

# SUPREME COURT OF QUEENSLAND

CITATION: *Attorney-General for the State of Queensland v Meizer*  
[2019] QSC 213

PARTIES: **ATTORNEY-GENERAL FOR THE STATE OF  
QUEENSLAND**  
(applicant)  
**v**  
**LYELL GRANT MEIZER**  
(respondent)

FILE NO/S: BS 3615 of 2019

DIVISION: Trial Division

PROCEEDING: Application

DELIVERED ON: 30 August 2019

DELIVERED AT: Brisbane

HEARING DATE: 26 August 2019

JUDGE: Bowskill J

ORDER: **Pursuant to section 13 of the *Dangerous Prisoners (Sexual Offenders) Act 2003*, the respondent be released from custody subject to the requirements of a supervision order, the terms of which are attached to these reasons.**

CATCHWORDS: CRIMINAL LAW – SENTENCE – SENTENCING ORDERS – ORDERS AND DECLARATIONS RELATING TO SERIOUS OR VIOLENT OFFENDERS OR DANGEROUS SEXUAL OFFENDERS – DANGEROUS SEXUAL OFFENDER – GENERALLY  
*Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)*

COUNSEL: M Maloney for the applicant  
S Robb for the respondent

SOLICITORS: Crown Law for the applicant  
Legal Aid Queensland for the respondent

[1] The respondent is a 70 year old man, coming to the end of a lengthy term of imprisonment imposed on him first in 1988, and then subsequently in 2000 and later, for multiple sex offences committed in circumstances where he “preyed on young,

vulnerable prostitutes, while masquerading as a police officer”.<sup>1</sup> The Attorney-General applies for an order under s 13(5)(b) of the *Dangerous Prisoners (Sexual Offenders) Act 2003* (Qld) that the respondent not be released from custody without a supervision order being made under the Act. The originating application as filed sought an order for indefinite detention; but that was not pressed on the hearing, it being accepted by the Attorney-General that release subject to a supervision order could provide the requisite adequate protection for the community.

[2] The respondent opposed the making of a supervision order, on the basis the court could not be satisfied there is an unacceptable risk that he will commit a serious sexual offence if released from custody without a supervision order being made.

[3] An order may only be made under section 13(5) of the Act if the court is satisfied the respondent prisoner is a serious danger to the community in the absence of such an order (s 13(1)). Under s 13(2) a prisoner is a serious danger to the community:

“if there is an unacceptable risk that the prisoner will commit a serious sexual offence –

(a) if the prisoner is released from custody; or

(b) if the prisoner is released from custody without a supervision order being made.”

[4] As defined in the Act, a “serious sexual offence” includes an offence of a sexual nature involving violence or against a child. In this case, the relevant part of the definition is an offence of a sexual nature involving violence.<sup>2</sup> Although some of the respondent’s victims were aged 16 and 17, and therefore not adults, there is no history of convictions of sex offences against children under the age of 16.<sup>3</sup>

[5] The court may only decide that it is satisfied the prisoner is a serious danger to the community, in the absence of a division 3 order, if it is satisfied by acceptable, cogent evidence, and to a high degree of probability, that the evidence is of sufficient weight to justify the decision (s 13(3)).

[6] For the following reasons, I am satisfied to the requisite high degree of probability, based on the evidence which has been placed before the court, that the respondent is a serious danger to the community for the purposes of section 13(1), as I am satisfied there is an unacceptable risk that he will commit a serious sexual offence if released from custody without a supervision order being made.

---

<sup>1</sup> *R v Meizer* [2001] QCA 231 at [52].

<sup>2</sup> As defined in the schedule to the Act, “violence” includes intimidation and threats.

<sup>3</sup> For completeness, I note that amongst the indictments presented against the respondent (the convictions are discussed below), there was one which charged sexual offences (including rape) against a prostitute in 1997, who was apparently aged 13 at the time. The indictment was permanently stayed, inter alia, in circumstances where the complainant had died before the trial, which did not occur until some 14 years later: see affidavit of Richards, at exhibits p 80 and affidavit of Wickramasinghe, at exhibits pp 123-129 (part of the reasons of Judge Hoath, for granting the stay).

[7] I have had regard to the matters outlined in s 13(4), as discussed below.

***The respondent's antecedents (s 13(4)(g))***

- [8] As already mentioned, the respondent is 70 years of age. The following appears from the reports he has given to the psychiatrists about his personal history.<sup>4</sup> He was brought up on a rural property in New South Wales and had a generally happy childhood. He was close to his father; but this changed when, at the age of 11, he was sexually abused by a male friend of the family. Although he told his parents, he was not believed, and instead his father beat him with a cane for lying.
- [9] He was educated to year 12. He did not engage in tertiary education, but worked in various jobs including on rural properties initially and, after an injury to his hand, in office work with a farming company and then an engineering company. He worked in various managerial roles. In 1979, when aged 30, he relocated to Queensland to take up a job with a mining company. He was effectively retrenched shortly after that and, with the payment he received, bought a number of fruit shops which were financially successful.
- [10] The respondent has been married twice. He married his first wife in the early 1970s and they had two sons, born in 1978 and 1982. That relationship deteriorated once he was running his own business. He regularly had casual sex with other women, eventually including sex workers. This marriage ended shortly after he was released on parole in 1990. He married his second wife in 1992, and they have two daughters, born in 1996 and 1998.
- [11] After his release from custody in 1990 he worked in a slaughterhouse, and later became the manager of an investment company, and was again doing well financially. He started seeing sex workers again in the mid-1990s. His second wife stayed with him for two years after he was arrested (in 1998), and then divorced him in 2008.
- [12] In terms of objective accounts of the respondent's character/personality, Dr Aboud records that:

“Various witness statements pertaining to [his] character were obtained in 1998, in respect of the legal process. Witnesses described: his claims of having served in the military in Vietnam, and of being shot and still having bullets inside him, and of being a sniper and an assassin and being trained to kill with his bare hands; his claims of having been a cricket umpire in the World Series, a first grade soccer and football player, a drummer in a renowned soul band; his claim of being good friends with a police inspector and having a police card, and having friends high up in the police force; his derogatory attitude toward women, calling them sluts; how he did not get on with women in the work place, making sexual references; him bragging that

---

<sup>4</sup> See Dr Brown's report at pp 26-30; Dr Aboud's report at pp 11-14; and Dr Moyle's report at pp 12-16.

he would wear clothes to show off how well endowed he was; his claim that he often frequented Fortitude Valley to save prostitutes”.<sup>5</sup>

- [13] The respondent denies making the grandiose claims, of war service, musical and sporting accomplishments (other than having been a high level cricket umpire).<sup>6</sup>
- [14] As summarised by Dr Aboud, the respondent “described having rather egocentric qualities, where he worked hard, but was very much focused on his own needs above the needs of others. He placed a great emphasis on monetary success, status and appearance.”<sup>7</sup>

