

SUPREME COURT OF QUEENSLAND

CITATION: *Attorney-General for Queensland v Francis* [2007] QSC 328

PARTIES: **ATTORNEY-GENERAL FOR QUEENSLAND**
(applicant)
v
DARREN ANTHONY FRANCIS
(respondent)

FILE NO/S: BS 3069 of 2004

DIVISION: Trial Division

PROCEEDING: Application

DELIVERED ON: 7 November 2007

DELIVERED AT: Brisbane

HEARING DATE: 2, 3, 31 August, 13 September and 30 October 2007

JUDGE: Philippides J

ORDER: **Order as contained in [39] of these reasons**

CATCHWORDS: CRIMINAL LAW – JURISDICTION, PRACTICE AND PROCEDURE – JUDGEMENT AND PUNISHMENT – OTHER MATTERS – the respondent was released from custody subject to conditions pursuant to the *Dangerous Prisoners (Sexual Offenders) Act 2003* (Qld) – the respondent committed breaches of some of those requirements – whether there is an unacceptable risk that the respondent will commit a serious sexual offence if released or if released without a supervision order – whether the requirements of the supervision order ought to be amended

Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld), s 11, s 13(5), s 22

COUNSEL: M Hinson SC, with J Horton, for the applicant
N Cooke QC, with M Rinaudo Lewis, for the respondent

SOLICITORS: Crown Law for the applicant
Aboriginal & Torres Strait Islander Legal Service (Qld Sth) Ltd for the respondent

[1] **PHILIPPIDES J:** The respondent, Darren Anthony Francis, was convicted of violent sexual offences against two women for which he was sentenced to terms of imprisonment in New South Wales and Queensland. He was due for release on expiry of the Queensland sentence on 8 May 2004, but was detained under the *Dangerous Prisoners (Sexual Offenders) Act 2003* (Qld) (“the Act”) on

13 August 2004 when he was made the subject of a continuing detention order by Byrne J pursuant to s (13)(5)(a).¹

- [2] On the annual review conducted pursuant to the Act on 21 December 2005, Mackenzie J ordered that the respondent continue to be subject to the continuing detention order.² An appeal against that decision was allowed by the Court of Appeal, which set aside the decision of Mackenzie J³ and on 26 September 2006 made a supervision order under s (13)(5)(b) of the Act, providing that the respondent be released from custody on 28 September 2006 subject to various conditions.⁴ The order provided that, for a period of six years until 28 September 2012, the respondent be subject to 25 conditions.
- [3] The respondent was released from custody subject to the supervision order on 28 September 2007 and resided at boarding house accommodation in Fortitude Valley as required by the terms of the supervision order.
- [4] The supervision order included the following conditions:
 “The respondent must:
 ...
 (xv) not enter into an intimate relationship within 12 months of the commencement of this order;
 (xvi) notify the Supervising Corrective Services Officer of all personal relationships entered into by the respondent;
 ...
 (xviii) abstain from illicit drugs for the duration of this Order;
 ...
 (xx) submit to alcohol and drug testing as directed by a corrective services officer, the expense of which is to be met by the Department of Corrective Services;
 ...”
- [5] On 14 March 2007 a summons was issued under s 20 of the Act requiring the respondent to appear at the Supreme Court on 27 March 2007 to answer a complaint that he had contravened condition (xviii) of the supervision order. On 21 March 2007 a warrant for the respondent’s arrest was issued under s 20 on a complaint alleging contravention of conditions (xv), (xvi) and (xviii) of the supervision order. The warrant, returnable on 23 March 2007, was adjourned until 27 March 2007 on the undertaking of the respondent not to apply for bail before 27 March 2007 in connection with alleged offences, which related to his escape from custody on 21 March 2007 and possession of drug-related utensils. (The respondent is yet to be dealt with for these matters. He is expected to be sentenced in respect of those and related offences on 6 December 2007.)
- [6] On 27 March 2007 de Jersey CJ ordered under s 22(3)(c) of the Act that the supervision order be suspended and the respondent be detained in custody until the final determination of the present application. An order was also made that the

¹ *Attorney-General (Qld) v Francis* [2004] QSC 233.

