# Helping boys to break the cycle of family violence

A literature review

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active approaches to learning

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# Main Messages

**This is a literature review of programs across the world aimed at helping boys to break the cycle of family violence. Berry Street has commissioned the report in order to provide guidance about best practice, in preparation for a new Berry Street Program. The authors found that:**

- Multi-modal, structured interventions, particularly those that include interpersonal and social skills training, are more effective in reducing violent and other anti-social behaviour than purely educational, vocational or undirected therapeutic approaches.

- Effective programs focus the intervention around an *exciting, physically involving activity* such as sport, film-making, martial arts, outdoor activities, other creative activities or experiential/practical learning. Active programs — where physical activity is connected to higher, abstract thinking processes — are more engaging to young male participants because they match the ways that boys generally interact, learn with and connect with others.

- The best programs include *clear structures and predictable processes* that promote safety and cooperation. Effective programs also *vary the methods and techniques*, in order to maintain freshness, interest and full involvement.

- Effective programs are based on an *understanding of the antecedents of violence and aggression* in boys and young men, including factors such as family, peer, community, socio-economic and individual factors. This includes careful *assessment of the bio-psycho-social, attachment and neuro-developmental histories* of the participants. Effective programs respond to the needs and learning styles of participants.

- Effective programs find ways to *help boys to feel significant* from positive involvement rather than through destructive aggression or violence. Effective programs also *help boys to feel connected* and part of a larger group with whom they can identify.

- Effective programs *help boys to develop and grow* in terms of their internal self-management skills (including anger management), their knowledge about how to get along with others, their interpersonal skills (including conflict resolution skills), their general competence in life skills, and their ability to take increasing responsibility and face challenges.

- Programs for boys often mark significant achievements and movement through stages of development with rites of passage and/or ceremonies of recognition. Effective programs also help boys to feel that they can *make a contribution*, help others and serve as an example to others (and in so doing, to be *held in the esteem* of others).

- Effective programs encourage appropriate levels of personal disclosure and do not come across to participants as 'counselling,' which tends to make boys feel embarrassed and unwilling to participate.

- Program effectiveness depends as much on the quality of implementation as on the type of intervention. Optimal engagement of young people hinges on the skills and personalities of the facilitators.

- Boys nine years old and above show more positive effects from school-based violence prevention programs and from cognitive-behavioural therapy for anger-related problems than younger children.

- There is some evidence that interventions are more effective when delivered to mixed-gender groups rather than to boys alone.

- Programs must be culturally relevant to participants and must ensure that the approach is truly inclusive and works for a range of learning styles and needs. Cultural relevance includes facilitators' awareness and affirmation of interests that may be particularly important to the cultural identity of young people, such as music, television programs, media, sport, computer games, social networking, comics, fashion/clothing, and peer group activities.

- Programs can be effective at three different levels of intervention — the *primary* (universal), *secondary* (selected 'at-risk' or 'high-risk' sub-groups) and *tertiary* (identified/indicated individuals) levels — and each level requires particular adaptations. Each level is addressed in this report.

- Well managed programs can be highly cost effective when targeted correctly (Appendix B).

# Executive Summary

In May 2011, Berry Street commissioned Change Point Learning and Development to undertake a literature review of programs across the world aimed at helping boys to break the cycle of family violence.

In keeping with the assigned brief, this report focuses on research about programs for boys between the ages of 8 and 18, with emphasis on groupwork approaches. The report emphasises programs for boys who have direct or indirect experience of violence in the home, and/or boys who show signs of developing violent behaviour themselves.

This report explores and makes recommendations regarding options for developing interventions to prevent and reduce violence amongst boys aged between 8 and 18 years of age.

Young people may be involved in, or at risk of, specific types of violence, including school violence, bullying, dating violence, domestic violence, gang violence and sexual violence. Each of these has its own literature and specialist interventions. We examined some of the research on these related types of violence and present some of the programs, research findings and other resources from these in this paper.

## What the evidence shows

Based on our reading of the literature, the following approaches and principles of delivery are the best evidenced thus far:

### Theoretical approach/content of program

Multi-modal, structured, cognitive-behavioural interventions, particularly those that include interpersonal and social skills training, are more effective in reducing violent and other anti-social behaviour than purely educational, vocational or undirected therapeutic approaches. The more behavioural, skills training approaches seem to work best in reducing aggressive behaviour.

No single approach has been proven to be more effective than any other. A meta-analysis of school-based violence prevention programs found, unexpectedly, that those programs that were *not* based on a particular theory were more effective than those that were. This reminds us of the importance of context, such as the way in which a program is implemented and the characteristics/mix of the participants. It also reminds us of the importance of being purposefully eclectic, choosing the methods and approaches that work best with particular groups and individuals, as opposed to relying rigidly on a manual or dogmatic approach that may benefit some participants but have neutral or harmful effects on others.

The best programs include *clear structures and predictable processes* that promote safety and cooperation. Effective programs also *vary the methods and techniques*, in order to maintain freshness, interest and full involvement. Effective programs find ways to *help boys to feel significant* from positive involvement rather than through destructive aggression or violence. Effective programs also *help boys to feel connected* and part of a larger group with whom they can identify. Effective programs also *help boys to develop and grow* in terms of their internal self-management skills, their knowledge about how to get along with others, their interpersonal skills and their general competence in life skills. Effective programs also help boys to feel that they can *make a contribution*, help others and serve as an example to others (and in so doing, to be *held in the esteem* of others).

Effective programs encourage appropriate levels of personal disclosure and do not come across to participants as 'therapy,' which tends to make boys feel embarrassed and unwilling to participate.

### Implementation/delivery

Actively engaging young people (especially those who are 'high-risk') is critical to the success of a program. Effective programs focus the intervention around an exciting, physically involving activity such as a sport, drama, film-making, self-defence/martial arts, outdoor activities, other creative activities or experiential learning. Active programs — where physically involving activities are connected to higher, abstract thoughts and concepts such as cooperation, planning, consequences, moral reasoning and empathy — are more engaging to young male participants because they match the ways that boys generally interact and connect with others.

Effective programs are based on an understanding of the antecedents of violence and aggression in boys and young men, including family, peer, community, socio-economic and individual factors. This includes careful assessment of the bio-psycho-social and neuro-developmental histories of the participants. Effective programs are responsive to the needs and learning styles of participants.

Program effectiveness depends as much on the quality of implementation as on the type of intervention. Optimal engagement of young people hinges on the skill and personality of the facilitators. Good quality interventions, particularly with young people who are at-risk or already

acting out anger and aggression, rely on facilitators building a solid therapeutic relationship that is strong enough to promote real and long-lasting emotional and behavioural change.

Young people are most likely to learn skills for strategic thinking when they experience freedom to make decisions and experiment, but also receive adult support that helps them keep on track, stretch, and exercise personal agency in expanded domains and roles.

### Staffing, staff support and external links

Programs that employ specialists have a greater positive impact on participants. However, the best programs seek to improve the sustainability of outcomes by building capacity amongst those who will continue to work with and support young people in the longer term. This should include good communication with staff and parents about the program.

Good practice principles include: training, monitoring, and supporting implementation staff; staff commitment, experience and facilitation skills; their familiarity with the target population; maintaining community involvement; and linking the program to existing strategies and support agencies in the community or school.

### Age

There is evidence that older children (9yrs+/secondary school) show more positive effects from school-based violence prevention programs and from cognitive-behavioural therapy for anger-related problems than younger children, which confirms Berry Street's target age range.

### Gender

There is some evidence that the benefits are greater when interventions are delivered to mixed groups rather than to boys alone. Based on the literature, the best solution might be to run programs for mixed groups but to separate participants into single sex groups for some discussions and activities.

### Diversity

Programs must be culturally relevant to participants. This may link to ethnicity or religion/belief, or to social class and urban/rural location. To work effectively with young people along the continuum of physical, mental and learning ability, it will be important to promote the 'responsivity principle', i.e. ensuring that the approach is truly inclusive and works for a range of learning styles and needs.

### Research and feedback

Good practice in evaluating program effectiveness includes:

- Measuring outcomes over a long period of time, because negative outcomes may not surface until more than a year after the intervention;
- Making more use of qualitative feedback from participants, teachers, etc., to flag up issues that may be outside of the facilitators' field of vision;
- Having a more open discussion about the risks of doing more harm than good. This discussion should take place among the academic/practitioner community and with individual young people, their families and referrers.

### Cost effectiveness

As Appendix B demonstrates, effective and well-run programs for boys can return more than seven times the investment over the longer term (Schweinhart 1993).

### Different target groups

Programs can be effective at three different levels of intervention, but each level requires particular adaptations:

### 1. Primary interventions (universal populations)

Programs working at the level of primary intervention are targeted at whole schools or whole communities, with no specific sub-groups chosen. Since these programs do not need to select 'at-risk' children, there is less risk of getting it wrong or missing vulnerable children, or of stigmatising/labelling at-risk children. Primary interventions also avoid possible negative peer influences where groups of at-risk children are drawn together.

Approaches that work with primary interventions, and other important factors:

- Skills training, particularly social skills related to situations where aggression can arise.
- Modelling of skills, and feedback on skills that are learned.
- Behaviour reinforcement.
- The use of homework is positively related to good outcomes.
- Behavioural techniques for classroom management.
- Building school capacity and encouraging effective school disciplinary measures.
- Continuous progress programs.
- Cooperative learning.
- Positive youth development programs.
- Principal and teacher investment; integrating the program with the total school curriculum (including the promotion of *emotionally intelligent communication* in teacher/pupil and pupil/pupil interactions).
- Good school morale and organisation.
- School, community and home working in partnership.

## 2. Secondary interventions (selected groups of at-risk youths)

Programs working at the level of secondary intervention are targeted at selected at-risk populations within schools and communities. Such programs can serve as a useful first-stage intervention for young people who have begun to act out anger and violence. Moreover, secondary interventions are more likely to reach and engage boys who have progressed to more serious violence, because these boys are unlikely to respond well to broad-based primary prevention programs (and they may not receive the programs if they have dropped out of, or been expelled from school).

School-based violence prevention programs with relatively high-risk populations and/or which involve a selection of higher risk pupils seem to be more effective. This is largely because secondary interventions can be more responsive to the needs of the individual/high-risk child.

Approaches that work with secondary interventions:

- Skills training, particularly social skills related to situations where aggression can arise.
- Modelling of skills, and feedback on skills that are learned.
- Social problem solving.
- Behaviour reinforcement.
- Thinking skills.
- Moral reasoning skills training.
- Compensatory/remedial education.
- Parent training and home visitation, where appropriate and feasible.

## 3. Tertiary interventions (targeted at boys who are already violent)

Programs working at the tertiary level of intervention are designed for boys who are already acting out violence and harmful aggression. The aim of such intervention is to prevent further violence or the escalation of violence.

Approaches that work with tertiary interventions:

- Appropriate referrals and assessments.
- Assessment should take into account each individual's bio-psycho-social and neuro-developmental history and current functioning. This should inform targets for intervention and change.
- Programs should focus on established (evidence-based) antecedents of antisocial/violent behaviour.
- Social perspective taking ('seeing the world through the eyes of another').
- Approaches and interventions that are multi-modal and target multiple settings.
- Behavioural interventions.
- Skills training, particularly social skills related to situations where aggression can arise.
- Role training of positive, strong, pro-social roles, such as group leader, problem-solver, investigator, peace-maker, mediator.
- Programs should have high intensity in terms of frequency, staffing, duration, attendance, etc. to correspond to high participant risk status.
- Wraparound services that include the family, which may include marital and family therapy by clinical staff.
- Forging close links with the young person's home and community; enlist parent/teacher monitoring, because destructive peer processes can take place before and after group sessions.
- Programs should take place as near to the young person's home and community as possible.
- In general, comprehensive, individualised, community-based, family-oriented programs are most effective at the tertiary level of intervention. They are flexible and tailored to individual or family needs and circumstances as determined by sound assessments.
- Involve multi-disciplinary teams of trained program staff.

# The Report

## Introduction

Berry Street's *Strategic Directions 2027* document states the following:

> ***Helping boys to break the cycle of family violence:*** *We know that boys exposed to family violence are more likely to be violent with their own families. A decade ago, Berry Street piloted a program that was independently evaluated and shown to have had a significant impact on boys' understanding and behaviour. Unfortunately the pilot was not continued. With or without government support, we want to build on this work and re-establish programs for boys across Berry Street.*

With this aim in mind, in May 2011 Berry Street commissioned Change Point Learning and Development to undertake a literature review of programs across the world aimed at helping boys to break the cycle of family violence. This is a report of the literature search.

In keeping with the assigned brief, this report focuses on research about programs for boys between the ages of 8 and 18, with emphasis on groupwork approaches. The report emphasises programs for boys who have direct or indirect experience of violence in the home, and/or boys who show signs of developing violent behaviour themselves.

The purpose of this literature review is to gain a clearer picture, based on sound research evidence, of what approaches work and what pitfalls to avoid in designing a new program.

This report has been written by Clark Baim and Lydia Guthrie of Change Point Learning and Development (www.changepointlearning.com) with significant research and input from Imogen Blood of Imogen Blood and Associates.

## Aims and structure of the report

This report explores and makes recommendations regarding options for developing interventions to prevent and reduce violence amongst boys aged between 8 and 18 years of age. It draws together and reflects on the implications of our review of the evidence regarding the effectiveness of interventions to reduce youth violence.

In this report, we will:

- Give an overview of the evidence base, i.e. what sort of research exists on this topic;

- Present some simple but useful typographies of youth violence; the theories which explain it; and the interventions which are commonly used to prevent or tackle it;

- Discuss some of the challenges of evaluation – both generally and in relation to programs which prevent youth violence;

- Present summaries of a selection of programs to tackle youth violence – some of which have been rigorously evaluated; some of which look promising but have not yet been clearly proven to be effective; and some of which look interesting, but have not yet been evaluated;

- Summarise the key messages from meta-analyses and evidence reviews in this area, and draw from these a list of good practice principles for youth violence interventions;

- Provide summaries and links to the best resources we identified, for further detail.

## Method

We ran searches on several search engines, including Ingenta Connect, Google and Google Scholar. We used various combinations of relevant key words, for example: 'youth', 'violence', 'intervention', 'boys', 'outcomes', 'prevention', and 'effectiveness'. Our search suggested a substantial body of literature on this topic. We identified the following abstracts, web pages and other resources as being most relevant to our brief:

- 22 individual project evaluations, 16 of which had been published in peer-reviewed journals;

- 13 articles or reports presenting meta-analyses or systematic evidence reviews;

- Web sites for four interesting projects which work specifically with boys and young men but which do not seem to have (rigorous) evaluations yet;

- A number of other useful web-based resources, good practice guides, think pieces, etc.

The majority of this evidence-base (and certainly the more rigorous experimental/quasi-experimental evaluations and meta-analyses) come from the U.S. We also found some relevant articles, projects and

resources from other countries, including the U.K., Australia, South Africa, Sweden and India.

There have been some significant U.S. initiatives to identify, test and summarise 'successful' programs in this area. The most prominent and comprehensive of these are: the *Blueprints* project; the report of the Surgeon General in 2001 in response to the Columbine school killings; the Task Force on Community Preventive Services; and the National Registry of Evidence-Based Programs and Practices (NREPP).

We found a number of online resource gateways and collections which are relevant to this topic, including STRYVE (produced by the Center for Disease Control) in the U.S.; Liverpool John Moores University's violence prevention site; and the Australian-based XY online,

which looks at men and masculinity with a particular focus on gendered violence. International organisations, such as the World Health Organisation (WHO), Save the Children and the Inter-American Development Bank have also published reports, summaries and good practice guides on youth violence and its prevention. We have selected ten useful resources in this area and present these toward the end of this report.