***The respondent’s criminal history (s 13(4)(g))***

- [15] The respondent has a criminal history in New South Wales and Queensland. In New South Wales, he was convicted of various property, motor vehicle and weapon offences, from 1966 to 1968.<sup>8</sup>
- [16] The respondent’s Queensland criminal history<sup>9</sup> commenced in 1986 (when he would have been aged 37) with convictions for stealing.
- [17] In 1988 he was convicted, following a trial in the Supreme Court, of rape, and carnal knowledge against the order of nature, offences which were committed in June 1987. The victim was a prostitute, aged 17 at the time of the offences. She was standing on a street in Fortitude Valley when she was approached by the respondent, who told her to get into the car, and that he was a police officer. He forced her to perform oral sex whilst he drove the car to another place, and then raped her vaginally and anally without her consent. Before raping her, he pushed her legs apart and punched her in the vagina.<sup>10</sup>
- [18] The respondent was sentenced by Derrington J to six years’ imprisonment, with a recommendation for parole after serving two years. In the sentencing remarks, Derrington J referred to the respondent’s lack of remorse, and the emotional damage caused to the victim, by the “very serious and heavy treatment at your hands in the first instance, and then on your behalf [at the trial] in what she has had to go through by reason of your lack of remorse”. His Honour also made the following observation:

“One of the problems is you are a very intelligent man. I detected in your responses to the police a very intelligent protective stance where you saw what was against you in effect and tried to escape as best you could by using the very effective intelligence that you have. That in effect makes you more

---

<sup>5</sup> Dr Aboud’s report at p 9.

<sup>6</sup> Dr Aboud’s report at p 15.

<sup>7</sup> Dr Aboud’s report at p 18.

<sup>8</sup> Affidavit of Thies, at exhibits p 5.

<sup>9</sup> Affidavit of Thies, at exhibits pp 3-4.

<sup>10</sup> *R v Meizer* [2001] QCA 231 at [19]; Dr Brown’s report at p 3.

dangerous if you are going to become a criminal and commit offences of this kind. It seems also that your attack on this young woman is not what could be described as a one-off situation. It is not just a sudden aberration on your part in some way that was a one-off situation and that was inexplicable other than by some perhaps unusual event of the moment. That cannot be said in your favour.”<sup>11</sup>

- [19] The sentencing judge’s comments, about this not being “a one-off situation” may have been a reference to the fact that, at around the same time (1987) the respondent was charged with a number of other similar offences against prostitutes working in the Fortitude Valley area.<sup>12</sup> These charges did not result in convictions. It is recorded that, when interviewed by police in July 1987, about various alleged offences, the respondent said the complainants were “just prostitutes”.<sup>13</sup>
- [20] The respondent was released on parole in November 1990.<sup>14</sup>
- [21] In 1995 he was convicted of unlawfully taking shop goods away (committed in 1994).
- [22] In October 2000 he was convicted, following a trial in the District Court, of nine counts of sexual offences against three complainants, including two charges of rape, four charges of aggravated sexual assault, one charge of sexual assault, and two charges of procuring sexual acts by false pretences. The offences against one of the complainants were committed in 1994 (when she was aged 16) and also in 1996. The offences against the other two complainants occurred on the same occasion, in 1996, when they were aged 25 and 28. All of the offending bore the same “signature” as the respondent’s prior rape offence: the victims were prostitutes, working in the Valley-New Farm area, the respondent approached them in a car, took them away from the area they were working, pretended to be a policeman, and threatened them in various ways to force them into various sexual acts.<sup>15</sup>
- [23] At this trial, the respondent was charged with 17 counts, including offences against a further two complainants. The respondent was acquitted of the charges concerning one of those complainants, and the jury could not agree in respect of another.<sup>16</sup>
- [24] The sentencing judge, Shanahan DCJ, said:

“In my view, you treated the complainants with arrogance and disregard. You used the pretence of being a police officer, the threats that I have mentioned, your size, and the circumstances to force the complainants to submit to your will. In my view, it was an exercise in power and

---

<sup>11</sup> Affidavit of Richards, at exhibits pp 2-3 (sentencing remarks of Derrington J, 10 November 1988).

<sup>12</sup> See the summary in Dr Aboud’s report at pp 4-5.

<sup>13</sup> Dr Aboud’s report at p 5; Dr Brown’s report at p 3.

<sup>14</sup> Affidavit of Richards, at exhibits p 140.

<sup>15</sup> The details of the offending are set out in the Court of Appeal’s decision [2001] QCA 231 at [13]-[17].

<sup>16</sup> [2001] QCA 231 at [2].

domination over them. You inflicted severe psychological and emotional pain in a callous and sadistic way.”<sup>17</sup>

- [25] His Honour also noted the reports tendered in relation to the complainants, indicating the respondent’s actions had a “long-term severe impact on each of them”, and said “[t]hey may well have been acting as prostitutes at the time, but they were not prey, and deserve the full protection of the law”.
- [26] Compounding the seriousness of the offences was the fact the respondent was on parole, in respect of the sentence imposed for a previous conviction for a very similar offence.
- [27] Overall, recognising the total criminality of all offending and the respondent’s previous history, a sentence of 18 years’ imprisonment was imposed. The sentencing judge described the respondent as a predator whose previous jail term had failed to dissuade him from similar offending, and as dangerous.
- [28] At the commencement of the sentencing hearing, it was recorded that the day before, the respondent’s solicitor had telephoned the sentencing judge’s associate referring to a medical condition. It was contended the respondent had a “serious medical condition”, prostate cancer or testicular cancer or something of that nature, and wanted an adjournment for that reason. A representative of the Crown spoke to a doctor from the secure wing of the PA Hospital (the respondent then being in custody) and was told the respondent had no medical difficulties.<sup>18</sup>
- [29] The sentences recorded on the verdict and judgment record are:
1. On each count of rape, 13 years and 10 months.
  2. On two of the counts of aggravated sexual assault, 10 years.
  3. On another two of the counts of aggravated sexual assault, 7 years.
  4. On the counts of sexual assault and procuring sexual assaults by false pretences, 5 years.<sup>19</sup>
- [30] The sentence of 13 years and 10 months was to be served cumulatively on the “sentence currently being served”, which was the outstanding period of imprisonment imposed by Derrington J (about four years, as the respondent was released on parole after serving two years of the six year sentence).
- [31] In terms of how the figure of 13 years and 10 months was arrived at, from an indicative sentence of 18 years, it is apparent the respondent had served two years and one month

---

<sup>17</sup> Affidavit of Richards, at exhibits pp 5-10 (sentencing remarks of Judge Shanahan, 26 October 2000).

<sup>18</sup> Affidavit of Richards, at exhibits p 12.

