Griffith Youth Forensic Service (GYFS) Australia

Type of intervention

Group Work *Individual Work* *Family Work*

Target group/s, level/s of prevention and sub-group/s:

(Potential) Offenders

Tertiary prevention

Children (6-11 Years), Young People (12-17 Years), Adults (21 Years +) | Male & Female | Group Work, Individual Work, Family Work | English

Communities / Families

Tertiary prevention

Children (6-11 Years), Young People (12-17 Years), Adults (21 Years +) | Male & Female | Group Work, Individual Work, Family Work | English

Target population

Youth (aged 10-17 years) adjudicated for sexual offences in Queensland, Australia. All referrals to the service come from the state youth justice statutory authority, following court sentencing or a court order for a pre-sentence psychological assessment. Referrals for the highest risk youth and youth from remote locations are prioritised. Youth may be subject to custodial or community based justice orders.

The target population is culturally diverse. Referrals have been received for multiple different ethnic or racial groups, with more than 35% of clients identifying as Australian Aboriginal or Torres Strait Islanders. The target population is also geographically dispersed, with assessment and treatment services provided throughout Queensland, an area of approximately 1.8 million km2, to youth from metropolitan, regional, rural and remote locations.

Delivery organisation

The delivery organization is Griffith Youth Forensic Service (GYFS), Griffith University, Brisbane, Australia.

Mode and context of delivery

GYFS has developed a field-based, collaborative clinical model, characterised by three core components: field-based practice (individualised, multisystemic assessment and intervention) and collaborative partnerships. This practice model draws from a wide empirical and theoretical base including: developmental and environmental criminology;

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developmental, social and clinical psychology; social ecological approaches; and evidence concerning sexual offending behaviour specifically and crime and delinquency more generally. GYFS practice model is also directly informed by the theoretical model developed by Smallbone and colleagues, which integrates individual, ecological and situational levels of explanation for the behaviour (e.g. Smallbone & Cale, in press; Smallbone, Marshall & Wortley, 2008). Fundamental to GYFS model is the need to understand people who commit sexual offences in the context of their development, their natural ecology and the immediate context in which the offence/s occurred.

Assessment and treatment services are provided in the field, with clinical staff travelling to a client's home and community, instead of having clients and their families travelling to a central office location. This enhances the ecological validity of both assessment and treatment, in ways that clinic based assessment and intervention could not. GYFS clinical services are individualised, rather than based on a pre-designed programs or manual. In contrast to one size fits all treatment approaches, the process of developing a treatment plan based on assessment and case formulation ensures that treatment directly targets factors relevant to the specific client or offence. All aspects of treatment are individualised including: treatment intensity (frequency and duration); treatment location; treatment targets and modality (youth client, family members, and community); and treatment goals and approach to intervention. GYFS does not offer group treatment.

GYFS clinical model also relies on the recruitment of voluntary collaborative treatment partners from within the young person's social ecology, to promote the ecological validity of treatment (through local knowledge), contribute to intervention design and implementation, enhance treatment engagement, reinforce treatment themes, provide support between treatment sessions, and address some broad systemic goals (e.g. education or employment).

Level/Nature of staff expertise required

GYFS clinical program is delivered by experienced professional clinical staff, with professional registration and tertiary training. Most have post-graduate Psychology qualifications.

Consistent with GYFS clinical model, collaborative partners are identified on a case by case basis, according to individual case circumstances and through discussion with the youth client and his / her family. These collaborative treatment partners may include professionals, paraprofessionals, community leaders / elders, or family members, working in collaboration with and under the supervision of the GYFS clinician.

Intensity/extent of engagement with target group(s)

Treatment duration and intensity is dictated by individual case factors (informed by comprehensive assessment). It is aimed to provide the least intensive treatment necessary to adequately address safety. To date the average duration of treatment is 17 months (range = 2-53 months). Average total intervention hours is 36 (range = 2-428 hours). Average intervention hours range across treatment modalities, with an average of 17 hours individual treatment (maximum = 98), an average of 5 hours of family treatment (maximum = 52), and an average of 14 hours of systemic interventions (maximum = 293). Assessment and interventions provided by collaborative treatment partners are both additional to this.

Description of intervention

GYFS treatment intervention is highly individualised. A detailed treatment plan is developed for each client, informed directly by a comprehensive assessment and the development of a unique case formulation explaining why a young person offended. Based on the integrated theoretical model, case formulations explain the individual impact and

combined interaction of biological, developmental, ecological and situational factors, on the onset and progression of offending behaviour. This individualised approach ensures that GYFS treatment is tailored to the specific needs of the individual client, with a focus on individual-, family-, and community- level interventions.