## Youth violence and approaches to prevention

We found some clear definitions and typologies of youth violence and programs which tackle it. We developed the following table to present Fields' (2003) classification of the theoretical models for explaining youth violence and the corresponding interventions:

| Theories | Youth violence is caused by... | Therefore interventions should ... |
|---|---|---|
| Social Learning | Observing and modelling others (including in the media). | Encourage young people to critically evaluate the poor behavioural models they are exposed to and provide positive alternatives. |
| Attribution | Making and acting on distorted assumptions about the malevolent intentions of others. | Retrain young people to understand that when bad things happen, they aren't always caused by other people. |
| Resilience | The absence of protective factors, such as supporting adults, positive expectations, meaningful activities. | Change the environment to strengthen these protective factors. |
| Developmental | Maladaptive interpersonal and cognitive-behavioural development. | Aim to understand these maladaptive processes and develop specific, contextual strategies to mediate and change them. |
| Eclectic | Developmental, cognitive, behavioural, emotional & environmental factors. | Blend two or more of the above approaches to create a comprehensive treatment program. |

Farrell & Flannery (2006) remind us how important it is that people developing prevention programs understand the nature of what they are attempting to

prevent. They differentiate between four different types of youth violence that may require different interventions:

**Situational** violence – primarily influenced by sociological factors, e.g. poverty, alcohol and drug use, community/peer norms and easy access to handguns.

**Relationship/interpersonal** violence – combination of developmental, psychological, and environmental factors.

**Predatory** violence – perpetrated for gain/as part of a pattern of criminal or anti-social behaviour, usually influenced by psychological issues in early life.

**Psychopathological** violence – tends to be attributed to biological (neural system deficits) or severe psychological trauma.

Young people may be involved in or at risk of specific types of violence, including school violence, bullying, dating violence, domestic violence, gang violence and sexual violence. Each of these has its own literature and specialist interventions. We examined some of the research on these related types of violence and present some of the programs, research findings and other resources from these in this paper.

Farrell & Flannery (2006) also distinguish between:

- '**Life-course persistent offenders'** – a very small proportion of the population who begin a (generally) long term violent career, sometimes as early as 8 (start of our target age group);

- '**Adolescence-limited offenders'** - who just behave violently during adolescence; and

- '**Late-onset offenders'** - who start later in adulthood.

## Common antecedents for boys who are involved in violence

A number of studies have focused on this topic, some retrospectively (e.g. Paton et al, 2009), looking at young people who have behaved violently – for example, those in custody – and considering their backgrounds and characteristics. Some longitudinal studies have sought to predict which young people are most likely to become violent over time (e.g. Hemphill et al, 2009). Most of these studies identify 'risk' or 'protective' factors for violent behaviour. Resilience theories have focused on why some young people do not become violent even when their backgrounds and experience would suggest that they are at high risk of becoming violent (Mundy, 1996).

Over the past decade, there seems to have been an emerging consensus that risk factors have a cumulative effect whereby a young person is more likely to behave violently if a number of negative factors are present in their lives (Herrenkohl et al, 2000) and that there can be complex interactions between factors (Goebert et al, 2010). A large U.S. study (Hawkins et al, 2000) also found that the strongest predictors of youth violence vary by age group: for example, interpersonal relationships (such as lack of social ties/involvement with anti-social peers) are the strongest predictors of later violence at 12-14 but these are relatively weak for the 6-11 age group; substance use is a strong predictor at 6-11 but one of the weakest at 12-14.

The following section provides a summary of four key sources or authors who explore the antecedents of violence in boys and young men.

**A. Source: Fonagy, P. (2003).** Towards a developmental understanding of violence. *The British Journal of Psychiatry,* Vol. 183, p.190-192.

Web: http://bjp.rcpsych.org/content/183/3/190.full

This article offers the statistic that an estimated 6% of adolescents account for the majority of violent acts.

Models of aggression have tended to focus on how aggression is *acquired* but more recent models suggest that violent behaviours peak at around 2 years old. "Violence ultimately signals the failure of normal developmental processes to deal with something that occurs naturally."

Secure attachments at 18 months and positive mothering (use of positive influence/not showing anger as main response and threats as main way of managing others) have been found to be strongly associated with the child's capacity to regulate anger during a frustrating task (Gilliom et al, 2002).

It is through our positive attachments that we develop the capacity to understand other peoples' subjective experiences and it is this which inhibits our use of violence. Strong attachments with relatively healthy individuals enable us to establish a sense of the other person as a psychological entity. Where there is a lot of anxiety about the attachment figure's feeling for the child, the child may wish to avoid thinking about the subjective experiences of others.

This leads us to the attribution theory of violence, noted above. This theory observes that violence emerges from a distorted attribution of meaning to a given situation. For example, let us imagine an individual who is emotionally insecure. He may compensate for this by exaggerating his sense of self-worth (narcissism). If he perceives an insult or threat from another person, he is less likely, because of his inflated sense of self-worth, to try to understand what is in the mind of the person who he perceives to be a threat to him. This can lead to grave misunderstandings, conflict and violence.

**B. Source: Paton, J. Crouch, W. & Camic, P. (2009).** Young Offenders' Experiences of Traumatic Life Events: A Qualitative Investigation. *Clinical Child Psychology and Psychiatry, 14*(1), p.43-62.

Abstract: http://ccp.sagepub.com/content/14/1/43.abstract

This investigation aimed to look at how a group of young offenders attending an inner-city youth offending team experienced adverse and traumatic life events. A qualitative approach was used and semi-structured interviews were conducted with eight young offenders about their perceptions of difficult experiences and the

effects of such events. The interviews were analysed using Interpretative Phenomenological Analysis (Smith, Jarman & Osborn, 1999). Analysis of the accounts yielded a number of themes:

- Young offenders experienced violence at home, in the community and in custody.
- Instability and transitions emerged as important themes in relation to school and home.
- Deprivation was experienced both in terms of poverty and the literal and emotional absence of parents.
- A variety of cognitive, emotional and behavioural responses to adverse/traumatic experiences were identified, including a blocking out of painful experience and aggression to self and others.
- There were barriers to seeking or making use of professional support.
- Custody appeared to offer an opportunity to reflect on and re-evaluate one's life trajectory.

The study concluded that greater consideration of trauma when carrying out assessments would enable `at-risk' young offenders to be identified using clinical interviewing alongside standardised measures to aid assessment of the complexity and uniqueness of the response to trauma.

**C. Source: Barnardo's (2005).** *Youth Justice, Parliamentary briefing paper,* Spring/Summer 2005.

Web: http://www.barnardos.org.uk/youth_justice_brief.pdf

This paper demonstrates the degree of disadvantage and damage experienced by children who end up in custody:

- Up to 41% will have some history of being in care.
- Up to a third will have had no educational provision prior to being sentenced.
- Almost half have literacy levels below that of an average 11 year old.
- Two fifths of boys and a quarter of girls reported having experienced violence at home.
- One in three girls and one in twenty boys reported suffering sexual abuse of some form.
- As many as 85% have some sort of mental health problem.

**D. Source: Thomas, J., Vigurs, C.A., Oliver, K., Suarez, B., Newman, M., Dickson, K, Sinclair, J. (2008).** *Targeted Youth Support: Rapid Evidence Assessment of effective early interventions for youth at risk of future poor outcomes,* EPPI-Centre Report no. 1615, October 2008.

Web reference:
http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=-50EN1r_WDE%3d&tabid=2417&language=en-US

The authors identified the following risk factors from their rapid evidence review for youth offending/anti-social behaviour:

The **family** risk factors are:

- Poor parental supervision and discipline.
- Family conflict (including physical and sexual abuse).
- Family history of problem behaviour (including poor mental health).
- Parental involvement/attitudes condoning problem behaviour.
- Low income and poor housing (including family structure and size).
- Experience of local authority/institutional care.

The **school** risk factors are:

- Low achievement beginning in primary school.
- Aggressive behaviour, including bullying.
- Lack of commitment, including truancy.
- School exclusions.
- School disorganisation.

The **community** risk factors are:

- Community disorganisation and neglect (including lack of suitable leisure facilities).
- Availability of drugs.
- High turnover and lack of neighbourhood attachment.

The **individual and peer** risk factors are:

- Alienation and lack of social commitment.
- Personal attitudes that condone problem behaviour.
- Early involvement in problem behaviour.
- Friends involved in problem behaviour.
- Cognitive function and mental health.
- Gender: Being male increased the odds of being arrested by 146%, the single largest increase in odds of being arrested for any of the demographic or risk and protective factors identified by the YJB report.
- Age: Early onset of problem behaviour was associated with more serious and persistent offending in later years.
- Ethnic background.

The **protective** factors are:

- Strong bonds with family, friends and teachers.
- Healthy standards set by parent, teachers and community leaders.
- Opportunities for involvement in families, school and community.
- Social and learning skills to enable participation.
- Recognition and praise for positive behaviour.

## Summary of the findings about antecedents to violence in boys and young men

Taking the lead from Thomas et al (2008) above, in this section we summarise the findings about antecedents to violence using similar categories (i.e. individual, family, school, community and peer influences). We also draw on conclusions from other authors.

### Individual risk factors

The Neurosequential Model of Therapeutics (Perry and Hambrick, 2008) assesses the impact of trauma, poor attachments and other challenges on children's brain development and functioning. Neurodevelopmental problems may in turn lead to impairments in the ability to adapt to stress, to recognise the consequences of actions and to exercise impulse control.

Perry and Hambrick's (2008) approach reminds us that those aspects which might be described as 'biological' are often the result of our environmental experiences and that they are not immutable but can be improved through carefully targeted therapy.

Mental health problems are also a risk factor for youth violence, though again these may be caused or exacerbated by difficulties in the other domains. Bailey (2002) explains that "depression in adolescence can manifest itself as anger, which in turn is correlated with aggression" and post-traumatic stress disorder and/or anxiety may include "a heightened sensitivity to potential threat, which can in turn involve the risk of a young person acting explosively or unexpectedly."

We know that aspects of our social identity (e.g. our gender, ethnicity, disability, etc.) may make us more prone to being victims and/or perpetrators of violence (or to being caught and/or labelled as 'violent'), though again this might be a case of these factors interacting with the settings we find ourselves in. For example, being from a black or minority ethnic background may make us more likely to become violent if we experience racism at school or in the community (Hawkins et al, 2000).

### Family

Family seems to be the most influential of the domains (it certainly receives the most attention in the literature). Attachment theorists emphasise the significance of our earliest (generally parental) interactions and relationships and how these, if positive, help us to regulate our anger, connect with others and build a view of the world as a safe place (Fonagy, 2003; Garbarino, 1999). Witnessing parental domestic violence and abuse is the best predictor of violence (and victimisation) in younger people's own relationships (Indermaur, 2001). Barnardo's (2005) found that two-fifths of boys who end up in custody (as juveniles) have experienced violence at home. Boys who have tried to

protect their mother are particularly prone to feelings of powerlessness, isolation and vulnerability (Garbarino, 1999).

Direct experiences of abuse, neglect or parental abandonment are all powerful predictors of youth violence. Garbarino (1999) provides some helpful insights into the mechanisms that are particularly pertinent to boys:

> Through **abuse or neglect**, the child learns the world is an unpredictable place, and develops a set of responses to cope. The child:
>
> - becomes hypersensitive to negative cues in the environment, which help him determine the presence of danger;
> - ignores positive social cues, since they don't indicate safety;
> - develops a repertoire of aggressive behaviours that are 'always ready';
> - concludes that aggression works to get you what you want;
> - finds that de-humanising experiences can lead to emotional numbing and disassociation.
>
> **Shame and rage** can be particular issues for boys who have had experiences of abandonment, victimisation, abuse, and powerlessness. They invest considerable energy into defences to repress and deny these emotions and memories. Minor insults to their self-esteem lead to a powerful re-awakening of these repressed feelings, and the violent response they make helps them to repress and deny them again.

Parenting styles – both those which are too authoritarian and those which are too liberal – can also act as risk factors for youth violence. Bailey (2002) identifies three family scenarios (or 'clusters') which typically against a backdrop of multiple deprivations are strongly associated with violence and aggression in young people:

- The presence of criminal parents and siblings with behavioural problems.

- Parental conflict, inconsistent supervision and physical and emotional neglect, with little or no reinforcement of pro-social behaviours. The child learns that his own aversive behaviour stops unwanted intrusions by the caregivers. Young people who assault others have lower rates of positive communication with their families.

- Cruel authoritarian discipline, physical control and shaming and emotional degradation of the child.

### School

School emerges from most studies as a key mediating factor but not necessarily one of the main determinants of youth violence in itself (Goebert et al, 2010). In other words, school can provide an opportunity for a range of protective factors - such as alternative attachment figures and role models, pro-social peers, boosted self-esteem through academic attainment and participation - which may explain why some young people who come from difficult family backgrounds adjust well (Thomas et

al, 2008). However, where these opportunities are missed, the school experience can reinforce low expectations, poor self-esteem and negative relationships with adults. Critically for those entering adolescence (12-14 years), school may provide opportunities to bond with anti-social peers, which may lead to violence and criminality even for those who do not have risk factors in other domains (though it is likely that this involvement will be limited to adolescence for this group) (Hawkins et al, 2000).

## Peers

The influence of peers seems to be at its strongest in early adolescence (ages 12-14) (Hawkins et al, 2000), though others have pointed out that the influence of violent or delinquent individuals on their peers is mediated by school (Goebert et al, 2010). Having friends or siblings who are involved in violent, anti-social or criminal behaviour emerges as a clear risk factor (Hawkins et al, 2000; Thomas et al, 2008), especially where there do not seem to be any alternatives to a very 'macho' way of being a young man. However, being excluded or not having social ties (perhaps as a result of bullying, discrimination, lack of social skills, or frequent transitions) can sometimes present greater problems (Garbarino, 1999). In communities where gangs are prevalent, young people who are not integrated with pro-social peers may find a sense of belonging and significance and a means to material goods through gang membership, which is unsurprisingly strongly associated with youth violence.

## Community

Youth violence is higher in areas where there is poverty, a high crime rate, poor housing and a strong anti-police culture (Farrington, 1998; Hawkins et al, 2000). This is especially true where drug dealing and gangs are prevalent (Thomas et al, 2008). If we are to apply Garbarino's (1999) arguments and those of the resilience model (e.g. Mundy, 1996), there seem to be a number of possible mechanisms at work here:

- Feeling excluded from the mainstream, and experiencing inequality or discrimination can lead to anger and resentment;
- Where communities are 'disorganised' through lack of resources, high turnover or fear, they are less likely to provide the positive role models, pro-social networks, high expectations and firm boundaries that may protect young people from becoming violent;
- In such communities, young people quickly learn that the authorities cannot protect them, so they need to fend for themselves; and
- Where there are known criminals and/or gangs operating, young people learn that violence is a way to change things, to get power, attention, money and significance.

# Developing appropriate interventions

The Report of the U.S. Surgeon General (2001) defines three levels of intervention with regard to youth violence:

| Level/type | Target participants | Aim |
|---|---|---|
| **Primary** (Prevention) | Universal populations/youths that have not yet become involved in violence or encountered specific risk factors. | To lessen the likelihood of those attending encountering the risk factors for violent behaviour and/or initiating violent behaviour. |
| **Secondary** (Intervention) | High-risk (selected) populations of youths. | To reduce the risk of violence among youths who display one or more risk factors for violence (high-risk youths). |
| **Tertiary** (Intervention) | Already violent (indicated) youths. | To prevent further violence or the escalation of violence among youths who are already involved in violent behaviour. |

If we are to maximise the likelihood of success with secondary and tertiary interventions, we should use our knowledge of the antecedents of youth violence to select appropriate responses to individual boys and young men. Comprehensive individual assessments are crucial here.

