A Quasi-Experimental Evaluation of a Specialized Treatment Service for Youth Adjudicated for Sexual Offences in Queensland, Australia.

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GYFS WAS ESTABLISHED IN 2001 AND IS A PARTNERSHIP OF GRIFFITH UNIVERSITY'S CRIMINOLOGY INSTITUTE AND THE DEPARTMENT OF YOUTH JUSTICE AND VICTIM SUPPORT.

Griffith UNIVERSITY

Background

- Young people (under 18) account for up to one-third of sexual offences against children
- Offending occurs on a continuum—from inappropriate behaviours to violent sexual assaults
- A subgroup continue to sexually offend in adulthood

Severity/potential harm of persistent sexual offending is one key rationale for specialized treatment

Background

- Current evidence support impacts on general but not sexual reoffending (Kettering & Lipsey, 2018)
- **Evidence for effectiveness limited** due to methodological constraints (no comparison group, low initial base rates of sex recidivism etc)
- **Challenge = Heterogeneity of population** (different risk levels, backgrounds, offending patterns) –
- **Challenge = Absence of appropriate comparison groups =** struggle to capture true treatment effects from naturally low base rates of sex recidivism observed

→ Quasi-experimental evaluation of GYFS with equivalent comparison group

Quasi-experimental evaluation of GYFS

- **Quasi-Experimental Design** is used when random assignment is not feasible

- Relies on **observational data** and statistical techniques to approximate experimental conditions.
- **Control over Confounding**: Quasi-experimental designs depend on statistical adjustments.
- **Feasibility**: Experimental designs are often costly and difficult to implement, whereas quasi-experimental designs are more adaptable to real-world constraints.

Methodology

Sample = Administrative data from Queensland Department of Youth Justice and Victim Support (2010–2024).

- Total cohort: 1,489 youth adjudicated for sexual offences (286 vs 1203)
- Criteria 1) Referred or convicted between Jan 1 2010 – June 30th 2024 for minimum follow of 2 months
- Treatment group: 144 GYFS clients; Control group: 303 non-treated youth.

Methodology (con't)

Procedures:

- Groups matched on variables = **comparison groups equivalent** on age of onset, prior offence history, current offence, risk assessment etc.
- Risk assessment scores taken immediately prior new offence
- Survival time measured from release/supervision end

to reoffence

- Observation window: 1 Jan 2010 – 30 June 2024

Methodology (con't)

Measures:

- Outcomes: Any, sexual, violent, and non-violent reoffending.
- Recidivism = Proven offence (finding/admission of guilt).
- Covariates: Age, prior offences, offence severity, Indigenous status, custody time, YLS/CMI risk scores.

Methodology (con't)

Analytic Strategy – 5 different statistical methods:

- Covariate-adjusted Cox regression (bootstrap CI)
- Stabilised Inverse Probability Weighting (SIPW)
- Augmented SIPW (ASIPW)
- Overlap Weights (OW)
- Propensity Score Matching (PSM)

- Multiple methods strengthen causal validity.

RESULTS

Table 1
Descriptive statistics ($n = 447$).

	Control $n = 303$	Treated $n = 144$	*Comparison*
Aboriginal/Torres Strait Islander	157 (51.8 %)	59 (41.0 %)	$x^2\ (1) = 4.60, p = .03$
Age at start date	15.22 (1.65)	16.05 (1.13)	$t\ (389.11) = -6.22, p < .001$
Age at onset	14.04 (1.78)	13.60 (1.45)	$t\ (338.71) = 2.73, p < .01$
Prior offences	14.18 (27.58)	14.35 (27.52)	$t\ (445) = -0.06, p = .95$
Prior offence severity	65.45 (53.76)	127.83 (16.73)	$t\ (402.36) = -18.41, p < .001$
Prior offence severity (log)	1.35 (0.95)	2.09 (0.25)	$t\ (379.76) = -12.65, p < .001$
Prior incarceration days	26.74 (103.48)	61.23 (150.81)	$t\ (210.49) = -2.48, p = .01$
Prior supervision order days	68.29 (226.63)	67.67 (219.89)	$t\ (445) = 0.03, p = .98$
Prior sex offence	19 (6.3 %)	61 (42.4 %)	$x^2\ (1) = 86.53, p < .001$

Results

- **Overall recidivism** reduced by 34–44%. Young people who received GYFS treatment were 1.6 to 1.8 times less likely to reoffend compared to similar untreated young people.