² *Attorney-General (Qld) v Francis* [2005] QSC 381.

³ *Attorney-General (Qld) v Francis* [2006] QCA 324.

⁴ *Attorney-General (Qld) v Francis* [2006] QCA 372.

respondent undergo examinations by two psychiatrists (Professors Nurcombe and James) and for those psychiatrists to prepare reports in accordance with s 11 of the Act.

- [7] The application was heard on 2, 3, 31 August, 13 September and 30 October 2007.

Contravention of the supervision order

- [8] On the material before the court I am satisfied that the respondent breached the supervision order. The respondent contravened condition (xviii) which required that he abstain from using illicit drugs. Testing of the urine samples provided by the respondent on 2, 8 and 12 March 2007 revealed the presence of methylamphetamine and the respondent admits these contraventions.
- [9] I am also satisfied that the respondent contravened conditions (xv) and (xvi) requiring that he not enter into an intimate relationship within a 12 month period from the commencement of the order and that he notify the supervising corrective services officer of all personal relationships entered into by the respondent. The respondent formed an intimate relationship with a woman who at times stayed in his room at the boarding house in Fortitude Valley which continued over a period.

Provisions of the Act concerning contravention of a supervision order

- [10] The applicant seeks orders pursuant to s 22 of the Act. That provision was amended by the *Dangerous Prisoners (Sexual Offenders) Amendment Act 2007* (No 35 of 2007) which came into force on 29 August 2007. However, because the contraventions occurred before that date, the Act as in force before that amendment (Reprint 1D) applies in relation to the contraventions: s 57(3) of Reprint 1D. The terms of s 22 that apply are:

“22 Court may make further order

(1) If the court is satisfied, on the balance of probabilities, that the released prisoner is likely to contravene, is contravening, or has contravened, the supervision order or interim supervision order, the court may —

- (a) amend the conditions of the supervision order or interim supervision order; or
- (b) if the order is a supervision order and the court is satisfied as required under section 13(1), rescind the order and make a continuing detention order; or
- (c) if the order is an interim supervision order, rescind the order and make an order that the released prisoner be detained in custody for the period stated in the order; or
- (d) make any other order the court considers appropriate —
 - (i) to achieve compliance with the supervision order or interim supervision order; or
 - (ii) to ensure adequate protection of the community.

- (2) Subject to subsection (3), for the purpose of subsection (1)(b), section 13 applies as if the application under this section were an application for a division 3 order under that section.
- (3) For the purpose of deciding whether to make a continuing detention order under subsection (1)(b), the court may do any or all of the following —
 - (a) act on any evidence before it;
 - (b) make any order necessary to enable evidence of a kind needed to support an application for a division 3 order to be brought before it, including an order in the nature of a risk assessment order;
 - (c) suspend the supervision order and make an order that the released prisoner be detained in custody for the period stated in the order.
- (4) For subsections (1)(c) and (3)(c), the court may make an order that the released prisoner be detained in custody for the period stated in the order if it is satisfied as required under section 8(1).”

[11] Accordingly, where the court is satisfied on the balance of probabilities that a supervision order has been contravened it may, *inter alia*, amend the conditions of the supervision order (s 22(1)(a)) or, if satisfied that the respondent is a serious danger to the community in the absence of a continuing detention order or a supervision order, rescind the supervision order and make a continuing detention order (s 22(1)(b)). By s 13 of the Act, a prisoner is a serious danger to the community if there is an unacceptable risk that he will commit a serious offence if released or if released without a supervision order. Such a conclusion may only be reached if the Court is satisfied by acceptable cogent evidence and to a high degree of probability. The need to ensure adequate protection of the community is the paramount consideration.

[12] As the Court of Appeal observed when determining whether to make a supervision order in the present case:

“If supervision of a prisoner is apt to ensure adequate protection, having regard to the risk to the community posed by the prisoner, then an order for supervised release should, in principle, be preferred to a continuing detention order on the basis that the intrusions of the Act upon the liberty of the subject are exceptional, and the liberty of the subject should be constrained to no greater extent than is warranted by the statute which authorised such constraint.”⁵

The nature and extent of the risk presented by the respondent

[13] The nature of the risk posed by the respondent has been consistently described by the medical experts and identified by the courts. Byrne J noted that the respondent’s sexual offences were committed at times of drug addiction and that

⁵ [2006] QCA 324 at [39].