We have encountered a range of projects which aim to reduce youth violence both directly and indirectly. In other words, some:

- specifically (and explicitly) focus on violence in terms of both content and intended outcomes;

- focus on violence alongside a range of issues, often alcohol/drug use, or sexual health;

- are much broader in their aims (especially some of the 'project-based' approaches that use other activities — e.g. theatre projects, outdoor pursuits, etc. — but indirectly aim to reduce violence).

Perry and Hambrick's (2008) approach combines an assessment of current brain functioning with the mapping of trauma, relational history (including attachments) and developmental challenges in a child's past. In this model, it is not only a question of choosing the right therapies, but it is also important to ensure that these are applied (and have the desired impact) in the right order, working from the bottom of the brain upwards.

Similarly Bailey (2002) emphasises the importance of taking a long term (rather than a 'cross-sectional') view of a young person's violent behaviour. She reminds us of the importance of considering and seeking to understand the situational factors surrounding violent behaviour. We might, for example, note that an individual's violence is triggered in response to an experience of pain, or is usually targeted at people who are bullies or who have similar characteristics as someone who has behaved abusively in a young person's past. She also highlights the importance of remaining alert to any underlying mental health issues or learning disabilities and assessing for the risk of harm to self, as well as harm to others.

In the following table, we have suggested some of the different approaches that might help boys and young men who have been assessed as having particular issues underlying their violent behaviour:

| Issue | Possible interventions |
|---|---|
| Neuro-developmental issues | Build interventions in sequence (depending on outcome of assessment) that may include: yoga/drumming/rhythmic and repetitive therapies; then arts or play therapies; then cognitive-behavioural/psychodynamic therapies |
| Attachment issues | Multi-systemic therapy (if family present and committed)<br>Mentoring/wraparound foster placement<br>Stimulating empathy, moral development and feelings education<br>Multi-modal therapies |
| Parenting issues | Parent training/development/therapy<br>Multi-systemic therapy |
| Negative peers/lack of social ties (especially in early adolescence) | Mentoring<br>Social skills training<br>Opportunities to mix and bond with 'pro-social' peers<br>Build connections in the community and create opportunities to gain significance by making a positive contribution to the lives of others |
| Violence and instability across one or more domains | Opportunities to spend time in calm, safe space<br>Focus on spiritual development, e.g. through yoga, meditation, martial arts, books/films/mentors who have found meaning and purpose in life<br>Multi-modal therapies |
| Domestic violence, abuse, humiliation | Anger management (Expressing shame and rage safely)<br>Social skills training (re-learning social skills, e.g. interpretation of and response to social cues)<br>Cognitive behavioural approaches (understanding and adapting maladaptive coping mechanisms)<br>Feelings education (learning to unblock and express feelings and identify others' feelings)<br>Multi-modal therapies |
| Unresolved trauma, loss and abandonment issues | Opportunities to spend time in calm, safe space<br>Psychotherapy/Counselling/Mentoring |

## Issues and challenges with evaluation

**Cruz (2004)** offers the view that the purpose of evaluation research is "to produce findings that assist in making judgments about the merits of a program for informing decision making and policy."

**Flannery and Seaman (2001)** offer a list of four questions to ask when evaluating a program:

- What kind of intervention is needed and who should be targeted?
- What are the program's desired results, and what will be changed?
- What components of the program make it successful?
- Is the program cost-effective?

**Tutty (2002)** identified four areas of change which are often focussed on in school-based violence prevention program evaluations:

1. Student attitudes towards the problem.
2. Student knowledge of concepts taught in the program.
3. Student behaviour.
4. School climate.

In the evaluations we have reviewed, outcome measures have included:

- Self-reports (including completion of a range of assessment tools).
- Parent reports (including completion of a range of assessment tools).
- Teacher reports (or reports by prison/probation officer/ social worker, etc).
- Peer reports.
- Observations.
- Recorded incidents, disciplinary sanctions, arrests, convictions, etc.
- School- or community-wide questionnaires.

Most of the 'rigorous' (U.S.-based) evaluation of youth violence prevention programs has an 'experimental' or 'quasi-experimental' design. In other words, it uses a randomised (or in the case of 'quasi-experimental', a not entirely randomly assigned – *see below*) control trial (RCT). The outcomes for a group receiving the 'treatment' (e.g. attending a program) are compared with those of a control group who do not receive the treatment (i.e. they may get nothing, a placebo or an alternative intervention). Young people may be

randomly assigned to the treatment and control groups or, as is often more ethical and practical, the two groups may be naturally occurring, e.g. in different, but comparable, schools or areas, usually with key relevant criteria – of school/community and ideally the individuals in the groups - 'matched' so they are as close to comparing like with like as possible. A 'treatment' might be said to 'work' if the positive change in outcomes for those receiving it is significantly bigger than the 'naturally occurring' change for the control group.

This approach to evaluation has, however, been famously critiqued by Tilley and Pawson (Tilley, 2000) who point out that:

> *What works to produce an effect in one circumstance will not produce it in another [...] Where several evaluation studies are found the most usual finding is that results vary. This is not very helpful for policy makers and practitioners.*

They propose an alternative approach to experimentation, called 'realistic evaluation' which focuses less on quantifying and comparing outcomes and more on understanding the mechanisms and contexts through which these outcomes are generated.

> *Whereas the question which was asked in traditional experimentation was, 'Does this work?' or 'What works?,' the question asked by us in realistic evaluation is 'What works for whom in what circumstances?' Thus, we begin by expecting measures to vary in their impact depending on the conditions in which they are introduced. The key problem for evaluation research is to find out how and under what conditions a given measure will produce its impacts. Of course, sometimes the effects will be unwanted, sometimes they will be wanted and sometimes they will be a mixture of wanted and unwanted effects. Armed with an understanding of how measures will produce varying impacts in different circumstances the policy maker and practitioner, we believe, will be better able to decide what policies to implement in what conditions … [Realistic evaluation's] … concern is with understanding causal mechanisms and the conditions under which they are activated to produce specific outcomes.*

The experimental slant in the literature means that there is generally little focus on the context. We rarely find out much more about the participants than their age and gender and are often left wondering what types of violent/offending behaviours or risk factors they have exhibited (if any) and what sort of communities/schools or family backgrounds they come from (Van der Merwe & Dawes, 2007). The criteria and assessment methods by which 'high-risk' pupils are selected for some programs is often not clear in the evaluation write-ups. We have little evidence about how participant, setting and implementation factors influence the effectiveness

of programs, or about the relative effectiveness of different types of programs (Farrell & Flannery, 2006).

There is little hypothesis generation or use of qualitative data to explore *how* programs might work. The lack of detail about the content and implementation of the program in many of the RCT studies means that it is difficult for anyone else to reflect on why they do or do not seem to work. Subsequently, as Sukhodolosky et al (2004) conclude, little is known about the mechanisms for change.

We found and read more than a dozen meta-analyses or reviews of the evidence of program effectiveness. Several articles warned us to interpret the findings of these with caution since:

a. 'Publication bias' is likely, i.e. the evaluations that show neutral or negative outcomes are less likely to be published and reviews of published studies are therefore likely to show inflated mean outcomes from programs of this kind; and

b. When you combine the sample sizes of many studies (as in a meta-analysis), the effect sizes can appear to be more statistically significant than they really are (Ferguson et al, 2007).

Farrell & Flannery (2006) conclude that "even the more promising programs tend to have only modest effects that are often of limited duration – often only at the level of change to knowledge, attitudes and responses to hypothetical situations rather than changes to actual behaviour."  Since the effect sizes are often fairly small and, across studies, inconsistent or disputed by others, there is not as much useful information for the policy maker or practitioner as you might expect from such a significant body of research. At best, we can conclude that programs (in general) *may* help to reduce youth violence, though there seem to be mixed conclusions as to 1) whether they do so in a way that makes them cost-effective; and 2) which, if any, are more effective than others and why. It is a bit like Pawson and Tilley's comment that the 'usual finding is that the results vary' (Tilley, 2000).

There are, however, a number of key messages which seem to have been confirmed by this growing body of evidence and which are likely to be of use to those developing and delivering programs, which we present on pages 24-27. We have also compiled tables summarising the most tried-and-tested programs and a selection of promising programs. We also offer an overview of four interesting (so far unevaluated) programs to give a flavour of the activity in this area.

# A selection of interesting and/or validated programs

**Projects with good evidence**

In 2001, the U.S. Surgeon General identified the following general approaches as effective:

**Primary Prevention**
- Skills training
- Behaviour monitoring and behaviour reinforcement
- Behavioural techniques for classroom management
- Building school capacity
- Continuous progress programs
- Cooperative learning
- Positive youth development programs

**Secondary Prevention**
- Parent training
- Home visitation
- Compensatory education
- Moral reasoning
- Social problem solving
- Thinking skills

**Tertiary Prevention**
- Social perspective taking, role taking
- Multimodal interventions
- Behavioural interventions
- Skills training
- Marital and family therapy by clinical staff
- Wraparound services

The tables on the following pages give summary information about a selection of projects which are most relevant to this literature search. These consist of:

1. **The Blueprints model programs** – these must be deemed to meet all three of the following criteria: evidence of deterrent effect with a strong research design, sustained effect, and multiple site replication. *Blueprints for Violence Prevention* is a project of the Center for the Study and Prevention of Violence at the University of Colorado. Blueprints staff continuously and systematically review the evidence on programs and a distinguished Advisory Board decides which programs should be included.

2. The **Blueprints promising programs** – these must meet the first of the above criteria, i.e. evidence of deterrent effect with a strong research design.

3. Relevant projects from the (U.S. Department of Health and Human Services) **National Registry of Evidence-based Programs and Practices**. This searchable online registry gives information about relevant programs which have been evaluated. A team of independent reviewers rate the quality of the research and summarise the program. They do not attempt to rate the programs by their effectiveness. Inclusion on the site or in our table does not necessarily mean that these programs are rigorously proven to work but there is certainly some encouraging evidence of positive effects and no evidence of negative impacts.

4. Individual evaluation studies of interesting programs that **we identified and reviewed**. There are some limitations in the design and/or evidence of effectiveness in some of these evaluations but we felt all had enough evidence to show promise.

## Programs which have been evaluated

### Blueprints 'model' programs

| Name | Approach | Further details | Participant risk level | Gender/Age | Outcomes (related to violence) |
|---|---|---|---|---|---|
| Big Brothers Big Sisters of America | 1-1 mentoring with case management | http://www.colorado.edu/cspv/blueprints/modelprograms/BBBS.html | Secondary (typically from single parent homes) | Either Ages 6-18 | After an 18 month period, BBBSA youth were almost one-third less likely than control youth to hit someone. |
| Family Functional Therapy | Therapeutic, family-based | http://www.colorado.edu/cspv/blueprints/modelprograms/FFT.html | Secondary/tertiary | Either Ages 11-18 | 13 published outcome studies, up to 5yrs follow-up period. Properly applied, can reduce recidivism by 25-60%. |
| Multi-systemic Therapy | Therapeutic, family-based | http://www.colorado.edu/cspv/blueprints/modelprograms/MST.html | Tertiary | Either Ages 12-17 | 4 RCTs show significant and long-term reductions in violent offences by violent and chronic juvenile offenders. |
| Multi-dimensional Treatment Foster Care | Wraparound (including behaviour management, casework and family therapy) | http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html | Tertiary | Either (though evaluation on boys, ages 12-17) | Two RCT studies found positive outcomes, e.g. at one-year after treatment exit, boys in MTFC had less than half the number of arrests as control group boys (in residential group care). |
| Olweus Bullying Program | Whole school approach (with school-wide, class and individual components) | http://www.colorado.edu/cspv/blueprints/modelprograms/BPP.html | Primary (+ 1-1 secondary/tertiary) | Mixed Ages 6-16 | Number of international evaluations found reductions of up to 50% in reports of bullying (by perpetrators & victims). |
| Promoting Alternative Thinking Strategies (PATHS) | Classroom-based, psycho-educational and skills practice (social, emotional and problem-solving) | http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html | Primary | Mixed Ages 5-11 | 3 RCTs show reductions in self-/teacher- and peer-reports of aggressive behaviour after and at 1-yr post intervention. |
| Incredible Years Series | Parent skills training, which can be combined with teacher training and sessions for selected children | http://www.colorado.edu/cspv/blueprints/modelprograms/IYS.html | Parent/Teacher interventions (all levels) Children's groups/ evaluation: Secondary/tertiary | Mixed Ages 2-10 | 6 RCTs with secondary/tertiary cases found reduced child conduct problems up to 3 years after intervention; decreased peer aggression and disruptive behaviours at school; and non-compliance/negative behaviours with parents at home. |

# Blueprints 'promising' programs

| Program | Approach | URL | Setting | Population | Findings |
|---|---|---|---|---|---|
| Brief Strategic Family Therapy | Therapeutic, family-based | http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP03.html | Secondary/Tertiary | Mixed Ages 8-17 | Participants showed significant reductions in Conduct Disorder and Socialised Aggression from pre- to post-treatment. |
| CASASTART | Community-based, multi-agency, casework and pro-social activities/peers | http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP04.html | Secondary (high-risk neighbourhoods) | Mixed Ages 11-13 | At one-year follow-up participants reported lower levels of violent crimes in the past year and were less likely to be involved in selling/taking drugs than control groups. |
| FAST (Families and Schools Together)Track | Multi-dimensional (parent training, home visits, social skills training, academic tutoring and PATHS curriculum for whole class) | http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP05.html | Secondary (young children with disruptive behaviours & poor peer relations) | Mixed Ages 6-12 | Better overall ratings by observers on children's aggressive, disruptive, and oppositional behaviour in the classroom. Children in FAST Track classrooms nominated fewer peers as being aggressive. |
| Good Behaviour Game | Classroom-based: teachers set behaviour rules and groups monitor own behaviour to compete for rewards | http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP06.html | Primary (but good results for high-risk children) | Mixed Ages 6-12 | End of 1st grade (ca. 7 yrs old), GBG students had less aggressive behaviours (teacher- and peer-rated); end of 6th grade (ca. 12 yrs old), there were significant decreases in levels of aggression for males who were rated highest for aggression in the first grade (all compared to control group). |
| LIFT (Linking the Interests of Families and Teachers) | Classroom: psycho-educational, skills practice, good behaviour game in playground; parent meetings to promote continuity at home | http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP09.html | Primary (but focused on high-risk neighbourhoods) | Mixed 6-7 yr olds (1st Grade) 10-11 yr olds (5th Grade) | Significant decrease of physical aggression on the playground (effects were most dramatic for children who rated most aggressive at pre-test). Teacher-rated classroom behaviour and social skills improved (all compared to control group). |
| Preventive Treatment Program | Parent training (positive reinforcement/appropriate punishment) and child training (social skills training) NB: The training is implemented in small groups containing **both disruptive and non-disruptive boys** | http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP12.html | Primary/Secondary (Assessed with high levels of disruptive behaviour on starting school) | Males 7-9 yrs | At 3-yr follow-up, treated boys were less likely to fight (teacher reports), commit offences, and about half as likely as untreated boys to have serious problems in school. At 5-yr follow-up, they were less likely to have gang involvement, drug use, delinquent behaviours and anti-social peers. |
| Seattle Social Development Project | Teacher and parent training throughout school around boundaries, social skills, reinforcement | http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP17.html | Primary or secondary | Mixed 6-12 yrs | Boys (compared to control groups): At 2nd Grade: Lower levels of aggression and antisocial, externalising behaviours. At 6th Grade: Less involved with antisocial peers. At 11th Grade: Reduced involvement in violent delinquency. |

