



MULTISECTOR RESOURCE GUIDE FOR PREVENTING YOUTH VIOLENCE IN LATIN AMERICA

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INTRODUCTION

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Youth violence is prevalent in the Latin America and Caribbean (LAC) region and has severe consequences across multiple sectors. Adolescents in this region are five times more likely to be victims of homicide than youth living in any other part of the world.¹ In the past decade, several countries in the LAC region became the most violent in the world. As a group, Brazil, Colombia, El Salvador, Guatemala, Mexico, and Venezuela produced one in every four murders worldwide in 2016.² The region represents just 8.5% of the global population but accounts for an estimated 30% of the world's homicides.³ High rates of homicide correlate with stifled progress toward sustainable development goals, such as reducing extreme poverty, hunger, youth unemployment, infant mortality rates, and adolescent birth rates.⁴ In the LAC region, youth violence has a direct effect on education, health, and economic opportunity. In the education sector, many students are victimized on their way to school by street gangs operating in their neighborhoods. Further, high teacher turnover, fueled by fear of violence in or around a school, inhibits opportunities to develop trusting, supportive relationships among students, teachers, and other school staff.^{5,6} Violence also greatly affects the health sector by depleting scarce health care resources and placing undue stress on health sector organizations. In addition, youth violence contributes to poor economic and workforce outcomes for both youth and their families (e.g., lack of job readiness, lack of access to jobs, lack of access to formal employment, hostile and dangerous work environments), which escalate risk factors and make youth vulnerable to disconnection from school and work. USAID and other donors have invested heavily in the prevention of violence in the region, and the results of these investments demonstrate that evidence-based interventions can be effective in reducing youth violence in even the most violent areas.⁷

This **Multisector Resource Guide for Preventing Youth Violence in the LAC Region** contains three sector-specific briefs on youth violence prevention. The purpose of this guide is to help key stakeholders in the **education, health, and workforce sectors** understand the types of violence that affect youth in the LAC region and how youth violence affects each sector. The sector briefs illustrate integrated approaches—working across education, health, and workforce sectors—to reduce the effects

of youth violence and offer evidence-based strategies to mitigate youth violence in these sectors. The sector briefs also offer guidance on measuring results and sustaining youth violence prevention efforts.

The **Education Sector Brief** presents data and resources on how the sector can help prevent youth violence in schools and the surrounding communities where students and their families live. Schooling can serve as a protective factor for youth, because young people who stay connected to school are less likely to exhibit disruptive and violent behavior, carry or use a weapon, and experiment with illegal substances.⁸ However, violence in the community can be a significant source of trauma that can affect a student's attendance at school due to fear of moving between home and classroom.⁹ Occurrences of violence at schools often prompt the rapid adoption of repressive policies or programs; however, such strategies can make matters worse, damaging the relationship among schools, students, and families and increasing violence in schools and communities. Instead, the Education Sector Brief suggests that actions to prevent school violence should begin with a careful review of the problem to identify the drivers of violence, and the use of evidence-based, targeted strategies to address the problem.

The **Health Sector Brief** explains the ways in which this sector has the strong potential to contribute to violence prevention through public health approaches. Violence both directly and indirectly affects the health sector in LAC in diverse and significant ways, particularly because it depletes scarce health care resources and places undue stress on health sector organizations. Beyond its primary role of providing health care services, the health sector also plays a vital role as a leader in surveilling, researching, and monitoring violence prevention interventions. Many health sector workers do not fully appreciate the important role they can play in youth violence prevention. The health sector can contribute more effectively to violence prevention by broadening its focus beyond treatment to include greater communication about violence prevention as a public health priority and more involvement in health and social service partnerships for violence prevention.

The **Workforce Sector Brief** presents information and evidence for how this sector can play an important role in preventing youth from engaging in violence. Young workers in the LAC region are especially vulnerable to a wide range of workplace violence from myriad sources. In particular, the informality of employment and the specific subsector in which they work put young workers at increased risk for violence at work. Further, some youths are more victimized than others. Using a preventive approach that considers how gender, race, ethnicity, and socioeconomic status intersect to place young people at risk for violence is key to reducing risk and improving outcomes for youth, employers, and the broader community.

Youth violence is preventable. By using data to identify the drivers of violence, consulting the research on effective strategies, and engaging community stakeholders and institutions to address the issue, an effective violence prevention plan can be put in place. Youth violence should be a concern for USAID and other donors working outside the citizen security and governance sectors. It is a problem that affects all segments of society and should be addressed by stakeholders in the education, health, and workforce sectors both as an intrinsic human rights issue and because of its impact on social and economic development.

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ISSUE BRIEF

STOPPING YOUTH VIOLENCE IN LATIN AMERICA: A GUIDE FOR THE EDUCATION SECTOR

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INTRODUCTION

Youth violence, or violence affecting individuals between the ages of 10 and 29, is a preventable social and public health problem. Youth violence encompasses various types of violence, including physical violence, psychological violence, sexual violence, intimate partner violence, harassment, and homicide. The education sector plays a vital role in preventing youth violence in schools and in the surrounding communities where students and their families live. This brief provides the education sector with actionable guidance on reducing violence in schools and engaging in multisector prevention efforts that support and engage youth so they do not become more vulnerable to committing or becoming a victim of violence in the community.

COMMUNITY-BASED VIOLENCE, STUDENTS, AND SCHOOLS

Violence impacts the developmental health of young children who live in areas with high rates of and/or persistent violence, affects the mental and physical health of community members, and displaces families that flee the violence. Furthermore, violence deters businesses from investing in areas where employment opportunities are desperately needed and affects the performance of key institutions that support the educational, social, financial, physical, and security needs of the broader community.¹ Schooling can serve as a protective factor for youth. Young people who stay connected to school are less likely to exhibit disruptive and violent behavior, carry or use a weapon, and experiment with illegal substances.²

However, violence in the community can be a significant source of trauma that can affect a student's attendance at school due to fear of moving between home and classroom.³ In many countries in the Latin America and Caribbean (LAC) region, many students are victimized on their way to school by street gangs operating in—and often controlling—a neighborhood. This is especially true when gangs establish “invisible borders” and often attack or harass children and adolescents who cross one of these boundaries on their way to school. Similarly, high teacher turnover, fueled by fears of violence in or around a school, inhibits the opportunity to develop trusting, supportive relationships among students, teachers, and other school staff.^{4,5}

Once at school, students exposed to violence at home or in the community often have depressive symptoms that can be misconstrued as lack of interest or antisocial behavior.⁶ Schools may respond to

disengaged students with harsh discipline, such as suspension or expulsion, traumatizing them all over again.⁷ When students disengage from school, they are more likely to become involved in delinquent or criminal activity, including gang involvement. A study of 200 males ages 13 to 20 incarcerated for serious offenses in Brazil revealed striking similarities. Almost all had been repeatedly exposed to violence in the home or community, and most had dropped out of school because of community violence.⁸

In the LAC region, the dominant culture of “machismo” has a pronounced effect on gender-based violence.⁹ When male youth are exposed from a young age to hyper-masculine gender norms and gang violence in the community or at home, they are more likely to engage in violence against girls and women. Simultaneously, the fear among young women of sexual violence and harassment can lead to depressive behavior or running away from home, keeping them from attending school.¹⁰ Furthermore, girls who experience pregnancy as a result of sexual violence may end up dropping out of school entirely. This exacerbates the existing gender disparities in educational attainment that lead to further inequities in employment and lifetime economic insecurity.¹¹

Finally, for youth who experience repeated and persistent exposure to violence in their communities when their brains are still in a fragile developmental state (up to age 25), the stress hormone cortisol can significantly damage the part of the brain that controls decision making.¹² This may cause children to develop more pronounced fight-or-flight responses that can lead them to behave more aggressively when they feel threatened, even if the threat is simply a teacher asking them to follow a rule in the classroom in front of their peers.¹³

SCHOOL-BASED YOUTH VIOLENCE

In this brief, school-based violence is defined as any incident in which a member of the school community is subject to abuse, whether it is threatening, intimidating, or humiliating behavior; or physical assault while on school premises, while traveling to or from school, or during a school-sponsored event off school grounds. School violence can include fights, vandalism, sexual assault, and homicide. It also includes violent acts between students, by educators toward students, and by students toward educators.

VIOLENCE EXPERIENCED BY STUDENTS

School-aged youth often experience very different forms of violence and some youth are disproportionately vulnerable to certain types of violence. For example, boys are more likely to report accessibility to weapons and drugs in school, while girls are more likely to report instances of domestic violence and abuse (e.g., physical violence from parents, dating violence, stalking, and harassment).¹⁴ Victimization among school-aged youth has substantial and lasting effects on social and emotional adjustment. Students who are repeatedly victimized often experience a variety of mental health problems, including depression, anxiety, and low self-esteem.¹⁵ Research from other regions of the world demonstrates that harsh discipline in schools often disproportionately targets youth from disadvantaged backgrounds, including racial and ethnic minorities, or children with learning or developmental disabilities (e.g., autism). Such discipline can lead to involvement in the criminal justice system and further social isolation and exclusion, leaving youth more vulnerable to recruitment into gangs and less likely to complete their education.¹⁶

In the Caribbean, school-based violence is most common in secondary schools and includes fights, vandalism, sexual assault, and homicide.¹⁷ Youth commonly cite as violence drivers self-defense, protecting self and peers,^a establishing a profile that others will respect, and intimidating others. Victims of bullying are more often boys than they are girls,¹⁸ and data from the Caribbean show that nearly 30 percent of students experience bullying; Jamaica and Guyana have the highest prevalence.

Like the Caribbean, the rest of the LAC region experiences a similarly high rate of school-based violence.¹⁹ For example:

- In **Mexico**, nearly 69 percent of high school students reported experiencing some type of aggression or violence at school (2015).
- Sixty-six percent of students in **Argentina** said they were aware of frequent harassment of students (2015).
- In **Brazil**, 84 percent of students in 143 schools from six state capitals considered their schools violent, and 70 percent reported being victims of violence in school (2015).
- In Bogota, **Colombia**, almost 30 percent of males and 17 percent of females have been in at least one fight in school (2015).
- In Managua, **Nicaragua**, 37 percent of secondary school students had suffered from bullying and physical aggression in their schools (2015).
- In San Salvador, **El Salvador**, approximately 15 percent of middle and secondary school students were involved in at least one school fight in any given month, and almost 20 percent carried bats or sticks to school for self-defense (2015).
- More than 60 percent of lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI) children in **Chile, Mexico, and Peru** had experienced bullying (2012).
- In **Chile**, 24.7 percent of students had been victims of one or more forms of sexual violence in schools (2018).

VIOLENCE EXPERIENCED BY SCHOOL STAFF

School violence has a direct impact on teachers and staff, including in the LAC region. A recent global systematic review found that up to 75 percent of teachers had experienced physical violence, threats of violence, or the theft of personal property while at school.²⁰ Because more than 95 percent of all teachers in the region are female, violence against teachers more or less equates to violence against women, which has been shown to lead to adverse mental, sexual, and reproductive health outcomes and, consequently, can worsen health and socioeconomic outcomes for families, communities, and societies.^{21,22} In Mexico for example, more than half of all female teachers report experiences with violence in the forms of humiliation, insults, or physical aggression while on school grounds.²³ Another study found that, while at school, teachers experience theft, property damage, physical assault, verbal abuse, sexual harassment, and noncontact aggression. These experiences correlate with teachers' feelings about their job, lower levels of trust between teachers and students, decreased feelings of safety at school, and thoughts of quitting.²⁴ Other research from the United States finds that special education teachers, including those who work with students who have disciplinary problems, experience greater victimization at the hands of students than do other teachers.²⁵ Although research measuring violence

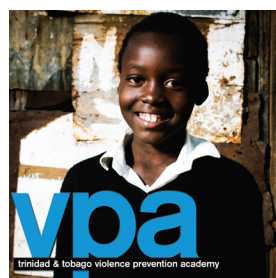
^a As many as 10 percent of Caribbean young people report carrying weapons to school.

against teachers in the LAC region is rare, reports indicate that the problem is a growing concern. In Honduras, for example, 90 percent of teachers surveyed said that their school had been the target of violence levied by local gangs.²⁶ This includes psychological violence in the form of threats, personal assaults, and damage to teachers' vehicles. In Guatemala, approximately 30 percent of teachers reported having been victimized, or knowing someone who had been victimized, by gangs when entering or leaving school.²⁷ Researchers found that gang members used threats of violence against teachers in exchange for school-related favors (e.g., selling drugs in class, passing grades), generating fear and diminishing the quality of education that teachers can provide, which then reduces the quality of learning in their classrooms.²⁸

ACTION TO PREVENT SCHOOL-BASED VIOLENCE

When violence occurs, parents, staff, students, and the broader community are understandably concerned. This concern often prompts the rapid adoption of repressive policies or programs, like zero-tolerance for any misbehavior, automatic expulsion, and police arrest protocols. However, such strategies can make matters worse, damaging the relationship among schools, students, and families, and increasing violence in schools and communities. For example, arming teachers with weapons or placing police in schools may increase feelings of safety among the public or parents outside the school, but it can increase tensions in the school and result in accidental or intentional violence. This can damage the supportive climate important to engaging youth in the learning process and helping them feel safe. Instead, actions to prevent school violence should begin with a careful review of the problem to identify violence drivers and use the most effective and appropriate strategies to address the problem.

PROGRAM SPOTLIGHT



The **Trinidad and Tobago Violence Prevention Academy (VPA)** pilot program, funded by the government of Trinidad and Tobago, trained school-based personnel to develop comprehensive, integrated, evidence-based violence prevention plans tailored to the specific needs of participating schools. The VPA began its violence prevention planning with an assessment of the problem and a review of student risk for violence and the preventive supports available to promote safety, followed by a review of solutions that had been effective in similar circumstances. Then, using a combination of face-to-face

learning and technical assistance, the training program tried to enhance the skills of school violence prevention specialists and the capacity of their schools to implement and sustain successful violence prevention programs.²⁹ The VPA pilot program was found to reduce violent behavior among 16- and 17-year-old students by 30 percent. To make the VPA sustainable, a broad group of stakeholders became involved in planning, implementing, and monitoring program effectiveness. This ensures that when changes are needed, the commitment and resources necessary to improve outcomes are available.^b

^b Image of the front cover of the VPA final report

(https://cvpcs.asu.edu/sites/default/files/content/products/TT_VPA_Final_Report.pdf) is used and adapted with permission.

ASSESSING THE PROBLEM

Schools typically have most of the information they need to understand where, when, and how violence is affecting students, teachers, and staff. This knowledge usually comes from records of student behavioral incidents in which staff or even police respond to stop the violence, discipline the offending student(s), and attend to victims. School records might include teachers' reports of disruptive students, students' complaints of victimization, parents' complaints, and any calls to the local police force. Reports may also be available from on-site police or safety officers who might already be assigned to a school, such as a school resource officer. When analyzing these data, it is helpful to note the places where incidents are occurring, the time of day and day of the week, and demographic details of the parties involved so the school can assess patterns associated with the violence. For example, violence might be more likely before, during, or after a student assembly, when large groups of students are interacting, and it is more difficult for staff to manage the crowd. However, violence of a sexual nature often goes unreported and may be overlooked when simply analyzing school's records and reports of violence. Therefore, it is important that schools talk with students, teachers, and parents to try to capture as complete a picture of violence in and around the school setting as possible.

TALKING WITH STUDENTS, STAFF, AND PARENTS. The picture of violence is incomplete, however, if the school does not understand the root causes or factors that lead to violence, the relationship between victims and those committing violence, or any school or community environmental factors that might make it easier or more difficult for violence to occur in the school. For these reasons, it is useful for schools to also collect information directly from students, staff, and parents through one-on-one and group dialogues focused on school safety. School authorities should use a trauma-informed approach to collect such information. This approach requires training to ensure that school staff can recognize and respond to individuals who have been affected by traumatic stress during information gathering.³⁰ This is especially important in the case of victims of sexual violence and harassment, because victims are often afraid to talk about their experiences, and these instances of violence often go unnoticed by the broader community. Conversations with students, staff, and parents should never be accusatory or focus only on those victimized by or accused of violence. School counseling staff or outside consultants should be used to facilitate objective conversations, with the goal of being open to understanding the factors that might underlie violence, and a commitment to hearing from those most affected by the problem. For example, if drug activity is high in the school, violence might result from conflict over the sale or use of drugs, or from the presence of outsiders who come on to school property to sell drugs. These insights may not be in official records but may be common knowledge among students. However, students may not be willing to share this information if they fear disciplinary, legal, or even social consequences for doing so.

