



catalyst
CONSORTIUM

Australian Consortium for Research Excellence
in Reducing Persistent Violence and
Sexual Offending

Prevention and Intervention Summary Report

Comparison of rolling and closed group treatment programs for sexual offenders

- ✓ This project examined whether rolling (open) and closed treatment programmes had equivalent outcomes for men with histories of sexual offending.
- ✓ Results showed that outcomes were comparable across both program formats. There was no evidence that either format conferred advantage with respect to treatment completion, pre-/post-treatment change as measured by various psychological tests, or recidivism.

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Centre for Forensic
Behavioural Science

Background

Research has shown that overall, sexual offender treatment reduces sexual reoffending. Recent research has moved toward identifying specific programme factors that influence the effectiveness of treatment. In Victoria, sexual offender treatment is typically delivered in a group format using two modalities; rolling (open) and closed. There has been no research that has examined whether treatment outcomes differ for offenders receiving rolling versus closed group programs.

What is a closed group?

All offenders in the treatment group start and complete treatment together, working through the programme content at the same time. If somebody drops out or is excluded from a closed program then their position in the treatment group stays vacant.

What is a rolling/open group?

Offenders join a treatment group when a position becomes available, work through the modules at their own pace, and complete the programme once they finish the modules. If someone drops out of a rolling program or is suspended or excluded then another person takes their place.

Aims of the study

We aimed to explore whether treatment outcomes differed for men with histories of sexual offending who commenced rolling and closed group programmes. There were three key research questions;

1. Do rolling vs. closed group participants differ on measures of pre-to-post treatment change?
2. Do rolling vs. closed group participants differ in their rate of treatment completion?
3. Do rolling vs. closed group participants differ in their rate of recidivism?

Approach to the study

The sample included 451 adult males who started the Better Lives Sexual Offender Program between 2014 and 2017. The average age of the sample was 42.78 years (SD = 14.50) and most identified as being Australian (N = 333, 73.8%), with 2.9% (N = 13) identifying as Indigenous Australian.

Corrections Victoria provided all risk assessment data, pre-/post-treatment measures, and group treatment information for the sample. Victoria Police provided recidivism data up to June 2018.

For all analyses, treatment location (e.g. prison or community), treatment intensity (how much and how often treatment was provided), offence history and age were also explored for their potential effects on outcomes.

Results

Was treatment modality related to pre-/post-treatment change?

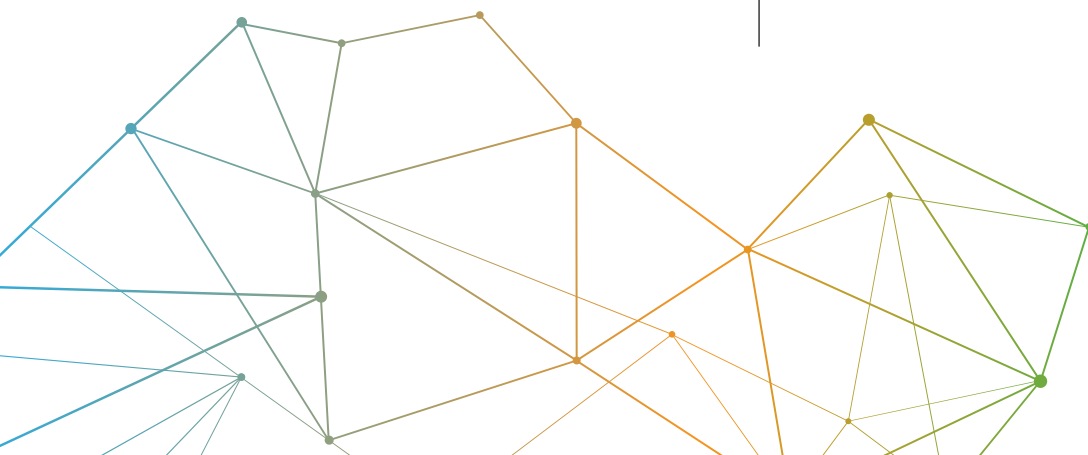
In the sample as a whole, group type did not have a consistent significant impact on change in psychological tests administered prior to and at the end of treatment.

Was treatment modality related to treatment completion?