<sup>19</sup> Affidavit of Richards, at exhibits p 4.

on remand, which was unable to be ordered as time already served (because he was on remand for other offences as well). However, it was taken into account by a reduction of the head sentence; effectively, double the time served was taken off the 18 year sentence (4 years and 2 months), resulting in a sentence of 13 years and 10 months.<sup>20</sup>

- [32] An appeal against the convictions and sentences was dismissed: see *R v Meizer* [2001] QCA 231.
- [33] In February 2001 the respondent was convicted, on his plea of guilty, in the District Court, of indecent assault, committed in March 1991 (shortly after his release on parole). The victim of this offence was, again, a prostitute working in the Valley, on this occasion a transsexual male. Once again the respondent told the victim he was a police officer.<sup>21</sup> As Dr Aboud notes, “[i]t would appear he ceased his attack when he realised she was not a woman”.<sup>22</sup> The respondent was sentenced to 12 months imprisonment, which was to be served concurrently with the sentence imposed by Shanahan DCJ.<sup>23</sup>
- [34] In December 2001 the respondent was convicted, following a trial in the District Court, of rape and sexual assault of another prostitute, committed in January 1997. This was the complainant in respect of whom the jury could not reach a verdict in the October 2000 trial before Shanahan DCJ. The same signature offending was involved, with the respondent picking the woman up in his car and driving her to another place. He pretended to be a police officer, telling her if she “behaved herself she would be all right”. He attempted to rape her anally, raped her vaginally and sexually assaulted her by forcing her to perform oral sex. As he left he appeared to dial a number on his phone, saying “I have one and she’s behind this warehouse”; telling the victim not to go anywhere, and that a man would pick her up in 5 minutes.<sup>24</sup> The sentencing judge said he was effectively sentencing the respondent to 20 years imprisonment (essentially, that if these additional offences had been dealt with at the same time as the earlier matters in 2000, the sentence would have been 20 years). He reflected that by sentencing the respondent to 12 months imprisonment, cumulative on the 18 year term of imprisonment imposed by Shanahan DCJ.<sup>25</sup>
- [35] An appeal against this conviction and sentence was also dismissed: see *The Queen v Meizer* [2002] QCA 152.
- [36] In terms of the various offences, the respondent denies ever having portrayed himself as a police officer, making threats, and denies ever being physically violent or using force to coerce any of the women. He told Dr Aboud “I don’t view myself as a rapist”. When asked what, if anything, he truly believed he had done wrong he said “I believe I

---

<sup>20</sup> Affidavit of Richards, at exhibits p 29; see also [2001] QCA 231 at [40].

<sup>21</sup> Affidavit of Richards, at exhibits pp 39-41.

<sup>22</sup> Dr Aboud’s report at p 7.

<sup>23</sup> Affidavit of Richards, at exhibits pp 33-36 (sentencing remarks of Judge Wylie QC).

<sup>24</sup> [2002] QCA 152 at pp 4-5.

<sup>25</sup> Affidavit of Richards, at exhibits p 130 and p 136.

spoke with too much force and too much authority. I was too self-righteous... I've spent years trying to forget this".<sup>26</sup> Dr Aboud observed, of his interview with the respondent, that "[i]n respect of his offending, he positioned himself as a victim of circumstances, bad luck or having not properly read social cues".<sup>27</sup>

- [37] The respondent had 4 years and 4 months in the community on parole, over two time periods between 2012 and 2016, but has otherwise served all of these sentences in custody. His full time discharge date is 31 August 2019.

***Participation in rehabilitation programs in custody (s 13(4)(e) and (f))***

- [38] The respondent has participated in a number of programs whilst in custody. From January to March 2009 he participated in the Getting Started: Preparatory Program. The completion report for this program records, among other things:

“Mr Meizer acknowledges the offences against prostitutes took place, however claims the only thing he is guilty of is not paying the women for the service. He demonstrated limited problem recognition and insight into his offending pathway. He minimised the behaviour and did not fully disclose circumstances surrounding the offending. This is his second period of incarceration for offences of a similar nature.”<sup>28</sup>

- [39] He was also described in the report as showing “limited insight into his offending behaviour” and having “entrenched beliefs of entitlement and arrogance”.<sup>29</sup>

- [40] Between October 2009 and September 2010 the respondent participated in the High Intensity Sexual Offending Program (HISOP). The completion report for this program identified that his participation had not effectively addressed “the risk factors and self-management strategies related to his offence pathways”, with the “greatest barrier to his progression” said to be his “interpersonal disconnection from the group and his inability and/or unwillingness to explore risks associated with his internal emotional and cognitive states respective to his propensity towards prostitutes or others who he perceives as failing to achieve his demands or requirements”. Progress in these areas was considered to be critical to reduce the likelihood of future reoffending in the same manner.<sup>30</sup>

- [41] In his report, Dr Aboud (at p 10) said this about the report of the respondent's participation in the HISOP:

“It is significant that during the therapy: he was prone to avoidant coping; he would use verbal aggression to manage other people who challenged

---

<sup>26</sup> Dr Aboud's report at p 16.

<sup>27</sup> Dr Aboud's report at p 17.

<sup>28</sup> Affidavit of Carah, at exhibits p 1.

<sup>29</sup> Affidavit of Carah, at exhibits p 3.

<sup>30</sup> Affidavit of Carah, at exhibits p 10.

him; he was considered to hold negative and misogynistic views of women, and even tried to intimidate or humiliate female staff; he disclosed that he treated the victims of his offending as objects, there for his use; he admitted to having had fantasies of having sex with prostitutes, with an escalating sense of elation prior to each offence; he said that in the course of his offending he used threat and intimidation and humiliation to control his victims.”

- [42] The respondent was released on parole on 5 January 2012.<sup>31</sup>
- [43] Between March and June 2012 the respondent participated in the Sexual Offending Maintenance Program (SOMP), in the community. In the completion report it was noted that he had “displayed warmth and support for other group members, however struggled throughout the program to maintain a solution focused approach; he tended to focus on negative situations in his life, particularly those which he has no control over”. It was also said that “[t]hroughout the program, Mr Meizer displayed a good intellectual understanding of the areas discussed and appears to be making efforts to internalise this understanding in some areas, such as seeking assistance from others and engaging in self enhancing activities.”<sup>32</sup> The report concluded by noting that “[g]iven Mr Meizer has identified a lifetime of control issues and compartmentalising his feelings, he appears to be making genuine efforts to emotionally connect with others and it is recommended that he continue to develop these skills with the support of his psychologist...”. It was recommended that he complete the Maintenance Program again in the future, taking into account the length of time he had left on his parole.<sup>33</sup>
- [44] The respondent was returned to custody in April 2015, and then re-released on parole on 26 May 2015.<sup>34</sup> A Parole Board Report dated in December 2017 records that although he engaged well, completed all required sessions with a forensic psychologist and successfully completed the SOMP “his rejection of supervision remained an ongoing concern throughout the supervision process. He failed to comply with directions regarding employment and had ongoing contact with a number of DPSOA offenders. As a result, the Parole Board made the decision to suspend the Order for a period of time ...”.<sup>35</sup> It also appears that on one occasion he breached his parole by leaving Queensland to visit his mother who was in ill health in an aged care facility in New South Wales.<sup>36</sup>
- [45] He participated in a further SOMP between July and October 2015. He was said to have displayed a positive attitude and consistently engaged in all discussions and activities. The completion report included the observation that “[b]ased on his

---

<sup>31</sup> Affidavit of Wickramasinghe, at exhibits p 28.

<sup>32</sup> Affidavit of Carah, at exhibits p 17.

<sup>33</sup> Affidavit of Carah, at exhibits p 18.

<sup>34</sup> Affidavit of Wickramasinghe, at exhibits p 28.

<sup>35</sup> Affidavit of Wickramasinghe, at exhibits pp 29-30.