The relationship between groups of students may drive conflict within the school if these groups conflict outside the school in the community. If these conflicts are brought into the school, they can fuel assaults in areas of the school that are not well-monitored (e.g., bathrooms) or where large groups of students congregate without much adult supervision (e.g., recreation areas). During the dialogue process, it is important for schools to identify these conflicts and avoid bringing together individuals from rival groups. Not only will this help students feel safer, it will likely enable students to share more details about intergroup violence and its underlying causes.

ASSESSING ENVIRONMENTAL RISK. The school should also do a walkthrough of the campus, inside and outside, to examine, for example, the condition of lighting in dark areas, proper door security in bathroom stalls, and access to the campus by unauthorized visitors. The school environment can

create a safe and supportive place for students, staff, and parents to engage in learning, or it can place individuals at risk if areas are not secure and easy targets of opportunity for violent behavior. Research shows that ensuring proper lighting and security in bathrooms can greatly reduce instances of harassment and sexual assault at school.³¹

In some cases, schools may also need to obtain from the police or other community stakeholders community data related to violence or other problems in the surrounding community that affect the school. For example, the way students get to school may be disrupted by local construction or changes in transportation options, and students may be encountering new conflicts on their adjusted routes to school that boil over once they are in school, making them late and subject to punishment when they arrive, or keeping them from coming to school altogether. If a school has a clear understanding of what is happening inside the school as well as how the external community might be influencing student behavior at school, the school will be well equipped to have a more comprehensive understanding of the violence that jeopardizes school and student safety.

EXAMINING CURRENT PRACTICE. Once problem assessment is complete, schools will need to examine their current school safety policies, practices, and programs to determine the extent to which they are effective and what can be done to improve them. Although violence is typically thought of as a physical act, it is critical for schools to take a broader approach to ensuring school safety, which also means ensuring social and emotional safety. Sometimes the same policy that promotes physical safety can compromise social or emotional safety. For example, schools commonly find that violence happens in bathrooms where students are at their most vulnerable and there is no adult supervision. If a school installed security cameras in the bathroom, physical safety could increase, but students might feel emotionally unsafe because their privacy has been violated. Similarly, school policies and practices that permit harsh discipline and school removal for students at greater risk of inciting violence are likely to make the problem worse, because students who disengage from school are at greater risk for recruitment into gangs and other delinquent or criminal activity that perpetuates violence in the community and in and around schools.³²

Schools can create an inventory of each current school safety policy, program, or practice with the goal of answering the following questions:

- *How does the policy/practice/program **intend** to prevent school violence?*
- *How does the policy/practice/program **intend** to promote school safety (physical/social/emotional)?*
- *Is the policy/practice/program implemented properly?*
- *Do students/staff/parents understand or know about the policy/practice/program?*
- *What is evidence of the **actual** effectiveness of the policy/practice/program?*
- *How does the (policy/practice/program) align with the research on creating safe and supportive schools?*
- *Have there been any unintended negative consequences of the policy/practice/program?*

Students, staff, and parents can be valuable sources of insight when answering these questions, along with a review of any official data related to implementing these approaches.

Once a school completes this program, practice, and policy inventory, the school can add the results to problem assessment findings to begin to understand where current approaches may be working well and where they may be falling short of addressing school violence.

IDENTIFYING SOLUTIONS

On any given day, schools and the systems that support them are busy implementing a variety of academic and nonacademic programs, services, and supports. Some of these may be required by law; others may be in place to enhance and enrich the student experience or respond to and prevent problems. Still other practices may exist by virtue of being embedded in the history, culture, and norms of the local setting. Many of these activities relate to school safety, such as partnerships with community agencies to provide resources to youth and families, prevention programs to reduce bullying in the school, or teacher training on social-emotional learning skills. Because of this, it is critical that schools take stock of current efforts related to school safety before beginning new initiatives to see how resources can align better and be coordinated to produce a more effective (based on student and school outcomes) and efficient (based on the time and money required) school safety approach.

For example, if a school is offering adult education classes on the weekends to help parents improve their literacy or employability skills, the school might consider using some of that time to engage parents in a conversation or activities related to school safety. Likewise, if police are already patrolling the school campus or serving on a local safety committee with the school, this could provide the school with an opportunity to redefine the police–school relationship to increase safety and strengthen police–student relationships. Although police relationships may be more fragile in the LAC region than in other places, it is still important that schools determine how to work with police the most collaboratively to eliminate counterproductive and ineffective police-school practices, such as arresting students for minor issues like skipping school, which can further disengage students from school and promote the opportunity for involvement in violence.

Resource-sharing is another strategy that schools can investigate with sister schools that may have similar needs. For example, if problem diagnosis indicates that more mental health counseling is needed for students who have already experienced violence, and a sister school is also experiencing this problem, the two schools can share the cost of a trained therapist so both groups of students can benefit.

To select appropriate preventive and interventional approaches to reduce students' future risk of violence—either perpetration or victimization—it is important to understand this risk. Risk may come from interpersonal characteristics, such as lack of impulse control, or from family dysfunction, delinquent peers, or weak social controls (e.g., an illegitimate police force). These factors coalesce to place youth at greater or less risk for violence. This risk can then be targeted by strategic approaches to prevention. Schools need to understand which prevention strategies will be most effective for which students, depending on students' specific risks for experiencing or committing violence. Typically, schools are implementing many academic and nonacademic programs for students, and often these efforts are applied broadly to the entire student population. However, decades of research and practitioner experience show that youth differ in the factors that protect them or place them at risk of violence. Therefore, using a tiered prevention approach differentiated by student risk levels gives schools the flexibility they need to use the most effective approaches the most efficiently. A tiered approach to violence prevention is outlined below:

- **Primary Prevention:** *Strategies that seek to address the root causes of violence before it occurs are primary prevention strategies that apply to all students. For example, research indicates that preventing low-*

level student conflict, such as bullying, should focus on all students in the early grades, from prekindergarten (pre-K, age 3) to the sixth grade (age 10–12).

- **Secondary Prevention:** Secondary prevention strategies target a specific subset of students at risk for specific types of violence. For example, students with excessive, unexcused absenteeism may be at greater risk of recruitment by gangs. These students and their families can benefit from specific outreach and engagement strategies to strengthen their connection to and involvement in school.³³
- **Tertiary Prevention:** To prevent the most serious forms of violence, including incidents involving weapons, programs should focus on the small minority of students who have previously engaged in such violent behavior.³⁴

Schools that train teachers or other school staff to provide these tiered prevention supports have been shown to reduce school dropout, violence, and substance use.³⁵ These programs also improve relationships between teachers and students, keeping students in school and decreasing youth violence in the community.

UNDERSTANDING CONTEXT. Effective programming in one context is not necessarily transferable to other contexts. Although specific program elements may be effective to prevent violence where similar underlying factors are present, fidelity of implementation and other contextual factors necessarily influence the effectiveness of interventions replicated from other areas if they are not adapted for the new context. Therefore, it is essential to complete a problem assessment and resource inventory before developing proposed solutions. Solutions should be tailored to a specific context, focusing on distinctive risk factors, protective factors, and the resources available in the school or broader community to promote a safe and supportive learning environment.

A recent study assessing the effectiveness of youth violence prevention interventions found that several strategies were effective for school-age youth. Exhibits 1–3 provide a list of tiered school-based violence prevention strategies for youth from elementary school through the 12th grade. More detailed information on these interventions can be found in the Resource Annex.

Exhibit 1. Primary Violence Prevention Strategies With Evidence of Effectiveness

PRIMARY PREVENTION—ALL STUDENTS			
NAME	HOW IT'S IMPLEMENTED	WHAT IT DOES	RESULTS
<u>Safe Dates</u>	<ul style="list-style-type: none"> • Population: males and females, ages 11–17 • Nine 50-minute sessions, one 45-minute play, poster contest, and parent materials • Led by teachers and school administrators • Originated in the United States 	<ul style="list-style-type: none"> • Goals: change attitudes toward dating violence, attain conflict management skills, increase awareness of intimate partner violence and consequences, increase likelihood of seeking help, and change gender norms and attitudes³⁶ 	<ul style="list-style-type: none"> • Shown to reduce victimization and certain perpetration behaviors • Positive changes in knowledge, attitudes, communication patterns, and conflict resolution skills³⁷

PRIMARY PREVENTION—ALL STUDENTS			
NAME	HOW IT'S IMPLEMENTED	WHAT IT DOES	RESULTS
<u>Violence Prevention Academy</u>	<ul style="list-style-type: none"> Population served: males and females, ages 16–17 Trains school-based personnel to develop comprehensive, tailored violence prevention programs Intervention consists of training program, school-based violence prevention plan, formal evaluation of implementation and impact Originated in Trinidad and Tobago 	<ul style="list-style-type: none"> Goal: use problem-solving processes to respond to specific issues confronting individual schools³⁸ 	<ul style="list-style-type: none"> VPA was associated with a 30 percent decrease in offending and discipline³⁹
<u>Fourth R: Skills for Youth Relationships</u>	<ul style="list-style-type: none"> Population: males and females, Grades 9–12 21 lessons Led by teachers in sex-segregated classrooms Curriculum is integrated into existing instruction Teachers receive a 6-hour training Originated in Canada 	<ul style="list-style-type: none"> Goals: provide youth with instruction on bullying, peer and dating violence, personal relationships, substance use, and risky behaviors 	<ul style="list-style-type: none"> Shown to decrease perpetration of physical and intimate partner violence among male students⁴⁰
<u>Responding in Peaceful and Positive Ways</u>	<ul style="list-style-type: none"> Population: males and females, ages 10–14 Designed for implementation along with a peer mediation program Implemented by school staff Originated in the United States 	<ul style="list-style-type: none"> Goals: teach conflict resolution strategies and critical thinking skills Key concepts: the importance of friends and mentors, self-image and gang-related behaviors, the effects of environment on personal health⁴¹ 	<ul style="list-style-type: none"> Found to decrease disciplinary violations for violent behavior and the rate of in-school suspensions⁴²

Exhibit 2. Secondary Violence Prevention Strategies With Evidence of Effectiveness

SECONDARY PREVENTION—STUDENTS AT RISK FOR VIOLENCE AS VICTIMS OR OFFENDERS			
NAME	HOW IT'S IMPLEMENTED	WHAT IT DOES	RESULTS
<u>Break the Cycle</u>	<ul style="list-style-type: none"> Population: males and females, ages 12–24 3-day interactive program Implemented by school staff, youth organizations and agencies Originated in the United States 	<ul style="list-style-type: none"> Goals: increase knowledge of and improve attitudes toward legal issues and help-seeking 	<ul style="list-style-type: none"> Found to improve knowledge of laws related to violence and to the perception and likelihood of seeking victim assistance⁴³

SECONDARY PREVENTION—STUDENTS AT RISK FOR VIOLENCE AS VICTIMS OR OFFENDERS			
NAME	HOW IT'S IMPLEMENTED	WHAT IT DOES	RESULTS
<u>Families and Students Together (FAST)</u>	<ul style="list-style-type: none"> Population: families with children, ages 0–18 (sessions divided among elementary-, middle-, and high school-age children) 2.5-hour sessions held once a week in an after-school setting Conducted by trained people who reflect the population served Group sessions, one-on-one parent–child interaction time, and parent group time Originated in the United States 	<ul style="list-style-type: none"> Goals: develop protective factors for children to reduce the likelihood of adolescent delinquency, violence, and school dropout: child's interpersonal bonds, family system, parent-to-parent support, parent–peer social network, parent empowerment, and community support⁴⁴ 	<ul style="list-style-type: none"> Shown to improve child behavior and parenting strategies⁴⁵ Found to decrease family conflict, increase parental involvement in education, improve children's academic performance and behavior in school, decrease emotional problems at home, and improve community social relationships⁴⁶
<u>Programa de Mediación Escolar</u>	<ul style="list-style-type: none"> Population: males and females, Grades 5–10 Training for teachers, principals, and students in mediation Modification to school rules 14 weeks or 200 hours of training Originated in Chile 	<ul style="list-style-type: none"> Goal: promote mediation skills and conflict resolution 	<ul style="list-style-type: none"> Perception of fights occurring at school decreased by 17 percent Perception of threats at school decreased by 9 percent

Exhibit 3. Tertiary Violence Prevention Strategies With Evidence of Effectiveness

TERTIARY PREVENTION—STUDENTS ALREADY EXPERIENCING VIOLENCE AS VICTIMS OR OFFENDERS			
INTERVENTION NAME	HOW IT'S IMPLEMENTED	WHAT IT DOES	RESULTS
<u>Second Step: A Violence Prevention Curriculum</u>	<ul style="list-style-type: none"> Population: males and females, pre-K to middle school A year of weekly 25-minute lessons Lessons are teacher-led Originated in the United States 	<ul style="list-style-type: none"> Goals: support social-emotional learning (SEL), reduce aggressive and impulsive behavior 	<ul style="list-style-type: none"> Middle school–age children in a SEL program were 42 percent less likely to self-report physical aggression⁴⁷ Shown to be most effective in reducing bullying perpetration⁴⁸

TERTIARY PREVENTION—STUDENTS ALREADY EXPERIENCING VIOLENCE AS VICTIMS OR OFFENDERS			
INTERVENTION NAME	HOW IT'S IMPLEMENTED	WHAT IT DOES	RESULTS
<u>Olweus Bullying Prevention Program</u>	<ul style="list-style-type: none"> Population: males and females, ages 5–15 Implemented by school staff Program can be adapted to meet individual needs Core principles and rules are integrated into existing school programming Originated in the United States 	<ul style="list-style-type: none"> Goals: prevent bullying and reduce existing bullying in elementary, middle, and high schools Community-, school-, class-, and individual-level components, including community partnerships, assemblies, interventions, and rules to prevent bullying⁴⁹ 	<ul style="list-style-type: none"> Shown to be most effective in reducing bullying perpetration⁵⁰

INEFFECTIVE AND HARMFUL APPROACHES. While reviewing the programs and practices a school might want to implement, it is inevitable that voices may emerge in support of practices that have been used in the past or may still be popular but that research has shown to be ineffective—or worse, harmful to students. The two most common programs erroneously adopted by schools are the Scared Straight and Drug Awareness Resistance Education or D.A.R.E. programs:⁵¹

- **Scared Straight** programs are typically implemented with the highest risk students and involve taking youth into prisons or jails to speak to inmates who share stories about the horrors of prison life. Research has consistently shown that Scared Straight programs are harmful and should not be used with students. Students who have participated in these programs show a greater propensity to get involved in criminal activity.⁵²
- **D.A.R.E.** is a very popular school-based program in the United States, delivered to students by law enforcement to deter drug use. Repeated evaluations of the intervention have shown that the program has no effect on student drug use. Although it may seem attractive to bring police into schools to develop positive relationships with students, this type of relationship-building should not be confused with programs that will produce measurable reductions in school-based violence or drug activity that can lead to violence.

From a practice perspective, **Zero-tolerance** policies that swiftly remove students for the smallest infraction and send them off to police to “teach them a lesson” are equally damaging and should never be used. Zero-tolerance policies that enact harsh discipline—for example, suspend or expel students for minor infractions—may do more harm than good by broadly affecting the entire family, encouraging less civic participation in adulthood, and incurring future financial costs in the form of high rates of arrest, incarceration, and unemployment.⁵³

GETTING READY TO IMPLEMENT A NEW SCHOOL SAFETY STRATEGY

Changing or developing new school safety policies, practices, or programs represents an innovation, or new way of doing things. Readiness for change at the individual and organizational levels is a critical precursor to the successful implementation of any innovation. Organizational readiness has been broadly defined in the literature as (1) **motivation** to implement an innovation; (2) **general capacity**, or broad organizational characteristics applicable to any innovation (e.g., paying staff); and (3) **specific capacity**, or an

organization's ability to deliver a specific innovation (i.e., technical skill) as designed. In the school context, readiness can be described as specific actions that a school takes to inform; generate buy-in from; and support staff, students, families, and community stakeholders regarding school safety efforts. Understanding and addressing concerns about new school safety approaches and what changes may mean for individual staff, parents, and students is critical to creating the buy-in needed to commit to behavior change.

