensive, community-wide approach, recognizing that no single entity can ensure healthy development for all of a community's young people, therefore it engages key stakeholders to address a variety of health development issues with multiple strategies in all the areas of children's and young people's lives, and engages all areas of the community in promoting their healthy development. - Data-based predictors of risk and protective factors. Understanding and identifying risk and protective factors can help communities understand what they can do to prevent problem behaviours and adverse health outcomes. - Effective, tested policies, programs and practices.
CONTEXT OF IMPLEMENTATION	Community.
DESCRIPTION	<p>CTC is a prevention operating system of covenant community that uses a public health approach to guide the community team through an assessment and prioritization process that identifies the risk and protective factors most in need of attention, and links those priorities to prevention programs that are proven to work in addressing them.</p> <p>CTC activities are planned and carried out by the CTC Community Board, a prevention coalition of community stakeholders who work together to promote positive youth outcomes. Board members participate in a series of six CTC training workshops in which they build their coalition and learn the skills needed to install the CTC system, which will occur in a 5 phases process:</p> <ol style="list-style-type: none"> 1. <u>Get Started</u> - assessing community readiness to undertake collaborative prevention efforts; 2. <u>Get Organized</u> - getting a commitment to the CTC process from community leaders and

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	<p>forming a diverse and representative prevention coalition;</p> <p>3. <u>Develop a Profile</u> - using epidemiologic data to assess prevention needs;</p> <p>4. <u>Create a Plan</u> - choosing tested and effective prevention policies, practices, and programs based on assessment data;</p> <p>5. <u>Implement and Evaluate</u> - implementing the new strategies with fidelity, in a manner congruent with the programs' theory, content, and methods of delivery, and evaluating progress over time.</p> <p><u>Survey</u> – CTC Youth Survey – administered at least every two years for students in grades 6, 8, 10, and 12, to learn directly from the youth themselves about risk factors, protective factors, and youth behaviours.</p>
RESULTS EVALUATION DATES	2009
COUNTRIES OF IMPLEMENTATION	Australia, USA
RESULTS	<p>Youth with CTC communities compared to youth in the communities without CTC:</p> <ul style="list-style-type: none"> - Reduced incidence of delinquent behaviours, of alcohol and tobacco use, drugs abuse, as well as excessive alcohol. - Exposure to targeted risk factors increased significantly less rapidly in CTC - Significantly less likely to engage in delinquent behaviour, alcohol and tobacco use.

LINKS

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP21.html>

<https://www.pmrts.samhsa.gov/PrevResources/Default.aspx>

http://www.rch.org.au/ctc/pubs.cfm?doc_id=13440

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CHILDREN AND YOUTH – UNDERSTAND, INTERVENE AND PREVENT VIOLENCE	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Comprehensive Individual - Educational and Publicising initiatives Community - Strategic public training - Development and dissemination of awareness and information materials
TARGET POPULATION	Children and young people from 10 to 18 and young adults up to 23 years
TARGET PROBLEMATIC	Violent Behaviour / Aggression Prosocial Behaviours and Relationships
OBJECTIVES	Contribute to a greater understanding and awareness among the population to the problem of violence against children and youth. Define and disseminate good practice principles for prevention and intervention. Adequate the organizational models of service, promoting the technical preparation of professionals.
RATIONALE	The project is based on: - The Public Health Model that seeks an approach to the scientific method, starting from de analysis of the problem to the solution, providing a systematic process to <u>understand and prevent violence</u> that includes four steps: a description of the problem, identifying risk and protection factors, development and testing prevention strategies, and the generalization and dissemination of the program. - The Ecological Model which postulates that prevention will be more effective if carried out according to a global ecological perspective, involving the individual, family, school, peer group and social structures and support surrounding community. Given that violence is a multifaceted problem with biological, psychological, social and environmental roots, it is necessary to confront it on several levels simultaneously. Therefore, this model explores the relationships between individual factors and the different contexts of the individual, considering violence as a product of multiple levels of influence on behaviour.
CONTEXT OF IMPLEMENTATION	School, community and society
DESCRIPTION	Component for youth - Awareness campaign and public disclosure nationwide, including leaflets, posters and advertising campaign; - Development and implementation of five sessions of education and publicising in middle and high schools, and in university. Component for professionals The project focused on the development of materials in order to aid and support professionals (health, education, etc.) in the area of violence against children and young people prevention and intervention: - Manual Children and Youth Violence Victims: understand, prevent and intervene; - Training Manual Children and Young victims of violence

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	<ul style="list-style-type: none"> - Two training courses on children and young people: understand, intervene and prevent situations of violence (15 hours each), with professionals coming into contact directly with children and young people. <p><u>Both components address the following issues:</u></p> <ul style="list-style-type: none"> - Violence in the family context (maltreatment) - Sexual violence - Violence in peer relationships (bullying) - And dating violence.
RESULTS EVALUATION DATES	2011
COUNTRIES OF IMPLEMENTATION	Portugal
MEASURES	<p><u>Educational and Publicising initiatives</u></p> <p>Overall assessment by participants</p> <p><u>Manual</u></p> <p>Technical-scientific report</p> <p><u>Strategic public training</u></p> <p>Evaluation report</p>
RESULTS	<p><u>Educational and Publicising initiatives</u> - positive overall assessment by participants.</p> <p><u>Manual</u> – positive scientific opinion, pointing to its usefulness and relevance for the use and information of professionals.</p> <p><u>Strategic public training</u> – positive overall assessment by professionals, which have given some suggestions: a greater diversification of content in an effort to include other forms of violence, as well as the realization of a greater number of training actions in order to achieve more professionals.</p>
<p>REFERENCE</p> <p>Associação Portuguesa de Apoio à Vítima (2011). <i>Manual Crianças e Jovens vítimas de violência: compreender, intervir e prevenir</i>. Lisboa: Associação Portuguesa de Apoio à Vítima.</p>	

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Rainbow Days CURRICULUM-BASED SUPPORT GROUP	
TYPE OF PREVENTION	Selective and Indicated.
PREVENTION LEVEL	Individual - Social and Personal Skills Development and Training
TARGET POPULATION	Children from 4 to 17 years, whose high-risk situations, attitudes and behaviours place them at elevated risk for future behavioural health problems.
TARGET PROBLEMATICS	Delinquency Violent Behaviours/ Aggression Substance Use
OBJECTIVES	Provide children living in high-risk situations with the skills and support they need to overcome adversity, stay in school, and stay free of drugs, violence, and crime. To interrupt/break the intergenerational cycle of behavioural and social dysfunctions in families (such as family violence, chronic homelessness, delinquent or criminal behaviour, and substance abuse) by improving the coping, self-protection, and social skills of the children in these families.
RATIONALE	<p>Based on cognitive-behavioural and competence-enhancement models of prevention. High-risk situations do not provide the essential “protective factors” known to inoculate children against negative influences and psychosocial risks. These situations “overwhelm children’s coping abilities”. Children living in high-risk situations are the least likely to possess essential coping and social skills or the emotional and social support necessary to overcome traumatic stress and “succeed in spite of adversity” (the definition of “resiliency.”) Children with deficits in skills and support are less resilient and are at elevated risk for future behavioural health problems. The <i>CBSG® Program</i> increases protective factors by teaching coping and social skills and providing the emotional support needed to reduce anti-social attitudes and rebellious behaviours (correlated risk factors).</p> <p>Substance use is one of the most powerful predictors for future behavioural health problems, including delinquency and interpersonal violence. The earlier the substance use/experimentation begins, the higher the risks for future problems. Children whose adverse childhood experiences overwhelm their ability to cope are more likely to use substances as a coping substitute. The <i>CBSG® Program</i> provides substance abuse prevention information and skills that prevent the onset of use/experimentation and interrupt use/experimentation before it escalates to abuse.</p> <p>The <i>support group</i> modality sets the <i>CBSG® Program</i> apart from other preventive interventions and provides several additional protective factors, including: small group numbers; more time for discussion and skills practice; the emotional and social safety of a highly structured and supportive process, including group rules and confidentiality; opportunities for bonding; less stress; and the emotional support of a caring, trained group facilitator.</p>
CONTEXT OF IMPLEMENTATION	School, community
DESCRIPTION	<p>The Program consists of a series of support group sessions, each devoted to a different research-based topic.</p> <ul style="list-style-type: none"> ▪ <u>Lesson content and intent</u> are essentially the same across all age groupings; ▪ <u>For each topic</u> there are developmentally matched, interactive, and experiential activities and guided discussions for different age groupings, which are designed to

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	<p>explore, explain and reinforce the topic and major message for that Session.</p> <p>There are different versions for different settings:</p> <ul style="list-style-type: none"> ▪ <u>Schools & community-based settings</u>, formed by two age grouping volumes. <i>Kids' Connection</i> (for children ages 4-12) and <i>Youth Connection</i> (for youth ages 10-17). ▪ <u>Shelter, group homes and transitional settings</u>, for children and youth from 4 to 15 years. <i>Kid's Connection, Too</i>. ▪ <u>Faith-based settings</u>. <i>Faith Connection</i>. <p>CBSG Program includes the following features:</p> <ul style="list-style-type: none"> ▪ Participants are grouped by age and developmental level, with group size being limited to 6 to 12 members, depending on age and development. ▪ Sessions are conducted weekly or bi-weekly, depending on the developmental age of the group participants. ▪ The duration of each session is approximately the same length as a regular school classroom period for the same developmental level. Such durations are found to be developmentally appropriate with regard to expectations for participants' attention, concentration, retention and recall. ▪ Typically, there are 10 sessions, plus optional pre/post evaluation survey sessions. ▪ All group sessions are held in private, child-appropriate settings. ▪ Group rules provide for member confidentiality.
RESULTS EVALUATION DATES	2004, 2005, 2008
COUNTRIES OF IMPLEMENTATION	USA Materials are translated to Spanish.
MEASURES	<p><u>Substance Use</u></p> <p>Self-Reported Substance Use</p> <p>Individual Protective Factors Index (IPFI)</p> <p><u>Violent Behaviour/ Aggression</u></p> <p>Student Survey of Risk and Protective Factors</p> <p><u>Other measures</u></p> <p>Referring Individual's Assessment of Student Risks and Improvement</p>
RESULTS	<p><u>Substance Use</u> – significant improvement in anti substance-use attitudes and intentions; significant reduction in self-reported use of inhalants.</p> <p><u>Violent Behaviour/ Aggression</u> – significant decreased in rebellious behaviour; significant decreased in anti-social attitudes.</p> <p><i>Reduces interrelated risks (early substance use/experimentation, rebellious behaviour, and anti-social attitudes) as it increases key protective factors (anti-drug-use attitudes and intentions, and essential coping and social skills.)</i></p>

LINKS AND REFERENCES

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=185>

<http://www.rdikids.org/cbsg.html>

Arocena, M. (2006). *2004-2005 Statewide outcome evaluation report: Ad Hoc report for "Rainbow Days CBSG Program"*. Texas: Department of State Health Services.

Hedl, J.J. (2008). *Reducing interrelated risks for substance abuse, delinquency and violence: Effects of the Rainbow Days' Curriculum-Based Support Group Program*. Texas: Health Care Education & Research, University of Texas.

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FAST TRACK	
TYPE OF PREVENTION	Universal and Selective
PREVENTION LEVEL	Comprehensive Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula of Violence Prevention. Relational <ul style="list-style-type: none"> - Education and Parental Support. Community - School <ul style="list-style-type: none"> - Teacher Training in Behaviour Management
TARGET POPULATION	Children from 5 to 15 years of age, particularly flagged children in kindergarten for disruptive behaviour and poor peer relations.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Family Functioning
OBJECTIVES	Prevention of behaviour problems in children at high-risk through: Increase communication and bonds between these three domains. Enhance children's social, cognitive, and problem-solving skills. Improve peer relationships. Decrease disruptive behaviour in the home and school.
RATIONALE	It is based on the view that antisocial behaviour stems from the interaction of multiple influences, and it includes the school, the home, and the individual in its intervention.
CONTEXT OF IMPLEMENTATION	School - classroom.
DESCRIPTION	<u>Social Skills Training</u> enhances children's social-cognitive and problem-solving skills, peer relations, anger control, and friendship maintenance. Academic Tutoring is offered three times per week to improve children's reading skills. <u>Classroom Intervention</u> utilizes the PATHS curriculum, a program designed to be used in grades 1-5 to help children develop emotional awareness skills, self-control and problem-solving skills, foster a positive peer climate, incorporate home activities to allow parents' participation, and improve teachers' classroom management skills. <u>Parent Training</u> emphasizes fostering children's academic performance, communicating with the school, controlling anger, and using effective discipline. Home Visitations occur biweekly to reinforce parenting skills, promote parents' feelings of efficacy and empowerment, and foster parent's problem-solving skills.
RESULTS EVALUATION DATES	1999, 2006
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	See http://www.fasttrackproject.org/admin-history.php#A
RESULTS	<u>Violent Behaviour/ Aggression</u> – Improvement in children's behaviour with peers and adults, reported by teachers and parents; decreased on children's aggressive, disruptive

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and oppositional behaviour in the classroom; less likely of being nominated by peers as being aggressive

Family Functioning – Less parental endorsement of physical punishment for children's problem behaviours; more appropriate discipline techniques and greater warmth and involvement of mothers with their children; more maternal involvement in school activities.