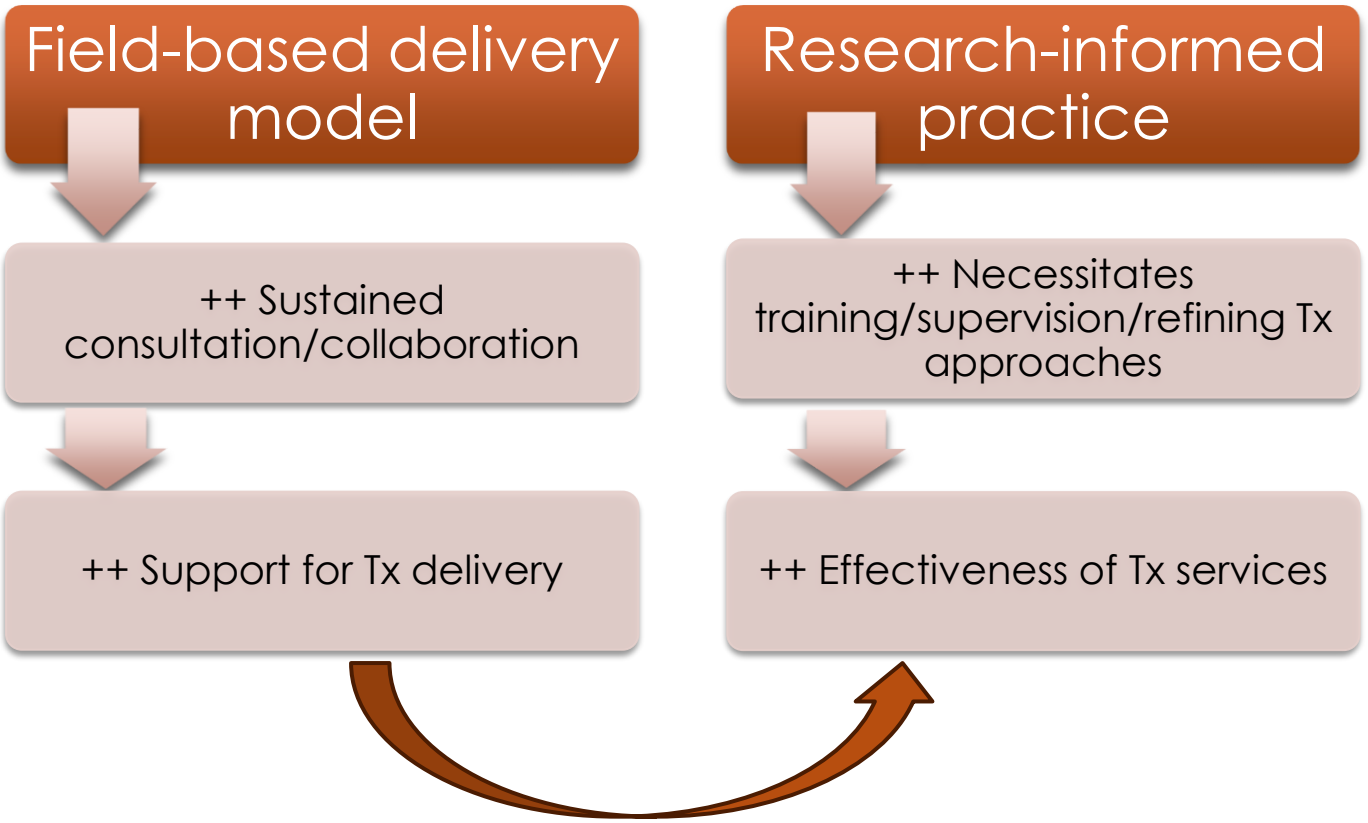
- **Sexual recidivism** reduced by 78–90%. The rate of sexual reoffending was up to 10 times lower among treated young people.

- **Non-sexual and violent reoffending** declined. While reductions were smaller and sometimes not statistically significant, trends were consistently positive.

Results

- **1- Findings consistent across analytic methods.**
- **2-** Shows the critical importance of controlling for confounders in quasi-experimental studies
- **3-** Current evidence suggests GYFS intervention significantly lowers reoffending risk across offence types.

Why is GYFS effective?



Why is GYFS effective?