The **Concerns-Based Adoption Model** (CBAM)⁵⁴ explains that organizational change is impossible until individuals within an organization change. The CBAM identifies individual readiness for change at different ecological levels (e.g., self, relationships, organizations), providing a complete picture of how people and organizations (e.g., schools) are moving in alignment toward change. For comprehensive school safety approaches to succeed, schools—including students, teachers, and staff, and the communities in which schools operate—must collectively act to advance change. Schools can prepare for implementing and sustaining change by:⁵⁵

- *Developing an understanding of the local context—understanding the status of efforts, their cost-effectiveness, and how they can contribute to the larger agenda;*
- *Mobilizing interest, consensus, and support among key stakeholders (e.g., identify champions); and*
- *Clarifying feasibility and how new practices can be institutionalized through existing, modified, or new infrastructure and operational mechanisms.*

As schools undertake an innovation, they often focus exclusively on the internal environment (e.g., staff, work processes) and rarely spend as much time preparing the external stakeholders who will benefit from or use the innovation (e.g., clients, community) for the coming change. Emerging research indicates that an innovation's "fit" within the larger community context may be as equally critical to the successful implementation of a new practice or policy as preparing the organization that is leading the change effort.⁵⁶ In the case of school safety innovations, this means that, if an innovation is to succeed and be sustained over time, the approach must be a good fit with the community's social, political, and cultural context, as well as the expectations and needs of family members, community agencies, and students.

MONITORING AND IMPROVEMENT

Once a school safety plan is in place, it will have to be monitored according to specific measures that indicate the degree to which the program is making the intended improvements. **Indicators** are the desired change, for example an increase in the number of students feeling safe at school. **Measures** are the specific means used to collect this information, for example through a student survey in which students report their feelings of safety each year. For each school safety goal, there must be outcomes, indicators, and measures to track progress and show where an innovation is on track or falling short.

For example, if a school has the goal of reducing the number of students who report being bullied in the cafeteria by 25 percent, there needs to be a reliable and accurate means of observing or collecting data on incidents of bullying in the cafeteria, and of reporting on these outcomes transparently. If the data are not reliable or results are not openly shared, staff, students, and families may question the legitimacy of any new initiatives that are implemented and disengage from prevention efforts.

Minimally, schools should be collecting and reviewing data every year on the following:

- **School climate**, or how staff, students, and parents feel about being in school. Are they supported, engaged, and feeling connected to the school? Anonymous surveys are a good way to get honest feedback

on school climate and school safety, along with focus groups or dialogues to have in-depth conversations about specific school climate issues.

- **School safety**, or how safe students, staff, and parents feel in and around school. Are they afraid to travel to or from school? Are they threatened, harassed, or abused while at school?
- **Student discipline**, or how student behavior is managed to minimize student suspensions and expulsions and maximize student engagement and connectedness to the school, staff, and classmates. Discipline, achievement, and engagement data should come from official school records that are as objective and accurate as possible. These data should be analyzed according to gender, grade level, race, ethnicity, and disability status to determine whether any systematic inequities or issues are affecting any one group of students.
- **Student engagement and achievement**. What are the academic and nonacademic opportunities and outcomes that students experience throughout the school year to engage them in prosocial and emotional development as well as academic achievement?

SUSTAINING PREVENTION EFFORTS

The Importance of Multisector Collaboration. Preventing violence in schools is a topic that everyone has an interest in, and about which many will have opinions or ideas for solutions. Because students and their families are part of a larger community, it is also reasonable to expect that any solutions adopted may need the support of organizations or services beyond the school itself. Therefore, it is important to work in coordination with relevant government counterparts, the private sector, civil society organizations, and other donors when designing strategies to address school-based violence. Schools cannot possibly offer students and their families all the different types of supports they need to reduce the risk for violence in and around school. For schools to have the greatest preventive impact inside school, they need to work with other sectors outside the school setting (e.g., health, recreation, justice) that are implementing prevention and intervention programs to benefit students and their families. When it is part of a broader collaboration in the community, a school can benefit from resources already in place to strengthen protective factors. For example, a local nongovernmental organization may already be offering community-based youth mentoring services or employment training, two types of programs that have been effective for reducing youth risk factors. If a school does not know about these resources, it will be limited in its ability to help students who have been assessed as at-risk for violence.

Collaboration among sectors also enables better coordination of policies and practices so that one youth-serving sector is not working in opposition to another. Students interact with other systems and sectors outside the school, and these sectors can either support what the school is trying to do to prevent violence or create barriers to what the school is trying to accomplish.⁵⁷

For example, if a school is serving students with significant mental health needs that schools typically cannot address, such as post-traumatic stress disorder, there have to be resources in the community to provide care for these students or they will have great difficulty succeeding in school and may be prone to repeat the violence they have experienced. When the security (e.g., police), health, and workforce sectors collaborate effectively to create violence prevention partnerships, students can be supported more holistically inside and outside the school, leading to more sustainable success for students and schools.

Local Commitment. A primary challenge is how to scale successful programs where there is limited local buy-in outside the school or in the government, or where certain youth are seen as “lost causes” and

services for them are unavailable.⁵⁸ For example, some of the most effective violence prevention programs are those that work exclusively with young people who have already committed violence (i.e., tertiary risk); these individuals are often affiliated with criminal or street gangs. But when these youth are trying to leave the gang and reform their lives, re-enroll in school, or apply for jobs, they are often met with resistance from employers, landlords, and service providers, inducing the youth to return to the gangs they are trying to leave.⁵⁹ Developing local commitment to work with all youth across the spectrum of risk and need both inside and outside of schools is essential to sustainably reduce and prevent violence. It should also be noted that sometimes the best intentions can have unanticipated negative effects on student engagement and learning. For example, removing students for any type of behavior that appears to be aggressive may create a hostile environment in the school between staff and students and push youth out of school, only to make them more susceptible to joining street gangs or simply losing interest in school and never completing their degree, which limits their opportunities as adults to obtain work and develop meaningful careers.⁶⁰ Because of this, it is critical for school officials and those designing education policy to have a clear understanding of student risk and need as well as community and sector dynamics before adopting new programs, policies, and practices to reduce school-based violence.⁶¹

Creating a Broad Coalition of Stakeholders. When implementing a new initiative, it is inevitable that things will not go smoothly at first and people will need time to adjust to new policies, practices, or programs. To understand how well an initiative is being implemented, what outcomes it is producing, and how efforts can be improved, a performance monitoring and quality improvement process has to become business as usual at a school and in the educational system that supports the school. One means of doing this while also increasing engagement and buy-in for the new approach is to create a school-based violence prevention plan that is managed by a broad group of school stakeholders (e.g., parents, students, staff, community partners). It should document the results of the problem assessment, readiness, and resource review as well as the implementation plan for the new policies, practices, and/or programs adopted to attain the school's safety goals. The more a school's safety plan connects with and ties into broader community goals for youth development and public safety, and that these results are demonstrated through evaluation and monitoring, the more likely it is that the school's safety plan will be continued and supported over time.

SUMMARY

School-based violence is preventable. By using data to identify violence drivers; consulting the research on effective strategies; and engaging staff, students, and families to confront the issue; an effective school-based violence prevention plan can be put in place so students can thrive and learn in safe, supportive environments. The following six steps can be used to develop and sustain a plan to prevent or reduce school-based violence (see Exhibit 4). These steps occur cyclically, so the plan can be revised on a regular basis as new priorities emerge, conditions and resources change, and results inform learning over time.



STEP 1. CREATE A PLANNING TEAM. The planning team should be composed of members of the school community (e.g., students, families, staff) and any external stakeholders that provide services to the school or students (e.g., recreation, health care). The team needs to be led by a person with authority who can acquire the resources needed for the group to do its work (e.g., access to data, provide meeting space) and make sure the plan is adopted.

STEP 2. EXPLORE THE DATA. The planning team will need access to data and information on violence at the school, as well as an understanding of what might be driving the violence, who is most affected by it, and how current policies and programs are working. The data may come from official school records on incidents of violence, but it can also come from trauma-informed conversations with groups of students, staff, and family members, led by the planning team, to collect feedback on their experiences with violence in the school and strategies to prevent violence.

STEP 3. PRIORITIZE NEEDS. Many issues will be revealed in the data exploration process but not all will be equally important to act on. The planning team should prioritize the most important needs to address those that are most achievable in the near term. Longer term priorities should also be articulated by creating a timeline that shows which needs will be prioritized for action now and those that will require more time to pursue.

STEP 4. IDENTIFY STRATEGIES THAT MEET NEEDS. Some strategies have been tested by researchers to determine their effectiveness, such as those discussed in this brief; the planning team should review these strategies to determine which ones might fit their prioritized needs. In addition to reviewing what works, the planning team should also assess the resources required to implement strategies, such as staff training, purchasing curricula, or partnering with organizations for necessary services.

STEP 5. ADOPT STRATEGIES AND IMPLEMENT WITH QUALITY. Effective strategies do not implement themselves. Even the most heavily researched program will not succeed if it is implemented poorly. Therefore, it is important to determine beforehand the resources needed to implement a strategy. It is also necessary to ensure that staff, students, and families are ready for the strategies that will be implemented. This means making sure that the strategy has buy-in at the highest levels of the school and time is taken with staff, students, and families to engage them in the change process so they are not caught off guard or feel targeted and have an opportunity to express their concerns and share ideas about the impending changes. Including parents, staff, and students on the planning team to act as champions for a strategy can be helpful as you build buy-in from the larger school community.

STEP 6. MONITOR PERFORMANCE AND MAKE ADJUSTMENTS. There will be bumps in the road as you implement strategies in the violence prevention plan. This is normal when implementing something new and should not be taken to mean that the strategy is not working. It is important to keep track of the outcomes that the strategy is intended to produce. For example, if a strategy is designed to reduce assaults in the stairwells of a school, the planning team will want to review data on school assaults to see whether incidents are decreasing and also communicate with students through confidential surveys or other means to see whether they feel safer in the hallways. Applying the results of this monitoring will strengthen the way the strategy is implemented (e.g., more training).

RECOMMENDED RESOURCES

DATA COLLECTION, CAPACITY BUILDING, AND MONITORING AND EVALUATION

- Collecting Data and Sharing Information to Improve School-Justice Partnerships (*National Council of Juvenile and Family Court Judges*)
 - Guidance on how to collect and use information to promote effective school–justice partnerships.
 - https://www.ncjfcj.org/wp-content/uploads/2017/10/NCJFCJ_SJP_Collecting-Data_Final.pdf
- The Intersector Toolkit: Tools for Cross-Sector Collaboration (*The Intersector Project*)
 - Provides practical knowledge for practitioners in the government, business, and nonprofit sectors to implement their own intersector initiatives.
 - <https://healthysafechildren.org/resource/intersector-toolkit-tools-cross-sector-collaboration>
- Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools (*Centers for Disease Control and Prevention*)
 - Provides tools to measure a range of bullying experiences: bully perpetration, bully victimization, bully–victim experiences, and bystander experiences.
 - <https://healthysafechildren.org/resource/measuring-bullying-victimization-perpetration-and-bystander-experiences-compendium>
- Models for Change Information Sharing Toolkit (*Models for Change*)
 - Guidance for jurisdictions on improving information and data sharing practices to improve outcomes for youth.
 - <https://healthysafechildren.org/resource/models-change-information-sharing-toolkit>
- The Research Methods Knowledge Base (*socialresearchmethods.net*)
 - Web-based textbook introducing evaluation concepts and the research process.
 - <https://healthysafechildren.org/resource/research-methods-knowledge-base>
- What is Being Done to Address This Issue? Resource Mapping Tool (*Education Development Center*)
 - Resource to help potential partners identify gaps in programming, duplication of services, and ineffective programs.
 - <https://healthysafechildren.org/resource/what-being-done-address-issue-resource-mapping-tool>
- Where Does Our Work Intersect? Systems Integration Tool (*Education Development Center*)
 - Resources for building efficient and effective partnerships between organizations and service providers.
 - <https://healthysafechildren.org/resource/where-does-our-work-intersect-systems-integration-tool>

EDUCATIONAL RESOURCES AND TOOLS

- Creating Conditions for Meaningful Family Engagement from Pre-K to High School (*National Center for Healthy Safe Children*)
 - Recommendations for educators and families interested in strengthening their family engagement approaches and practices in schools and classrooms.
 - <https://healthysafechildren.org/sites/default/files/Creating-Fam-Engmnt-508.pdf>

- Mass Violence and Behavioral Health (*Substance Abuse and Mental Health Services Administration*)
 - Discusses the effects of mass violence events and behavioral health interventions commonly used after a mass violence event.
 - <https://www.samhsa.gov/sites/default/files/dtac/srb-mass-violence-behavioral-health.pdf>
- Parent Training Programs: Insight for Practitioners (*U.S. Department of Health and Human Services*)
 - Guidance for practitioners in making evidence-based program decisions to improve parenting skills and prevent child maltreatment.
 - <https://healthysafechildren.org/resource/parent-training-programs-insight-practitioners>
- Reducing Behavioral Problems and Absenteeism (*Boys Town*)
 - Resources and training for educators on reducing disruptive behaviors, discipline referrals, and absenteeism among students with emotional and behavioral problems.
 - <https://healthysafechildren.org/grantee-field-spotlight/reducing-behavioral-problems-and-absenteeism-among-students-emotional-and>
- Stop Bullying (stopbullying.gov)
 - Educational resources and tools on bullying and school violence prevention.
 - <https://healthysafechildren.org/resource/stop-bullying>

INTERVENTIONS

- Break the Cycle
 - Increase knowledge and improve attitudes toward legal issues and help-seeking.
 - <https://www.breakthecycle.org/>
- Coaching Boys Into Men
 - Change attitudes toward dating violence, increase awareness of intimate partner violence and consequences, change gender norms and attitudes, teach the bystander approach.
 - <https://www.coachescorner.org/>
- Families and Students Together (FAST)
 - Develop protective factors for children to reduce the likelihood of adolescent delinquency, violence, and school dropout.
 - <https://www.familiesandschools.org/what-we-do/fast-program/>
- Fourth R: Skills for Youth Relationships
 - Provide youth with instruction on bullying, peer and dating violence, personal relationships, substance use, and risky behaviors.
 - <https://youthrelationships.org/>
- Full-Day School Reform
 - Increasing the amount of time students spend in school leads to fewer opportunities for youth to engage in risky behaviors. Studies in Chile found increasing the school day by 30 percent decreased the number of violent youth victimization crimes and perpetration⁶² and also decreased the rate of adolescent pregnancy.⁶³
 - <https://escholarship.org/content/qt15t9s52x/qt15t9s52x.pdf>

- Olweus Bullying Prevention Program
 - Prevent bullying and reduce existing bullying in elementary, middle, and high schools.
 - http://www.violencepreventionworks.org/public/olweus_bullying_prevention_program.page
- Perry Preschool Program
 - Increase academic opportunities for at-risk youth, and help parents become more actively involved in their children's education to increase parent-child bonding.
 - <https://highscope.org/our-practice/preschool-curriculum/>
- Programa de Mediación Escolar
 - Promote mediation skills and conflict resolution.
 - <https://link.springer.com/article/10.1007/s00038-016-0909-6>
- Responding in Positive and Peaceful Ways
 - Teaches conflict resolution strategies and critical thinking skills
 - <https://www.nationalgangcenter.gov/spt/programs/106>
- Safe Dates
 - Change attitudes toward dating violence, attain conflict management skills, increase awareness of intimate partner violence and consequences, increase the likelihood of seeking help, and change gender norms and attitudes.
 - <https://www.hazelden.org/web/public/safedates.page>
- Second Step: A Violence Prevention Curriculum
 - Support social-emotional learning (SEL), and reduce aggressive and impulsive behavior.
 - <https://www.secondstep.org/>
- Violence Prevention Academy
 - Teach problem-solving processes to respond to specific issues confronting individual schools.
 - <https://cvpcs.asu.edu/content/trinidad-tobago-violence-prevention-academy>

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ISSUE BRIEF

STOPPING YOUTH VIOLENCE IN LATIN AMERICA: A GUIDE FOR THE HEALTH SECTOR

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INTRODUCTION

During the past decade, several countries in Latin America and the Caribbean (LAC; Honduras, Venezuela, Belize, El Salvador, Guatemala, and Jamaica) have made the list of the 10 most violent

countries in the world. Although this region represents only 8.5 percent of the global population, it accounts for an estimated 30 percent of the world's homicides.^{1,2} Such heightened levels of violence are often referred to as an **epidemic**, which in public health and medicine parlance is the rapid spread of an infectious disease to a large number of people in a given population within a short period of time.^{3,4}

"We need to treat gun violence like an epidemic."

