

**A systematic evidence review of rehabilitation
strategies targeting youth who have radicalised to
violent extremism – lessons for program design,
implementation and evaluation**

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Executive summary

This project set out to identify strategies and approaches that are effective in assisting and rehabilitating youth who have been imprisoned for terrorist offences or identified as at risk of radicalisation, due to their behaviours and associations. A secondary aim was to identify any issues and challenges that need to be considered in the design, implementation and evaluation of programs aimed at preventing and countering violent extremism (P/CVE) amongst youth. The term “youth” or “young person” is defined as encompassing children and adolescences – individuals 18 years and younger. This parameter was used when searching for youth related studies.

- The project reviewed a variety of evidence across radicalisation studies, the P/CVE academic and grey literature, and the fields of mental health, substance abuse, sexual and violent offending (mental health, substance abuse, sexual & violent offending – abbreviated to - MSSV).
- Data on MSSV interventions offer potentially relevant insights, given they aim to generate behavioural change (identical to youth P/CVE), with there being overlap between risk factors for violent extremism and other types of youth offending and problematic behaviour.
- This study adopted rapid evidence review methods for P/CVE sources, and a review of existing systematic reviews of interventions targeting youth in the MSSV fields. The specific procedure underpinning the review methodology is detailed in the main report and Appendix A.
- Limitations with the evidence drawn on in this project and the research methodology need to be kept in mind.
- Our review of the existing literature was complimented by six interviews with Subject Matter Experts (SMEs), who worked in youth P/CVE. This comprised two international and four Australian state-based practitioners.
- The evidence around youth P/CVE is limited in scope in relation to identifying what works.
- However, consistent and overlapping findings across the P/CVE academic and grey literature, the MSSV studies and SMEs were found in relation to youth intervention design and delivery.
- In summary consistent and overlapping findings across our evidence sources include:

- The importance placed on family involvement and participation in an intervention
- Therapies such as CBT, assistance with emotional regulation, moral reasoning, and cognitive development are viable in generating behaviour change.
- Rapport building with youth and youth work approaches are essential when engaging youth.
- Interventions must be trauma informed.
- Interventions should be strength-based, and youth focused.
- Developing empathy and perspective taking should be an important part of behavioural change programs targeting youth offending.
- Professional training should be provided in intervention design and delivery.
- Interventions must be developmentally appropriate and target emotional capacities.
- Informal forms of engagement need to involve non-clinical and non-vocational/educational activities.
- Interventions must be transparent in how they operate, with staff roles and responsibilities clearly clarified.
- Program delivery must be underpinned by standard operating procedures and intervention protocols.
- Interventions need to rely on multi-agency responses.
- Evaluation of youth interventions need to focus on measuring a variety of cognitive and behaviour outcomes.
- An evaluation of outcomes may not necessarily be related to reductions in specific offending/problematic behaviours.
- Program evaluation of youth interventions need to assess change relating to psychopathology deficits and risks that have an impact on problematic behaviour.

This report provides detailed recommendations based on the existing evidence in the academic and grey literature and the results of the SMEs. In summary, it is recommended that when assisting radicalised youth, programs should be underpinned by the following approaches and principles:

- Standard treatments and case management practices should be incorporated into intervention plans based on need.

- Interventions need to include a variety of supports incorporating formal and informal assistance.
- Assistance should be targeted to the personal interests and motivations of clients.
- Interventions should incorporate empathy development.
- Trauma informed frameworks need to underpin youth P/CVE.
- Family involvement and assistance is an essential part of youth P/CVE.
- Intervention staff need to build rapport and engage in creative ways with youth clients.
- Youth P/CVE interventions need to adopt multi-agency/holistic approaches.
- Youth P/CVE interventions must not duplicate existing services, but compliment and add value to responses.
- Youth P/CVE have an important educational role in informing agencies about extremist thinking and how it shapes youth behaviour.
- Programs need to have clearly defined goals, target groups, and should be underpinned by a theory of change.
- Inclusion/exclusion criteria must be adopted in relation to referral and intake.
- Programs must be responsive to client needs and take account of differences in developmental, emotional, and psychological capacities.
- Interventions must address multiple needs that influence social deficits and cognitive dysfunctions, and which compound the risk of radicalisation.
- Interventions must operate in a non-stigmatising fashion and be non-judgemental.
- Client engagements must be underpinned by transparency and trust.
- Staff roles and responsibilities must be clearly defined to clients and family members.
- Program evaluation will involve various proxy measures concerned with reducing risk and vulnerability to extremism.
- Evaluation needs to incorporate individualised outcomes given client change will not be uniform.
- Evaluation data must be collected from a variety of sources including program staff, parents, support services as well as clients themselves.
- Capacity building and training of staff and partner agencies needs to be incorporated into youth P/CVE.
- Training must include improving specific knowledge of extremist ideology and thinking and how it shapes youth behaviour and the role of case management in reducing risks and vulnerabilities.

Introduction and aims

Youth radicalisation is of increasing concern in Australia, with jurisdictions globally implementing rehabilitation programs targeting youth who have committed terrorist offences and those identified as at risk of radicalisation (Baracosa & March, 2022; Cherney et al., 2020). Like the broader field of preventing and countering violent extremism (P/CVE), little is currently known about the effectiveness of various youth specific approaches, with few interventions having been evaluated (Bronsard, Cherney & Vermeulen, 2022). Moreover, intervening with youth who have radicalised presents its own unique challenges that can be different to adults. This can include developmental and psychopathology deficits and challenges unique to young people (Baracosa & March, 2022; Beelmann, 2021; Campelo et al., 2022; Cherney, 2020; Duits, Alberda & Kempes, 2022; Koehler, 2020). Scholars argue that these youth related risk factors and vulnerabilities need to be considered in the design, implementation and evaluation of youth P/CVE programs (Beelmann, 2021; Bronsard et al., 2022; Campelo et al., 2022; Cherney, 2020).

This project aims to review and collate existing evidence and research on youth P/CVE programs to identify what works. The review is not limited to one particular form of ideological extremism. It also aims to identify any specific issues and challenges that need to be considered in the design, implementation and evaluation of P/CVE programs aimed at rehabilitating youth convicted of terrorist offences or intervening with those identified as at risk of radicalisation.

However, it has been increasingly identified in the literature of the need to draw on other fields of experience to help inform the design and evaluation of P/CVE interventions (Koehler, 2016). Hence this review includes literature across the fields of corrections, education, psychology, health and social work that have examined youth interventions relating to mental health, substance abuse and sexual and violent offending. The aim in reviewing this literature is to identify lessons for P/CVE program design and evaluation. This is relevant for two reasons. One is because it has been identified in the literature that radicalised youth exhibit complex needs and vulnerabilities (Gill et al., 2020; Koehler, 2020). Second because radicalised youth can exhibit similar vulnerabilities to youth who have become involved in crime or other problematic behaviour (Cherney 2020; Beelmann 2021; Campelo, et al., 2018; Koehler, 2020). The implication is that programs need to address various vulnerabilities and achieve outcomes outside of simply reducing extremist risk (Cherney et al., 2018).

The next section outlines the project's methodology. When using the term youth or young person, we are encompassing children and adolescences –individuals 18 years and

younger. We used this parameter when searching for youth related studies. It should be emphasised that while we followed systematic review principles, we have not carried out a traditional systematic review due the infancy of P/CVE evaluation and logistical and time constraints in trying to examine applicable studies across a broad range of fields and different types of interventions.

Method

Three phases of investigation underpin the methodology. Stage one examined the P/CVE literature drawing on systematic review principles. Phase two adopted a scoping strategy focusing on a “review of reviews” in order to summarise the most salient research findings from existing systematic reviews and meta-analyses across mental health, substance use, sexual offending and violent offending (MSSV) interventions targeting youth. This approach was adopted because of the large volume of intervention studies across the MSSV area. Phase three involved interviews with a small number of Subject Matter Experts (SMEs) in the P/CVE field on perceived best practice in youth rehabilitation programs targeting violent extremists.

Review method for youth P/CVE programming

Phase 1 adopted a rapid review of relevant international academic literature that pertained to P/CVE rehabilitation and reintegration interventions targeting youths convicted of terrorism and youths identified as at risk of violent extremism. This included both prison and community-based interventions. Seven databases were used to conduct searches for eligible studies: Scopus, Web of Science, PsycINFO, Australian Criminology Database (CINCH), Criminal Justice Abstracts, the Campbell Collaboration and Directory of Open Access Journals. This aspect of the rapid review specifically aimed to identify and analyse the available evidence on youth P/CVE interventions.

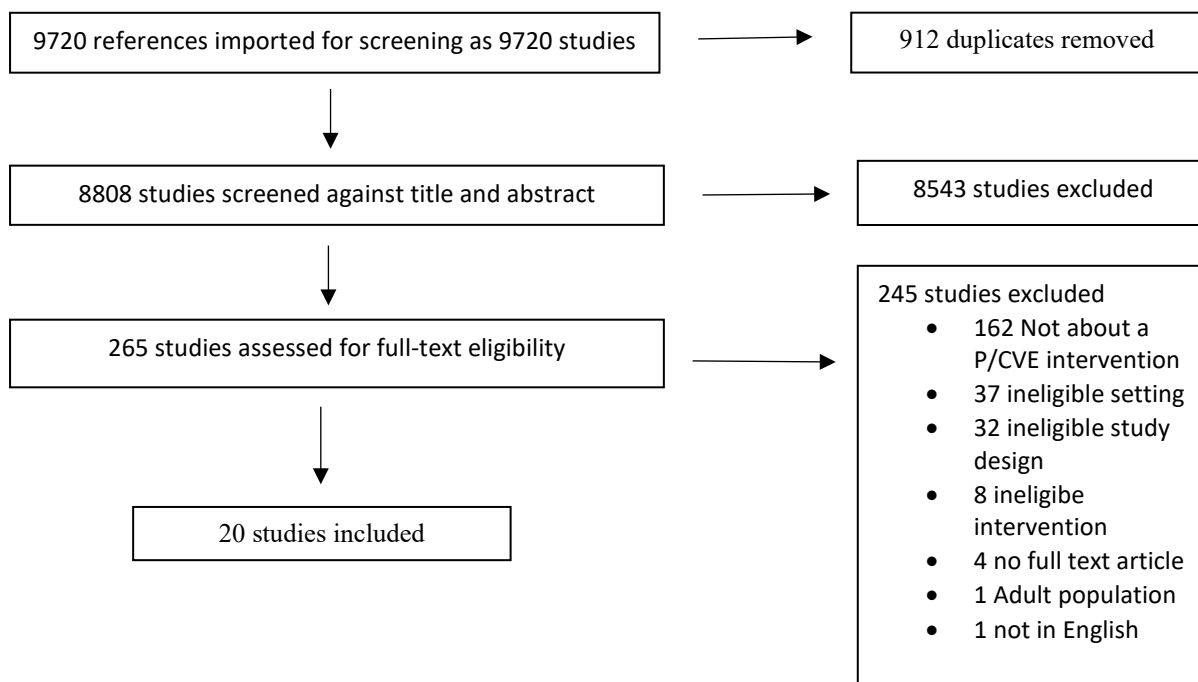
In relation to phase 1, databases were searched using a predefined search string comprised of the key words devised by the research team (see Appendix A). All search results were exported into EndNote and then imported into a system called Covidence, a systematic review software for managing large amounts of material in systematic reviews (see <https://www.covidence.org/>).

