

The Sustainable Transformation of Youth in Liberia (STYL) Program



LOGiCA Policy Note - March 2015



Behavioral therapy with cash grants leads to significant fall in crime, drug use, and violence among street youth

Cities are home to more than half the population of developing countries. Many cities struggle to deal with large-scale urban violence, crime, and drugs, especially among poor young men. In post-conflict and other fragile states, poor young men are also targets for mobilization into election intimidation, rioting, and rebellion. In Liberia, which saw two civil wars between 1989 and 2003, development experts and policymakers are seeking evidence on the most effective ways to reduce crime and violence among high-risk young men.

Two of the most common policy prescriptions---policing and job creation---try to reduce crime and violence by either changing the economic incentives facing young men or incarcerating them. Another approach is to rehabilitate high-risk men, using therapy and counseling to foster “character skills” such as self control, as well as shift preferences and values away from violence, crime, and other anti-social behaviors. It’s unclear, however, whether adults (especially high-risk men) can be rehabilitated in this way. Are character and values malleable in adulthood?

Researchers from Columbia University, Harvard Medical School, and the U.S. government partnered with the Peace & Recovery program at IPA to test and evaluate two innovative approaches for reducing crime and violence among street youth in Liberia’s capital, Monrovia. The Sustainable Transformation of Youth in Liberia (STYL), a pilot program, addressed both the economic and socio-behavioral risks that these young men face. It tested two programs, both together and individually: a cognitive behavioral therapy program of rehabilitation, and unconditional cash transfers.

The evaluation found that the young men largely invested and saved a substantial fraction of the unconditional cash transfer, yet the money only produced short-run improvements in investment and income.

The therapy program, while not affecting grant use or income, led to large and persistent falls in crime, drug use, and violence—especially in the group receiving cash in addition to therapy. Self-control seems to be a “character” skill that can be fostered among high-risk adults

Researchers

Christopher Blattman (Columbia University), Julian C. Jamison (U.S. Consumer Financial Protection Bureau), Margaret Sheridan (Harvard Medical School)

Partner

Innovations for Poverty Action (Peace & Recovery program), Global Communities, Network for Empowerment and Progressive Initiatives

Policy Goals

Cash Transfers, Post-Conflict Recovery, Savings, Vocational Training, Youth Employment, Crime and violence reduction

Country

Liberia

Sample

999 men aged 18 to 35

Context

Liberia underwent two civil wars between 1989 and 2004. During the wars, nearly 10 percent of Liberia's 3.5 million people died, a majority were displaced, and tens of thousands of young men were recruited into combat. Since 2003, Liberia has been at peace, but poor and unemployed young men are among the greatest public safety concerns.

This study targeted “hard-core street youth”—men typically ages 18 to 35 who were commonly homeless or lived in extreme poverty. The study ultimately recruited 999 young men to participate. Thirty-eight percent had been members of armed groups in the past. On average the men were age 25, had roughly eight years of schooling, earned about 68\$ in the previous month, and worked nearly 50 hours per week (mainly in low skill labor and illicit work). More than half reported committing theft in the previous two weeks, and %20 sold drugs. Half used marijuana or hard drugs daily and many engaged in violent altercations with police other community members.

The therapy program

For over ten years, a Liberian non-profit organization, the Network for Empowerment and Progressive Initiatives (NEPI) has been conducting a behavioral change therapy program with small groups of high-risk men. The therapy program is inherently grounded in Liberian culture, beliefs, and conceptions of society, but also has a firm grounding in clinical psychology, especially cognitive behavioral therapy.

Cognitive behavioral therapy, or CBT, is a common, short-term psychological intervention that helps people recognize and reduce unhelpful behaviors and beliefs. This form of therapy actively teaches people new ways of thinking about situations, and also has them practice new skills and behaviors. Its premise is that the relationship between thought and behavior goes two ways: changing thoughts can change behaviors, but practicing new behaviors can also change how a person thinks about himself and reacts to events.

For eight weeks, men met with NEPI facilitators in groups of 20, three times a week for about three to four hours a day. On days when the group did not meet, facilitators occasionally visited the men at their homes or work

areas to provide individual advising and encouragement. Many of the facilitators were themselves reformed ex-combatants and street youth, and included graduates of past programs.

NEPI's program encouraged men to practice new skills of self-control and discipline. They practiced making and executing modest plans, improving their dress and hygiene, and managing their anger. NEPI's therapy program also presumed that the men knew what constituted acceptable behavior in mainstream Liberian society (e.g. that drug use or stealing are not acceptable), but because they did not consider themselves part of mainstream society, they did not feel subject to its norms or values. Thus facilitators worked to persuade the men that they could be welcomed back into mainstream society, showed them it was possible, and walked them through the steps. For instance, “homework” assignments included visiting banks, supermarkets, mobile phone companies, and reintroducing oneself to family and community leaders.

Practicing being a part of mainstream society and adopting mainstream norms was part of helping the men develop impulse control, emotional regulation, and long term planning—all crucial, facilitators believed, to changing behaviors such as drug and alcohol abuse, crime, and establishing stable social and economic relationships within a community.