– John Hickner, MD, MSc Editor-in-Chief
of *The Journal of Family Practice*

Responding to elevated rates of violence, the past 30 years have witnessed a major paradigm shift in the field of violence prevention, from the assumption that violence was inevitable to the recognition that violence is an infectious disease that is both contagious and preventable. Researchers and practitioners around the globe have recognized that violent acts tend to occur in clusters, to spread from place to place, and to transform in cycles from one type of violence to another.

Prevention efforts around the world, including in many Latin American countries, began increasingly to adopt the **public health approach** and to apply epidemiologic methods, which are based on scientific evidence. These methods include not only the quantitative, qualitative, and spatial understanding of the problem, as well as its causes and risk factors, but also an understanding of what works for violence prevention. The public health epidemiologic approach also includes rigorous experimental and quasi-experimental evaluations to assess the effectiveness of different programs and preventive interventions.

Violence is the leading cause of death among men between the ages of 15 and 59 in the LAC region, with homicides and suicides accounting for 57 percent of overall mortality rates. Moreover, the LAC region has the highest rate of femicide (violence against women and girls) in the world, with more than 3,500 women age 15 and older killed across the region in 2018 because of their gender.⁵ However,

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these high death rates capture only a small snapshot of violence as a whole. In a recent study for the United States Agency for International Development (USAID)/Mexico conducted by Anáhuac University, a leading public health private research institution, researchers found that for each homicide committed, there were an estimated two rapes, two disabling injuries, 17 physical injuries, 30 hospitalizations, and 300 medical care consultations, concentrated among youth.⁶ This tip-of-the-iceberg phenomenon indicates that, although homicides (including femicides) are the most visible and therefore quantifiable violence data points, the number is eclipsed by the significant number of nonfatal injuries—and by the physical, emotional, and social trauma—leading to enormous costs and long-term consequences.

According to the studies based on the *Caribbean Adolescent Health Survey*—published in 2000 and never updated since then—and on the *Global School-based Student Health Survey* published by the World Health Organization (WHO), for each person murdered, an estimated 20 to 40 youth are admitted to the hospital with serious violence-related injuries.⁷ Further, the Pan American Health Organization (PAHO) estimates that for every child and adolescent who dies from violence-related trauma, 15 are left severely injured by violence.⁸ With respect to nonlethal youth violence, primary concerns include child abuse, physical fighting, bullying, and sexual violence. According to the *Global School-based Student Health Survey* conducted between 2003 and 2013, nonlethal youth violence is most prevalent in Bolivia, the Dominican Republic, Honduras, and Jamaica.⁹ Results of the *Caribbean Adolescent Health Survey* conducted in 1997 indicate that by the age range of 16 to 18, one in five young people have been physically abused.¹⁰ Adolescents are the most affected by violence in every form, suffering not only from physical injuries but also from sexual abuse, neglect, emotional and verbal abuse, threats, sexual assault, and other forms of psychological abuse.

This brief acts as a guide to help key stakeholders in the health sector—such as government agencies, healthcare workers, community leaders, and those who work with and support youth and their families—understand the effects of youth violence on the health sector and how the health sector can respond.

IMPACT OF YOUTH VIOLENCE IN THE HEALTH SECTOR

Consequences of victimization, perpetration, and general exposure: Beyond death and injury, violence increases the risk, among both victims and offenders, of smoking, alcohol and drug abuse, physical inactivity, and higher stress levels. Evidence also indicates that youth and children exposed to violence have higher rates of mental illness as well as heart disease, diabetes, and cancer.¹¹ Furthermore, among both victims and offenders, infectious diseases such as the human immunodeficiency virus (HIV) and sexually transmitted disease, are more prevalent among victims and perpetrators of violence.

Exposure to violence in childhood and youth typically engenders a negative feedback cycle that results in higher risk for violent behaviors in the future. The association between youth violence and health risk behaviors may be reciprocal, given that adolescents with health problems more often tend to be victims of violence, while violence in turn leads to more health problems. In the LAC region, as in the world as a whole, violence and mental illness are not synonymous; however, they may be interconnected in many ways. Youth violence can result in negative mental health impacts that affect victims, perpetrators, and healthcare providers. Youth violence is associated with direct mental health problems such as post-traumatic stress disorder (PTSD), depression and anxiety disorders, and addiction disorders. Furthermore, families, friends, and community members of victims and perpetrators may be affected and may require support. And because exposure to interpersonal violence increases a person's lifelong vulnerability to a broad range of emotional, behavioral, and physical health problems, it has a significant overall impact on healthcare expenditures—and indirectly on local and national economies—thereby stunting development, increasing inequality, and eroding human capital.

Weakened public health sector: Violence both directly and indirectly affects the health sector in Latin American countries, in diverse and significant ways, particularly as it depletes scarce healthcare resources and places undue stress on health sector organizations. The LAC region has only a small number of hospitals, clinics, doctors, and equipment; thus, the healthcare sector struggles to provide care to victims of violence while providing other healthcare services. Meager financial and human resources allocated by the state and supplemented by private sources, which are already stretched thin, are exacerbated by widespread corruption and inefficiency in state health services. When health equipment and supplies are depleted, other forms of healthcare are compromised. The costs of treating violence-related injuries are high, and this is particularly true for gunshot wounds that require much more complicated and costly procedures and often involve multiple healthcare specialists.

While treatment for physical violence is limited, mental health and sexual violence support services (e.g., rape kits, sexual health counseling) throughout the region are minimal. This is a premier concern given that being a victim of violence is a major risk factor for perpetrating violence.¹² Several epidemiological studies in the region have shown a consistent prevalence of 18–25 percent of mental disorders in communities, and 12–29 percent of diagnosed or diagnosable conditions are detected in children and adolescents.¹³ However, services for mental health are severely limited. According to the World Bank, less than 2 percent of the overall health budgets in Latin America are dedicated to mental health,¹⁴ which contrasts with Europe, where, for example, investments in England are approximately 13 percent.¹⁵ In terms of human resources, WHO notes that in 2014–2016, high-income countries had rates of psychiatrists 120 times greater and for nurses more than 75 times greater than low-income countries.¹⁶ As the health sector struggles to provide basic care services and is severely underfunded and understaffed to provide mental health services, it is often unable to contribute to violence prevention and reduction strategies, including more sophisticated data collection and analysis, or referrals to other sectors (e.g., coordination with the police and justice sector for criminal cases).

Impacts of violence on healthcare and other government sector professionals:

Violence affects all aspects of the healthcare system, particularly those who provide clinical services and interact with the public and patients, such as first responders and trauma care providers. In some countries, it is not uncommon for healthcare workers to receive threats, or in extreme cases, to become victims of physical violence and even get killed when caught in both the literal and figurative crossfire of competing gang interests. Healthcare workers regularly exposed to victims and perpetrators of violence experience higher rates of mental health issues (e.g., PTSD, depression, anxiety, addiction disorders) that can be debilitating.¹⁷ Health professionals who are well trained in the recognition and management of violence and its consequences can contribute to the appropriate management of dangerous behaviors and minimize risk to

Recommendations of World Health Organization World Report on Violence and Health

1. Create, implement, and monitor National Action Plans for violence prevention;
2. Enhance national, state, and local capacities for collecting data on violence;
3. Define priorities for, and support research on, the causes, consequences, costs, and prevention of violence;
4. Promote primary prevention responses;
5. Strengthen responses for victims of violence;
6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality;
7. Increase collaboration and exchange of information on violence prevention;
8. Promote and monitor adherence to international treaties, laws, and other mechanisms to protect human rights; and
9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

patients, their families, mental health workers, and the community. However, such training is severely constrained by the overall lack of resources.

In addition, the police and criminal justice service providers are affected by violence as they witness violent acts firsthand and are vulnerable to sustaining physical and emotional wounds. They also can be threatened by gang members, other police officers, and members of criminal organizations, which can impact mental health.

HEALTH SECTOR RESPONSE TO YOUTH VIOLENCE

The global health sector has made important analytical contributions to the field of violence prevention, using its leadership and talent, and placing science and evidence at the forefront of research, program design, and program evaluation. From the outset, as is the case with other public health threats, the effort has been multidisciplinary, with strong collaboration with the education, criminal justice, and urban development sectors, among others. While the health sector has the primary role of providing healthcare services, it also plays a vital role as a leader in surveilling, researching, and monitoring violence prevention interventions. WHO's 2002 *World Report on Violence and Health*, although not updated since it was originally published, continues to be an important reference and guide to violence prevention, offering nine key actions to reduce violence:¹⁸

1. Create, implement, and monitor National Action Plans for violence prevention;
2. Enhance national, state, and local capacities for collecting data on violence;
3. Define priorities for, and support research on, the causes, consequences, costs, and prevention of violence;
4. Promote primary prevention responses;
5. Strengthen responses for victims of violence;
6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality;
7. Increase collaboration and exchange of information on violence prevention;
8. Promote and monitor adherence to international treaties, laws, and other mechanisms to protect human rights; and
9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

Similarly, the Centers for Disease Control and Prevention (CDC) in the United States has become a reference point for learning about youth violence, especially the risk and protective factors at different levels of the socio-ecological model, research on prevention initiatives and results, and indicators of youth violence.¹⁹

Yet many of the contributions of the health sector to the field of prevention have been on the analytical front. In the United States and the broader LAC region, it has been difficult to bring health agencies to the table to work on violence prevention in communities—especially prevention of lethal violence or intervention with higher risk populations. Many health sector workers do not fully appreciate the important role they can play in prevention and view the provision of treatment as their only obligation.

For illustrative purposes and simplification, we divide the core functions of the health sector for violence prevention into three areas (see Exhibit 1):^a

- Information, education, and communication (IEC);
- Health and social services (HSS); and
- Multisectoral collaboration: Partnerships for violence prevention (PVP).

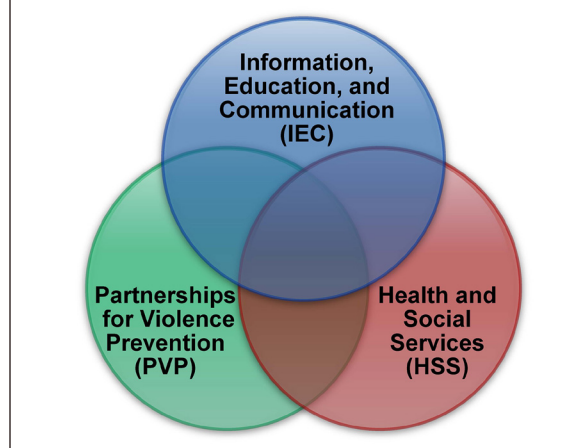
INFORMATION, EDUCATION, AND COMMUNICATION

According to WHO, the operational definition of *information, education, and communication* (IEC) is “a public health approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles.”²⁰ IEC has information at its core; therefore, epidemiologic surveillance is the starting point of the public health approach. The collection of precise data regarding the five Ws (*what, who, where, when, and why*) concerning a violent episode is the first responsibility of the healthcare sector. This is done through diverse data collection methodologies (quantitative and qualitative) and draws from the broad resources and geographic coverage of health workers. Indeed, given its presence at all levels, the health sector is uniquely positioned to collect unbiased data, often with minimal additional costs, largely related to training. These data also form the foundation for measuring the results and impacts of interventions (see the Measuring Results section later in this brief). A key aspect of this analytical approach is the construction of solid data collection methodologies, data information systems, and robust monitoring systems to use evidence as the basis for making informed decisions and designing new interventions. It should be noted here that epidemiologic surveillance data may not include psychological violence that goes unreported (e.g., threats, intimidation, harassment) or situations in which victims do not seek medical attention for gender-specific physical violence such as sexual assault.

Typically, within the government apparatus, violence and injury information and monitoring systems are situated within health sector units that conduct **epidemiological observation and investigation**, drawing almost exclusively on public health data. In some countries in the LAC region, epidemiological data are the only reliable source of information available to measure the incidence and impacts of violence. Epidemiological surveillance also helps to validate, contrast, or complement the statistics of other relevant sectors, particularly criminal data collected by security forces. While health sector data do not provide a complete overview of violence, these types of data are often the least politicized—and, thus, more reliable—and can also serve to validate, contrast, or complement the statistics of other sectors.²¹

One of the longest standing best practices of epidemiologic surveillance for violence prevention has operated in the Caribbean region since the 1990s, when violence was recognized in Jamaica as a major public health problem and the leading cause of injuries and death, especially among young people. With the leadership of the Jamaican Ministry of Health and assistance from the CDC and the University of the West Indies, a violence-related injury surveillance system was established: the **Jamaican Injury**

Exhibit 1. Health Sector Core Functions Triad



^a The IEC, HSS, and PVP triad was conceptualized by Dr. Jonathan Mann, a visionary physician and scientist who highlighted the critical links between human rights and public health and who pioneered early AIDS research in the 1980s.

Surveillance System (JISS). To date, this system collects demographic data, information on the causes of and circumstances surrounding injuries, geographic locations of incidents, victim–perpetrator relationships, and patient discharge statuses from individuals who use emergency department (ED) services. Through JISS, Jamaican health professionals can use data on violence-related injuries to inform planning and prevention efforts.

VIOLENCE OBSERVATORIES. Violence and injury monitoring systems situated within the public health sector contribute to broader multisectoral information systems, collectively called **violence observatories**. Violence observatories are centers of continuous monitoring, integration, and data analysis that typically integrate data from health services, the police, the press, and other local partners. The objective is to generate specialized information and knowledge as major inputs for local decision making and generation of evidence-based policies.²² There are many modalities of violence prevention observatories at the local, regional, and national levels that draw public, private, or mixed funding and over a hundred local observatories around the globe.

Citizen Security and Coexistence Observatory of the Municipality of Ciudad Juárez, Chihuahua, Mexico

Applying the public health approach and operating out of the Autonomous University of Ciudad Juárez (UACJ), the Observatory helped provide the data that fed into the design and implementation of a multisectoral program based on the public health framework called *Todos Somos Juárez* (TSJ). The federal, state, and municipal government worked alongside civil society and the private sector to design a comprehensive program that included increased investment for security, but also for prevention.

Cali, Colombia, was the site of one of the first violence observatories with the establishment in 1993 of the System of Surveillance of Deaths of External Causes (SVMCE, in its Spanish acronym). Through epidemiologic surveillance and application of public health methods (reliable data, risk factor identification, design and delivery of solutions, evaluation), data emerged indicating that night-time alcohol consumption and the presence of guns were common contributing factors to high homicide rates. Learning from these data, the city restricted alcohol sale hours and instituted stronger firearm controls and witnessed a 35 percent reduction in homicides after these policy changes took effect. The initial weekly interagency meetings that were held to verify the surveillance data later evolved into the robust, multisectoral **Cali Security**

Observatory. Of critical importance to its success was the technical support and accompaniment of a neutral, academic body: in this case, the CISALVA Institute of the University del Valle in Cali. The Cali model has served as a reference point for scores of other similar initiatives including Bogotá (Colombia), Ciudad Juárez and Coahuila (Mexico), Diadema (Brazil), and Kingston (Jamaica), among others. In particular, the work from the Ciudad Juárez Observatory in Mexico is cited as contributing to a 94 percent reduction in homicides between 2010 and 2015 (from a rate of 282 per 100,000 people to 18 per 100,000).²⁴

Citizen Engagement in Diadema, Brazil

The city of Diadema in Brazil had a homicide rate of 100 per 100,000 in 2000. Through prevention efforts informed by surveillance and accompanied by IEC, by 2002, the homicide rate in Diadema had declined by 44% and assaults against women had dropped by 56%.²³

Alarmed by the loss of life due to violence, academics worked with public officials to study the causes of violence and found alcohol abuse to be among the main factors. Diadema's authorities began an intensive IEC effort and passed a law to restrict the availability of alcohol after 11 p.m. This “dry law” was strictly enforced by police, and civilians participated as watchdogs who were instrumental in reporting violations.