To guide the review, minimise bias, and ensure feasibility, a set of protocols was developed for phase 1 that guided the inclusion of documents in the synthesis of evidence. In summary, the key criteria used were as follows:

- documents were published between January 2000 and March 2022;

- publications were written in English;
- publications pertained to youth radicalisation;
- offenders may have been detained in prison, other custodial settings, within the community (e.g., probation or parole), or in the re-entry phase;
- publications reported on an impact evaluation of an eligible youth intervention based in a custodial or community setting, delivered by government agencies or NGO's;
- publications evaluated an intervention's impact on reintegration, rehabilitation, effects on behavioural or cognitive change of young people; and
- publications that focused on the problem and causes of youth radicalisation, and identified specific implications for intervention design.

The rapid review process itself included three stages of screening for phase 1. The first stage used title and abstract screening. Stage two focused on determining if the source material contained an evaluation of a youth focused intervention or canvassed youth radicalisation empirically or theoretically. Stage four included full-text eligibility screening that determined eligibility based on youth participation and eligible populations, intervention design, participants and any identified outcomes for intervention design and evaluation. Eligible studies were then coded and synthesised for review. Manual searches for recently published P/CVE literature was also conducted. A total of 20 studies were identified as eligible for review in this project (see Diagram 1). As mentioned above one of our inclusion criteria was to also select studies that examined the problem and causes of youth radicalisation empirically and theoretically and then also outlined specific implications for the design of interventions. This was done because there were few specific evaluations of youth P/CVE interventions, and which helped broaden our review across a wider evidence-base. Also, when it came to the selection of actual evaluation studies, we did not limit our review to one type of evaluation methodology.

Diagram 1 – Flow chart of screening and study exclusion/inclusion

A grey literature search provided access to sources otherwise inaccessible through publication databases. Our search included grey literature from websites of agencies, government departments, and professional organisations which focus on radicalisation. Nineteen websites and agencies were identified from existing grey literature sources (Mazerolle et al., 2020, Zych and Nasaescu, 2021), researcher expertise, and manual internet searches. Individual websites were searched to meet broad criteria for inclusion (*youth, *radicalisation OR radicalization), yielding 1884 results. These results were manually reviewed, and inclusion and exclusion criteria were applied. Sources were included if they had an empirical foundation, best practice/integrity guidelines and/or evaluation metrics. Sources were excluded if they were government policy documents and reports without empirical evidence, blogs, news items, conference proceedings, roundtables, testimonials, memorandum, and minutes from subcommittees. Websites that archived research otherwise available through publication databases were also excluded from the grey literature search (e.g., National Criminal Justice Reference Service and Radicalisationresearch.org). The majority of sources were excluded with only 20 sources meeting the inclusion criteria (see Appendix A for source locations).

Review method for MSSV programming

Phase 2 included a scoping strategy focusing on a “review of reviews” in order to summarise the most salient research findings, and this phase only included systematic reviews and meta-analyses. This provided a robust way of establishing the impact of interventions (Weisburd et al., 2017). This phase looked across the fields of corrections, education, psychology, health and social work that have examined youth interventions more broadly relating to mental health, substance abuse and sexual and violent offending (MSSV). There is a considerable volume of knowledge across these four key areas of interest, therefore taking a scoping method provided a mechanism for synthesising key findings. Such alternatives are becoming increasingly common as systematic reviews are published at rapidly growing rates and the nature of traditional systematic review methods imposes considerable time restraints on research outcomes. Phase 2 was conducted by using a set of key search words for each of the areas of interest: mental health, substance abuse, sexual offending and violent offending (see Appendix A). These terms were used in the same seven databases as phase 1 while limiting the search to “systematic review”. Results were exported to excel spreadsheets, and articles were screened to include only reviews that evaluated the outcomes of programs intended to impact each of our four key areas. This was done individually for each category of mental health, substance abuse, sexual offending and violent offending. The top 10 most relevant articles were chosen based on this inclusion criteria. They were then synthesised to explore their study design, key outcomes and lessons for implementation.

Subject Matter Expert Interview Method

To compliment the evidence review, interviews were also conducted with Subject Matter Experts (SMEs) in the P/CVE field on perceived best practice in youth rehabilitation programs targeting violent extremists. This was done to help to inform the results from phase 1 and 2. A total of six SMEs were interviewed. This modest number was a result of the unique and existing small number of experts with youth specific experience relating to radicalisation and intervention work. These SMEs comprised two international respondents, one who worked in the area of youth work and also managed a youth centre program that included targeting youth who had radicalised, another who conducted research on CVE and also worked in a counter-radicalisation program. The remaining four respondents were Australian state-based practitioners who were involved in the implementation of interventions targeting youth who had radicalised or had been convicted of terrorist offences.

Interviews with SMEs are particularly useful in extracting insights to inform the development of learning materials and programs in areas related to public health, occupational health and safety, national security and social work. The aim is to draw on the collective insights of relevant experts, stakeholders and practitioners. The SME interview data was analysed via thematic analysis. The SME interviews focused on the following five key themes:

1. How should youth rehabilitation and intervention be different from adult P/CVE interventions?
2. In relation to program design, are there any issues/processes that need be considered when developing youth specific interventions?
3. In relation to program implementation, are there any issues/processes that be considered when implementing youth specific interventions?
4. In relation to evaluation, are there any issues/processes that need be considered when developing youth specific interventions?
5. Are there unique skills, training, or knowledge needed in interventions with radicalised youth?

Results

Part 1: Evidence review of youth P/CVE programs and radicalisation related literature

Academic research literature

To understand the significance of youth P/CVE interventions and programming, this review examined 20 articles from the academic literature screened through systematic review protocols. As stated, few studies were identified that involved a systematic evaluation of youth P/CVE interventions on program outcomes. There was no study identified that formally evaluated an intervention targeting youth convicted of terrorism. Only one paper specifically focused on engaging and intervening with radicalisation youth in detention (Barracosa & March, 2022). Eight studies in the academic literature described or reported on an existing intervention and canvassed youth programs that can be best described as forms of primary prevention - that is focusing on youth more generally than those already showing attitudes and behaviours in support of violent extremism. The remaining studies covered risks and vulnerabilities and drew conclusions about intervening with youth.

Broadly, when intervening with radicalised youth, most intervention content focused on communication, relationship building and education. Education ranges from training staff

on the early identification of at-risk youth in institutional settings, to teaching youth to reject racist stereotypes. Other common suggested CVE approaches addressed decreasing prejudices against out-groups (Aiello et al., 2018; Jugl et al., 2020), strengthening identity and critical thinking (Feddes et al., 2015; Ghosh, 2018), building relationships between family, peers, educational institutions, and law enforcement (Cherney, 2021; Ellefsen & Safberg, n.d.). Another common broad theme was the need to cultivate trust and foster respectful relationships between agents, stakeholders and practitioners involved in an intervention (Orakzai, 2019), and to also promote empathy, perspective taking and resilience (Bragin, 2021; Feddes et al., 2015; Ghosh, 2018; Grossman, Johns & McDonald, 2014). Studies also emphasized the importance of youth developmental approaches (Cherney, 2021; Barracosa & March, 2022).

What is (appears) effective

The importance of dialogue was a significant theme among the reviewed articles. The literature emphasised that interventions should focus on improving communication and raising awareness to create safe, respectful environments for discussion. This can provide youth with the space to freely ask questions, share their views and have their thought processes challenged (Cifuentes et al., 2013; Stephens et al., 2021). To achieve positive social impact Aiello et al. (2018) emphasises four core elements underlying a dialogical approach: providing guidance to explore radical messages, dialogue that rejects violence and is egalitarian (people get an equal say), and relationships built on trust (Aiello et al., 2018). Soler-Gallart (2017) further emphasised that youth should engage in dialogic-based action which fosters critical thinking about the rejection of violence. Programs which offer opportunities for dialogue and interaction with ethnically diverse groups were shown to be effective in reducing anxiety towards out-groups, strengthening empathy amongst youth, and encouraging perspective taking (Jugl et al., 2020)

The theme of relationships and social connections is another important topic in the literature, particularly in relation to the role of schools, peers and family members in reforming extremist youth. For example, school and the family environment can become an important context where early signs of radicalisation become evident. Non-violent peers and family networks are key actors in countering such processes, as they can intervene before youth become too invested in extremist messages (Ellefsen & Sandberg, 2022.; Koehler, 2020). Meringolo et al. (2019) emphasise the importance of peer relationships in effectively countering violent radicalisation. Ellefsen & Sandberg (2022) determined that informal interventions by family members can play a decisive role in interrupting radicalisation

(Ellefsen & Sandberg, 2022). This draws attention to the role of social bonds in preventing youth radicalisation, which can decrease negative strains on youth. A recent meta analyse of CVE programs internationally concluded that programs which encourage the formation of social bonds are effective in helping individuals to desist from violent extremism (Julg et al., 2020).

Holistic multi-agency approaches are another theme emphasised in the literature (Cherney, 2021). The involvement of health and educational professionals is recommended in youth P/CVE, along with training on violent radicalisation amongst specialists (Bourgeois-Guérin et al., 2021). Multidisciplinary teams (incorporating psychologists, social workers and community members) are seen as good practice (Ellis et al., 2020). Strengthening and maintaining community ties – relevant to youth in detention - enables radicalised youth to maintain positive relations with family and peers who can also provide assistance (Cifuentes et al., 2013). The management of radicalisation risk is enhanced by engaging with professionals, community and family members, the latter identified as being a protective factor against youth radicalisation (Weine et al., 2009). However, it is vital that when involving family members in P/CVE work, they are not perceived as colluding with authorities or other partners, as this can undermine the trust relationship they have with their child who is participating in an intervention (Ellefsen & Safberg, 2022).

Addressing a sense of belonging is identified as an important part of youth P/CVE (Ghosh, 2015; Puigvert et al., 2020). For example, a Canadian prevention intervention targeting children in schools, termed the Ethics and Religious culture (ERC) program offers youths opportunities to explore their religious and cultural heritage, whilst also learning about other religions and cultures. This learning process is argued as assisting youth in strengthening a positive sense of identity and self-concept (Ghosh, 2018). Feddes et al. (2015) study on the impact of resilience training on adolescent attitudes toward ideological-based violence and violent intentions, found that developing empathy and perspective taking can reduce sympathy and support for violent extremism. It is argued that developing empathy towards victims of violent extremism is an important strategy to reduce extremist behaviours (Aly et al., 2014). Stephens et al., (2021) states that interventions which aim to increase empathy can help shape attitudes towards ideological-based violence. Glaser (2016) argues that in the case of de-radicalising girls attracted to right-wing extremist ideologies, their sexist and racist views needed to be confronted and empathy developed towards outgroups. Ghosh (2018) stated youth P/CVE programs should encourage youth to exercise critical judgement. This theme of promoting perspective taking about other viewpoints (e.g., victims) and groups (e.g.,

racial/minority groups) is a significant theme in the literature. For example, the U.K. Think Project is a targeted intervention program which aims to educate youth about race, religion, and migration, delivering tailored workshops to challenge racism and refute stereotypes (Cifuentes et al., 2013). Such activities can even extend to educating youth on citizenship, democracy and democratic values (Feddes et al., 2019). The assumption is that instilling such values can increase trust in the political system, which then promotes resilience against radicalisation (Meringolo et al., 2019). Ghosh (2018) argues that offering opportunities to learn about religion and cultures through critical thinking and dialogical learning, assists youth in becoming independent, informed thinkers and helps build resilience against extremist messaging. Ways of improving youth reliance against violent extremism is also emphasised in the literature. One suggested approach is through sport. One Australian study indicated that engaging youth in sport can contribute to community resilience, increase civic participation of socially marginalised youth and thus help to reduce the likelihood of them associating with groups engaged in violent extremism (Grossman, Johns & McDonald, 2014).