LINKS

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP05.html>

<http://www.ojjdp.gov/mpg/Fast%20Track-MPGProgramDetail-327.aspx>

<http://www.fasttrackproject.org/>

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FUNCTIONAL FAMILY THERAPY	
TYPE OF PREVENTION	Selective and Indicated
PREVENTION LEVEL	Relational through family approach
TARGET POPULATION	Youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behaviour Disorder.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Substance use Delinquency Behaviour Disorders: Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behaviour Disorder.
OBJECTIVES	Decreasing risk factors and on increasing protective factors that directly affect adolescents, with a particular emphasis on familial factors.
RATIONALE	<p>Unlike other therapies, FFT was not developed on college students, neurotic individuals, or inpatient adults. Instead, FFT grew out of a need to serve a population of at-risk adolescents and families that were under served, had few resources, were difficult to treat, and were often perceived by helping professions to be treatment resistant.</p> <p>Functional Family Therapy has adopted an integrative stance that stresses functionality of the family, the therapy, and the clinical model.</p> <p>FFT represented an integration of systems perspectives and behavioural techniques. The systemic background of FFT emphasized dynamic and reciprocal processes which needed to be identified in referred families. The behavioural background of FFT provided not only specific interventions such as contracting, but it also featured an urgent awareness of the need for rigorous treatment development-a scientific imperative to systematically examine the effects of intervention and develop strategies for identifying positive change processes.</p> <p>FFT is designed to increase efficiency, decrease costs, and enhance our ability to provide service to more youth by: targeting risk and protective factors that we can, in fact, change and then programmatically changing them; engaging and motivating the families and youth so they participate more in the change process; entering each session and phase of intervention with a clear plan and by using proven techniques for implementation; constantly monitoring process and outcome so we don't fool ourselves or make excuses for failure; and believing in the families we see and then believing in ourselves.</p>
CONTEXT OF IMPLEMENTATION	<p>Flexible delivery of service to clients' home, clinic, school, juvenile court, community based programs, and at time of re-entry from institutional placement.</p> <p>Wide range of interventionists, including trained probation officers, mental health technicians, degree mental health professionals.</p>

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DESCRIPTION	<p>FFT requires as few as 8-15 sessions of direct service time for commonly referred youth and their families, and generally no more than 26 total sessions of direct service for the most severe problem situations.</p> <p>FFT is a phasic program with steps which build upon each other: Engagement, Motivation, Assessment, Behaviour Change and Generalization.</p>
RESULTS EVALUATION DATES	1973, 1988, 2001, 2010
COUNTRIES OF IMPLEMENTATION	Belgium, England, Holland, Norway, New Zealand, USA.
RESULTS	<p>Significant effects:</p> <ul style="list-style-type: none"> - In the effective treatment of adolescents with behaviour disorders, alcohol and drugs abuse, and crime and violence problems. - On the reduction the involvement of adolescents with more social services. - On the interruption of teenagers engage in more expensive services. - In the prevention of future incidents linked to the intervention problem. - In the prevention of families' youngest children engage in the welfare system. - In the prevention of adolescents engage in criminal system. - In the effective transfer of intervention treatment effects into other systems. - On the reduction of delinquent conduct, criminal and violent criminal recidivism. Degree of therapist's adherence to the FFT model and risk and protection level prior to treatment, play a moderating role. <p>FFT revealed positive results with a wide diversity of technicians.</p>

LINKS

www.fftinc.com

<http://www.colorado.edu/cspv/blueprints/modelprograms/FFT.html#background>

<http://www.ojjdp.gov/mpg/Functional%20Family%20Therapy-MPGProgramDetail-29.aspx>

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GOOD BEHAVIOUR GAME	
TYPE OF PREVENTION	Universal and Selective
PREVENTION LEVEL	Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Cognitive-Behavioural Methodology - Behaviour Conditioning Community – School <ul style="list-style-type: none"> - Teacher Training in Behaviour Management
TARGET POPULATION	General population of children and youth between 6 and 10, and particularly displaying precociously high risk behaviours.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Substance use.
OBJECTIVES	Improve aggressive/disruptive classroom behaviour. Prevent later criminality. Reduction of externalized behaviour and promotion of prosocial behaviour.
RATIONALE	<i>Information not available</i>
CONTEXT OF IMPLEMENTATION	School – classroom.
DESCRIPTION	<p>Structured around four core elements: classroom rules, team membership, self- and team-behaviour monitoring, and positive reinforcement of individual team members and the team as a whole. It improves teachers' ability to define tasks, set rules, and discipline students, and allows students to work in teams in which each individual is responsible to the rest of the group.</p> <p>In each 1st-grade classroom, the teacher assigns all children to one of three teams with an equal number of girls and boys; aggressive, disruptive children; and shy, socially isolated children. The assignments are made on the basis of an initial 10-week observation period at the start of the school year. Basic classroom rules of student behaviour are posted.</p> <p><u>Introduction phase</u> GBG is played three times a week for 10 minutes each time during periods of the day when the classroom environment is less structured and the students are working independently of the teacher. Before the game begins, teachers clearly specify those disruptive behaviours (e.g., verbal and physical disruptions, noncompliance) that, if displayed, will result in a team's receiving a checkmark on the board. By the end of the game, teams that have not exceeded the maximum number of marks are rewarded at the moment, while teams that exceed this standard receive no rewards.</p> <p><u>Expansion phase</u> GBG is played all days of the week. Teacher initiates game periods without announcement and defers rewards until the end of the school day or week.</p> <p><u>Generalization phase</u> GBG is played at different times of the day and during different classroom tasks, so students are always monitoring their behaviour and conforming to expectations. In this way, game evolves from being highly predictable in timing and occurrence with immediate reinforcement to being unpredictable with delayed reinforcement.</p> <p>The children continue to participate in GBG through 2nd grade.</p>
RESULTS EVALUATION DATES	1994, 1999, 2006, 2009, 2010

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COUNTRIES OF IMPLEMENTATION	Belgium, Netherlands, USA and it is currently being piloted in England.
MEASURES	<p><i>Follow-up 1 and 6 years after the program ended.</i></p> <p><u>Violent Behaviour/ Aggression</u></p> <p><i>Authority Acceptance subscale of the Teacher Observation of Classroom Adaptation-- Revised (TOCA-R)</i></p> <p><i>Composite International Diagnostic Interview - University of Michigan version</i></p> <p>Reports data from official agencies such as courts and detention centres</p> <p><u>Substance Use</u></p> <p>DSM-IV-R criteria.</p> <p><i>Composite International Diagnostic Interview - University of Michigan version</i></p> <p><u>Moderating effect of violent behaviour in future substance use</u></p> <p><i>Authority Acceptance subscale of the Teacher Observation of Classroom Adaptation-- Revised (TOCA-R)</i></p>
RESULTS	<p><u>Violent Behaviour/ Aggression</u> – Reduction in aggressive behaviour reported by teachers; decreases in levels of aggression for males who were rated highest for aggression in the first grade; a reduced growth in externalizing behaviour, which resulted in a significant reduction of externalizing problems.</p> <p><u>Substance Use</u> – Less likely to develop a drug abuse/dependence disorder, including in children with higher levels of aggression in the pre-test; significantly lower levels of lifetime drug abuse/dependence disorders. For those who were rated as highly aggressive, disruptive by teachers in first grade, the rate of drug dependence/abuse disorders was significantly lower.</p> <p>In general, GBG did not appear to protect the children who were not aggressive from the start of the study from becoming aggressive. The boys who improved had exhibited aggressive behaviour to benefit from GBG.</p>

LINKS

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=201>

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP06.html>

<http://www.ojjdp.gov/mpg/Good%20Behaviour%20Game-MPGProgramDetail-298.aspx>

<http://www.air.org/>

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I CAN PROBLEM SOLVE	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula of Violence Prevention
TARGET POPULATION	Although the program is appropriate for all children, it is especially effective for young (age 4-5), poor, and urban students who may be at highest risk for behavioural dysfunctions and interpersonal maladjustment.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression
OBJECTIVES	Prevent and reduce early high-risk behaviours, such as impulsivity and social withdrawal, and promote prosocial behaviours, such as concern for others and positive peer relationships. Enhancing interpersonal cognitive processes and problem-solving skills.
RATIONALE	ICPS is based on the idea that there is a set of these skills that shape how children (as well as adults) behave in interpersonal situations, influencing how they conceptualize their conflicts with others, whether they can think of a variety of solutions to these problems, and whether they can predict the consequences of their own actions. A key principle of the program is that the child, not the teacher, must solve the problem at hand. Giving the child this responsibility allows the child to develop the habit of creating solutions to problems, considering the potential consequences of one's actions, and thinking for oneself.
CONTEXT OF IMPLEMENTATION	School – classroom.
DESCRIPTION	There is a version for Parents and a Version for School, being here described School Version. ICPS consists of three age-specific programs: preschool (containing 59 lessons), kindergarten and primary school (83 lessons), and intermediate elementary school (77 lessons). ICPS lessons are 20 minutes in duration and taught three to five times per week over the course of the academic year. Rather than addressing specific behaviours as right or wrong, ICPS uses games, stories, puppets, illustrations, and role-plays to help children acquire a problem-solving vocabulary, learn to understand their own as well as others' feelings, think of alternative solutions, and think of potential consequences to an act.
RESULTS EVALUATION DATES	2008 – Extensively evaluated in the last 20 years.
COUNTRIES OF IMPLEMENTATION	Brazil, Greece, India, Israel, South Korea, Turkey, USA
MEASURES	<i>Post-test evaluation and follow-up 1 and 5 years after the program ended.</i> <u>Interpersonal cognitive skills</u> <i>Preschool Interpersonal Problem-Solving (PIPS) Test</i> <i>What Happens Next Game (WHNG)</i> <u>Violent Behaviour/ Aggression</u> <i>Preschool Social Behaviour Scale (PSBS)</i>

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	<i>Hahnemann Behaviour Rating Scale (HBRS)</i> <i>Teacher Observation of Classroom Adaptation-Revised (TOCA-R)</i>
RESULTS	<p><u>Interpersonal cognitive skills</u> - significant increase in interpersonal cognitive problem-solving skills; by year 2 post-test, ICPS had increased cognitive problem-solving skills in all children who received the intervention, regardless of whether they were initially classified as adjusted, impulsive, or inhibited.</p> <p><u>Violent Behaviour/ Aggression</u> - significant increase in prosocial behaviours; significant decrease in aggressive behaviours.</p>

LINKS

<http://www.ojjdp.gov/mpg/l%20Can%20Problem%20Solve-MPGProgramDetail-342.aspx>

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=211>

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP08.html>

<http://www.thinkingpreteen.com/icps.htm>

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LINKING THE INTERESTS OF FAMILIES AND TEACHERS - LIFT

TYPE OF PREVENTION	Universal and Selective
PREVENTION LEVEL	Comprehensive. Individual - Social and Personal Skills Development and Training - Classroom Curricula of Violence Prevention. Relational - Parental Education.
TARGET POPULATION	Children from 6 to 10 years old and their families, living in at-risk neighbourhoods characterized by high rates of juvenile delinquency.
TARGET PROBLEMATICS	Prosocial Behaviour and Relationships Violent Behaviour / Aggression Substance Use Family Functioning
OBJECTIVES	Decrease children's antisocial behaviour and increase their pro-social behaviour. Prevention of conduct problems such as antisocial behaviour, involvement with delinquent peers, and drug/alcohol use, from developing or progressing by simultaneously influencing parents, teachers, and children to (1) enhance family interactions (2) increase prosocial and reduce negative peer interactions, (3) improve the coordination between home and school.
RATIONALE	It is based on the view that the most reasonable interventions for child conduct problems would utilize an existing service system with widespread access to children, be conducted at the earliest possible point in the life of a child, and target malleable precursors of later conduct problems. LIFT was informed by scientific research on the development of delinquency—specifically coercion theory. As such, LIFT is designed to decrease the likelihood of two major factors that put children at risk for subsequent antisocial behaviour and delinquency: 1) aggressive and other socially incompetent behaviours with teachers and peers at school and 2) ineffective parenting, including inconsistent and inappropriate discipline and lax supervision.
CONTEXT OF IMPLEMENTATION	School - Classroom.
DESCRIPTION	LIFT targets the school, peers, and the family, in the following ways: <u>The classroom component</u> contains 20, one-hour sessions taught over ten weeks. Each session follows the same format: lecture and role play on a specific social or problem solving skill, structured group skills practice, unstructured free play, and skills review and daily awards. These activities are similar for both first and fifth graders, however fifth graders also receive a study skills component. <u>A modification of the Good Behaviour Game serves as the playground component.</u> Each class is divided into small groups for playground play. Children can earn rewards by exhibiting positive problem solving skills and suppressing negative behaviours while on the playground.

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	<p><u>Parental component</u> - Parents are taught how to create a home environment that is most conducive to the ongoing practice of good discipline and supervision through a series of 6 meetings at their child's school. Each meeting provides a review of the results from home practice exercises, a lecture, discussion and role plays of issues for the current week, and a presentation of home practice exercises for the following week.</p>
RESULTS EVALUATION DATES	1999, 2006, 2008
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Post-test evaluation.</i> Questionnaires, interviews, observation, school and court records, collected from parents, teachers and children at different settings – school, family home and research centre.</p> <p><u>Prosocial Behaviour and Relationships</u> <i>The Walker–McConnell Scale of Social Competence and School Adjustment</i></p> <p><u>Violent Behaviour / Aggression</u> <i>The Interpersonal Process Code (IPC)</i> <i>The Peer-Preferred Social Behaviour subscale</i></p> <p><u>Substance Use</u> Self report</p> <p><u>Family Functioning – mothers' aversive behaviours</u> <i>The Interpersonal Process Code (IPC)</i></p>
RESULTS	<p><u>Prosocial Behaviour and Relationships</u> - teacher rating data indicated a significant increase in positive social skills and classroom behaviour.</p> <p><u>Violent Behaviour / Aggression</u> - significant decrease of physical aggression on the playground for children in the treatment group, compared to the control group, and these effects were most dramatic for children who rated most aggressive at pre-test.</p> <p><u>Substance Use</u> - significant decrease risk of initiation to tobacco and alcohol use and no significant risk reduction of initiation to illicit drugs; lower probability of substance use; significant delay in the increase of substance use in adolescence.</p> <p><u>Family Functioning – mothers' aversive behaviours</u> – mothers who displayed the highest pre-intervention levels of aversive behaviours showed the largest reductions, compared to control mothers.</p>

LINKS

[http://www.ojjdp.gov/mpg/Linking%20the%20Interests%20of%20Families%20and%20Teachers%20\(LIFT\)-MPGProgramDetail-354.aspx](http://www.ojjdp.gov/mpg/Linking%20the%20Interests%20of%20Families%20and%20Teachers%20(LIFT)-MPGProgramDetail-354.aspx)

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP09.html>

<http://www.oslc.org>

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MULTIDIMENSIONAL TREATMENT FOSTER CARE - MTFC - Chamberlain & Reid, 1998

TYPE OF PREVENTION	Selective.
PREVENTION LEVEL	Comprehensive Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Psychological Support - Cognitive-Behavioural Therapy Relational <ul style="list-style-type: none"> - Education and Parental Support - Family Therapy.
TARGET POPULATION	Adolescents (12-17 years of age) with severe and chronic delinquency and their families (Version for children from 6 to 11 years old)
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Delinquency Family Functioning
OBJECTIVES	Help youth live successfully in their communities. Preparing their caregivers, relatives, and community-based agencies to provide effective parenting and support that will facilitate a positive reunification with the family.
RATIONALE	<p><u>Based on social learning theory</u> – describes the mechanisms by which individuals learn to behave in social contexts. In family settings, daily interactions between family members shape and influence both prosocial and antisocial patterns of behaviour that children develop and carry with them into their interactions with others outside of the family (e.g., peers, teachers, coaches).</p> <p>Research has been showing that specific family processes or interaction patterns may predict the development of antisocial behaviour patterns in children and adolescents. Parents in these families inadvertently reinforce their child for being negative or coercive as a means of getting their own way or avoiding tasks or minding. Typically these parents will make repeated requests and demands, the child will whine, yell, and otherwise not comply, and the parent will respond by giving in. In this manner the child is actually reinforced for coercive behaviour and has "learned" that negative coercive responses such as crying are an effective way to get parents to back off. Thousands of these interactions are embedded in family life.</p> <p>By the time an antisocial child has reached school age, three processes are well underway. Parents are responding to him/her negatively; the child uses coercive tactics as his/her main strategy for getting what s/he wants and avoiding what s/he does not want (e.g., chores, homework); and s/he has deficits in prosocial behaviour, having failed to learn the skills necessary to cooperate in the classroom, on teams, or in clubs. There is substantial evidence that aggressive children are likely to be rejected by their peers and that rejected children are more likely to associate with other aggressive, rejected children who tend to reward negative behaviour in their interactions with each other. Antisocial aggressive children are also at risk for school failure. The "coercive training" that they received in their families reduces their behavioural and social competencies which set them up for social and academic failure at school. The youth's experience of early failure in school, parental negativity, rejection by peers, and exclusion from clubs and sports activities all set the stage for association with delinquent peers, school drop-out, drug use, and delinquency in adolescence.</p>

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CONTEXT OF IMPLEMENTATION	Transversal to all life settings of the youth.
DESCRIPTION	<ul style="list-style-type: none"> ▪ Developed to be an alternative to institutional, residential and therapeutic care, and /or in transition phases from these contexts back to the community. ▪ Community families are recruited, trained, and supported to provide well-supervised placements and treatment. Each family has designated a MTFC program staff – a case manager, a family therapist, an individual therapist for the young. ▪ Youths are individually placed with highly trained and supervised foster parents and are provided with intensive support and treatment in a setting that closely mirrors normative life. MTFC typically lasts 6-9 months and youths' individualized programs are adjusted as needed. During that time frequent contact is maintained between participating youth and their biological/adoptive family members, including home visits. ▪ MTFC parents are contacted daily (Monday through Friday) in order to collect data on the youth's behaviour during the past 24 hours, discuss potential problems and review plans for the coming day. <p>Program main components:</p> <ul style="list-style-type: none"> - <u>Full-time monitoring and supervision</u> - Youth are not permitted to have unsupervised free time in the community, and their peer relationships are closely monitored. Over the course of the placement, levels of supervision and discipline are adjusted, depending on the youth's level of progress or lack thereof. - <u>Psychiatric support and management of medication, if needed.</u> - <u>Teaching interpersonal and behavioural skills</u> in different settings of young's life (home, school, peers). - <u>Individual therapy with youth.</u> - <u>Education and Parental Support and Family Therapy</u> - Throughout the MTFC placement, the youth's biological family attend weekly treatment sessions. Training includes practice in keeping youth from associating with delinquent peers, how to set limits and follow through with discipline, understand the importance of helping the youth succeed in school and on the job, encourage youth participation in positive social activities, including sports, hobbies, and other forms of recreation. Biological parents and youth have a number of opportunities to practice these skills during home visits that are scheduled throughout the youth's placement. During home visits, parents run the youth's individualized program which is similar to the one used in the MTFC home. Home visits start out being short, one to two hours in length, and as the youth and his/her parents' progress through the program, and eventually overnight visits are scheduled.
RESULTS EVALUATION DATES	1991, 1998, 2007, 2009
COUNTRIES OF IMPLEMENTATION	USA, Denmark, Ireland, New Zealand, Netherlands, Sweden and United Kingdom.
MEASURES	<p><i>Post-test evaluation and follow-up 1 and 2 years after the program ended.</i></p> <p><u>Delinquency</u></p> <ul style="list-style-type: none"> Data and court reports Youth's anonymous self-report School records and reports regarding absenteeism and academic performance Mental health and medical reports.