EDUCATION AND COMMUNICATION. Once information is obtained from epidemiologic surveillance and from violence observatories, education and communication strategies are key elements

of the public health response and an important health sector entry point. In order for scientifically driven violence prevention efforts to occur, the health sector must convert data into accessible information and then widely disseminate it. Such education and communication initiatives are largely concerned with individual behavior change or reinforcement, changes in social or community norms, and public health education. They seek to empower people vis-à-vis their health actions and to garner social and political support for those actions by attempting to change or reinforce a set of behaviors.^{25,26}

Traditionally, key education and communication mechanisms have included posters, flyers, leaflets, brochures, booklets, messages for health education sessions, and radio or TV broadcast spots (among others) as a means of promoting desired behaviors in the community. More modern approaches can focus on social media, for example, by involving key figures or “influencers” whom youth have identified as role models and inviting those individuals to share messages that support positive attitudinal change and behavior modification. Social media can help reach a greater number of people at a relatively low cost. In addition to producing content, the health sector can help distribute information in its facilities. In all cases, health sector service providers need to be trained to use IEC strategies.

Guiding Principles for Information, Education, and Communication Strategies

1. The healthcare sector should strengthen its capacity to collect, analyze, and disseminate information to contribute directly to prevention at the local, state, and national levels by informing policymakers, service providers, and prevention program implementers.
2. Health surveillance systems must collect data from various primary, secondary, and tertiary sources. For example, mortality data can be collected from death certificates and vital statistics registries as well as from coroners’ offices or from the medical examiners responsible for performing autopsies.
3. Violence observatories can enable early identification of emerging problems in specific geographic areas, facilitating the establishment of appropriate interventions. Data from observatories are also useful for identifying priorities in prevention initiatives, identifying individuals at higher risk of experiencing or perpetrating violence, and helping to evaluate interventions and monitor trends.
4. There are many documented EIC models in LAC and from technical assistance providers that can provide resources to support the implementation of surveillance systems and data collection mechanisms.
5. The health sector plays a key role in educating the public about violence prevention and disseminating relevant information.

HEALTH AND SOCIAL SERVICES

The healthcare sector has the mandate and responsibility to guarantee the availability of services to properly identify, refer, protect, and support victims of violence and to provide for short-, medium- and long-term care through first contact services, immediate prehospital care, emergency units, and hospital or outpatient service. Models of care that have been tested in high-income countries outline basic standards of training and certification of personnel and include regulations and manuals that detail the quality delivery of services.²⁷ These models have resulted in the design, implementation, and supervision of basic treatment standards and protocols for victims of violence. Equipment regulations and manuals have been designed to organize and operate victims’ services. Data collection and analysis tools have been tested and implemented, including an emphasis on data sharing and coordination with other sectors.

Trauma care is a critical area of violence-related health services. This is particularly the case with gun violence, since the timeliness of trauma care received and the quality of the surgical equipment and specialists available are key to determining the chances of survival during the first 60 minutes after the incident (known as the “golden hour”). Access to timely and quality surgical procedures is also a key

determinant as to whether victims will endure severe, long-term harm. Low-cost and sustainable improvements can be made in trauma care by training first responders and medical staff involved in caring for victims of violence, as well as better organizing existing resources and equipment.

Examples of Successful Trauma Care Projects

Proyecto Sanando Heridas, El Salvador

The project Sanando Heridas, implemented by Glasswing International in El Salvador, is a proven intervention that works with victims of trauma. Working throughout public sector hospitals, Sanando Heridas provides training for healthcare workers and operates through a community referral process with close to 40 local service organizations. An impact evaluation (see <https://glasswing.org/es/wp-content/uploads/2019/12/ESSanando-Heridas-INFORME-FINAL-I.pdf>) shows a 30 percent reduction in recidivism.

Urban Youth Trauma Center (UYTC) program (Chicago, USA)

Developed by the department of psychiatry of the University of Illinois, the UYTC program promotes and disseminates comprehensive, integrated, and coordinated care for multiproblem, high-risk youth affected by trauma and community violence. This program has shown that healthcare providers can utilize trauma screening and assessment tools, learn about the services available, spread the word about the resources available, and connect youth and families to services. Among its main recommendations is to involve the mental health professionals in supporting parents and caregivers and in promoting activities that support relationship building for families.

In addition to providing health services to patients, the health sector plays a key role in offering prevention services through its broad networks.²⁸ For example, EDs are well positioned to intervene with victims of sexual violence, including the conduct of exams that can produce important evidence for holding a perpetrator accountable in court. EDs can also respond to acts of youth violence: they can identify, contact, and track youth at high risk for continued violence by tailoring an emergency response and suggesting longer term referrals and follow-up treatment. Another of its functions is to initiate multifaceted interventions to provide broad case management services, strengthen adult support to build resiliency to risk exposure, and refer youth to community resources.²⁹

Pediatric primary care is another natural point of entry for addressing youth violence, especially for screening and early interventions to promote protective factors that can limit the need for expansive care in later life.³⁰ Surveys indicate that most pediatricians believe they should play an important role in the prevention of youth violence; however, many pediatricians feel poorly prepared to systematically detect and treat forms of violence other than child abuse.³¹ The American Academy of Pediatrics has been a pioneer in pediatric violence prevention services.³² For example, its “Connected Kids: Safe, Strong, Secure” program has resulted in the generation of 21 brochures to help guide parents, patients, and medical professionals in identifying violence risk factors and promoting prevention.³³ This initiative engages pediatricians in the prevention of youth violence by providing resources to help them promote and reinforce positive parenting skills and engage in the systematic detection and timely referral of potential victims. Pediatricians are also equipped with the knowledge to identify symptoms and behavior related to intimate partner violence in teenagers, as well as to provide information on reproductive health and to refer patients to services such as daycare centers, neighborhood community centers, HIV treatment and prevention, and alcohol and drug abuse rehabilitation services.³⁴

Adolescent mental healthcare is a delicate subject compared to other health services because children and adolescents seldom decide for themselves to seek out health services for emotional problems. Often, they require trained individuals to detect some disorders that can be subjective and internal.³⁵ In the LAC region, trained individuals and experts are not readily available. Furthermore, there

are many barriers to mental healthcare provision for youth, including limited transportation, financial resources, and the associated stigma.^{36,37} Because adolescent psychiatrists are rare outside developed countries, the integration of child and adolescent mental health within primary healthcare provision is an essential part of any approach. With the right support and orientation, pediatricians, speech and language pathologists, and family practitioners have a role to play in adolescent mental healthcare. Community volunteers and promoters can also be supported in providing services to youth.³⁸

With the rise in **organized crime** throughout the LAC region, the health sector must adapt to new challenges in providing care. Because of its complexity and scope, prevention and management of organized crime requires strategies that depend directly on institutions in charge of justice and security. While the primary response is one focused on security, the health sector continues to play an important role in the victims' care and referrals to adequate mental health treatment or rehabilitation services. The healthcare sector must also channel relevant clinical data to security sector actors.

Guiding Principles for the Provision of Health and Social Services

1. Health professionals can serve as powerful advocates for policies that support youth development and reduce violence risk factors as well as provide care for violence related injuries.
2. The provision of specialized training to health service providers to both detect and treat violence-related trauma can contribute to the improved efficacy of these services and help reduce violence-related deaths and long-term disabilities.
3. The establishment or improvement of medical–legal protocols to attend to cases of violence can help reduce revictimization and, at the same time, improve coordination between health services and law enforcement agencies.
4. Pediatricians can help reduce youth violence by educating families and serving as community resources. In addition, with appropriate training, pediatricians can provide adolescent mental healthcare.
5. To carry out actions aimed at reducing violence through social and clinical care, healthcare professionals require continuous training.
6. Victims' assistance should be inclusive, provided on a nondiscriminatory basis, gender and age sensitive, transparent, and accountable, and should be provided through an integrated approach across systems.

MULTISECTORAL COLLABORATION: PARTNERSHIPS FOR VIOLENCE PREVENTION

The public health sector does not work in isolation. On the contrary, it is only by pursuing a multisectoral approach that prevention initiatives can have a broad and long-lasting impact. This section of the brief focuses on the role that the health sector has played, and should continue to play, in conjunction with other actors at all levels (local, municipal, national, and global). For the purposes of this brief, the authors have identified four critical areas in which PVPs form the foundation for the attainment of prevention objectives:

1. **Public policy:** In conjunction with other actors, the health sector plays a role in designing comprehensive public policies as well as in appealing to the legislature for the funding of such policies.
2. **Implementation of prevention initiatives:** Insights from the health sector, such as epidemiological approaches, help inform the design of multisectoral initiatives. These include coordination for referrals to other relevant sectors.
3. **Communication and knowledge management:** In addition to its own public awareness campaigns, the health sector plays a critical role as a neutral actor to help raise public awareness of the efficacy of prevention, and it serves as a repository and provider of relevant data.

4. **Training and capacity building:** By introducing other actors to data collection methods and providing training on all aspects of violence prevention, including the identification and treatment of victims, the public health sector plays an important role in bringing prevention to the attention of other actors, particularly those in citizen security (i.e., law enforcement and justice officials), who frequently focus on control and suppression.

Partnerships are perhaps most easily formed at **the local or community levels**, through which residents know one another and confront the same day-to-day realities. At the community level, local leaders typically help lead prevention efforts, not necessarily state actors. A good example of local-level partnership is Cure Violence, known in some places as CeaseFire. Launched in Chicago, but implemented in LAC as well, Cure Violence uses a methodology that is strongly rooted in the role of the public health sector and disease control strategies adapted to reducing and preventing violence, namely: (a) detecting and interrupting conflicts; (b) identifying and treating the highest risk individuals; and (c) changing social norms.

Community partnerships undergird the success of Cure Violence. Trained violence “interrupters” and outreach workers prevent violence by identifying and mediating potentially lethal conflicts in the community and following up to ensure that the conflict does not reignite. Trained, culturally appropriate outreach specialists work with the highest risk youth, talking with them about the costs of violence and helping them obtain the social services they need, such as job training and drug treatment. Workers engage leaders in the community as well as community residents, local business owners, faith leaders, service providers, and high-risk individuals, conveying the message that the residents, groups, and community do not support the use of violence. Coordination efforts occur at the local level with the police, schools, prisons, courts, parks, social services, and community health representatives.³⁹ The Cure Violence Hospital Response Program partners with local hospital trauma centers to provide a comprehensive response whenever a gunshot, stabbing, or blunt-trauma victim arrives at the hospital.

Cure Violence works in 10 U.S. cities and 15 countries worldwide.⁴⁰ The Cure Violence host countries in LAC include Mexico, El Salvador, Colombia, Honduras, Jamaica, Trinidad and Tobago, Brazil, and Puerto Rico. Independent evaluations showed the following results: in Puerto Rico, a 50 percent reduction in homicides; in Trinidad and Tobago, a 45 percent reduction in violent crime, a 38 percent reduction in gunshot wound admissions, and a reduction in calls to police.

In Honduras, more than 1,000 potentially lethal conflicts have been interrupted since 2013, with site data indicating an 88 percent reduction in shootings and homicides and official data showing an 80 percent reduction in Cure Violence communities. However, rigorous study of Cure Violence is rare, and most of the independent research on this strategy has produced only modest and sometimes mixed results, with implementation quality tied to outcomes.⁴¹

FICOSEC Juárez

Having lived through the insecurity crisis in Ciudad Juárez, and with data provided by the public health sector and others, in 2012 the business community in Ciudad Juárez established the *Fideicomiso para la Competitividad y Seguridad Ciudadana* (FICOSEC, Juárez), funded through an agreed-upon 5 percent payroll tax. Funds support a wide range of programs, including health-related interventions for training youth health promoters as well as for community mental health service provision. For more information, go to www.ficosec.org.

At the **citywide or municipal level**, partnerships provide additional resources and expertise to confront and prevent violence. The global standard in municipal-level interventions is based on the role of data, typically collected and analyzed by violence observatories, as detailed previously in the IEC

section of this brief. The observatories, often led by the mayor, rely heavily on data provided by both the public health sector and law enforcement actors. The *Todos Somos Juárez* (TSJ) initiative, implemented in Ciudad Juárez, Mexico, beginning in 2010, is a relevant example. During the first stage of implementation, the National Council for Accident Prevention of the Ministry of Health coordinated multisectoral work and initiated the data collection and analysis at the core of the program. In subsequent phases, the health sector, in partnership with other actors, implemented more than 60 interventions—such as breathalyzer application and training with the police, and mental health and addiction service provision with local nongovernmental organizations (NGOs) and service providers. While TSJ benefited from significant federal resources, the private business sector played a pivotal leadership role in addition to providing complementary resources. Shortly after TSJ began, homicide rates fell dramatically between 2010 and 2016, although the rates have since risen and there has been no independent study tying the causal effect of TSJ to violence levels.⁴²

National Centers of Excellence in Youth Violence Prevention (YVPC)

Since 2000, CDC has recognized 17 academic institutions as YVPCs and has funded activities including research, community mobilization, mentorships and training, and implementation of violence prevention initiatives. Several of these centers, including one at the University of California–Irvine, have provided support to initiatives throughout LAC.

A wide range of initiatives at the **national level** can bring together key stakeholders for violence prevention. Perhaps the most successful initiatives are those that receive government support, often through the health sector. For example, in the United States, the CDC, under the Department of Health and Human Services, has taken a leadership role in bringing together practitioners, state actors, service providers, and academics to design integrated strategies

to prevent youth violence. In 1979, when the U.S. Surgeon General identified violence as one of 15 priority areas for the nation, the U.S. health sector began to create a structure to support external research programs, engaging academics and other stakeholders in violence prevention, and to provide leadership among multisectoral actors. Today, the National Center for Injury Prevention and Control, established by the CDC, focuses on four key areas: (a) childhood and adolescence, to achieve long-term impact; (b) populations and communities at the highest risk for experiencing or perpetrating violence; (c) shared risk and protective factors that are most important for reducing multiple forms of violence; and (d) identification, implementation, and scaling up of approaches that have cross-cutting impact.

Other relevant examples include the National Crime Prevention Council under the Department of Justice, and the Forum on Global Violence Prevention within the National Academies of Sciences, Engineering, and Medicine. Both entities benefit from the support of diverse public, private, and NGOs such as the Packard Foundation, Uber, and Merck. Other foundations also specifically target violence reduction as a priority area, for example, the Robert Wood Johnson Foundation and the Rockefeller Foundation—the latter through its 100 Resilient Cities program.⁴³

As noted previously, at the **global level**, WHO and PAHO have taken leadership roles in violence prevention. In 2002, WHO published the groundbreaking *World Report on Violence and Health* and launched the Global Campaign for Violence Prevention, with eight progress reports published since its inception. In 2004, the Violence Prevention Alliance was formed by a network of WHO Member States, international agencies, and civil society organizations (CSOs) working to prevent violence.⁴⁴ Similarly, WHO and its Member States have facilitated several other initiatives; for example, INSPIRE focuses on violence against children, and RESPECT works to prevent violence against women.

