ROYAL COMMISSION INTO INSTITUTIONAL
RESPONSES TO CHILD SEXUAL ABUSE

Public Hearing - Criminal Justice Roundtable
(Day 2 - Adult sex offender treatment programs)

Hearing Room 2
Level 17, Governor Macquarie Tower
Farrer Place, Sydney

On Thursday, 21 April 2016 at 10am

Before
The Chair: Justice Peter McClellan AM
The Presiding Member: Justice Jennifer Ann Coate
Commissioner: Mr Bob Atkinson AO APM

THE CHAIR: Good morning. I don't know most of you, I know some of you, but welcome. We have a couple missing too. They're not outside?

MS SANDERSON: No, Professor Smallbone is running about ten minutes late.

THE CHAIR: We have, as part of the Royal Commission's obligations, to examine the criminal justice system as it relates to the sexual abuse of children, but plainly, once you step into the criminal justice area in relation to sexual abuse, you end up looking at a broader picture than just children.

To help the six Commissioners come to conclusions about this, we have split ourselves up and Justice Coate and Commissioner Atkinson and I have been tasked with pulling together the Commission's tentative thoughts in relation to the issues that arise in the criminal justice area and then all six Commissioners will ultimately come to consider what we should say.

We are ably assisted - should I say ably led - by Leigh Sanderson who some of you know, probably now all of you have spoken to her, and the team that she has. Leigh did a huge amount of work for us in relation to redress and civil justice and she is responsible for driving the criminal justice work. The criminal justice component of our work is a very significant part of our obligations. That is not to suggest that there aren't equally significant other parts of our obligations, there are. The task that we have is a huge task and it's made larger by the fact that it is a task that requires us to look at the position in relation to all of the States in Australia.

Before we start further, I would just like to acknowledge the traditional custodians of the land upon which we meet today, the Gadigal people of the Eora Nation and pay my respects to their elders past and present.

Today of course is a public event, although I don't see too many members of the public here. However, it is necessary for me to remind you that it is being live streamed so that anyone who wants to watch, and many people do, can look on our website and access the screen and see what all of you have to say throughout the day. The cameras, I am told, can be controlled to focus on

anyone who is speaking at any particular time. Could I ask you, though, when you do speak, to try and make sure that you identify who you are because I am not sure the cameras will pick up your name in a way that someone at home might be able to identify who you are.

We held our first public roundtable in relation to criminal justice yesterday and this is the second in the process and there is more to come. Criminal justice, of course, has otherwise arisen in a number of our public inquiries. Inevitably, when you have criminal activity, you will intersect the police and criminal justice components of society fairly readily.

However, when we come to criminal justice one of the very significant issues is, firstly, the trial process and I see Jane Goodman-Delahunty over there. She has, together with Annie Cossins, done a huge amount of work for us in relation to a study of juries in sexual assault trials and in a few weeks time we're going to I think release that work; is that right, Jane?

PROF GOODMAN-DELAHUNTY: I hope so.

THE CHAIR: So I do - which will help to inform a lot of the work we're doing about the trial process and about the way judges speak to jurors and the study attempts to identify how ordinary people, jurors, reason and whether they obey what judges tell them and what the outcomes are from their reasoning processes.

Of course, the second major component in the criminal justice system, apart from the trial, is the sentencing process and then this is where you all come in, because that sentencing process needs to be informed by the work that can be done in relation to the treatment of offenders and ultimately, of course, that visits itself upon the criminal justice system in the continuing detention regimes which exist in some States.

I am familiar with some of the work that has been done in this area because one of my responsibilities in the Supreme Court was the hearings in relation to continuing detention, so I have seen some of the debates that have occurred about the effectiveness of the process and what you should do with people, but I, like the other Commissioners here today, are very much looking forward to

what you all have to tell us about this area.

I should emphasise today that we are considering treatment programs for those who have committed sexual offences as adults. We do have a separate work stream in relation to children with sexually harmful behaviours and that work will be separate in our discussions from what we're looking at today, but that's not to underestimate, and we don't, the fact that child to child sexual abuse is a very important topic for us to examine. It is a very significant component, so far as you can work out, of offending which now occurs in an institutional context and it is important for this Royal Commission to ensure that we address those issues.

Those children who offend and get into trouble in that way, of course, will also intersect the criminal justice system but in different ways, one hopes, generally to adults.

Today, as you know, we have broken into two separate parts, if you like. What I want to try and find out from all of you in each of the relevant jurisdictions, firstly, is what treatment programs are offered, what the eligibility rules are to participate in those programs, and I know that there are actual physical constraints because of numbers and because of time in incarceration. We would like to understand the position of each of the States in relation to that.

We would like to know whether the programs that you conduct are tailored to particular groups, such as or including Aboriginal and Torres Strait Islander people, whether you separate out and have separate programs; whether you have, again, separate approaches to people with intellectual disability or cognitive impairment. They in many respects raise very difficult issues for this Royal Commission but for the community generally in providing them with an appropriate response in various areas and we have devoted quite a deal of time, and there's more time to come, specifically to that group, but we would like to know whether your treatment programs address those issues.

I suspect I know the answer to this but we would like to know what you do with someone who denies still that they've offended and how you approach them, if at all, in

the context of any treatment program. We would like to know about your program structures, how they're organised, and availability, and also we'd like to know, if you can tell us, what your take-up rates might be and also what your drop-out rates might be. Are there many people that start and stop or do people who start come to the end?

Western Australia, unfortunately, can't be with us today but I think Leigh has a written document from them which she will read to all of us in due course.

As you all will have worked out if you don't know each other, but looking at the name plates you've probably worked out that we have operators - can I put it that way - and academics. That's not being unkind to anyone, is it? The operators we're going to ask to tell us what you do and we're going to ask the academics to comment upon what you do, which is the usual way that academics work, I suppose, but all done with a view to helping us to understand what is happening and to see whether we can work out whether we can help in this area, which is our object in everything that we do.

We, in that context, do understand that there has already been significant work done in evaluation of programs. We will find out a bit more about that in the second part of the session. How good the evaluations are and how relevant to all of you or each of you in contemporary circumstances we would like to know.

We want to know what the outcomes have been from the review and evaluation programs. We would like to know whether there's a contention that any particular program achieves the best outcomes or whether they're variable. In other words, we would like to know if there is a controversy in terms of the programs and whether people contend that theirs, for whatever reason, is better than someone else's. We would like to understand the whole issue about the nature and also the response of individuals to the programs when provided.

Ultimately, of course, our purpose is to see whether or not this part of the criminal justice system is working beneficially to help to protect children from abuse within institutions. But, as I said when I started these short remarks, it's impossible - we understand that - to separate out the offenders who happen to have offended in an

institutional context from those who might otherwise offend, but our object, at the end of the day, is to bring forward recommendations which will help, we trust, children in institutions to be kept safe.

Finally, I guess, in that context, we know a little bit about the role that treatment plays in decisions to grant parole to offenders, and, of course, the role it might have in continuing detention, and, of course, that visits itself back into the community and also into institutions.

We have here today Louise Coe. Louise, we specifically want to talk to you. Louise comes from the Office of the Children's Guardian in New South Wales. We want to know how all this intersects with, particularly, Working With Children Check schemes, and so on, and what decisions are responsibly made in that context, after someone might have been through one of these systems. But I think you have been primed to know that that's what we want to find out.

MS COE: Yes.

THE CHAIR: Now, we are making a transcript of today's proceedings. I think the relevant people are sitting above us, and they can now look down and see who is talking, but they will be helped by you identifying who it is that is talking at any particular time.

So, welcome. Let's start in to understanding where everyone is going.

Now, I said to Leigh this morning, "Why don't I start at the other end from where people normally start in talking to the States", and she said, "No, no, you can't do that." There is a protocol I have to follow. So we start with New South Wales. Who is going to tell us what happens in New South Wales?

MS DONALDSON: Hi, my name is Meagan Donaldson. I'm a senior psychologist in custody-based sex offender programs for Corrective Services NSW.

Corrective Services NSW offers a suite of programs for offenders convicted of sexual offences. We have a Preparatory Program, we run treatment programs and also

Maintenance Programs. Most of our treatment programs are run in custody, however, we do provide a community-based treatment program and also custody and community-based maintenance programs.

If I just speak to our treatment programs, all of our custody-based treatment programs and our community-based treatment program are based on a cognitive behavioural therapy model and also the risk-need-responsivity model of offender rehabilitation.

We provide treatment in a group format, and that's in an open or a rolling group format, so that rather than have offenders start and complete at the same time, we have individual treatment plans for offenders. They work through the programs at their own pace, and that way we are able to target treatment needs specific to the individual.

All of our programs in custody are also facilitated in a therapeutic environment. This means that rather than being in wings with other mainstream offenders, they are actually housed in a specific wing where we have psychologists, specially trained custodial staff, and services and programs officers that support the offenders participating in the programs within that community. That way, all of the offenders who are in that environment are in a treatment program, are working on their own treatment needs and supporting each other to work on their treatment needs, but it also provides an opportunity for the offenders to take what they are learning in the group-based sessions and put that into practice in the therapeutic community, practising their relationship skills, communication skills, how they cope with conflict and some of the challenges they might experience in that therapeutic wing.

So the programs that we offer in custody are: we have a Custody-Based Intensive Treatment Program, which is for moderate-high to high-risk offenders. We have a CORE Moderate program, which is for those who have been assessed as a moderate risk of sexual offending. We have the Self-Regulation Program: Sexual Offenders, so this is a moderate-to-high-intensity program for men who have an intellectual disability or a cognitive impairment that might impact on their participation in one of the other treatment programs.

We also offer the Deniers program. This program isn't one of our rolling programs. It is actually run on a needs basis. So when we actually have enough offenders who categorically deny their offence, we run that program when there is enough need. So currently, that is approximately every 12 to 18 months, in custody.

We also then have our Community-Based Treatment Program, so this is facilitated at an office at Surry Hills, and a Maintenance Program, which is facilitated out of the same area.

If I think about the content - I'm not sure if you want the content of the --

THE CHAIR: Can I just ask you a couple of questions first of all?

MS DONALDSON: Certainly.

THE CHAIR: Are the programs offered in the one prison or are they offered in different facilities?

MS DONALDSON: Our custody-based sex offender programs is a State-wide process. So for the eligibility, we consider that anyone who has a current or historical conviction for a sexual offence is eligible to refer to our programs. Once we have received the referrals we undertake the necessary static and dynamic risk assessments and determine who might be suitable for which programs, based on their level of risk, their treatment need, and also those responsivity issues. So we are a State-wide referral process, but the programs are currently located at MSPC, which is at Long Bay Correctional Centre, and also at Cessnock Correctional Centre as well.

THE CHAIR: And what is the minimum period of incarceration that a prisoner must have received before they will be eligible for a program?

MS DONALDSON: I'm not sure of the minimum. We have an ideal, so an ideal would be an 18-month custodial sentence. That would allow time for the offender to have the appropriate assessments conducted and time to participate in our programs.

I didn't mention the treatment duration. So our

high-intensity treatment program is a six-to-10-month program; our moderate-intensity program is a six-to-eight-month program; and our Self-Regulation Program is a 12-to-18-month program, and this is just because the tasks and modules of the program are broken down into smaller components for the men with an intellectual disability. So we need time for the offenders to be assessed and then also for them to participate in the program.

Particularly for our high-risk offenders, it is ideal that they participate in a Maintenance Program as well, where they have the opportunity to practise the skills that they have learnt in a less-restrictive environment, so outside of the therapeutic environment and back when they are housed in other wings with other offenders as well.

THE CHAIR: And do you have drop-out rates?

MS DONALDSON: Yes. Historically, the drop-out rates for CUBIT have been quite high. So prior to 2005 it was at about 30 per cent. Since we have introduced the rolling or the open-group format, for the 2014/15 financial year our completion rate was 97.7 per cent for our CUBIT programs.

THE CHAIR: Why did it change?

