

A COMMUNITY-BASED SOCCER PROGRAM FOR AT-RISK YOUTH IN VENTANILLA, PERÚ: AN EXAMINATION OF THE LONG-TERM EFFECTIVENESS OF CLUB DEPORTIVO DAN

by

Michael E. Antonio, Ph.D. and Susan R. Shutt

Abstract

Afterschool and community-based programming is used widely throughout the world to aid children and adolescents who are at risk for being abused, exploited and/or victimized. Although there are mixed findings about the effectiveness of such interventions, some evidence indicates programs that target adolescents' anti-social attitudes and behavior can impact future incidents of criminal misconduct and delinquency. The Voices4Perú sponsored program, Club Deportivo Dan, was developed for the purposes of curbing anti-social and high-risk behaviors among the youth of Ventanilla, Perú. The present analysis shows findings gathered from self-report surveys administered to former participants of the club and to respondents who chose not to participate in the organization. The long-term effectiveness of the club was measured from responses to questions about financial stability, perceived social support, incidents of anti-social behavior, concern about physical and psychological wellbeing, and reported sexual behavior.

INTRODUCTION

Correctional programming is provided to incarcerated inmates for the purposes of reducing problematic and criminal behaviors after they are released back into society. Identifying and addressing factors associated with recidivism through effective correctional interventions is critical for ensuring a functional criminal justice system and for preserving the safety and security of average citizens (Antonio & Klunk, 2014). However, interventions designed to curb and prevent criminal behaviors among youth and adolescents are equally important as programming for an incarcerated adult population. Findings from evidence-based practices about program features associated with successful outcomes, measured as reductions in recidivism among inmates after they are released from prison, may be applied to interventions intended for adolescents as well.

Many of the criminogenic factors addressed by inmate programming are valuable for interventions focused on reducing incidents of delinquent behavior among children and adolescents. For example, effective programs for youth may include instruction about illicit substance use/abuse; associations with anti-social peers; and poor family support or structure (see Holloway, 2010; Jones & Castleberry, 2013; Welsh & Farrington, 2005). One criminogenic factor that is often addressed specifically with children and adolescents is involvement in appropriate leisure and recreation activities (Bender, 2012; Gottfredson, Cross, & Soule, 2007).

Since the 1990s, much research has explored the impact of unproductive and unsupervised time on adolescents' risk and opportunity for mischief and criminal wrongdoing. The results of such research studies have led to an explosion of funding for, and development of, diverse programming that targets youths and provides structure and direction for adolescents' use of idle time during non-school hours (Chung & Hillsman, 2005). The programming may be designed and implemented in elementary, middle, or high school and/or developed within a local community. Such interventions collectively have been referred to as afterschool programs (ASPs).

Afterschool Programs

For more than two decades, ASPs have been developed to address numerous social concerns facing youth. The general belief has been that ASPs "improve student performance, support working families and keep communities safe" (Partnerships with Afterschool Alliance Supports Communities, Kids and Families, 2002, p 14). In the United States and internationally, ASPs and other school-based programs have been implemented that target academic development (House & Llorente, 2014); emotional adjustment and prosocial behavior (Smith, Osgood, Caldwell, Hynes, & Perkins, 2013); incidents of delinquency and victimization (Gottfredson et al., 2007); memory enhancement (Kamijo, Pontifex, O'Leary, Scudder, Wu, Castelli, & Hillman, 2011); obesity reduction; nutrition training; other health behaviors (Beets, Huberty, Beighle, Moore, Webster, Ajja, & Weaver, 2012; Beets, Webster, Saunders, & Huberty, 2013; Moore, Shores, Watts, & Yin, 2012); and traumatic-event recovery (Jaycox, Morse, Tanielian, & Stein, 2006).