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	<i>Elliot Behaviour Checklist (EBC)</i>
RESULTS	<p><u>Violent Behaviour/ Aggression</u> – less likely to receive an official criminal referral for a violent offense; significant decrease of self-reported violent incidents.</p> <p><u>Delinquency</u> - significant decrease in criminal incidence; significant decrease in the probability of detention, of running away or being expelled from their programs.</p> <p><u>Family Functioning</u> – significant decrease in the probability of becoming pregnant.</p> <p>In comparison to alternative institutional treatment programs, MTFC proved to be practicable, with lower costs and better outcomes in youths and families.</p>

LINKS

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=48>

<http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html>

<http://www.mtfc.com/>

http://toptierevidence.org/wordpress/?page_id=313

<http://www.ojjdp.gov/mpg/Multidimensional%20Treatment%20Foster%20Care%E2%80%933Adolescents-MPGProgramDetail-362.aspx>

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MULTISYSTEMIC THERAPY - MST	
TYPE OF PREVENTION	Indicated
PREVENTION LEVEL	Comprehensive Individual - Psychological Support - Cognitive-Behavioural Therapy Relational - Education and Parental Support - Family Therapy.
TARGET POPULATION	MST targets chronic, violent, male or female juvenile offenders, ages 12 to 18, at high risk of out-of-home placement, and the offenders' families.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Delinquency Family Functioning
OBJECTIVES	Attenuate risk factors by building youth and family strengths (protective factors) on a highly individualized and comprehensive basis - family, peer group, school, and community contexts, particularly: - Decrease youth association with deviant peers, increasing association with prosocial peers. - Engage youth with school, improve youth school or vocational performance, encourage youth in prosocial recreational outlets. - Develop a support network of extended family, neighbours, and friends to help caregivers achieve and maintain such changes. - Enhance family affective relations, improve caregiver discipline practices.
RATIONALE	Systems and social ecological theories form the theoretical foundation of MST. As a family-based home intervention, MST identifies the practical issues that impact the youth's serious antisocial behaviour within his or her social environment. Various therapies inform the specific treatment techniques used, including behavioural, cognitive-behavioural, and the pragmatic family therapies. Although MST is a family-based treatment model that has similarities with other family therapy approaches, several substantive differences are evident: MST places considerable attention on factors in the adolescent and family's social networks that are linked with antisocial behaviour; more intensive intervention than traditional family therapies, during several hours per week; well-documented long-term outcomes with adolescents presenting serious antisocial behaviour and the adolescents' families.
CONTEXT OF IMPLEMENTATION	Delivered in the natural environment: in the home, school, or community
DESCRIPTION	MST is a pragmatic and goal-oriented treatment - duration approximately 4 months – that specifically targets those factors in youth's social network which are contributing to his or her antisocial behaviour. The provision of home-based services circumvents barriers to service access that often characterize families of serious juvenile offenders. The treatment plan is designed in collaboration with family members and is, therefore,

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	<p>family driven rather than therapist driven. An emphasis on parental empowerment to modify the natural social network of their children facilitates the maintenance and generalization of treatment gains.</p> <p>The therapist works intensively with parents/caregivers skills of discipline and control, how to focus the young in school and acquire skills for employment, how to encourage their participation in sports and recreational activities as an alternative to unstructured time spent with peers.</p> <p>From the original program had derived other programs tailored to specific issues such as young people with problematic sexual behaviour and abuse and neglect of children.</p> <p><u>Nine principles:</u></p> <ol style="list-style-type: none"> 1. <u>Finding the fit</u> - An assessment is made to understand the "fit" between identified problems and how they play out and make sense in the entire context of the youth's environment. 2. <u>Focusing on positives and strengths</u> - emphasizing the positives and use strengths in the youth's world as levers for positive change. Focusing on family strengths has numerous advantages, such as decreasing frustration by emphasizing problem solving and enhancing caregivers' confidence. 3. <u>Increasing responsibility</u> - Interventions are designed to promote responsible behaviour and decrease irresponsible actions by family members. 4. <u>Present focused, action oriented and well defined</u> 5. <u>Targeting sequences</u> - targeting sequences of behaviour within and between the various interacting elements of the adolescent's life—family, teachers, friends, home, school and community—that sustain the identified problems. 6. <u>Developmentally appropriate</u> - promote adolescent' successful transition to adulthood, through the building of his or her ability to get along well with peers and acquire academic and vocational skills 7. <u>Continuous effort</u> - Interventions require daily or weekly effort by family members so that the youth and family have frequent opportunities to demonstrate their commitment. 8. <u>Evaluation and accountability</u> - MST does not label families as "resistant, not ready for change or unmotivated." This approach avoids blaming the family and places the responsibility for positive treatment outcomes on the MST team. 9. <u>Generalization of achieved results</u>
RESULTS EVALUATION DATES	1998, 2011 - Consult http://mstservices.com/outcomestudies.pdf
COUNTRIES OF IMPLEMENTATION	Australia, Belgium, Canada, Chile, Denmark, USA, England, Iceland, New Zealand, Netherlands, Norway, Scotland, Sweden, Switzerland.
MEASURES	<p><i>Post-test evaluation and follow-up 6 and 18 months, 2, 4 and 13 years after program ended.</i></p> <p><u>Violent Behaviour/ Aggression</u> <i>Missouri Peer Relations Inventory (MPRI)</i></p> <p><u>Delinquency</u> <i>Court data and reports</i> <i>Self-Report Delinquency (SRD)</i></p> <p><u>Family Functioning</u> <i>Family Adaptability and Cohesion Evaluation Scales (FACES-III)</i></p>

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RESULTS

Violent Behaviour/ Aggression - decreased mental health problems for serious juvenile offenders; long-term reductions in violent offenses; significant reduction in peer aggression.

Delinquency – Arrest recidivism rates significantly lower (until 70%) over medium and long-term; significant decrease in re-arrests for violent offenses; detentions related with significantly less serious and violent crimes; detention time significantly smaller; significant decrease of substance use the medium and long term.

Family Functioning – significant decrease in out-of-home placements; significant improvement in relations and family functioning reported by parents and children; significant reduction in parents' psychiatric symptoms.

LINKS

<http://www.mstservices.com/>

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=254>

<http://www.colorado.edu/cspv/blueprints/modelprograms/MST.html>

[http://www.ojjdp.gov/mpg/Multisystemic%20Therapy%20\(MST\)-MPGProgramDetail-363.aspx](http://www.ojjdp.gov/mpg/Multisystemic%20Therapy%20(MST)-MPGProgramDetail-363.aspx)

<http://evidencebasedprograms.org/wordpress/1366/multisystemic-therapy-for-juvenile-offenders/>

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NURSE FAMILY PARTNERSHIP - David Olds	
TYPE OF PREVENTION	Selective
PREVENTION LEVEL	Individual - Social and Personal Skills Development and Training Relational - Education and Parental Support
TARGET POPULATION	Low-income, at-risk pregnant women bearing their first child.
TARGET PROBLEMATICS	<u>Family Functioning</u> Maternal prenatal health Mother-child relationship
OBJECTIVES	Intervene on specific parental behaviours and modifiable environmental conditions that are associated with adverse child and mother outcomes. Help women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve the children's health and development; and improve women's own personal development, giving particular attention to the planning of future pregnancies, women's educational achievement, and parents' participation in the work force.
RATIONALE	<p>Many of the most pervasive, intractable, and costly problems faced by young children and parents in our society today are a consequence of adverse maternal health-related behaviours, such substance use during pregnancy, dysfunctional infant caregiving, and stressful environmental conditions that interfere with parental and family functioning. These problems include infant mortality, preterm delivery and low birth weight, child abuse and neglect, childhood injuries, youth violence, closely spaced pregnancy. Low-income, single, adolescent mothers can have good pregnancy outcomes and children who do well, but their capacity to care for themselves and for their children is often compromised by histories of maltreatment in their own childhood, psychological immaturity or depression, stressful living conditions, and inadequate social support.</p> <p>The program has been grounded in theories of human ecology (Bronfenbrenner, 1979, 1992), self-efficacy (Bandura, 1977, 1982), and human attachment (Bowlby, 1969), each one emphasizing different aspects of the developmental system that contributes to adverse outcomes in vulnerable families.</p> <p><u>Human ecology model</u> highlights that parents' behaviour constitutes the most powerful and potentially alterable influence on the developing child and the fact that the capacity of the parent-child relationship to function effectively as a context for development depends on the existence and nature of other relationships that the parent may have.</p> <p><u>Self-efficacy theory</u> postulates that differences in motivation, behaviour, and persistence in efforts to change a wide range of social behaviours are a function of individuals' beliefs about the connection between their efforts and their desired results. According to this view, cognitive processes play a central role in the acquisition and retention of new behaviour patterns.</p> <p><u>Attachment Theory</u> Caregivers' attachment-related experiences are thought to be encoded in "internal working models" of self and others that create styles of emotional communication and relationships that either buffer the individual in times of stress or that lead to maladaptive patterns of affect regulation and create feelings of worthlessness. Differences in internal working models, according to attachment theorists, have enormous implications for mothers' capacities</p>

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	for developing sensitive and responsive relationships, especially with their own children.
CONTEXT OF IMPLEMENTATION	Family home.
DESCRIPTION	<p>Nurse-Family Partnership consists in intensive and comprehensive home visitation by nurses during a woman's pregnancy and child's first two, with a visit per week, always having the same nurse responsible to follow and work with the family through the duration of the program.</p> <p>In the home visits, the nurses promote three aspects of maternal functioning:</p> <ul style="list-style-type: none"> (a) health-related behaviours during pregnancy and the early years of the child's life; (b) the care parents provide to their children; (c) parents' family planning, educational achievement, and participation in the work force. <p>The nurses are scheduled to visit families once a week for the first month after registration and then every other week through delivery. After delivery the nurses are scheduled to visit once a week for the first six weeks of the baby's life and then every other week until the 21st month postpartum. From 21 to 24 months postpartum, the nurses visit once a month. These visits typically last from 60-90 minutes.</p>
RESULTS EVALUATION DATES	1998, 2004, 2006, 2008
COUNTRIES OF IMPLEMENTATION	USA. Implementation efforts and formative evaluations are underway in Australia, England, Germany, and Holland.
MEASURES	<p><i>Follow-up at children's 6 months, 1, 2, 4, 6, 12 and 15 years of age.</i></p> <p><u>Maternal prenatal health</u></p> <p>Smoking habits (number of cigarettes and nicotine levels), rate of pregnancy-induced hypertension (PIH).</p> <p><u>Child development</u></p> <p><i>A series of cognitive attention and inhibitory control tests analyzed as a single composite index of executive functioning</i></p> <p><i>Achenbach System of Empirically Based Assessment.</i></p> <p><i>Child Behaviour Checklist</i></p> <p><i>Kaufman Assessment Battery for Children (KABC)</i></p> <p><i>Mental Development Index (MDI)</i></p> <p><i>Peabody Picture Vocabulary Test (PPVT-III)</i></p> <p><i>Zimmerman's Preschool Language Scale</i></p> <p><u>Women's personal development</u></p> <p>Analysis of time receiving state subsidies and receiving food stamps, and the number of months participating in the workforce.</p> <p><u>Mother-child relationship – absence of negligence and maltreatment</u></p> <p>Medical reports - incidence of injuries, harmful ingestions, hospital records - number of emergency room visits</p> <p>Reports from State Child Protective Service records</p> <p><i>Adult-Adolescent Parenting Inventory</i></p> <p><i>Caldwell Home Observation Checklist</i></p> <p>Home visits</p>
RESULTS	<u>Maternal prenatal health</u> - improvement in women's prenatal health-related behaviours, especially on cigarette smoking reduction and diet improvement; reduced pregnancy complications, such as hypertensive disorders and kidney infections.

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Child development - development significantly more healthy, mainly in children of mothers with low psychological resources; significantly less likely to have used cigarettes, alcohol, or marijuana; significantly less likely to develop antisocial and criminal behaviour.

Women's personal development - significant improvement on women's personal development, indicated by: a significant decrease in the number of subsequent pregnancies; an increase on the interval between the birth of the first child and second child; a reduction in welfare and other government assistance dependence; reductions in behavioural problems due to substance abuse and in criminal behaviour on the part of mothers; and a greater job stability.

Mother-child relationship – absence of negligence and maltreatment - significant reduction in demand for medical care for children; mothers are less likely to become involved in child protection processes due to maltreatment; significant reduction in mothers' beliefs about child-rearing that are associated with child abuse and neglect: lack of empathy, belief in physical punishment, and unrealistic expectations for infants; reduction of risks at home: sharp objects, potentially dangerous locations. These results were compromised in intimate partner violence cases, where the treatment effectiveness decreased as the level of domestic violence increased.