MS DONALDSON: With the support of research, and international research, around best practice and that rolling groups allow, again, for individuals to participate at their own pace. So those who may have been unmotivated may have dropped out earlier. Rolling groups allow for suspensions or kind of a time out of the program, rather than a complete discharge. But we also changed to a more positive-psychology, strength-based approach as well, and a less-confrontational approach to treatment, which meant offenders were more engaged and more motivated within the programs, and so all of that change occurred around 2005.

THE CHAIR: And your program now is called what?

MS DONALDSON: We have multiple programs. We have the Custody-Based Intensive Treatment, which is our high-risk high-intensity treatment program, so that's our main program.

THE CHAIR: What do you call that?

MS DONALDSON: CUBIT.

THE CHAIR: CUBIT.

MS DONALDSON: Yes, sorry, CUBIT.

THE CHAIR: And you also have other programs, called --

MS DONALDSON: We have CORE Moderate, so that's the CUBIT Outreach. We have renamed it to CORE Moderate just to capture that it is a moderate-intensity program. The Self-Regulation Program: Sexual Offending - the acronym for that is SRP:SO. And then the Deniers program.

THE CHAIR: Right. And they are all prison-based or custodial based?

MS DONALDSON: They are all prison or custodial based.

THE CHAIR: Now, once released, what do you offer?

MS DONALDSON: We offer community-based Maintenance for those offenders who are at a moderate or high risk of sexual re-offending. So those sessions occur again in our office at Surry Hills. Maintenance is provided again in a group base, so it is often graduates from the treatment program in custody that are participating in the Maintenance Program in the community.

Most offenders participate on a weekly basis in that program, and most of them for the duration of the time that they are under supervision with Corrective Services in the community.

THE CHAIR: So when they are on parole?

MS DONALDSON: When they are on parole, yes.

THE CHAIR: Now, there used to be community-based full treatment programs.

MS DONALDSON: There still are.

THE CHAIR: Run by your organisation?

MS DONALDSON: Yes, run by Corrective Services at Forensic

Psychology Services. So the community treatment program runs very similar to the custody-based treatment programs, though they are for a lower-risk offender, for the moderate-risk offenders. And that is just because the treatment can't be provided at a high-enough intensity for our high-risk offenders in the community.

So our community treatment program is run on a weekly basis as well. Most offenders participate in that program for between six to 12 months, after which they could participate in the community-based Maintenance Program as well.

THE CHAIR: And are these people who have been in full-time custody?

MS DONALDSON: We do have occasions where an offender may not have completed the treatment program in custody, and providing he has been released to a metropolitan area and can access the service, he may be able to continue treatment in the community, providing he's been released by the State Parole Authority.

THE CHAIR: Who else participates in these full-time programs outside of the prison system?

MS DONALDSON: It would be offenders who are serving a community supervision order, supervised by Corrective Services NSW.

THE CHAIR: And are there many people in this program outside of the prison system?

MS DONALDSON: If I can actually just have a look at my participation numbers, so for the last financial year we had 81 offenders participating in the community treatment program. We had 58 of those actually complete the program within that time frame. It's also a rolling group, which is why they don't all start and finish within that one financial year. Again, the completion rate for that program was 94 per cent.

THE CHAIR: Do you have numbers there for the number within prison in the last financial year who were being treated?

MS DONALDSON: Yes. I have it broken down by program. In

our CUBIT program, our high-intensity program, we had 85 participants in the last financial year and 43 of those completed. Again, because it is a rolling program, those who start the program may not finish within the same financial year.

In our CORE Moderate program we had 52 participants in the year and 22 of those completed, with a completion rate of 100 per cent.

We also had the Self-Regulation Program. Because this program is a 12-to-18-month program the numbers are lower. We had 13 participants and we actually had six of those complete, and that was a completion rate of 100 per cent.

For the Deniers Program, we commenced the program in February of 2014, so we had 10 offenders participating in that Deniers Program, and they all actually completed in the August of 2015. So whilst they aren't reported for the financial year, all 10 of those offenders completed the program.

THE CHAIR: All right. Thank you.

Who is going to tell us about Victoria?

MS BRADEN: I might start. I'm the manager of the Specialised Offender Assessment & Treatment Service, known as SOATS. Then perhaps Joe Mollica, who is the deputy manager of the treatment team for Corrections Victoria, might contribute as well.

So, very similarly to New South Wales, we operate under a centralised service delivery model across both prison and community for the State of Victoria. So, basically, any offender who is convicted of a sexual offence who goes through the prison or Community Corrections is referred through to us. Our core business is assessment and treatment of all those sexual offenders.

We also include referrals that might be where there is not a sexual conviction but there might be a sexual motivation or sexual element to the offence. We are also referred stalkers and arsonists to consider whether there was a sexual element associated with that offending, so that we kind of capture those ones that may have had reasons why the particular sexual offence was not actually

progressed through the courts.

Our core business, as I said, is assessment and treatment, so we use specialised assessment tools to determine the risk level and the treatment needs of offenders.

So based on those outcomes of assessment and treatment needs we will make a recommendation for a treatment pathway that is commensurate to that risk and treatment need. So if someone is assessed as high-risk and has high-level and complex treatment needs, they will be referred through to our high-end treatment programs.

So we have, again, a suite of programs, similar to New South Wales, which is based on the cognitive behaviour therapy approach. But we do have built in some other elements in our treatment programs to assist offenders being able to commence and complete treatment programs where there are specific responsivity matters that might be relevant for particular offenders.

We also have a Treatment Readiness Program that assists where offenders may have some reluctance or resistance to actually engaging in full offence-specific treatment, so we will use that six-week treatment program to assist in facilitating to be able to move them through to the more offence-specific programs.

We have a Better Lives Program, which has two versions, which is our moderate-high- and high-risk offenders, and we also provide that to our moderate-low-risk offenders. They just have different duration and different dosage attached to those particular risk groups.

We have our Treatment Readiness Program. We also provide a specific treatment program for offenders with a registered intellectual disability or a confirmed acquired brain injury or a suspected ABI or are somewhere along the spectrum of cognitive impairment. So we deliver a joint treatment program which is delivered in prison with both a private prison provider, Department of Human Services and Corrections Victoria, and that is a dedicated therapeutic unit, located within the prison, where those guys who are detected with an intellectual impairment are accommodated, and we provide the offence-specific work for

those offenders in that particular unit. They also have a range of other offence-related programs and behaviour management programs that assist with managing the complexity of their presentations and their level of cognitive impairment to be able to progress them through the system.

We also have a dialectical behaviour therapy - DBT - program, which is an offence-related program; it is not offence specific. We use that more so for our post-sentence sex offenders who are subject to continued supervision or detention orders. That is about assisting in their behaviour management of the complex presentations, co-morbid presentations that those offenders tend to present with in relation to managing their behaviour.

We also run Maintenance programs in the community as well. We don't run those in the prisons, because it's an unrealistic environment to test the treatment gains that are made, so that's best addressed and managed whilst subject to, say, a parole order or a community supervision order.

I might hand over to Joe to speak a little bit more about the actual therapeutic component of the treatment program.

MR MOLLICA: Sure. We used to run a program called the Modular Management Intervention Program, which again was CBT based. It had kind of elements of relapse prevention.

In 2013 we had a revision of that program and we have moved to the Better Lives Program, which is still cognitive behaviourally based. We have put in elements of the Good Lives Model and self-regulation theory, and it is positive-psychology based. So rather than the deficits model that we had before, we've moved to positive psychology.

We are finding - it has only been going probably 15 months, now - our offenders are a lot more engaged. It is too early to tell about the outcomes, but we are kind of forecasting that the uptake and the transition through the programs is more therapeutically sound for our cohort.

THE CHAIR: What brought you to make the change? Were you unhappy with what was happening before?

MR MOLLICA: We revised our program in 2000 and we moved to a new model, and then 10 years later we reviewed it again. We had an external consultant, internationally recognised, who did a literature search around the world and, based on that kind of research, we decided to move our program a little bit more towards positive psychology. So we're not confrontational at all; we are very offender focused and assisting them to move forward in their lives in a better way. Yes, so it is really based on more current research.

THE CHAIR: But had you identified problems with what you were doing before or a lack of success in effective treatment?

MR MOLLICA: We just felt that engagement wasn't as good as it could have been. There was kind of an "us and them" mentality, which wasn't really useful in our therapeutic program.

In terms of outcomes, we are at not really clear at this point, because we've only been doing it for 15 months, but intuitively, and the feedback I'm getting from our clinicians is, it is a much better working style, particularly given that we are in a therapeutic community at one of the prisons that we work out of, and we are trying to develop culture change there as well, engaging more positively with the offenders.

THE CHAIR: What are your numbers - do you know?

MS BRADEN: As in participants?

THE CHAIR: Yes.

MS BRADEN: We have 110 prison completions per year. We have a 92 per cent completion rate in prisons. We have 156 completions in community, and the completion rate is around about 85 per cent. So it's a little bit lower in the community, but you have more challenges in relation to transient offenders who might change address, so they might move to another location or they might be returned to custody for a breach of their order. So you have more variables that will connect to whether that person is able to complete or not.

THE CHAIR: And what about time in prison - are there limitations on those who can go into programs because of the length of their sentence?

MS BRADEN: Yes, similarly to New South Wales, it is a preferred 18-month sentence. However, if someone does have a lesser sentence - so our aim is to assess and have someone in treatment in community within three to five months; but in prison we do back-end treatment currently, so we like to have offenders being able to engage at that earlier point, but the 18-month sentence is more preferable, by the time they go through the system, in terms of their prison placement, our assessments and having some time to actually go through Treatment Readiness and address any responsivity issues that might be present, any acute mental health illness and all those kinds of factors, to be able to actually successfully complete the treatment program.

So there is the element of, where you do have short sentences, that does affect the ability of us to be able to engage the offender.

We work off a basic principle of an offender needs to be ready, willing and able. So ready - that they have sufficient time in their sentence and they are in the right time of their sentence; willing, that they are consenting and wanting to participate; and able, that there are no responsivity issues that are likely to impact or impede their ability to commence and complete the program, because we don't want drop-outs because we know that that increases their risk of likelihood of re-offending.

So we work off that principle and we put some structures around supporting that principle to try to assist with responsivity or, where we can, around motivation. So if they are refusing, we actually do a three-stage process of motivational interviewing, a whole lot of other kinds of mechanisms to try to shift the offender to be able to and want to engage in treatment, because if they want to engage they are more likely to actually gain positively from that treatment process.

THE CHAIR: So you don't have a deniers program?

MS BRADEN: We don't have a deniers separate program, but we actually have deniers within our mainstream groups. We

just take a little bit of a different approach to how you frame their participation.

Denial is on a spectrum - so you can have categorical denial through to, "Yes, I was there, but it was consensual". So we can work with that aspect much easier than the categorical denial. So we just frame that in the way of, rather than talking about the offence specifically, "What were the situations leading up to the circumstances where you were charged and convicted of this offence?" So you can shift past that point of, you know, getting the kind of admission of the offender, because you still want to get them to engage to make those changes in a positive way to be able to be offence-free post treatment and post release to the community.

THE CHAIR: Can I inquire generally, do you all have a structured arrangement whereby you talk to each other about your individual programs?

MS BRADEN: We are all part of a National Working Party under each jurisdiction and we meet annually. We have about 10 commitments or eight commitments per year, which is about sharing information, making sure our programs all measure up kind of similarly to each other. We share research, we participate in cross-jurisdictional research so that we're all working as a nation, really, in line with what best practice is and what our learnings have been from each jurisdiction. We share that information and we participate in kind of high-level projects that contribute to the research or furthering of treatment and outcomes and community safety.

THE CHAIR: We will find out when we get to the end of this, but I have an impression that, nevertheless, you do, or you will do, different things; is that right?

MS BRADEN: There are some slight variations. So what we might call "Treatment Readiness" is a "Preparatory Program", and it might have a little bit of a different focus, but the principles of how we work are based on the best practice principles, which we all have signed off on as jurisdictions. So we know that the presence of certain elements of a treatment program and how you set up your service delivery models, the staff training, all those kinds of elements - if you have those present in your system, research tells us you are more likely to have

better outcomes than not. So we adhere to those principles as jurisdictions and they are endorsed at high-level government areas for us. So that's how we kind of work together as a group across those mainstream principles, with some variations based on our jurisdictional needs or profile.