Implementation and Evaluation

No articles were found that specifically addressed the topic of evaluating youth CVE interventions. We will return to this issue in the recommendations and conclusion section. In the context of implementing youth P/CVE interventions, it is recommended that youth referred into programs have a clear understanding of what information will be shared with law enforcement, to ensure that trust in the program is maintained (Ellis et al., 2020). This is crucial to transparency and trust in interventions. Interventions need to be tailored to the relevant risk factors applicable to the developmental stages of each client (Barracosa & March, 2021; Cherney, 2021). Such considerations will moderate which youth are suitable to participate in a program and the type of support provided, and shape expectations around levels of client participation and engagement. Methods for identifying at-risk radicalised youth should avoid the simple ranking of individual indicators on risk-assessment measures and instead be driven by a holistic approach, incorporating factors related to psychosocial and developmental vulnerability (Barracosa & March, 2021). To prevent the stigmatisation and labelling of youth, it is important to minimise the risk of inappropriate assessments, and rely on indicators which are evidence based and take account of a range of vulnerabilities (Barracosa & March, 2021; Bourgeois-Guérin et al., 2021)

The limited existing literature on the topic of implementation points to the need for multi-disciplinary team responses to underpin interventions and the involvement of community

members (Barracosa & March, 2021; Ellis et al., 2020). Also, it is advised that youth P/CVE programs should be part of a broad suite of assistance that focuses on strengthening protective factors against extremism and re-establish trustworthy relationships that have potentially been lost amongst youth who have radicalised (Cherney, 2021; Koehler, 2020).

Barracosa and March (2021) highlight concerns surrounding the capacity of frontline staff to identify risk factors, thus concluding it is important that program providers are educated on the criminogenic, developmental, and psychosocial vulnerabilities associated with youth violent extremism. The skills and capacities of intervention providers to influence client change is a key theme in the literature (Cifuentes et al., 2013). Having a range of staff from diverse backgrounds is advocated as demonstrating to young clients that people from different backgrounds can work together (Cifuentes et al., 2013). Staff should have ideological expertise, and an understanding of a client's extremist ideology. Theological expertise and an understanding of Islam in the context of intervening with Muslims who have radicalised is recommended as important (Ellis et al., 2020), underscoring the point that practitioners delivering youth P/CVE programs must be relatable to the youth involved. This is important to the formation of social connections between a case manager and a young client, the lack of which can undermine program success.

Grey literature results

Two web-based toolkits identified in the grey literature search were targeted at practitioners and included evaluation methods and case studies. One toolkit from the Radicalisation Awareness Network included 14 examples (case studies) of best practice from 2020 that were subjected to peer review.¹ A second, web-based, toolkit was developed by Impact Europe and included an evaluation guide for designing and evaluating P/CVE initiatives and an interventions database.² The toolkit includes a collection of 69 interventions as case studies that have been evaluated and are identified as having a supportive evidence base. However, the database at the time of consultation provided only incomplete information and no information on the specific evaluation methods used that would allow for independent appraisal. Other

¹ Seven of these best practices related to youth: Athena-syntax Where Art and Education Meet, Intercultural education through the subject 'Cultural and Spiritual Heritage of the Region' (CSHR), Managing Controversy, Exit work located within the social space, Open Youth Work as a Methodology preventing and countering Extremism, Advice Centre Hesse, and Swedish method of working with formers in Exit work. See https://ec.europa.eu/home-affairs/networks/radicalisation-awareness-network-ran/collection-inspiring-practices/expert-review_en

² <http://www.impact.itti.com.pl/index#/home>

sources included in the grey literature focused on broad issues around evaluation and risk assessment tools, education in P/CVE work, mentoring and the role of internet, social media, mental health support, sport, informal education and youth work as part of P/CVE.

In summary this grey literature highlighted the following:

- The need for evaluation to be built into the development of initiatives and to incorporate an understanding of desired outcomes, stakeholders and theories of change (Winterbotham, 2020; Weine et al. 2018; Lauland et al. 2019).
- No youth specific violent extremist risk assessment tool currently exists. A review by the Department of Homeland Security (2017) of risk assessment tools identified the Structured Assessment of Violence Risk in Youth (SAVRY), as potentially applicable to youth,³ but this is targeted at general youth violence rather than ideological motivated violence.
- Youth P/CVE should adhere to principles that (1) avoid simplistic equations of youth vulnerabilities as a predictor of violent extremism and take a holistic evidence-based approach when assessing risk and resilience factors (Wallner, 2018); (2) avoid adopting a highly securitized view of youth; (3) engage youth as partners and utilize empowerment strategies (Mathiason and Hollister 2020); and (4) develop interventions that are locally integrated, led by community partners and based on individual needs (Wallner 2020, 2021; Mathiason & Hollister, 2020).
- Strengthening good governance through training, oversight mechanisms, and human rights education for all partners is identified as critical to youth P/CVE. One issue identified is that workplace pressures and organisation priorities (e.g., within prisons) can undermine adherence to human rights principles when working with youth. It is identified that staff training that includes the language of human rights and support for staff can have a bearing on rehabilitation and reintegration efforts (Mathiason & Hollister, 2020).
- Educational initiatives should take a student-centred learning approach (Wallner 2020; Nash et al. 2017, 2018) and can facilitate youth empowerment and inclusion in the classroom through discussing controversial and difficult issues (Nash et al., 2018). Education initiatives need to occur across different settings (Nash et al. 2017, 2018)

³ See Borum, R., Lodewijks, H. P., Bartel, P. A., & Forth, A. E. (2020). The structured assessment of violence risk in youth (SAVRY). In Randy Borum, Henny P.B. Lodewijks, Patrick A. Bartel, Adelle E. Forth (ed) *Handbook of violence risk assessment* (pp. 438-461). Routledge.

and with local practitioners (Mathiason and Hollister, 2020). This includes working with families and community leaders and adopting a gender sensitive approach (Mathiason and Hollister, 2020). Education can develop youth awareness of their rights and responsibilities and provide youth with access to democratic means to redress inequality and unfairness (Fedotov, 2019).

- While mentoring is often identified as a key type of intervention in youth P/CVE work the overall level of evidence in support of mentoring as effective is weak (Winterbotham, 2020). In an assessment of mentorship interventions Winterbotham (2020) concludes that, (1) multi-agency cooperation is often lacking; (2) mentoring is often limited to young Muslims and should be broadened across different types of violent extremist ideologies; and (3) that mentorship schemes should be part of wider investments in positive youth development and enhancing their life skills.
- Youth P/CVE initiatives need to comprise multi-disciplinary teams including professionals from mental health, public health, religious, education, and law enforcement (Weine et al., 2015).
- A handbook by the UNODC advocates sport as playing an important role in P/CVE programs. Sport is recognized to create opportunities to build resilience, promote social inclusion, and present opportunities to educate and empower individuals. However, evidence in support of the effectiveness of sport in reducing violent extremism is identified as lacking (UNODC, 2020).
- P/CVE strategies targeting youth should not simply comprise activities focused on formal learning i.e., they involve structured, deliberate and formalised learning processes such as training, education, and psychological assistance. They should also include activities focused on non-formal, unstructured learning, where there is less of an emphasis on addressing risks, vulnerabilities and deficits, and more on relationship building and enjoyment, which can help youth process the problems that led to their radicalisation (Prinzjakowitsch, 2018).
- A RAN working paper (2017) identifies the principles and practice of youth work as particularly relevant to addressing youth radicalisation. It summarises a range of other RAN papers on youth work and P/CVE. The promise of youthwork is identified as originating in its ability to address radicalisation risk at the primary, secondary and tertiary level. This comprises equipping youth people with general life skills (primary), tackling emerging extremist attitudes (secondary) and changing behaviours of youth already involved in violent extremist groups (tertiary) (RAN, 2017).

Part 2: Evidence review of mental health, substance abuse, sexual and violent (MSSV) offending programs targeting youth

Mental health interventions targeting youth

Young people who are at increased risk for developing mental health issues can also share similar risks and vulnerabilities as youth who have engaged in violent extremism (Koehler, 2020). While the causal relationship between mental health and radicalisation to violent extremism is contested and not clear cut (Gill et al., 2021), vulnerable youths can share a similar profile of characteristics and vulnerabilities that go on to influence key behaviours. Therefore, the investigation of interventions that address mental health outcomes of young people can potentially provide insights into the design, implementation and evaluation of P/CVE interventions targeting juveniles.

Mental health interventions implement a range of approaches. This is illustrated when investigating the top ten current meta-analyses reviewed here. Across the ten studies several intervention types have been discussed that are intended to impact youth mental health outcomes. In particular; caregiver participation (Haine-Schlagel et al., 2021), remote delivery of youth psychotherapy (Venturo-Conerly et al., 2021), the use of the Multisystemic Therapy (Littell et al., 2021), the role of cultural adaptations (Arora et al., 2021), strategies preventing mental health consequences of childhood adversity (Rith-Najarian et al., 2021), the use of PTSD informed approaches (Bennett et al., 2021), using parenting supported interventions (Pedersen et al., 2019), trauma informed approaches (Bendall et al., 2021) interventions aimed at juvenile offenders (Kumm et al., 2019) and school based mental health interventions (Tejada-Gallardo et al., 2020).

What is effective

Research evidence demonstrates a broad consensus on the effectiveness of interventions aimed at improving mental health and reducing risk factors for mental disorders in youth (Tennant et al., 2007). Recently meta-analyses have also been conducted to further explore the elements of specific strategies. Haine-Schlagel et al. (2021) conducted a systematic review using 39 studies representing 27 unique interventions that investigated how caregiver participation and engagement (CPE) in child mental health prevention programs impacts children's mental health outcomes. This focus was underscored by the understanding that the role of caregiver

participation is significant in improving the mental health of young people. Analysis focused on the description, identification, examination and exploration of CPE. Results demonstrated CPE predicted greater improvements in mental health symptoms and were associated with increased coping skills and prosocial competence among youth (Haine-Schlagel et al., 2021). Venturo-Conerly et al. (2022) conducted a systematic review on 37 articles reporting on 43 treatment-control group comparisons, which focused on the effectiveness of remote psychotherapy interventions for young people. Analysis included estimation of effect sizes to synthesize the overall impact of programs. Results showed that effects were significantly greater for remote psychotherapies supported by therapeutic provider contact, treatments with phone contact and those that treated anxiety. Overall Venturo-Conerly et al. (2022) conclude that remote therapies are as effective as in person therapies for young people and are enhanced with the inclusion of skill building and meaningful contact with caregivers and providers in their delivery.

Littell et al., (2021) conducted a systematic review of 23 studies that investigated Multisystemic Therapy (MST) interventions and their impact on out-of-home placements, crime and delinquency, and other behavioural and psychosocial outcomes for youth and families. MST is designed to address complex psychosocial problems and provide alternatives to out-of-home placement of children and youth (Littell et al., 2021). MST integrates key elements from other treatment models including family therapy and cognitive behavioural therapy. In their analysis of MST, they found that it achieved mixed results and that there was no evidence to support overall impacts on youth symptoms, relationships or outcomes (Littell et al., 2021). Arora et al. (2021) conducted a systematic review of culturally adapted evidence-based interventions (EBIs) with ethnic and racial minority (REM) youth populations. They examined how the modification of interventions to consider culture, traditions, language, meaning and values impacted engagement and outcomes of EBIs. They found that the most common elements in EBIs were focused on behavioural problems, PTSD or trauma and mood disorders, involved parents, were delivered in school settings, and were implemented by mental health professions.