<sup>36</sup> See the report of Dr Brown at p 23.

comments during sessions, it is considered that Mr Meizer's current habits reflect implementation of risk management strategies as lifestyle choices / life balance. He also engages regularly with a Psychologist to assist in managing any difficulties or issues he may have to address in an on-going manner".<sup>37</sup> After this observation, in the section of the completion report dealing with "risk management", the following appears:

"Unfortunately, Mr Meizer experienced an adverse interaction with the agency and his supervising office prior to completion of the Risk Management worksheet. As such, the six categories / questions on the worksheet were answered in one word. Most responses indicated he was impotent so he had no risk factors and did not have any warnings signs or need any help with anything. Only a 'miracle' would 'cure' his 'impotency' and then he might be at risk again. Whilst on one hand the responses were brief and can be interpreted as meaningless, the responses also indicate an incorrect or shallow understanding of the underpinning motivations for sexual offending, which is surprising given his level of intelligence, time in treatment, and psychological intervention."<sup>38</sup>

[46] Nevertheless, he was considered to have completed the program "satisfactorily" and that "treatment targets have been adequately addressed".<sup>39</sup>

[47] As observed by Dr Aboud:

"[The respondent's] behaviour in prison has generally been good, with occasional evidence of manipulation and an underlying disregard for the prison rules and authority. He has completed the recommended sexual offender treatment programs (GS:PP in 2008; HISOP in 2009; SOMP in 2012 & 015), but his engagement was perfunctory and there is evidence that he continues to seriously minimise and deny his sexual offending."<sup>40</sup>

[48] The respondent was returned to custody on 23 April 2016, and his parole order was cancelled on 6 May 2016 "due to his breaching of the conditions".<sup>41</sup> This occurred in circumstances where, following his re-release in May 2015, he continued to have contact with DPSOA offenders and other ex-prisoners.<sup>42</sup> One of the persons he continued to have contact with, despite the conditions of his parole prohibiting it, was a convicted sex offender whom the respondent claimed to be in a relationship with.<sup>43</sup> Although he denies this relationship has ever been sexual or exclusive.<sup>44</sup>

---

<sup>37</sup> Affidavit of Carah, at exhibits p 20.

<sup>38</sup> Affidavit of Carah, at exhibits p 22.

<sup>39</sup> Affidavit of Carah, at exhibits p 23.

<sup>40</sup> Dr Aboud's report at p 18; see also Dr Brown's report at p 33.

<sup>41</sup> Affidavit of Wickramasinghe, at exhibits p 28.

<sup>42</sup> Affidavit of Wickramasinghe, at exhibits p 30 and p 182.

<sup>43</sup> See, for example, the reference in Dr Brown's report at p 23.

<sup>44</sup> Dr Brown's report at p 31.

[49] The respondent is also friends with another, elderly man who also has a sex offending history (although has been out of prison for many years). The elderly man has a number of medical conditions, and the respondent has proposed living with this friend upon his release from custody, so that he can become a full time carer for his friend. This has been rejected as unsuitable by both the parole authorities, and Queensland Corrective Services in the context of this application. Otherwise, as recorded for example in Dr Brown's report (at p 32), the respondent's plans for release:

“were to live a simple life, ‘abide by the rules’ and follow his release prevention plan. He planned to address his health needs and try to reconnect with his children... his daily routine would be similar to that when he was on parole in 2015, ie going for walks and socialising as well as caring for his friend. He would also see his psychologist...”<sup>45</sup>

[50] The respondent reports a number of medical conditions, including migraine headaches, arthritis, a heart condition and hearing loss.<sup>46</sup>

[51] The respondent claims to have been impotent since around 2012.<sup>47</sup>

***Report of the psychologist, Ms Bardsley (s 13(4)(b))***

[52] The respondent attended a number of psychological therapy sessions with Ms Bardsley, a psychologist, following his release on parole, from October 2013 to March 2016. The material includes a report from Ms Bardsley, dated 30 September 2016, provided to the Parole Board.<sup>48</sup> Ms Bardsley considered he had been open and honest in his communications with her. She addressed the reasons for the respondent's parole being cancelled (having contact with two sex offenders and two prisoners) and said “it is somewhat unreasonable” for someone like the respondent, having (then) spent 14 years in custody, and four years on parole, “not to have any contact whatsoever with a person who is a sexual offender or a person who has served time in custody as these are the people with whom he has developed friendships”. She expressed the opinion the risk of the respondent reoffending is “extremely remote”.

***Dr Brown's report (s 13(4)(b))***

[53] Dr Brown was engaged to interview the respondent, and prepare a psychiatric risk assessment report, which was relied upon at the preliminary hearing under s 8 of the Act. Dr Brown interviewed the respondent on 20 September and 27 December 2018, and prepared a report dated 5 January 2019.<sup>49</sup>

---

<sup>45</sup> See also Dr Aboud's report at p 17 and Dr Moyle's report at p 8 [29].

<sup>46</sup> See, for example, Dr Aboud's report at p 11.

<sup>47</sup> Dr Aboud's report at p 14.

<sup>48</sup> Affidavit of Wickramasinghe, at exhibits pp 82-83.

<sup>49</sup> Dr Brown's report is annexed to the affidavit of Brown.

[54] Dr Brown considers that the respondent has a diagnosis of narcissistic personality disorder. She says he also has some significant psychopathic and antisocial traits including (in addition to the offending) a history of pathological lying, promiscuity, threatening behaviour towards work colleagues, manipulative behaviours in custody, lack of remorse and failure of conditional release. However, he falls short of a diagnosis of psychopathy. Dr Brown observes that there is no evidence to support a diagnosis of alcohol dependence syndrome, but that his use of alcohol may have reached harmful limits at times. Dr Brown also says:

“With regards to the presence of sexual deviance, his denial or minimisation of most of the offending behaviours makes accurate assessment difficult. It is certainly possible, given the frequency, chronicity and signature of offending, (despite considerable consequences including imprisonment), that Mr Meizer was acting out rape fantasies. However whilst the offending does have sadistic (and masochistic) elements, it is unlikely that the primary motivation for offending was to cause pain and humiliation to the victims so as to achieve sexual arousal or gratification. In general pain and humiliation of victims (other than the sexual assault) ceased once compliance was achieved. In my opinion the offending was most likely secondary to narcissistic need and entitlement for profound sense of control and power over women (to mitigate against his low self esteem and fragile self image).”<sup>50</sup>

[55] Dr Brown records her assessment of the respondent, utilising various risk assessment instruments (at pp 34-36). Overall, Dr Brown expresses the opinion that:

“... there are a number of risk factors present, which, but for his age, would raise the risk of reoffending to well above average, or high. These factors include number of convictions, interpersonal and affective psychopathic traits, narcissistic and antisocial personality traits and a poor understanding of sexual drives and preferences.”

[56] Dr Brown observes that the respondent is now much older than when the offences were committed which is “usually, for most sex offenders, an important risk reducing factor”. However, she identifies a number of aspects of his presentation which may elevate his risk, as follows:

1. In terms of risk reduction associated with age, an older man may be less impulsive than a younger man, but most of the respondent’s offences were, to a certain extent, planned; and unlike some 70 year old males, the respondent “is still physically very strong, and cognitively intact and he would still have the opportunity and ability to access sex workers or other women if he chose to do so”. Dr Brown says she is not inclined to rely on his self report that his sexual

---

<sup>50</sup> Dr Brown’s report at pp 33-34.

function is absent and says that “in any case loss of sexual function does not eliminate the capability to sexually assault”.