In the rolling group, 59.5% of participants completed treatment, compared to 40.5% in the closed group. However, group type did not significantly predict whether an individual successfully completed the treatment program. Further, those people who were treated in a community location were nearly three times more likely to drop-out of treatment in comparison to those treated in prison.

Was treatment modality related to recidivism?

In the rolling group, 9.9% reoffended with any offence and 3.1% sexually reoffending. In the closed group, 2.6% reoffended with any offence and 0.2% sexually reoffended.



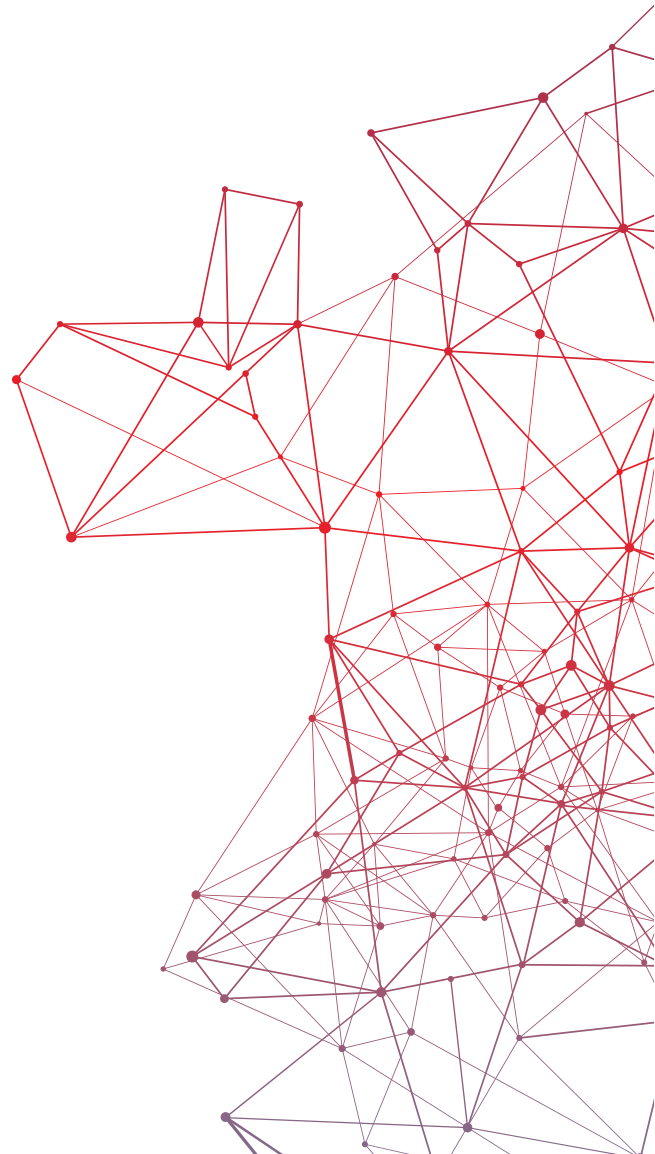
While these differences would appear to be significant, they were explained by other factors, meaning group type (i.e., open versus closed) did not significantly predict any reoffending, sexual reoffending, violent reoffending or non-violent/non-sexual reoffending. Group type did not significantly predict time taken by individuals to recidivate. Factors related to risk of recidivism, such as treatment intensity, not completing treatment, and having an extensive offence history were significantly predictive of recidivism.


Key limitations

- ⚠ This study could not examine the impact of some other potentially relevant treatment variables like number of sessions attended and time spent in treatment.
- ⚠ This study had a short follow-up period, which could have limited the recidivism analyses.

Key implications

- ✅ In this study, being in a rolling versus closed group generally did not lead to differences in treatment outcomes (pre-/post-change, completion, and recidivism) meaning outcomes from those who complete either type of treatment are comparable.
- ✅ Previous literature has suggested there may be potential benefits of a rolling program over a closed program, due to its ability to replace individuals who drop out, and the more individualised approach to progressing through treatment modules. This may suggest that more people can be treated when services run open programmes.





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Detailed study findings will be published in peer reviewed academic journals.

This work was completed a part of a Doctorate in Forensic and Clinical Psychology by Ms Emily Stevenson, with supervision provided by Professor Michael Daffern and Professor Stuart Thomas.



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