## National Registry of Evidence-Based Programs and Practices (NREPP)

| | | | | |
|---|---|---|---|---|
| Active parenting of teens | Parent and youth skills training (group-based) | http://nrepp.samhsa.gov/ViewIntervention.aspx?id=168 | Primary | Mixed Ages 11-14 | Positive outcomes for protective factors against violence, e.g. family cohesion, school and peer attachment, participation in school activities and reduction in family fighting. |
| Aggressors, Victims, and Bystanders: Thinking and Acting To Prevent Violence | Curriculum-based, school-based program | http://nrepp.samhsa.gov/ViewIntervention.aspx?id=142 | Primary | Mixed Ages 11-14 | Positive outcomes in terms of relevant skills, beliefs and behavioural intentions, i.e. social problem-solving skills, beliefs about violence and behavioural intentions as aggressor and bystander. |
| Building Assets – Reducing Risks | School-based skills practice (social competence) + identifying selective for 1-1 counselling | http://nrepp.samhsa.gov/ViewIntervention.aspx?id=108 | Primary/secondary | Mixed Ages 13-17 | Significant reduction in % of boys reporting bullying, however NREPP criticises some of the methods in terms of statistical reliability. |
| Curriculum-based support group | Curriculum-based + skills practice | http://nrepp.samhsa.gov/ViewIntervention.aspx?id=185 | Secondary | Mixed Ages 4-15 (8-11 in evaluation) | Improvements in self-reported rebellious behaviour and anti-social attitudes. |
| Fourth R: Skills for Youth Relationships | School-based psycho-educational and skills practice | http://nrepp.samhsa.gov/ViewIntervention.aspx?id=207 | Universal | Mixed Ages 13-17 | % of boys reporting that they had perpetrated physical dating violence and 'at risk of violent delinquency' at 2.5 yr follow-up significantly lower than for control group. |
| Life Skills Training *(NB: this is also a Blueprints model program)* | Schools-based skills practice | http://nrepp.samhsa.gov/ViewIntervention.aspx?id=109 | Primary | Mixed Ages 13-17 | Violence (verbal/physical aggression, fighting) and delinquency (measured by self-report at 3 month follow up) significantly reduced. |
| Mendota Juvenile Treatment Center Program | Intensive CB/group and individual therapeutic/behavioural reward program in secure settings | http://nrepp.samhsa.gov/ViewIntervention.aspx?id=38 | Tertiary | Male Ages 13-17 | Risk of serious violent offences reduced by half and those in treatment group six times less likely to engage in felony violence than the comparison group youth. |

## A selection of other promising projects from our review

| Name | Approach | Further details | Participant Risk level | Gender/Age | Outcomes (related to violence) |
|---|---|---|---|---|---|
| Rock and Water | Experiential ('Psycho-Physical framework') | Skills are first introduced through physical exercises (based on self-defence techniques and body awareness), after which a connection is made to social and mental skills. | Primary or Secondary | Male 8-15 yrs | Very positive qualitative self-report data from participants, professionals, facilitators and some evidence of improvements in relationships, confidence, etc. but no clear evidence of successful outcomes with regard to violence (see Appendix C). |
| Anger Mgt Therapy in YOI (Ireland, 2004) | Cognitive Behavioural | 12 x one hour sessions of cognitive behavioural anger management program, run over a 3 day period in a custodial setting with group of 10 | Secondary/Tertiary | Male Mean = 18yrs | Positive short term impact: 92% participants improved on either self- or staff-reports regarding anger; 48% improved on both; 8% did not improve, or deteriorated. |
| Disarming the Playground (Hervey & Kornblum, 2006) | Experiential arts-based approach | Action-based, involving play, kinaesthetic cueing, active discussion, role playing and props. Strategies for avoiding/responding to conflict, using self talk, breath, imagination, as well as leaving the situation | Primary (though high ratio of 'at-risk') | Mixed 7-8 yrs | Teachers reported improvements in related areas: communication, problem solving/conflict resolution, emotional and interpersonal awareness and increased positive risk taking. 83% decrease in Behaviour Rating for Children for participating boys. |
| High school theatre program (Larson & Brown, 2011) | Project-based | 10 teenagers participating in a 3-month theatre program, reflected on process in fortnightly 1-1 interviews, role modelling from adults, dealing with emotions. | Selective (but criteria with regard to violence not clear) | Mixed Teens | Small scale in-depth qualitative study tracking and trying to understand participants' development of resilience and emotional intelligence over the course of the project. |
| Development of skills for agency (Larson & Angus, 2011) | Project-based | Youth in arts and leadership programs developing skills for organising actions over time (and regulating self) to achieve goals. | Selective (but criteria with regard to violence not clear) | Mixed 13-21 yrs | Small scale in-depth qualitative study tracking and trying to understand participants' development of resilience and strategic thinking over the course of the project. |
| Relationships without Fear (Fox et al, 2010) | DVA-specialist: psycho-educational + skills practice | Schools-based program with 1-1 support for those experiencing domestic violence and abuse | Primary | Mixed 8-15 yrs | Attitudes (measured in questionnaire) significantly changed: much less accepting of domestic violence and abuse post-program; effects stronger for the 11-15 yr olds than the 8-11 yr olds. |
| Mind Body Awareness | Mindful approach | Uses meditation, movement arts, group-process modalities, peer counselling, and social and emotional learning models to provide at-risk youth with concrete tools to reduce stress, impulsivity and violent behaviour and increase self-esteem, self-regulation and overall well-being. | Secondary/Tertiary | Male (age range 12 – 24) | Increased positive behaviour points for participants from prison staff following Camp Glenwood detention centre program; Qualitative & quantitative data showed improvements in feelings of stress, anger, self-esteem, mindfulness, emotional regulation, conflict resolution and sleep patterns. |

| Name | Approach | Further details | Participant Risk level | Gender/Age | Outcomes (related to violence) |
|---|---|---|---|---|---|
| SNAP (Stop Now And Plan) | Cognitive Behavioural | Separate curriculum-based programs for boys and girls who have had police contact/clinical score on Child Behaviour Checklist. Also provide: follow-up clubs, crisis care, academic tutoring and a parents' group | Secondary | Separate groups for boys & girls Up to 12 years | Boys completing program significantly improved on parent-rated 'offending behaviours' (including rule breaking, aggression and conduct problems) compared to those on waiting list, though some still exhibited anti-social behaviour at clinical level. |
| Boys' Town Treatment Family Home foster program | Wraparound | 6-8 boys or girls live in specialist foster care family home to provide pro-social modelling, skills building and case work (this intervention is medium intensive within their 'Integrated Continuum of Care') | Secondary/ Tertiary | Girls or Boys 10-18 yrs | The 5yr study cohort: 77% had problems with aggression at admission; 33% on departure; 58% arrested pre-treatment; just 5% in 5 years following treatment. Better outcomes are associated with longer (i.e. 18mth +) stays. |
| Neurosequential Model of Therapeutics | Individually tailored to assessment of brain development | Further details: http://www.childtrauma.org/index.php/home | Secondary or tertiary (children who have experienced trauma) | Any | Outcomes with regard to violence: research is ongoing (see Appendix A). |
| Life story approaches | Individual: therapeutic and practical | More than one key source (see appendix A). | Secondary or tertiary (children who have experienced trauma) | Any | Outcomes (with regard to violence): no systematic evaluation but practitioner observations and case studies suggest successful outcomes for many but life story work does not readily yield measurable outcomes (see Appendix A). |
| Attachment-based therapy | One to one or family-based therapeutic work | Further details: http://www.patcrittenden.com/include/docs/adolescent_attachment.pdf | Secondary or tertiary | Adolescents of either gender | Outcomes (with regard to violence): research is in early stages (see Appendix A). |
| Harlem Children's Zone (HCZ) - Peacemakers Program | Classroom and community mentoring, conflict resolution, role modelling and support | Further details: http://www.hcz.org/images/stories/pdfs/ali_fall2004.pdf www.economics.harvard.edu/faculty/fryer/files/hcz%204.15.2009.pdf http://mfi.uchicago.edu/humcap/wp/papers/JeanLouisfinal.pdf | Primary (but secondary within that for at-risk children) | Any | Outcomes (with regard to violence): the project reports positive outcomes not just for children and teachers but for also for the Peacemakers themselves. Longitudinal studies so far suggest that HCZ is enormously effective at increasing the achievement of the poorest minority children (see Appendix A). |

| Name | Approach | Further details | Participant Risk level | Gender/Age | Outcomes (related to violence) |
|---|---|---|---|---|---|
| Enough is Enough: Gang intervention program in London Borough of Waltham Forest | Multi-disciplinary (education, employment, police, housing) and highly skilled Family Partnership Team provides family-based support, signposting, training, mentoring for young gang members, their siblings and parents | http://www1.walthamforest.gov.uk/ModernGov/mgConvert2PDF.aspx?ID=15530 | Tertiary/ secondary | Adolescents | Outcomes (with regard to violence): 98% of children mentored finish the program with improved behaviour and 51% finish with no behavioural difficulties at all (evaluation by Goldsmiths University 2008) (see Appendix A). |
| Chance U.K. Mentors | Mentoring program: 1-year solution-focused, goal-orientated program developed with adult volunteer including weekly activities and concluding with a 'graduation ceremony' | Further details: www.chanceuk.com | Secondary (assessed using the Goodman Strengths and Difficulties Questionnaire) | Boys aged 5-11 year olds (though a pilot for girls of the same age began in July 2011) | Outcomes (with regard to violence): 98% of children mentored finish the program with improved behaviour and 51% finish with no behavioural difficulties at all (evaluation by Goldsmiths University 2008) (see Appendix A). |

# Potentially interesting programs

We also found the following four programs during our literature search. They do not appear to have been properly evaluated yet (or, in the case of the fourth, an evaluation is mentioned but we have not seen a copy of this report and do not have enough information about its methods or findings). However, we thought that, since they focused specifically on boys and young men, they might be of interest to Berry Street.

1. **Educating Boys** is an Australian program designed by Ian Hume. Its theoretical basis is that boys have an overwhelming need for (positive or, often more easily, negative) significance. Boys' immature amygdale, or emotional centre of the brain, is not adequate to resist the unconscious drive of testosterone to seize moments of opportunity to create significance, i.e. a place in the pecking order amongst peers. The program targets teachers (and to a lesser extent, parents) with understanding of this and practical skills to teach boys between 8 and 18.

2. The San Francisco-based Family Violence Prevention Fund (now Futures without Violence) run **Coaching Boys to Men** which aims to prevent dating/ domestic/sexual violence through building mentoring/role modelling approaches in sports coaching. It is a sports-based curriculum which aims to give adolescent boys the tools to resist violence and peer pressure, and encourage them to adopt positive, culturally resonant versions of masculinity. The program particularly dispels messages that teach adolescent athletes that violent and disrespectful behaviours are essential ingredients for being a 'real man.' See:

   http://www.endvawnow.org/uploads/browser/files/ Coaching%20Boys%20into%20Men.pdf

   The model has recently been adapted, piloted and evaluated in India, where the *Parivartan* project focuses on cricket and has been implemented in 46 Mumbai schools and two low income slum communities. Pilot results are expected to be disseminated in late 2010/early 2011. We found various write-ups and articles but no published outcome studies yet.

3. **Man Alive** in New Zealand runs an 8-week group program for 8-12 yr old boys. This aims to target at-risk boys who may have a lack of positive male role models, behavioural difficulties, or issues around anger, emotion, relationships, communication, or self-esteem. They do activity sessions and an overnight experience in addition to weekly 2.5 hour

sessions. They also run a 12-week 1:1 anger management and life skills counselling program for young men up to 17 yrs old. See:

http://manalive.org.nz/boys.htm

4. **Men2B** is a Rhode Island-based project which trains a diverse range of men (some but not all of whom are fathers, grandfathers, coaches, teachers, etc) to be successful role models to adolescent males. They provide a 12-hour training sequence with an optional 4-hour follow-up session, covering a range of topics and skills and have trained over 3,300 men to date. Their evaluation found that those completing the training feel more confident in communicating with adolescent males. A range of their resources are available for download from:

http://www.childrenssafetynetwork.org/spotlight/sh ow.asp?spotID=17

# Warnings: risks and programs with negative outcomes

Flood (2006) says of domestic violence and abuse prevention work with girls and boys that: "Existing evaluations show that not all educational interventions are effective, changes in attitudes often 'rebound' to pre-intervention levels one or two months after the intervention, and some even become worse".

The Surgeon General (2001), Blueprints (web page) and Rhule (2005) identify the following approaches to preventing generic youth violence as **ineffective.** Some programs, such as the Scared Straight program, have even been demonstrated to risk increasing crime (Blueprints).

**Primary Prevention**

- Peer counselling, peer mediation, peer leaders
- Non-promotion to succeeding grades in school

**Secondary Prevention**

- Scared Straight – 'scare' tactics, e.g. which show delinquent youth life in prison
- Redirecting youth behaviour
- Shifting peer group norms
- Summer jobs for at-risk groups
- Summer camps and recreational activities (e.g. the Cambridge-Somerville study, McCord (2003), cited by Rhule 2005) since they can provide opportunities to mix with deviant peers

**Tertiary Prevention**

- Boot camps
- Residential programs
- Milieu treatment
- Behavioural token programs
- Waivers to adult court
- Non-directive/unstructured therapeutic counselling or social work approaches
- Home detention with electronic monitoring

Rhule (2005) warns about the impact of group dynamics on already vulnerable young people:

*"The presence of many aggressive peers together in a group has been shown to contribute to a shifting of social norms, including a higher level of social acceptability and reinforcement for aggression."*

Similarly, taking a 'problem' group out of school can promote group bonding (which may have both positive and negative impacts) but can increase estrangement from school. She concludes not that we should abandon group work altogether with these young people, but that we should:

- Enlist parent/teacher monitoring as deviant peer processes can take place before and after group sessions;
- Make sure that we monitor outcomes over a long period of time as negative outcomes may not surface until over a year after the intervention;
- Make more use of qualitative feedback from participants, teachers, etc. to flag up issues that may be outside of the facilitator's field of vision; and
- Have a more open discussion about the risks of doing more harm than good, generally in the academic/practitioner community and with individual young people, their families and referrers.

The Rock and Water program appeared to produce some negative outcomes in two of the evaluation studies that have been done of it. One study showed reduction in clients' willingness to discuss life history with key workers, and a decrease in confidence of key workers to initiate such discussions (Raymond and Simpson, 2007 – see Appendix C). Another study showed a reduction in self esteem (Raymond, 2005 – see Appendix C). There may be a number of explanations for these findings and we should not necessarily dismiss what otherwise looks like an innovative program on the strength of them, but the findings do remind us of the need to tread carefully and check for negative as well as positive changes.

# Key messages about what works (and what doesn't) from the meta-analyses and reviews

## *Theoretical approach/content of program*

Multi-modal, structured, cognitive-behavioural interventions, particularly those that include interpersonal and social skills training, are more effective in reducing violent and other anti-social behaviour than educational, vocational or undirected therapeutic approaches (van der Merwe & Dawes, 2007).

The more behavioural, skills training approaches seem to work best in reducing aggressive behaviour (Blake & Hamrin, 2007; Sukholdosky et al, 2004). Fields et al (2003) concludes that, in primary interventions, "a continued emphasis on learning and applying social skills to situations where aggression could arise is warranted" (p.80). Sukhodolsky et al (2004) finds that modelling (demonstrating the adaptive changes that are expected) and feedback (guidelines and reinforcement for the acquisition of new skills) are the more effective components of cognitive-behavioural violence prevention programs with young people. The use of homework was also significantly and positively related to therapy outcomes.