THE CHAIR: Well, you may have gathered that that pleases us to hear, greatly. A true cooperation between State instrumentalities is very important in many areas.

Ashley Phelan, can you tell us about Queensland?

MR PHELAN: Yes, I am the acting manager of the Offender Interventions Unit, Queensland Corrective Services. I mirror New South Wales's and Victoria's models. We do CBT, RNA and also a strength-focused practice around what we call New Futures.

We offer a suite of programs both in custody and the community. We have a Preparatory Program, again which is a readiness program for our main interventions. We have our Medium Intensity Program, which can range in flexibility from 76 hours to 180 hours worth of treatment, but we can extend that out, if need be. We have had offenders do 200 hours through the Medium Intensity Program.

We have our High Intensity Program which goes from 9 to 12 months, which is 300 to 350 hours. We have a Maintenance Program, which is every week for 12 weeks. Again, we roll that program, so if you need to benefit you can stay in the program longer, and you can do the program multiple times. It is a Maintenance Program; it is a life-long commitment for change.

We have an adapted program for intellectually and cognitively impaired called the Inclusion Program, and we have an adapted or a culturally appropriate sex offender program for indigenous males that we run in the Far North.

We run all of those programs within custody. Our primary location is in Brisbane, but we do operate these programs throughout most of our correctional centres.

In the community we run our Medium Intensity Programs, our Preparatory Programs, and in Townsville we have

a Maintenance Program.

As to eligibility, any sex offender who has been convicted of or has committed a motivated sexual offence is eligible. We have no barriers to entry for denial. We work with denials, very much in the Victorian model. The only exclusion criteria would be categorical denial, where we can't find anything to work with, and we will actually look at other methodologies to manage the categorical deniers.

We have between 80 to 100 sexual offenders in a program throughout our system at any one time, and that can range from 350 to 450 program participants throughout the year.

Let me think of what else we have - so CBT, RNA, we work to our strengths process.

We view the programs that they are not a cure, they are an important component of an ongoing intervention, a larger intervention which can also include supervision as well as motivating offenders to seek out some of their own support - it could be around drugs and alcohol, it could be around their mental health, their physical health. So we see this as an actual lifetime worth of intervention, not just something that happens within the program itself.

So a great deal of our work is shared through all the jurisdictions, and I think that has been driven from the National Working Party and the close connections that the jurisdictions actually have with one another.

THE CHAIR: Western Australia is next. Leigh, can you tell us what they have to say?

MS SANDERSON: I am thinking, now, judge, that maybe some of the other people here know more about Western Australia than I do, if everyone is going to the national meetings, but this was a short summary that we prepared based on documents that we have obtained from Western Australia, and Western Australian officials were able to review the document and confirm that it was accurate with a couple of changes.

So Western Australia offers a number of programs in prison. There is the Intensive Sex Offending Treatment

Program for high-risk male sex offenders. There is the Medium Intensity Sex Offender Program for medium-risk male sex offenders.

There is a Good Roads Aboriginal Sex Offender Program for Aboriginal Men, a Sex Offending Deniers Program for those who categorically deny committing sexual offences and the Sex Offending Intellectual Disability Program for intellectually disabled male sex offenders. They also offer three programs in the community. There is the community based sex offender treatment program for medium to high-risk sex offenders.

There is a community based maintenance program designed to maintain treatment gains of high-need sex offenders in the community and the community based intervention CBI sex-offender program for the sex offender cohort, with content to suit the specific psycho-education needs of that group. I also note that individual psychological counselling is provided to sex offenders as required.

In terms of eligibility for the programs, all sex offenders of adult and child victims serving an effective sentence of greater than six months are assessed for their treatment needs by qualified assessors generally within 28 days of sentencing. The exclusion criteria for a program typically include unstable or unmanaged mental health conditions, medical conditions, lack of capacity to understand program content, significant language barriers, if they're appealing their conviction or if they refuse to participate.

In terms of programs tailored to particular groups of offenders, there is the Good Roads Aboriginal Sex Offender Program for Aboriginal Men, the Sex Offending Deniers Program for those who deny committing sexual offences and the Sex Offending Intellectual Disability Program for the intellectually disabled male sex offenders.

In terms of program structure, Western Australia has advised that the core principles of the Marshall Model underpin their sex offender treatment programs and that these principles aim to improve skills and address the factors known to be associated with the risk of re-offending, but each program differs in terms of hours and content.

The intensive program addresses the following domains: life history, disclosure and life's maps, thinking, feeling, unhelpful thinking, core beliefs, schemas (within a CBT framework), skill building role plays, background factors, immediate factors, decision chains, risk factors, warning signs, self esteem, coping, communication, empathy, attachment and intimacy, jealously and loneliness, unhealthy sexuality and goals and plans, self-management plans, support and future plans. There are some similar factors for the medium and deniers program but they're perhaps a bit narrower.

In terms of program availability and take-up rates, we have some information provided on the number of prisoners in Western Australian prisons for child sexual offending and for 2014-2015 they had 309 child sex offenders of whom 49 were registered for their sex offending programs, which is a percentage of 15.9 per cent of offenders were registered for a program.

THE CHAIR: South Australia. Who is going to talk?

DR PHARO: I am Henry Pharo, Director of Rehabilitation Services and I am accompanied by Vanessa Swan, Executive Director of Offender Development as well.

In South Australia we have two sex offender programs that we run in prison, the Sexual Behaviours Clinic, so the SBC is the acronym, and that's our main program, and then we also have the SBC-me which is a program designed for offenders with cognitive deficits, so special needs offenders. The program runs for approximately 12 months, that's the SBC program, and the SBC-me program runs for a longer duration, approximately 18 months.

Those individuals are eligible for the program based on their offending types, so people who have been convicted of a sex offence or an offence in which there's a sexually motivated component to that, and also we do have some individuals who maybe display highly sexualised behaviours during incarceration and they may get referred for an assessment for the program as well.

Typically, offenders are assessed if they have a sentence of 12 months or greater. Essentially, that means

that they have enough time to be assessed and placed on the program before the expiry of their order. We accept people into the program based on an assessment of their risk, so whether they're either moderate or high risk of re-offending based on static and dynamic respecters. Low-risk offenders are referred to a community program which is operated by SA Health and that is called Owenia House, but it operates under a very similar model which is a CBT based program based on the responsivity model.

In our program we accept both child sex offenders, so offenders who have committed their offence against children, and also offenders who have committed their offence against an adult. We do place both of those on the same program, although there is a caveat there in that the majority of our participants are placed under protective custody and we don't mix protectees and mainstream prisoners, so it means that the number of adult sex offenders are often in the mainstream portion of the prison, so they're less likely to receive a program than child sex offenders. We also include deniers in the program and we place them in the same program as people who admit their offending as well.

The program lasts for approximately nine months but we offer a 12-month window because there is pre-program work that happens beforehand in terms of addressing motivational factors and things like that and that is also post-program work, so writing up of reports, and I think most importantly it really touches to what Ashley was saying as well, a thorough handover and ongoing contact with community corrections as well to ensure that there's really solid case management practices in place for these people once they are released back into the community as well.

The only other thing I would add is that our current model is that we have both moderate and high-risk offenders placed in the same program. However, we are reviewing that at the moment with a look to adopt a similar approach that the other jurisdictions have which is to introduce a moderate intensity program for moderate risk offenders and then a separate high intensity program for high-risk offenders.

MS SWAN: I would like to add to what Henry has said. I am Vanessa Swan, Executive Director Offender Development

in South Australia. As Henry and I think Ashley have said, we place a great deal of importance on our programs but equally, we place a great deal of importance in terms of our community supervision and the re-integration of these offenders, because we know from the literature that treatment programs alone have a degree of success, but treatment programs within a broader system of re-integration are much more effective.

In terms of that, as Henry has indicated, our handover to community corrections, our support of our community corrections staff in regard to being aware of risk factors that they need to be aware of, but also the significant importance of supporting these offenders to have constructive activity, meaningful relationships, employment wherever possible, are very protective in terms of re-offending.

We don't put all our eggs in the treatment basket, we we put quite a number of them there, but we also make sure that what we do in the release environment is very important. In keeping with that we fund through a grant, an NTO, a non-government organisation in South Australia too. They are trialling a Circles of Support and Accountability Program which is modelled on Canadian examples and also in England. There is still not conclusive evidence but there is some evidence to say that some of these approaches are quite effective.

That is about putting volunteers around sex offenders who are also supporters, through clinical staff and staff with experience, to ensure these people have regular social interaction and contact. The idea that they become very marginalised and isolated within society, which we know will increase their risk of recidivism, we attempt to reduce the likelihood of that.

THE CHAIR: It is something you are offering to sex offenders as opposed to other offenders when released; is that right?

MS SWAN: Yes, that's correct.

THE CHAIR: Do the other States that we have spoken to so far have the same approach to those who are released?

MS BRADEN: Melissa Braden, Victoria. In Victoria we have

what we call support and awareness groups. It is based on the COSA model. However, it is one that relies not on volunteers within the community. It is actually serviced and managed through Corrections Victoria. Towards the end of the treatment program an offender will be asked if they want to participate in the support and awareness group. They are to nominate certain support persons that they want to form part of the group. That can be family, friends, it might be support agencies, whoever might be a supportive and protective person for part of their release. We contact those support and awareness group nominated people and we explain what the program is about. If they wish to participate we then provide a community forum for them where we actually have a three-hour session explaining the processes of what has occurred for treatment and part of their sentence for that particular person, be it their son or whoever.

If they then wish to continue on with the process, we facilitate a support and awareness group meeting with the prisoner and those support people within the prison, where the prisoner actually speaks to his new understanding of why he has come from a non-offending to an offending place in his life, what were the factors that contributed to that, what are the signals and signs that those other support and awareness group members need to be aware of when he's released into the community.

You are actually creating a protective group for that offender post being in the community similar to the COSA. We do screen, partially, the support and awareness group members so they can't be a victim of the offending, they can't be co-offenders, and we do work on the level of collusion that might be present within that relationship. When that offender is released, if they're released to parole, that support and awareness group continues with them into part of their parole reporting requirements and maintains an extra protective factor whilst they're in the community on top of the minimal supervision whilst under a community corrections order.

THE CHAIR: Andrew, what happens in Tasmania?

MR VERDOUW: Andrew Verdouw, Tasmania Prison Service. In terms of the community --

THE CHAIR: No, start by telling us what you do yourself.

Tell us about the whole thing.

MR VERDOUW: I am sorry, I thought we were following from Victoria. Thank you very much. Tasmania is a unique situation in that we are a very small jurisdiction. We gave you data that tells you that 256 or around 250 people have entered prison for sexual offences since 2010 and when I look back to 2004, I think it was 356. With such a small jurisdiction it is really difficult to do the research and to check our practice, so the approach we've adopted is that we rely and we seek support from the larger States and we have certainly worked quite closely with Queensland in recent times and more recently with New South Wales.

We are also proceeding that work delivery with Victoria and are particularly keen on some of their work around case management and certainly will be looking at doing further work there.

You have asked what sort of programs we run. We only have the one program. It is the New Directions program, currently based on the Queensland model, and we seek clinical supervision from - hopefully I can mention the gentleman, Mr Jayson Ware. We do that, again, because we don't have the capacity to have people in positions to do research. We need to seek support from larger jurisdictions.

THE CHAIR: How long does your program take?

MR VERDOUW: Our program, again, is around six to 12 months, depending on the static --

THE CHAIR: Is it a rolling program?

MR VERDOUW: It is a rolling, open program, again based on the Queensland model.

THE CHAIR: Is it offered only to prisoners who will be there for more than 12 months, or how does it work?