LINKS

<http://www.colorado.edu/cspv/blueprints/modelprograms/NFP.html>

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=88>

[http://www.ojjdp.gov/mpg/Nurse%E2%80%9393Family%20Partnership%20\(NFP\)-MPGProgramDetail-368.aspx](http://www.ojjdp.gov/mpg/Nurse%E2%80%9393Family%20Partnership%20(NFP)-MPGProgramDetail-368.aspx)

<http://www.nursefamilypartnership.org/>

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OLWEUS BULLYING PREVENTION PROGRAM – BPP	
TYPE OF PREVENTION	Universal, Indicated and Selective
PREVENTION LEVEL	Comprehensive Individual - Social and Personal Skills Development and Training Community - School - Behaviour Management in School - Teacher Training in Behaviour Management
TARGET POPULATION	Children and young people from 6 to 15 years (possibility of adapting materials for young people up to 18).
TARGET PROBLEMATICS	Bullying
OBJECTIVES	<p>To reduce existing bullying problems among students and to prevent the development of new bullying problems.</p> <p>Increasing knowledge and bullying awareness. Actively involve teachers and parents. Develop clear rules against bullying behaviour. Providing support and protection for victims of bullying.</p> <p>Develop a school environment (and ideally familiar) characterized by warmth, positive interest and involvement by adults, with firm limits for unacceptable behaviour, with non-hostile negative consequences when rules are broken, where adults act as an authority and as a positive role model.</p>
RATIONALE	<p>Lack of scientific basis for some bullying related myths: bully/victim problems are, in part, a consequence of large classes and/or schools, bullying is a result of competition and striving for grades in school, more specifically, a reaction to failures and frustrations in school.</p> <p>Program is built around a limited set of key principles and findings derived chiefly from research on the development and modification of problem behaviours, particularly aggressive behaviour.</p> <p>Bullying behaviour can be checked and redirected into a more prosocial direction through a systematic restructuring of the social environment. Among other outcomes, this restructuring is expected to result in fewer opportunities for bullying behaviour and fewer or smaller rewards for displaying this and similar behaviour in the school and other relevant contexts.</p> <p><u>General prerequisites to successful intervention: Awareness and Involvement:</u> a) The adults at school and, to some degree, at home must become aware of the extent of bully/victim problems in their own school.</p> <p>b) The adults must engage themselves, with some degree of seriousness, in changing the situation.</p>
CONTEXT OF IMPLEMENTATION	School, Community.
DESCRIPTION	Because OBPP is not a curriculum, its core principles, rules, and supportive materials could be adapted for use by any program that children and youth attend on a regular basis, such as after-school programs or community youth programs.

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	<p><u>Individual Level</u></p> <ul style="list-style-type: none"> a) Supervise students' activities b) Ensure that all staff intervene on the spot when bullying occurs c) Hold meetings with students involved in bullying and their parents d) Develop individual intervention plans for involved students <p><u>School Level</u></p> <ul style="list-style-type: none"> a) Establish a Bullying Prevention Coordinating Committee. b) Conduct committee and staff trainings. c) Administer the <i>Olweus Bully/Victim Questionnaire</i> in order to make a diagnosis: of knowledge and staff involvement in bullying dynamics, of bullying incidence in school, and of the usual places where these situations occur d) Hold staff discussion group meeting e) Introduce the school rules against bullying f) Review and refine the school's supervisory system g) Hold a school kick-off event to launch the program. h) Involve parents <p><u>Classroom Level</u></p> <ul style="list-style-type: none"> a) Post and enforce school wide rules against bullying. b) Hold regular class meetings, so there is a space of debate and development c) Hold meetings with students' parents, to promote their active involvement <p><u>Community-Level Components</u></p> <ul style="list-style-type: none"> a) Involve community members on the Bullying Prevention Coordinating Committee b) Develop partnerships with community members to support your school's program. c) Help to spread anti-bullying messages and principles of best practice in the community.
RESULTS EVALUATION DATES	1999, 2003, 2005
COUNTRIES OF IMPLEMENTATION	Norway, USA.
MEASURES	<i>Follow-up 1 and 2 years after program ended.</i>
RESULTS	<p><u>Individual Level</u></p> <p>Significant reduction in both situations of victimization or bullying of other students, reported by students.</p> <p>Significant reduction in antisocial behaviours such as vandalism, fighting, theft and school truancy, reported by students.</p> <p><u>School Level</u></p> <p>Improvement on classroom's environment.</p> <p>Improvement in order and discipline at school.</p> <p>More positive social relationships.</p> <p>More positive attitudes toward schools and school work.</p>

LINKS

<http://www.colorado.edu/cspv/blueprints/modelprograms/BPP.html>

<http://www.ojjdp.gov/dso/Olweus%20Bullying%20Prevention%20Program-DSOPProgramDetail-306.aspx>

<http://www.violencepreventionworks.org/public/index.page>

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PARENTING WITH LOVE AND LIMITS – PLL	
TYPE OF PREVENTION	Indicated
PREVENTION LEVEL	Relational - Education and Parental Support - Family Therapy
TARGET POPULATION	Children and adolescents aged 10-18 who have severe emotional and behavioural problems (e.g., conduct disorder, oppositional defiant disorder, attention deficit/hyperactivity disorder) and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Family Functioning
OBJECTIVES	Reduce youth behaviour problems, through parental skills increase and a family functioning improvement.
RATIONALE	Family Therapy
CONTEXT OF IMPLEMENTATION	Home, therapeutic setting or other to be defined by both parts. Delivered by family therapists.
DESCRIPTION	<p>Parents and teens learn specific skills in group therapy and then meet in individual family therapy to role-play and practice these new skills. This integration of group and family therapy enables parents to transfer these new skills to real-life situations and prevent relapse.</p> <p>Three to four family therapy sessions are recommended for low- to moderate-risk adolescents and up to 20 sessions for moderate- to high-risk offenders within an outpatient or home-based setting.</p> <p><u>During group therapy</u>, teens and parents participate together in a small group, led by two facilitators, which can also include siblings and extended family. The groups consist of no more than six families and no more than 15 people total per group. Six 2-hour classes are held weekly. Parents and teens meet together as a group for the 1st hour. During the 2nd hour, the parents meet in one breakout group with one facilitator leading each breakout and the teens meet in another. <u>During family therapy</u> - 1 to 2 hours session – family practices the new skills learned in group through extensive role-plays.</p> <p>Typically, the program is developed as follows:</p> <p><u>Group Session 1 - Understanding Why Your Teen Misbehaves</u></p> <p><u>Group Session 2 - Button-Pushing</u>: Parents learn how their teen pushes their hot buttons (whining, disgusted look, swearing, etc.), and teens learn how parents push theirs (lecturing, criticizing, talking in chapters, etc.). Also learn how button-pushing escalate to conflicts and discussions, identifying the three most used by both parts.</p> <ul style="list-style-type: none"> ▪ First Family Therapy Session - Parents and teens meet individually to practice anti-button-pushing strategies. <p><u>Group Session 3 - How and why their old methods of contracting have failed.</u></p> <ul style="list-style-type: none"> ▪ Second Family Therapy Session - Parents and teens meet individually to create their own contract.

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	<p><u>Group Session 4 - Troubleshooting</u></p> <ul style="list-style-type: none"> ▪ Third Family Therapy Session - review of contracts and troubleshoot any loopholes. <p><u>Group Session 5 - Stopping the Seven Aces:</u> Parents choose creative consequences to stop disrespect, ditching or failing school, running away, drugs or alcohol, sexual promiscuity, violence, and threats of suicide.</p> <ul style="list-style-type: none"> ▪ Fourth Family Therapy Session - review of progress made. <p><u>Group Session 6 - Reclaiming Lost Love:</u> Parents learn to understand how conflict hinders the parent–child relationship and strategies to repair it.</p> <ul style="list-style-type: none"> ▪ Fifth Family Therapy Session and Beyond as Needed - Parents and teens begin to solidify nurturance as well as address any underlying family dysfunction. <p>The Parenting with Love and Limits program also has a re-entry/aftercare component.</p>
RESULTS EVALUATION DATES	2009, 2011
COUNTRIES OF IMPLEMENTATION	Canada, USA, Netherlands
MEASURES	<p><i>Post-test evaluation and follow-up 1 year after program ended.</i></p> <p><u>Parental Behaviours</u></p> <p><i>Parents' Readiness Scale and Adolescent Readiness Scale</i></p> <p><i>Prevention and Early Intervention Protective Factor Survey for Caregivers</i></p> <p><i>Index of Parental Attitudes,</i></p> <p><i>Parent Adolescent Communication Scale</i></p> <p><i>Parent Readiness Scale</i></p> <p><u>Conduct Disorders</u></p> <p><i>Child Behaviour Checklist</i></p> <p><i>Prevention and Early Intervention Protective Factor Survey for Youth</i></p>
RESULTS	<p><u>Conduct Disorders</u> – significantly fewer offenses (recidivism) and incarceration days; significant improvement on helping others and social competencies; significant decreased in violent behaviour, behaviour problems, depression and attention deficits.</p> <p><u>Family Functioning</u> – Significant improvement in parental resilience, social support, and problem solving and communication; improvement in readiness for change; significant improvement in communication between mothers and child, reported by both.</p>

LINKS

<http://www.ojjdp.gov/mpg/Parenting%20with%20Love%20and%20Limits%20%20174;-MPGProgramDetail-463.aspx>

http://www.publicsafety.gc.ca/res/cp/res/2011-pcpp-eng.aspx#toc_3d

<http://www.gopll.com/>

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=45>

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PEACE BUILDERS	
TYPE OF PREVENTION	Universal, Selective
PREVENTION LEVEL	<p>Comprehensive</p> <p>Individual</p> <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Psychological Intervention – Behaviour Conditioning - Classroom Curricula. <p>Relational</p> <ul style="list-style-type: none"> - Education and Parental Support. <p>Community</p> <ul style="list-style-type: none"> - Community involvement
TARGET POPULATION	Children from 6 to 18 years.
TARGET PROBLEMATICS	Bullying Violent Behaviour/ Aggression
OBJECTIVES	<p>Reduce violence among youth.</p> <p>Improve a school's overall social climate and culture so as to foster positive communication between students and adults, as well as prosocial behaviour among students.</p>
RATIONALE	<p>The underlying theory behind PeaceBuilders is that youth violence can be reduced by initiating prevention early in childhood, by increasing children's resilience, and by reinforcing positive behaviours. This point of view further hypothesizes that aggressive behaviour can be reduced by altering the school environment to emphasize rewards and praise for prosocial behaviour. In theory, if positive behaviours are consistently reinforced and rewarded in schools, social competence among students will improve and violent behaviour will decrease.</p> <p>Arising from the Seattle Social Development Study, incorporates evidence that the fact of the adults in the school knowing and interacting with the students by name and showing personal interest, dramatically reducing risk and delinquent behaviour.</p> <p>It is also based on the main results of research on brain, including the role of hormones and neurotransmitters in their relation to positive social interactions and readiness to learn.</p>
CONTEXT OF IMPLEMENTATION	School, to be implemented by all teachers and school staff, as well as community volunteers after the training program.
DESCRIPTION	<p>Individual component</p> <p>The strategies are implemented as part of the school's everyday routine, rather than as a set number of sessions. Participants are taught common principles, opportunities to rehearse positive behaviour, and rewards for practicing it. Students are taught the following six principles: 1) praise people, 2) avoid putdowns, 3) seek wise people as advisers and friends, 4) notice and correct hurts that you cause, 5) right wrongs, and 6) help others.</p> <p><u>Nine broad behaviour-change techniques designed to promote a prosocial school environment</u> 1) common language for community norms, 2) story and live models for positive behaviour, 3) environmental cues to signal desired behaviour, 4) role play to</p>

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	<p>increase range of responses, 5) rehearsals of positive solutions after negative events and explanations of the impact that negative behaviour had on the environment, 6) group and individual rewards to strengthen positive behaviour, 7) threat reduction to reduce reactivity, 8) self- and peer-monitoring for positive behaviour, and 9) generalization promotion—a strategy that generalizes behaviour change in individuals—to increase maintenance of change across time, places, and people.</p> <p>School component</p> <p>Emphasizes adults participation - teachers, parents, the school principal, and support staff - on teaching, reinforcing and modelling those behaviours in order to foster the principles at school, at home, and in public places</p> <p>PeaceBuilders rules and principles are prominently displayed throughout the school to serve as constant reminders of prosocial behaviour.</p> <p>Parents Component</p> <p><u>Parent Education</u> – This component is designed to help parents create solutions to reduce aggression in their children. It teaches parents ways to reduce TV watching and sibling fighting, as well as strategies to increase homework completion.</p> <p><u>Marketing to Families</u> – This component is designed to make the program’s goals known to families. This is done through advertising in fast-food restaurants, toy manufacturing, and public health campaigns.</p> <p>Community Component</p> <p><u>Additional Training</u> – training of community volunteers who are interested in assisting with the PeaceBuilders program.</p> <p><u>Public relations</u> - communicate the PeaceBuilders principles to the community in order to spread its positive message. It includes repetition and recognitions of specific tactics used in the program.</p>
RESULTS EVALUATION DATES	1997, 2003, 2007, 2011
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Evaluation at 6, 12 and 18 months during implementation process.</i></p> <p><u>Violent Behaviour/Aggression</u></p> <ul style="list-style-type: none"> Self-reports Parents and teachers reports Observation in the playground School records
RESULTS	<p><u>Violent Behaviour/ Aggression</u> – Decrease in injuries resulting from involvement in fights and quarrels; significant increase in prosocial behaviour of students; significant decrease in visits to the school nursery; decrease in violent and aggressive behaviour.</p>

LINKS

<http://www.peacebuilders.com/>

<http://www.ucalgary.ca/resolve/violenceprevention/English/reviewprog/bullyprogs.htm#prog6>

<http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=382>

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PROMOTING ALTERNATIVE THINKING STRATEGIES – PATHS – Kusché & Greenberg, 1994	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Comprehensive Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula Relational <ul style="list-style-type: none"> - Education and Parental Support Community - School <ul style="list-style-type: none"> - Behaviour Management in School
TARGET POPULATION	Children from 6 to 12 years, particularly children flagged in kindergarten for disruptive behaviour and poor peer relations.
TARGET PROBLEMATICS	Violent behaviour/ Aggression
OBJECTIVES	Promote emotional and social competencies and reduce aggression and behaviour problems while simultaneously enhancing the educational process in the classroom.
RATIONALE	<p>The PATHS prevention-intervention program is based on five conceptual models, assuming that:</p> <ul style="list-style-type: none"> - to achieve significant changes an holistic approach is required, focusing on emotions, behaviours and cognitions. - building protective factors decreases the maladjustment. <p><u>The ABCD Model (Affective-Behavioural-Cognitive-Dynamic)</u> The ABCD model places primary importance on the developmental integration of affect, and emotion language, behaviour, and cognitive understanding to promote social and emotional competence. A basic premise is that a child's coping, as reflected in his or her behaviour and internal regulation, is a function of emotional awareness, affective-cognitive control, and social-cognitive understanding. Implicit in the ABCD model is the idea that during the maturational process, emotional development precedes most forms of cognition. That is, young children experience emotions and react on an emotional level long before they can verbalize their experiences. Attending to the crucial role of emotional development in models of preventive intervention, this model synthesizes the domains of self-control, emotional awareness and understanding, and social problem-solving to increase social and emotional competence.</p> <p><u>The Eco-Behavioural Systems Model</u> - emphasize not only the teaching of skills, but also the creation of meaningful real-life opportunities to use skills and the establishment of structures to provide reinforcement for effective skill application. Thus, a critical ingredient for success is the development of a healthy classroom and school environment, focusing not only on the child's behaviour, but also the teacher's behaviour, the relationship between the teacher and child, the relationship with peers, in order to generalize the skills acquired.</p> <p><u>Neurobiology and Brain Structuralization/Organization</u> - As children mature increasing neuronal interconnections evolve between the frontal lobes (processing and regulation of emotion) and the limbic system (emotions development). This is especially important with regard to the development of self control, because the frontal cortex becomes increasingly able to regulate impulses from the limbic areas and modify potential actions. However, these developmental milestones do not automatically unfold, but rather are heavily influenced by environmental input throughout early childhood, by learning experiences in meaningful</p>