The ASPs most popular with youth and adolescents are those that incorporate organized sports. Coatsworth and Conroy (2007) have shown that conscientious and thoughtfully designed ASPs that integrate sports may be beneficial to youths' behavioral, emotional, intellectual, and physical development. Youth sports have also been associated with reducing adolescents' involvement in crime. Indeed, the connection between involvement in sports and crime reduction has existed for decades and has been accepted by various cultures throughout the world (see Davis & Menard, 2013; Kwan, Bobko, Faulkner, Donnelly, & Cairney, 2014). For example, in New York City, nearly one hundred years ago, an initiative was developed to increase the number of playgrounds available to children to "recreate themselves" after school as a means to decrease a crime wave impacting the city (Brace, 1926, p.22). Over fifty years ago, the city developed large-scale youth activity programs including softball, basketball, touch football, swimming, and

strength training, because such activities were believed to be associated with decreases in crimes reported in the Manhattan and Harlem regions (Sheehan, 1964).

The link between sports and crime reduction can be found more contemporarily in societies throughout the world. Indeed, sports-based crime prevention programs have been widely developed and included in criminal justice policies as a means for preventing or reducing incidents of crime and delinquency in society (Coakley, 2004). For example, an international conference was held in Dubai about the role of sports in combating crime (Najami, 2009). Dreketi youths participated in weekly rugby matches “to lower the crime level in villages and keep villages away from unwanted and illegal activities” (Karan, 2010, p.54). An annual Christmas charity football tournament in Thamaga, Botswana was played in order to shift focus from gang violence in an effort to combat crime (Tlankane, 2014). The Prime Minister in Britain described youth involvement in sports as “the best anti-crime policy and the best anti-drugs policy” (Sport an anti-crime policy, 2007, p.21). As these findings show, involving youths in sports is widely hailed as an important and effective means for preventing incidents of crime and delinquency.

Program Effectiveness: Immediate versus Long Term

Although ASPs have been developed and implemented widely since the 1990s, the effectiveness of these programs on youths’ behavioral, emotional, intellectual, and physical wellbeing must be assessed. An examination of findings from specific ASPs and other community-based programs have shown mixed results with regard to the intervention understudy. First, related to positive program outcomes, science aptitude among school students increased when quality ASPs were operated by staff knowledgeable about the subject matter, standard curriculum was used, and supportive partners and networks were available (House & Llorente, 2014). Similarly, Gottfredson et al. (2007) found that smaller group size and greater structure in ASPs, including highly educated staff and use of published curricula, had the most effective outcomes for reducing levels of delinquent behavior and victimization among a sample of 4th through 12th graders. Finally, Moore et al. (2012) showed that “supervised afterschool settings are protective against tobacco experimentation and use, while structured afterschool programs are associated with higher levels of physical activity” (p. 53); however, only the combination of structured, adult supervised, non-sport programs appreciably lowered weekday television watching among rural youth.

The effectiveness of ASPs was assessed through other study outcomes as well. For example, Kamijo et al. (2011) showed ASPs targeting preadolescent children that involved physical activity significantly “improved working memory,” which is a precursor for academic success (p. 1056). However, findings from another program that focused on childhood obesity reported fewer positive findings. Indeed, Beets et al. (2013) urged that ASPs need structured leadership, standard policies, and an organized framework in order to address the public health concerns effectively as related to the issue of obesity in children. Overall, with regard to ASPs involving sports, Coatsworth and Conroy (2007) observed

that the most effective programs were those that included involvement from the community and family, posed clearly designed and structured activities led by well-trained and thoughtful staff, and incorporated quality-assurance measures with the ability to implement identified program changes.

Finally, both ASPs and other school-based programs that included sports have long been assessed for the effectiveness to reduce delinquency and criminal activity among children and adolescents. Sønderlund, O'Brien, Kremer, Rowland, De Groot, Staiger, . . . Miller (2014) performed a systematic review of 11 studies involving adolescents, college athletes, and professional or former professional athletes, and concluded there was an association between sports involvement, reduced alcohol consumption, and fewer violent behaviors compared to subjects not involved in athletics. Other findings resulting from a review of 34 independent studies that targeted high school and college students revealed, in general, that those who participated in sports had an increased level of alcohol use, a decreased level of smoking cigarettes, and a decreased level of illicit drug use (although some evidence suggested gender and the type of sport played could impact results) (see Lisha & Sussman, 2010).