MR VERDOUW: We actually have a nine month cut off from the conclusion of all court proceedings, so if somebody is appealing, of course we can't actually invite them on to the program. They need nine months remaining on their sentence for --

THE CHAIR: So if the appeal takes six months to determine - maybe - and your sentence is 12 months, you're out.

MR VERDOUW: It makes it very difficult for us to include them in treatment, yes.

THE CHAIR: What about community based treatment?

MR VERDOUW: All community based treatment is administered as individual case management and given again that we have small numbers under court supervision, either through parole or probation, we have no capacity to run any group type work.

THE CHAIR: If an offender by reason of circumstances of their sentence and appeal processes misses out in prison, can they access a full program outside the prison?

MR VERDOUW: No, they cannot.

THE CHAIR: What happens for them? Nothing?

MR VERDOUW: Basically, there are no supervision requirements. Once they've served their sentence, there is no support or capacity. There are some people that do participate in private treatment. I am aware of that anecdotally but I can't give you data.

THE CHAIR: Is it relevant to any parole release decision that someone has or has not had treatment?

MR VERDOUW: You may be aware that recently the Tasmanian Government has introduced legislation, or it has been passed, regarding encouraging inmates to participate in treatment and asking the Parole Board to include in its deliberations whether somebody has completed treatment or not.

THE CHAIR: What about the person, again, who can't by reason of their circumstances, there's nothing they could do about it, is it relevant to the Parole Board's decision then?

MR VERDOUW: That is not a question I can answer; they are an independent body. It is a good question but it's not one that I can answer.

THE CHAIR: You don't know the answer.

MR VERDOUW: No.

THE CHAIR: The reasons of the Parole Board don't tell you how they're operating?

MR VERDOUW: They do sometimes come up with reasons and I don't actually follow them closely, I do apologise for that.

THE CHAIR: All right. We're going smaller, I suppose: the ACT.

MS BROWN: Good morning. I am Angela Brown from ACT Corrective Services. Yes, I acknowledge the difficulties; it's a small jurisdiction. We offer one treatment program both in the community and in the prison. It is the same program which is a rolling program called the Adult Sex Offender Program, ASOP. We also offer individual programs, again in the prison and in the community, for those with intellectual disability or those who are categorically denying their offences.

To be eligible for the program you need to be male, convicted, and sentenced. Similar to Tasmania, we don't commence treatment until the sentence has commenced. Because of the nature of our jurisdiction and the programs, you can commence treatment within the prison and then complete it, when you're released, in the Community Corrections Office, which has some advantages.

We also offer a maintenance program for those who complete the main treatment program. The treatment program has just actually been reviewed last year. It did take up to two years to complete. We now offer it twice a week, so it takes approximately 12 months to complete and then, depending on the length of sentence they still have in the community, they remain in the maintenance program on a monthly basis after that.

In terms of the Categorical Deniers Program, that's offered by a consultant, a senior psychologist. It is actually starting this month, so it is very new, so we have no real data to offer there. We do have a range of offenders within the programs in the prison and the

community who might have some level of denial, but we do work with them. There is some pre-treatment readiness that happens before the programs start in the prison and community. It is motivation interviewing, it's CBT based, it is not at all treatment or sex offender focused, it is very much preparation for group readiness.

I do have numbers for you but they are very small compared to the rest of the jurisdictions, as you can imagine. Currently, we have within the prison in the treatment program 13 participants and currently in the community we have seven. For the year 2014-15 in the community we had a total of 19 participants, 11 successful completions, seven still in treatment and one offender was deported. It is a very good completion rate but very small numbers. In the AMC we have seven completions for the 2014-15 financial year.

THE CHAIR: Northern Territory?

MS NOBBS-CARCURO: Amanda Nobbs-Carcuro. I am the Executive Director of Correctional Services and Programs. In the Northern Territory, similarly, we also have preparatory programs. We have something called "Safe Sober Strong". We have two specific sex offender programs, one known as the Responsibility Safety Victims Plans Program and that's for low to moderate risk offenders and then the Sex Offender Treatment Program. We also have a maintenance program and that's for inmates whose release date is beyond their treatment.

As I said, the eligibility to the RSVP is for male inmates who have a sexually related offence assessed as low to moderate. The SOTP is moderate to high. We don't separate moderate and high.

In terms of tailored programs, we have the RSV program for those inmates with literacy and numeracy difficulties. It specifically incorporates various types of learning styles. It is designed for indigenous males but it also accommodates non-indigenous males and it relies on learning styles around art, yarning and storytelling in the program. In terms of numbers, again, it's a small jurisdiction.

For the SOTP, the moderate to high, there were nine enrolments, one withdrew, eight continuing; for the RSVP, nine enrolments, nine completions. We also do individual

treatment for those who can't participate in the group. Sessions are voluntary and they are closed groups.

THE CHAIR: You have a particular way of framing the program for indigenous people; is that right?

MS NOBBS-CARCURO: Yes.

THE CHAIR: What about the other States? Does anyone else have, as it were, an indigenous component in their program?

MR PHELAN: We have an Aboriginal and Torres Strait Island specific program that we run out at Lotus Glen Correctional Centre. We work quite closely with Northern Territory and Western Australia --

THE CHAIR: Are you doing the same thing, effectively?

MR PHELAN: It is very similar around the yarning and very narrative in nature. It is the same core human construct but it's pitched at a culturally appropriate level where the offenders are their own cultural experts because they're so diverse and we work very closely with Northern Territory and Western Australia to make sure that we're up on the literature and the best practice or informed practice for that cohort.

THE CHAIR: What about the other States? New South Wales? Victoria?

MS DONALDSON: We don't run specific programs for Aboriginal and Torres Strait Islander offenders. However, we use the support of a regional Aboriginal projects officer. Similarly, we work with the individual's needs and responsivity issues and their own learning styles within that group environment. When it comes to presenting work, such as a life story or a life history, we often invite a RAPO, a Regional Aboriginal Projects Officer, into the programs to support the offender and to support staff working with the Aboriginal and Torres Strait Islander offenders.

THE CHAIR: Victoria?

MS BRADEN: Similarly, we don't have a discrete program but we do consider the level of cultural immersion in relation to indigenous offenders and we will target and

access support through our Aboriginal support workers, liaison officers, within the correctional system to support that. We have a much more urbanised indigenous population compared to remote areas in Queensland.

THE CHAIR: South Australia?

DR PHARO: We don't offer a separate program. The way we approach it is we have Aboriginal support officers at each of the institutions who provide support. We also have a Central Aboriginal Services Unit and we seek specialist supervision from them in relation to any Aboriginal offenders that we have placed in the programs. We do some additional work on the side supplementary to the main program with those offenders.

THE CHAIR: You would have Aboriginal offenders from remote locations, I assume, in South Australia.

DR PHARO: Yes, we do.

THE CHAIR: Have you talked to Queensland and the Northern Territory about what they're doing?

DR PHARO: I think similar to my comment on the moderate intensity programs, it is something that we are very interested in pursuing.

MS SWAN: We do have preparatory programs which are Aboriginal specific, so pre-criminogenic programs. We then have a preparatory program that some of our Aboriginal offenders go into who then have a pathway into, say, our sexual behaviour programs, but we are aware that it is something that we would like to do, as Henry says.

THE CHAIR: I should know the answer to this but I confess I don't, but in terms of the effort that has been placed into assisting sexual offenders who become part of the prison system, are we investing similar levels of effort in relation to prisoners generally, or are sexual offenders given more effort per, as it were, offender than general offenders? Can anyone tell me?

MS BROWN: There is an emphasis in our jurisdiction for offering all prisoners access to treatment, so we do have a quite large compendium of programs. That is definitely a --

THE CHAIR: So you would say that there's no particular extra effort for sexual offenders, or is there?

MS BROWN: There's no extra emphasis, no.

MS SWAN: Henry may add to this. I think in South Australia, certainly sexual offenders and to some extent violent offenders, because of the impact that their offending has on victims, the profound impact, we probably do put extra effort into those offenders and that although we have broad general offenders programs, the length and duration and intensity of the programs for high and moderate risk sexual offenders that we put in is probably our most focused effort.

THE CHAIR: What about the other three larger --

MS DONALDSON: At this point, I would also like to introduce Jayson Ware, who is our Executive Director for Offender Services and Programs. Actually, Corrective Services offers a suite of programs for offenders at moderate risk for other more general offences. I think Jason might be best to speak to the group's suite.

MR WARE: I do have two hats on today. University of New South Wales --

THE CHAIR: I was going to say your label might be slightly misleading.

MR WARE: Yes, I try my best. In answer to the question, we have three types of offenders which we put intensive treatment resources into. Sexual offenders is one, violent offenders is another, and then we have a similarly intense treatment program for alcohol and drug dependent offenders. In actual fact that's the large majority of many of our offenders that undergo the intensive treatment.

THE CHAIR: Victoria?

MS BRADEN: Similar to South Australia and New South Wales, but I think in respect of sexual offending we do provide a higher level of service in relation to the spectrum of sexual offenders processed through the system. We have the post-sentence scheme as well, so there are extra elements that are aligned with that. At the same

time we have a government that is very committed to family violence, general violence, drug and alcohol, a suite of programs that are arranged. I think that the sexual offender pathway is a more extended one at present compared to the other cohorts.

THE CHAIR: And Queensland?

MR PHELAN: We are very similar to Victoria and New South Wales. I don't know that we'd say we've placed equal weighting in the context of the harm associated with the cohort which you are actually treating. We have high-intensity violence, we have high-intensity substance abuse which is high correlated to ongoing offending.

Again, we have the pressures of post-sanction sentencing as well, so there is a lot of due diligence that has to be followed to make sure that these programs are afforded to all sexual offenders who have committed a sexual offence. It is more in relation that it is also a very complex treatment area and they range from 75 hours up to 350, and it is an ongoing treatment area versus some of the other areas in which they can actually be self-perpetuating: following substance abuse, for instance.

It is a far more complex area. At face value, numbers wise we treat more substance abuse than we do sexual, but the amount of investment to actually get the same treatment impact, it looks as though we are investing a lot more time in sexual offending. It is a far more complex treatment area.

THE CHAIR: Just before we break for a cup of tea can I expand our thinking. Really, this is preparatory to what is going to happen after morning tea and looking also at all of the people we have here who have expertise outside of the system - looking in, as it were - all of you in this room, I am sure you understand, know more about what you're talking about than we do, that's the first thing, and we're totally dependent upon what you're telling us in relation to how you do it.

The impression I have is that you're all very keen to learn both across jurisdictions and I assume internationally as well and I assume there's a whole lot of international learning. Can anyone in a couple of minutes

just tell us are there significant differences in what we are seeking to do in Australia and with what is being done in other significant jurisdictions in other parts of the world, or are those jurisdictions which are attempting to address the issue working pretty much down the same path? Can someone tell us?

DR WONG: I am associated with Swinburne but I did most of my work, actually, in Canada within the Corrections Services of Canada and then later on in the UK and I also did quite a lot of work consulting in different states in Australia. From what I've heard, I think the programs are pretty much in line with the international best practice approaches to risk-need-responsivity principles and it is very important, it is well recognised, it's an important guideline, whether it's a sex offender program or non-sexual violent offender program.

I am very pleased to hear that there is a lot of effort being put into trying to engage deniers, because quite often deniers are the ones who tend to be high risk and if you don't get them into treatment programs then the people with the high risk don't get the treatment they need.

In terms of follow-up community support, it is also very important and it is generally recognised as almost a must to continue with the continuity of treatment, so I also hear quite a lot about that.

What I haven't heard much of is in terms of how the assessments are done in the front end of it and also how the treatment, progress and change are monitored and reported, because also that would be very important for Parole Board decision making as to what extent a person has improved and whether the improvements are in some way a reflection of reduction in risk in the community. The other bit is also in terms of evaluation which is also useful for feedback into the service as to how well the programs are doing and so on. Yes.

THE CHAIR: We are going to break for a cup of tea, but the context for the discussion we will have after morning tea is in part of course born from a community expectation which will be like going to the doctor, if you get treated you can be fixed, but as all of you understand, it is more complex than that, but we will be seeking to say what we

can as a Royal Commission about what all of you have to tell us about how close it is to the outcome if you go to your doctor with the flu and whether or not we need to understand, and everyone needs to understand, that this problem has a somewhat different context.

