

Sustainable Transformation for Youth in Liberia



Behavioral therapy with cash grants led to significant fall in crime, drug use, and violence among high-risk urban men

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 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—job creation and policing—aim to reduce crime and violence by either changing the incentives facing young men or punishing them. An alternative approach seeks to rehabilitate high-risk men, using therapy and counseling to foster “character skills” such as self-control and a noncriminal self-image. It has been unclear, however, whether character and self-image are malleable in adults, especially “hard core” criminals or drug users.

Researchers from Columbia University, Harvard Medical School, and the U.S. Consumer Financial Protection Bureau partnered with Innovations for Poverty Action (IPA) to test and evaluate innovative approaches for reducing crime and violence

in Liberia’s capital, Monrovia. They recruited the highest risk men—those engaged in regular crime, drugs, and violence.

The main program, The Sustainable Transformation of Youth in Liberia (STYL), was an 8-week program of cognitive behavior therapy developed by a local community organization. The therapy, led by reformed street youth and ex-combatants, aimed to foster self-control and a new self-image as a member of the community. The study also tested unconditional cash transfers to the high-risk men, with and without therapy.

The evaluation found that even these highest-risk young men largely invested and saved the unconditional cash transfer. Almost none was spent on drugs, alcohol, or other temptations. Yet the money only produced short-run improvements in investment and income.

The therapy program, however, while not affecting income, led to persistent falls in crime, drug use, and violence—especially in the group receiving cash in addition to therapy. Researchers concluded that self-control and self-image are malleable, and that cognitive behavior therapy can help reduce less organized, impulsive, and expressive forms of violence and crime.

RESEARCHERS

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

PARTNERS

Global Communities, Network for Empowerment and Progressive Initiatives

TOPICS

Peace & Recovery, Cash Transfers, Savings, Training, Ultra Poor

COUNTRY

Liberia

SAMPLE

999 high-risk men aged 18 to 35

Context

Liberia underwent two devastating civil wars between 1989 and 2003. Since then, Liberia has been at peace, but poor and unemployed ex-fighters and other high-risk men are among the greatest public safety concerns.

This study targeted “hard-core street youth”—men ages 18 to 35 who were commonly homeless, had been involved in drugs and crime, lived in extreme poverty, or were engaged in violence and other risky activities. The study ultimately recruited

999 young men to participate. Two in five had been members of armed groups during the wars. On average the men were age 25, had roughly eight years of schooling, had 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 percent sold drugs. Half used marijuana or hard drugs daily.

A Promising 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 high-risk men in Monrovia. Many of STYL’s facilitators are former graduates of a previous NEPI therapy program, similar in style. The STYL curriculum is grounded in Liberian culture, beliefs, and conceptions of society, but the approach also has a firm grounding in clinical psychological research, especially cognitive behavioral therapy.

Cognitive behavioral therapy is a common, short-term psychological intervention that actively teaches people new ways of thinking about harmful thoughts and behaviors, and crucially has them practice new skills and behaviors in real life settings. Its premise is that the relationship between thought and behavior goes two ways: changing thoughts through lectures or counseling can influence behaviors, but practicing new behaviors can also change how a person thinks about himself and reacts to events.

Using this approach, NEPI’s program encourages men to practice new skills of self-control and discipline. The men practice making and executing modest plans, improving their dress and hygiene, and managing their anger. NEPI’s therapy

program also presumes that the men know what constitutes acceptable behavior in society (e.g. that drug use or stealing are not acceptable), but because they do not consider themselves part of mainstream society, they do not feel subject to its norms or values.

Facilitators therefore work to persuade the men that they want to be a part of mainstream society, show them it is possible, and walk them through the steps. For instance, men have “homework” assignments to participate in societally normative behaviors and realize they are accepted—visiting banks, supermarkets and mobile phone companies, for instance, and reintroducing themselves to family and community leaders. Positive experiences reinforce the new behavior and image, and setbacks are processed in the group.

Practice in being a part of mainstream society is aimed at helping these men develop impulse control, emotional regulation, and long-term planning skills. NEPI believes these skills are critical for changing behaviors such as drug and alcohol abuse, crime, and for establishing stable social and economic relationships within a community.

Evaluation

Participants were randomly assigned to receive therapy only, cash only, therapy followed by cash, or neither. The men participated in two public lotteries for each element of the program.

Men receiving therapy met in groups of about 20 three times a week for 3-4 hours a day. On days when the group did not meet, facilitators sometimes visited the men in their homes or work places to provide one-on-one advising and encouragement.