Guiding Principles for Partnerships for Implementation of Violence Prevention Programs

1. Partnerships are the foundation for successful violence prevention initiatives at all levels and must be established to inform the design of interventions and then strengthened to implement and evaluate initiatives.
2. The health sector historically has been the convener of partnerships in the violence prevention sphere and should design outreach strategies to work with other sectors.
3. Implementation of effective public policies, particularly in the LAC region, requires the health sector to advocate and work in conjunction with other powerful actors (such as the justice sector) while using its neutrality and proximity to communities to garner the support of the population.
4. Trust between sectors is a prerequisite for creating a shared vision to reduce violence and collaborate on the planning, implementation, and evaluation of prevention strategies.
5. With respect to violence prevention, the role of the private sector, typically an important factor in healthcare provision, should not be overlooked nor understated given its resources and influence.
6. Academic institutions, in addition to conducting research, can serve as repositories of information over time and help integrate violence prevention into key curricula.

HOW DO YOU KNOW WHAT IS WORKING? MEASURING RESULTS

According to the United Nations Office on Drugs and Crime, youth violence indicators provide a common way of measuring and presenting information that reveals whether standards are being met and the expected results are being attained.⁴⁵ There is no single way to measure youth violence; however, the following are the most commonly accepted, WHO-championed indicators for measuring the performance of national and subnational programs for addressing youth and gender-based violence:⁴⁶

- **Youth homicide rate:** Homicide rate during a 12-month period per population of 100,000
- **Emergency department (ED) visit rate due to youth assaults:** ED visits due to assaults during a 12-month period per population of 100,000
- **Hospital discharge rate related to youth assaults:** Hospital discharges related to physical assaults against youth during a 12-month period per population of 100,000
- **Prevalence of physical and/or sexual youth intimate partner violence:** Proportion of ever-partnered women between the ages of 15 and 29 who experienced physical and/or sexual violence by a current or former husband/male intimate partner in the last 12 months⁴⁷
- **Prevalence of youth sexual violence by a nonpartner:** Proportion of women (between ages 15 and 29) who have ever experienced sexual violence by a nonpartner ages 15 and older.

Guidance for Trauma Center Injury and Violence Prevention Programs

The “Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs” guidance, developed with funding from the CDC and the National Association of County and City Health Officials, provides implementation standards and indicators that help users determine efficacy and better target resources. The guidance also provides concrete, consensus-based descriptions of what constitutes a model program. In this guidance document, the indicators are organized according to five core components that are essential for program success: leadership, resources, data, effective interventions, and partnerships. Each core component is accompanied by a brief rationale for its inclusion, a statement of the model standard, and indicators that suggest the model standard is being met.⁴⁸

The information necessary to calculate these indicators routinely comes from health sector records. Data on morbidity and mortality are collected from emergency services and from prehospital care or epidemiology departments, while police and other administrative records can supplement crime-related violence data. These data, however, often tell a more nuanced story because they are so tightly linked to the willingness to report a violent crime. As more victims report violence, it might appear that gender-based violence is increasing, when in actuality only the willingness to report the violence—or seek medical care from the violence—has increased. The combination of records for violence surveillance (e.g., health, law enforcement) has been recognized as a way to improve the quality of information and as a mechanism that contributes to improving the link between the sectors involved in violence prevention, thereby reducing the costs of service, data collection, and analysis.⁴⁹

Data provided by emergency services and prehospital care services—such as patients’ demographic characteristics, the diagnoses, and the procedures performed—are key to measuring the progress of local interventions and developing a baseline for and measuring progress of programs aimed at preventing youth violence. These types of standardized data, such as data that are coded according to the International Classification of Diseases tool,⁵⁰ also enable comparisons between locations and even among different levels (i.e., local, regional, and national). It is important to consider that surveillance information does not represent the entire universe of cases. There are multiple reasons for this (including incomplete records, doubts related to intentionality, false description of injuries, corruption, and so forth), all of which can be considered unrecorded crime data. Employing multiple statistical methods enables a more valid estimation of this unrecorded information.⁵¹

Of particular relevance is WHO’s recently published INSPIRE⁵² strategy, jointly developed by WHO, CDC, USAID, the United Nations International Children’s Emergency Fund (UNICEF), and other key actors. INSPIRE developed a series of indicators for monitoring the progress of strategies aimed at preventing child and youth violence.

INSPIRE Indicators

- Violent discipline by caregivers
- Physical punishment by teachers
- Lifetime sexual violence in childhood
- Sexual violence in childhood by any perpetrator
- Physical and/or sexual violence by an intimate partner against ever-partnered adolescent girls
- Physical and/or sexual violence against adolescents by a romantic partner
- Peer violence or bullying victimization
- Physical attack against adolescents
- Youth exposure to households affected by physical partner violence against women
- Disclosure of lifetime childhood sexual violence/physical violence in childhood
- Help-seeking for lifetime childhood sexual violence/physical violence in childhood
- Receipt of services for lifetime childhood sexual violence/physical violence in childhood
- Awareness of support services for violence among adolescents
- Support for youth in contact with the justice system
- Youth in detention

The INSPIRE indicators help inform data collection by national health systems to aid in monitoring the progress of their programs and to provide more youth-specific information than the core indicators, mentioned earlier. It is important to note that these indicators often require much more detailed and robust data collection and analysis mechanisms, including victimization studies. Many of the INSPIRE indicators (see text box) do not necessarily result in health sector treatment or law enforcement responses. As part of the strategy, INSPIRE offers guides to help partners prepare a survey that measures related indicators.⁵³

Measurement of results based on solid and reliable data poses many challenges, particularly in developing countries. The technical expertise and resources available at epidemiological units varies substantially, as do the resources made available to train data collectors and collect data. Medical professionals, who view their role as that of providing treatment and services, may see data collection as outside their purview or too time-consuming. Another issue is the delays in the publication of official health data. In many countries, although preliminary data related to the reasons for health consultations and causes of death are published monthly, this information is not considered official and final until up to 2 years later. This lag is the result of time-consuming raw data adjustment typically undertaken by national agencies.

Despite the challenges, countries in the LAC region have made significant advances in measuring the results and impact of interventions. Mexico is an example of a country that developed mechanisms for generating evidence-based policy through tracking indicators of the prevalence, incidence, and characteristics of violence, as well as risk factors to inform decision makers at the national, state, and local levels^b. Since the mid-1990s, the Mexican Ministry of Health has made a systemic effort to generate reliable data. In 2013, its Congress passed a law to create the National Health Survey (NHS) Strategy, which mandates the Ministry of Health, through the General Directorate of Epidemiology, to design, coordinate, supervise, and undertake National Health Surveys. The NHS system generates precise information regarding public health indicators of the population, which in turn enables the development of INSPIRE-like youth violence indicators by including questions about violence, substance abuse, mental health issues, and other risk factors.

One of the NHS surveys, ENSANUT (National Health and Nutrition Survey),⁵⁴ which has been conducted biannually since 2000, includes an analysis of youth violence risk factors.⁵⁵ For example, the ENSANUT 2018 adolescent questionnaire asks respondents about the health of adolescents between 10 and 19 years of age. The questionnaire includes topics such as use of tobacco, alcohol, and drugs; disciplinary methods at home; problems with the law; domestic violence; bullying; mental health; and other topics related to risk of violence in its different manifestations and to its prevention.⁵⁶ The information collected by the NHS in Mexico is similar to that which the United States, Canada, and other countries gather through disease surveillance efforts. These are considered best practices that constantly evolve given the dynamic patterns of diseases.

SUSTAINING VIOLENCE PREVENTION EFFORTS

In this section, we outline a series of observations regarding the critical actions required to ensure the ongoing impact of the health sector in violence prevention as well as the sustainability of violence prevention initiatives.

^b For example, see: CONEVAL <https://www.coneval.org.mx/Paginas/principal.aspx>

1. **The health sector must enhance its advocacy strategies and collaborate with multisectoral partners to ensure a sustainable violence prevention approach.** The health sector can certainly not “go it alone”; nor can it distance itself from prevention efforts, particularly in LAC, where the sector has taken a back seat to law enforcement and justice agencies. The homicide crisis in LAC, particularly in the Northern Triangle countries of Central America, has led to the widespread security and justice responses, thus minimizing the role of the health sector. High homicide rates, typically linked to drug trafficking and organized crime, have become the focal point of politicians and citizens alike. The response to skyrocketing homicide rates has been a focus on public and citizen security involving the police and, in some cases, military intervention. This *mano dura* (“firm hand” or “iron fist”) focus on crime management and reduction has led to a drain in resources for crime prevention. Furthermore, by focusing on death rates, violence resulting in injuries is systematically minimized. With few exceptions, the public health institutions have not been able to advocate for a clear and primary role in addressing the challenges of violence, nor have they received funding to do so. The *Ministerial Declaration on Prevention of Violence and Injuries in the Americas*,⁵⁷ signed in Mérida, Yucatán, in 2008 by 34 ministers of health (and not repeated since then), represented a major step in regional coordination; however, there was little follow-up to this political commitment. To build upon fledgling efforts and cement the health sector’s role in violence prevention to ensure sustainability of efforts, greater political and technical leadership is required.
2. **Knowledge management and dissemination must be valued as important contributors to violence prevention and reduction.** Knowledge resources exist (many in Spanish), although transference to LAC, particularly to local practitioners, has been sporadic. Resources developed explicitly for health sector professionals are available, including research, toolkits, guidelines, protocols, forms, datasets, and surveillance tools. Many of these resources have been translated into Spanish through the support of organizations like WHO, CDC, PAHO, and USAID. Nonetheless, many of these materials are not readily available for field practitioners, who—overburdened with providing care—typically have neither the time nor the incentive to seek guidance on ways to address violence issues, let alone participate in coordinated efforts to provide prevention and referral services. Capacity-building programs for public health practitioners that focus on understanding, treating, and preventing violence are scarce and insufficient. Many promising initiatives have been neither documented nor evaluated; thus, knowledge is quickly lost. The sustainability of health sector roles and responses will be ensured only by building an evidence architecture that is greatly supported by knowledge management and dissemination.^c
3. **Public health institutions require additional support and funding to address violence.** Within the LAC context of the focus on homicides, security initiatives receive significant funding and support, sometimes at the expense of healthcare services and prevention initiatives. According to the Inter-American Development Bank, Latin America invests 5.4 percent of its total budget in the security sector, which is significantly more than the 3.3 percent invested by OECD countries.⁵⁸ Of that amount, the bulk of the spending is on the police (63.4 percent), followed by criminal justice (22.3 percent), and then prisons (8.7 percent). A total of 5.6 percent is allocated as “other expenditures,” which may consider certain prevention investments. Most funding earmarked to address violence, whether from governments in the region or from the international community, do not support public health responses. For example, of the \$3 billion earmarked by the U.S. government for the Mérida Initiative, a security and rule-of-law partnership between Mexico and the United States to address crime and drug trafficking, less than 4 percent was allocated to prevention programs through USAID, with no known funding flowing to the public health sector. While the

^c See, for example: <https://www.nature.com/articles/s41599-019-0253-6>

impacts of prevention initiatives can be scientifically evaluated, it is often difficult to directly link prevention initiatives with a decrease in violence or crime unless prevention efforts are tracked to the individual level of behavior, which can be expensive for researchers and prompt privacy concerns from policymakers and local citizens.^d Furthermore, results from prevention initiatives are not always clearly visible to the communities, whereas security approaches (more police, military patrols) are more observable. As such, prevention funding—even if it does exist—can be reallocated quickly. For example, in 2012 the Mexican government took the bold, unprecedented step of establishing a National Program for the Prevention of Social Violence and Delinquency and its related National Program for Crime Prevention. Funding for this program reached over \$43 million; however, it was cut to zero in 2017 when all funding shifted to the security apparatus.^e Because the health sector serves such an important role in terms of both prevention and treatment, in addition to providing important analytical contributions, prevention efforts must receive funding and support to ensure impact and visibility over time.

4. **Attention must be given to municipal- and community-level actors and organizations given that little knowledge and few resources are available at decentralized levels throughout LAC.** Acknowledging that national resources and knowledge on prevention is inadequate, this limitation is even more pronounced at decentralized levels. Municipal authorities are charged with addressing a wide range of issues and are elected for a limited period, sometimes serving 4 years without consecutive re-election. Thus, the turnover rate at the municipal level is high, with most technical staff likely changing after a new election. This leads to the abandonment of many forms of programming, including prevention initiatives. Health sector workers, who tend to be less political and therefore less likely to rotate, nonetheless typically exert limited influence at the local level. Local monitoring and evaluation capacity may be particularly limited; thus, local prevention interventions, where they do exist, are often ad hoc with little scientific grounding. Until local-level work is carried out successfully, the risk of the sector being perceived as “talking but not doing” remains real and threatens legitimacy.
5. **Civil Society Organizations (CSOs) that work on health issues in LAC must embrace their responsibility for promoting the violence prevention agenda.** Most countries in LAC have strong CSOs, many of which focus on health and welfare issues. Typically, these CSOs prioritize communicable diseases (e.g., HIV/AIDS, dengue), family health (e.g., maternal and child healthcare, reproductive health), and lifestyle-related health issues (e.g., addictions). While a strong cadre of CSOs focuses on violence against women, many concentrate resources on providing victim services rather than holistic prevention efforts.
6. **Leadership is a key element of success of interventions, and without it, sustainability will be compromised.** Many of the promising practices outlined earlier in this brief relied on the leadership of key individuals who understood the importance of the role of the public health sector in violence prevention. Whether mayors, ministers of health, or global experts, these violence prevention

^d The Safe and Successful Youth Initiative in Massachusetts is a public-health inspired gun and gang violence intervention that provides a rare exception through its evaluation that ties changes in community and individual level crime and violence to program participation: <https://www.air.org/resource/massachusetts-s-safe-and-successful-youth-initiative-ssyi-continues-reduce-violent-crime>

^e An evaluation of this program, however, demonstrated that most activities had been ineffectual or used for political purposes. See Koloſſon, L., Novelo, L., & Ley, S. (2014). *Prevención del delito en México: ¿Dónde quedo la evidencia?* México Evalúa, Centro de Análisis de Políticas Públicas. Retrieved from <https://www.mexicoevalua.org/prevencion-del-delito-en-mexico-donde-quedo-la-evidencia/>

champions played an indispensable role in designing and implementing the prevention agenda. These champions must also build on past successes rather than continue to reinvent the wheel.

RECOMMENDATIONS

1. **Undertake capacity building and training programs on violence prevention for health sector workers.** It is critical to utilize existing resources and to adapt them to local contexts, in order for all health sector workers, in both the public and private sectors, to better exercise their roles in addressing and preventing violence. Explicit emphasis should be placed on strengthening local knowledge at the field level, rather than centering programs in the capital cities.
2. **Regain a leadership role in public policy debate and advocate for additional health sector resources to respond to violence crises.** In collaboration with regional and global leaders and technical experts, the public health sector in LAC needs support and accompaniment to take a leading role in violence prevention, shedding light on the issues of violence-related injuries and the related burden on the public health sector. It is crucial that the health sector undertake advocacy strategies to work with the legislative branches responsible for allocating the national budget, donors, and CSOs to raise awareness, allocate resources, and create a cadre of committed stakeholders.
3. **Identify entry points in health services to incorporate into violence prevention activities.** To expand the role of health sector workers in violence prevention, it is not always the case that new programming is required but, rather, that existing services can be expanded to include violence prevention elements. For example, reproductive health services can include prevention efforts around sexual violence, or pediatricians can play a key role in the prevention of child abuse. Furthermore, incentives must be designed to encourage medical personnel to broaden their responsibilities from providing clinical care services to facilitating prevention initiatives. For example, it is much easier for a doctor to treat a stab wound than it is to make a report or liaise with relevant institutions to address the social violence that triggered the stabbing.
4. **Advocate for a shift from focusing exclusively on homicide data to emphasizing violence-related injuries.** Understandably, homicides receive the most attention, as they are the easiest crimes to identify and report, by communities, officials, and the media alike. The gruesome nature of gang-related and organized crime murders in LAC leads to even further visibility and attention. However, as explained in this brief, homicides are but the tip of the iceberg, and the ongoing services and costs for violence-related injuries threaten broader development objectives.
5. **Enhance and make better use of existing epidemiological data.** Although far from perfect, data on violence do exist, and the public health sector is the repository of data on violence-related injuries. Public health officials must improve data collection methods and techniques and better use existing data to inform public policy in conjunction with other sectors. This requires the strengthening of epidemiological units to collect, analyze, and use violence-related death and injury data.
6. **Strengthen mental health service provision.** Given the multitude of priorities in the LAC, mental health services are essentially nonexistent throughout the region, notwithstanding their critical role in prevention. In most countries, only a handful of specialized psychiatric or psychological mental health service providers work in the public sector. Additional specialists must be brought on board to play a role in incorporating mental health into primary healthcare and family health clinical services. In addition, community mental health workers should be identified and trained to provide nonclinical services at the local level. For example, cognitive behavioral therapy,

proven to help reduce violence, is but one area in which community mental health workers can deliver services, under the guidance of trained experts.