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	<p>relationships.</p> <p>Thus, PATHS incorporated strategies to optimize the nature and quality of teacher-child and peer-peer interactions that are likely to impact brain development as well as learning.</p> <p><u>Psychodynamic Education</u> - teachers are powerful role models. The information they impart is often given the status of absolute truth and their response and interest to children's emotions and feelings have a profound impact. Thus, teachers are essential in the clarification and explanation of emotions and situations, which will allow children developing a healthy sense of self-esteem from observing the positive reactions of others towards them. It is then promoted an healthy development of consciousness – internalization - thereby a self-responsibility for one's actions, a kind but fair sense of prosocial behavioural control, positive sense of self, respect for self and others. a kind but fair sense of prosocial behavioural control, positive sense of self, respect for self and others</p> <p><u>Psychological Issues Related to the Crucial Role of Emotional Awareness</u> - Emotional awareness involves skills such as recognizing emotional responses in themselves, in others and in situations, and to use this knowledge in effective ways (self-regulation of emotions, self-motivation, effective management of relationships). As such, a central focus of PATHS is encouraging children to discuss feelings, experiences, opinions, and needs that are personally meaningful, and making them feel listened to, supported, and respected by both teachers and peers. As a result, the internalization of feeling valued, cared for, appreciated, and part of a social group is facilitated, which, in turn, motivates children to value, care for, and appreciate themselves, their environment, their social groups, other people, and their world.</p>
CONTEXT OF IMPLEMENTATION	<p>School – classroom, by teachers.</p> <p>Home, by parents.</p>
DESCRIPTION	<p>The PATHS Curriculum, taught three times per week for a minimum of 20-30 minutes per day, provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. Teachers receive training in a two- to three-day workshop and in bi-weekly meetings with the curriculum consultant.</p> <p>PATHS is divided into three major units:</p> <p>(1) the Readiness and Self-Control Unit, 12 lessons that focus on readiness skills and development of basic self-control;</p> <p>(2) the Feelings and Relationships Unit, 56 lessons that focus on teaching emotional and interpersonal understanding (i.e., Emotional Intelligence);</p> <p>(3) the Interpersonal Cognitive Problem-Solving Unit, 33 lessons that cover eleven steps for formal interpersonal problem-solving.</p> <p>(a) Supplementary Unit containing 30 lessons which review and extend PATHS concepts that are covered in the major three units.</p> <p>The PATHS units cover five conceptual domains: self-control, emotional understanding, positive self esteem, relationships, and interpersonal problem solving skills.</p> <p>Generalization activities and strategies were incorporated to be used in (and outside of) the classroom throughout each school day, and materials were included for use with parents.</p>
RESULTS EVALUATION DATES	1999, 2004, 2007
COUNTRIES OF IMPLEMENTATION	Australia, Belgium, Bermuda, Brazil, Canada, Croatia, Czech Republic, Germany, Greece, China (Hong Kong), Iceland, , Israel, Japan, Mexico, the Netherlands, New Zealand, Norway, Peru, the Philippines, Japan (Singapore), South Africa, South Korea, Switzerland, Taiwan, USA, , UK (Wales, England, Scotland).

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	Translated into Dutch, Korean, and Spanish.
MEASURES	<p><i>Post-test evaluation and follow-up 1 and 2 years after the program ended.</i></p> <p><u>Learning environment</u> <i>Classroom Rating Form</i></p> <p><u>Neurocognitive capacity</u> <i>McCarthy Scales of Children's Abilities</i> <i>Stroop Test</i></p> <p><u>Social-emotional competence</u> <i>Assessment of Children's Emotions Scales (ACES)</i> <i>Kusché Affective Interview--Revised (KAI-R)</i> <i>Kusché Emotional Inventory</i></p> <p><u>Internalizing and Externalizing behaviours</u> <i>Child Behaviour Checklist-Teacher Report Form (CBCL-TRF)</i></p> <p><u>Depression</u> <i>Children's Depression Inventory (CDI)</i></p>
RESULTS	<p><u>Learning environment</u> - a more positive classroom atmosphere, being statistically significant: ability to follow rules, ability to express feelings appropriately, level of interest and enthusiasm, and ability to stay focused and on task.</p> <p><u>Neurocognitive capacity</u> - significant greater inhibitory control and verbal fluency; improved ability to plan ahead the resolution of complex tasks.</p> <p><u>Violent Behaviour/ Aggression</u> - Decrease of behavioural problems, including aggression, reported by students; lowest nomination by peers as aggressive, hyperactive and disruptive.</p> <p><u>Social-emotional competence</u> – Significant improvement in affective vocabulary range, ability to provide appropriate personal examples of the experience of basic feelings, beliefs that they can hide, manage, and change their feelings, understanding of cues for recognizing feelings in others, comprehension of complex feelings. Significant increase in recognizing and understanding emotions, in developing effective alternative solutions as an alternative to aggressive/violent solutions. Significant improvement at prosocial behaviour in the following domains: self-control, emotional understanding, ability to tolerate frustration and use of effective conflict-resolution strategies. Decrease in internalizing and externalizing behaviours, increasing significantly lower of internalizing behaviours, lower average aggression and hyperactive-disruptive behaviour scores.</p> <p><u>Depression</u> – Decrease significantly faster of depression rates.</p>

LINKS

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=20>

<http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html>

[http://www.ojdp.gov/mpg/Promoting%20Alternative%20Thinking%20Strategies%20\(PATHS\)-MPGProgramDetail-409.aspx](http://www.ojdp.gov/mpg/Promoting%20Alternative%20Thinking%20Strategies%20(PATHS)-MPGProgramDetail-409.aspx)

<http://www.prevention.psu.edu/projects/PATHS.html>

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RAISING HEALTHY CHILDREN

TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Comprehensive Individual - Social and Personal Skills Development and Training Relational - Education and Parental Support Community - School - Teacher Training in Behaviour Management
TARGET POPULATION	Children and youth from 6 to 12 years
TARGET PROBLEMATICS	Substance use Behaviour Problems Academic achievement
OBJECTIVES	Promote protective factors and reduce risk factors, aiming a positive development and behaviour problems prevention in adolescence, through: - Promotion of ties to school and family, increasing the opportunities, skills and recognition of children and youth in pro-social involvement at school and home.
RATIONALE	It is based on Social Development Model – developmental, integrative model, based on Social Learning Theory, Social Control Theory and Differential Association Theory.
CONTEXT OF IMPLEMENTATION	School, home.
DESCRIPTION	School Program Components 1. <u>School-wide implementation teams</u> to manage the adoption of expectations and discipline strategies for the classroom, playground, lunchroom, and hallways. 2. <u>Classroom management strategies</u> —provides workshops for teachers on strategies that: establish consistent expectations for behaviours and routines at the beginning of the school year; give clear, explicit instructions for behaviour; recognize desirable behaviour and efforts to comply; keep classroom disruptions from interrupting instruction; reduce "dead time" and keep students actively engaged. 3. <u>Instructional Strategies</u> —provides workshops for teachers on strategies that: assess and activate foundation knowledge before teaching; teach to explicit learning objectives; engage students during direct instruction; model new skills effectively; execute guided practice; manage independent practice; provide feedback and praise. 4. <u>Social, Cognitive and Emotional Learning</u> —provides workshops for teachers on strategies that: conduct direct instruction and reinforcement of social and emotional skills; reinforce and recognize social skills usage in the classroom; encourage problem-solving with students, with teacher facilitating when necessary; assist students with identifying feelings and emotions; plan to provide opportunities for students to practice social skills in the classroom. 5. <u>Coaching and Support</u> —monthly coaching visits to classrooms to provide reinforcement for implementation of project practices and tips on how to incorporate project practices into teaching.

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	<p>Family Support Program Components</p> <ol style="list-style-type: none"> 1. <u>Raising Healthy Children</u> (five sessions) K-2nd grade families: observing and pointing out desirable and undesirable child behaviours; teaching expectations for behaviour; providing consistent reinforcement for desired behaviour; providing consistent and moderate consequences for misbehaviour. 2. <u>Supporting School Success™</u> (five sessions) 3-6th grade: initiating conversations with teachers about children's learning; helping children develop math and reading skills; creating a home environment to support learning. 3. <u>Guiding Good Choices™</u> (five sessions) 4th-6th grade: establishing a family policy on drugs; practicing refusal skills with children; using self-control skills to reduce family conflict; creating opportunities for children to contribute to the family. 4. <u>Home Based Service</u>: Parents needing extra support receive 12 sessions of home based services with the content focused on the material from the parenting programs listed above. 5. <u>Six booster home visits</u> to assist with transitions into high school, unaccompanied driving and leaving high school. <p>Peer Program Components - Social and emotional skill development; interpersonal problem-solving skills; listening; conflict resolution; recognizing feelings; consequential thinking.</p>
RESULTS EVALUATION DATES	2003, 2006
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<i>Information not available</i>
RESULTS	<p><u>Academic achievement</u> – Significant increase in academic performance and commitment to school, teacher- and parent-reported.</p> <p><u>Substance use</u> – Significantly less growth in the frequency of alcohol and marijuana use.</p> <p><u>Behaviour Problems</u> – significantly greater increase in teacher-reported social competency and less increase in antisocial behaviours; significantly less likely to drive while under the influence of alcohol or ride in a car driven by a minor under the influence.</p>
<p>LINKS</p> <p>http://www.sdrp.org/rhcsunmary.asp#4</p> <p>http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP20.html</p>	

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RESPONDING IN PEACEFUL AND POSITIVE WAYS – RIPP	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula
TARGET POPULATION	Children and youth from 6 to 17 years
TARGET PROBLEMATICS	Violent Behaviour/Aggression Prosocial behaviours and relationships Substance use
OBJECTIVES	Reduce aggressive behaviour and violence in school-aged youth, and to intervene with young children to help them avoid potential violence in adolescence.
RATIONALE	RIPP draws from theories of social cognition, problem-solving, and emotional processes that are essential in controlling aggressive behaviour and in increasing social competence. RIPP targets a developmental phase in the child's life, the transition from elementary to middle school, as an opportunity to intervene to prevent violence.
CONTEXT OF IMPLEMENTATION	School – classroom.
DESCRIPTION	The program combines a classroom curriculum of social/cognitive problem-solving with real-life, skill-building opportunities, such as peer mediation. RIPP teaches key concepts, such as: The importance of significant friends or adult mentors; the relationship between self-image and gang-related behaviour; the effects of environmental influences on personal health.
RESULTS EVALUATION DATES	2003
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Post-test evaluation and follow-up 6 and 13 months after program ended.</i></p> <p><u>Violent behaviour/ Aggression</u></p> <p><i>Children's Report of Exposure to Violence</i></p> <p><i>Problem Behaviour Frequency Scales</i></p> <p><i>Problem Situation Inventory</i></p> <p><i>Revised Children's Manifest Anxiety Scale</i></p> <p><i>The RIPP Knowledge Test...</i></p> <p><u>Prosocial Behaviours and Relationships</u></p> <p><i>The Interpersonal Problem Situation Inventory for Urban Adolescents, Peer Provocation Scale</i></p>
RESULTS	<u>Violent behaviour/ Aggression</u> - Significant decreased in violent disciplinary code violations; significantly more favourable attitudes toward nonviolence up and significantly less favourable attitudes to violence, self-reported by youth. Significant reduction of violent behaviours; significant lower frequency of physical aggression, of being injured in a fight and victimization; reduced rates of bringing a weapon to school and threatening someone with a weapon. RIPP did not significantly reduce nonphysical aggression. Students who made the

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greatest gains exhibited relatively higher pre-test scores for problem behaviours, suggesting that RIPP might have its strongest effects on students who are most at risk.

Prosocial Behaviours and Relationships – reduced frequency of peer provocation reported by youth; higher rates of participation in peer mediation.

Substance use – No significant reduction.

LINKS

<http://www.ojjdp.gov/mpg/Responding%20In%20Peaceful%20and%20Positive%20Ways-MPGProgramDetail-415.aspx>

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=59>

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SECOND STEP - A Violence Prevention Curriculum	
TYPE OF PREVENTION	Universal, Selective
PREVENTION LEVEL	Comprehensive Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula Relational <ul style="list-style-type: none"> - Education and Parental Support
TARGET POPULATION	Children and youth from 6 to 12 years old.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Bullying
OBJECTIVES	Reduce impulsive and aggressive behaviour in children by increasing their social competency skills and other protective factors.
RATIONALE	Modelos cognitivo-comportamentais integrados com a Teoria da Aprendizagem Social, da investigação na área da empatia e das Teorias de Processamento de Informação Social.
CONTEXT OF IMPLEMENTATION	School – classroom or other group setting.
DESCRIPTION	Elementary Curriculum Consists of 15 to 22 thirty-five-minute lessons per grade level taught once or twice a week. Is organized into three skill-building units covering the following: <ul style="list-style-type: none"> - <u>Empathy Training</u> - teaches young people to identify and understand their own emotions and those of others; - <u>Impulse control and problem solving</u> - helps young people choose positive goals, reduce impulsiveness, and evaluate consequences of their behaviour in terms of safety, fairness, and impact on others; - <u>Anger management</u> - enables youths to manage emotional reactions and engage in decision-making when they are highly aroused. Middle school Curriculum Composed of eight to fifteen 50-minute lessons per grade level, organized into four units: <ul style="list-style-type: none"> <u>Unit 1</u> - is centred on knowledge and describes violence as a societal problem. <u>Unit 2</u> - trains students in empathy and encourages emotionality through learning to find common ground with others, avoid labelling and stereotyping, using “I” messages, and active listening. <u>Unit 3</u> - combines anger management training and interpersonal problem-solving. <u>Unit 4</u> - applies the skills learned in previous units to five specific situations: making a complaint, dealing with peer pressure, resisting gang pressure, dealing with bullying, and diffusing a fight. Students learn modelling behaviours through role-plays and videotapes. Parents Component (from children up to 12 years) – 6 sessions in order to involve parents in the program, inform and assist them in strengthening communication skills feelings, problem solving, anger control and conflict management at family context.
RESULTS EVALUATION DATES	2005, 2008

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COUNTRIES OF IMPLEMENTATION	Germany «Faustlos curriculum», Canada, USA, Norway «Steg for Steg»
MEASURES	<p><i>Post-test evaluation at the end of several grades.</i></p> <p><u>Violent Behaviour/ Aggression</u></p> <p><i>Child Behaviour Checklist (CBCL), TRF</i></p> <p><i>Heidelberg Competence Inventory (HKI)</i></p> <p><i>School Social Behaviour Scale (SSBS)</i></p> <p><i>Social Skills Rating System</i></p> <p><i>Parent-Child Rating Scale (P-CRS)</i></p> <p><i>Prisoner's Dilemma game.</i></p>
RESULTS	<p><u>Violent Behaviour/ Aggression</u> – significant decrease in antisocial behaviours reported by teachers; increase of social competence, namely, the choice of prosocial solutions; significant decrease of fear of loss of control; significant decrease in anxiety levels and depression reported by parents; significant increase in prosocial behaviour with peers and adults, in several school settings: classroom, playgrounds and cafeterias.</p>

LINKS

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=66>

<http://www.ojdp.gov/mpg/Second%20Step%2020174;%20A%20Violence%20Prevention%20Curriculum-MPGProgramDetail-422.aspx>