Rith-Najarian et al. (2021), analysed intervention strategies for preventing the mental health consequences of childhood adversity. They synthesized information from experts in the field and relevant meta-analyses. Results concluded that key factors of successful intervention strategies included discipline skills/behaviour management; parenting skills for positive reinforcement; improving parent-child relationships/interactions; problem-solving skills for parents and relaxation strategies (Rith-Najarian et al., 2021). Bennett et al. (2021) conducted

an updated systematic review on psychological treatments for post-traumatic stress disorder (PTSD) using 20 control trials, with specific reference to maltreated young people. Common elements of treatments included cognitive behavioural therapy (CBT), trauma focused CBT, animal assisted therapy, play and drama therapy and parent assisted therapy. Findings demonstrated that trauma focused CBT was the best intervention in improving youth mental health (Bennet et al., 2021). Pedersen et al. (2019) presented evidence for family- and parental-focused interventions on mental health outcomes for children. Interventions focused on caregiver training (some including the Triple P parenting program), psychoeducation, behaviour therapy, mental wellbeing, and quality of life therapy. The majority of family focused interventions showed positive outcomes for child and youth mental health and wellbeing (Pedersen et al., 2019). Bendall et al. (2020) conducted a systematic review and synthesis of trauma-informed care within outpatient and counselling health settings for young people. Their analysis suggested that key-goals of trauma specific treatments emphasised the need for improving screening, assessment, and access to trauma specific treatments. Additionally, an emphasis should be placed on youth and family participation, youth and family-centred care (Bendall et al., 2020).

Kumm et al's., (2019) systematic review evaluated the methodological characteristics and effectiveness of mental health interventions delivered in juvenile justice settings on symptoms associated with internalising disorders (those characterized by anxiety, depressive, and somatic symptoms). Eleven studies were included, and findings indicated there was some marginal positive effects across internalising symptoms, depression, anxiety, PTSD and trauma. Common intervention types were CBT, Dialectical Behaviour Therapy (DBT) and psychoeducational group interventions (Kumm et al., 2019). Tejada-Gallardo et al. (2020) used meta-analysis to evaluate and compare the effects of school-based psychological interventions aimed at improving well-being and reducing psychological distress in adolescents. They found evidence for the efficacy of school-based multicomponent positive psychology interventions (MMPI) in improving mental health in the short and long-term. Interventions used several therapeutic models, including acceptance and commitment therapy, anxiety-management, MMPI, and positive youth development and well-being therapies (Tejada-Gallardo et al., 2020).

Implementation

The meta-analyses included here also provided insights into program implementation. Elements that were highlighted included the association between provider adherence to

intervention protocols and program fidelity in improving outcomes (Haine-Schlagel et al., 2021). Haine-Schlagel et al. (2021) determined that caregiver attendance was associated with youth mental health improvements, as well as elements like parental motivation, provider reinforcement, appointment reminders and accessibility promotion. Venturo-Conerly et al. (2022) identified that mechanisms like provider support, phone contact and technological troubleshooting services for remote therapies were important to participation and implementation. Rith-Najarian et al. (2021), established that interventions should be cognisant that not all young people will be symptomatic at the time of engagement and screening. Bennett et al. (2021) identified that prolonged exposure to therapy was helpful in reducing PTSD. Pedersen et al. (2019), explored improvements gained via using non-specialists (facilitators, childcare and social workers) to implement and deliver interventions and emphasised that there is potential in using local trainers, supervisors and family members to increase the effectiveness of programs. Kumm et al, (2019) underscored the need for mental health interventions to be incorporated into daily activities in justice facilities.

Evaluation

A range of variables are used to assess mental health interventions. Demographic information is often collected about children, particularly their age, ethnicity, family environment, educational environments and mental health status (Bennett, 2021; Haine-Schlagel, 2022; Rith-Najarian et al., 2021). There are then key measures of the intervention themselves, for instance the style or type of program (CBT or trauma-informed), its outcome focus (behavioural and psychological) and design elements (delivered online or in person). The role of parents, caregivers and educators are often key components of the analysis (Haine-Schlagel, 2022). Program fidelity, meaning how well the handbooks or program rules are adhered to, are also commonly assessed, along with provider engagement and adherence. This also includes measurements of program delivery, for example elements like attendance, type of provider (educator, practitioner), cultural engagement, number of sessions, timing of delivery (early intervention vs after diagnosis) and understanding the influence of short or long-term periods of engagement (Pederson, 2019; Rith-Najarian et al., 2021; Tejada-Gallardo et al., 2020). Finally, reference to measuring mental health and establishing baseline measures were listed as important to the evaluation of outcomes (Bendall, 2021).

Substance abuse programs targeting youth

Research has demonstrated a relationship between substance abuse among adolescents and children and violent criminality in adulthood (Sinha & Easton, 1999). Likewise, a relationship has also been found between substance abuse and involvement in violent extremism (Koehler, 2019; Simi et al., 2016). Substance abuse can present as a vulnerability to radicalisation amongst youth (Koehler, 2019). Also, drug use in radicalised environments presents a barrier to deradicalisation (Koehler & Popella, 2019). As such, investigating interventions aimed at reducing substance abuse among young people can potentially offer lessons for youth P/CVE initiatives.

Substance abuse interventions rely on a range of approaches and can draw on social and health frameworks. These are defined as efforts intended to correct, change or ameliorate substance abusing behaviours and conditions, particularly those which impact the normal functioning of the individual. There are many varied programs and initiatives designed to impact youth substance abuse. This is demonstrated when exploring the top ten current systematic reviews included here. Among these studies programs include Juvenile Drug Treatment Courts (JDTC) (Wilson et al., 2019), The Seven Challenges® Program (Parisi et al., 2021), continuing care models (McKay, 2021), drug and alcohol combined approaches (Demant & Schierff, 2019), physical activity interventions (Simonton et al., 2018), culturally focused programs (Liddell & Burnette, 2017), alcohol interventions that indirectly influence drug use (Tanner-Smith et al., 2015), the use of emergency department interventions (Newton et al., 2013), school-based programs (Stigler et al., 2011) and technology-based interventions (Marsch & Borodovsky, 2016).

What is effective

While the literature highlights that there are many benefits to intervening in youth substance abuse, statistically the effects of programs are often not found to be significant, primarily due to implementation inconsistencies and study biases (Das et al., 2016; Melendez-Torres et al., 2016; Stockings et al., 2016). Consequently, in recent years meta-analyses have been undertaken to explore more nuanced aspects of substance abuse interventions. The 10 reviews analysed here combine best practice efforts explored in the literature regarding the management of young people's substance abuse. To begin, Parisi et al. (2020) conducted a systematic review on the effectiveness of The Seven Challenges® program (7C) which is an intervention that includes adolescents with substance use disorders and co-occurring problems. The authors

explored the cognitive behavioural elements of 7C, particularly how using client-centred therapy, models of change and motivation for treatment improved behaviours linked to substance abuse (Parisi et al., 2020). Results, show that 7C was associated with reductions in substance use, mental health problems and criminal behaviour. Particularly among young people, 7C lowered the frequency of substance use and specifically reduced rates of cannabis and alcohol use. McKay (2021) explains that continuing care is an important component of effective treatment for substance use disorders. That is, providing lower-intensity treatment following highly intensive periods via medical check-ups, residential care, outpatient programs and aftercare can improve program effectiveness. McKay (2021) concludes that the research base supports the efficacy of a continuing care model for adolescents and that individuals with a high level of relapse benefit the most.

Wilson et al. (2019), undertook a systematic review of the quantitative and qualitative evidence base for juvenile drug treatment courts (JDTCs). JDTCs rely on multiple partners across social, legal and familial institutions. The model is based on therapeutic jurisprudence involving the integration of mental health, behavioural change and psychological support to impact legal processing amongst young people (Wilson et al., 2019). An investigation of 59 studies revealed four key themes as relevant to program integrity: having families as stakeholders, ensuring accountability, compliance and consistency, the availability of community/school services and adherence to the needs of JDTC clients (such as mental health treatment). Demant & Schierff (2017) conducted an in-depth investigation on the content of youth substance abuse interventions. Their qualitative analysis grouped programs content into five categories: information/testing-based prevention, skills-training, family components (e.g., parental engagement), developing new skills (e.g., learning new social skills) and incorporating digital features (Demant & Schierff, 2017). Each of these were found to provide improved outcomes (Demant & Schierff, 2017).

Simonton et al. (2018) drawing on 17 articles examined intervention characteristics and measures of substance use among young people engaged in physical activity programming. Results indicated that school-based physical activity interventions can be effective in decreasing youth substance use, even when they deploy one-off health consultations (Simonton et al., 2018). Liddell & Burnette (2017) analysed the impact of culturally-informed programs delivered to Indigenous youth in the United States. Drawing on 14 articles, key outcomes included increased benefits for youth as a result of including cultural elements (Liddell & Burnette, 2017). Tanner-Smith et al. (2015) conducted a systematic review investigating the

effects of brief alcohol interventions for adolescents on alcohol and illicit drug use. Brief interventions typically consist of one to five sessions delivered by a psychologist and draw on cognitive behavioural therapy. Analysis of randomized or controlled quasi-experimental designs revealed that targeting both drug and alcohol problems reduced use in both areas. However, targeting only alcohol did not produced any beneficial impacts on drug use (Tanner-Smith et al., 2015).

Newton et al. (2013) investigated brief interventions delivered in emergency departments aimed at substance abusing young people. The authors assessed how the provision of a brief intervention in hospital settings aimed at harmful and hazardous use impacted future drug consumption. Results concluded that the benefits of emergency department (ED) interventions were inconclusive. However, promising approaches included motivational interviewing, therapist-client collaboration, evoking ideas about change and emphasising client autonomy (Newton et al., 2013). Stigler et al. (2011) identified that for school-based interventions to be effective they should include theoretically informed approaches that address behavioural norms, build skills to resist peer pressure, involve teachers, community leaders and are developmentally and culturally appropriate. Marsch & Borodovsky (2016), identified that technology-based interventions can provide significant benefits, particularly the leveraging of computer, mobile and web technologies that are appealing to youth. Such efforts also help to expand access and provide continuing care (Marsch & Borodovsky, 2016).

Implementation

The studies reviewed here also offer insights into issues related to program implementation. Parisi et al. (2021) explored how a focus on client-centred therapy and models of change help to increase motivations for treatment. The 7C program enables young people to identify their own concerns and make informed decisions about behaviours they wish to change. As such, using cognitive-behavioural strategies and teaching coping skills were key elements of implementation. McKay (2021) highlighted that the nature of substance using among young people evolves over time and as such interventions should include ongoing assessment to offer flexible and adaptable care and treatment. Evaluations of JDTCs explored the importance of understanding how the broader institutional and social context influences the quality and effectiveness of specific support. For example, families can require support to partner with the courts to facilitate engagement in an intervention (Wilson et al., 2019). Furthermore, JDTCs should include additional assistance such as mental health services, family therapy and school support. Other important elements include additional follow-up (Simonton, 2018), and training

and support for program staff (Stigler et al., 2011). In community and school-based settings key implementation considerations included developing connections to the wider community, delivering multiple sessions over extended periods of time, using peer-leaders and employing interactive teaching techniques (small group activities and role plays) to engage young people (Stigler et al., 2011).

Evaluation

Studies on school-based programs indicate assessments of program effectiveness should include variables that measure whether the intervention is theory driven, are focused on measuring behavioural norms and are conducted across multiple sessions over an extended period of time (Stigler et al., 2011). Parisi et al. (2021) explore how intervention duration/frequency predicted outcomes, along with the professional backgrounds of the intervention facilitators and whether programs were implemented with fidelity. Measuring whether young people had co-occurring psychological or conditional problems was also important (Parisi et al., 2021). Wilson et al. (2019) explored specifically how measuring family and parental involvement was a key theme within evaluations included in their meta-analysis of JDTC's. Particularly the focus on family cohesion and functioning, parental drug use or mental health issues and parental support when young people were involved in the justice system (Wilson et al., 2019).