2. He is an unreliable historian, who has maintained his position of denial and minimisation despite many hours of sex offender treatment. Dr Brown says that whilst denial and minimisation do not, in themselves, necessarily increase risk of recidivism, “the associated lack of self awareness and failure to explore offending in more detail has meant that Mr Meizer’s individualised risk factors (and therefore reduction of such) have not been fully understood.
3. The respondent continues to display evidence of psychopathic, antisocial and narcissistic personality traits; he continues to display lack of empathy and remorse; he was previously unable to follow the terms of his parole order (although did not sexually reoffend), “again demonstrating his grandiose entitled view of himself and his antisocial attitudes, specifically that he does not need to adhere to lawful rules, particularly if he does not agree with them”.
4. He remains vulnerable to repeating the cycle of placing himself in a stressful situation (to satisfy various narcissistic needs), becoming lonely and frustrated and developing an entitled need for reward, which may in turn lead to antisocial entitled behaviours.<sup>51</sup>

[57] In summary, Dr Brown expresses the view that:

“... should Mr Meizer be released to the community with no supervision his risk of sexual reoffending is relatively low to moderate (or average)<sup>52</sup> when compared to other sexual offenders at the time of release. This is due to his older age and his offence free period of four years whilst on parole in the community. Factors which increase risk include his ongoing physical strength, his history of heavy alcohol use, the presence of psychopathic, narcissistic and antisocial traits, the minimisation of his offending history, the general unreliability of his self-report, his only superficial engagement in sex offender treatment and his unclear motivations to establish very close relationships with other sex offenders.”<sup>53</sup>

[58] Dr Brown considers that release under some form of supervision would lower his risk of reoffending further.

***Dr Aboud’s report (s 13(4)(a))***

---

<sup>51</sup> Dr Brown’s report at pp 36-37.

<sup>52</sup> As explained by Dr Aboud, in his oral evidence, the “coding rules” under the Static 99R have recently changed. The word “average” is the equivalent of what used to be called “moderate to low”: T 1-6.

<sup>53</sup> Dr Brown’s report at pp 37-38.

- [59] Dr Aboud was one of the two psychiatrists appointed under s 11 to prepare a risk assessment in relation to the respondent. He interviewed the respondent on 10 May 2019, and prepared a report dated 24 July 2019 (exhibit 1).
- [60] Dr Aboud concurs with the views of Dr Brown in terms of diagnosis, saying that:

“I believe Mr Meizer clearly suffers from a **Narcissistic Personality Disorder**, evident across the course of his adult life and in respect to his sexual offending. He has a grandiose sense of self-importance, exaggerates achievements and talents, expects to be recognised as superior, is/has been preoccupied with fantasies of success and power, requires admiration, has a sense of entitlement, is interpersonally exploitative, lacks empathy, is unwilling to recognise or identify with the feelings and needs of others, has shown arrogant attitudes. I also consider that he harbours **prominent Psychopathic Traits**, and with this can present as quite charming and assured, but is also quite manipulative and deceitful, prone to telling lies, quite instrumental in his behaviour, and lacking real empathy or regard for others. It seems to me that he found the HISOP quite challenging, and during its long and intensive course, made disclosures about his offending, and attitude to women, that he had not previously made and has not made since. These disclosures most likely reflect his true self, and therefore a man whose offending was wholly egosyntonic.

Similar to Dr Brown, I am unclear whether he harbours **deviant sadistic drive**, and can probably best understand his drive as one of needing to have control of his victim and assume the persona of a powerful authority figure (a senior policeman), and to gratify himself sexually, and in keeping with a mental script (a fantasy). Hence his sexual offending was repeated, in a ‘signature’, much as an addict repeatedly satisfies the same need with the same substance. Placing his finger in the victim’s anus, may have simply been another way of objectifying her and further depersonalizing the interaction. It is also unclear whether he harboured a masochistic need, in his requirement to have his nipples bitten and squeezed, but it does seem likely that there was a masochistic element to his sexual fantasy.

Again, I am similarly unclear as to whether he harbours vulnerability for alcohol abuse. He claims not, and excuses mention in the file of previous heavy consumption as poor note-keeping. And yet, he has proven to be an adept liar, and on that note, it is quite unclear to me whether even he is fully insightful into and aware of his various dissimulations. During our interview, he seemed to be genuinely troubled by the concept of ‘Jekyll and Hyde’.

I did not find evidence that Mr Meizer suffers from a major mental illness, such as a psychotic illness or a mood disorder.”<sup>54</sup>

- [61] Dr Aboud records the outcome of his assessment of the risk of sexual reoffending posed by the respondent, according to various risk assessment instruments; the results vary from an average risk (on the Static 99R) to a very high risk (on the Risk Matrix 2000/S).<sup>55</sup> In terms of the manifestation of this risk, Dr Aboud says:

“Should he reoffend sexually, one would speculate that it would take the form of further sexual offending against a young adult female prostitute, and the behaviours he will likely engage in are exactly those that he engaged in when committing the sexual offences for which he has been convicted. It is hard to make a robust assessment of factors associated with a scenario that he continues to largely deny, but it seems that he would be at increased risk if he is in a situation in his life where he feels disempowered. This is what may have been occurring at the time, in the context of his marriages and possibly even his work. Thus the offending was an attempt to be totally in control of at least one aspect of his life, and one that carried with it sexual gratification and had habituated into [a] maladaptive method of avoidantly coping with his real life stressors. In the future, risk would increase should: his reportedly depleted libido start to increase, (perhaps if he decided to take treatment, such as Viagra); he encounter difficulties that negatively impact on his self regard and sense of importance. It seems to me that the latter may indeed occur automatically when he is released to the community, and should he be subjected to the power differential of supervision and monitoring processes. Thus, it follows that the only real factor that is and will reduce his risk of reoffending is that of his reduced libido, which is primarily based on his self report.”<sup>56</sup>

- [62] In terms of the “overall risk level and recommendations”, in his report Dr Aboud says:

“[The respondent] is a man with narcissistic and psychopathic personality traits. His pattern of sexual offending could be termed serial in nature, with a clear signature. His actuarial risk for sexual reoffending, based on the Static 99R, is average or moderate-low, while his actuarial risk according to the Risk Matrix 2000/S is much higher. This discrepancy is based on his age, which is more appropriately catered for in the former instrument. Thus, it is his age, and various age-related factors (primarily his multiple physical health issues), that is currently serving to ameliorate his risk. This is also the case when one interprets the RSVP. In brief, if he were a younger man, and also if he had a functional libido (he says he is impotent), then I would be rather concerned about the risk of sexual reoffending that Mr Meizer

<sup>54</sup> Dr Aboud’s report at pp 18-19. Emphasis in the original.

<sup>55</sup> Dr Aboud’s report at pp 19-20.