7. **Make the body of knowledge on violence prevention readily available to LAC countries.** Donors could help support dissemination of information by translating and adapting relevant violence prevention materials and by collaborating in the dissemination of these materials to target audiences. USAID and other donors could do this using virtual platforms and methods in many cases. To ensure the proper use of materials, donors should consider supporting capacity-building efforts for public health actors. For example, this could be accomplished by establishing a virtual clearinghouse of materials and programs geared toward health sector actors.
8. **Support innovative public information campaigns.** Donors could assist the public health sector in the design and delivery of public information campaigns to raise awareness about violence issues and educate the public on its role in violence prevention.
9. **Seek partnerships with other health agencies and organizations with established expertise in violence prevention.** As noted, WHO, PAHO, and CDC are considered global leaders in violence prevention, and each organization approaches the issue from a public health point of view. Further collaboration should be considered.
10. **Provide support for nongovernmental violence prevention programs implemented in the health sector.** In many LAC countries, funding for NGOs is limited. By opening new grant pools, donors could provide much needed resources and recognition to community-based health professionals and institutions to address violence. Donors could also leverage additional support from private sector sources to supplement their own investments.

RESOURCES

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- Futures Without Violence. Prevent, assess, and respond: A domestic violence toolkit for health centers & domestic violence programs. <http://www.nnoha.org/nnoha-content/uploads/2018/12/IPV-Health-Partners-Toolkit-4.24.pdf>
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ISSUE BRIEF

REDUCING YOUTH VIOLENCE IN LATIN AMERICA: A GUIDE FOR THE WORKFORCE SECTOR

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Youth violence, or violence affecting individuals between 10 and 29 years old, is both a social problem and a public health issue that can be prevented. Youth violence affects every sector, including the workforce sector.¹ USAID and other donors have invested heavily in the prevention of violence in the Latin America and Caribbean (LAC) region, and results from these investments demonstrate that evidence-based interventions can be effective in reducing youth violence, even in the most violent areas.²

This brief is a guide to help key stakeholders in the workforce sector—such as government agencies, community and business leaders, and those who work with and support youth and their families—understand the types of violence that affect the youth workforce, propose multisector approaches to reduce the effects of violence on youth workforce development, and contribute to reductions in violence itself using informed workforce development programs.

Youth violence contributes to poor economic and workforce outcomes for both youth and their families (e.g., lack of job readiness, lack of access to jobs, lack of access to formal employment, hostile and dangerous work environments), which escalate risk factors and make youth vulnerable to disconnection from school and work. Violence, crime, and extortion make it harder for employers and employees to create and sustain meaningful economic opportunities for youth. Both physical and economic vulnerability for youth are particularly high during times of negative economic shocks, such as those experienced during the coronavirus pandemic. The causes and consequences of youth violence in the workforce sector vary based on regional socioeconomic characteristics and require multisector and multi-scalar solutions. USAID supports systemic approaches designed to serve disadvantaged, marginalized, over-age, and out-of-school youth to build foundational skills needed for meaningful employment.³

YOUTH VIOLENCE IN THE LAC REGION

For youth in the LAC region, safety and security issues are paramount. Adolescents in this region are five times more likely to be victims of homicide than youth living in any other part of the world.⁴ More than six million youth migrate from LAC countries each year, many fleeing the persistent violence that

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plagues their communities.⁵ In the past decade, several countries in the LAC region became the most violent in the world. The LAC region represents just 8.5 percent of the global population but accounts for an estimated 30 percent of the world's homicides.⁶ In several countries, citizens rank crime and violence as their top concerns, surpassing unemployment and the economy.⁷ Homicide rates—particularly in El Salvador, Guatemala, Honduras, Jamaica, and Venezuela—have reached epidemic proportions. In 2019, homicide rates per 100,000 persons reached 105 in El Salvador, 57.5 in Honduras, 42 in Jamaica, and 29 in Guatemala.⁸ Spending on security, justice, and law enforcement can make up over 10% of a country's GDP, which diverts public and private resources away from activities that would support the social and economic development that contributes to lower rates of homicide. High rates of homicide correlate with stifled progress toward key Millennium Development Goals, such as reducing extreme poverty, hunger, youth unemployment, infant mortality rates, and adolescent birth rates.⁹

Homicidal violence is mostly concentrated in certain countries within the region, and the vast majority of these crimes are perpetrated against males (80 percent), half of which are young men.¹⁰ Males are not the only victims of homicide in the region; the LAC region experiences almost 4,000 femicides annually. Gang-related homicide disproportionately affects individuals in the LAC region, with 26 percent of all homicides in the region falling under this category compared with only 8 percent classified as intimate partner violence, which more often affects women. Moreover, 12 percent, or approximately 19 million, women and girls ages 15–49 reported experiencing physical or sexual violence perpetrated by a current or former intimate partner at some point in their lives, and between 8 percent and 27 percent of women and girls reported experiencing sexual violence by a nonpartner.¹¹ Surveys of youth in LAC countries have found that up to 40 percent of adolescents report being sexually abused at some point in their lives.¹² Women and girls also experience a disproportionate array of street and workplace harassment, the former of which has only recently become criminalized in two LAC countries (Chile and Peru).¹³

Persistent violence affects the developmental health of young children who live in areas with high rates of violence; affects the mental and physical health of community members; displaces families who flee the violence; deters businesses from investing in areas where employment opportunities are desperately needed; and affects the performance of key institutions needed to support the educational, employment, social, financial, physical, and security needs of the broader community.¹⁴

VIOLENCE IN THE WORKFORCE SECTOR

FORMAL EMPLOYMENT SETTINGS

In 2018, only 42 percent of youth between 14 and 25 years old in the LAC region were employed.^a Reliable statistics are lacking on the incidence of work-related violence and harassment affecting youth in these countries. The global literature suggests that young workers, particularly young women and youth with disabilities, are vulnerable to a wide range of workplace violence, from physical violence to psychological violence (including bullying), unwanted sexual attention (i.e., harassment), gender-based violence, and psychosocial hazards (sometimes known as structural violence or institutional bullying).¹⁵ Specifically, young women are more likely to experience harassment and gender-based violence in the workplace, whereas males are more likely to experience physical and psychological violence, and youth with disabilities, migrants, and those with lower levels of education are more likely to experience psychological as well as structural violence. The degree of vulnerability to violence also varies with risk

^a Computed using 2018 data from employed workers who contribute to the old-age social security scheme and employed workers ages 15–24 from the [Inter-American Development Bank SIMS website](#).

factors, such as physical, psychosocial, and emotional development; job skills and work experience; and socioeconomic status. Bullying and violence in the workplace are salient risk factors for poor mental health, depression, and anxiety, and they are associated with decreased work motivation and higher absenteeism and rates of resignation.^{16,17}

Employed youth are also likely to be exposed to workplace violence in a variety of contexts that extend beyond traditional perceptions of workplaces: the International Labour Organization (ILO) notes the urgent need to expand the definition of workplace violence to include commuting to and from work, work-related social events, and public spaces and homes.¹⁸ Notably, the sources of violence youth encounter can also be myriad and multidirectional, including not just employers but also clients, public authorities, coworkers, and competitors.¹⁹

Unfortunately, there are few data sources and limited research to help us understand the incidence and characteristics of workplace violence specifically affecting LAC youth. One study on working conditions from a global perspective examines Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama. Drawing on surveys of wage employees, the study finds that a higher proportion of young workers are more likely to experience adverse social behavior (1 in 4), compared to mid-career workers (1 in 6) and older workers (1 in 6).²⁰

Absent more systematic and regular data, patterns of youth employment can provide insights on their vulnerability. Two patterns of youth employment stand out: **the predominance of informal employment among youth** and **the sectors in which youth are employed**.

PREDOMINANCE OF INFORMAL EMPLOYMENT AMONG YOUTH

Employed youth in the LAC region are predominantly in informal employment (between 60 and 70 percent). The ILO defines informal employment as work in microenterprises (i.e., with 5 employees or less), non-professional self-employment, domestic employment, and unwaged family workers. Of those working in the informal economy in the LAC region, roughly 54 percent are women while 47 percent are men and such disparities are even starker for women from marginalized populations such as ethnic minorities, refugees, migrants, and indigenous women.²¹ Further, the ILO's 2018 Labour Overview for LAC reported that informal employment among LAC youth aged 15 to 24 was 62.6 percent.²² If we use an alternate commonly used measure of informal employment, the percentage of employed youth *not* contributing to the old-age social security scheme, the figure rises to 71 percent in 2018.^b Additionally, if the overall gender breakdown for informal employment is the same, the majority of youth in the informal sector are young women. Addressing the issues faced by youth in the informal employment sector will mean policies and practices must be applied with a gender lens.

There is limited research and statistics on violence experienced by youth in the informal sector in Latin America. However, examining the global literature on the intersection of informal employment and violence reveals relevant insights for the LAC region on the prevalence of risk factors that are likely to be especially acute for youth:

- Women and girls are at particular risk for violence in the workplace, including verbal, physical, sexual, and psychological abuse.²³ A substantial evidence base points to the particular vulnerability of women and girls in the workplace given their overrepresentation in informal employment and

^b Computed using 2018 data from on employed workers who contribute to the old-age social security scheme and employed workers ages 15–24 from the [Inter-American Development Bank SIMS website](#).

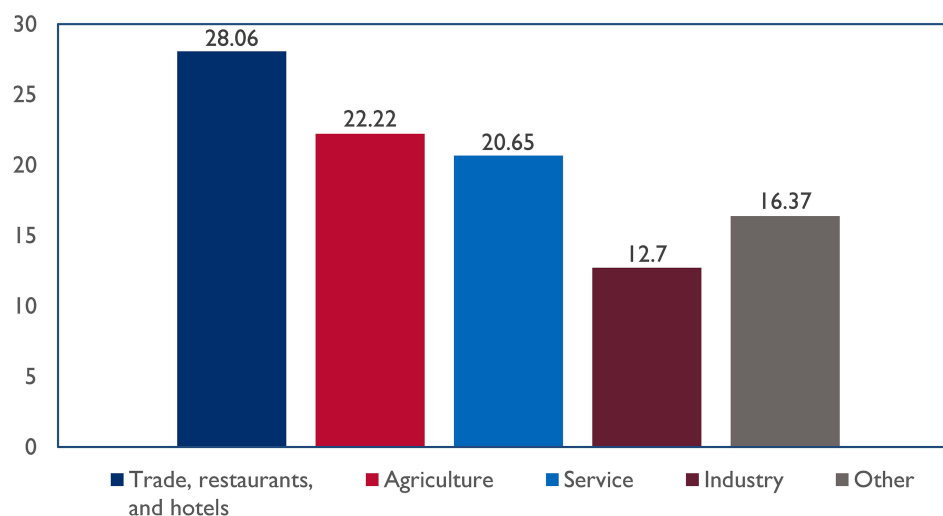
their likelihood of being on the bottom rung of jobs available within informal employment (those that are more perilous and lower paid).^{24,25} Research suggests domestic workers who are young girls and migrants are acutely vulnerable due to limited legal protections, isolated nature of the workplace, employer control over living conditions, and a lack of access to reporting mechanisms.²⁶

- *Formal legislation on worker protections excludes those in informal employment.* ILO's 2018 review of the policies of 80 countries on violence in the workplace notes that most countries only apply worker protections against violence, sexual harassment, and nondiscrimination to those in the formal employment sector. Moreover, 20 of the 80 countries studied explicitly exclude domestic workers, while 8 exclude contributing family workers, leaving many young women especially vulnerable to violence in the workplace.²⁷
- *Informal employment often occurs in nontraditional workplaces that may be harder to regulate and that create unique risks of violence.* Private homes—work places for countless domestic workers, home care workers, and home-based workers (i.e. employees performing work from their own home), the majority of whom are women—put workers at particular risk because the isolation provides greater opportunities for unchecked verbal and physical abuse, intimidation, bullying, and sexual assault. Public places—workplaces for workers such as street vendors—pose risks for the opposite reason, creating exposure to myriad sources of community-based violence, such as robbery or harassment.²⁸
- *Informal workers face diverse sources of violence and harassment.* Since informal workplaces are unregulated, violence and harassment can spring from a wider range of perpetrators, such as corrupt municipal officials; criminals, gangs, or powerful vested interests; fellow workers, employers and their associates, the public, fellow household members, and competitors. In particular, research shows that clients or customers can be a particularly frequent source of violence affecting workers in informal service industries.²⁹

SECTORAL COMPOSITION OF YOUTH EMPLOYMENT

Another way of understanding LAC youth's vulnerability to workplace violence is to look at the sectors in which they tend to be employed. In 2018, LAC youth worked primarily in the commercial (trade, restaurants, and hotels), agricultural, services, and industrial sectors (Exhibit I).

Exhibit I. Sectors Employing LAC Youth (Ages 14–25) in 2018



Source: SIMS data, 2018

- *Trade, restaurants, and hotels sector and service sectors:* Jobs in these sectors have several features that increase the odds of workers experiencing violence. Many of these jobs are client-facing and involve frequent interaction with customers, increasing the risks of exposure to psychosocial hazards, bullying, and verbal and physical violence.³⁰ Jobs in these sectors also entail exchanges of money, meeting client standards for service, alcohol consumption, and imbalanced gender ratios with women disproportionately more dominant in these roles and more reliant on tips and customer approval in these sectors, resulting in greater opportunities for violence. Men, on the other hand, tend to inhabit managerial and ownership roles within these sectors affording them greater safety from violence and the day-to-day confrontations with customers. Many of the risks described in the section on informal employment pertain to jobs in these sectors as well. For instance, there is an extensive literature on the risks faced by domestic workers, home-based workers, and health workers, the majority of whom are young women, much like in the informal sector.³¹
- *Agricultural sector:* Studies examining risks of working in the agricultural sector have highlighted not just the high health and safety hazards due to poor working conditions, but also the risks for sexual assault and the vulnerabilities that surface for migrant workers, particularly women.³²
- *Industrial sector:* Finally, according to a recent ILO report on global employment trends, as a result of the coronavirus pandemic, youth are likely to be disproportionately negatively influenced by the economic aspects of the crisis because of the type of work they tend to have (e.g., temporary, part-time, or unprotected jobs in informal conditions).^c ILO's Vinícius Pinheiro, Director for Latin America and the Caribbean, notes that, "When there is a crisis, young people are among the first to lose their jobs, mainly those in the informal economy, and in sectors such as tourism, transport, non-electronic commerce and other services in which telework is not an option."^d

EFFECTS OF BROADER ARENAS OF VIOLENCE ON EMPLOYED YOUTH

In many countries in the LAC region, violence is frequently experienced by individuals on their way to and from work, as many are victimized by street gangs operating in, and often controlling, the neighborhood. These instances of violence particularly impact workers who must move about the community, such as home health care workers and other types of service-based occupations that are disproportionately held by women. In cases where gangs establish "invisible borders," youth may be attacked on their way to work when they cross one of these borders.³³

UNEMPLOYED LAC YOUTH

Violence may affect not just youth's experiences in the workplace but also their likelihood of entering the workforce in the first place. Youth unemployment in LAC is high; in the third quarter of 2019, one in five (19.8 percent) youth aged 14–25 were unable to find work, the highest level recorded since this measure began being tracked in 1990s.³⁴ This unemployment rate is three times that for the rest of the working age, able-bodied population in the region. The employment to population ratio reveals that only 38.4 percent of individuals aged 14–25 were employed.³⁵ Individuals with disabilities and young persons who face other types of exclusion, such as ethnic minorities and those living with HIV, are especially prone to unemployment.³⁶

^c For example, see: https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_737053/lang--en/index.htm

^d For example, see: https://www.ilo.org/caribbean/newsroom/WCMS_738634/lang--en/index.htm

Violence, both within the home and in the broader community, may affect the labor market participation of youth in the LAC region. Studies on the effects of gang violence suggest that the fear of extortion, violence, and/or targeting by gangs deters the free movement of individuals to access work and education opportunities.³⁷ For example, gangs in El Salvador, Guatemala, and Honduras are known to target buses, taxis, and business operators as they traverse gang-controlled territories in exchange for protection money, which can reach as high as 1,400 USD per month. According to the Salvadoran Chamber of Commerce and Industry, 80 percent of its membership was being extorted in 2007.³⁸ Such violence in the community can be a significant source of trauma and can deter youth from participating in the workforce due to the fear of moving between home and work.³⁹ In this environment, youth who are particularly vulnerable to gang violence and gang recruitment have high incentives for disconnection from school and work.