Gannon et al. (2019)

A substantial improvement of treatment effectiveness occurs when the program benefits from:

1) consistent hands-on involvement by qualified registered psychologist and,
2) when staff receive ongoing clinical supervision

Why is GYFS effective?

CPLM (Quebec, Canada)

- CBT & MST
- Not field-based
- Collaborative approach with multidisciplinary team and YP family
- Research informed but not driven
- No focus on continuous staff training
- Referred by Child Protection, Court or voluntary basis

Implications

- **GYFS demonstrates strong evidence for trauma-informed, specialized treatment efficacy**
  - Individualized CBT, multisystemic interventions, and community-based engagement.
- Quasi-experimental methods yield credible results
- Limitations/future research: Follow-up restricted to youth data; long-term outcomes unknown

Implications

RECOMMENDATIONS FOR POLICYMAKERS

POLICY AREA	RECOMMENDED ACTION
Program Funding	Sustain and expand funding for GYFS to meet demand and ensure statewide coverage.
Evaluation Infrastructure	Establish a longitudinal data-sharing framework between Griffith University and the Department of Youth Justice and Victim Support for continuous evaluation.
Cultural Responsiveness	Co-design culturally specific interventions with Aboriginal and Torres Strait Islander communities.
Workforce Development	Maintain a model led by registered psychologists with ongoing supervision and professional training.
Cross-System Integration	Strengthen partnerships between youth justice, education, health, and child protection sectors to support holistic rehabilitation.

Why is GYFS effective?

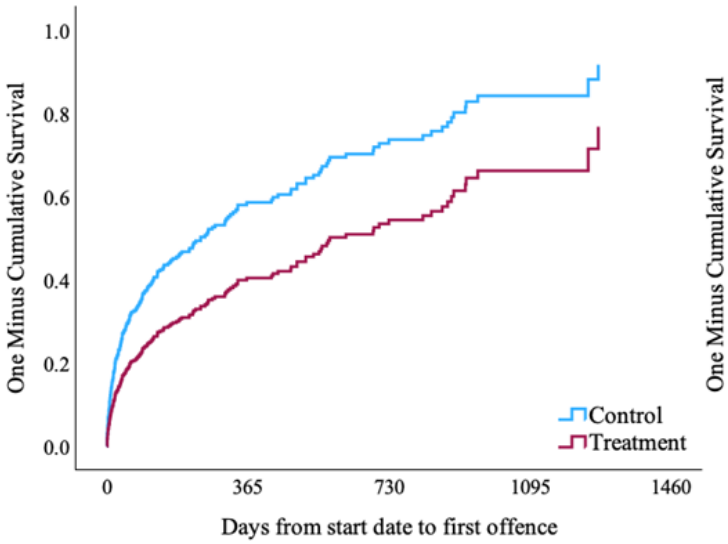
- 1- Individualised/multisystemic of GYFS approach for more comprehensive assessment/treatment
- 2- Field-based delivery model for maximum access and stronger collaboration
- 3- Sustained consultation with community members and professionals

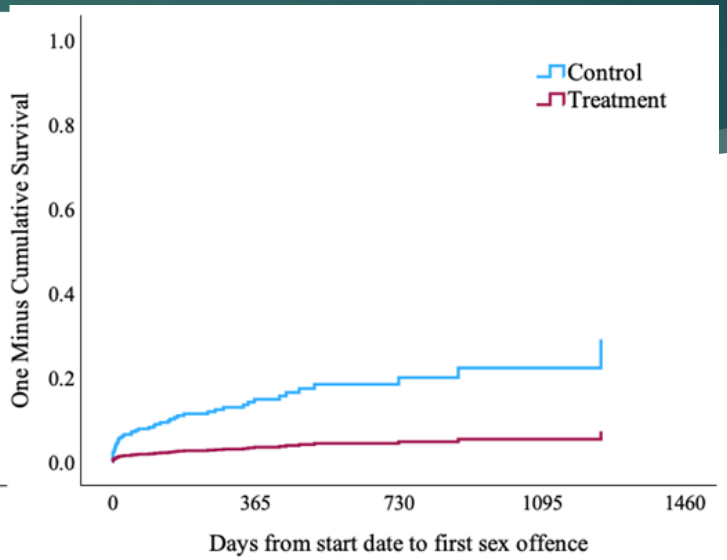
4- Grounded in empirical research – strong commitment to research-informed practice drives clinicians to continuously refine approach and tailor intervention