While some research findings revealed sports involvement may lead to reductions in delinquent behaviors during adolescence, it is important to determine whether this effect is sustained into adulthood. Chung and Hillsman (2005) noted that long-term effectiveness "should be assessed only after the program has had the opportunity to implement its activities with qualified staff and resources, which may take two or three years" (p. 21). Davis and Menard (2013) examined the long-term effects of participating in sports on adolescents' involvement in illegal behavior. Overall, their findings revealed that participation in noncontact sports was associated with long-term general offending (e.g., fighting without malicious intent), while participation in contact sports was associated with reductions in long-term use of marijuana and incidents of violent offending (Davis & Menard, 2013).

Overall, these findings indicate that ASPs do have some impact on adolescents' behavior, and in particular, incidents of criminal misconduct and delinquency. However, each intervention that targets youths should be subject to empirical evaluation to determine the true impact and effectiveness of the program on adolescents' behavioral, emotional, intellectual, and/or physical development. Recently, Antonio, Shutt, and Przemieniecki (2015) reported findings from an evaluation study that involved Voices4Perú, a non-profit organization located in South America that used soccer as a social medium to encourage youths to participate in a pro-social activity as an alternative to spending unstructured, unsupervised, and idle time on the streets.

Voices4Perú

Since 2001, Voices4Perú (V4P) has been serving the people of Ventanilla, Perú, a community located north of the capital city, Lima. V4P was founded specifically to address issues of social injustice, provide basic humanitarian aid, and restore hope for a better future for families and children of Ventanilla (Voices4Perú, 2014). The organization manages a

local community center to meet adolescents' physical needs, including access to medical examinations, clean water and healthful food, and protection from local gang and drug-related violence; vocational needs, including assistance for job-training, job applications, and educational opportunities; and emotional and spiritual wellbeing, including contact with professional counseling. While multiple initiatives are currently underway, the main program sponsored by V4P includes a well-established community-based soccer club for adolescent males residing in Ventanilla and surrounding regions.

The idea to form a community soccer team, Club Deportivo Dan (CDD), was facilitated by a desire to encourage local gang members to leave a dangerous lifestyle, which involved destructive, self-injurious behavior, and to adopt more socially acceptable alternatives for becoming contributing members of society. The broad goals of the program were to reduce incidents of violent crime, decrease rates of suicide, and lessen other self-destructive and anti-social behaviors (Voices4Perú, 2014). The creation of the soccer team was found to have the most immediate means for engrossing pre-teen and adolescent males to learn more about educational opportunities, mental health services, medical examinations, teen pregnancies, and sexually transmitted diseases (STDs).

The Present Analysis

Since the development of CDD, only one empirical analysis has been conducted that assessed the effectiveness of the program. For example, Antonio et al. (2015) showed that active participants of CDD were more likely to take precautions against STD transmission, to visit a medical physician, and to seek professional counseling, compared to adolescents who refused to participate in the soccer program. The present analysis attempts to extend previous research findings by examining the long-term effectiveness of CDD. This analysis will examine self-reported behaviors among former CDD participants, and findings may provide invaluable insight for the V4P organization about necessary changes to improve overall program outcomes.

METHOD

Procedure

All data used in this analysis were gathered from responses provided on self-reported surveys administered to youths and adults from three sampled categories. In several instances, when the respondent was illiterate, the survey was read aloud and individual responses were recorded by the interviewer. The survey contained approximately 25 questions or statements about individual and family characteristics, criminal behaviors and gang involvement, and mental and physical health needs. Each survey took approximately 10-15 minutes to complete.

Sample

The data used in this analysis were provided by the V4P organization during the spring of 2015. Altogether, records were obtained for 189 adolescents and young adults who were classified into one of three categories. The first category represented youths who

were active participants in CDD at the time of the data collection. The second category represented youths who previously participated in the soccer club. The third category represented youths who were invited to participate in the club, but elected not to do so.

Treatment group #1.

Respondents who were active or currently participating in CDD at the time of the data collection comprised the first treatment group (N=103). Each participant was asked a series of questions about his individual characteristics and anti-social behavior, physical and emotional health concerns, and sexual practices, and about his family background characteristics including financial status and social support. The average length of time individuals participate in CDD is two years.

Treatment group #2.