GYFS staff select from a wide range of evidence-based therapeutic interventions, utilising empirically supported treatment approaches to target these treatment areas. Whilst highly varied across clients, common treatment methods include cognitive behavioural interventions, narrative therapy, or family therapy approaches. Common individual treatment goals include self-regulation, education about appropriate sexual behaviour, relationship and attachment skills, correcting cognitive distortions, and safety planning. Family treatment targets might include strengthening relationships, building capacity for guardianship, and risk management. Systemic treatment goals commonly include improving peer relationships, increasing opportunities for pro-social activities, strengthening connections to family and community, and increasing opportunities for education or employment. Treatment progress is monitored and intervention plans are revised where appropriate.

To achieve such an individualised approach to treatment, a comprehensive assessment of each client is essential. The primary aim of this assessment is to develop an understanding of why an offence(s) occurred. Informed by Smallbone and colleagues integrated theoretical model, GYFS assessment involves four key elements: an offence-based assessment (crime analysis); an 'offender' based assessment (developmental history and presentation); a broader systemic assessment (family, peer and neighbourhood systems, socio-cultural norms and systemic resources); an understanding of the collective interplay of these elements (person-situation interaction).

The starting point for assessment is the offence(s). Developing a comprehensive understanding of the offence requires an analysis of immediate pre-offence interactions, experiences and environments, as well as the offence itself, in order to understand the situational and interpersonal factors which may have triggered offence related motivations and/or provided opportunities for offending behaviour to occur. This also requires an assessment of offence consequences, including what happened immediately following the offence, the reaction of key family and/or friends, and any punishment or reinforcement experienced.

Consistent with most traditional psychological approaches, the second element of assessment is offender based. This is focused on developing a better understanding of the individual offender, and the developmental pathway that brought him or her to this behaviour, in addition to the young person's capacity for self-restraint and empathy, and their interpersonal communication skills. This individual-level assessment aids understanding of the youth's history and current presentation, and how these may have influenced their response to pre-offence situations and interactions. In some cases, individual-level assessments may also include assessment of cognitive capacity and neuropsychological functioning.

The systemic element of GYFS assessment process aims to understand the socio-cultural factors contributing to offending behaviour. This might include an examination of family, peer, school, and neighbourhood systems, in addition to the role of statutory influences, resources available to the young person, and more broadly, the social and cultural community-level norms to which the young person has been exposed. This also involves identifying existing risk and protective factors within the social ecology.

Evaluation

GYFS is presently examining recidivism outcomes for youth sexual offenders referred since 2001. Preliminary analyses indicate positive outcomes. In total we have identified 17 young people (7.2% of 237 completed treatment cases) who have been re-arrested for a new sexual offence over an average follow-up period of more than five years. Looking at

the data as a whole, none of the youth who completed treatment since 2007 have sexually re-offended. Compared to non-GYFS-treated youth sexual offenders (n = 239), GYFS treatment completers (n = 237) were significantly less likely to be re-arrested for a new sexual or violent offence.

Positive outcomes are particularly noted for Australian Aboriginal and Torres Strait Islander clients. Of the 17 youth re-arrested for a new sexual offence, seven were Indigenous. Importantly, our Indigenous youth offenders have not re-offended at a higher rate than their non-Indigenous peers and none of 27 Indigenous offenders from remote communities has been re-arrested for a new sexual offence.

References

Smallbone, S., & Cale, J. (in press). An integrated life course developmental theory of sexual offending. In A. Blockland & P. Lussier (Eds.). Sex offenders: A criminal careers approach. New York: Wiley.

Smallbone, S., Rayment-McHugh, S., & Smith, D. (2013). Youth sexual offending: Context, Good-Enough Lives, and Engaging with a Wider Prevention Agenda. International Journal of Behavioural Consultation and Therapy, 8, 3-4, 49-54.

Smallbone, S., & Rayment-McHugh, S. (2013). Youth sexual violence and abuse: Problems and solutions in the Australian context. Australian Psychologist, 48, 3-13.

Smallbone, S., Crissman, B., & Rayment-McHugh, S. (2009). Improving therapeutic engagement with adolescent sexual offenders, Behavioural Sciences and the Law, 27, 862-877.

Smallbone, S., Rayment-McHugh, S., Crissman, B., & Shumack, D. (2008). Treatment with youth who have committed sexual offences: Extending the reach of systemic interventions through collaborative partnerships. Clinical Psychologist,12,109-116.

Smallbone, S., Marshall, W.L., & Wortley, R. (2008). Preventing child sexual abuse: Evidence, policy and practice. Cullompton, Devon: Willan Publishing.

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