<sup>56</sup> Dr Aboud’s report at pp 20-21.

presents. This is because his offending was serial, underpinned by rehearsed fantasy, meeting a deep-seated psychological and biological need, and because his problematic personality traits, and most likely negative attitudes, are still prominent. If this was the case, his unmodified risk would be more accurately described as high. However, I suspect that he is telling the truth about being impotent, and he clearly has a range of physical health issues in addition. I do believe that his risk of offending is closely adherent to a functional sexual drive. Further, it is telling, that when he was residing in the community on parole, between 2012 and 2016, there was no indication of an escalation toward problematic sexual behaviour.

It is my on balance recommendation, however, that it would be prudent to manage Mr Meizer conservatively in the first instance, and to take into account the possibility of his impotence being a transient problem, perhaps in the context of him seeking treatment to remedy it. In this scenario, it is my recommendation that he would require a supervision order to mitigate his risk, and this would ensure that the risk would be low. Associated measures would include: the support of a psychologist to assist with community reintegration, management of psychosocial stressors; monitoring his use of alcohol, to ensure that this is not in fact a problem for him; prohibiting him from seeking the services of prostitutes.”<sup>57</sup>

- [63] In his oral evidence, Dr Aboud reiterated that the assessment of the respondent’s unmodified risk (that is, in the absence of a supervision order) is challenging to commit to, because if you accept the various things the respondent has reported over the years (such as being impotent for many years) and also take into account his age, his actuarial risk is moderate to low. But Dr Aboud had some reticence, or cynicism, about relying on the respondent’s self-report of impotence. Dr Aboud said that the respondent’s sexual drive and his offending are quite closely related:

“Therefore, if he doesn’t have a functional libido, in the context of that and his ailing health and his age, his overall, unmodified risk would likely be between low and possibly towards moderate, but definitely in the low moderate range. If he was to have a functional libido – that might even be achieved through seeking medical assistance, possibly taking a Viagra tablet – I think his – his risk of sexual offending would immediately escalate into the high range, because there is much about Mr Meizer that has not changed in two decades.”<sup>58</sup>

- [64] Accordingly, Dr Aboud recommended that, in the first instance, the respondent be managed prudently, and with caution, as if his risk were in the higher bracket.<sup>59</sup>

---

<sup>57</sup> Dr Aboud’s report at p 21.

<sup>58</sup> Dr Aboud’s oral evidence at T 1-7.

<sup>59</sup> Dr Aboud’s oral evidence at T 1-7.

- [65] He stressed that, on balance, he “adhere[s] towards the formulation that [the respondent] presents a higher unmodified risk rather than a lower unmodified risk because ... the higher unmodified risk is a more potentially objective recognition of his risk, while the lower unmodified risk is largely reliant on some important self-reported information, and his history is of a man who – whose self-report is not reliable”.<sup>60</sup>
- [66] Dr Aboud agreed that it was noteworthy that the respondent spent four years and four months in the community from 2012 to 2016 and did not sexually offend, but noted that he was not unconditionally released at this time; he was subject to parole conditions.<sup>61</sup>
- [67] In terms of alcohol use, the respondent told Dr Aboud that “[t]here’s something on my record that I drunk 2 bottles of wine a night. I told a counsellor in 2002 that I drank 2 glasses of wine per night, and he heard 2 bottles, and it’s followed me ever since”.<sup>62</sup> Relevantly in this regard, I note that in a Parole Board Report dated in December 2017 the following appears:

“There is no information to suggest prisoner MEIZER has any substance abuse issues. This has been supported in the most recent Benchmark Assessment dated 24 January 2013 which states:

‘MEIZER denies any history of illicit substance use or excessive drinking and it is noted that alcohol consumption was not associated with his offending.

It is noted that ORNI from 2001 Meizer reported drinking 2 bottles of wine a day however has since reported that he has only ever been a social drinker.”<sup>63</sup>

***Dr Moyle’s report (s 13(4)(a))***

- [68] Dr Moyle was the second psychiatrist appointed to provide a risk assessment of the respondent, under s 11 of the Act. He interviewed the respondent on 27 May 2019, and prepared a report dated 12 August 2019 (exhibit 2).
- [69] Dr Moyle says that:

“... diagnostically, I think it is reasonable to say he has both a Narcissistic Personality Disorder and an Antisocial Personality Disorder, with prominent features of impulsivity, a need for control, power and dominance, a poor sense of self and low self esteem, compartmentalised bad self versus good self, callous indifference to the pain and suffering he causes victims, and concern at the disruption to his relationship with his family from his

---

<sup>60</sup> Dr Aboud’s oral evidence at T 1-11.

<sup>61</sup> Dr Aboud’s oral evidence at T 1-12.

<sup>62</sup> Dr Aboud’s report at p 14.

<sup>63</sup> Affidavit of Wickramasinghe, at exhibits p 31.

convictions, but the good self makes sure the family are catered for post-conviction. Therefore, there is good self as well as a bad self. There does not appear to be a substance use disorder but he may have been under the influence in at least one of the early offences.”<sup>64</sup>

[70] Dr Moyle also says (at p 23 [115]):

“There is a signature to the sexual crimes from 1987 to 1997. When the sexual behaviour of recurrent offenders is so powerful that even capture and jailing does not prevent further offending we are looking at a deviant sexual arousal pattern called a paraphilic disorder rather than a paraphilic interest... The description of his behaviours suggest he is a power rapist where violence or intimidation is used only to the extent necessary to ensure his wishes are met by the victim...”

[71] In terms of risk assessment, Dr Moyle says:

“I am mindful as regards risk, that people with patterns of sexual behaviour that need to be met for sexual pleasure may not experience as much sexual pleasure in other ways. Whether this is paraphilic or not, it is of concern, as Mr Meizer does report low sex drive and interest currently, along with impotence, but it does seem that he was potent when dominating, humiliating and intimidating women he devalues as (motivated to perform sex for money so that they can get drugs or alcohol) lesser human beings in his mind. I cannot be absolutely confident his impotence will remain, nor can I be confident that he is not still a very tall, powerful, proud-looking man who could indeed feign being a policeman. I am mindful that we are not convinced of his alcohol and drug use and whether there is any disorder. The predominant features therefore are his antisocial and narcissistic personality disorders one of the main risk factors and if he has a paraphilia then that too would make clinically the risk high.