If you like, we have titled it "Evidence of Effectiveness". We are looking to see just what we can say all of you have told us about how effective the processes are. We will break now for a cup of tea, which is in the room down the corridor I think. Leigh's people can help show you the way. Thanks.

SHORT ADJOURNMENT

THE CHAIR: We have with us, but she is tucked in the corner, Jessica Pratley. I understand, Jessica, you operate in this field but, should I say, in the private sector; is that right?

MS PRATLEY: Yes, that's right.

THE CHAIR: Do you know everyone here or do they know you?

MS PRATLEY: Yes, I have met most people.

THE CHAIR: Can you tell us what you do?

MS PRATLEY: I am a forensic psychologist with Lennings Seidler Collins Psychology. We provide assessment and treatment of a range of offenders, but part of our core business is around sexual offenders.

In terms of treatment, we offer a group treatment program and we offer individual treatment as well.

Our group treatment program has been running for six years now. It is a rolling program and I guess in terms of the components it is very similar to the programs that other people have spoken about so far.

Our referrals primarily come from solicitors. We receive self-referrals from people, we receive some referrals from Corrective Services and we also receive referrals from Family and Community Services.

Some of our participants are going through a criminal

justice process; some have already been sentenced; some have been released from custody; and some have been going through a Family and Community Services process, so they haven't actually faced any charges and aren't going to face any charges, for whatever reason, but are still deemed to be needing treatment for sexually abusive behaviour.

The program takes 12 to 18 months to complete, depending upon a person's level of need. We don't rely on risk assessments or levels of risk for people coming in to the program, although, primarily, our participants are of low or moderate risk. We have had a few high-risk offenders, but it is quite challenging to manage those clients within a private practice model.

The program runs on Friday morning from 9 until 12, so it is quite a big commitment and a big investment from people to participate in that for that 12-to-18-month period.

THE CHAIR: And cost?

MS PRATLEY: And, of course, it costs. It is $100 per session which program participants have to fund themselves.

THE CHAIR: With no refund or support from any other source for that cost?

MS PRATLEY: No, no. We will negotiate with people who genuinely cannot afford the program. If we believe that they really do need treatment then we are happy to negotiate. It does mean that a lot of the time the program operates at a loss, and when it is profitable it is very minimally profitable.

So my understanding is that a lot of our referrals come - not a lot, but some of our referrals come - from people who didn't receive access to treatment in custody and, for whatever reason, can't access the Forensic Psychology Services program. So we do liaise a fair bit with Community Corrections around individual treatment clients.

THE CHAIR: Are there people like you operating across Australia in this space?

MS PRATLEY: I believe so, yes. In New South Wales I know

of one other group program that is offered, that's offered by the Pastoral Counselling Institute. But, again, that is Sydney based. I don't know of any group programs that are offered in regional or rural New South Wales.

THE CHAIR: Just a curio that we have: does anyone offer a program to women offenders?

MS BRADEN: We don't, and I think I can perhaps speak for most of the jurisdictions. The cohort of female sexual offenders is very small across each of the States, and their pathway to offending is quite different in comparison to the male pathways of offending. The base rate of recidivism for females is extremely low - I think it's around 0.1 per cent. So our approach to working with female sexual offenders generally across the jurisdictions is more of an assessment process, but mainly a general offending pathway, but we may also do some offence-specific work on an individual basis.

THE CHAIR: Yes. I want to turn now to the complexities of the outcomes, if you like.

I should disclose - all of you would know - that judges, at least in some States, are required to look at this issue in terms of continuing detention. But you are there dealing with high-risk offenders, by definition. I have sat through a number of debates, with some people saying it is very good, other people saying it is hopeless, and you would all know of those potentially extreme views about the programs that are offered and their outcomes.

Judges, for better or for worse in that context, have to make decisions about whether or not people should be released and, if so, under what circumstances.

It is a very difficult task for a judge, I can assure you. When someone has come to the end of their sentence, to be saying to them "No, you have to stay in continuing incarceration" is a very hard decision to make.

To start off the discussion as to outcomes, if you like, I thought maybe, Stephen, you might like to offer us your views.

PROF SMALLBONE: Thank you, judge, yes. I am a professor at the Griffith Criminology Institute at Griffith

University in Brisbane.

My view on the evidence for effectiveness is that it remains equivocal. The outcome studies I think indicate that there is wide variation in outcomes across programs, so while many of the more recent meta-analytical reviews are concluding that overall there is a positive effect, if you look at the variations across the programs that are included in those studies we find programs that work very well, programs that have a neutral effect and programs that make things worse.

So the real challenge, I think, in this area is to be finding out what it is that are the effective elements of the better programs, which are the better kinds of programs and which are the effective elements within those programs.

I think that the designs of evaluation studies are problematic. It is very difficult to use a randomised control design. This is a design that is often regaled as the gold standard evaluation design for effectiveness, it's very commonly used in medical contexts. But we're not dealing here with a medical problem.

You yourself, judge, used the analogy of the flu. Well, most people with the flu probably will have the same bacterium or virus or whatever it is that is causing that disease, and the response to it is to counter that very specific cause. But we are dealing here with a very complex set of causes and they are not all the same for each individual.

So one of the facts, I guess, as I see it in this field is that the population of people who are convicted of sexual offences is extraordinarily heterogeneous. There are remarkable variations across that population.

I think one of the challenges for Corrections, in particular, is to find out how to provide - well, we see from the description of the programs here, and they certainly look like they have improved since I was first involved with this 25 years ago, but still we are in a very structured program model, a group-based model, that is trying to engage with a population of people whose individual circumstances and the reasons for their offending vary enormously.

Vanessa Swan mentioned the importance of individualising, I think - or somebody talked about individualising the process; in fact, it was New South Wales - within a group-based structured program, and that makes a lot of sense, I think, but there are limits, I think, to what can be done.

One of the things that I think is unclear about the outcomes comes from the way that the evaluation studies are designed. There are very, very few randomised trials, as I say, so the alternatives are often some kind of comparison between a treatment group and a non-treatment group. A very common design is, I think unfortunately, comparisons between those who complete treatment and those who dropped out of treatment.

Another problem, I think, with this is that the risk principle in offender rehabilitation tells us that the biggest bang for your buck, if you like, for resources, is to try to engage with the highest risk offenders, and I have heard descriptions of high-risk programs here, but my experience actually is that the highest risk offenders don't often go into these programs because they are too difficult. These are often the people that end up, I presume, in your courts and your fellow judges' courts, where they have failed to engage in programs --

THE CHAIR: Not necessarily, but that can be the case.

PROF SMALLBONE: Well, nevertheless, my experience is that programs in Corrections often are designed for kind of a mainstream or, you know, more or less average case, if you like, and where there are individuals who don't fit easily into those models there are great difficulties with engagement in these services, and they will often not have anything, or people will really struggle.

This is a professional issue, I think - a professional development issue, perhaps, because I think that it requires a great deal of skill and expertise to be able to engage effectively with the most dangerous and most risky people. And from a community safety point of view, they are exactly the people that most need the attention.

So there are questions - the base rates of re-offending are still quite low amongst sex offenders, which means that most of the people who come into these

programs probably wouldn't offend even if they didn't come in to the program. So there is a lot of effort going in to try to cover the kind of higher-risk people, but that will include a lot of - well, frankly, a kind of wasted effort. I'm not wanting be to be critical of the efforts of the people around the table. I am impressed with what is going on and I admire the kind of commitment to this, it is an important area. But, nevertheless, from a critical point of view I think these are the kinds of hard questions that we really need to wrestle with.

THE CHAIR: Can I try to reduce it to an example: if you had a man who had offended and you were considering them for release under parole, and they were a serious offender, but their time for eligibility for parole was up, and they had gone through a treatment program, would you say that the fact that they had successfully completed the program was relevant to the decision as to whether or not it was appropriate to release them into the community?

PROF SMALLBONE: I would say that that would have limited relevance. There is certainly a principle in psychiatry, in forensic psychiatry - not so much in forensic psychology - that a person, a practitioner, who is involved in the treatment of a patient, in psychiatry terms, shouldn't be the person who makes the assessment of that person, because the person who is involved in treatment has hopes for the success that reflect on their own professionalism.

So I would say that what is really needed for parole boards is an independent assessment of that person, and I wouldn't personally give too much weight to the conclusion of a treatment provider about how that person has done.

THE CHAIR: But the mere fact that they have gone through treatment, apparently successfully, when being looked at by the independent person - would that be a relevant factor for them to have regard to when advising the parole board whether they should be released?

PROF SMALLBONE: Yes. Necessary but not sufficient, if you like.

THE CHAIR: Yes. So to try to capture the essence of what you are saying, you have reservations but accept that these

programs can make a positive contribution to someone's future behaviour.

PROF SMALLBONE: Absolutely.

THE CHAIR: Is that where it sits?

PROF SMALLBONE: Absolutely. But could I say one more thing. I think the comment was made that the programs in Australia are pretty much in line with international best practice standards, and I agree with that, but I think there is a big problem across the board, that this is an area where the idea of treatment has become heavily focused on therapeutic interventions.

Treatment of offenders really may involve a therapeutic component, but it also involves a risk-management component. The aim of all of this is to prevent these people from committing further offences. So treatment is never, in my mind, an end in itself. It is one way of contributing to that outcome.

But I think the problem can be that this whole area becomes kind of bogged down in this idea that it is all about therapy, and that is based on the idea - what I think is an erroneous idea - that the whole problem exists within that person.

You know, it is so easy to give an example, let's say, of an Aboriginal offender from a remote community who is in prison, who gets therapy. So the idea is that somehow the therapy will have an effect that will inoculate that person against the extraordinarily powerful criminogenic effects of their environment once they return. And I think, you know, there has been talk here, which is excellent, that there is a focus on - and, sorry, this is your point, Vanessa - linking with Community Corrections. Absolutely critical. We know that community programs actually work better than custody-based programs, but most of the resources are going into prisons. But it is that return to those places. It doesn't make any sense to me at all that anyone would expect, under those circumstances, that treatment would have any useful effect at all.

And so there needs to be, I think, some attention to what is going on where that person is being returned, and that requires somebody to go there and to be there and to

look at it and understand it. So there are elements of this to do with the risk management aspect that I really think need a lot more attention than the more conventional therapeutic aspect.

THE CHAIR: Jayson, I think you have been involved in some reviews or evaluations of CUBIT; is that right?

MR WARE: Yes, in part.

THE CHAIR: What is your view about the effectiveness of the programs that are available?

MR WARE: Firstly, I actually agree wholeheartedly with Stephen. If we think of every single individual sex offender as being very different, just like we all are around the table, then the actual requirements of the work that we have to do with them, both within a treatment context within custody and then upon release are extraordinarily vast. So it is very difficult to actually think that a treatment program, by itself, could actually show some effect.

That's one of the other difficulties, too, that people don't just do the treatment program: they have Community Corrections supervision; they might have additional work with a psychiatrist/psychologist, around mental health issues. So evaluating a program without any regard to all of those issues then becomes very difficult, to make sense of what that evaluation actually tells you. Therefore, one would require very large numbers of people within the sample to try to control for all those other factors which I think would be very improbable to do.

So, therefore, as Stephen was saying, most of our evaluations are based on methodologies that are less than sound, but, nonetheless, are the best we can do within our resources and within our constraints.

For example, in New South Wales, we actually treat, prior to release, the majority of sex offenders, so we don't actually even have an adequate control group, if we were to assume that having an untreated control group was an adequate methodology.

So we currently have an independent researcher thinking through complex economic models of how to actually

analyse our program, and these are more complicated than I would like to actually think through, because I couldn't understand, in the first glance, how they would actually do these things.

THE CHAIR: Can I put, then, in that context, a pretty harsh question to you: if I was the minister and I had been told I had to cut my budget, would I even contemplate cutting back or eliminating programs in the prison system to treat sexual offenders?