Sexual offending programs targeting youth

Sexual offending by young people is a significant issue and consequently the rehabilitation of such offenders has shifted from community-based care to the juvenile justice system (Underwood et al., 2008). Studies of young people have determined that key risk factors for committing such offences are often linked to their own victimisation. In particular, 47% of adolescent sex offenders had been reported as being sexually abused and 66% as being physically or sexually abused (Geradin & Thibaut, 2004). This cycle of offending shares some similarities with young people who have radicalised to violent extremism. For example, Simi et al. (2016) investigate a case whereby a participant revealed his trajectory towards violent extremism as being largely shaped by his own sexual victimisation. This raises the issue of how traumatic experience can influence radicalisation to violent extremism amongst young people, which can include sexual victimisation (Koehler, 2020).

Consequently, the above highlights that the exploration of sexual offending interventions for young people can provide knowledge on prospective P/CVE interventions. Sexual offending programs have a long history in targeting behavioural change, so they offer useful lessons. Nine systematic reviews were included here and looked at a range of interventions, specifically: preadolescent peer sexual abuse (PAPSA) (Tener & Katz, 2019), age-appropriate interventions (Campbell et al., 2018), the treatment of youth sex offenders with autism (Schnitzer et al., 2019), preventing intimate partner sexual violence (Graham et al., 2019), targeting youth sexual offending recidivism (Kettrey & Lipsey, 2018), treatment effects on youth sex offender psychosocial functioning (Ter Beek et al., 2018), the use of CBT interventions (Sneddon et al., 2020) the implementation of manualised treatments (Marsh, 2019) and the overall effectiveness of treatments (Reitzel & Carbonell, 2006).

What is effective

It should be noted that among children and adolescents, “harmful sexual behaviour” (HSB) is the preferred descriptor for problematic sexual conduct that often may constitute offences (Campbell et al., 2020; Schnitzer et al., 2020; Ter Beek et al., 2018). This is because such behaviours are observed among young people but do not consistently result in contact with the justice system. Tener and Katz (2021) determined that the prevention of preadolescent peer sexual abuse (PAPSA) interventions was of higher quality when they included elements like role playing and practicing of skills and parental involvement. Particularly these were associated with reductions of peer victimisation and lower levels of sexual victimisation at the six months follow-up.

Campbell et al. (2020) drawing on 13 studies across 5 nations determined that there were five key themes critical to the success of interventions. This included practitioner and participant relationships, the significance of the role of parents and carers, consideration of the contextual factors surrounding abuse, the role of disclosure during the intervention and the need to equip young people with skills and knowledge about sexual conduct (Campbell et al., 2020). The role of parents and caregivers was identified as significant, particularly in the reinforcement of messages provided to participants to ensure there was consistency following program sessions and the monitoring of children post-intervention to reduce the likelihood of future offending. Schnitzer et al. (2019) investigated six case studies that aimed to address youth HSB amongst those with autism spectrum disorders. They found that given children with autism often lack social skills, access to peers was a helpful addition to therapy for this group.

It was also determined that using CBT techniques help to reinforce pro-social behaviours amongst this group.

Graham et al. (2019) evaluated prevention programs for sexual, dating, and intimate partner violence. While their investigation did not find statistically significant difference between the intervention and comparison groups, they did find that for one program less sexual DV perpetration was reported by program participants. This was the “Coaching boys into men” intervention, which involved weekly participatory discussions on prevention and respect, signed pledges to change behaviours and participation in an anti-violence campaign (Graham et al., 2019). Kettrey & Lipsey (2018) assessed the impacts of psychosocial therapeutically oriented treatment focused on youth sexual offending. Many treatments within the review focused on fostering victim empathy, awareness and accountability as well as deploying CBT techniques. Further, young people who engaged in HSB were involved in programs designed to control their arousal, emotional regulation, relationship skills, self-monitoring and understanding their own attitudes and responsibilities (Kettrey & Lipsey, 2018). Such elements were identified as linked to the success of therapeutic interventions. Ter Beek et al. (2018), found significant moderate effects of treatment that addressed psychosocial functioning, which was identified as linked to treatments that focused on enhancing moral development and the empathy of young people displaying HSB.

Sneddon et al. (2020) investigated whether CBT reduced HSB in young men compared to other styles of treatment. They found that group-based CBT strategies improved victim empathy when compared to no treatment. CBT was also found to improve cognitive distortions when compared to simple sex education (Sneddon et al., 2020). Marsch (2019), examined how adherence (fidelity) to treatment manuals for juvenile sex offenders was important for intervention success and that this has a bearing on improved outcomes for young people. Reitzel and Carbonell (2006), conducted meta-analysis on the effectiveness of juvenile sex offender treatments and concluded that providing CBT programming and focusing on high-risk juvenile offenders was essential to the effective delivering of interventions.

Implementation

The studies reviewed here draw attention to elements that support successful implementation. Tener and Katz (2021) pointed out that the age of participants should influence the delivery and content of interventions. Graham et al. (2019) argued that program staff need to be educated on how best to support children. Campbell et al. (2020) explained that the rapport and

relationship between youth and practitioners was critical to the success of interventions and should comprise a non-judgemental approach underpinned by honesty and transparency. Schnitzer et al. (2019) echoed similar findings and state that interventions should use a strengths-based approach and adapt treatment to the specific needs of children.

Certain styles of delivery have also been identified as important. Kettrey & Lipsey (2018) explain that treatment models should include some variant of counselling. Sneddon et al. (2020) found evidence in support of group-based CBT interventions in improving victim empathy and cognitive distortions. Marsch (2019) determined that psychological testing and adherence to manualised treatment improves program delivery. Reitzel & Campbell (2006) found that adopting a multisystemic treatment approach that involved elements of CBT was promising.

Evaluation

Studies draw on different indicators to evaluate interventions that reduce HSB and youth sexual offending. These include collecting data from professionals who deliver interventions. Given sexual offending programs can often include staff training, evaluating the outcome of this training can provide an additional measure of program success. Interventions can also involve activities designed to reinforce learning and the degree to which they do this should be assessed. Also examining the involvement of family and carers is relevant to program evaluation (Schnitzer et al., 2019). Ways of improving future evaluation has also been identified. This includes distinguishing between offenders in an intervention who have a high or low risk of reoffending (Kettrey & Lipsey, 2018) and including measures that aim to identify psychosocial improvements (Ter Beek et al., 2018). Evaluations should capture information on the program setting and target audience, the types behaviours addressed, the number and length of program sessions, program duration, program topics and activities, delivery mode and details about who implemented the intervention. Measuring the degree to which interventions adhere to program manuals is also relevant (Marsch 2019; Reitzel & Carbonell, 2006).

Violent offending programs targeting youth

Youth who commit violent offences experience a range of vulnerabilities including interpersonal difficulties, contact with child protection services, diminished educational attainment and social participation, and are also at a higher risk of future offending (Australian Institute of Health and Welfare, 2021). These same factors are also present amongst young

people who have radicalised to violent extremism (Özerdem & Podder, 2011). There is therefore a link between factors that predict violent offending and those that predict violent extremism (Wolfowicz et al., 2020).

The top ten meta-analyses included in this review cover a range of topics that shed light on youth P/CVE. These include the effects of teen dating violence prevention programs (Lee & Wong, 2022), trauma-informed treatments on youth violence recidivism (Zettler, 2021), Aggression Replacement Training (ART) (Ensafdaran et al., 2019), preventing gender based violence (Crooks et al., 2019), prevention of youth violence in young Latino populations (Atienzo et al., 2018; Barton et al., 2020), effectiveness of developmental prevention programs (Farrington et al., 2017), dating and intimate partner violence interventions (Jennings et al., 2017) school-based psychosocial interventions (Healy et al., 2020) and violence prevention strategies for young people (Limbos et al., 2007).

What is effective

Lee & Wong (2022) conducted a systematic review on the impact of dating violence prevention programs, particularly on young people's knowledge, attitudes and behaviours. Their analysis concluded that such prevention programs were effective. Effectiveness was attributed to targeting changing attitudes addressing the acceptance of dating violence and promoting equitable gender attitudes (Lee & Wong, 2022). Zettler (2021) undertook a review of existing trauma-informed treatments on youth violence and recidivism. Their work focused on reviewing program evaluations, many of which provided trauma-informed programming designed for justice-involved youth. A key strategy identified within many of the included studies was the presence of CBT. It was determined the changing of antisocial thinking patterns and reducing psychological symptoms of trauma were effective at reducing violent recidivism among youth (Zettler, 2021). One key example of this was the Family Functional Therapy (FFT) a strengths-based, short-term, structured, family intervention for at-risk and delinquent youth. FFT consists of 12 sessions over 3-4 months delivered in a range of settings (home, school or clinical environments) following a phased model that addresses engagement; motivation; relational assessment; behaviour change; and generalization (i.e., facilitating and managing links to external services). Ensafdaran et al., (2019) conducted a meta-analysis on the efficacy of different versions of Aggression Replacement Training (ART), a behavioural, cognitive, and emotional intervention. ART is a 30-hour intervention administered to groups of 8 to 12 youths three times a week. ART consist of three core components: first teaching pro-social behaviours through a behavioural component, anger control techniques through an

affective component, and moral reasoning through a cognitive component (Ensafdaran et al., 2019). The systematic review revealed overall positive effects of ART on aggression, anger control, social skills, and moral reasoning among young people.

Crooks et al. (2019) explored program developments and evaluations to determine effective prevention strategies of gender-based violence (GBV) among adolescents. Findings indicate that effective primary prevention programs should address underlying attitudes, norms and behaviours that support GBV. Particularly that promoting nonviolent, equitable and respectful relationships is critical, particularly via targeting perpetrators knowledge, attitudes and behaviours (Crooks et al., 2019). This was also found to be more effective when delivered in school settings. Atienzo et al. (2017) identified 9 studies in their systematic review addressing interventions to prevent youth violence in Latin America. The majority of programs comprised multiple components delivered via schools and included elements such as training teachers or classroom-centred activities. Many programs involved family or community members. Positive effects on perceptions of violence were found (Atienzo et al., 2017). Barton et al. (2020) conducted a meta-analysis of targeted interventions for youth violence among Latinx youth. The authors specifically assessed the effectiveness of community, school, and family-based violence prevention interventions. The key outcome measures were a decrease in violence exposure, perpetuation of violence, and externalizing behaviours. School and family-based efforts were found to be better at reducing aggression and violence, compared to community interventions (Barton et al., 2020). It was also determined that when parents underwent training to address their children's aggression, there was a reduction in violence, externalising behaviours and school misconduct.

Farrington et al. (2017) undertook a systematic review on the effectiveness of developmental prevention programs in reducing delinquency, aggression, and bullying. Programs were designed to prevent antisocial behaviour, targeting children and adolescents with the aims of changing individual, family, or school risk factors (Farrington et al., 2017). Overall, it was determined that developmental prevention is effective, particularly when implemented in schools, involves parents, and applies multi-systemic therapy (Farrington et al., 2017). Jennings et al. (2017) investigated dating and intimate partner violence interventions among young people and found mixed evidence regarding their effectiveness. One program was found to be effective - The Fourth R program - delivered to high school-aged youth. The program focused on three units: (1) personal safety and injury prevention, (2) healthy growth and sexuality, and (3) substance use and abuse, as well as school-level components including:

teacher training on dating violence and healthy relationships, information for parents, and student-led safe school committees (Jennings et al., 2017).