Respondents who formerly participated in CDD comprised the second treatment group (N=42). Individual reasons for terminating participation in the club varied, including an aging-out effect associated with getting married and starting a family, obtaining full-time employment, and other family responsibilities. In a few instances, participants were sanctioned for rule violations resulting in suspension from games. Some of the players felt disenfranchised as a result of their suspension, and willingly withdrew from the club. Staff have never terminated or banned an individual from participating in CDD. Each respondent comprising treatment group #2 was asked the same series of questions about his individual and family background characteristics as treatment group #1. In order to be included in this group, the respondent had to have terminated association with the club for a minimum of one year.

Quasi-experimental comparison group.

Adolescents or young adults who were approached about participating in CDD, but chose not to join for various reasons, comprised the comparison group (N=41). CDD staff recruit new players for the organization through referrals from current participants, from individual youths expressing personal interest, and from one-on-one interactions with adolescents on the streets of Ventanilla. While not everyone who is approached agrees to join the soccer club, some consented to participate in a self-report survey with CDD staff about their current individual and family characteristics, criminal and deviant behaviors and gang involvement, and mental and physical health needs. These individuals are asked to respond to similar questions compared to participants in each treatment group.

RESULTS

Data for this analysis was collected through a self-report survey from youths and young adults who were at various stages in their lives. Table 1 reveals findings from a series of univariate analyses with 103 respondents who were active participants in CDD. Overall, findings showed that the current participants were young (median age of 16.0), single

(95.1%), and currently in high school (78.8%). The median household income was \$3,429 (USD). The majority of respondents described their family's financial status as fair or poor.

Other findings shown in Table 1 reveal how active CDD participants responded to questions about perceived levels of social support from family and friends. As can be seen in the table, the overwhelming majority of respondents reported that their involvement with CDD was supported by family (99.0%) and friends (94.9%). A little more than half (55.3%) of the respondents indicated their parents were divorced, while fewer (28.3%) disclosed that a family member suffered from drug problems. The median household size was 5.0 residents.

INSERT TABLE 1 ABOUT HERE

Table 2 reveals findings from a series of univariate analyses about involvement in high-risk behavior and adherence to precautionary health measures among youths who were active participants in CDD. As can be seen in the table, 7.8% of CDD participants reported having a criminal record related to involvement in criminal or deviant behavior. The most frequently reported anti-social behaviors were underage drinking, fighting, or robbery. Overall, 17.8% of respondents admitted violating club rules, which included underage drinking and/or any drinking during the regular soccer season, failure to attend youth group or soccer practice, disrespect to staff or other players, and involvement in gangs. At the time of this analysis, no player has been removed from the team for violating club rules; instead, players are sanctioned by suspending game play by several days or for an entire season.

Other findings shown in Table 2 measure high-risk health behaviors among active CDD participants. Overall, many of participants reported scheduling appointments with a medical doctor “1-2 times” (41.8%) or “3+ times” (42.9%), and seeking a psychological counselor “1-2 times” (70.8%) or “3+ times” (20.9%) during the past year. Also, the majority (81.6%) of CDD participants indicated they would or did take precautionary measures against contracting or spreading an STD. The most frequent response given related to precautionary measures to prevent the spread of an STD was the use of a condom. Finally, approximately 75% of participants reported a willingness to seek out medical treatment if they suspected having an STD.

The remaining findings shown in Table 2 reveal responses from CDD participants about sexual behavior and sexuality. Overall, about one-third (36.7%) of respondents reported having previous sexual relations, and one respondent admitted having paid for sexual relations. The majority (76.5%) of CDD participants reported feeling comfortable with their own sexual identity or sexuality, 3.1% indicated feeling attraction to persons of the same sex, and 22.4% expressed curiosity about having alternative sexual experiences.

Table 3 reveals findings from a series of bivariate analyses between respondents who were former participants in CDD (N=42) with a group of respondents who were invited to join the club, but elected not to do so. (N=41). Aggregate characteristics differentiating the two groups were examined first. As can be seen in the table, former CDD participants were slightly younger than the comparison group (18.0 versus 21.3). A chi-square test statistic for independence showed this difference was statistically significant beyond the .001 probability level. Other findings showed that the majority of respondents in both groups were single, and that differences in marital status did not exceed the .05 threshold for statistical significance. Additional findings revealed that a greater percentage of respondents in the comparison group reported not completing high school than was found among former CDD participants (61.0% and 45.2%, respectively). While approximately 30% of respondents in both groups did report completing high school, college attendance was only reported among respondents who formerly participated in CDD (14.3% vs 0.0%). The difference in educational achievement between the two groups was statistically significant ($p < .05$).