However, the findings of other meta-analyses challenge the dominance of any single approach. When Wilson & Lipsey (2005) looked at evaluations of school-based violence prevention programs, they found that the different treatment modalities they looked at (social skills training, cognitive, behavioural, counselling) were all equally effective. Park-Higgerson et al's (2008) meta-analysis of school-based violence prevention programs found, unexpectedly, that those programs that were not based on a particular theory were more effective than those that were. If nothing else, this reminds us of the importance of context, such as the way in which a program is implemented and the make-up of the participants.

## *Target group*

There are a number of dilemmas on this topic in the literature that will be relevant to Berry Street: Is it better to offer universal ('primary') programs in which high-risk young people are mixed in with their mainstream peers or is it better to select those most at risk for more intensive ('secondary') treatment (and, if so, using which criteria)? Is it better to work with boys only or to mix boys and girls together?

**The advantages of primary interventions**

- Since these programs do not need to select 'at-risk' children, there is less risk of getting it wrong or missing vulnerable children, or of stigmatising/ labelling at-risk children (Fields et al, 2003);
- There are risks of negative outcomes where groups of at-risk children are drawn together (i.e. secondary) e.g. meeting and mixing with (new) deviant peers, shifting social norms and making aggression/ substance use/general delinquency/deviant talk more socially acceptable in these peer groups (Rhule, 2005).

**The advantages of secondary interventions**

- Those who have progressed to more serious violence are unlikely to respond well to broad-based primary prevention programs (and may not receive them if they have dropped out of/been expelled from school). Secondary interventions can be more responsive to the needs of the individual/high-risk child (Fields et al, 2003);
- School-based violence prevention programs with relatively high-risk populations and/or which involve a selection of higher risk pupils seem to have bigger effects (Park-Higgerson et al, 2008; Wilson & Lipsey, 2005).

**Selection criteria and assessment for secondary/ tertiary interventions**

- The success of these groups hinges on effective assessment, and on effective criteria: do we target those who have shown low level violent tendencies or those with indirect risk factors (e.g. IQ, poverty, ADHD, etc)?
- Sukhodolsky et al (2004) found that children with moderate anger-related problems, but not with a history of violent behaviour, benefit most from CBT.
- Ireland (2004) reminds us that not all violence is motivated by anger (e.g. armed robbery). Therefore we need to be clear that we have assessed potential participants effectively (e.g. only targeting those who display angry behaviour, thoughts and feelings for cognitive-behavioural anger management approaches and not those who are solely violent).

**Age**

There is evidence that older children (9yrs+/secondary school) show more positive effects from school-based violence prevention programs (Mytton et al, 2002; Park-Higgerson et al, 2008) and from cognitive-behavioural therapy for anger-related problems (Sukhodolsky et al,

2004) than younger children, which confirms Berry Street's target age range.

**Gender**

There is some evidence that the benefits are greater when interventions are delivered to mixed groups rather than to boys alone (Mytton et al, 2002; Sukhodolsky et al, 2004). However, it is not entirely clear in the literature whether *boys* fare significantly better in mixed groups or whether the average effect is higher in mixed groups because of the presence of girls.

Flood (2006) explores the advantages and disadvantages of mixed and single sex groups in interventions that focus on preventing relationship violence. He points out that research on violence prevention education among men in particular emphasises the need for male-only groups because men are more comfortable, less defensive, more likely to disclose, more likely to challenge each other and more honest in all-male groups. However, he concludes that, for boys in particular, participation in mixed-sex groups can be very influential in improving their knowledge and attitudes and giving them the opportunity to listen to and have a dialogue with girls. The best solution, he suggests, might be to run programs for mixed groups but to separate participants into single sex groups for some discussions and activities.

**Diversity**

Flood (2006) reminds us that we need to ensure programs are 'culturally relevant' to participants. This may link to ethnicity or religion/belief, or to social class and urban/rural location. For example the lifestyles of young people living in remote rural areas will be very different from those living in urban areas and facilitators need to ensure that the language, and the types of examples they refer to resonate with both. Flood (2006) also flags up the danger of ignoring the possibility of hidden diversity, especially around sexual orientation, religion and disability, which may well be 'invisible'. To work effectively with young people along the continuum of physical, mental and learning ability, it will be important to promote that which Van der Merwe & Dawes (2007) describe as the 'Responsivity principle', i.e. ensuring that our approach is truly inclusive and works for a range of learning styles and needs.

*Implementation/delivery*

The Surgeon General (2001) concludes that: "Program effectiveness depends as much on the quality of implementation as on the type of intervention". Actively engaging young people (especially those who are 'high-risk') is critical to the success of a program. Focusing the

intervention around an exciting, physical activity (such as a theatre project, sport, self-defence, outdoor activities, or experiential learning) can help, but ultimately engagement hinges greatly on the skill and personality of the facilitator. Whilst there is a generic evidence base regarding the importance of the 'therapist's style' (e.g. Bill Marshall), we found that 'facilitator effects' are mentioned infrequently in the youth prevention evaluation studies we reviewed, particularly those which follow an experimental design.

The Surgeon General (2001) highlights some of the key good practice principles at the local implementation level. These include: training, monitoring, and supporting implementation staff; staff commitment, experience and facilitation skills; their familiarity with the target population; maintaining community involvement; and linking the program to existing strategies and support agencies in the community or school.

Larson & Angus (2011) provide an interesting discussion about the role of adult leaders/facilitators and the advantages of them taking a facilitative rather than a directive approach. They describe this approach as one of 'leading from behind' and sustaining participants' 'ownership' and sense of control. They argue that: "Youth are most likely to learn skills for strategic thinking, we theorise, when they experience freedom to make decisions and experiment, but also receive soft-touch adult support that helps them keep on track, stretch, and exercise agency in expanded domains."

There are advantages and disadvantages of using 'intervention specialists' to deliver, especially schools-based, programs. Specialists should have the skills, knowledge and commitment to deliver the program to maximum impact and it is not surprising that Park-Higgerson et al's (2008) meta-analysis of school-based violence prevention programs found that those which employed such specialists (rather than using teachers) had a greater positive impact on participants. There is, however, widespread support for the idea of a whole-school approach (Flood, 2006) and several of the projects in our table above seek to improve the sustainability of outcomes by building capacity amongst those who will continue to work with and support young people in the longer term. Whether the program is delivered by mainstream staff or specialists, Hervey & Kornblum (2006) point that 'system-based support' for the intervention by teachers, administrators, parents, support staff, etc., seems to be an important one. This should include good communication with staff and parents about the program.

*Stakeholder involvement*

There seems to be consensus about the importance of multi-modal approaches for high-risk individuals. As Van der Merwe & Dawes (2007) explain "once violent tendencies have developed, comprehensive, individualised, community-based, family-oriented programs are most effective".

However, when it comes to primary/universal, school-based programs, there are conflicting findings. Gottfredson et al (2000) found that the factors which contribute to a reduction of violent behaviour include: principal and teacher investment, school disciplinary measures, school morale, school organisation, budget and resources allocated, integration of program into total school curriculum. The authors remind us that school violence is a system-based problem, which needs to be addressed via school, home and community partnership. On the other hand, Park-Higgerson et al's (2008) meta-analysis of school-based violence prevention programs found that those that used a single-component approach (i.e. just the curriculum rather than trying to involve family/peers/community) were more effective, perhaps because they run a lower risk of implementation failure.

*Duration/intensity*

There has been some debate as to whether 'dosage' and 'fidelity' make a difference to program effectiveness in this area. Fields et al (2003) concluded there was no real evidence that larger doses (e.g. 20+ sessions) in primary or secondary prevention lead to better outcomes. A year later, Sudkhodolsky et al (2004) similarly found no significant relationship between duration of treatment and the magnitude of the treatment effect size and said that it was premature to make any conclusive statements about this. However, since then, Wilson & Lipsey (2005) found that treatment dose (duration, frequency and implementation quality) was 'uniformly influential' in the effectiveness of school-based violence prevention programs and Van der Merwe & Dawes (2007) argued that dosage and fidelity were particularly important with young violent offenders.

*Summary of good practice principles*

Van der Merwe & Dawes (2007) offer some common characteristics of effective interventions targeting serious, chronic and violent youth. In the following table, we have cross-referred them with their generic good practice principles for programs which effectively target anti-social behaviour.

Interventions are more likely to be successful when they:

| Specific principles | Generic principles |
| --- | --- |
| Have high program intensity (to correspond to high participant risk status) | Risk principle |
| Focus on developing close links with the young person's home and community and are delivered in as close a proximity to these as possible | Community-based principle |
| Focus on established determinants of antisocial behaviour, including violent behaviour | Need principle/Intervention integrity principle |
| Are family-focused | Community-based principle/ Need principle |
| Are multi-modal and target multiple settings | Multi-modal principle |
| Are flexible and tailored to individual or family needs and circumstances as determined by sound assessments | Responsivity principle |
| Involve multi-disciplinary teams of trained program staff | Responsivity principle/ Intervention integrity principle |

## Summary of ten useful resources

1. **Blueprints web site**
   This is extremely relevant and user-friendly. A project of the Center for the Study and Prevention of Violence at the University of Colorado, it presents model and promising youth violence prevention projects, assessed by experts using stringent criteria for quality of evaluation and evidence of effectiveness. For each project, there are pdf summaries, contact details, evaluation details and (for model programs) video summaries & bibliographies.
   http://www.colorado.edu/cspv/blueprints/

2. **STRYVE web site**
   STRYVE is a national initiative in the U.S., led by the Centers for Disease Control and Prevention (CDC), which takes a public health approach to preventing youth violence before it starts. The web site is a fantastic gateway to resources, publications, other sites, facts and figures and practitioner resources. The prevention pages have sub-headings of: Key Elements of Success, Model Programs, Model Policies and Best Practice.
   http://www.safeyouth.gov/Pages/Home.aspx

3. **World Health Organisation (2009) Violence Prevention: the evidence**
   The WHO produced a series of seven briefings, each of which reviews the evidence of specific interventions that might form part of a broader violence prevention strategy. These seven interventions are set out and briefly described in an overview document. We have reviewed the briefing from this series on '*Changing cultural and social norms that support violence*', which describes broader media approaches targeting adolescents, such as 'Choose Respect' and 'Resolve It, Solve It', on the themes of partner violence, respect for difference, bullying and conflict resolution.
   Also notable is the briefing '*Preventing Violence by developing life skills in children and adolescents*', which gives some helpful classifications of life skills and intervention types.
   http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/publications/en/index.html

4. **Surgeon General (2001) Youth Violence: Report of the Surgeon General, U.S. Dept of Health and Human Services**
   This is a substantial and well-written report (produced after the Columbine school killings). Although a decade old, it offers some clear definitions; lists of effective and ineffective strategies and models; discussion of criteria for successful implementation; distinctions between the 'developmental perspective' and the 'public health approach' and an analysis of risk/protective factors.
   http://www.surgeongeneral.gov/library/youthviolence/chapter5/sec3.htm

5. **Flood et al (2009) Respectful Relationships Education: violence prevention and respectful relationship education in Victorian secondary schools**
   This excellent Australian report focuses on schools-based relationship violence and abuse, including dating violence, and maps out provision and the best and promising programs in the state, nationally and internationally (up to 2008). It also gives evidence-based good practice pointers and tackles debates such as whether mixed- or single-sex groups are more effective; what it means to be 'culturally sensitive' and why this matters, etc. Full Text at:
   http://www.xyonline.net/sites/default/files/Flood,%20Respectful%20relationships%20education%2009.pdf

6. **National Registry of Evidence-Based Programs and Practices (NREPP)** is a U.S. resource which offers a searchable online database of 200 programs which have been evaluated. These focus on mental health/substance use for all ages, however 14 projects are identified by a search on 'youth violence'. We have summarised the most relevant of these in this paper but further information is available at:
   http://nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=youth%20violence

7. **Youth Violence: Best Practices of Youth Violence Prevention — A Sourcebook for Community Action**
   This U.S. CDC (Centers for Disease Control and Prevention) publication is interesting, though it is almost a decade old (2002). The pdf called Chapter 2 (which is about 80 pages long) looks at four different strategies for tackling and preventing youth violence: Parent- and Family-Based Strategy; Home-Visiting Strategy; Social-Cognitive Strategy; and Mentoring Strategy. It gives an overview and a good deal of clear, best practice advice on designing and implementing each of these approaches. This chapter is at: http://www.cdc.gov/violenceprevention/pdf/chapter2a-a.pdf or the whole publication can be accessed from the following page:
   http://www.cdc.gov/ViolencePrevention/pub/YV_bestpractices.html

8. **The XY Online** site is Australian and has a number of relevant resources around men and masculinity, especially in relation to domestic and sexual violence. http://www.xyonline.net/

9. **Violence Prevention Evidence Base and Resources**
   This site is produced by Liverpool John Moores University (U.K.) and provides a number of useful resources for practitioners and policy makers, including a searchable database of abstracts from published studies that have measured the effectiveness of interventions to prevent violence.
   http://www.preventviolence.info/evidence_base.aspx

10. **The Community Guide** (U.S.) has a page of interesting materials on Youth Violence and its prevention, including a PowerPoint presentation (with 92 slides) called *Using Evidence for Public Health Decision Making: Violence Prevention Focused on Children and Youth*. This presents the findings of the Task Force on Community Preventive Services as to whether or not there is sufficient evidence to recommend (or not recommend) different approaches.
    http://www.thecommunityguide.org/about/CommGuideViolenceSlideSet.pdf

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# Appendix A: Important modes and approaches for working with young people

This appendix summarises five important modes and approaches for preventing and/or intervening in the cycle of violence with boys and young men. Most of these are referred to in the main body of the report. This appendix offers a little more detail about these important approaches.

## Bruce Perry's Neurosequential Model of Therapeutics (NMT)

http://www.childtrauma.org/index.php/services/neurosequential-model-of-therapeutics
http://teacher.scholastic.com/professional/bruceperry/cool.htm

Bruce Perry's (2008) approach has particular application when assessing children who have experienced trauma and are at risk of behaving violently themselves. According to his Neurosequential Model of Therapeutics (NMT), where the development of a child's brain has been interrupted or delayed by traumatic experiences, the functioning of different parts of the brain may have been impeded.

For example, problems with self-regulation, attention and impulsivity (which are fairly typical of boys who behave or go on to behave violently) may indicate a poorly organised brainstem or diencephalon. In this instance and before commencing other therapeutic interventions, NMT advocates patterned, repetitive activities such as music, movement, yoga (breathing), and drumming or therapeutic massage, which provide the neural activation these areas of the brain need to re-organise themselves. Once this has occurred, interventions could then focus on building relational skills (perhaps through play or arts therapy), moving finally onto verbal and insight skills, through cognitive behavioural or psychodynamic approaches.

Specifically around violence, Perry (2011) has argued that children need to develop six core strengths if they are to respond positively to and recover from violence. A child who lacks the six core strengths is more likely to become violent; those with them are less likely to and better able to respond and recover from violence. These are:

i.    **Attachment** – this allows empathy, role modelling for future relationships and means that children have more friends and connections with adults to help them resist and respond appropriately to violence they experience or witness.
ii.   **Self-regulation** – being able to notice and control primary urges; pausing for a moment between impulse and action – learnt initially from caregivers' external regulation and training towards independence.
iii.  **Affiliation** – The first two core strengths make it easier for children to join in and be accepted by groups. If these are not in place, there is a risk of a vicious circle beginning and a child may become excluded and marginalised or affiliating only with others who are excluded.
iv.   **Awareness** – becoming aware of others – their needs and perspectives, identifying differences between people (but ultimately seeing beyond stereotypical labels) – is vital to protect against discrimination and related hate.
v.    **Tolerance** – after becoming aware of differences and facing the fear of these, children then need to develop tolerance and acceptance of difference.
vi.   **Respect** – the need to respect others to gain their respect and build your own self-respect.