Healy et al. (2020) conducted meta-analysis on school-based psychosocial interventions and their effect on aggression among elementary school children. Of the fifteen studies included, fourteen reported positive effects on aggression through improvement in emotional and/or social competencies. Programs addressed the social-cognitive and social-emotional processes that underlie aggression and violence, and included strategies aimed at recognising and regulating self-emotions and appreciating the perspective of others. Establishing and maintaining positive relationships provided a foundation for the reduction of aggressive behaviours (Healy et al., 2020). Finally, Limbos et al. (2007) investigated 41 studies in their systematic review of interventions to prevent youth violence. Primary interventions were found to be particularly efficacious, for example the “Responding in Peaceful and Positive Ways” for 7th graders was highlighted. This program is a skill building and conflict resolution program (Limbos et al., 2007).

Implementation

The violent offending literature provides key lessons for implementation. Lee and Wong (2022) found that programs required a focus on improving behaviours as opposed to only changing attitudes and beliefs to ensure a reduction in violence. Program length was also identified as relevant to effectiveness, with Limbos et al. (2007) also echoing this finding, in that interventions lasting longer than a year were found to be more effective. Zeitler (2020) highlighted the importance of implementing psychosocial interventions that focus on enhancing behavioural regulation, interpersonal skills, group sharing, processing of grief and creating future looking orientations. Ensuring that participants are attentive during the delivery of programs was also seen as significant to their delivery. Ensafdar et al. (2019) explored how ART participants differed in the extent to which they are engaged with the intervention. Significant effects in reducing aggression were higher in groups that were attentive than those who were resistant to program participation. Atienzo et al. (2017) recommended that programs should involve different actors (police, community leaders, and family).

Barton et al., (2020) highlight that community targeted interventions need to be sustainable, cross-departmental, independent and set realistic expectations about their effectiveness. Jennings et al., (2017) identify several important elements to consider when delivering programs to young people: focusing on risk factors such as depression, poor educational outcomes, troubled relationships, substance use, psychosocial functioning, gender

roles, self-esteem, anger management, exposure to sex and violence and low socio-economic status. The literature also reflects that the delivery setting can influence program outcomes (Healy et al., 2020).

Evaluation

When evaluating interventions that aim to reduce violent behaviours amongst young people a range of issues were raised in the included studies. This includes having measures capturing changes in attitudes and behaviours (Lee & Wong, 2022). Recording detailed information on treatment characteristics (Lee & Wong, 2022) and trauma-informed practices (Zettler 2020). Using reoffending as an outcome measure (Farrington et al. 2017) and including control and intervention groups (Ensafdar et al., 2019). The need to consider how sociodemographic characteristics of young people influence program outcomes is highlighted (Atienzo et al., 2017). The need for standardised instruments/indicators to measure outcomes for violent offender youth programs is recommended given many studies do not adopt a common or consistent metric (Barton et al., 2020). Other recommendations included the need to have repeated periods of data collection and follow-up with program participants to see if program outcomes are sustained (Farrington et al., 2017; Healy et al., 2020; Jennings et al., 2017). Understanding the differential impact amongst target groups based on gender, race and ethnicity is also identified as relevant (Limbos et al., 2007).

Implications for youth P/CVE interventions

The MSSV literature provides insights into promoting behavioural change amongst youth and informative lessons for P/CVE program design, implementation and evaluation. The broad implications are as follows.

In the context of approaches that are effective in assisting youth, the following conclusions can be drawn:

- Interventions should ideally involve carers, family members, teachers, and where possible community members. Training these third parties so they can assist and be involved in aspects of an intervention is important.
- Interventions should be trauma informed and client centred.
- Interventions should incorporate a range of supports across different settings.
- Cognitive behavioural therapy (CBT) is effective in changing problematic behaviour.

- Multisystemic Therapy (MST) is effective in targeting youth deviance.
- Interventions should also focus on improving lifestyles and physical health.
- Motivational interviewing helps to generate behavioural change.
- Models of continuing care should be adopted.
- Interventions should include approaches that include anger management, moral reasoning and emotional regulation.
- Role playing can help model pro-social behaviours.
- Developing empathy towards groups affected by behaviours can be effective.
- Programs must involve trained professionals.
- Client capacities and the influence of socio-economic status will influence client progress.

When implementing programs, the following conclusions can be drawn:

- Staff need to adhere to program protocols.
- Length of exposure to an intervention is related to client change and progress.
- Interventions need to adopt adaptive forms of treatment responsive to changing client needs.
- Program staff should receive applicable training on intervention delivery.
- Rapport building with clients is an important practice.
- Programs should be transparent in how they operate, and staff must be open and honest with clients.
- Client resistance needs to be managed.
- Programs should combine different treatments e.g., CBT and MST.

In evaluating programs, the following conclusions can be drawn:

- Evaluation should be theory driven.
- Baseline data on clients ought to be recorded.
- Information from third parties involved in an intervention should be collected.
- Evaluation should examine the process of program delivery, treatment characteristics and levels of client attendance.
- Assessments should include measures of family involvement.
- Staff feedback should be sought on program delivery and client change.

- Difference in outcomes should be assessed relating to high and low risk clients and variations in client outcomes by gender, race and ethnicity.
- Evaluation should examine sustained outcomes over time, requiring client follow-up.

Part 3: Subject Matter Expert Interviews

In this section the results from the SME are presented. As noted, six SME interviews were conducted. The interviews range from 30-45 minutes revolving around five questions. They were:

1. How should youth rehabilitation and intervention be different from adult P/CVE interventions?
2. In relation to program design are there any issues/processes that need be considered when developing youth specific interventions?
3. In relation program implementation are there any issues/processes that be considered when implementing youth specific interventions?
4. In relation evaluation are there any issues/processes that need be considered when developing youth specific interventions?
5. Are there unique skills, training or knowledge needed to intervention with radicalised youth?

There is not the space here to provide in-depth verbatim quotes, instead a summary of key points raised by interviewees in response to each question is provided. The data was thematically coded in relation to the above research questions.

Should youth rehabilitation and P/CVE interventions be different?

- Youth P/CVE interventions will be different in some ways to adult programs, but the guiding frameworks do not vary with strategies that are aiming to replace “one coping mechanism with another coping mechanism” (SME 2).
- Engaging youth in P/CVE will draw on traditional youth work approaches, CBT, systemic family therapy and typical case management support.
- Some radicalised youth will have a long history of interactions with youth services and other government agencies (e.g., child protection, education departments, human services) due to their complex vulnerabilities. It is important to understand how these agencies operate and not to “use language that will alarm different partners” (SME 6) e.g., teachers, youth/social worker, or case managers. P/CVE can be seen as an

unwarranted addition, and it needs to be communicated that P/CVE has something additional to contribute to the myriad of support already provided and has a stake in holistic case management support.

- Compared to adults an important factor is to ensure that youth P/CVE schemes take account of developmental considerations and that programs are developmentally appropriate. Such considerations include accommodating variations in youth executive functioning, emotional developmental, and possible neurodevelopmental issues (impact of autism spectrum disorder or attention deficit hyperactivity disorder).
- Interventions need to be trauma informed and recognise that experiences and the meaning of trauma can vary for youth from different socio-economic backgrounds (see also below training results).
- Youth who have radicalised are at developmental stage where there is greater scope to shape decisions and behaviours. However, there are challenges if they are socialised into extremism early in their life by immediate and extended family members and friends. This means there can be less opportunity and scope to work with them to limit their exposure to such social environments. This can be compounded by the fact there may be a limited number of options relating to alternative social ties, or an established history of work and educational achievement.
- Interventions need to also focus on informal engagements, and engaging youth through activities they find appealing and enjoyable.
- Interventions should aim to develop emotional insights through motivational interviewing.
- Assistance should involve helping youth to organise daily routines and manage their daily living, which will have a bearing on their capacity to engage in an intervention.
- Interventions must provide youth with resources to cope with setbacks and stressors occurring in their lives e.g., parents divorcing or deteriorations in relationships with significant others such as partners or friends.
- Youth are at an important stage in their lives where they are trying to assert control over their identity. Assistance needs to give youth a sense of mastery over their identity formation and sense of purpose in life, and not dictate the process or direction.
- Family involvement is critical to the success of youth P/CVE interventions. This includes family members acting as an important information source in helping to collate information on their child's background and how developmental experiences have

shaped their child. Family members are also essential to monitor client progress and as a source for client motivation.

- Programs need to provide support to family members so they can assist their son or daughter in achieving intervention goals.
- Family counselling should be an essential part of youth P/CVE.
- It needs to be recognised that having a child charged for a terrorism offence and seeing them progress through the court system can be traumatic for family members.
- In some cases, family support needs to be provided when a youth incarcerated for a terrorist offence transitions from youth justice into the adult correctional system. Parents need to be made aware of expectations in relation to levels of engagement, support and security procedures that will differ.

What issues should be considered in program design?

- Youth P/CVE programs need to have clearly defined aims.
- Engaging youth in P/CVE can raise legal issues around consent, age of responsibility and intervention providers need to be aware of whether they can legally approach or engage children or adolescents.
- Programs need to have clearly defined target groups relating to age.
- There needs to be clearly defined procedures for referral and intake.
- Intake procedures must identify the degree of radicalisation to assess the appropriateness of referral, but to also understand the drivers of radicalisation and if intervention is required.
- Risk assessments tools e.g., VERA 2R should be used to inform the development of intervention plans and case reviews. They should be used alongside a variety of assessment tools.
- There should be procedures for case review that involve independent scrutiny of client management and progress.
- Some ideological factors may influence the level to which a radicalised youth engages and reacts to staff (e.g., staff who are female or of certain racial and ethnic backgrounds).
- Interventions need to incorporate pluralistic elements that will have a variety of components addressing lifestyle, mental health, problem solving, emotional regulation, and education achievement. This requires a network of service providers.

- Youth P/CVE needs to focus on how to compliment services and add value, given youth who are vulnerable to radicalisation may already be receiving assistance e.g., by child services, so the aim should not be to duplicate, but enhance support. This means that the training of other service providers about violent extremism and its links to youth behaviours is an essential part of youth P/CVE.
- When an intervention involves support for a youth and their family members, it is important to have separate counselling processes that strategically align with each other. While these services have the same goal, there should not be any conflict of interest in relation to information provision or confidentiality.
- Program planning needs to include protocols for data access to inform case assessment and review, given data can be spread across number of systems and agencies that is not always made accessible to intervention staff.

What issues should be considered in program implementation?

- When directly engaging with radicalised youth, consideration needs to be given to how environmental factors, such as family functioning and school participation, might be influencing client change and progress.
- It needs to be acknowledged that parents may be a source of a child's radicalisation and can be resistant to their child's participation in a P/CVE program. The benefits of participation need to be explained and there should be a focus on motivating parents to also engage openly. In some case parental consent may be provided but later withdrawn due to suspicions about the program and its relationship to security/policing agencies.
- When engaging youth, practitioners need to consider their history of contact with authorities e.g., police, how this might shape levels of engagement with a governmental program.
- Programs need to operate in a transparent manner and staff need to clearly clarify their roles and responsibilities. For example, responsibilities if a youth is presenting a significant risk of self-harm or reports the commission of a criminal offence. If this does not occur and an incident is reported to relevant authorities, then this can impact on the level of trust between a client and staff member and influence the disclosure of sensitive information.
- Youth P/CVE interventions need to be independent from police and security agencies
- The development of relationships of trust with youth and building rapport is essential to engaging youth in an intervention. This means the focus of engagements should not

be on the offence that led to their referral, but asking about broader domains in a youth's life and their aspirations.

- Staff need to be creative - also applicable to development of client trust – in how they engage youth. This requires knowledge about a youth's personal interests (music, sport, leisure) and drawing on activities that align with those interests.
- Supports cannot simply focus on psychological assistance or vocational/educational goals. It may also be relevant to include anti-racist messages and geopolitical education.
- While instructive, violent extremist risk assessment tools have a limit in being informative for case planning and decisions relating to the selection of individual supports. They can be useful in assessing client eligibility and if a client presents too high a risk to be managed by intervention staff.
- Program implementation needs to include helping existing service providers to better understand the nature of the extremist thinking, how it might shape attitudes and behaviour, and how case planning can contribute to decreasing ideological beliefs.