Other findings shown in Table 3 concerned measures of financial stability between group respondents. First, former participants of CDD reported higher annual household incomes than respondents who did not participate in the club (\$4,487 versus \$2,839) ($p < .01$). However, other findings revealed specific trends in financial status between the two groups. For example, a greater percentage of former CDD participants versus comparison group respondents were employed at the time of the survey (45.2% versus 36.6%), worked more hours per week (21.8 versus 19.5), and earned a greater weekly income (\$57.66 versus \$46.52). While these findings provide clear evidence that the former CDD participants were more financially stable than respondents who did not participate in the club, none of these trends were distinct enough to reach the threshold for being considered statistically significant ($p > .05$).

The remaining findings shown in Table 3 report how measures of social support differed between group respondents. Findings revealed that the majority (58.5%) of respondents in the comparison group indicated their parents were separated, compared to only 35.7% of respondents who were former CDD participants ($p < .05$). Another measure of social support was whether the respondent had a family member who suffered from drug problems. The overwhelming majority (65.9%) of respondents who did not join CDD reported having a family member with a drug problem, compared to only 19% of former CDD participants ($p < .001$). The final measure of social support examined was the number of people living in the respondent's home. As can be seen in the table, there was little difference between the number of residents living in one's home reported by treatment (5.4) and comparison (5.1) group respondents ($p > .05$).

Table 4 reveals findings from a series of bivariate analyses comparing involvement in high-risk behaviors between the two groups of respondents. High-risk behavior was first measured as any anti-social behavior that resulted in a criminal record. Overall, 4.8% of former CDD participants reported involvement in behaviors that resulted in criminal charges, compared to 36.6% of respondents who did not participate in the club. This difference was statistically significant beyond the .001 probability level. Although not shown in the table, respondents from both groups reported criminal charges resulting from possession or sales of drugs, participation in gangs, and involvement in a robbery.

Other findings examined high-risk factors that may impact a respondent's physical or emotional health and wellbeing. As can be seen in the table, there was a general trend among former CDD participants to seek medical advice from a trained physician at some point during the previous year. For example, while 43.9% of respondents in the comparison group reported they did not seek medical advice from a physician in the past year ("0 times"), only 22.7% of former CDD participants indicated this. Moreover, the majority (59.1%) of the former CDD participants reported seeking medical advice "1-2 times" in the past year, compared to 34.2% of the respondents who did not participate in the club. While this pattern existed, the differences were not statistically significant ($p > .05$). Other findings did show that former CDD participants sought advice from psychological counselors more often during the previous year than respondents in the control group. Specifically, 58.8% of former CDD participants reported seeking a counselor's advice "1-2 times" during the previous year, while 29.4% indicated seeking counseling "3+ times." This finding contrasts greatly with respondents from the control group, as 97.6% of them did not speak with a counselor at all during the previous year ($p < .05$).

The remaining findings shown in Table 4 report differences in high-risk sexual behavior between respondents in the two groups. Overall, there were no statistically significant differences between group respondents for having had previous sexual relations ($p > .05$), taking precautionary measures against spreading or contracting an STD ($p > .05$), or seeking medical treatment for an STD ($p > .05$). Also, the groups did not differ for respondents' confusion over self-identity/sexuality ($p > .05$), attraction to the same sex ($p > .05$), or curiosity to experiment with an alternate sexual experience ($p > .05$). However,

findings did reveal that none (0.0%) of the former CDD participants reported having paid for sex, compared to 26.8% of respondents in the control group. This difference was statistically significant beyond the .01 probability level.