These strengths map the model's three levels of brain development, with attachment and self-regulation linking to the brainstem; affiliation and awareness linking to the limbic areas; and tolerance and respect to the cortical.

In this approach, the most effective way to tackle or prevent violence will be that which best fits with the current brain functioning and developmental history of the individual young person. The exact package of intervention must therefore be highly tailored, though the therapeutic activities themselves might be delivered in groups or in mainstream provision where appropriate.

**The Neurosequential Model of Therapeutics is based on key ideas such as:**

- During development, the brain organises from bottom to top, with the lower parts of the brain developing earliest, the cortical areas entering final developmental processes much later in life, and major changes taking place as late as the mid-20s. The majority of brain organisation, however, takes place in the first four years of life.

- Primitive reactions become entrenched over time, and the 'lower' parts of the brain house maladaptive, influential, and terrifying preconscious memories that function as the general template for a child's feelings, thoughts, and actions.

**Where the child has been**

- The NMT assessment is focused on understanding the developmental history of the child (including the timing, severity and nature of any challenges or traumas during development).

- Alongside this, the NMT *Relational* Health History provides important insights into attachment and related resiliency or vulnerability factors that may have impacted the functional development of the child.

**Where the child is**

- An interdisciplinary functional review of where the child is now in terms of brain functioning in different areas (e.g. social skills, speech and language, self-regulation skills) produces a Functional Brain Map, which can be used to track progress.

- Developmental challenges (measured by a scoring system) are strongly associated with functioning scores.

**Where the child should go**

- The sequence in which deficits are addressed is important.

- The more the therapeutic process can replicate the normal sequential process of development, the more effective the interventions are (see Perry, 2006). Simply stated, the idea is to start with the lowest (in the brain) undeveloped/abnormally functioning set of problems and move sequentially up the brain as improvements are seen.

- This may involve initially focusing on a poorly organised brainstem/diencephalon and the related self-regulation, attention, arousal, and impulsivity by using any variety of patterned, repetitive somatosensory activities (which provide these brain areas patterned neural activation necessary for re-organisation) such as music, movement, yoga (breathing), and drumming or therapeutic massage.

- Once there is improvement in self-regulation, the therapeutic work can move to more relational-related problems (limbic) using more traditional play or arts therapies and ultimately, once fundamental dyadic relational skills have improved, the therapeutic techniques can be more verbal and insight oriented (cortical) using any variety of cognitive-behavioural or psychodynamic approaches.

- Ideally the approach should extend to all care givers in the child's life – not just occasional input by a specialist.

- A primary finding of years of clinical work is that the relational environment of the child is the mediator of therapeutic experiences. Children with relational stability and multiple positive, healthy adults invested in their lives generally improve; children with multiple transitions, chaotic and unpredictable family relationships, and relational poverty generally do not improve even when provided with the best 'evidence-based' therapies.

## Life Story approaches

Where children have experienced trauma (abuse and/or neglect, especially if leading to moves between caregivers) and/or attachment issues (e.g. parental separation/abandonment), life story work can help them recover, make sense of the past and move forward in their lives. Although there does not seem to have been much formal evaluation of this approach to date, and we could not find explicit links in the literature between this approach and the prevention of violent behaviours, this way of working may have much to offer traumatised children who are themselves at risk of becoming violent. Life Story Work is based on the idea that one of the key differences between boys who become violent and those who do not lies in their *inner lives*, where they absorb their experiences and do (or do not) develop the psychological resources to control their emotional reactions. We can see a clear link here between this and Rose and Philpot's (2004) observation that:

> Life story work is a therapeutic tool that deals with the child's inner world and how that relates to the child's perception of external reality. (p.15)

In Rose and Philpot (2004), a 17 year old young woman commented on her outcomes from life story work in terms of some of the risk and protective factors she experienced:

> If I hadn't had life story, I would probably have stayed moody and I'd flip quite quickly. I learned to control my temper and to be calmer and that made me more committed to school where I've done well. (p.17)

Holman (1998) describes a version of life story work, specifically applied to early adolescent boys who have absent fathers. Without the balancing influence of a father, this group can be particularly susceptible to peer pressure, and aggression or violence can sometimes result from 'protest' or 'over-compensatory masculinity'. Developing a 'Fatherbook' can help boys to fill in the information gaps regarding their fathers, but also to express their feelings and begin a constructive resolution of what the absence of a father has meant in their lives. This can reduce their need to act out and free them up to bond with alternative male role models.

Baynes (2008) highlights the importance of being upfront about domestic violence in life story work with children who have witnessed or experienced it. 'Sanitising' domestic violence or blaming mothers for failure to protect does not help children (who are generally fully aware of what is going on) to understand the roles and responsibilities of both their parents. Encouraging an honest discussion about this may well help children to avoid the 'cycle of violence' in their own relationships.

## Attachment-based Approaches

According to Crittenden (2002), adolescence is a good time to work therapeutically with troubled young people, because:

- Adolescence is a period of dramatic change in attachment relationships – in which the focus moves from attachments within the family to relationships, including sexual ones, with peers.
- Adolescents are developing skills, including being able to think abstractly about their relationships and past and present situations. This can provide an opportunity for young people who have had challenging or damaging childhoods to "think productively about their own experience and the way it has affected their behaviour" (Crittenden 2002).
- Given their increasing practical independence and opportunities to choose the environments they live in, these young people can also consider how they can find and create life situations in which safety and comfort are possible and predictable.
- It is important to try and intervene to nudge adolescents into becoming aware of their thoughts, feelings, relationships and strategies and help them to adapt these, rather than risk getting stuck in patterns that may have helped them to adapt to their childhood circumstances but are likely to sabotage their adult relationships.

**Links to/implications for violence**

Crittenden's (2002) Dynamic-Maturation Model helps us to understand violence in adolescents (and adults) as a self-protective strategy (often developed in response to danger). In some cases, the violent act may serve to attract attention and manipulate the feelings and responses of others. This is usually part of a 'Type C' strategy in which people typically alternate between a strong, angry, invulnerable self (which elicits compliance and guilt in others) and a weak and vulnerable self (which elicits sympathy and caregiving). By contrast, another form of violence may be borne of an inability to accept imperfection in the self or in one's partner. This is more typical of the 'A' pattern. The A pattern can also produce 'intrusions of negative affect,' which may include uncharacteristic and sometimes explosive outbursts of anger and violence (Baim and Morrison, 2011). In addition, some young men can confuse sexual desire and aggression, and anger and fighting can thus become intertwined with love and sex by both aggressor and recipient.

Crittenden (2002) sets out key principles for therapeutic intervention with disturbed adolescents, including:

- Taking a strengths-based (rather than a deficits-based) approach.
- Identifying sources of threat and discomfort and strategies for reducing them.
- Building capacity to re-evaluate, adapt and develop new strategies for new challenges.
- Family-focused treatment, if possible, is usually better, especially for younger adolescents.

The first five years and the transition to adulthood (ages 16-21 of the transition period, which lasts until approximately age 26) give us great opportunities to intervene and support (Crittenden observes that the second of these - the *support* function - is usually under-emphasised by services).

## Harlem Children's Zone (HCZ): Peacemakers Program

Harlem Children's Zone is a comprehensive program, targeting families, children and young people in an area of multiple disadvantage and high crime. A range of projects offer a 'pipeline', starting from 'Baby College' (working with parents of 0-3 year olds) right through to early adulthood. Key principles underlying the whole program include:

- Intervention should be made as early as possible in the lives of at-risk children;

- Building a critical mass of supportive and positive adults around children is an essential part of creating sustainable outcomes;
- 'Great expectations yield great results'- we need to have positive attitudes and high expectations of children and young people as part of the solution, not 'the problem.'

The Peacemakers project rigorously selects and trains young adults (mostly from the local community) to provide support, conflict resolution and leadership in schools, HCZ projects and community events. In elementary school, they greet children, supervise breakfast, provide teaching assistant-style support to children around literacy, conflict resolution, and social and emotional issues. They act as role models to children to value learning and, in the second year of their internship, they are also encouraged (and funded) to pursue their own education. From 1994 - 2004, more than 550 young people interned as Peacemakers, with 94 working full-time and 32 part-time in 2004.

Another relevant part of the HCZ program involves work at middle school level to tackle gender-related violence through the Boys to Men and Girl Power projects.

http://www.hcz.org/programs/middle-school

## Targeting children who have experienced domestic violence and abuse in order to 'break the cycle': The MARAC approach

According to Flood (2007), witnessing or experiencing domestic violence can play a role in the later development of violent behaviours through at least four mechanisms. These include:

- social learning (particularly for boys who may observe and accept aggression);
- family disruption (including parental stress, absence of family management);
- impact of trauma on development;
- interactions with adolescent delinquency and other involvements which may lead to sexual aggression through involvement in 'macho' and sexually hostile peer cultures or through promiscuity and the perception of sex as a conquest.

In England and Wales, the local MARAC (Multi-Agency Risk Assessment Conference) identifies and shares information about those families deemed to be at the highest risk of domestic violence and agrees to a multi-agency action plan to protect them. Victims are advised, supported and represented at the conference by IDVAs (Independent Domestic Violence Advisers) who may signpost and refer them and their children for support services.

Humphries et al (2008) argue that educational interventions with young people need to explore the commonalities between different forms of violence, such as domestic violence, bullying and hate crime so that young people can generalise their learning.

# Appendix B. Cost effectiveness of intervening to prevent violence

This appendix summarises several key studies that discuss cost effectiveness of programs aimed at preventing or intervening in the cycle of violence in young people, especially boys and young men.

**1. Can a Costly Intervention Be Cost-effective? An Analysis of Violence Prevention**
E. Michael Foster, PhD, Damon Jones, PhD, and Conduct Problems Prevention Research Group
*Arch Gen Psychiatry.* 2006 November, 63 (11), 1284–1291.

This cost effectiveness study of a costly intervention (the Fast Track Intervention, a multi-year, multi-component intervention designed to reduce violence among at-risk children) found that the intervention was cost effective for the highest risk children, therefore success hinges on the ability to identify, recruit and engage this group.

Other key points here:

- A small proportion of children and youth account for a disproportionate share of crime and delinquency.
- High-risk youth frequently generate social costs approaching US $2 million (Cohen, 1998).
- Research suggests that intervention toward those at risk for conduct problems should begin early in life, before a series of self-reinforcing mechanisms become entrenched (they cite Webster-Stratton & Taylor, 2001).
- Starting early may be necessary, but at the same time, doing so raises the bar for cost-effectiveness. Many of the costs of problem behaviours are realised during adolescence, so intervening early lengthens the time between when expenditures are made and when their payoff is realised.
- Although it is more cost-effective to focus only on the highest risk participants, it is not clear whether the participation of the lower-risk children in the intervention was important to producing the program's benefits for those initially at greater risk.
- Many of the benefits of the program involve reduced tangible or intangible costs borne by other members of society. Those savings will never appear in public budgets.

**Full text:** http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2753445/?tool=pubmed

**Related references cited in this study:**

Webster-Stratton C, Taylor T. (2001) 'Nipping early risk factors in the bud: preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 years).' *Prev Sci.* Sep; 2(3):165-92.
Cohen, M. (1998) 'The monetary value of saving a high-risk youth'. *J Quant Criminol.* 1998; 14:5–30.

## 2. Audit Commission (2004) Youth Justice 2004: A review of the reformed youth justice system

This report presents a detailed case study of a young man called James, whose family had not been given preventative support, despite requesting and being open to receiving it. James ends up missing out on most of his education, and committing a number of offences, including an assault on a girl and theft from his home. The authors calculate that the preventative services James should have received and which would hopefully have diverted him from crime would have cost an estimated £42,243 compared to the estimated £153,687 that was spent on courts, criminal justice, custody, etc.

A key passage from this review:

> *Many young people who end up in custody have a history of professionals failing to listen, assessments not being followed by action and nobody being in charge. If effective early intervention had been provided for just one in ten of these young offenders, annual savings in excess of £100 million could have been made. We found that, although investment in early intervention has increased substantially in the last five years, it is often undermined by pressures to deliver improved outcomes in the short term. But we also found that targeted and well-managed early intervention programs can be effective if they are properly co-ordinated both nationally and locally, such as those managed by youth offending teams. Better still, mainstream agencies, such as schools and health services, should take full responsibility for preventing offending by young people.* (p.6)

**Full text:**
http://www.auditcommission.gov.uk/SiteCollectionDocuments/AuditCommissionReports/NationalStudies/Youth%20Justice_report_web.pdf

## 3. Diverting Children from a Life of Crime: Measuring Costs and Benefits
Greenwood, P.W.; Model, K; Rydell, C.P. & Chiesa, J. (1998). RAND monograph reports

This report compares the cost/benefit impact on crimes prevented by five different types of intervention – home visits and day care in the early years (particularly targeting children of poor single mothers); a well-developed incentives scheme to retain high-risk youth in high school until graduation; parent training and family therapy where young children have started to display aggressive behaviours; delinquent supervision and monitoring; and the Californian '3-strikes-and-you're-out' custody system'. They estimate that graduation incentives avert five times as many crimes per million dollars than the three strikes scheme; parent training three times as many; and delinquent supervision slightly more (home visits avert significantly fewer crimes).

Full text: http://www.rand.org/pubs/monograph_reports/MR699-1.html

## 4. Schweinhart, L.J. (2006) The High/Scope Perry Preschool Study Through Age 40: Summary, conclusions and frequently asked questions

This thorough longitudinal evaluation of high-quality, active learning preschool programs in Michigan shows both short- and long-term benefits to (predominantly African-American) children living in poverty and at high risk of failing in school.

Male program participants cost an estimated 41% less to the public as a result of their attendance. Interestingly, 93% of the public return from the program was due to the performance of males

(rather than females). This was as a result of the high rates and costs of male offending and the impact which the program seems to have had on them.