What issues should be considered in program evaluation?

- Youth P/CVE program evaluation models should be underpinned by a theory of change and a logic model.
- For some types of activities and supports outcomes can be more intangible, e.g., informal support provided through being a non-judgemental listener and a willingness of a client to engage in dialogue about personal struggles and problems.
- Direct reductions in levels of violent extremism are impossible to measure. Evaluations cannot define outcomes in the context of compliance to legal orders, terrorism convictions, recidivism, or national security concerns.
- Evaluation will not necessarily be able to capture changes in ideological beliefs, but rather assess improvements around child and adolescent vulnerabilities and developmental challenges – focusing on whether these areas have improved which will then help to generate changes in extremist beliefs that were previously on display.
- Indicators of change and metrics need to look at a mix of outcomes which may be highly individualised. For example, individualised progress might encompass such behaviours as an at-risk youth who has been assessed as having low self-esteem, building his/her confidence to look for a job or volunteering to do public speaking at their school or a community centre.

- Metrics need to include changes in behaviours related to schooling and indicators of improvements in social integration such school attendance, engaging with other peers, participating in sporting activities, and decreases in violent tendencies.
- Evaluation should include measures of the number of supports that are in place that were not previously available to a client, and how well that a person is engaging with those supports.
- Assessments of system-based work is applicable relating to the impact of training, outcomes from consultations with other agencies and partners, assessment of peer supervision, sources of referral and numbers of clients that consent to participate.

What skills and knowledge are important?

- Social media literacy is important when it comes to understanding youth radicalisation. This includes knowledge and training on the types of materials youth are engaging with online and how it is packaged to be appealing, and nature of the platforms that youth are accessing.
- Knowledge of the influence of trauma is relevant to youth pathways into and away from violent extremism. This includes the types of trauma youth can experience and how this can be different from traditional definitions of trauma and can vary for youth. For example, failing to achieve at school or get a job, fighting with their parents, falling out with peers, these experiences can all be traumatic for youth and shape behaviour. Clients might experience trauma because they have failed to do something well or achieve a goal in the context of an intervention. Informing agency partners about how trauma varies and breaking down assumptions about trauma and what it constitutes, is an important part of training and capacity building.
- Staff need to be able to manage client resistance and various ruptures / setbacks that youth may experience and are a part of adolescence.
- Staff need to be skilled in relationship building, which is important in sustaining client participation. This includes building rapport with family members. For example, parents may suddenly withdraw support for their son or daughter being involved in an intervention. However, this could be result of undisclosed issues or problems in the family home, which will only be revealed if a trusting relationship has been developed with a case manager.
- The role of shame in shaping youth engagement in an intervention is important to consider, with restorative justice elements relevant to helping youth disengage.

- It is important for staff to understand how their own prejudices and stereotypes might influence thoughts and behaviour towards a youth client. For example, some radicalised youth can come from a middle-class upbringing, with them regarded as simply spoilt and ungrateful. The focus should be on the behavioural pathologies driving behaviour.
- Staff understanding both youth culture and the extremist ideological background is important to being able to share the same language and ideas with a client.
- It is important not to overrate the significance of theological counselling - e.g., for Muslim youth - with youth often not interested in engaging in theological debates or with religious texts.
- Agency and staff training on case management should not simply be framed around youth development and vulnerability, but also include frameworks that communicate the meaning and appeal of extremist groups for youth and the different ideological elements in shaping attitudes and behaviours.

Conclusion and Recommendations

This project set out to identify strategies and approaches that are effective in assisting and rehabilitating youth who have been imprisoned for terrorist offences or identified as at risk of radicalisation due to their behaviours and associations. To do this, we have reviewed a wide evidence-base across radicalisation studies, P/CVE, and the fields of mental health, substance abuse, sexual and violent offending (MSSV). Our review of the existing literature has also been complimented by a small number of interviews with Subject Matter Experts (SMEs). We found that the evidence around youth P/CVE is limited in scope in relation to identifying what works. Few studies have set out to evaluate specific interventions and those that have are of varying methodological quality. We identified several key documents within the grey literature that make recommendations on engaging youth in P/CVE, but explicit evidence in support of the effectiveness of various approaches is lacking. In the area of MSSV interventions the knowledge base around what works is more robust and hence our approach of undertaking a “review of reviews” to summarise the most salient research findings. As we have stated throughout, given the overarching aim of MSSV interventions is to generate behavioural change - identical to youth P/CVE - and the overlap between risk factors for violent extremism and other types of offending and problematic behaviour, the MSSV field offers potentially relevant insights. In conjunction with our traditional evidence review of the literature, the SME results point to several key approaches and considerations derived from practitioner

experience. It must be acknowledged though there are limitations in the evidence-base that was drawn on and, in the methodology adopted.

Despite the diversity of evidence investigated and the varying quality of that evidence, several consistent and overlapping findings and themes are evident. For example, within both the P/CVE academic and grey literature and the MSSV studies, importance is placed on family involvement and participation in an intervention, with this also emphasised by the SMEs. It is valid to conclude that family participation is linked to program effectiveness. Therapies such as CBT, assistance with emotional regulation, moral reasoning, empathy, and cognitive development are consistently raised as viable in generating behaviour change across our data sources. Rapport building with youth and youth work approaches are also consistently identified as essential, as well as interventions being trauma informed. Professional training in intervention design and delivery, and on behavioural drivers were identified as essential to effective program delivery across the P/CVE, MSSV fields and SMEs. Across these data sources there is also a focus on ensuring programs are developmentally appropriate and that expectations about client change need to take account of developmental and emotional capacities. Finally, across the P/CVE, MSSV fields and SMEs informal forms of engagement involving non-clinical and non-vocational/educational activities are regarded as essential to program impacts. When it comes to program design there was the consistent finding relating to the need for interventions to be transparent in how they operate, and that they must be underpinned by standard operating procedures and intervention protocols. The utilisation of multi-agency responses was a consistent finding. In relation to the task of program evaluation, the challenges of demonstrating cause and effect in relation to the direct impact of an intervention on youth behaviours is evident. The need to draw on a variety of outcome measures is highlighted across the P/CVE, MSSV fields and SME results, with metrics needing to focus on measuring a variety of cognitive and behaviour outcomes. Some of these outcomes may not necessarily be directly related to reductions in specific offending behaviours. They will be concerned with change relating to psychopathology deficits and risks that have a compounding impact on criminal offending and problematic behaviour. Based on the evidence reviewed here the following recommendations are made in relation to specific forms of treatment and assistance targeting radicalised youth and key principles⁴ that need to underpin interventions:

⁴ These recommendations can be understood as principles of program integrity. Program integrity can be defined as comprising foundational standards that should inform decision-making and practice relating to program development, implementation and evaluation. It is also known as structural integrity (Cherney, Belton & Koehler, 2020). It is argued in the literature that if a program adheres to principles of structural integrity, there is a greater likelihood of success (Koehler, 2017; 2018).

- Standard treatments and practices such as CBT, motivational interviewing, family counselling, youth work, diversionary activities focused on educational/vocational goals, and leisure/lifestyle activities help to generate behavioural change amongst radicalised youth and should be incorporated into intervention plans based on need.
- Interventions need to include a variety of supports incorporating formal and informal assistance. The latter should be targeted to the personal interests and motivations of clients.
- Interventions should consider how the development of empathy towards others might be relevant to youth P/CVE.
- Trauma informed frameworks need to underpin youth P/CVE and take account of the various ways in which youth experience trauma.
- Family involvement and assistance is an essential part of youth P/CVE interventions and should actively incorporate family members in the planning and implementation of intervention plans, but also include direct assistance to parents and family counselling.
- Intervention staff need to be skilled in engaging youth which includes a capacity to build rapport and engage in a creative way that places them at the centre of the process.
- Youth P/CVE interventions need to adopt multi-agency/holistic approaches. However, interventions must not duplicate existing supports that some youth may already be receiving but focus on complimenting and adding value to these responses. This includes having an educational role in informing agencies about how extremist thinking and content is shaping youth behaviour.
- Programs need to have clearly defined goals, target groups, and should be underpinned by a theory of change.
- Inclusion / exclusion criteria must be adopted in relation to referral and intake and utilised to minimise inappropriate referrals.
- Programs must be responsive to client needs and take account of differences in developmental, emotional, and psychological capacities.
- Interventions should address multiple needs which on their own might not lead to violent extremism, but when coupled with other social deficits and cognitive dysfunctions compound the risk of radicalisation.
- Interventions must operate in a non-stigmatising fashion in the language used when engaging youth, families and other partners and should be non-judgemental when

focusing on client and family deficits and should also emphasise strengths and aspirations when developing intervention plans.

- Client engagements must be underpinned by transparency and trust and should include clarification of staff responsibilities in relation to the reporting of offending behaviours or client risks to program managers and authorities.
- Evaluation will involve proxy measures that focus on improvements in executive functioning and various forms of behavioural change, and which thereby reduce risk and vulnerability to extremism.
- The impact of youth P/CVE programs will not be same for each client and must also capture individualised outcomes.
- Data on program outcomes should be collected from a variety of sources including program staff, parents, support services as well as clients themselves.
- Capacity building is an essential part of youth P/CVE. This not only includes the training of program staff on intervention design and implementation, but also enhancing the knowledge of staff and service providers as to the drivers of violent extremism, different violent extremist ideologies and the influence of on-line content and how this shapes youth behaviours.

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Appendix A

Youth P/CVE academic literature key work search terms:

(youth* OR young* OR adolesc* OR child* OR teen* OR juven* OR minor*) AND ("violent extremi*" OR radicali* OR extremi* OR terror* OR terrori* indoctrinat*)

Table 1 - MSSV key word search terms:

<p><i>Mental health:</i> (youth* OR young* OR adolesc* OR child* OR teen* OR juven* OR minor*) AND ("mental health*" OR "mental disord*" OR "menta* ill*") AND (program* OR interven* OR rehab* OR treatment* OR recovery* OR desist*) AND (systematic review OR meta analysis)</p>
<p><i>Substance use:</i> (youth* OR young* OR adolesc* OR child* OR teen* OR juven* OR minor*) AND (substance* OR "substance abuse*" OR drug* OR "drug crime" OR "drug offending" OR addict* or "drug trade" OR smuggl* OR drug-crime*) AND (program* OR interven* OR rehab* OR treatment* OR recovery* OR desist*) AND (systematic review OR meta analysis)</p>
<p><i>Sexual offending:</i> (youth* OR young* OR adolesc* OR child* OR teen* OR juven* OR minor*) AND (abus* OR groom* OR incest* OR molest* OR paedo* OR paraphile* OR pedophil* or rape* OR rapist* or "sex offender" OR "child sex offender") AND (program* OR interven* OR rehab* OR treatment* OR recovery* OR desist*) AND (systematic review OR meta analysis)</p>
<p><i>Violent offending:</i> (youth* OR young* OR adolesc* OR child* OR teen* OR juven* OR minor*) AND (murder* OR "violent crime*" OR homicide* OR assault* OR violen* OR "serious crime*" OR kill* OR shoot* OR stab* OR infanticide* OR femicide* OR slaught*) AND (program* OR interven* OR rehab* OR treatment* OR recovery* OR desist*) AND (systematic review OR meta analysis)</p>

Table 2 - Grey Literature sites and sources:

Type		Country	Website Search results yield *youth *radicalisation OR radicalization	Policy focussed	Empirical (if no: reports, blogs, conferences, roundtables, testimonials, memorandum, subcommittees)	Publications indexed	Peer reviewed	Evaluation metrics	Best practice / integrity guidelines
Government	National Criminal Justice Reference Service ⁵	US	109	No	No	Yes	--	--	--
Government	Public Safety Canada ⁶	Canada	4	Yes	--	--	--	--	--
Independent	Hedayah ⁷	UAE	63	No	No	--	--	--	--
Government	Department of Homeland Security ⁸	US	48	Yes	Yes (3)	No	No	Yes	Yes
Independent	Institute for Strategic Dialogue ⁹	Transnational	43	Yes	No	--	--	--	--
Government	Youth Justice Board	UK	--						
Research	Radicalisation Research ¹⁰	UK	62	No	Yes	Yes	--	--	--
Independent	Royal United Services Institute (RUSI) ¹¹	UK	51	Yes	Yes (3)	No	No	Yes	Yes
Research	National Consortium for the Study of Terrorism and Responses to Terrorism (START) ¹²	US	82	Yes	Yes (1)	No	No		Yes
EU	Impact Europe ¹³	EU	n/a		Yes (1)	No	Yes	Yes	Yes
Independent	RAND ¹⁴	Transnational	58	Yes	Yes (3)	No	No	Yes	Yes
Government	Australian Federal Government	AU	n/a	Yes	No	--	--	--	--
EU	Radicalisation Awareness Network (RAN) ¹⁵	EU	n/a	Yes	Yes (3)	No	Yes	Yes	Yes
EU	Council of Europe ¹⁶	EU	102	No	No	--	--	--	--
Transnational	UNESCO digital library ¹⁷	Transnational	386	Yes	Yes (3)	No	No	Yes	Yes
Transnational	UNODC	Transnational	449	Yes	Yes (2)	--	--	--	--
Transnational	Global Centre on Cooperative Security ¹⁸	Transnational	41	Yes	No	--	--	--	--
Transnational	The Organization for Security and Co-operation in Europe ¹⁹	Transnational	334	Yes	No	--	--	--	--
Transnational	Global Counter-Terrorism Forum (GCTF)	Transnational	52	Yes	No	--	--	--	--
19			1884		20				

⁵ <https://www.ojp.gov/>

⁶ <https://www.publicsafety.gc.ca/>

⁷ <https://hedayah.com/>

⁸ <https://www.dhs.gov/>

⁹ <https://www.isdglobal.org/>

¹⁰ <https://www.radicalisationresearch.org/>

¹¹ <https://rusi.org/>

¹² <https://www.start.umd.edu/>

¹³ <http://www.impact.itti.com.pl/index#/home>

¹⁴ <https://www.rand.org/>

¹⁵ https://ec.europa.eu/home-affairs/networks/radicalisation-awareness-network-ran_en

¹⁶ <https://www.coe.int/en/web/portal>

¹⁷ <https://unesdoc.unesco.org/home>

¹⁸ <https://www.globalcenter.org/>

¹⁹ <https://www.osce.org/>

Table 3 - Final list of top 10 articles across MSSV review:

Mental health	Substance use	Sexual offending	Violent offending
Haine-Schlagel, R., Dickson, K. S., Lind, T., Kim, J. J., May, G. C., Walsh, N. E., ... & Yeh, M. (2021). Caregiver Participation Engagement in Child Mental Health Prevention Programs: a Systematic Review. <i>Prevention Science</i> , 1-19.	Parisi, A., Guan, T., & Chen, D. G. (2021). The effectiveness of The Seven Challenges® Program for addressing substance misuse: a systematic review. <i>Journal of Social Work Practice in the Addictions</i> , 21(4), 317-332.	Tener, D., & Katz, C. (2021). Preadolescent peer sexual abuse: a systematic literature review. <i>Trauma, Violence, & Abuse</i> , 22(3), 560-570.	Lee, C., & Wong, J. S. (2020). Examining the effects of teen dating violence prevention programs: A systematic review and meta-analysis. <i>Journal of Experimental Criminology</i> , 1-40.
Venturo-Conerly, K. E., Fitzpatrick, O. M., Horn, R. L., Ugueto, A. M., & Weisz, J. R. (2021). Effectiveness of youth psychotherapy delivered remotely: A meta-analysis. <i>American Psychologist</i> .	McKay, J. R. (2021). Impact of continuing care on recovery from substance use disorder. <i>Alcohol research: current reviews</i> , 41(1).	Campbell, F., Booth, A., Hackett, S., & Sutton, A. (2020). Young people who display harmful sexual behaviors and their families: a qualitative systematic review of their experiences of professional interventions. <i>Trauma, Violence, & Abuse</i> , 21(3), 456-469.	Zettler, H. R. (2021). Much to do about trauma: A systematic review of existing trauma-informed treatments on youth violence and recidivism. <i>Youth violence and juvenile justice</i> , 19(1), 113-134.
Littell, J. H., Pigott, T. D., Nilsen, K. H., Green, S. J., & Montgomery, O. L. (2021). Multisystemic Therapy® for social, emotional, and behavioural problems in youth age 10 to 17: An updated systematic review and meta-analysis. <i>Campbell Systematic Reviews</i> , 17(4), e1158.	Wilson, D. B., Olaghere, A., & Kimbrell, C. S. (2019). Implementing juvenile drug treatment courts: A meta-aggregation of process evaluations. <i>Journal of Research in Crime and Delinquency</i> , 56(4), 605-645.	Schnitzer, G., Terry, R., & Joscelyne, T. (2020). Adolescent sex offenders with autism spectrum conditions: currently used treatment approaches and their impact. <i>The Journal of Forensic Psychiatry & Psychology</i> , 31(1), 17-40.	Ensaifdaran, F., Krahé, B., Njad, S. B., & Arshadi, N. (2019). Efficacy of different versions of Aggression Replacement Training (ART): A review. <i>Aggression and violent behavior</i> , 47, 230-237.
Arora, P. G., Parr, K. M., Khoo, O., Lim, K., Coriano, V., & Baker, C. N. (2021). Cultural Adaptations to Youth Mental Health Interventions: A Systematic Review. <i>Journal of Child and Family Studies</i> , 30(10), 2539-2562.	Demant, J., & Schierff, L. M. (2019). Five typologies of alcohol and drug prevention programmes. A qualitative review of the content of alcohol and drug prevention programmes targeting adolescents. <i>Drugs: Education, Prevention and Policy</i> , 26(1), 32-39.	Graham, L. M., Embry, V., Young, B. R., Macy, R. J., Moracco, K. E., Reyes, H. L. M., & Martin, S. L. (2021). Evaluations of prevention programs for sexual, dating, and intimate partner violence for boys and men: A systematic review. <i>Trauma, Violence, & Abuse</i> , 22(3), 439-465.	Crooks, C. V., Jaffe, P., Dunlop, C., Kerry, A., & Exner-Cortens, D. (2019). Preventing gender-based violence among adolescents and young adults: lessons from 25 years of program development and evaluation. <i>Violence against women</i> , 25(1), 29-55.
Rith-Najarian, L. R., Triplett, N. S., Weisz, J. R., & McLaughlin, K. A. (2021). Identifying intervention strategies for preventing the mental health consequences of childhood adversity: A modified Delphi study. <i>Development and psychopathology</i> , 33(2), 748-765.	Simonton, A. J., Young, C. C., & Johnson, K. E. (2018). Physical activity interventions to decrease substance use in youth: a review of the literature. <i>Substance Use & Misuse</i> , 53(12), 2052-2068.	Kettrey, H. H., & Lipsey, M. W. (2018). The effects of specialized treatment on the recidivism of juvenile sex offenders: A systematic review and meta-analysis. <i>Journal of Experimental Criminology</i> , 14(3), 361-387.	Atienzo, E. E., Baxter, S. K., & Kaltenthaler, E. (2017). Interventions to prevent youth violence in Latin America: a systematic review. <i>International journal of public health</i> , 62(1), 15-29.
Bennett, R. S., Denne, M., McGuire, R., & Hiller, R. M. (2021). A systematic review of controlled-trials for PTSD in maltreated children and adolescents. <i>Child maltreatment</i> , 26(3), 325-343.	Liddell, J., & Burnette, C. E. (2017). Culturally-informed interventions for substance abuse among indigenous youth in the United States: A review. <i>Journal of evidence-informed social work</i> , 14(5), 329-359.	Ter Beek, E., Kuiper, C. H., van der Rijken, R. E., Spruit, A., Stams, G. J. J., & Hendriks, J. (2018). Treatment effect on psychosocial functioning of juveniles with harmful sexual behavior: A multilevel meta-analysis. <i>Aggression and violent behavior</i> , 39, 116-128.	Farrington, D. P., Gaffney, H., Lösel, F., & Ttofi, M. M. (2017). Systematic reviews of the effectiveness of developmental prevention programs in reducing delinquency, aggression, and bullying. <i>Aggression and Violent Behavior</i> , 33, 91-106.
Pedersen, G. A., Smallegange, E., Coetzee, A., Hartog, K., Turner, J., Jordans, M. J., & Brown, F. L. (2019). A systematic review of the evidence for family and parenting interventions in low- and middle-income countries: child and youth mental health outcomes. <i>Journal of Child and</i>	Tanner-Smith, E. E., Steinka-Fry, K. T., Hennessy, E. A., Lipsey, M. W., & Winters, K. C. (2015). Can brief alcohol interventions for youth also address concurrent illicit drug use? Results from a meta-analysis. <i>Journal of Youth and Adolescence</i>, 44(5), 1011-1023.	Sneddon, H., Grimshaw, D. G., Livingstone, N., & Macdonald, G. (2020). Cognitive-behavioural therapy (CBT) interventions for young people aged 10 to 18 with harmful sexual behaviour. <i>Cochrane Database of Systematic Reviews</i>, (6).	Jennings, W. G., Okeem, C., Piquero, A. R., Sellers, C. S., Theobald, D., & Farrington, D. P. (2017). Dating and intimate partner violence among young persons ages 15–30: Evidence from a systematic review. <i>Aggression and violent behavior</i> , 33, 107-125.

<i>Family Studies</i> , 28(8), 2036-2055.			
Bendall, S., Eastwood, O., Cox, G., Farrelly-Rosch, A., Nicoll, H., Peters, W., ... & Scanlan, F. (2021). A systematic review and synthesis of trauma-informed care within outpatient and counseling health settings for young people. <i>Child maltreatment</i> , 26(3), 313-324.	Newton, A. S., Dong, K., Mabood, N., Ata, N., Ali, S., Gokiart, R., ... & Wild, T. C. (2013). Brief emergency department interventions for youth who use alcohol and other drugs: a systematic review. <i>Pediatric emergency care</i> , 29(5), 673-684.	Marsh, S. (2019). <i>Juveniles Who Sexually Offend: A Systematic Review of Manualized Treatments through the Lens of the Association for the Treatment of Sexual Abusers Treatment Standards</i> (Doctoral dissertation, California Lutheran University).	Barton, A., McLaney, S., & Stephens, D. (2020). Targeted interventions for violence among Latinx youth: a systematic review. <i>Aggression and violent behavior</i> , 53, 101434.
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Please note: the articles in red font were papers that were hand searched to fill out the top 10.

Screening process to select top 10:

1. Read title and abstract beginning at first most relevant article, determined Y/N if it fit within the criteria: is it about the key topic, youth focused and is it looking at effectiveness of interventions/programs.
2. If the article was a yes it was assigned a rank, then the next article was examined if it was not relevant it was assigned 'N' and the next article was examined. This process was repeated until the list consisted of 10 ranked articles in descending order. For the sex offending area 9 articles were selected because the paper ranked in 9th was not a systematic review.