<http://www.promisingpractices.net/program.asp?programid=111>

<http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=422>

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SKILLS, OPPORTUNITIES AND RECOGNITION – SOAR [former Seattle Social Development Project – SSDP]	
TYPE OF PREVENTION	Universal, Selective
PREVENTION LEVEL	Comprehensive Relational - Education and Parental Support Social Proximal Context - Teacher Training in Behaviour Management
TARGET POPULATION	General population of children and youth from 6 to 12 years and high-risk children (those with low socioeconomic status and low school achievement)
TARGET PROBLEMATICS	Substance Use Violent Behaviour/ Aggression Delinquency Academic Achievement Family Functioning
OBJECTIVES	Prevent and intervene in behaviour problems and juvenile delinquency. Strengthen attachment and commitment to school and prosocial bonds. Reduce risk factors and promote protective factors related to antisocial and delinquent behaviours.
RATIONALE	Social Control Theory, Social Learning Theory and Differential Association Theory. The bonding created with others act as protective factors for future antisocial behaviour. The program also uses an approach to risk reduction and skill development.
CONTEXT OF IMPLEMENTATION	School.
DESCRIPTION	<p>The interventions last for six years (grades 1 through 6).</p> <p><u>Teacher's component</u></p> <ol style="list-style-type: none"> 1) <i>Proactive classroom management</i> involves minimizing classroom disturbances, establishing clear rules for the classroom, and rewarding good behaviour; 2) <i>Interactive teaching</i> involves enhancing each child's academic performance by ensuring mastery of certain objectives and skills before proceeding to tougher work; 3) <i>Cooperative learning</i> involves separating the children into small groups to encourage teamwork and to improve their social skills. <p>First grade teachers teach communication, decision-making, negotiation, and conflict resolution skills whereas sixth grade teachers teach refusal skills.</p> <p><u>Parental component</u></p> <ol style="list-style-type: none"> 1) During first and second grade, parents engage in family management training, which helps parents to monitor and provide discipline to children; 2) During the second and third grades, parents engage in communication training, which helps to improve parent-child communication. They also learn to help with schoolwork and skill development; 3) During the fifth and sixth grades, parents learn to create a family position on drugs and to teach their child resistance skills. <p><u>Individual component</u> – students receive specific cognitive- and social-skills instruction during the first and sixth grades. During the first grade, students participate in the "Interpersonal Problem-Solving" curriculum. During the sixth grade students receive a</p>

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	four-hour refusal-skills training program. The program's goals were to help students recognize and resist social influences that may encourage problem behaviours (e.g., drug use or sex) and to develop positive alternatives to engaging in those negative behaviours.
RESULTS EVALUATION DATES	1992, 2002, 2005
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Evaluation at the end of 2nd, 4th and 6th year of intervention and follow-up 7 and 10 years after program ended.</i></p> <p><i>Child Behaviour Checklist (CBCL) – TRF</i></p> <p><i>California Achievement Test (CAT)</i></p> <p><i>Self-reports</i></p> <p><i>Official reports</i></p>
RESULTS	<p><u>Substance Use</u> - decreased probability of alcohol initiation. No effects were shown for lifetime prevalence of cigarettes, alcohol, marijuana, or other illicit drug use.</p> <p><u>Violent Behaviour/ Aggression</u> – decreased likelihood of developing aggressive and antisocial behaviours, externalizing behaviours in boys and self-destructive in girls, violent delinquency and of initiating sexual activity.</p> <p><u>Delinquency</u> - decreased probability of delinquency initiation, of boys involvement with antisocial peers; reductions in being drunk and in drinking and driving.</p> <p><u>Academic Achievement</u> - significantly stronger attachment to school, greater improvement in self-reported achievement; significantly less involvement in school misbehaviour; significantly less likely to have repeated a grade.</p> <p><u>Family Functioning</u> – Increases in family management practices, communication, and attachment to family.</p>

LINKS

<http://www.promisingpractices.net/program.asp?programid=64>

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP17.html>

http://www.publicsafety.gc.ca/res/cp/res/2008-pcpp-eng.aspx#toc_6c

[http://www.ojdp.gov/dso/Skills,%20Opportunities,%20and%20Recognition%20\(SOAR\)-DSOPProgramDetail-421.aspx](http://www.ojdp.gov/dso/Skills,%20Opportunities,%20and%20Recognition%20(SOAR)-DSOPProgramDetail-421.aspx)

<http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=421>

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STEPS TO RESPECT

TYPE OF PREVENTION	Universal, Indicated and Selective
PREVENTION LEVEL	Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula Community - School <ul style="list-style-type: none"> - Behaviour Management in School
TARGET POPULATION	Children and youth from 8 to 12 years.
TARGET PROBLEMATICS	Bullying
OBJECTIVES	Reducing bullying and victimization, by: <ul style="list-style-type: none"> - increasing staff awareness and responsiveness; fostering socially responsible beliefs, and teaching social-emotional skills to counter bullying and promote healthy relationships.
RATIONALE	<p>Steps to Respect® adopts a socioecological approach to bullying in the school setting, concentrating on the broad-scale impact of social interactions among students on the school environment. Because many children become involved as bystanders to bullying in both helpful and harmful ways, the program emphasizes that all members of a school community must take responsibility for decreasing bullying. In this way, the engagement of school adults is equally crucial in bullying dynamics. Young people are highly successful in hiding their coercive activities from adults. Adults cannot successfully act against bullying if young people do not entrust them with information about it. The reciprocal is also true, children will not entrust adults with information about bullying if adults do not increase their awareness or ability to intervene.</p> <p>Another important perspective is related to the contribution of beliefs to motivation, in which skills represent only part of the story. Bullies who have high perspective-taking skills, for example, may rely on their abilities to avoid detection as well as choose the most effective means for dominating or humiliating classmates. Lacking in this case is the motivation to treat classmates with respect and caring. This lack of motivation can result from the fact young people show little empathy for victims of bullying, as well as from the expectations of rewards or punishment for their behaviour, namely, believing that aggression leads to positive outcomes and don't have negative consequences for them once adults rarely intervene.</p>
CONTEXT OF IMPLEMENTATION	School
DESCRIPTION	<p>This program coordinates a school-wide environmental intervention, a classroom-based cognitive-behavioural curriculum, and a selective intervention for students involved in bullying events.</p> <p>Cognitive-behavioural Classroom Curricula</p> <p>a) <u>Classroom Curricula</u> - A 50 - 60 minute lesson delivered in three 15- 20 minute sections taught each week, over a 12-14 week period. Eleven semi-scripted skill lessons focus on building social-emotional skills for positive peer relations, emotion management, and recognizing, refusing and reporting of bullying behaviour. In the remaining lessons teachers implement a grade-appropriate literature unit, based on existing children's books, providing</p>

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	<p>further opportunities to explore bullying-related themes.</p> <p>b) <u>Intervention with students involved in bullying situations</u> – this intervention follows a coaching model either for bullies students either for victims.</p> <p>School wide Environmental Intervention - The goal of the school-wide environmental intervention is to establish mutual trust and supports for effective action. It includes school adults training in recognizing bullying and responding effectively to children's reports of bullying behaviour. The staff receives an overview of program goals and key features of program content. Teachers, counsellors, and administrators receive additional training in how to coach students involved in bullying episodes and how to adequate teaching materials and techniques.</p> <p>(a) <u>Developing and communicating clear school-wide anti-bullying policies and procedures.</u></p> <p>(b) <u>Increasing adult monitoring and intervention.</u> It is important that training dispel myths such as those suggesting that only problem children bully, teaching adults to recognize bullying perpetrated by students who are socially skilled and well-behaved in class.</p> <p>(c) <u>Increasing adult support for socially responsible student behaviour.</u> Present at most of bullying events, bystanders rarely intervene, even though bullying typically ends quickly when they do. Thus, it is important to involve all the students and provide guidelines and recognition for appropriate responses, even because although bystanders are not directly involved in bullying situations, they report experiencing many emotional reactions such as anxiety, guilt about the victim's suffering, uncertainty regarding what to do. Parents are provided information about the program throughout the implementation of the classroom curriculum.</p>
RESULTS EVALUATION DATES	2005, 2011
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Post-test evaluation and follow-up 6 and 18 months after program ended.</i></p> <p><u>Violent behaviour/ Aggression</u></p> <p><i>Walker McConnell Scale of Social Competence and School adjustment, Elementary Version</i></p> <p><i>Student Experience Survey</i></p> <p><i>Playground observations</i></p>
RESULTS	<p><u>Bullying</u></p> <ul style="list-style-type: none"> • Significant decrease in bullying behaviour from students who bullied at pre-test; significant declines from students who engaged in destructive bystander behaviours at pre-test, encouraging others to bully, also showed; • Decreased acceptability of bullying situations; students more willing to intervene in bullying situations reported by school staff; • Lower levels of physical bullying perpetration reported by teachers; • Significant decrease victimization. <p><u>Violent and antisocial behaviour</u> – Significant decreased in antisocial playground behaviours; reduction in non-bullying aggression; higher levels of student social competency reported by teachers;</p> <p><u>Behaviour Management in School</u></p> <ul style="list-style-type: none"> • Greater increases in school anti-bullying policies and strategies; • Improved student and staff climate reported by school staff; • Less school bullying-related problems reported by school staff;

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- Greater increases in students and teachers/staff willing to intervene in bullying
- Teachers better prepared for the problem of bullying; classes of teachers who engaged more in monitoring students involved in bullying situations, had reported significantly fewer victimization and less passive behaviour on the part of witnesses.
- Increased vigilance maintained by teachers and school staff throughout the school year.
- Results more significant in boys.

LINKS

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP24.html>

<http://www.cfchildren.org/steps-to-respect.aspx>

<http://www.ojjdp.gov/mpg/Steps%20to%20Respect%20%20174;%20%20A%20Bullying%20Prevention%20Program-MPGProgramDetail-698.aspx>

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STOP NOW AND PLAN - SNAP	
TYPE OF PREVENTION	Selective and Indicated
PREVENTION LEVEL	Comprehensive Individual - Psychological Intervention - Cognitive-Behavioural Therapy Relational - Education and Parental Support
TARGET POPULATION	Children from 6 to 12 years, who have had police contact or are referred from other sources (schools, child welfare, parents) and who also are clinically assessed as engaging in above-average levels of aggressive, destructive, or other antisocial behaviour. Original version for boys, SNAP-GC for girls. Version for adolescents currently in development.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Delinquency Family Functioning
OBJECTIVES	Prevent dropout from school. Decrease aggressive, antisocial, and delinquent behaviour and increase prosocial behaviour.
RATIONALE	The program draws on several different theoretical models, including Social Learning, Cognitive-Behavioural, Developmental, Ecological, and Attachment Theories.
CONTEXT OF IMPLEMENTATION	School, clinical context, community, by trained adults. Currently is being developed a specific version to implement in schools through the School Curriculum and a version for adolescents.
DESCRIPTION	<p>Snap relies in a cognitive-behavioural strategy «Stop Now And Plan» that helps children and parents to stop and think before they act.</p> <p>Snap™ teaches both parents and other role models (e.g. teachers) the same skills, making easier and concise enhancing child positive behaviour.</p> <p>Individual Component</p> <p><u>Snap™ Children's Group</u>, a 12-weekly consecutive structured group sessions that teach children the cognitive-behavioural self-control and problem-solving.</p> <p><u>Academic tutoring</u> to assist children who are not performing at their age-appropriate grade level. Taking place at home or through a Homework Club for children attending.</p> <p><u>Individual Befriending/Mentoring</u> provides children with individualized support from a Snap™ worker to enhance skills learned in the Snap™ Children's Group and goal attainment. Children are also connected with volunteers to help the youths join structured recreational activities within their communities.</p> <p>Parental Component</p> <p><u>Snap™ Parent Group</u> that teaches parents self-control and problem-solving skills and effective child management strategies with a special emphasis on monitoring skills.</p> <p><u>Stop Now And Plan Parenting</u> (SNAPP): Individualized Family Counselling helps families unable to attend the parent group and families who need additional parenting support.</p> <p>Available if needed are other program components, such as school advocacy and teacher consultation, victim restitution, crisis intervention, a club for high-risk boys who have completed the Snap™ Children's Group but who still require some support, and a program to boys over 12 who still require support as they enter into their teenage years.</p>

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RESULTS EVALUATION DATES	2003, 2007, 2008, 2011
COUNTRIES OF IMPLEMENTATION	Australia, Canada, USA
MEASURES	<p><i>Post test evaluation and follow-up 6 and 12 months after program ended.</i></p> <p><u>Violent Behaviour/ Aggression</u></p> <p><i>Early Assessment Risk List for Boys</i></p> <p><i>Child Behaviour Checklist (CBCL), TRF</i></p> <p><i>Official justice records</i></p> <p><u>Family Functioning</u></p> <p><i>Parent Report of Child's Antisocial Activity (SRA-P)</i></p> <p><i>Parent Dimensions Inventory (PDI)</i></p> <p><i>Perceived Ineffectiveness Index (PII)</i></p> <p><i>Consumer Satisfaction Questionnaire- Parent (CSQ-P)</i></p>
RESULTS	<p><u>Violent Behaviour/ Aggression</u> – significant decrease in externalizing behaviours (aggressive and violent behaviours) and internalization (depression and anxiety); improvement of social competence - relationships with peers, involvement in activities; less positive attitude towards antisocial behaviour, associate with fewer peers whom parents consider a “bad influence”</p> <p><u>Delinquency</u> - significantly less likely to engage in delinquent and criminal behaviour.</p> <p><u>Family Functioning</u> – increased confidence in managing their children's behaviour; parents experience less stress in their interactions with their children - less yelling, more limit setting, also reported by children.</p>

LINKS

http://www.publicsafety.gc.ca/res/cp/res/2008-pcpp-eng.aspx#toc_4f

<http://www.ojjdp.gov/mpg/SNAP%20%20174;%20Under%2012%20Outreach%20Project-MPGProgramDetail-699.aspx>

<http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=699>

http://www.stopnowandplan.com/boy_program.php

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STRENGTHENING FAMILIES PROGRAM	
TYPE OF PREVENTION	Universal, Selective and Indicated
PREVENTION LEVEL	Comprehensive Individual - Social and Personal Skills Development and Training Relational - Education and Parental Support
TARGET POPULATION	Children and youth from 6 to 17 years.
TARGET PROBLEMATICS	Violent Behaviour/ Aggression Substance Use Family Functioning
OBJECTIVES	Reduce behavioural, emotional, academic, and social problems in children and youth, through the promotion of a positive family functioning (cohesion, communication and organization) and resilience and the reduction of risk factors.
RATIONALE	<i>Information not available</i>
CONTEXT OF IMPLEMENTATION	Home, school, clinical settings, community centres.
DESCRIPTION	<p>SFP comprises three life-skills courses delivered in 14 weekly, 2-hour sessions.</p> <p><u>The Parenting Skills</u> sessions are designed to help parents learn to increase desired behaviours in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting.</p> <p><u>The Children's Life Skills</u> sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules.</p> <p><u>In the Family Life Skills</u> sessions, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviours in each other, and plan family activities together. Participation in ongoing family support groups and booster sessions is encouraged to increase generalization and the use of skills learned.</p> <p>Booster sessions every six months lasting about 3 hours with a family outing following.</p>
RESULTS EVALUATION DATES	1996, 2002, 2003, 2006
COUNTRIES OF IMPLEMENTATION	Canada, USA.
MEASURES	<p><i>Post test evaluation and follow-up 6 months and 5 years after program ended.</i></p> <p><u>Violent Behaviour/ Aggression</u></p> <p><i>Ontario Child Health Study scale</i></p> <p><i>The Gresham and Elliot Social Skills scale</i></p> <p><i>The Parent Observation of Child Adaptation Scale.</i></p> <p><u>Family Functioning</u></p>