Violence may also play a role in youth being underprepared for labor market demands. High levels of disconnection from school and work may lead to underdevelopment of talent in the region. Only about one-half of youth aged 20–24 have completed secondary education and less than 10 percent of young people aged 20–29 completed university education with young women outnumbering young men in both lower secondary completion rates (82.3 percent compared to 78.2 percent) and tertiary enrollment rates (58.6 percent compared to 45.1 percent) as young men are more likely to enter the workforce at an earlier age.^{40,41} In a 2018 survey by ManpowerGroup, a large share of employers in Argentina (52 percent), Brazil (34 percent), Colombia (42 percent), Costa Rica (35 percent), Guatemala (38 percent), Mexico (50 percent), and Panama (35 percent) also reported difficulty filling positions with skilled workers, indicating the labor force is underprepared for available positions.⁴²

Violence, crime, and extortion affect the availability of jobs by stemming investment in businesses. At the macro level, violence, crime, and extortion weaken the investment climate—detering foreign and domestic investment that could fuel growth and jobs.⁴³ This is especially pertinent for young people in the region who find that regardless of their workforce training investment efforts, there simply are not enough jobs to absorb the number of youth who wish to enter the labor force.⁴⁴ These incidences of violence may also cause governments to redirect funds from infrastructure investments that help businesses thrive toward crime reduction efforts. At the micro level, businesses hit by crime have significantly lower sales activity and may be pressured to redirect cash to private security, extortion payments, and physical changes to homes, factories, and other workplaces to protect against violence.⁴⁵ World Bank Enterprise Survey data show that on average 60.9 percent of surveyed businesses in LAC pay for private security and the total security-related costs and losses is 2.5 percent of sales.⁴⁶ These rise as high as 80 percent in El Salvador, where security costs accounted for 4.1 percent of sales.⁴⁷ In addition to these direct costs, businesses incur indirect costs due to violence as well. A study examining data from over 10,000 Latin American businesses found that a 1 percent rise in crime-related corporate losses can reduce productivity between 5 percent and 10 percent. These costs deplete resources that could otherwise be invested into the business. Medium and small-size businesses, which tend to be the engines of employment growth in most economies, are especially at risk of failure due to these reasons.

RESPONDING TO YOUTH VIOLENCE TO IMPROVE WORKFORCE OUTCOMES

While there is sparse literature explicitly focused on strategies to reduce the impact of youth violence on the workforce sector in LAC, there are several relevant principles from the global evidence base on

reducing violence in the workplace and improving occupational safety and health, as well as from the broader literature of violence reduction in LAC. We recommend using a multi-scalar approach for developing feasible strategies; Exhibit 2 depicts the classification of potential strategies at the human, meso, regional or metro, and macro levels.⁴⁸

Exhibit 2. Workforce Sector Strategies to Prevent and Mitigate the Effects of Youth Violence

SCALE OF STRATEGY	RELEVANT STRATEGIES
Human Scale Individual level services and programming	<ul style="list-style-type: none"> • Integrating worker rights training in education and vocational training for youth • Providing access to legal aid services and violence reporting • Skills training, vocational training, education, and apprenticeship programs to promote transitions into employment and from informal to formal employment
Meso Scale Organizational and enterprise level initiatives	<ul style="list-style-type: none"> • Compliance assistance to employers • Facilitation in formalizing jobs • Enforcement of worker protections • Support for legal aid/worker rights organizations
Regional or Metro Scale Integrative, cross-sectoral approaches	<ul style="list-style-type: none"> • Multisector citizen security strategies • Capacity building and integration of relevant stakeholders • Data collection on relevant statistics
Macro Scale International and national policy and funding	<ul style="list-style-type: none"> • Creating and implementing laws, regulations, policies for worker protection, workforce development, and formalization • Funding enforcement, compliance assistance • Supporting data collection on incidence of youth violence • Institutional development of relevant ministries

The ILO has proposed similar multi-scalar approaches to combatting violence in the workplace including a code of practice on workplace violence in the service sector and measures to combat this phenomenon with guidance for governments, employers, workers and their representatives, as well as other concerned stakeholders.^e

HUMAN SCALE: STRATEGIES TARGETED AT INDIVIDUALS

There are a range of programs that seek to reduce young workers' exposure to and increase resiliency against violence in the workforce sector.

WORKER PROTECTION STRATEGIES

Public awareness interventions that increase youth, parental, and community awareness about workplace risks and rights, position youth and their networks to better protect and advocate for themselves. To adequately protect young workers against violence and safety and health hazards, it is essential to start these protective investments early. These informational interventions need to be

^e This guide can be found at: https://www.ilo.org/global/topics/safety-and-health-at-work/normative-instruments/code-of-practice/WCMS_107705/lang--en/index.htm

started while working-age youth are still in school and braided into vocational training and apprenticeship programs.⁴⁹ Evidence from the adjacent field of occupational safety and health (OSH) suggests that these informational strategies may be effective in reducing violence.

Providing access to recourse for workers experiencing violence increases worker resiliency. Workers facing violence may need immediate assistance such as gaining guidance, support, and/or legal aid to escape conditions of violence. Investing in these services and making workers aware of these services promotes resiliency. For example, the government of Brazil partnered with UNICEF to create a smartphone application that workers can use to report unsafe or illegal workplace situations.^f

EMPLOYMENT TRAINING AND EMPLOYMENT SERVICES STRATEGIES

Much of the risk faced by young workers is exacerbated by the type of work they do and the occupations and sectors they work in. **Workforce education and training** (including technical and vocational training and education, job skills training, apprenticeship, and life skills services) and **employment services** (including job referrals, job fairs, job placement, resume preparation, and coaching) can help unemployed youth find employment in positions with more bargaining power, as well as help youth in informal employment move to formal employment, reducing vulnerability to violence. Mixed evidence shows that workforce development programs that include apprenticeship, classroom vocational skills training, life skills training, and job match services improve employment prospects and earnings more than other workforce programs lacking these elements.⁵⁰

MESO SCALE: STRATEGIES TARGETED AT EMPLOYERS AND ORGANIZATIONS

Concerted strategies that engage employers are needed to decrease youth exposure to workplace violence.

Informational and compliance assistance strategies for employers. Employers—including formal and informal enterprises, family businesses, home-based enterprises, and employers of domestic workers—and industry associations need **training and information** on risk factors for young workers, including ways in which risk factors differ by gender, and compliance assistance to create the necessary work conditions to protect youth and other workers from violence. These can include guidance on (1) how to secure the workplace, (2) provide safety education and training to help employees understand unacceptable behavior and safety practices, and (3) respond proactively and decisively to violence in the workplace. They may also need **compliance assistance** for changing the layout of their work environment, and developing organizational systems, workflows, and procedures that discourage adverse social behaviors and violence against workers. Industry specific guides may be particularly useful (See the ILO code of practice on workplace violence in services sectors previously mentioned as a resource reference). All such guidance and compliance assistance should be appropriately tailored to the specific intersectional and gendered approaches as is relevant for the workplace setting.

Strengthening organizations serving workers. Nonprofits, trade unions, and professional and worker associations are important conduits for supporting young workers at risk of violence. Strengthening community-based organizations—such as legal aid centers and crisis shelters that serve particularly vulnerable worker groups (e.g., domestic workers or migrant workers) and workforce

^f For more information see: <http://www.protejabrasil.com.br/br/>

development centers that provide employment training and services to vulnerable youth—may be an important strategy for increasing youth resiliency in the face of violence.

REGIONAL OR METRO-SCALE: STRATEGIES TARGETED AT SYSTEMS

The myriad sources of risk faced by young workers across diverse and broadly defined workspaces point to the need for (a) an integrated intersectoral approach to preventing exposure to violence for young workers, particularly those operating in the informal economy; and, (b) broader citizen security measures that can create a conducive environment for business growth, youth employment, and youth economic mobility. In order to establish a truly intersectional approach, it is imperative to collect data disaggregated by key demographic characteristics (such as gender, ethnicity, migrant status, and disability) to identify areas within the workspace that are deficient in their protections for workers in these populations and, more importantly, workers that span multiple of these vulnerable categories (e.g., migrant women or indigenous workers with a disability). Once these areas are identified, regional institutions can begin to develop policies to address gaps in protections and that directly address the needs of those who are most vulnerable in the workforce.

Pluralistic and multi-scalar approaches to worker protection. Much of the literature on the informal economy suggests that measures that go beyond traditional employers and places of employment are needed. To the degree that youth work in public spaces, or home-based environments, they face exposure to diverse sources and types of violence. Regional and local administrative law and procedures, and municipal and urban authorities, law enforcement, and legal and social security services can all have a large impact on young workers' exposure to violence. Building awareness and capacity among these stakeholders and engaging them in developing integrated approaches to reducing violence against young workers will be critical. Evidence suggests that having multidisciplinary, multisectoral, and/or multilevel approaches involving different stakeholders and key players is effective in developing violence prevention programs in the workforce sector. This is consistent with previous international research, showing that the most effective programs to prevent interpersonal violence tend to involve both local governments and regional frameworks or initiatives.⁵¹ A multidisciplinary approach could also facilitate making links between new initiatives and previous efforts or programs implemented in the community, including workforce, community, and school-based initiatives.⁵²

MACRO SCALE: STRATEGIES TARGETED AT POLICY AND FUNDING

Laws, policies, and funding related to worker protection and workforce development. The ILO's review of national policies for worker protection highlights the urgent need to create, update, and implement broader protection for workers in work contexts that are more broadly defined.⁵³ It is also critical to involve affected workers and workers' associations in the policy development process. Adequate funding and greater institutional capacity to enforce legislation is key to sustainable workforce sector improvements.

Integrated approaches to workforce development. Evidence from around the world indicates that integrated approaches to workforce development that braid investments and initiatives from education, economic development, labor, industry/employers, worker associations, and human services organizations are critical for creating pathways to safe and gainful employment for youth and adults. Much of the stage for that collaboration is set by national policies and funding streams. A social impact bond is one innovative integrated approach that involves a collaboration between investors, the

government, and social entrepreneurs. According to a recent review, more than 70 percent of social impact bonds are related to employment or welfare.⁵⁴ In 2017, Colombia became the first middle-income country to launch a social impact bond for workforce development and employment support in vulnerable communities.

Institutional development and policy reforms. Accompanying these youth workforce projects are a new set of public policies and institutional capacity building strategies to promote effective investment in worker protection and workforce development. At the heart of the system are the public policy and the required institutional development of the Ministries responsible for the oversight, standards, and capacity building of the provider network. All of the “Jovenes” job training programs for disadvantaged youth in Latin America funded by the Inter-American Development Bank, include an institutional strengthening component that focuses on working with the Ministries of Labor in these countries.⁵⁵ Most developing countries have undertaken a series of policy reforms to ensure that skills development is at the front and center of the education and economic growth agenda.

Investments in data collection and violence tracking. There is an urgent need for regular measurement of youth experiences of violence in the workforce sector. As noted, there are few systematic data sources available on this topic. Understanding the frequency, types, and sources of violence experienced by workers is important for understanding the scale of the problem, the policies, and investments necessary to tackle it, and the return on investment from these corrective actions. Similarly, there is a need for such data to be disaggregated by key characteristics such as gender, ethnicity, disability, and migrant status of those experiencing violence to understand the nuances of this phenomenon and so policies and programs can be appropriately targeted to support the most vulnerable. Several international frameworks and indicators for defining and understanding quality employment have been developed by the Bureau of the Conference of European Statisticians (CES), ILO, and the EU that include indicators to measure unequivocal cases of adverse behavior (e.g., employment related physical, psychological or sexual violence).^g

CONCLUSIONS

Young workers in LAC are especially vulnerable to a wide range of workplace violence stemming from myriad sources. In particular, the formality of employment and the specific sub-sector in which they work put young workers at increased risk for violence at work. This brief highlights the need for integrated multi-scalar approaches incorporating both a gender and intersectional lens at the macro, metro, meso, and individual levels to address this issue, and also highlights specific approaches within these levels that merit further investment.

WORKPLACE VIOLENCE PREVENTION RESOURCES

AGRICULTURE

- Model Agricultural Industry Training (Workplaces Respond)
 - <https://www.workplacesrespond.org/resource-library/model-agricultural-industry-trainings/>

^g Handbook for Measuring Quality of Employment, A Statistical Framework. Retrieved from: https://www.unece.org/fileadmin/DAM/stats/publications/2015/ECE_CES_40.pdf

HEALTHCARE

- Health Care Facility Workplace Violence Risk Assessment Tool (American Society for Healthcare Risk Management)
 - https://www.ashrm.org/resources/workplace_violence
- Workplace Violence Prevention for Nurses (CDC)
 - https://www.cdc.gov/niosh/topics/violence/training_nurses.html

HOSPITALITY

- Avoiding Workplace Violence: Tips and Best Practices for Hospitality Employers (Fisher Phillips)
 - <https://www.fisherphillips.com/resources-newsletters-article-avoiding-workplace-violence-tips-and-best-practices>
- Model Restaurant Industry Trainings (Workplaces Respond)
 - <https://www.workplacesrespond.org/resource-library/model-restaurant-industry-trainings/>
- Young Worker Safety in Restaurants (OSHA)
 - <https://www.osha.gov/SLTC/youth/restaurant/serving.html>

OVERARCHING SUPPORTS

- European Youth Development Resource Network (Support, Advanced Learning and Training Opportunities for Youth)
 - <https://www.salto-youth.net/rc/training-and-cooperation/tc-rc-nanetworktcs/>
- Guide for Advocates (Workplaces Respond)
 - <https://www.workplacesrespond.org/wp-content/uploads/2017/01/Guide-for-Advocates.pdf>
- International Labour Standards and Supports (ILO)
 - <https://www.ilo.org/global/standards/lang--en/index.htm>
- Positive Youth Development Training in LAC (Latin American Youth Center)
 - <https://www.layc-dc.org/what-we-do/youth-development-training/>

RETAIL

- Preventing Retail Workplace Violence: A free training for employers and employees (Maine Small Business Development Center)
 - <https://www.mainesbdc.org/new-workplace-violence-prevention-training/>
- Preventing Violence, Robbery, and Theft: A Guide for Retail Owners, Managers, and Workers (Work Safe BC)

- <https://www.worksafebc.com/en/resources/health-safety/books-guides/preventing-violence-robbery-and-theft?lang=en>
- Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments (OSHA)
 - <https://www.osha.gov/Publications/osa3153.pdf>
- Workplace Violence Is Broken Down into 4 Categories (Loss Prevention Magazine)
 - <https://losspreventionmedia.com/workplace-violence-is-broken-down-into-4-categories/>

TRANSPORTATION

- NIOSH Fast Facts Taxi Drivers How to Prevent Robbery and Violence (National Institute for Occupational Safety and Health)
 - <https://www.cdc.gov/niosh/docs/2020-100/pdfs/2020-100Revised112019.pdf?id=10.26616/NIOSH PUB2020100revised112019>
- Preventing Violence Against Bus Operators (North America's Transit Union)
 - <https://www.atu.org/atu-pdfs/conventiondocs/convention-docs/ATU-Violence-Fact-Sheet.pdf>

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