CONCLUSION

The effectiveness of offender programming to reduce recidivism has been studied for decades, so too has the impact of after-school and community-based programs for reducing criminal and delinquent behaviors among youths and adolescents. The present analysis examined data gathered from the V4P organization about the long-term effectiveness of CDD for reducing high-risk behavior among former participants after they leave the program. Results from this analysis have an obvious impact on the V4P organization, current and former participants, and the Ventanilla community in general; however, findings also are relevant to any community-based program that targets at-risk youth who are endangering themselves or others because of poor decision-making, lack of problem-solving skills, and anti-social behaviors. Overall, study findings revealed that current or active CDD participants were generally “good” kids who attended school, followed organizational rules, refrained from criminal behavior, and sought medical and psychological advice from trained professionals. These results are consistent with previous research findings found by Antonio et al. (2015). The focus of the present analysis was to extend previous research findings by determining the lasting or long-term effectiveness of CDD for curbing anti-social and high-risk behaviors among the youth of Ventanilla, Perú. Critics to such an evaluation of program effectiveness may argue that because participants did not display any, or only limited, levels of anti-social behavior while in the club, there would be little reason to suspect that adolescents or young adults would display such behavior after their participation in the organization ended.

A clear counterargument, supported by current evidence-based practices, would point to the numerous criminogenic factors present in the youths’ lives that placed these adolescents at high risk for future involvement in criminal behavior. First, all youths who participate in CDD reside in a high-crime community in which they constantly are surrounded by anti-social peers. Association with anti-social peers is a recognized risk factor for criminal involvement. Second, the majority of CDD participants reside in households in which the median income is well below the established poverty line. This poor financial stability suggests youths may have limited or no access to quality jobs necessary to sustain even the most basic lifestyle, and lack the ability to pursue higher educational opportunities that would facilitate additional and more lucrative employment options. Employment status is another factor associated with involvement in criminal and deviant behavior.

The main focus of the present analysis was to examine differences among individual characteristics, financial stability, social support, anti-social behavior, precautionary health measures, and sexual behavior between former participants of CDD with respondents who elected not to participate in the club. Findings showed that the former CDD participants

were slightly younger, but there were no statistically significant differences with the comparison group related to marital status, current employment status, number of hours worked or income earned weekly, number of persons living in the home, and frequency for seeking out medical advice. Also, many of the measures assessing sexual practices or behaviors (including having prior sexual relations, taking precautions against spreading or contracting STDs, and seeking treatment for STDs) or measures for sexuality (including self-identity, attraction to same-sex partners, and curiosity of alternative sexual experiences) did not yield statistically significant differences between the two groups of respondents.

While these comparisons indicated no dissimilarities by group membership, other measures that were examined did reveal clear differences between the treatment and control group respondents. Findings on these additional measures provide clear evidence about the effectiveness of CDD for curbing anti-social and high-risk behaviors among youth even after participation in the club ended. This long-term success was measured in several ways. For example, findings revealed that a greater percentage of former CDD participants were attending postsecondary education, including college, seeking psychological counseling for emotional problems and concerns, and residing in more financially stable homes. Also, analyses showed fewer of the former CDD participants were engaging in anti-social behaviors that resulted in a criminal record, paid for sexual relations, had parents who were separated, and had few family members with drug problems compared to respondents who did not participate in the club.

Data Limitations

There are several concerns related to the data used in this analysis. First, several youths provided legitimate reasons to V4P staff for not participating in CDD or for leaving the club, including work and family responsibilities. Others respondents reported overtly anti-social attitudes and a general unwillingness to be part of the club. Specific reasons for refusing to participate or for leaving the club were not asked formally on the survey. Second, it is recognized that the manner in which adolescents came to participate in CDD (volunteered versus recruited) and/or the reasons for not participating (refused versus other commitments) does not facilitate any evaluation for establishing program effectiveness. However, given this concern, the present analysis still has usefulness for determining the success of CDD for reducing anti-social and high-risk behaviors among adolescents residing in the Ventanilla community. Also, because of the evaluation findings shown here, present data-collection efforts and recruitment practices may be altered to assist future assessment and evaluation needs.