MR WARE: That's a question the minister has put to me personally on a number of occasions, actually, and I think I have actually, in your courts previously, your Honour, explained some of those perspectives.

THE CHAIR: To me?

MR WARE: Yes, I think so. I remember it very well, that court experience. But certainly our ministers are very risk averse and very careful with respect to sex offending matters and, therefore, are likely to actually throw resources into sex offender treatment, even in the absence of empirical evidence.

THE CHAIR: Maybe, but maybe I'm a different minister and I say, "Okay, you tell me: why should I go on spending this sum of money on this program?"

MR WARE: We tend to say there are two issues. One is community confidence and the other is actually the impact of our interventions and risk management approaches.

So, clearly, our risk-averse minister, even the second one, would be interested in community confidence and would want to show the community that we are actually making an effort. Whether that effort is actually an over-utilisation of resource is a question for us to consider, but if we put that to the minister, the minister would say to us, "Well, what is the most effective way of doing this?", and our response would be, as Stephen was saying, we need to wrap around all of our services, not just within Corrections but in the private sector, the NGO sector. We need to have a really considered approach to actually assisting these individuals post their sentence, and that's very difficult. We have problems finding housing. If we don't find adequate housing for some of

these individuals, assuming they don't have a family to go back to, and if they are in remote areas, we have the sub-context of the remote area to deal with.

And the opposite side of that, actually, is that with the remote offenders, certainly in New South Wales, the first challenge is actually getting them to come from the prison that they are housed in - for example, way out west - to Sydney, away from their family, to do a treatment program. In actual fact, we would advise the minister, we should take our efforts to them in that correctional centre so that their family remains close but, again, it is something difficult for us to do.

THE CHAIR: Because of cost?

MR WARE: Cost.

THE CHAIR: So I'm the minister, so I say, "Keep going", do I?

MR WARE: Most usually. I go back to the minister saying, "I would like to have some additional resources, minister."

THE CHAIR: I expected that. Vanessa?

MS SWAN: Can I also attempt to respond to that question. I think because of the profound harm that sexual offending has to victims, a small amount of benefit in terms of reducing recidivism is very profound in the experience of individual victims, so I would argue that to the minister.

I would also say that, a bit like if we take the medical model analogy, with some cancers we're not sure, really, that what we do is particularly effective at this point in time, but we don't say to those patients, you know, "We're not going to spend that health dollar; we will just put it over here instead" - it is the same kind of moral social conundrum.

And the other bit is if we do treat that cancer, say, and we continue to research the effectiveness and what is the most effective constellation - and we are hearing evidence that, yes, there are some things in treatment, and the meta-analyses are problematic because they keep on counting apples and oranges together and then they get a kind of fruit salad that doesn't really tell us very

much - what we need to do is do better research, work out - which I think we are progressing down that path - what combination of community support, treatment programs, custodial environment, treatment environment, community attitudes, conditions that produce sexual offending in the first place - that whole kind of range of what we can do, we need to get better at working out what are the elements that stop this. So unless we keep going, we won't get better at knowing that.

THE CHAIR: Jane, what is your perspective on all of this?

PROF GOODMAN-DELAHUNTY: Thank you, judge. So I'm from Charles Sturt University and I'm not a treatment provider. I have been involved only in the sense of doing some evaluation of, in particular, one community-based program here in New South Wales.

But I think there are a number of themes that other people have already mentioned that perhaps I would like to reiterate a bit, and the first one that I have a bit of concern about is that although I think it is excellent that there is reliance on a lot of formal risk instruments that have played such a central role, not only in how people are assigned to different programs but also post-sentence release, I think one of the difficulties with child sex offending is a lot of the risk instruments aren't very sensitive to the kinds of criminogenic needs and risks that are really there.

So certain issues that we see with institutional offenders or intrafamilial child sex offenders that are standard protective factors - such as that they are employed, that they are often married, and so on - tend to depress the scoring of their risk on these instruments. And so by the time they are assessed, they are not even going to be eligible for these programs.

The groups that I evaluated all scored so low they would never have been admitted into a program, and if they were incarcerated, they received fairly low sentences from our control group compared to those who were eligible for community-based treatment.

So it does seem as if there is perhaps a group of people who are posing quite a strong risk, in fact, to children in particular, who are sort of flying under the

radar in a way, compared to others, and they might be scoring quite differently if the instruments were more sensitive.

This really goes back to, I think, a point that Stephen and others have made about the need to take into account that it is a very heterogeneous group of offenders. It is not a one-size-fits-all kind of approach, and I think we really have heard people acknowledge the necessity to use some more individualised approaches. So I think that's a bit of a difficulty.

The other issue that I think has emerged out of some recent research is that people who are sex offenders, and child sex offenders included, don't only engage in sex offending in terms of their criminal activities, and yet the programs that are offered tend to target almost exclusively sexual offending but, in fact, what we were surprised by was the high proportion of other kinds of crimes in their criminal histories and backgrounds, and it indicates that perhaps some of the intervention should be broader.

Obviously, you want to reduce the risk of sex offending - I'm not saying that should be diminished - but perhaps the aim of some of the treatment is mis-allocated, and that goes to some of the discussion we have had here earlier today but how general that should be in order to really target the criminogenic needs that are there.

I think those are some of the critical comments that I have just about what is being offered, perhaps, in custodial programs.

But, by and large, I think I emerged, as an objective evaluator, as a great supporter of what can be done in a community-based program with people who might be higher risk than everyone would assume, with a fairly intensive treatment that was regarded as quite stringent by the participants and had a phenomenal success rate, so that where we did have careful controls we were able to show that, for example, those who went through standard sentencing and prosecution re-offended 4.6 times or more faster, and the likelihood of offending, compared to those who went through the community-based program. So there were quite strong effects of the community treatment when it was well focused for those targeted offenders.

I thought that was very encouraging news, to realise that, in fact, the resources that might be allocated and that are so expensive in custody could perhaps be diverted more powerfully to producing good results through some of the community-based programs that most of the corrections services now are engaging in. I think it is a very vital area to work on, and particularly because that is forcing the offenders to deal with the opportunities to re-offend in a way that success in treatment in custody does not allow them to be tested in that way.

THE CHAIR: If you like, it is a real-life challenge?

PROF GOODMAN-DELAHUNTY: Yes.

THE CHAIR: What does New South Wales think - Meagan, what do you think about that?

MS DONALDSON: I think it's a unique - well, not unique, but my understanding of Cedar Cottage was it was quite a specific offence group, in that they were lower - I wasn't sure about the treatment intensity, were they a lower-risk group?

PROF GOODMAN-DELAHUNTY: I think Jess Pratley is really the best-equipped person to address that question.

MS PRATLEY: Yes. I can speak to this because I was previously employed as the senior clinician at the New South Wales Pre-Trial Diversion of Offenders Program, Cedar Cottage. So program participants attended on a weekly basis. It alternated between individual sessions and group therapy sessions. That was for a period of a minimum of two years and a maximum of three years.

I guess the other feature of the program was the family involvement, and we talk about that community involvement being really important. I guess this is a point that I wanted to make, just around when we are looking at effectiveness of a treatment program, recidivism is quite a blunt measure, and particularly when we are thinking about institutional abuse or intrafamilial abuse where there is a relationship that has been present in many cases, where victims are not only dealing with the impact of the sexual abuse, but also dealing with that betrayal, with that loss of connection. It could be a whole range of

issues there.

But for some of those, the children and young people, we need to be looking at how the treatment of an offender can actually support them, so thinking about those restorative justice models which very much form the foundation of the Cedar Cottage program.

MS DONALDSON: I think it actually highlights the need, or coming back to what Professor Smallbone was saying, that we need to have a look at what is working for whom. Certainly research is not my area of strength - I am a clinician; I do my best work in a group room - but I think that's what we are starting to look at, is what works best for whom, and considering the victim perspective is really important for any treatment program.

I think one of the issues that I would like to touch on, though, is I think one of the strengths that we have in identifying an individual treatment plan at the beginning of treatment is that we are able to address the more general recidivism rates or risk of recidivism for these offenders. So certainly within our program, when we are looking at their risk assessments and areas for risk, we address those, you know, substance use, domestic violence, if that's an issue, violence - we incorporate all of their treatment needs in the one program, because it is a high-intensity program, so that an offender is not required to participate in a high-intensity sex offender program and a violent offender program and a substance abuse program.

We have a more holistic approach to what are this offender's needs to prevent him committing a sexual or any other offence.

THE CHAIR: How long did Cedar Cottage run for?

PROF GOODMAN-DELAHUNTY: At least 25 years; I think it started in the late 1980s.

THE CHAIR: Why did it stop?

PROF GOODMAN-DELAHUNTY: There was concern in the community that child sex offenders needed to spend time in prison based on the harm to the victims. It was really a sort of a punitive response that really didn't take into

account --

THE CHAIR: They needed to be punished, in other words, yes. That was expressed ultimately through a ministerial decision; is that what happened?

PROF GOODMAN-DELAHUNTY: As I understand it, yes.

THE CHAIR: I get the impression both of you would be saying maybe that's not the right way to go.

PROF GOODMAN-DELAHUNTY: I think what happened was a burn was put on the Department of Corrective Services to extend a community program to fill the gap and I think that probably has also led to the greater expansion of private services offering something similar. In other words, there is a need, and if you think about the trajectory, we ought to be thinking about prevention as well. Where do individuals go if they realise that they're sexually attracted to children or might be thinking about offending but haven't yet got to that point? If there aren't community based treatment services available that people can engage with, we're missing an opportunity to do the kind of prevention that's really important.

THE CHAIR: Was Cedar House the same sort of program as the one you're running privately now?

MS PRATLEY: No, it was quite different.

THE CHAIR: Can you just explain to us how it was different?

MS PRATLEY: Cedar Cottage was a pre-trial diversion program and I was actually just about to make the point around offering incentives for participation and treatment.

It commenced operation in 1989 and that was following a finding that these types of offenders just weren't progressing through the criminal justice system, as other types, and that's because of all the pressures that intrafamilial offenders faced around going through that court process, receiving convictions where victims would often withdraw their complaints or refuse to take part in that process because of the dynamics that were present.

The program offered an incentive, so it was pre-trial

diversion. The fathers who were referred to the program would enter a guilty plea at court and that precluded the need then for child victims to have to go through that court process and then instead of a custodial sentence, they would be sentenced into participation in the program. They would live independent of their families, have no contact with their families, until they had reached a point in treatment where that was assessed as being appropriate and had to work through those processes to do that.

THE CHAIR: The program lasted for how long in Cedar House?

MS PRATLEY: It was a minimum of two years and people could apply for an extension up to one year.

THE CHAIR: Effectively, you were incarcerated for two years, is that how you should understand it?

MS PRATLEY: They didn't live at the program site.

THE CHAIR: But they were required to be there.

MS PRATLEY: Yes, they were required to be there. If they didn't attend, if they didn't progress satisfactorily, that was reported back to the court and they could be removed from the program. If that happened they would then be sentenced in court, having already entered a guilty plea, as if they had never participated in the program.

THE CHAIR: Could they maintain a normal job while doing the program?

MS PRATLEY: Absolutely, yes.

THE CHAIR: So it was just a restriction in the sense of an obligation that didn't interfere with their basic capacity to function in the community; is that correct?

MS PRATLEY: That's correct, keeping in mind that we had an expectation that meant that these men would continue providing financially for their families, so we had quite a vested interest in them maintaining employment.

THE CHAIR: Yes. What numbers went through the Cedar House program?

PROF GOODMAN-DELAHUNTY: The evaluation was done with a less than complete set of participants over the life of the program and we evaluated over 200. My estimate is that in the life of the program there were probably closer to 300 or more.

THE CHAIR: Has anyone else in any other State trialled or do you have a program similar to that Cedar House program?

DR PHARO: In South Australia we have Owenia House which is run by the Department of Health rather than the Department of Corrections. I can't speak to the specifics of that because it is run by a separate department, but it does address some of the same principles in terms of people being able to self refer if they have concerns about their risk of offending in the future and things like that.