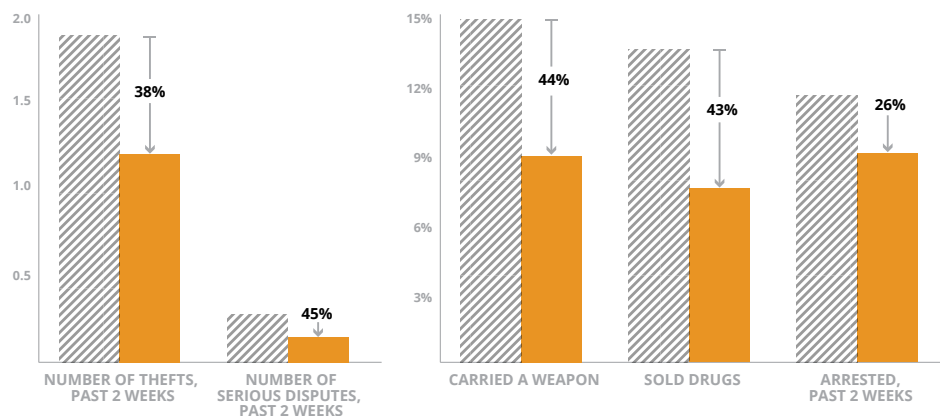
The cash grant was both a tool to see the effects of the therapy on economic decisions, and also an intervention in itself, helping men improve their lifestyle, save, or start a small enterprise. Participants could spend the money however they wanted. Global Communities (formerly CHF International), an international non-profit organization, implemented the cash lottery and distribution.

Members of the research team surveyed participants at the time of recruitment, before they were randomly assigned to cash or therapy, and then two weeks, five weeks, 12 months and 13 months after grant disbursement. Although the men were extremely mobile and difficult to find, the team successfully tracked 93 percent of them, collecting self-reported data on economic activity, expenditures, investment, and criminal and anti-social behaviors. The research team also carried out games with real money to test changes in decision-making. Furthermore, they carried out in-depth interviews and direct observation with a random sample of participants. They spent several hours a day for several days talking and spending time with the men, and validated six types of behavior measured in the survey.

Results

- » One of the surprising initial successes was interest and attendance. More than 90 percent of all men offered the therapy attended at least a quarter of the sessions, and two thirds completed 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, drug dealing and incidents of theft were 40 percent lower in the therapy plus cash group than the control group. Aggressive acts, interpersonal disputes and carrying a weapon (usually a knife) also fell dramatically compared to 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 less impulsiveness and immediate reward-seeking behavior, and greater 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 slightly stronger and most sustained when therapy was coupled with the cash.** The reductions in anti-social behavior and improvements in self control were slightly larger, more sustained over the year, and more statistically significant among those who received cash as well as therapy. The qualitative data 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.
- » **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. The self-control and values fostered by the therapy seem to be specific to anti-social behaviors and social life, not economic decision-making.
- » **Men did not underreport “bad” behaviors.** The qualitative, community-based validation of survey responses found that the men generally did not underreport stealing, theft, or other “bad” behaviors in the survey. If anything, these behaviors were underreported by the control group.
- » **The cash grant led to an initial rise in petty business and earnings.** 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. Initially, earnings rose as the men engaged in petty business. For the most part, however, cash had little sustained impact after one year. Thus the reason cash augmented therapy’s effectiveness is not because the men had better, legal work options.
- » **The effect of cash on poverty didn’t last.** A year after the programs ended, 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. On average, men experienced a theft or home robbery every month or two, regardless of whether they received the cash or not, but cash recipients had more to lose. This is a major impediment to business success for these men.

Long Run Effects of Cash & Therapy





Conclusions

In Liberia, behavioral therapy programs have the potential to reduce crime and anti-social behavior, especially in combination with cash transfers. The results suggest 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 affecting impulsive, disorganized, and expressive antisocial behaviors.

Although the cash did not have a long-term impact, even these high-risk men demonstrated an ability to save and invest the cash. They spent little on drugs and alcohol, and lived better for a 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 and high levels of risk without insurance.

More research is needed to test and optimize these programs in other contexts. Since the therapy was rooted in U.S. programs for addiction and rehabilitation, and since the program generates its own facilitators over time, the likelihood it can be adapted to other contexts is high. But it is probably most likely to work in places with more disorganized and impulsive crime and violence, rather than organized crime, gangs, or other armed groups with strong ideological goals and purpose.

The full study is available at: <http://papers.ssrn.com/abstract=2594868>

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 (SES-1317506), 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. This document is an output from a project funded by the UK Department for International Development (DFID) and the Institute for the Study of Labor (IZA) for the benefit of developing countries. The views are not necessarily those of DFID, IZA, the US government, or the World Bank.



HEADQUARTERS

101 Whitney Avenue
New Haven, CT 06510 USA
+1 203.772.2216
contact@poverty-action.org



poverty-action.org