My risk assessment is modified to some degree by noting that he has spent over four years on parole and has not been charged with new offences, that he is a proud man who has a goal to tend a garden, care for a friend who is an ex-sex offender who is in a wheelchair, and visit community centres where he can feel he is doing good, in other words, building a self esteem based on good Mr Meizer, accepting life on the pension, at least as long as he does not lose satisfaction with that lifestyle. He still needs to exercise dominance, power over the supervising officers for parole. I am mindful that if he is impotent and has a low sex drive, coupled with increasing years,

---

<sup>64</sup> Dr Moyle’s report at p 27 [129].

he is at a lower risk of reoffending. If there is not significant drug and alcohol problems, this would also moderate against a high risk.”<sup>65</sup>

- [72] Dr Moyle’s ultimate conclusion, in his written report, was that the respondent “poses an average risk of raping prostitutes if released without a Supervision Order”, observing that “[s]uch rapes involved a signature pattern that had been entrenched over a decade in the community. He considers the “average risk is due to a previous high risk dropping through age”, but Dr Moyle also says that he “consider[s] positively that he has lived over four years in the community without being charged without further sexual offences”. Dr Moyle says that a supervision order would ensure the risk is no higher than average.<sup>66</sup> As clarified in his oral evidence, Dr Moyle explained that his assessment of the unmodified risk as average is while the respondent is in custody. Absent supervision, following release from custody, with the opportunity (for example, to access prostitutes in the community) he considers the risk would go up; but it can be brought back down again by a supervision order.<sup>67</sup>

***Serious danger to the community***

- [73] It is clear that there was a strong pattern (a signature) of offending behaviour on the part of the respondent (s 13(4)(d)) and a propensity to commit serious sexual offences of a particular kind. The question of whether or not there is a propensity on the part of the respondent to commit serious sexual offences in the future (s 13(4)(c)) is closely linked with the assessments undertaken by the psychiatrists of the risk that he will commit another serious sexual offence if released into the community (s 13(4)(h)). I am satisfied there is a need to protect members of the community from the risk posed by the respondent (s 13(4)(i)).
- [74] Notwithstanding his age (which otherwise is a risk ameliorating factor), given his narcissistic and antisocial personality traits, and tendency to pathological lying (leading to cynicism about the reliability of his self-report, for example, of impotence) the consistent opinion of the psychiatrists is that the respondent still presents at least an average, but potentially high, risk of committing serious sexual offences, involving the same “signature”, perhaps with adaptations to take account of the changing times,<sup>68</sup> if released unconditionally. The potential victims would be vulnerable young women.<sup>69</sup> I am persuaded by the evidence of Dr Aboud (supported by Dr Brown and Dr Moyle) that, in the first instance, the respondent should be managed cautiously and prudently, on the basis of his risk being in the higher bracket, as this is potentially a more objective recognition of his risk.<sup>70</sup>

---

<sup>65</sup> Dr Moyle’s report at p 27 [130] and [131]. See also Dr Moyle’s oral evidence at T 1-25 to 1-26.

<sup>66</sup> Dr Moyle’s report at p 29-30 [141].

<sup>67</sup> T 1-28.

<sup>68</sup> See, for example, Dr Aboud at T 1-8 (observing that, rather than frequenting street prostitutes, the respondent now might “merely need only to have a telephone in order to ask a potential victim to come to him, if he was living in independent accommodation”).

<sup>69</sup> See, for example, Dr Aboud at T 108 and Dr Aboud’s report at pp 20-21.

<sup>70</sup> See paragraphs [63]-[65] above.

- [75] The assessments undertaken by and the opinions expressed by Dr Brown, Dr Aboud and Dr Moyle consistently support a finding to the requisite high degree of probability that the respondent is a serious danger to the community if released in the absence of a supervision order. On the basis of the opinion evidence of the psychiatrists, I am satisfied that there is an unacceptable risk that the respondent will commit a serious sexual offence, being a sexual offence involving violence, if released unsupervised, and that there is a need to protect members of the community from that risk.
- [76] I reject the respondent's submission that the risk he poses to the community is acceptable, such that the incursion on his liberty which will result from the making of a supervision order is not warranted. Such a conclusion is not, in my view, supported by the strong and consistent evidence before the court.
- [77] The consistent opinion of the psychiatrists is that release subject to supervision will reduce the risk posed by the respondent. There is no support in this case for a finding that continued detention is warranted; and that is not pressed for by the applicant. I am satisfied on the basis of the evidence that adequate protection of the community, from the risk posed by the respondent, can be reasonably and practicably managed by a supervision order (s 13(6)).

***The terms of the supervision order***

- [78] The requirements for a supervision order are set out in s 16 of the Act.
- [79] All of the psychiatrists agreed that a five year term for the supervision order was appropriate, which is the minimum period for which such an order may be made (s 13A(3)). I am satisfied this period is appropriate.
- [80] The applicant provided a proposed draft supervision order. The order I propose to make reflects the following changes to the proposed draft:
1. Deleting the proposed conditions (apart from the mandatory requirement of s 16(1)(c), of notifying a corrective services officer of, inter alia, every change of employment) regarding employment. Such conditions are unnecessary in this case. There is no evidence of any intention on the part of the respondent to seek or gain employment. In any event, the condition requiring him to disclose his plans for the week to a corrective services officer will bring any such activity to the supervisor's attention, should it arise.
  2. Deleting the condition that the respondent "not commit an indictable offence during the period of the order". Again, this is an unnecessary addition in this case. There is, of course, the mandatory condition that he not commit an offence of a sexual nature (s 16(1)(f)).

3. Varying the proposed condition prohibiting the respondent from associating or having contact with anyone convicted of a sexual offence against children (condition 21 in the proposed draft).

- (a) This was particularly controversial from the respondent's point of view, because of his wish, upon release, to live with the elderly friend for whom he proposes to be a carer, but who is himself a convicted sex-offender. Also relevant is his long term friendship with another man, also a convicted sex offender, whom he is in some parts of the material described as being in a relationship with; but otherwise close friends. Dr Aboud acknowledged that this was a complex situation. He said:

“It’s my view that an individual assessment of his relationship with each of these men would be more informative than just a blanket position, and I can see some advantage for him in having the support of people that he has known and people who understand or are supportive of him. But that individual assessment does need to take into account the potential negative aspects of relationships that occur with sex offenders, and it also needs to take into account protections for them in relation to Mr Meizer, who does have a personality profile – a narcissistic personality profile whereby he might even be at risk of exploiting them. I think about the elderly man and I wonder if Mr Meizer is not wishing to have a relationship with him as a carer in order to avail himself of independent accommodation and other opportunities, and whether or not Mr Meizer would, in fact, be an appropriate carer to this man I think needs to be assessed in a more sophisticated manner than any information or assessment that I’ve seen to date. But the future should allow for those assessments to inform the appropriateness of him having relationships with these people.”<sup>71</sup>

- (b) All the psychiatrists recommended that the reference to “against children” be removed (so that it is a restriction on associating or having contact with a person convicted of a sexual offence), and that the words “without the prior approval of a corrective services officer” be added, to expressly provide for a proper assessment to be undertaken.
- (c) It was submitted for the respondent that there is an irony in an order which prevents the respondent from living, independently, with an old friend (who happens to be a convicted sex offender); but requires him to live at the Precinct (there currently being no other alternatives put forward by him), in close quarters with sex offenders subject of orders under the Act, whose

---

<sup>71</sup> Dr Aboud’s oral evidence at T 1-14. Dr Brown (at T 1-21 to 1-22) and Dr Moyle (at T 1-27) agreed.

company he may not choose. That is acknowledged. However, the reasons for exercising caution in assessing the appropriateness of the respondent's relationships, and proposed living arrangements, are explained by the psychiatrists. Relationships and associations between sex offenders are discouraged because of the risk of such associations enhancing their pro-offending attitudes; as opposed to association with non-offenders.<sup>72</sup> When previously released on parole, the respondent defiantly continued his relationship with a convicted sex-offender, and contact with other offenders, despite conditions requiring him not to. The approach in the supervision order, of restriction or prohibition in the first instance, but with provision for an informed assessment to be made, is warranted in this case. I am not persuaded, given the evidence before the court, that it would be appropriate to remove this condition altogether from the supervision order. However, Dr Aboud's recommendation (also supported by Dr Brown and Dr Moyle) for an individual and sophisticated assessment of the relationships and arrangements to be undertaken should be acted upon in a timely way by those supervising the respondent.