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	<i>Alabama Parenting Questionnaire</i> <i>The Strengthening Families Parenting Scale</i> <i>Conflicts Tactics Scale (parent version)</i> <i>Family Effectiveness Scale</i> <i>Family Strengths Scale</i>
RESULTS	<p><u>Social and Personal Skills</u> – significant improvements in social skills and depression; improved peer resistance, problem solving, communication, ability to make positive friends, identify feelings, and control anger.</p> <p><u>Violent Behaviour/ Aggression</u> - significantly lower scores on conduct disorder symptoms, oppositional defiance symptoms, and behaviour problems; significant improvements in overt aggression, covert aggression, concentration problems, criminal behaviour</p> <p><u>Substance Use</u> – significant improvements on alcohol and drug use.</p> <p><u>Family Functioning</u> – significant lower scores on inconsistent discipline and verbal abuse; significant improvements in positive parenting, parental involvement, parental supervision and parenting efficacy; significant improvements in family organization, family cohesion, family communication, family conflict, and family strengths/resilience;</p>
LINKS http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=44 http://www.strengtheningfamilies.org/ http://www.strengtheningfamiliesprogram.org/docs/detailed_info.html	

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STRENGTHENING FAMILIES FOR PARENTS AND YOUTH (10-14)	
TYPE OF PREVENTION	Universal and Selective
PREVENTION LEVEL	Comprehensive Individual - Social and Personal Skills Development and Training Relational - Education and Parental Support
TARGET POPULATION	Youth from 10 to 14 years
TARGET PROBLEMATICS	Academic achievement Violent Behaviour/ Aggression Substance Use Family Functioning
OBJECTIVES	Promote academic achievement. Reduce aggression and substance use amongst youth. Enhancing parents' general child management skills, parent-child affective relationships, and family communication.
RATIONALE	It is based on several etiological and intervention models including the bio psychosocial vulnerability, resilience and models of family processes. SFP assumes that increasing the family's protective processes while decreasing its potential risk factors can alter a child's future, so that problem behaviours can be reduced or avoided.
CONTEXT OF IMPLEMENTATION	Familiar.
DESCRIPTION	SFP 10-14 consists of seven 2-hour sessions for parents and youths conducted weekly. The parents and youths attend separate skill-building groups for the first hour and spend the second hour together in supervised family activities. <u>Parents Component</u> - parents are taught to clarify expectations of children's behaviour, especially regarding substance use; utilize appropriate and consistent discipline techniques; manage strong emotions concerning their children; and use effective communication.. <u>Youth Component</u> - adolescents learn similar skills, as well as peer resistance and refusal techniques; personal and social interaction skills; and stress and emotion management. <u>Combined parent and children classes</u> - families practice conflict resolution and communication skills, and engage in activities designed to increase family cohesiveness. Booster sessions to be held between 6 and 12 months after the program.
RESULTS EVALUATION DATES	1998, 2000, 2003, 2004, 2007, 2008
COUNTRIES OF IMPLEMENTATION	Bosnia, Canada, El Salvador, England, Germany, Greece, Norway, Poland, Spain, Sweden, Turkey, USA, Wales. Spanish-language version called <i>Familias Fuertes</i> .

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MEASURES	<p><i>Post-test evaluation and follow-up 1, 2, 4 and 6 years after program ended.</i></p> <p><u>Academic achievement</u> Report by parents, children and teachers</p> <p><u>Violent Behaviour/ Aggression</u> <i>Observer Index of Aggressive and Hostile Behaviours (OIAHB)</i> <i>Parent-Adolescent Report of Aggressive and Hostile Behaviours in Interactions (PARAHB)</i> <i>Adolescent-Reported Index of Aggressive and Destructive Conduct (ARIADC)</i></p> <p><u>Substance Use</u> Self report</p>
RESULTS	<p><u>Academic achievement</u> - Increased parenting competency and reduced student substance use-related risk were associated with positive effects on school engagement, which in turn was associated with positive effects in academic performance in posterior years.</p> <p><u>Violent Behaviour/ Aggression</u> – significant decreased in aggressive and hostile behaviours in general and, in particularly, toward their mothers; improvement in peer resistance skills and reduction in affiliations with anti-social peers.</p> <p><u>Substance Use</u> – significant lower likelihood of marijuana initiation, as well as alcohol and tobacco initiation; significant decreased in alcohol, tobacco and methamphetamine use.</p> <p><u>Family Functioning</u> – improved child management practices, including monitoring, discipline, and standard setting; increased parent-child communication; more child involvement in family activities and decisions; and strengthened family affective quality.</p>

LINKS

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=63>

<http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP18.html>

<http://www.ojdp.gov/mpg/Strengthening%20Families%20Program%20For%20Parents%20and%20Youth%2010-14-MPGProgramDetail-696.aspx>

<http://www.extension.iastate.edu/sfp/>

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STUDENTS MANAGING ANGER AND RESOLUTION TOGETHER - SMART	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Individual
TARGET POPULATION	Youth from 11-15 years of age
TARGET PROBLEMATICS	Violent behaviour/ Aggression
OBJECTIVES	Increase students' repertoire of nonviolent conflict resolution strategies and anger management strategies, to decrease the incidents of violent behaviour, and to increase acts of pro-social behaviour.
RATIONALE	Based on social learning theory as well as a skill acquisition model that approaches learning as a five-stage process ranging from novice to expert, with learners at each stage having different needs.
CONTEXT OF IMPLEMENTATION	School
DESCRIPTION	<p>SMART is a multimedia, computer-based violence prevention intervention designed for use in schools by students using the software, either alone or in pairs.</p> <p>The software's eight modules use games, graphics, simulations, cartoons, and interactive interviews to teach conflict resolution skills in three categories:</p> <ul style="list-style-type: none"> ▪ <u>anger management</u> focuses on anger-control training; ▪ <u>dispute resolution</u> dispute resolution assists students in learning and using negotiation and compromise skills to resolve disputes; ▪ <u>perspective-taking</u> allows students to understand that others may have views and feelings different from their own. <p>The various modules can be used separately or together in a sequential manner. Once installed on computers, SMARTteam is easy to use, requiring only rudimentary computer skills on the part of the students.</p>
RESULTS EVALUATION DATES	1998, 2000
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	Teen Conflict Survey
RESULTS	<p>Violent behaviour/ Aggression</p> <p><u>Knowledge</u> - Declarative knowledge about conflict management terms and principles increased after computer use.</p> <p><u>Self-knowledge</u> - significant increase in the students' knowledge of how certain behaviours may contribute to the escalation of a conflict situation; significant increase in students' awareness about talking with the other person would de-escalate a conflict.</p> <p><u>Prosocial behaviour</u> - Significant increase in the students' self-reported frequency of prosocial behaviour, in helping another student solve a problem doubled and a decrease in name calling.</p>

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Intentions – Significant increase in students' intentions to use nonviolent strategies when faced with conflict situations and significant decreased in violence value as an option in conflict situations.

Trouble behaviour – Students were significantly less likely to get into trouble at home, in the community, or at school.

LINKS AND REFERENCES

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=112>

Bosworth, K., Espelage, D. & DuBay, T. (1998). A computer-based violence prevention intervention for young adolescents: Pilot study. *Adolescence*, 33(132), 785-795.

Research and Education for Solutions to Violence and Abuse – RESOLVE (2005). School-based violence prevention programs – a resource manual. Canada: RESOLVE.

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TEENS ON TARGET - TNT

TYPE OF PREVENTION	Selective
PREVENTION LEVEL	Individual - Classroom Curricula Relational - Counselling and Peers Education
TARGET POPULATION	Youth from 10 to 18 years, specially young people who are at risk as victims or perpetrators of, living in communities with high rates of violence
TARGET PROBLEMATICS	Violent behaviour/ Aggression Substance Use Academic Achievement
OBJECTIVES	Prevent youth violence, providing positive alternatives to violence and training them to assume leadership roles in violence prevention among youth
RATIONALE	<i>Information not available</i>
CONTEXT OF IMPLEMENTATION	School, to be implemented by Peers Educators.
DESCRIPTION	<p>TNT trains high school students and young adults called – Peer Educators – from neighbourhoods with high levels of violence to present interactive violence prevention workshops to middle and high school students. The Peer Educators also work with community leaders and policy makers to develop solutions to violence. Most of these Peer Educators have experienced or are at great risk for experiencing violence first hand. They undergo an extensive twelve-week after-school training, continuing to meet 2-3 times a week after school throughout the school year to support one another and continue their training. They receive a monthly stipend for their work. For most, this is their first real job experience.</p> <p>The workshops occur throughout 6 sessions - <i>Teens on Target Violence Prevention Curriculum</i> – in which are discussed: the root causes of violence, how to prevent gun violence, gang violence, family and dating violence, how do these interrelate, and what are the connections between alcohol, drugs and violence.</p>
RESULTS EVALUATION DATES	2000
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<i>Information not available</i>
RESULTS	<p><u>Violent behaviour/ Aggression</u> – Reduced likelihood of involvement by Peer Educators in violent situations, looking for alternative answers and resolution; higher awareness by youth of the danger joining a gang; TNT members were considered positive role models by the majority of school peers.</p> <p><u>Academic Achievement</u> – Almost 100% of TNT Peer Educators graduate from high schools that have graduation rates of only 40%.</p>

LINKS

<http://www.youthalive.org/teens-on-target/>

Complete Manual available at http://www.youthalive.org/storage/TNT_program_manual.pdf

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THE FOURTH R - 4D	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Comprehensive Individual <ul style="list-style-type: none"> - Development and Training of Social and Personal Skills - Classroom Curricula of Violence Prevention Relational <ul style="list-style-type: none"> - Parental Support Community <ul style="list-style-type: none"> School: Teacher and Staff Training Community: Community coordinated-interventions
TARGET POPULATION	Children and young people aged 13 to 16 years
TARGET PROBLEMATICS	Substance abuse Sexuality Dating Violence
OBJECTIVES	Promote healthy and safe behaviours related to dating, bullying, sexuality, and substance use.
RATIONALE	Social learning theory
CONTEXT OF IMPLEMENTATION	School – classroom.
DESCRIPTION	<p>The Fourth R is based on the Youth Relationships Project (YRP), which was a program that prevented violence in dating relationships. The YRP, however, was developed for use specifically with youth whose family backgrounds included violence. The Fourth R adapted the YRP to be used with all youth.</p> <p>The Fourth R focuses on improving students' relationships with peers and dating partners and avoiding symptomatic problem behaviours (e.g., violence, aggression).</p> <p>The Fourth R engages students with exercises to define and practice the rights and responsibilities associated with healthy relationships. The curriculum includes many examples of the types of conflicts faced by teens on a daily basis, and examples of both peer and dating conflicts are used concurrently (where possible) so that youth who are not dating will find the material relevant. The Fourth R makes extensive use of role-playing, with feedback from peers and teachers, to increase students' interpersonal skills and problem-solving abilities. Boys and girls participate in slightly different exercises and activities, which are intended to raise their level of awareness of social norms and minimize gender-based defensive or hostile reactions.</p> <p>Is composed of 21 sessions of 75 minutes integrated into the school curricula, distributed by three units: (1) personal safety and injury prevention, (2) healthy growth and sexuality, and (3) substance use and abuse. Lessons and activities include:</p> <ul style="list-style-type: none"> - Negotiation, delay, and refusal skills; - Helping youth define and rehearse responsibilities associated with healthy relationships;

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	<ul style="list-style-type: none"> - Role-playing instructions designed to increase interpersonal and problem-solving skills. <p>Fourth R incorporates three other key components into the program implementation:</p> <ul style="list-style-type: none"> - <u>The school</u>: Educates teachers and staff about awareness of the signs and risk factors of drug use and unsafe sexual behaviour. School staff is given an introduction to the Fourth R program and its components. A Youth Safe Schools Committee manual can be purchased to assist educators with the involvement of the whole school in Fourth R initiatives. - <u>The parents</u>: receive program updates and information surrounding parenting adolescents. - <u>The community</u>: Guest speakers and field trips are arranged throughout the program to help build links between the students and the community.
RESULTS EVALUATION DATES	2007, 2009, 2011
COUNTRIES OF IMPLEMENTATION	Australia, Canada, USA, Portugal, Spain. Program materials have been translated into French, Portuguese, and Spanish.
MEASURES	<p><i>Post-test evaluation and follow-up 2 years after program ended.</i></p> <p><u>Personal and Social Skills</u> <i>Canadian National Longitudinal Survey of Children and Youth</i></p> <p><u>Sexuality</u> <i>University of Victoria's Healthy Youth Survey</i></p> <p><u>Dating Violence</u> <i>Conflict in Adolescent Dating Relationships Inventory (CADRI)</i> <i>National Longitudinal Survey of Children and Youth</i></p>
RESULTS	<p><u>Personal and Social Skills</u> – significantly higher peer resistance, being this more marked in girls; improvements in personal and social skills - reported by teachers.</p> <p><u>Sexuality</u> – boys more likely to practice safe sex, absence of differences in girls.</p> <p><u>Dating violence</u> – significantly lower probability of boys express violent behaviour in dating relationships; absence of differences in girls.</p> <p>Significant lower likelihood of violent delinquency, in youth with a history of childhood maltreatment.</p>

LINKS

http://www.publicsafety.gc.ca/res/cp/res/2011-pcpp-eng.aspx#toc_4d

http://www.youthrelationships.org/about_fourth_r.html

<http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=945>

<http://www.nrepp.sa.mhsa.gov/ViewIntervention.aspx?id=207>

<http://www.ojdp.gov/mpg/4th%20R%20Curriculum-MPGProgramDetail-945.aspx>

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THE INCREDIBLE YEARS	
TYPE OF PREVENTION	Universal, Selective and Indicated
PREVENTION LEVEL	<p>Comprehensive</p> <p>Individual</p> <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Cognitive-Behavioural Therapy <p>Relational</p> <ul style="list-style-type: none"> - Education and Parental Support <p>Community – School</p> <ul style="list-style-type: none"> - Teacher Training in Behaviour Management
TARGET POPULATION	Children and youth from 0 to 12 years
TARGET PROBLEMATICS	Behaviour problems, namely any diagnosed Disorder (Oppositional Defiant Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder) as well as with high rates of aggression, defiance, oppositional and impulsive behaviours.
OBJECTIVES	<p>Strengthening parenting competencies (monitoring, positive discipline, confidence), improve parent-child interactions, attachment and relationship, and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies and prevent and reduce conduct and emotional problems at home and at school.</p> <p>Improved teacher classroom management skills and teacher-parent partnerships.</p>
RATIONALE	Each serie is based in different theories and models but in a general way IYS is funded in Cognitive Social Learning (in particular Patterson's coercion hypothesis), Attachment Relationship Theories, Bandura's modelling and self-efficacy theories, Piaget's developmental cognitive learning stages and interactive learning methods.
CONTEXT OF IMPLEMENTATION	Community, transversal to all life contexts of the child: home, school, mental health centres, etc.
DESCRIPTION	<p>There are three types of interlocking training curriculums, which are targeted at parents, teachers and children. These three components are designed to work jointly.</p> <p>The Parent Training Series - for children from 0 to 12 years - is formed by several programs, 4 of which constitute the core of IYS program - the <u>BASIC</u> component that MUST be implemented. The other components may be added according to the particular family and child risk factors. To facilitate generalization from home to the school environment, a training series for teachers providing effective classroom management skills was added to the Incredible Years Series. The last addition was the training series for children (Dina Dinosaur Curriculum) for small groups of children exhibiting conduct problems. This curriculum emphasizes emotional literacy, empathy and perspective taking, friendship development, anger management, interpersonal problem-solving, following school rules, and school success. Both teacher training and child training programs are designed for children from 3 to 8 years.</p> <p>The program was evaluated as Selective Prevention concerning the promotion of social adjustment in children at risk in preschool and school, and as Indicated Intervention for infants with early onset of behaviour problems.</p>