RESULTS

Risk score	2.08 (0.84)	2.08 (0.79)	$t(445) = 0.07, p = .94$
Outcome prevalence			
Any reoffence	162 (53.5 %)	55 (38.2 %)	$x^2(1) = 9.11, p < .01$
Sex reoffence	45 (14.9 %)	4 (2.8 %)	$x^2(1) = 14.58, p < .001$
Violent reoffence	51 (16.8 %)	17 (11.8 %)	$x^2(1) = 1.91, p = .17$
Non-violent reoffence	140 (46.2 %)	52 (36.1 %)	$x^2(1) = 4.06, p = .04$
Outcome incidence per 1000 person years			
Any reoffence	1000.74	444.62	$x^2(1) = 13.04, p < .001$
Sex reoffence	200.34	24.77	$x^2(1) = 15.52, p < .001$
Violent reoffence	203.57	107.56	$x^2(1) = 5.18, p = .02$
Non-violent reoffence	694.45	403.25	$x^2(1) = 6.09, p = .01$
Outcome mean follow-up days			
Any reoffence	195.00 (274.33)	313.55 (324.62)	$t(243.27) = -3.79, p < .001$
Sex reoffence	270.58 (327.98)	409.38 (343.64)	$t(445) = -4.12, p < .001$
Violent reoffence	301.79 (366.34)	400.60 (352.44)	$t(445) = -2.70, p < .01$
Non-violent reoffence	242.85 (340.61)	326.86 (338.74)	$t(445) = -2.44, p = .02$

Results


One Minus Cumulative Survival
1.0
0.8
0.6
0.4
0.2
0.0
0
365
730
1095
1460
Days from start date to first offence
Control
Treatment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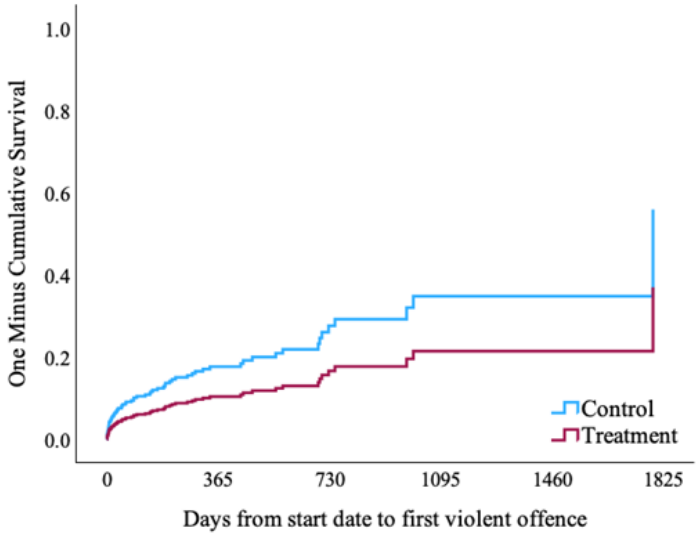
Days from start date to first sex offence
Control
Treatment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Days from start date to first violent offence
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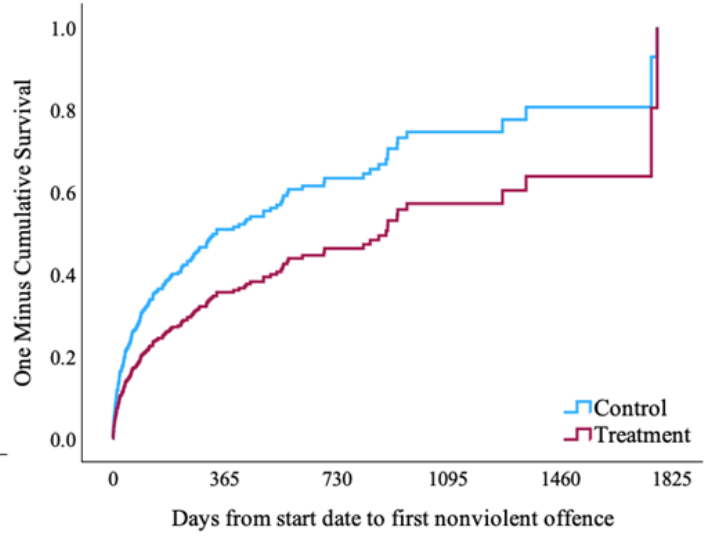
Treatment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