4. Varying the condition in relation to alcohol consumption. As proposed, draft condition 24 included an absolute prohibition on consumption of alcohol for the duration of the order. Each of the psychiatrists recommended prohibition in the first instance, but with the ability for that to be reviewed and possibly ameliorated over time to permit moderate consumption. The condition concerning alcohol has been varied, consistently with the views expressed by the psychiatrists.
5. Varying the condition prohibiting access to brothels etc, by addition a prohibition on seeking or obtaining the services of a prostitute (as recommended by Dr Aboud).
6. Otherwise, the order I propose to make reflects the substance of the terms proposed by the applicant, contains the requirements in s 16 of the Act, but has been reworded in plainer English.

---

<sup>72</sup> See, for example, Dr Aboud's evidence at T 1-14; Dr Brown's evidence at T 1-21; and Dr Moyle's evidence at T 1-27.

# Annexure

## SUPREME COURT OF QUEENSLAND

**REGISTRY:** Brisbane  
**NUMBER:** BS 3615/19

Applicant **ATTORNEY-GENERAL FOR THE STATE OF QUEENSLAND**

AND

Respondent **LYELL GRANT MEIZER**

### SUPERVISION ORDER

Before: Bowskill J

Date: 30 August 2019

Initiating document: Originating Application filed 4 April 2019

THE COURT is satisfied that **LYELL GRANT MEIZER** is a serious danger to the community in the absence of an order made under Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003*.

THE COURT ORDERS THAT **LYELL GRANT MEIZER** be released from custody subject to the requirements of this supervision order for 5 years, until 30 August 2024.

#### TO **LYELL GRANT MEIZER**:

1. You are being released from custody on the condition that you obey the rules in this supervision order.

If you do not obey these rules, you may be taken back into custody.

2. You must obey the rules for the next 5 years.

#### **Reporting and supervision**

3. On the day you are released from custody, you must report to a corrective services officer at the Queensland Probation and Parole office closest to where you will live before 4 pm. You must tell the corrective services officer your name and the address where you will live.

4. After you are released from custody, you must report to a corrective services officer, and receive visits from a corrective services officer, when and where they tell you to.
5. For the whole time you are under this order, you will be supervised by a corrective services officer. This means you must obey any reasonable direction that a corrective services officer gives you about:
  - a) where you can live; and
  - b) rehabilitation, care or treatment programs; and
  - c) using drugs and alcohol; and
  - d) anything else, which is not directly inconsistent with this supervision order.
6. You must answer and tell the truth if a corrective services officer asks you about your activities, where you are, what you have been doing or what you are planning to do, and who you are spending time with.
7. If there is any change in your name, where you live or any employment, you must tell a corrective services officer at least two business days before the change is going to happen.

#### **No sexual offences**

8. You must not commit any offence of a sexual nature.

#### **Where you must live**

9. You must live at a place approved by a corrective services officer. You must obey any rules that apply to people who live there.
10. You must not live at another address unless, before you move to the other address, you have written permission from a corrective services officer to live at another place.

This also means you cannot stay overnight, or for a few days, or for a few weeks, at another place, without first obtaining permission from a corrective services officer.

11. You must not leave or stay out of Queensland unless, before you leave or attempt to leave, you have the written permission of a corrective services officer.

#### **Curfew direction**

12. A corrective services officer may tell you to stay at a place (for example, where you live) at particular times. This is called a curfew direction. You must obey a curfew direction.

**Monitoring direction**

13. A corrective services officer may tell you to:
- a) wear a device which tracks your location; or
  - b) let them install a device or equipment at the place you live, which will monitor what is happening there.

This is called a monitoring direction. You must obey a monitoring direction.

**Motor vehicles**

14. You must immediately tell a corrective services officer the details (make, model, colour and registration number) of any vehicle you own, borrow or hire.

**Mobile phone**

15. You are only allowed to have one (1) mobile phone. You must tell a corrective services officer the details (make, model, phone number and service provider) of your mobile phone within 24 hours of you first getting the phone.
16. You must give a corrective services officer all passwords and passcodes for your mobile phone, and allow them to examine the phone when they ask.

**Computers and internet**

17. You have to tell a corrective services officer the details of any computer or other device you use to access the internet.
18. You must give a corrective services officer any password or other access code you know for the computer or other device, and allow them to examine the computer or other device when they ask.
19. You must give a corrective services officer details (including user names and passwords) of any email address, instant messaging service, chat rooms, or social networking sites that you use.

**No contact with any victim**

20. You must not contact or communicate with, or try to contact or communicate with, in any way (including by asking someone else to do this for you) any victim(s) of a sexual offence committed by you.

“Contact” means any type of communication, including things like talking, texting, sending letters or emails, posting pictures or chatting. You must not do any of these things in person, by telephone, computer, social media or in any other way

**Alcohol and drugs**

21. You are not allowed to drink alcohol, unless you have written permission from a corrective services officer to do so.
22. You are not allowed to take, use or possess any illegal drugs.
23. You must take part in any alcohol or drug test required by a corrective services officer, or a police officer, by providing a sample of your breath, saliva, urine or blood when required to do so.
24. You are not allowed to go to pubs, hotels or nightclubs which are licensed to supply or serve alcohol, unless you have written permission from a corrective services officer.

**Medicine**

25. You must tell a corrective services officer about any medicine that a doctor prescribes for you, and any over the counter medication that you obtain.
26. You must take prescribed medicine only as directed by a doctor.

**Rehabilitation and counselling**

27. You must obey any direction a corrective services officer gives you about seeing a doctor, psychiatrist, psychologist, social worker or other counsellor.
28. You must obey any direction a corrective services officer gives you about participating in any treatment or rehabilitation program.
29. You must allow information about you and your treatment or participation in a program to be provided to a corrective services officer.

**Disclosing activities and associates**

30. Each week, you must discuss your plans for that week with a corrective services officer. A corrective services officer may tell you how to do this (for example, in person or in writing).
31. You must tell a corrective services officer the name of any person you associate with.  

“Associate with” includes: spend time with, make friends with, see or speak to (including by using social media or the internet) regularly.
32. You are not allowed to seek or obtain the services of a prostitute, or be within 100 metres of a brothel, massage parlour, strip club or adult entertainment venue, unless you have written permission from a corrective services officer.

33. You are not allowed to associate with, or have contact with, anyone convicted of a sexual offence (except for incidental contact with others during the course of obeying the rules in this order), unless you have the written approval of a corrective services officer.

“Contact” means any type of communication, including things like talking, texting, sending letters or emails, posting pictures or chatting. You must not do any of these things in person, by telephone, computer, social media or in any other way.

34. A corrective services officer has power to tell you to make complete disclosure of the terms of this order, and your past offences, to a person. This means you have to tell the person about this order, and your past offences. A corrective services officer also has power to contact the person to make sure you have done this.

Signed:

---

Registrar of the Supreme Court of Queensland