Implications

Overall, the differences among reported incidents or involvement in anti-social and high-risk behaviors can be interpreted as indicators of the success or effectiveness of CDD. One of the most important findings from this analysis was that former participants were less likely

to fall into anti-social and delinquent behaviors in the year after leaving the club that resulted in criminal behavior and a criminal record. This finding alone shows the lasting or long-term effectiveness of CDD upon youths whose educational opportunities, financial status, anti-social associations, and community resources put them at the highest risk for future criminal involvement. Other findings, such as making the decision to attend college or seeking out counseling for emotional problems, show a willingness to think about and to take steps to improve the wellbeing of oneself and one's family. These findings show further evidence that former CDD participants have learned critical problem-solving skills and developed decision-making abilities that will lead to better choices for their future.

Moreover, even though some of the relationships analyzed here did not reach the accepted thresholds for statistical significance, general trends among the findings suggest additional evidence about the successfulness of the soccer program. For example, findings clearly showed that a greater percentage of the former participants had employment, earned better weekly incomes, and sought medical advice more frequently than respondents in the comparison group. While not statistically different, these findings suggest that former CDD participants are more financially stable, and therefore are less at risk for being involved in criminal and delinquent behaviors. Also, former participants are more concerned about, and take better precautionary measures against, health risks thus acting in a preventative rather than reactionary manner regarding their wellbeing. These findings should be interpreted as additional evidence regarding the effectiveness of CDD for curbing anti-social and high-risk behaviors among the youth of Ventanilla, Perú.

REFERENCES

Antonio, M. E., & Klunk, F. (2014). Forty Years after "What Works?": Examining Offender Programming in Pennsylvania's Board of Probation & Parole. *Corrections Today*, 76(6), 42-45.

Antonio, M. E., Shutt, S. R., & Przemieniecki, C J. (2015). Desistence from criminal activity and gang membership: Evaluating the effectiveness of the Voices4Perú sponsored initiative Club Deportivo Dan. In M. F. Taylor, U. Khan, & and J. A. Pooley (Eds.), *Crime and Violence Prevention: Moving Beyond Hot-Stove Policing and Perpetrator Rehabilitation* (Chapter 15). Hauppauge, New York: Nova Science Publishers, Inc.

Beets, M. W., Huberty, J., Beighle, A., Moore, J. B., Webster, C., Ajja, R., & Weaver, G. (2012). Impact of policy environment characteristics on physical activity and sedentary behaviors of children attending afterschool programs. *Health Education & Behavior*, 40(3), 296-304.

Beets, M. W., Webster, C., Saunders, R., & Huberty, J. L. (2013). Translating policies into practice: A framework to prevent childhood obesity in afterschool programs. *Health Promotion Practice*, 14(2), 228-237.

Bender, K. (2012). The mediating effect of school engagement in the relationship between youth maltreatment and juvenile delinquency. *Children & Schools*, 34(1), 37-48.

Brace, C. L. (1926, May 21). Sports to stop crime: More playgrounds and clubs needed by the city boys. *New York Times* (1923-Current File), pp. 22. Retrieved from <http://search.proquest.com/docview/103744056?accountid=14971>

Chung, A., & Hillsman, E. (2005). Evaluating after-school programs. *School Administrator*, 62(5), 18-21.

Coakley, J. (2004). *Sport in society: Issues and controversies*. New York: McGraw-Hill.

Coatsworth, J. D., & Conroy, D. E. (2007). Youth sport as a component of organized afterschool programs. *New Directions For Youth Development*, 2007(115), 57-74.

Davis, B. S., & Menard, S. (2013). Long term impact of youth sports participation on illegal behavior. *The Social Science Journal*, 50(1), 34.

Gottfredson, D. C., Cross, A., & Soule, D. A. (2007). Distinguishing characteristics of effective and ineffective after-school programs to prevent delinquency and victimization. *Criminology & Public Policy*, 6(2), 289-318.

Holloway, K. (2010). Community supervision in Oklahoma goes evidence-based. *Corrections Today*, 1, 76-79.

House, A., & Llorente, C. (2014). Navigating the future of afterschool science. SRI Education. Retrieved from <http://www.sri.com/sites/default/files/publications/afterschool-science-study-booklet.pdf>.