PROF GOODMAN-DELAHUNTY: Owenia isn't a diversion program, as I understand it.

DR PHARO: No, it's not, not specifically.

JUSTICE COATE: So pre-criminal charge?

DR PHARO: Typically, yes. There are some individuals who might be going there during the course and once again, I'm not the authority on this, I would just kind of preface that, but there are individuals who will attend during the course of legal proceedings in the background, but usually they do it voluntarily rather than being directed by the court.

THE CHAIR: Jessica, apart from Cedar House and your private work, do you have an opinion about the programs offered within the prison system as to their effectiveness?

MS PRATLEY: No, not in terms of effectiveness. No, I'm not up to date with that research. I know the programs that they offer within the custodial setting are quite similar to the program offered in our private practice in terms of components, but also in terms of taking that individualised approach.

I do think that one of the benefits of community based programs is being able to engage with a person's support network, with their families, but also keep people actively engaged in the community, which we know lowers risk, as

I think Stephen was saying before in terms of engagement in employment and so forth.

THE CHAIR: Stephen?

PROF SMALLBONE: If I may, I would like to add a critical comment to the Cedar Cottage program as an outsider. I think working with families and taking account of children's circumstances in the context of an offence or the offender's circumstances is really a good idea, but as I understand it as an outsider, the Cedar Cottage program, as you say, two years, the selection of that group seemed to me to be based on the idea of having the most compliant and low-risk people possible to begin with. It also had a very high drop-out rate and part of the evaluation was about comparing outcomes for the people who completed with the people who didn't complete, who presumably had shown problems along the way, and conclusions were drawn about the effectiveness based on the idea that people who complete did better than people who don't. I mean, that's really quite unsurprising.

I think we need to be careful about the way that we think about the value, again, of resources and so I think community based programs absolutely have a role here. That program was longstanding, it probably began before the big attention came on to the risk needs and responsibility model and it came from a different philosophy, a social work philosophy more than a correctional psychology philosophy, but it operated very differently and there are other kinds of issues about it that I think needed to be taken into account in an overall kind of sense of figuring out whether that's the right thing to do, because I'm not sure that it is, frankly. For some reasons, yes, but not for the reasons that are sometimes claimed to have been useful.

THE CHAIR: There is a challenge. Do you want to respond?

PROF SMALLBONE: I don't want to insult anybody but I think we're grown up enough to be critical, I hope.

THE CHAIR: I am sure of that. Do you want to respond?

PROF GOODMAN-DELAHUNTY: I don't want the discussion here to really just focus on one particular program. It is an example of --

PROF SMALLBONE: No, no, no, it is an evaluation.

PROF GOODMAN-DELAHUNTY: It provides some terrific lessons for what we can learn about how to approach a much larger social issue. I think there are other parallel programs. There was one running in Western Australia that had similar results, with a restorative justice focus, which unfortunately I think now is also closed. There have been other programs in the United States and elsewhere that provide some parallel. I think there are more general lessons to be learned from it.

PROF SMALLBONE: Absolutely.

THE CHAIR: Stephen, you've heard all this debate now. What are your views and how can you help us to try and sort out the answers?

DR WONG: I think a community program is very important and the research has shown repeatedly that a community program tends to have higher efficacy than a custodial program. In particular, a community program that is geared towards the lower risk offenders and also the ones that can be well managed within the community would be very useful. Because in the institution, in custody, there is always tension between sex offenders and non-sexual offenders and non-sexual offenders look down on sex offenders, to put it mildly, and there's a pecking order and within this pecking order, even within sex offenders, the rapists tend to be at the highest level and the child sex abusers at the very low level. Quite often in treatment they may feel very unsafe in terms of disclosing about their offending and engaging in therapy and therefore it makes it much more difficult to carry out treatment in a custodial setting, in particular, with child sex offenders. That is one reason why I think the evidence is showing that there is more efficacy treating in the community than in an institution.

The other point I want to get back to is your earlier point about treatment completion. Treatment completion can mean different things to different people. In some programs people are considered to have completed treatment if all the boxes are ticked, that they have attended so many sessions, they've done their homework, et cetera, et cetera. Really, treatment, forensic treatment, correctional treatment is about risk reduction, so the

question I would ask, if I was sitting in the Parole Board members' chairs, would be, "Tell me to what extent the risk has been reduced for this person after attending treatment."

In the field there is technology available, tools available to measure that, so that can be objectively measured before treatment, during treatment and after treatment. There would be a much more meaningful, I would say, way of talking about treatment, progress treatment improvement, than simply saying that, you know, whether or not the person has categorically completed or not completed treatment, and that would also help decision makers in making decisions about whether or not this person is suitable for release to the community.

THE CHAIR: Are your observations in that respect applicable across the spectrum, so that the high-risk offender and the low-risk offender you could approach using the same tools?

DR WONG: Yes, that can be done for a range of sexual offending. Actually, in a way it is easier to measure change for a high-risk offender than for a lower-risk offender because for a lower-risk offender we have the so-called flow effect, that they're so low there's not much room for them to move. For high-risk offenders there's more room for them to move and that's also why the research is showing it is easier to demonstrate efficacy in a higher-risk offender than in a lower-risk offender and it's in a way more like "more bang for your buck" in terms of putting resources into treating high-risk offenders.

THE CHAIR: Does that research tell us that the measurement, if you like, of effect at the end of the treatment program, which you say can be quite effective, that that effect continues thereafter, so that if I'm a judge and I decide to release because you tell me that the tool has measured that this has had a significant positive effect, what's my level of confidence that that will be the case in two, three or five years time?

DR WONG: One thing is there is research showing the re-offending rate for three years, five years and 10 years, so that's one way of looking at it. The other thing is no, there's never a guarantee, in a way, because once a person is out of custody then, as Stephen has mentioned, the

impact of the environment is very important and risk assessment doesn't really capture that bit very well in terms of the environmental impact. Because of that, that's why the community follow up is very important.

That said, the research also shows that the bulk of the re-offending happens between six months to a year, that is when most of the re-offending happens, so the curve goes like that, so once the person has gone over that hump then it's much safer in a way. The test is within that short period of time.

In terms of the community resources, they should be focused on that time and also in terms of decision making I would like to hear from treatment providers what the risk is like and what kind of management strategies are required and see whether or not the community can provide that to manage the risk.

THE CHAIR: Do I understand correctly that you're suggesting that although effort in treatment programs within the prison may not be wasted, we need to consider for those who may have been imprisoned, treatment programs out of prison perhaps while they're in their parole period; is that what you're saying?

DR WONG: Yes, follow up is extremely important and risk management follow up is very important, yes. It is the continuity care model.

THE CHAIR: Does anyone provide an effective program that allows for that to happen?

MS BRADEN: I might perhaps speak broadly in terms of the risk reduction and then the risk manageability, so doing that intensive treatment pre-custody and then upon release, so we engage in that pre-release planning whilst that prisoner is in custody. The risk manageability strategy starts at the potential parole eligibility date. We look at a whole lot of factors around environmental scanning, so where their proposed address of release will be.

What are the risk factors relevant for that particular individual offender that might pose an increased level of risk manageability that is not acceptable for the community if we were to release that person to that particular environment, or what are their other particular needs that

link directly to their offending that we need to take into consideration as part of that release.

We have a very robust case management strategy and process in place in Victoria that links all those processes, from assessment, treatment and that release to the community from both the risk reduction and also the risk manageability across all levels of their particular needs, whether it's individual psychological intervention maintenance programs that we provide or other services around re-integration back into the community across social aspects and protective factors, so a big emphasis.

One of the protective factors that we can put in place as part of a department but also as part of the community once that person has finished that order, that can remain in place to ensure a greater level of protection for the community and reduce the likelihood of that person re-offending.

THE CHAIR: As I understand Stephen, Stephen is suggesting that although treatment in prison may have some value, treatment outside of the prison system may be of greater value and you're not offering that.

MS BRADEN: We do through the maintenance program. We wouldn't repeat the same program again and most jurisdictions don't repeat the same intensive program, but if we identify through treatment that there are outstanding treatment needs relating to sexual deviance or intimate relationships, that's when we will target that particular treatment for that offender specifically, as opposed to just replicating the same program that you identified; the individual treatment needs and target your release planning to service those particular needs of that offender relating to both their sexual and social elements.

THE CHAIR: Are you suggesting that that's not appropriate, Stephen, or is that enough as far as you're concerned?

DR WONG: I think that's appropriate, it's entirely appropriate, and I think treatment in custody is important because it doesn't make sense to put a person in cold storage until the person gets out. You have to start the process of treating the individual. All I'm saying is that there are a lot of challenges in providing treatment in

prison and to maintain program integrity and so on. In a way you have to work a lot harder in order to get to the point where you have an expected impact on the offender.

THE CHAIR: Do you accept that what Victoria is doing is then adequate upon release?

DR WONG: Yes. From what I hear I think that the risk management process, giving the community, the people, an idea how to manage the person, what are the things to focus on and continuing to support the improvement, yes, it's entirely appropriate.

THE CHAIR: Yes. The way we talk of course in this gathering, for someone who was a layperson listening in they may think that we're able to express a level of confidence that makes these people safe, but that I assume is not what you would necessarily say about every individual; is that right?

MS BRADEN: Correct.

THE CHAIR: Yes. Henry, I think you wanted to say something.

DR PHARO: I wanted to make a very quick comment which is this notion that rehabilitation going through into the community is more than just ongoing classroom environment programs that we've been talking about in terms of what we do in prison. I think it is important for the discussion to consider all of these things that are important and if we look at the desistance literature, it shows that cognitive shift is one thing, so changes in people's thoughts is really important and I think that can be achieved through prison programs, but those people who do successfully avoid re-offending in the community are those who are able to actually re-integrate with society, maintain employment, establish social connections with their community and things like that.

I just think it is important to consider programs in the community as being more than just them needing to come along to attend a maintenance program. It is that whole-of-systems approach again that we're talking about.

MS DONALDSON: Part of that is also then that level and balancing that level of supervision and monitoring as well.

As you would be aware, your Honour, the highest risk offenders in this State and in other jurisdictions can be subject to electronic monitoring, weekly schedules, you know, where Corrective Services are also vetting or screening the people that they're associating with, relationships that they're forming in places of employment as well as accommodation.

At that highest risk level there is a high intensity of monitoring and supervision as well as that continuing to participate in programs, and then also trying to balance re-integrating these men back into the community with that high level of monitoring as well is always a difficult thing.

THE CHAIR: I have often wondered - I've never had someone to ask but I am going to ask you now - does the electronic monitoring actually do much in the way of assisting you to avoid people re-offending?

MS DONALDSON: I am not aware of the data on that personally. I am not sure, Jason, if you're aware of how effective the electronic monitoring - I could speak anecdotally but I'm not sure if you're aware of --

MR WARE: We haven't expressed a lot of confidence that it would necessarily reduce someone's re-offending. It might tell us where they were.

THE CHAIR: Yes, it does, where they've been, yes.

MR WARE: My understanding of the research from some time ago was that it didn't actually show that much impact of having electronic bracelets, by themselves. Again, I think what we're all arguing is that there needs to be a multiple aspect or aspects to any planning to support some individual into the future.

THE CHAIR: There is one very big issue in the room that we haven't talked about yet. Louise, it's the one that I'm going to ask you to talk about. The system, as you know, although we have been pleading for a national approach, provides for a capacity to engage in a checking process; the Working With Children Check it's called. Again, I stress that we have recommended a national approach and we can't see why there is any reason that that should not be done. It seems to us to be the most obvious of

solutions when you have a country where people move constantly across state borders and move employers in the same field across state borders.

What of course is relevant for today's discussion is given that people will offend in an institutional context, they may be trained as teachers or some other provider in an institution, they offend, they are treated and then of course released. Having been treated is there any room to make a decision that would allow for such a person to go back into the institutional environment in which they offended?