Full text:
http://www.highscope.org/file/Research/PerryProject/3_specialsummary%20col%2006%2007.pdf

**Also: Schweinhart, L.J. (1993) Significant Benefits: The High/Scope Perry Preschool Study through Age 27, Monographs of the High/Scope Educational Research Foundation, No.10**

This study found dramatic cost benefits in early intervention and prevention, i.e. that over the lifetimes of the participants, *the preschool program returned to the public an estimated $7.16 for every dollar spent.*

Abstract at:
http://eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=ED366433&ERICExtSearch_SearchType_0=no&accno=ED366433

# Appendix C: The Rock and Water Program (RWP)

## ROCK AND WATER PROGRAM (Freerk Ykema)

| Aims | Target Group | Content | Methods |
|---|---|---|---|
| • To enhance the social, emotional and spiritual development of children and young people. <br><br> • To build self-confidence, self-respect, boundary awareness, intuition and self awareness. <br><br> • To teach children to deal with power, strength and powerlessness. <br><br> • To build impulse control, emotional regulation, self-concept, self esteem, interpersonal and social skills, and self-protective skills. | • Initially designed for boys in a mainstream school setting, aged 8 to 15. Has since been used for boys and girls from age 6 upwards. <br><br> • Can be used with whole schools, or to selectively target more vulnerable or 'at-risk' groups. <br><br> • Currently the primary self-development program delivered to young people living in residential care in South Australia (2006). <br><br> • The first part of the program (focusing on safety, assertiveness, communication and social skills) is suitable for all ages (6 upwards). <br><br> • The second part focuses on themes of 'the inner compass' and is only suitable for young people aged 14 or over. | **Part one:** Topics include intuition, body language, mental strength, empathetic feeling and positive feeling. <br><br> **Part two:** Further discussion topics cover bullying, sexual harassment, homophobia, life goals and desires. Participants are encouraged to find their 'inner compass', which connects them to others (solidarity) and gives them direction (spirituality). <br><br> **Four main threads/themes:** <br><br> 1. *Grounding, centring and focusing:* learning how to stand firm and relaxed (grounding), how to concentrate your breath in your belly (centring) and focus attention (focusing). <br><br> 2. *The golden triangle of body-awareness – emotional awareness – self-awareness:* emotions are expressed in the body by way of muscular tension. Therefore, increased body awareness can lead to more insight and experience of one's own patterns of reaction, which in turn can offer a chance to deepen and further develop emotional awareness. | • **'Psycho-Physical framework'** Skills are first introduced through physical exercises, after which a connection is made to social and mental skills. This is thought to be more relevant for boys, due to their increased levels of energy and difficulties verbalising emotions. The physical aspects of the program are based on teaching self-defence techniques. <br><br> • The development of body awareness is seen as a precursor to the development of emotional awareness. From this, the young people are encouraged to develop self awareness (defined as the ability to link together one's environment, emotions and thoughts). <br><br> • Sometimes delivered alongside supplementary activities and experiences to support the 'generalisability' of the program. <br><br> • In residential care settings, staff ratios as high as one worker to two clients are used. In schools, workshops may be run with one facilitator and 100 children. |

| | |
|---|---|
| | 3. **Communication:** the development of physical forms of communication as a basis for the development of other, more verbally oriented, forms of communication. |
| • To raise awareness of a sense of purpose and motivation in the children's lives. | 4. **The Rock and Water concept:** the tough, immovable rock attitude versus the mobile, communicative water attitude. This concept can be developed and applied at various levels: the physical, the mental and the social level. At a physical level it means that an attack can be parried by firmly strained muscles (rock) but also – and often even more effectively – by moving along with the energy of the attacker (water). Participants learn to recognise that there is value in both approaches. |

## Rock and Water Program – evaluation studies

| Study | Description | Findings | Comments |
|---|---|---|---|
| **Katrina Longhorn, Masters dissertation, 11.3.08** | • Group of 12 boys aged 12 – 13, in a semi-rural high school. Participants were identified by teachers as having social/behavioural difficulties (e.g. bullying, being bullied, behavioural issues)<br><br>• Group lasted 18 sessions, one per week. Facilitated by female teachers. | • 75% of pupils scored fewer social problems, after the program (ASEBA assessment tool).<br><br>• Over half pupils self-reported fewer social problems, increased self-confidence, increased self-respect and increased self-control.<br><br>• Participants demonstrated increased capacity to self-reflect (Browns continuum exercise). | • Some findings indicate positive change.<br>• Very small study (n=12), with some implementation difficulties and no comparison groups. Methodology was based on pre- and post- comparison only.<br><br>• Facilitators were female. |
| **North Coast Area Health Service, Australia (Coffs Harbour CMHS) 2006** | • 224 male pupils attended one 75 minute RWP session for 8 weeks, based at their high school. | • Very positive qualitative self-report data.<br>• 100% of pupils rated it at 3 or above on a 6 point scale in terms of usefulness. 63% rated 5/6 on same question. 80% rated 4 or above in answer to the question whether or not they would recommend it to other pupils.<br>• 99% of 54 local professionals rated a one-day seminar on RWP in the highest category. | • Larger group (n=224)<br>• Limited to self-report evaluations of the RWP process – no data about impact or behavioural change as a result of RWP.<br><br>• Positive reports from both participants and professionals about its usefulness for self and others. |
| **Raymond, Nov 2005 Unpublished evaluation, Children, Youth and Families Services** | • RWP delivered in residential care facilities to one group of clients. | • Found no statistically significant differences in participants' anger expression or violence-based cognitions.<br><br>• One negative finding: some participants demonstrated a statistically significant reduction in self-esteem (perhaps due to irregularities in data collection). | • Small sample size; no control group. |

| Citation | Description | Findings |
|---|---|---|
| **Raymond, I J, 2005, The Rock and Water Program: Empowering youth workers and clients. Youth Studies, Australia, 24 (4) 34 - 39** | • 13 boys, aged between 11 – 15, all living in residential care facilities, completed RWP sessions 1 – 8, plus supplementary activities, including physical challenges, overnight camps, and a final presentation session.<br>• Very high staff ratio (1:2) | • Minimal client drop out (10 out of 13 completed).<br>• No critical incident reports completed.<br>• Work books completed to a good standard.<br>• Improved staff-client relationships (reported by staff and participants).<br>• Improved relationships between clients.<br>• Youth workers reported that they had enjoyed the process, and found it positive and empowering.<br>• Two thirds of clients said that the program had helped them in at least one area, out of managing school, dealing with bullies, relating to staff, or self-confidence. | • RWP delivered alongside a range of supplementary activities, including 'outward bound' style activities, overnight camps and a final presentation session.<br>• RWP found to engage youth workers and clients in a positive and empowering manner.<br>• Offers preliminary evidence of improved staff/client rapport.<br>• Study does not provide evidence of associated behavioural or attitudinal change among clients. |
| **Raymond, IJ, and Simpson, C, The 2007 Rock and Water Program: Evaluation of Program Outcomes, June 2007 evaluation South Australian Dept of Families and Communities** | • RWP delivered between January and May 2007 to 12 boys, alongside supplementary activities, including camps, activities and evening sessions.<br>• Emphasis placed on each child having support from a consistent adult figure throughout the process. | • Some evidence of reduction in anger expression, but not statistically significant.<br>• Some evidence of marginal improvement in relationship with key worker, but not at significant level (some suggestion that relationships were already good at pre-test stage).<br>• High levels of completion.<br>• Boys rated RWP as fun, positive and worthwhile. 100% indicated that it had been one of the best experiences of their lives, and 100% said that they would repeat it.<br>• Youth workers reported small but not statistically significant improvements in relationships with clients on a number of measures. However, they reported a slight decrease in the level of confidence they felt initiating discussions about the client's developmental history. | • Positive trends, especially in relation to improved relationships between workers and clients, and in relation to a reduction in the expression of anger. However, not at a statistically significant level.<br>• Clients and key workers reported that they found the program fun, worthwhile and valuable. They demonstrated an overwhelming sense of connectedness to the ideas and concepts of the RWP.<br>• Clients showed a minor (not statistically significant) reduction in willingness to speak to key worker about life history.<br>• No evidence for the generalisability of the RWP learning outcomes beyond the sessions themselves.<br>• Small sample size, no control group. |

| | | |
|---|---|---|
| **Murraylands region, May – July 2008, Raymond, I.** | • RWP delivered to male and female participant groups in the Murrayland region of Australia. The male group included Aboriginal young people. | • Positive feedback on self report measures from clients and staff, regarding improved staff/client relationships, increased engagement and enhanced socio-emotional skill development.<br>• Gains varied between participants, due to some conflict among the groups.<br>• Clients valued the fun and the playfulness inherent in the RWP.<br>• Seemed more successful with male clients than female clients.<br>• Researcher postulates that the RWP embeds learning methods which are accessible to the Aboriginal clients. | • Small size, no control group.<br>• Short term evaluation, based on self report.<br>• No pre-test/post-test measures. |
| **Elizabeth Vale RWP, 2009, Raymond, I.** | • RWP delivered to new arrivals at the school, to increase their resilience and well-being. | • Very similar outcomes to 2008 study (see above).<br>• Namely, enhanced client/staff relationships, and was experienced as positive and valuable by participants. | • Small size, no control group.<br>• Short term evaluation, based on self report.<br>• No pre-test/post-test measures. |

## *Rock and Water Program – Discussion*

Based on the reading of the evaluation studies listed above, it is possible to draw out the following themes:

**Consistent strengths of the RWP appear to be:**

- It is rated as very enjoyable by participants and by staff. Self-report data regarding whether RWP was useful and fun is consistently positive.

- Both participants and staff appear to become very 'connected' to the core concepts, and engaged with the themes.

- One study found encouraging outcomes indicating positive changes; fewer social problems, increased self confidence and self control (Longhorn, 2008).

- Completion rates tend to be good.

- Several studies comment on the enhancement of the relationship between the participants and the staff members.

**Concerns:**

- One study showed reduction in clients' willingness to discuss life history with key workers, and a decrease in confidence of keyworkers to initiate such discussions (Raymond and Simpson, 2007).

- One study showed reduction in self esteem (Raymond, 2005).

- No evidence regarding whether clients are able to generalise and apply the learning from the RWP to other areas of their lives.

- No long term follow up studies to indicate whether learning is retained.

- Most studies are very small scale, and rely on self-report data. Studies which have attempted to demonstrate statistically significant positive change have not been able to do so (Raymond, 2005; Raymond and Simpson, 2007).

# Appendix D: The RAGE Program: A summary

The RAGE program was piloted by Berry Street in the early 2000s and was later written up as part of a research project by Keys Young ('Evaluation of Four Domestic Violence Early Intervention Projects: Draft Final Report 28/5/10'). This appendix offers a summary of the Keys Young report on the RAGE program.

**RAGE** (Responsive Adolescent Guys Education) **Project – pilot**

- RAGE was designed to test the effectiveness of therapeutic, educational interventions in the lives of boys and young men (12-18 years old) who had witnessed or experienced domestic violence.

- RAGE engaged young men who had been both victims of abusive family environments as well as those who had become perpetrators of violence in their current lives.

- Both victims and perpetrators were placed in the same groups.

- The essence of the RAGE program was to address the issue of violence in all its complexity.

**The general objectives of the project were:**

- To provide a tailored service, based around group structures and processes that could attract and maintain the interest of participants.

- To provide a respectful environment in which young men could tell their story and identify their feelings in relation to their own and others' experiences.

- To address any safety issues for the young person or other family members.

- To use a peer group environment to challenge myths around 'individual pathology,' blame, legitimacy and responsibility.

- To address the manifestation of participants' own violence as a learned behaviour.

- To invite participants to accept their responsibility in avoiding perpetuation in a cycle of violence within their family.

- To develop skills in communication in relationships, social problem solving, stress identification and management and self-control.

- A specific feature of the program was the emphasis on using appropriate *engagement* strategies. This involved outreach activities, multiple individual interviews in informal settings and individual support before, during and to a lesser extent, after the program.

- Referrals were only accepted where a case manager from an external agency agreed to remain as the primary worker with the groupwork program used as an adjunct to other services.

- Specific skills training include resolution of conflict, safety plans, choice and consequence training and identification of the young person's immediate and long-term goals.

- The aim of these interventions was to stem the transference of intergenerational violence and to improve the young men's understanding of their issues and of themselves.

- The focus of the group work is to explore many of the concerns young men face during their adolescence. During adolescence, young men have the developmental potential to work towards understanding the perspective of others, and to come to independent conclusions about events.

- The project aimed to help them appreciate what they can and cannot control.

The RAGE project was a forum for young men to address the issues of violence in their lives, and to explore how these issues may have restricted them from achieving some of the goals they had identified.

Groupwork focused on assisting boys to 'tell their story' – developing the boys' capacity for self-reflection around their experience of violence. RAGE acknowledged that each person had a story to tell, but was clear that violence cannot be externalised and that people must take responsibility for their behaviour.

RAGE encouraged the young men to invest time in themselves. The twelve-week program was focused towards self-reflection, and provided a safe and supportive environment in which to challenge the issues impacting on their lives, and their impact upon others.

**The content of the RAGE project was informed by two theoretical discourses.**

**A pro-feminist approach** was taken to address the patriarchal nature of society, focusing on the inequality of power between men and women.

- It was a critical component of RAGE, as young men often present as feeling very powerless in their lives. This powerlessness can be used by the young men to justify their use of violence as a means of responding to situations.

- From a pro-feminist perspective, it would be argued that relative to their own circumstances, young women would be considered a more marginalised population than young men.

- It is through this broader context of society that discussions on the issues of power, control and entitlement sort to challenge rigid masculine attitudes and provide a platform for the implementation of the second sphere of theoretical influence, masculinity theory.

**The focus on masculinity** was primarily used to de-construct traditional attitudes to the male role, reinforce non-traditional attitudes and encourage respect, responsibility and choice.

- Addressing 'masculinity socialisation' was a strategy used to challenge the assumptions young men make about their role in the world. RAGE focused on processing traditional stereotypes in the workplace, school and home.

- RAGE also addressed issues of homophobia and racism, and how these attitudes were demonstrated and articulated in every day life.

- RAGE identified that a greater understanding of the socialisation of gender roles is an integral part of creating attitude/behaviour change in the young men's lives.

- It was hypothesised that traditional masculine attitudes underpin attitudes towards violence and therefore deconstructing these would lead to less aggressive behaviours and a more pro-social attitude. Addressing traditional notions of masculinity, both the positive and negative manifestations of such roles in men, was the essence of addressing violence in all its complexities.

The group work content focused on:

- Socialisation of men.
- Men and emotions.
- Violence and responsibility.
- Different men.
- Relationships.

**Module Summary:**

These modules were developed in order to address the hypothesis that decreasing traditional attitudes towards the male role, or in other words developing non-traditional ways of being a man, will result in lowered aggressive and violent responses to their surrounding environment. These modules have developed through extensive reading in feminist, masculist, and domestic violence related publications.

**Introduction (I)**

- The aim of the introduction is to develop a sense of group identity and safety amongst the new members.
- The group rules and introductions are all addressed at the first meeting.
- A number of task-oriented games are done on the evening to develop a sense of group amongst the young men.
- A group discussion is held in order to address any fears that the young men may, or do have, in relation to the group experience.
- Similarities and differences between the young men are explored and discussed and exploration is encouraged.
- The introduction tends to be an opportunity for the young men to get to know each other, develop a sense of ownership of the group and develop connections with the other young men in a relaxed non-threatening atmosphere.

**Rock climbing (II)**

- The rock climbing session builds on the introduction week, with the aim of continuing the building of engagement and rapport between the young men.

- The continuation of this is based on the notion of a shared, challenging exercise being a bonding experience for the young men.

- To provide a good bond in the group, arising from a shared challenge.

- This experience is also used as a metaphor for describing 'safe and unsafe' and encouraging description of supports in their lives.

### Safe/Unsafe (III)

- This module directly addresses the differences between 'safe' and 'unsafe', with the aim of clarifying this for the young men.

- Due to the nature of their experience, it is essential for the young men to be able to recognise what safety is and the different types of unsafe.

- The primary outcome of this module is to develop a safety plan for the young men, a practical, realistic, step-by-step plan for the young men to implement themselves in the case that they feel or become unsafe.

- Based on previous writings in the field of domestic violence, it was thought that this is one of the most important skills that the young men can learn.

- Additionally, the conversation addresses how you can make someone else feel unsafe, in order to begin developing victim empathy and responsibility.

### How do you become a man? (IV)

- The aim of this module is to break down stereotypical representations of men. This module looks at how our family, friends and the media all influence us to behave in a certain way.

- A discussion of the boys' code is presented with the challenge to 'be yourself' rather than comply with others expectations of them.

- Primarily the module aims to explore the qualities of men that the participants are most interested in.

- A mental image of the qualities that their ideal man possesses is discussed. This is done in order to free the young men up from traditional expectations on them so they are able to begin thinking about other ways of being, as men.

- One of the outcomes of this module is to challenge the young men to be responsible for who they are, and who they want to become.