Evaluation

The programs were assigned by public lottery among the 999 men recruited. Half were offered the therapy. Following the therapy program, in another lottery, half received an unconditional cash grant of 200\$. Thus, participants were randomly assigned to receive therapy, cash grants, both or neither.

The grant was both a tool to see the effects of the therapy on how men spent cash and also an intervention in itself. Participants could spend the money however they wanted. Global Communities (formerly CHF International), an international non-profit organization, implemented the cash lottery and distribution.

To assess impacts, IPA surveyed participants at the time of recruitment (before random assignment) and then two weeks, five weeks, 12 months and 13 months after grant disbursement. Although the men were extremely mobile and difficult to find, IPA successfully tracked 92 percent

of them. IPA collected self-reported data on economic activity, expenditures, investment, and criminal and anti-social behaviors. IPA staff also carried out games with real money to test changes in decision-making. Furthermore, we validated self-reported behaviors through in-depth interviews and direct observation of a random sample of participants

Results

One of the surprising initial successes was interest and attendance. About two thirds of high-risk men agreed to enter the study, and nearly all of those offered the therapy attended at least six days of it. Most finished the program.

Men offered the therapy reported large and sustained falls in criminal, violent, and other anti-social behaviors both in the short run (a few weeks) and in the long run (a year later). For instance, after one year, incidents of theft were one quarter lower in the therapy group than the control group. Drug selling was one third lower. Interpersonal disputes and carrying a weapon (usually a knife) fell by nearly half compared to the control group. All of these effects were largest when therapy was followed by cash.

Men did not underreport “bad” behaviors in the surveys. To investigate whether men who received therapy were falsely underreporting negative behaviors,

we randomly sampled roughly 300 endline surveys and performed as in-depth, qualitative, community-based validation of survey responses. Liberian qualitative researchers spent several hours a day for several days talking and hanging out with the men, and validated six types of behavior measured in the survey. We found that the men generally did not underreport stealing, theft, or other “bad” behaviors. If anything, these behaviors were underreported by the control group.

Men offered the program also reported being less impulsive and less oriented towards immediate rewards in general. In general the men reported greater self-control, perseverance, and goal orientation after the therapy. However, the researchers did not see any sustained effect on future-orientation (patience) in economic decision-making.

Changes were much stronger when therapy was coupled with the cash. The reductions in anti-social behavior and improvements in self control were larger, more sustained, and more statistically significant among those who received cash as well as therapy. The qualitative data and CBT theory suggest that the cash bought men time to practice being productive members of society, and thus served to reinforce the change in character and values promoted by the therapy.

The cash grant led to an initial rise in petty business and earnings. Initially, earnings rose as the men engaged in petty business. In the weeks and months



after the grant was administered, the men lived a little better, with better housing and clothing. Even this high risk group tended to use cash productively and wisely.

Men offered and not offered the therapy saved, invested and spent cash similarly. Whether they received the therapy or not, most of the men saved and invested the cash grant (which was equal to about three months earnings). Little of the grant was spent on alcohol or drugs or otherwise misused. Because therapy

and cash had independent effects, it appears the self-control and values fostered by the therapy are specific to anti-social behaviors and social life, not economic decision-making.

The effect of cash alone on poverty didn't last. A year later the men who received cash had the same assets and earnings as men who did not. Qualitative evidence suggests that many businesses failed after a major theft, confiscation, loss, or bad deal.

Conclusions

In Liberia, behavioral therapy programs have the potential to reduce crime and anti-social behavior, especially in combination with cash transfers. The results suggests that character skills, self-image, and values are malleable into adulthood, and that even short, non-expert programs of cognitive behavioral therapy can be an effective tool for instilling such changes.

Although the cash did not have a long-term impact, supposedly irresponsible men demonstrated an ability to save and invest the cash. They spent little on drugs and alcohol, and lived better for a short time, meaning

cash transfers may have potential and should be explored further. The qualitative stories of business failure suggest that, in addition to an absence of capital, these men's ability to increase their income is held back by the poor protection of property rights and high levels of risk without insurance.

More research is needed to test and optimize these programs in other contexts, but a body of evidence now suggests that psychosocial therapy, when done right, is a useful tool for reducing crime in various settings.

This project was led by Christopher Blattman (Columbia University SIPA & Political Science) Julian C. Jamison (U.S. Consumer Financial Protection Bureau), and Margaret Sheridan (Harvard Medical School & Boston Children's Hospital). The program and study were funded by the National Science Foundation (SES1317506-), the World Bank's Learning on Gender and Conflict in Africa (LOGiCA) trust fund, the World Bank's Italian Children and Youth (CHYAO) trust fund, the UK Department for International Development (DFID) via the Institute for the Study of Labor (IZA), a Vanguard Charitable Trust, and the American People through the United States Agency for International Development's (USAID) DCHA/CMM office. The Robert Wood Johnson Health and Society Scholars Program at Harvard University (Cohort 5) also provided financial support for Sheridan. The contents of this study are the sole responsibility of authors and do not necessarily reflect the views of their employers or any of these funding agencies or governments. Innovations for Poverty Action oversaw the fieldwork in Liberia, and Global Communities and a Liberian NGO, the Network for Empowerment and Progressive Initiatives (NEPI), implemented the interventions.