Jaycox, L. H., Morse, L. K., Tanielian, T., & Stein, B. D. (2006). How schools can students recover from traumatic experiences: A tool kit for supporting long-term recovery. RAND Gulf States Policy Institute. Retrieved from http://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf

Jones, J., & Castleberry, C. (2013). Innovative and evidence-based approaches to recidivism reduction and reentry. *Corrections Today*, 1, 44-46.

Kamijo, K., Pontifex, M. B., O'Leary, K. C., Scudder, M. R., Wu, C., Castelli, D. M., & Hillman, C. H. (2011). The effects of an afterschool physical activity program on working memory in preadolescent children. *Developmental Science*, 14(5), 1046-1058.

Kwan, M., Bobko, S., Faulkner, G., Donnelly, P., & Cairney, J. (2014). Sport participation and alcohol and illicit drug use in adolescents and young adults: A systematic review of longitudinal studies. *Addictive Behaviors*, 3(39), 497-506.

Lisha, N. E., & Sussman, S. (2010). Relationship of high school and college sports participation with alcohol, tobacco, and illicit drug use: A review. *Addictive Behaviors*, 35(5), 399-407.

Maneesha, K. (2010). Youth, sport curb crime. *Fiji Times*, 54.

Moore, J. B., Shores, K. A., Watts, C. E., & Yin, Z. (2012). Rural children's afterschool environment and health behaviors. *American Journal of Health Studies*, 27(1), 49-55.

Najami, S. A. (2009, September). Using sport to fight crime. *Gulf News*.
Partnerships with Afterschool Alliance Supports Communities, Kids and Families. (2002). *Parks & Recreation*, 37(11), 14.

Sheehan, B. N. (1964, Aug 07). Morningside pits sports vs. crime. *New York Times* (1923-Current File), pp. 31. Retrieved from <http://search.proquest.com/docview/115863493?accountid=14971>

Smith, E. P., Osgood, D. W., Caldwell, L., Hynes, K., & Perkins, D. F. (2013). Measuring collective efficacy among children in community-based afterschool programs: Exploring pathways toward prevention and positive youth development. *American Journal of Community Psychology*, 52(1), 27-40.

Sønderlund, A. L., O'Brien, K., Kremer, P., Rowland, B., De Groot, F., Staiger, P., . . . Miller, P. G. (2014). The association between sports participation, alcohol use and aggression and violence: A systematic review. *Journal of Science and Medicine in Sport / Sports Medicine Australia*, 17(1), 2-7.

Sport an anti-crime policy. (2007, July 16). *Express & Echo*, p. 21.

Tlthankane, M. (2014, December 09). Thamaga Fights Crime Through Sport. *Botswana Daily News*.

Voices4Perú. (2014). Welcome to Voices4Perú. Retrieved from <http://www.v4Perú.com>

Welsh, B. C., & Farrington, D. P. (2005). Evidence-based crime prevention: Conclusions and directions for a safer society. *Canadian Journal of Criminology and Criminal Justice*, 337-354.

About the Authors

Dr. Michael E. Antonio previously served as the Lead Research Scientist at the Criminal Justice Research Center at Northeastern University in Boston (2000-2005) and worked for the Commonwealth of Pennsylvania as a Research and Evaluation Manager at Pennsylvania's Department of Corrections and the Board of Probation & Parole (2006-2010). Currently, Dr. Antonio is an Assistant Professor of Criminal Justice at West Chester University in Pennsylvania. His research interests include capital punishment, corrections, juries, offender rehabilitation, and probation and parole.

Susan R. Shutt is a skilled Instructional Designer, Training Developer, and Virtual-Classroom Trainer for public, private, and academic sectors. She specializes in customized training to help employees learn skills quickly and easily for their job roles. Susan works with global teams on a variety of projects to enhance team collaboration and implement techniques to improve work processes. She is also the author and illustrator of the children's book *Four Seasons in the Spring House*, and manages an ecommerce site to help raise money for small businesses and charities. Her research interests focus on ways to improve the lives of children and animals.

End Note:

This research was supported by Voices4Perú. We would like to give special thanks to Daniel Klopp, Saul Arana Barba, and Victor Mendoza from the V4P organization for their efforts in collecting respondent data, providing necessary information, responding to questions, and giving general support during the evaluation process.