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RESULTS EVALUATION DATES	2001, 2008, 2009
COUNTRIES OF IMPLEMENTATION	Australia, Canada, Denmark, Finland, Germany, Ireland, the Netherlands, New Zealand, Norway, Portugal, Russia, Sweden, United Kingdom and USA.
MEASURES	Consult http://www.incredibleyears.com/Measures/em.asp
RESULTS	<p>The Incredible Years training programs have been shown to affect the following risk and protective factors:</p> <p>Parents</p> <ul style="list-style-type: none"> Increased positive and nurturing parenting style Decreased harsh, inconsistent and unnecessary discipline Increased praise and effective discipline Decreased parental stress and depression Increased positive parent commands and problem-solving Increased parent bonding and involvement with teachers <p>Teachers</p> <ul style="list-style-type: none"> Increased proactive and positive classroom management skills Decreased harsh and critical classroom management style Increased positive classroom atmosphere Increased bonding with parents <p>Child</p> <ul style="list-style-type: none"> Increased positive conflict management skills and social skills with peers Decreased negative behaviours and noncompliance with parents at home Increased social competence at school Decreased peer aggression and disruptive behaviours in the classroom Increased academic engagement, school readiness and cooperation with teachers <p>These findings have been reflected in teacher and parent ratings, child testing and interviewing, independent observations in the home and at school, and laboratory observations of peer interactions and interactions with parents.</p>
LINKS	http://www.incredibleyears.com/ http://incredibleyears.com/IA/implementation_exmples.asp http://projectopaismaesincriveis.blogspot.pt/ http://www.colorado.edu/cspv/blueprints/modelprograms/IYS.html http://www.ojdp.gov/mpg/The%20Incredible%20Years-MPGProgramDetail-343.aspx http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=93

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THE INCREDIBLE YEARS – INCREDIBLE YEARS PARENTING	
TYPE OF PREVENTION	Universal, Selective and Indicated
PREVENTION LEVEL	Comprehensive
TARGET POPULATION	Children from 0 to 12 years. Three of the five programs that constitute the Parent Training Series address parents of children in high-risk and/or that already expressed behaviour problems.
TARGET PROBLEMATICS	Violent behaviour/ Aggression
OBJECTIVES	Strengthening parenting competencies (monitoring, positive discipline, confidence), improve parent-child interactions, attachment and relationship, and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies and prevent and reduce conduct and emotional problems at home and at school.
RATIONALE	Parent Training Series - <u>Patterson's social learning theory</u> regarding the "coercive process" (Patterson et al., 1992), a pattern whereby children learn to escape or avoid parental criticism by escalating their negative behaviours. This, in turn, leads to increasingly aversive parent interactions and escalating deregulation on the part of the child. These negative parent responses directly model and reinforce the child's deviant behaviours. Parent Series is also based on <u>Bowlby attachment theory</u> and in new methods of measuring attachment beyond the toddlerhood period.
CONTEXT OF IMPLEMENTATION	Community: schools, day care centres, churches, clinical centres, community health centres, etc.
DESCRIPTION	<p>IYS for Parents is formed by several programs. Each session lasts about 2 – 2h30 and are held weekly, involving two group leaders and groups from 10 to 14 participants. The BASIC curriculum MUST be implemented; the other components may be added according to the particular family and child risk factors.</p> <p>BASIC CURRICULUM:</p> <ol style="list-style-type: none"> 1) <u>Baby Program</u> for Parents with children from 0 to 12 months, 8 - 9 sessions. 2) <u>Toddler Program</u> for Parents with children from 1 to 3 years, 12 sessions. 3) <u>Preschool or Early Childhood Program</u> for Parents with children from 3 to 6 years, 18-20 sessions. 4) <u>Early School-Age Program or Preadolescent Program</u> for Parents with children from 6 to 8 years and from 9 to 12 years, 12-16 sessions. <p>SCHOOL READINESS - The Supporting Your Child's Education for Parents with children from 2 to 4 years, delivered in 4-6 sessions, is a supplemental to the BASIC Parent Program. Was designed to teach parents to strengthen their child's reading and academic readiness and promote strong connections between home and school by developing partnerships with teachers. Composed by two programs:</p> <ol style="list-style-type: none"> 1) <u>Child-directed Play - Strengthening Children's Social, Emotional and Cognitive Skills</u> 2) <u>Encouraging Social, Emotional, Academic and Problem Solving Skills through Interactive Reading.</u> <p>ADVANCE is a 9 to 12 week supplement for Parents with children from 4 to 12 years and may be implemented after any of the others components in high-risk populations and in families</p>

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	<p>of children with any conduct disorder diagnosed. Addresses other family risk factors such as depression, marital discord, poor coping skills, and lack of support. The program content includes teaching cognitive self-control strategies, problem-solving, communication skills and ways to give and get support.</p> <p>Recently, was developed another program for parents – ATTENTIVE PARENTING - a brief, 6-session, "universal" parenting group-based program that can be offered to ALL parents to promote their children's social and emotional competence, self-regulation skills, problem solving, reading and academic readiness. There is a training protocol for delivery to parents of children ages 2-4 years and another protocol for 5-6 year olds. This program is not intended for use with high risk and child welfare referred parents or families with children with diagnosed conduct problems. May be delivered without the previously implementation of BASIC Curriculum.</p>
RESULTS	<p>Results with Children Diagnosed with Oppositional Defiant Disorder and/or Conduct Disorder</p> <p>Over the past 20 years, the BASIC program has been evaluated extensively as a treatment program for children referred for conduct problems. The program revealed significantly positive results sustained up to three years after intervention:</p> <ul style="list-style-type: none"> - improved parental attitudes and parent-child interaction; - a reduction in parents' use of violent forms of discipline; - a reduced child conduct problems. <p>The ADVANCE program has shown significantly positive results, as an highly effective treatment:</p> <ul style="list-style-type: none"> - for promoting parents' use of effective problem-solving and communication skills; - for reducing maternal depression; - for increasing children's social and problem-solving skills. <p>Results with high-risk families</p> <p>The BASIC program was also evaluated as a selective prevention program, having the results indicated that parenting skills and social competence of their children significantly improved compared with the control group families. This data supported the hypothesis that strengthening parenting competence and increasing the parental involvement of high-risk welfare mothers in children's school-related activities helps to prevent children's conduct problems and promote social competence.</p>

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TOO GOOD FOR VIOLENCE	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula
TARGET POPULATION	Children and youth from 6 to 18 years (upwards 13 is given in combination with the curriculum «Too Good for Drugs»)
TARGET PROBLEMATIC	Violent Behaviour/ Aggression
OBJECTIVES	Enhance prosocial behaviours and skills. Improve protective factors related to conflict and violence.
RATIONALE	<p>The program's components were developed by drawing on social learning theory, problem behaviour theory, and social development theory.</p> <p>Social learning theory proposes that cognitive skills and resources can be directed to limit aggression and aggressive responses, since violence and aggression are socially learned and purposeful behaviours. TGFV incorporates social learning theory by addressing social influences and presenting the value of prosocial behaviours, as well as by modelling and rewarding prosocial skills.</p> <p>Problem behaviour theory postulates that violence and other high-risk behaviours create a syndrome of purposeful behaviours and that efforts to change behaviour need to concentrate on multiple behaviours (rather than just one high-risk behaviour), personality, and the larger environment.</p> <p>Social development theory proposes that prosocial bonding, prosocial norms, and social and emotional skills promote positive development. Opportunities need to be offered for youths to develop these skills and have them reinforced. TGFV incorporates social development theory by building protective factors, including norms and bonding.</p>
CONTEXT OF IMPLEMENTATION	School and other community contexts.
DESCRIPTION	<p>TGFV has a developmentally appropriate curriculum for each grade level.</p> <p>The K-5 curricula each include seven weekly, 30- to 60-minute lessons, and the curricula for grades 6-8 each include nine weekly, 30- to 45-minute lessons. The high school curriculum includes 14 weekly, 1-hour lessons, plus 12 optional, 1-hour "infusion" lessons designed to incorporate and reinforce skills taught in the core curriculum through academic infusion in various subject areas.</p> <p>Program addresses students' positive attitudes, beliefs, and behaviours. Its interactive teaching methods encourage students to bond with prosocial peers and engage students by using games, role-playing, small-group activities, cooperative learning, and class discussions.</p> <p>The curriculum emphasizes developing interpersonal skills for conflict resolution and resistance skills to avoid substance use, defends that each student has what it takes to solve conflicts peaceably and provides opportunities to practice peacemaking and antibullying skills.</p> <p>It includes components to involve families and the entire school. The family component includes newsletters and an interactive homework assignment.</p>

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RESULTS EVALUATION DATES	2001, 2004
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Post-test evaluation and follow-up 20 weeks after program ended.</i></p> <p><u>Prosocial behaviours</u></p> <p><i>Teacher Checklist of Student Behaviours</i></p> <p><u>Protective Factors</u></p> <p><i>Student Protective Factor Survey Questionnaire</i></p>
RESULTS	<p><u>Violent Behaviour/ Aggression</u> – significant lower intention of engaging in aggressive behaviours.</p> <p><u>Prosocial behaviours</u> – significant increase in prosocial behaviours and in the use of personal and social skills, reported by teachers.</p> <p><u>Protective Factors</u> – significant improvement in the perception of emotional competency skills, in prosocial behaviours and resistance skills, and communication skills.</p>

LINKS

<http://www.ojjdp.gov/mpg/Too%20Good%20for%20Violence-MPGProgramDetail-682.aspx>

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=54>

http://ies.ed.gov/ncee/wwc/reports/character_education/tgfv/index.asp

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VIOLENCE PREVENTION CURRICULUM FOR ADOLESCENTS	
TYPE OF PREVENTION	Universal
PREVENTION LEVEL	Individual <ul style="list-style-type: none"> - Social and Personal Skills Development and Training - Classroom Curricula
TARGET POPULATION	Adolescents – 12 to 18 years
TARGET PROBLEMATICS	Violent Behaviour/ Aggression
OBJECTIVES	<p>Point up and educate for the fact that violence is preventable.</p> <p>Help youth in anger management.</p> <p>Promote the development of conflict resolution skills and the use of alternatives to violence in conflict situations.</p> <p>Learning to recognize the risks of violence and examining factors associated with it.</p>
RATIONALE	<u>Ecological Model</u> - Because violence occurs in multiple contexts (e.g., home, school, workplace), there is general acknowledgment that prevention should be comprehensive in focus and address multiple risk factors across significant contexts.
CONTEXT OF IMPLEMENTATION	School and other community contexts.
DESCRIPTION	<p>VPC is part of the Teenage Health Teaching Modules program, a comprehensive school health education curriculum for adolescents.</p> <p>The 10- to 18-session curriculum uses lectures, discussions, and interactive role-plays. Sessions generally last 40 minutes.</p> <p><u>Some contents:</u></p> <ul style="list-style-type: none"> - Nature of interpersonal violence and ways to prevent it; anger as a normal part of life; - causes of anger and that anger can be expressed and channelled in healthy, constructive and positive ways; - Controlling anger and violence is part of maturing; - Positive and negative results of fighting and role-play what happens before, during, and after a fight, learning that the longer they let an altercation develop, the harder it is to stop; - Homicide statistics and characteristics, and the major risk factors for violence. - Strategies for preventing fights and nonviolent alternatives to fighting.
RESULTS EVALUATION DATES	1989, 1994, 1997
COUNTRIES OF IMPLEMENTATION	USA
MEASURES	<p><i>Post-test evaluation and follow-up 6 months after program ended.</i></p> <p><u>Violent Behaviour/ Aggression</u></p> <p><i>Behavioural Frequency Scales: Violent Behaviour, Problem Behaviour and Drug Use Scales</i></p> <p><i>CBCL – TRF</i></p> <p>Instrumento desenvolvido durante a elaboração e implementação do programa</p>
RESULTS	Reduced the immediate risk of becoming a perpetrator or victim of violence for boys:

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significant lower frequencies of armed threats and physical fighting.
Significantly lower rates of problem behaviour and drug use for boys.
Significant reduction in suspension rates.

LINKS AND REFERENCE

<http://www.ucalgary.ca/resolve/violenceprevention/English/reviewprog/bullyprogs.htm#prog8>

<http://www.findyouthinfo.gov/program-directory-details?Type=p&Id=443>

<http://www.ojjdp.gov/mpg/Violence%20Prevention%20Curriculum%20for%20Adolescents-MPGProgramDetail-443.aspx>

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WHY ME?	
TYPE OF PREVENTION	Indicated
PREVENTION LEVEL	Individual - Psychological, Social, Legal Support
TARGET POPULATION	Children and young people 8 upwards, victims of violence and crime
TARGET PROBLEMATIC	Any form of violence, among young victims.
OBJECTIVES	Support the needs of young victims: help them to understand the experience, explore its effect upon them including their feelings and reactions, and ultimately help them to move beyond it.
RATIONALE	<p>Protective Behaviours Approach – Emerged from the observation that many young people lacked the skills to protect themselves from abuse - physical, emotional, sexual - and so suffering in silence before asking for help. Although initially an abuse prevention strategy, it has evolved to be used in a wide range of setting and by a variety of people and organizations.</p> <p>It focuses on personal safety, being based in 2 topics and 7 support strategies.</p> <p><u>Two themes:</u></p> <ol style="list-style-type: none"> 3. <i>We all have the right to feel safe all the time.</i> 4. <i>There is nothing so awful or small that we can't talk about it with someone</i> <p><u>Seven strategies:</u></p> <ol style="list-style-type: none"> h. Protective interruption - any action we take to interrupt or halt any potential or actual unsafe situation. i. Persistence - in seeking help until we feel safe again and our «early warning signs» have gone. j. One step removed - taking a step back and looking at the situation from different angles, using a «third person». k. Risking for a purpose - deliberately choosing to take a risk, even though we may not feel safe, because we have a longer-term goal. l. Theme reinforcement – Reinforcing the two themes verbally, visually and especially by example. m. Network review n. The language of safety – this is the key element of all the previous elements. It includes re-framing our language into an empowering, non-victimizing and non-violent format. This approach acknowledges that language is a powerful tool in forming and maintaining a positive self-image. <p>Restorative justice – Focused in conflict resolution and healing the harm that it causes, whenever the person who caused the damage is identified. Encourage and enable safe communication between the people involved in the conflict, postulating that its resolution belong to those involved.</p> <p><u>Principles</u> – People usually have themselves the best solutions to their problems, and as adults working with young people our role is to support them in finding them. Allowing choices and control of the process is empowering for all involved.</p> <p><u>Values</u> – we can strive to avoid judging or blaming people, even when a crime is involved; we can be scrupulously honest and open in our relationships with everyone;</p>

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	everyone is valued and included. <u>Skills</u> – active listening; sensitive checking and exploration of meanings.
CONTEXT OF IMPLEMENTATION	Anywhere established between the child or youth and the adult.
DESCRIPTION	<ul style="list-style-type: none"> ▪ A practical guide for any adult (mentors, therapists, mediators) working with young people around issues of crime and victimization, may be adapted for groupwork. ▪ Is organized in three main sections: Background, Exercises and Work Sheets, and Further Resources. It has a flexible character once the adult may choose the activities that best meet the needs of the individual. The exercises are not specialist or technical and are not intended to be a replacement for more expert or specialist help where it is needed. ▪ It gives directions about how to establish a safe supportive place for work with youth, for self-knowledge, to exploring young person's experience of victimization (feelings, thoughts, behaviours), and to promote empowering (support net, control, positive self-talk).
RESULTS EVALUATION DATES	<i>Information not available</i>
COUNTRIES OF IMPLEMENTATION	United Kingdom
MEASURES	<i>Information not available</i>
RESULTS	<i>Information not available</i>

LINK AND REFERENCE

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<http://www.education.gov.uk/>

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<http://www.are-you-ok.org.uk/>

<http://www.vetoviolence.org/index.html>

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