MS COE: Firstly, the New South Wales Working With Children Check system is a protective regime and the paramount considerations are the safety and wellbeing of the children. In that context, if a person had a conviction for a sex offence, whether it is a child sex offence or an offence against an adult, the first question we would be asking is why they would be seeking to put themselves in the vulnerable position of working with children.

I think, as Professor Smallbone said, the risk management component is important in this context, but if they could get over that hurdle and they applied for a Working With Children Check, if they had a conviction they would be automatically barred which means they would be determined as a disqualified person. Automatically, they're prohibited from working with children and for them to appeal that decision they would have to apply to the New South Wales Civil and Administrative Tribunal for an enabling order which could be granted to enable them to work with children.

Given that context, there are certain offences where there are no appeal rights or limited appeal rights and in November last year the New South Wales Government expanded the category of offences where there is limited appeal rights, which means persons convicted of murder, sexual offences against a child, pornography offences or incest offences, where there has been a custodial sentence or there has been a control order which has not expired, they cannot appeal to have that decision reviewed.

In that context we have had I think 140 NCAT decisions since the new scheme started in June 2013. Of those 140

there were 83 which were appeals from automatically disqualifying offences, so they are people who have convictions, and of those matters we are not aware of any decisions of NCAT where they have determined that the participation in a sex offender or intervention program has been a persuasive factor in granting an enabling order.

We are aware that there are three matters where there was evidence the applicant had engaged in a sex offending program where NCAT had still refused to grant an enabling order or a clearance and in those three matters the more persuasive factor was that the applicant had made admissions in one matter that he still continued to have fantasies, there was a lack of insight in another matter and given the seriousness of the offence in the third matter, the Tribunal member did not think it ameliorated the risk to children.

In that context, also in 2014, to inform our decision-making process, we engaged the Australian Institute of Criminology to conduct a literature review that would inform how we made decisions and one of the terms of reference was whether there was any research on the effectiveness of treatment programs and the outcome of that was that the literature that they examined at that time identified that there were very few methodologically rigorous evaluations of programs for either sex or violent offenders and on that basis they couldn't comment on the effectiveness of such programs.

While we would consider that there has been positive engagement in a treatment program, there are a number of other factors which may weigh more heavily on whether someone should be granted a clearance or not, but as we've said, if someone has engaged in sex offender programs they must have a conviction and when we conduct a risk assessment at the Office of the Children's Guardian, we don't look at those convicted sex offenders, we're looking at people that may have charges or may have a workplace finding, a sustained workplace finding that there was sexual misconduct.

There was one matter where it was a sustained finding, although there were no criminal matter charges where he'd engaged in a denial program. That went on appeal to NCAT and in that case NCAT weren't persuaded that the program was successful. He didn't get to complete the program, as

I understand, and there were still overriding concerns.

THE CHAIR: I'm not sure I'm understanding all of that, but do I understand that, for a time, you could appeal your decision even if you had a conviction for a sexual offence?

MS COE: Some offences are still appellable to --

THE CHAIR: Sexual offences?

MS COE: Sexual offences, yes.

THE CHAIR: Some are still appellable?

MS COE: Yes.

THE CHAIR: But is that a minority? Are most of them now not appellable?

MS COE: There is a large majority that aren't appellable, but the rider is that they have received a custodial sentence.

THE CHAIR: So it has to be a sex offence that has a custodial sentence, and then there is no right of appeal; they are out.

MS COE: That's correct.

THE CHAIR: If you have committed a sexual offence but have received a bond or suspended sentence, does that rule you out?

MS COE: No. You are only ruled out if the period of the control order has not expired. So if you had a two-year suspended sentence, for that two years, post that sentence, you could not appeal the decision.

THE CHAIR: So a suspended sentence, for this discussion, is not considered to be a custodial sentence?

MS COE: That's correct.

THE CHAIR: And in that event, your decision, if someone has had a suspended sentence and, say, gone to Jessica's program - would your decision as to whether or not to grant them a Working With Children Check clearance be influenced

by the fact that they have completed a program with Jessica?

MS COE: There are a number of factors we would consider. That would be a positive factor.

THE CHAIR: So you would take that into account?

MS COE: We would consider it, but there would be other considerations which might outweigh that participation.

THE CHAIR: Right. But you don't, as it were, write off Jessica's work; you accept that it may contribute positively to the person's future behaviour?

MS COE: That's correct. But, as I said, in our risk assessments that we conduct, because we don't look at the adult convicted offenders, we wouldn't have evidence - we don't have evidence of applicants having engaged in a sex offender program. They might have engaged in other programs, such as drug and alcohol or substance abuse programs, domestic violence programs, which we would consider, but when we conduct a risk assessment, we haven't had any situations where there is someone who has completed a sex offending program, because in the risk assessment, we are looking at the non-conviction charges.

THE CHAIR: Right. Well, then, can I throw it to everyone - those who evaluate and those who operate, if I can put it that way: what is the view, if someone has committed a sexual offence and been incarcerated, and has gone through the treatment program and they are engaged in a community assistance program after release - should they ever be allowed to work with children, if the offence was in the context of children? There are a couple of shaking heads. Does anyone say they should ever be allowed to?

MR WONG: In sex offender treatment, obviously, it is not about cure, it is about managing risk, teaching the person to manage risk. One of the often-used things to get them to learn is about avoiding high-risk situations. That is, you don't get yourself sort of being drawn into situations where there are children around, for example, even an apparently innocuous situation like walking by a playground or hanging around in arcades, and so on, where there are children. So, now, if this is part of the person's risk factor when the person is in treatment, obviously, it has

to be continued on.

So if a person has that profile and comes to me and says, "I would like to apply for a job to work with children", then I would have a lot of questions to ask about: "Why would you want to do that?" "Why would you want to put yourself again in a risky situation, when you have already been told, 'Don't do that'?"

THE CHAIR: Yes. What it means - and this has been a theme, I think, through the morning - is that we need to actually see treatment in a slightly different context to the way we would often use that word in other contexts.

MS SWAN: That's right.

MS DONALDSON: Yes.

THE CHAIR: Because, as I understand it, what you are ultimately saying is that the treatment is a program which is designed to enable people to order their own behavioural processes so as not to expose themselves to the risk which they have previously succumbed to. Is that what we are really saying?

MR PHELAN: We define treatment as a starting point. At no point is it considered an end point. It is a starting point.

If we had a teacher who may generally have an interest in teaching, then there are many cohorts that that person can teach to and it doesn't necessarily have to be children. I would be concerned with a teacher, who was a child sex offender, who specifically wanted to teach with children. If your passion was teaching, there are many avenues in which you can still engage in your profession or your passion, which could be teaching adults, for instance. So we would be very concerned.

THE CHAIR: Now, the problem becomes, for us, far more complex than what we have presented so far, because there are a range of community-based activities where parents volunteer but, of course, come into regular contact with children - and they may be parents of their own children - and you need someone to manage the gear for the cricket team or someone to score for the cricket team, or so on.

In those jurisdictions where, at that level of activity, a Working With Children Check may be required, which New South Wales, I think, extends to that area, what do we do? Do we say no to a Working With Children Check for the offender who has been through a program and volunteers to manage the under-12 cricket team?

MS SWAN: I think we say no. But the other part about this - and I understand you have another roundtable around this - as others have said, those people who have had convictions in terms of child sex offending should not be volunteering in that capacity. That is an environment that exposes them to risk.

THE CHAIR: Well, they will turn up to watch their own child play.

MS SWAN: They will. But I guess the Working With Children Check is one element of what organisations that have children or are responsible for children must do, because we know the conviction rates are extremely low of sex offenders, and all sex offenders have a first offence, so even if we were to identify all those convicted and stop them - however difficult, I accept, that that might be - we still have new offenders and those who have not been convicted. So we need to then look at how we create child safe environments, and there are others who have more expertise than I around that.

So, again, as complex as all these things are, as you know better than me, there need to be multiple approaches by which we keep our children safe within communities. So one is the check and to be kind of rigorous in how we do that, and we, from the side of perpetrators, need to be complete in how we monitor and treat and other aspects that we have talked about today, but we also need to have the broader community mindful of how do we construct environments where we have children that have as much freedom as we can allow them to have safely, but that we have checks in place to make sure that new perpetration or those who are not convicted are not allowed to go unchecked.

MS COE: Can I just say that while we do also run the Working With Children Check, we have our Child Safe Organisations strategy and we are very clear, and have always been firmly of the view, that a Working With

Children Check should not be your sole risk-mitigation strategy, and that there are other things, simple things, that organisations can do that can keep children safe.

PROF SMALLBONE: I did some work with the New South Wales Children's Commission back about 10 years or so ago. At that stage, the ideas around the Working With Children Check I thought were really interesting. That system originally accounted for variations across people, but also variations across the circumstances that might constitute risk. And so the original model, as I understand it, was that a Working With Children Check permission was not transferrable from one role to another --

MS COE: Correct.

PROF SMALLBONE: -- but was considered in terms of the specific role that the person was asking to be involved with.

So if the role involved unsupervised contact with highly vulnerable children, and also in an organisation that didn't have its act together very well in terms of conceptualising its risk and managing it, then the threshold for the offender became much, much higher. But there could be lower thresholds for the offender risk in other kinds of circumstances.

I think conceptually that makes a whole lot of sense to me but I understand that, in practice, that can be very complicated to organise.

But the idea of having a transferrable check so that once you were able to work with children you could do anything with children I think is really problematic, because there is a vast range of circumstances in which that might operate.

MS PRATLEY: I was just going to add that it is very difficult to answer your question in one way, because there is, as we have talked about, so much variability. In terms of the Working With Children Check, while it covers employment, it covers those volunteer positions, it also covers people who, through circumstances not necessarily of their own seeking, may be in a position where they are having to care for children, family members, and that may be through, say, a FACS process, where they need to apply

for a Working With Children Check.

I think that it is really important that an individual approach is taken, an individual risk assessment process is taken, where it is not just looking at whether they are engaged in treatment but also looking at the particulars of the offending behaviour, looking at how much time has passed. I know these are all points covered by the NCAT process, but it is really difficult to make a blanket rule, because nobody sort of fits into a neat box.

THE CHAIR: But everyone is saying, as I understand it, two things, really: treatment should be seen as a potential positive for anyone, but it should never be assumed that treatment is a cure. Is that correct?

MS DONALDSON: Correct.

THE CHAIR: Is that where we end up?

(There was agreement from multiple speakers at the table)

THE CHAIR: So we might be able to fix the flu but we can't put sexual offending in the same category. Is that where we end up?

MS DONALDSON: Yes.

MR PHELAN: Yes.

THE CHAIR: Leigh, is there more that we need to tax these people with?

MS SANDERSON: No.

THE CHAIR: Thank you, all.

DR WONG: In terms of the last question about community volunteering situations, even if we bar everybody who has a conviction from working with children, there would be lots of other people that we don't know about, that are under the radar, and those people will still be there in the community.

I think perhaps one of the strongest ways of keeping children safe is to make sure that all of us who observe are willing to talk about when we see something not

appropriate, and that applies to, you know, other parents also there, when they see something.

Sex offenders usually don't go and re-offend like that, they go through a process of grooming and other things. So there is lots of opportunity to observe, and also to reduce the risk by sharing information among people in that situation.

THE CHAIR: You are absolutely right. But one of the confounders in all of this, I suspect for all of you, is the assumption, which seems to be fairly correct, that this sort of offence is significantly underreported, so we just don't know exactly what is happening, and, indeed, we don't know what's happening with offenders who have been treated, in the true sense, because we don't know whether there may be unreported offending there as well.

Can I make the assumption that we are all done? Well, can I thank you all for the contribution you have made today. All of our roundtables are immensely important for us, and we are very grateful that you have all given of your time to engage with us to help us in what is an enormous task, covering so many areas of society that interrelate with the problem that we were given by the governments. But without the help of all of you and others like you, I'm sure we wouldn't be able to complete our work in a satisfactory way.

Thank you, and we look forward to seeing you all again in different ways as we do our work. Thanks again.

AT 12.59PM THE PUBLIC ROUNDTABLE WAS ADJOURNED ACCORDINGLY