### Men and Emotions (V)

- This module has two main aims, firstly that the young men recognise the importance of expressing themselves in an appropriate way, without the use of aggressive or violent responses, and secondly that the young men expand their emotional vocabulary. The notion that men are inexpressive is discussed and challenged in this module.

- This module also raises the difficulties associated with wearing a **'mask'** in today's society and the issues associated with help seeking. This aims to increase their skills associated with help seeking and expressing their emotions in a pro-social way.

### Conflict resolution (VI)

- This module aims to teach the young men the skills of conflict resolution in order to address issues of 'power and control' within their relationships.

- The module explores the young men's and others expectations and reality checks, as well as discussing the idea of compromise.

- Discussion includes exploring issues such as time and places as well as responses from people whom you are unable to resolve conflict with.

### Violence and Responsibility (VII)

- This module in informed by behaviour change groups as well as the effects of experiencing domestic violence.  The module addresses who is responsible for violent behaviour. Two outcomes are aimed at:

- that the young man recognises that he is not responsible for the violent behaviours of other people in their lives, and
- That the young man is responsible for being violent himself.

- A discussion is had about the types of violence that people use and responsibility for these.

### Aggressive, Assertive (VIII)

- This module aims to make the distinction between aggressive, assertive and passive responses to conflict.

- This is a skill-based module that aims to build on the skills learned in conflict resolution.

- This addresses the notion of powerlessness in the young men's lives and teaches a pro-social tool that will enable the young men to assert themselves in an appropriate manner.

### Different Men (IX)

- The aim of this module is to develop an appreciation for diversity and build on previous work on help seeking.

- Specifically, this module looks at different types of men, thereby addressing issues such as homosexuality, racism and cultural difference.

- Since these young men are typically not currently involved in serious relationships, the concept of violence is addressed in all its facets.

- This topic allows the facilitators an opportunity to discuss one of the growing observations that young men become violent towards 'objects' that they fear or don't understand. This allows discussion of appropriate ways of dealing with this issue. Similarly, it develops a more understanding attitude toward difference and diversity.

**Relationships with men and women, girls and boys (X)**

- The aim of this module is to explore what ingredients make up a healthy relationship and what part violence does or does not play in healthy relationships.

- This is an opportunity for young men to discuss how we as men can respond to violent relationships as perpetrator, victim or witness (or protector, abandoning bystander or abandoning authority figure).

- The aim of this is to further the concepts of responsibility, help seeking and choice.

- It is also an opportunity for young men to discuss their needs in relationships and what the needs of others are.

- Finally this module addresses the social skills needed for finding, keeping and maintaining healthy relationships.

**Real Men 'The Challenge' (XI)**

- This is the final module and as such aims at discussing the difficulties of the change process and aims to leave the young men with the understanding that there are further obstacles to face when trying to change the 'box' that they have been allocated.

- This module brings together the whole course and challenges the young men need to implement these changes in their lives.

- A focus of this week is the goals that they have and the small steps that are in between the present and the future.

**Graduation (XII)**

- Graduation is a celebration of the achievements that the young men have made over the past three months.

- It is an opportunity for the young men to discuss the fears and concerns that they have about the group ending.

- This is an opportunity for the young men to end the group and celebrate the time they have spent together.

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**Participants suggest that interventions work best if they …**

- Are activity based.
- Are not 'counselling.'
- Should include anger management, conflict resolution and setting goals to improve your life.
- Offer the opportunity to meet other boys who had similar experiences.

**Some key benefits emerging from the RAGE Pilot …**

- Anger management and negotiating conflict. Calmer interactions and reactions.
- Self-esteem and self-confidence.
- Making and keeping friends.
- Attending school, improving grades.
- Attending training courses.
- Improved family relationships.
- Goal-setting.
- New ideas about masculinity and gender roles.
- Developing a safety plan for taking the learning into the future.
- Increased confidence, higher self-esteem.
- More openness, becoming more talkative.
- More friends.
- Healthier lifestyle.
- More willingness for self-examination. Increased ability to think through emotionally upsetting situations and find more constructive solutions/responses.

(Based on feedback from service users, carers/family, teachers and case managers.)

# Appendix E: Aspects of violence prevention/ intervention programs for boys

In this appendix, we offer some general points to bear in mind when developing programs aimed at violence prevention/intervention with boys. This appendix is based on a presentation by Clark Baim at Berry Street in May 2011.

### Defining family violence

*Family violence includes the incidence or threat of verbal, physical, sexual, emotional, psychological, or spiritual abuse by and against members of a family, whether experienced or witnessed.*

*The consequences of family violence include physical or psychological damage, fear, unequal power and control over others, harassment, forced social isolation, or economic deprivation.*

### First Principles

- Prevention and education, targeted at groups and communities where needed.

- Early intervention (developmentally and in terms of the problem behaviour). Can take place in schools and communities, youth clubs and residential care.

- Community/family/schools/multi-agency and multi-professional involvement. Integrated, multi-systemic approach with all stakeholders involved. Includes referral and assessment.

- Involving existing agencies and community, charity and voluntary groups wherever possible. Building on pre-existing structures/services/community or cultural groups.

- Clear purpose.

- Clear theoretical base, e.g. gender studies, social learning theory, attachment theory, bio-psycho-social theory, role theory.

- Strategies to build support and sustain capacity of stakeholders and people delivering the service.

- Staff training of facilitators and other staff. Includes training about the approach and each stakeholders role in supporting the program. Systematic and strategic training.

- Strategies for ongoing evaluation and modification of the intervention.

- Involving service users in evaluation, program modification and future program delivery.

- Replicable.

### Elements of treatment and intervention

- Avoid labels, e.g. 'abuser,' 'perpetrator.' Labels will restrict the young person's ability to grow, move on, recover and become safe and whole.

- Adult programs are not suited to young people.

- Intervention must be developmentally appropriate.

- Be cautious about relying on manuals and workbooks, unless they are general guides that allow for wide variation according to needs and learning style of the young person and their family/carers.

- Intervention must take into account and address the underlying function and meaning of the young person's behaviour, rather than just focusing on the outward behaviour (the 'symptom').

### Elements of treatment and intervention

Likewise, intervention must work with an awareness of how the young person's acting out behaviour was trying to meet basic attachment needs for comfort, safety, proximity, predictability or connection/closeness to others.

- In addition, how might the behaviour have been an attempt to feel significant or powerful?

- Intervention must take into account the psychological stage at which development has been impaired on the neurological level (Bruce Perry, Bessel van der Kolk).

### Guiding beliefs of treatment

- A strengths-based approach.

- Treat the whole child, not just the problem.

- Involve the family/carers.

- Emphasise wellness rather than illness/deficit.

- It must be relationship-based working, as opposed to 'fixing the young person' by applying a set of techniques.

- Focus on healing and resilience rather than pathology.

- Intervention should recognise that children and young people are continually developing physically, socially, morally, emotionally, neurologically and intellectually. There is great hope for early intervention, as the behaviours are not so entrenched, and the young person has the potential to, developmentally speaking, 'move on' from this pattern of behaviour.

**Assessment**

- Family history, education history, medical/ medication history.

- Family functioning, family strengths.

- Parent-child relationships (assessed through means such as cooperative activities, e.g. sand tray, problem-solving, mutual activities, communication exercises, and validated measures of attachment).

- Individual assessment of the young person, e.g. of violence. Include young person's strengths. May include creative assessments, such as 'Cave drawing' (Tanaka, Kukuyama and Urhausen, 2003) where young person draws their world from the perspective of being inside a cave, looking out. Being inside the cave represents being in a place of safety. The drawing can lead to story creation and autobiographical stories around themes that are important to the young person.

**Important structures**

- Beginnings and endings to the sessions (predictable routines).

- Clear boundaries.

- A safe place to put belongings (lockers, etc.).

- Involving the family and/or professionals involved in the young person's care and protection.

- Proper ending to the process, with the family/ professionals involved and reflecting on the journey they have taken together. (Example: Young person recalls the process of all the sessions, and the positive statements they have heard about themselves during treatment. These can be

presented on a scroll or special paper. The young person can be helped to reflect on their feelings about hearing these messages).

- If family are involved in the final session(s), invite them to cooperatively create a drawing, or a sand tray (or similar) sculpt, incorporating elements representing safety, security and connectedness. Encourage the family to then create a story about the drawing or sand tray, with a specific focus on moving into the future.

**Early intervention (including schools/psycho-educational programs):**

- Developing healthy friendships and relationships.
- Sexual identity.
- Views of gender roles. Issues of masculinity and how this impacts on the young men's lives.
- Conflict resolution.
- Escalation of violent incidents.
- Typical issues with young men and their peers.

**Further thoughts, elements, considerations and possibilities for working with boys to help them overcome the cycle of intergenerational violence**

**Different models that can work**

- Groupwork/taught modules offered as part of existing programs and schools curricula. Can include educational drama by young people for young people.

- Flexible community development activities with mainstream groups.

- Service provider education and training and co-facilitation of groups.

- Work with at-risk boys and communities incorporating flexible, outreach style engagement strategies.

- Activity-based groupwork programs with boys who have been identified as experiencing or witnessing domestic violence, and/or committing acts of violence, supported by appropriate assessment and screening, child and family and mental health support services.

**Family involvement**

- Integrate the family into the process as much as possible.

- Work with the family so that they can support the young person's changes. Work with an understanding that if only the young person changes, and the family does not, that the family system may react against the change and the young person could be at greater risk of harm to self and others.

- Offer ongoing treatment and support to parents and carers. A good way to do this is in groupwork, where parents and carers can share concerns, decrease feelings of isolation and help to support each other.

- **Family therapy** should happen concurrently with the young person's treatment, wherever possible. Focus on the family's needs, issues and concerns. Help the family to repair and strengthen family bonds, roles and relationships. Such sessions can also involve multiple families, where facilitators have developed skills in multi-family working.

**A sample curriculum**

- Introduction/forming group.
- Boys' sexualities.
- Sexual harassment.
- Violence and bullying.
- Media education, boys and masculinity.
- Language as a weapon.
- The ideal manly body.
- School sport and the making of boys and men.
- Boys' well-being: learning to take care of myself and others.
- Playing war.
- Fathers and sons.
- Ending the group.

From: Salisbury, J. and Jackson, D. (1996). *Challenging Macho Values: Practical ways of working with adolescent boys.* London: Falmer.

**'PREPARE' – A Prosocial Curriculum for Aggressive Youth**

Developed by Arnold Goldstein and colleagues from the 1970s onwards, this very well researched program includes different series ('courses') of sessions, used as appropriate to given groups of children and adolescents. Each of the topic areas includes a dozen or more separate skills which are taught and practised by the young person, with many opportunities for feedback

and continued practice in order to fully integrate the skill and increase its generalisation to other areas of life. The program draws heavily on Bandura's Social Learning Theory. The program includes prosocial instruction, including modelling by facilitators, detailed instruction and labelling of skills, and skills practice using role play and feedback, in topic areas including:

1. Interpersonal skills
2. Anger control
3. Moral reasoning
4. Problem solving
5. Empathy and empathic behaviour
6. Social perception
7. Anxiety management
8. Cooperation with others
9. Building a Prosocial support network
10. Understanding and using group processes

For any program using skills practice as part of its approach, Goldstein's book, *The Prepare Curriculum: Teaching Prosocial Competencies,* (1999 and later printings; Champaign, Illinois: Resource Press) is an essential resource.

**Some tools and techniques**

- My strengths, internal, interpersonal, transpersonal (including spiritual/religious), places, achievements.
- Defining/contrasting anger, aggression, violence, destructiveness.
- Continuums of anger vs. violence, and other subjects.
- The 'wheel' of violence.
- Family tree (geno-sociogram).
- Life Timeline.
- Social/cultural network map.
- Family sculpts.
- Values, goals and obstacles. What I want to do with my life.
- Motivational cycle of change.
- 'How well do I know my brain?' Connecting my brain in the past to my brain in the present.
- Learning to think about my thinking. Are my perceptions always accurate about what's happening inside me (my feelings) and outside me (my thoughts about other people, events, etc.)?
- The skills of mentalising and emotional intelligence.
- Unfinished business/my worst worries/things that weigh me down.
- Knowing what my feelings really are.
- Relationships and friendships.
- Aggression – assertion – passivity.
- Masks that I wear, and knowing what they are and are not useful for.

**Some further tools and techniques**

- Role modelling, skills instruction and role play to practise skills.
- Discussion, examples and sharing stories.
- Using the Socratic/enquiring approach.
- Shaping behaviour with reinforcement; understanding how to give invitational praise and information feedback.
- Life story work used with an awareness of procedural, semantic, imaged, episodic and integrative memory.
- Sculpting/using objects to tell stories.
- *In situ* treatment, i.e. going into the environment where the young person lives and socialises, and discussing any of the themes of the program, as appropriate to the setting. Trying out new responses in the actual setting (and with the actual people, if available.)
- Playing board games and other therapeutic games.
- Future projection/surplus reality (imagining a future situation and practising speaking from that time and place as if it were happening now).
- Cooperative games/experiential activities.
- Problem-solving activities.
- Drama games/creative drama. Creating and performing plays for peers/classes/communities.
- Creating stories from images.
- Watching and discussing films and other media.
- Using continuums and diagrams to look at troubling issues and important themes, and to chart goals and progress.
- Assembling a 'positive life goals' portfolio to retain the work and to help develop approach goals.
- 'Sharing' the end of program session (graduation) with families and invited guests. Showcasing/demonstrating the progress made, as a rite of passage. Showing invited guests, in action, elements of the program.

**For any and all of the above:** Focusing at any moment on live process issues that will help the young person to be aware of their inner process and to potentially make new choices.

**Note:** All of the above rely on the therapeutic relationship and rapport. It must be relationship-based working.

# Appendix F: Further reading

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**Websites for more information**

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http://www.boystown.org/approach/continuum
http://www.troubledteenprograms.org
http://www.futureswithoutviolence.org/content/features/detail/811/
http://www.mbaproject.org/index.php?s=Curriculum
http://www.bgcswmo.org
http://fourcircles.crchealth.com
http://www.btmcanada.org/boys-to-men/community/the-boys-to-men-mentoring-network
http://www.patcrittenden.com/include/docs/adolescent_attachment.pdf
http://www.thefreelibrary.com/Tipping+the+scales+from+risk+to+resiliency.-a018141476

**Australian programs/agencies**

http://boys.brigadeaustralia.org/index.php?id=15&p=6
http://theritejourney.com.au/boys-day-program/
http://www.missionaustralia.com.au/community-services/pathways-through-a-successful-youth
http://www.connectedself.com.au
http://www.narrativeapproaches.com/welcome.html (Includes information about narrative approaches and the Peace Family project).

**Articles**

http://www.sp2.upenn.edu/ostrc/doclibrary/documents/PositiveYouthDevelopmentResearch.pdf
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**Berry Street is the largest independent child and family welfare organisation in Victoria. We provide an extensive range of services to children, young people, women and families across metropolitan, regional and rural Victoria. Our Vision is for all children to have a good childhood, growing up feeling safe, nurtured and with hope for the future.**

In our Strategic Directions 2027 Berry Street committed to developing, providing and advocating for interventions that break the cycle of child abuse, neglect and family violence. On the basis of our understanding that boys who are exposed to family violence are more likely to be violent with their own families, we undertook to examine ways of working with boys to help break the cycle of family violence.

This literature review is part of our commitment to work more effectively with boys and we are grateful to Change Point Ltd for providing such a comprehensive analysis of successful interventions to reduce youth violence.

For further information about Berry Street training and other events please visit our website:

**www.berrystreet.org.au**