“his propensity for sexual violence is likely to manifest itself in relation to victims who enter into an ongoing sexual relationship with him”.⁶ Mackenzie J, in identifying the nature of the risk presented by the respondent, observed that the respondent did not present as a risk to children, stating:⁷

“Unlike many sexual offenders, the respondent’s sexual offending has been of a particular kind. ... In each case, they occurred in circumstances where amphetamine and alcohol abuse were factors. In each case, he assaulted a woman with whom he was in a sexual relationship because he apparently believed she had been unfaithful to him. ...

None of the psychiatrists consider he is a danger to children; he is not, in their opinion, a paedophile. ... The nature of the identified risk is that, if he forms an intimate relationship with a woman, he may commit a serious sexual offence on her, especially if he were to be abusing amphetamines or alcohol during the relationship.”

- [14] Likewise, the Court of Appeal noted that those at risk were women with “whom the [respondent] is in an intimate relationship, and the risk arises when he has engaged in alcohol or drug abuse”.⁸ In this respect it stated:⁹

“The evidence before [Mackenzie J] supported his Honour’s findings that the incidents which led to the [respondent’s] imprisonment were ‘violent and sadistic’ incidents exhibiting psychopathy and an anti-social personality disorder in relation to which amphetamine and alcohol abuse were contributing factors. ... The risk which the [respondent’s] dangerous propensities posed for the community was to women with whom he formed an intimate relationship, especially if he consumed amphetamines or alcohol. At the time of the hearing before the learned primary judge, that risk was placed, on the evidence, at ‘moderate to high to high’.”

- [15] The evidence before me confirms that the nature of the risk to the community remains as described above.

Medical evidence on the application

- [16] Medical reports were provided by Professors James and Nurcombe. I note that the respondent was diagnosed by Professor James as having an antisocial personality disorder, borderline personality disorder and substance abuse disorder. Professor Nurcombe diagnosed the respondent with poly-substance abuse disorder, amphetamine withdrawal psychoses (in remission), amphetamine abuse disorder, antisocial personality disorder, and psychopathic personality. Neither psychiatrist considered that the respondent suffered from sexual sadism. Rather, the respondent’s sadistic behaviour was seen as the by-product or consequence of behaviour which is principally generated by pathological jealousy in the context of amphetamine psychosis. Professor James was of the view that the respondent ought

⁶ [2004] QSC 233 at [23].

⁷ [2005] QSC 381 at [111], [112].

⁸ [2006] QCA 324 at [38].

⁹ [2006] QCA 324 at [13].

not to be considered as reaching the threshold for a diagnosis of psychopathy. In this regard, he differed from Professor Nurcombe; he did not consider the respondent to be callous and lacking in empathy, but rather saw the respondent's "major complex clusters around issues of trust, abandonment, fear, shame and humiliation and rage".

- [17] Mr Smith, a psychologist, conducted an ACUTE risk assessment (which assessed the respondent's current risk and possible intervention strategies) and found that the respondent's score on the Static-99 placed him in the moderate/high risk category for sexual and violent recidivism. On the basis of further testing the following adverse factors were found: victim access, substance abuse and rejection of supervision. Professor James considered that the likelihood of the respondent re-offending was "very high if he were to be released from prison without appropriate further treatment". Professor Nurcombe's overall assessment of the respondent's risk of recidivism was "high" in the context of the respondent's reversion to substance abuse.
- [18] Until the respondent's arrest following the breaches of the supervision order, Dr Hogan had been providing supportive psychotherapy, in particular overseeing those areas likely to lead to re-offending. Dr Hogan's opinion was that if the respondent were again to abuse drugs, there would be a higher risk of re-offending, but he did not advocate the rescission of the supervision order.
- [19] Professor Nurcombe's evidence was that the risk of re-offending did not require a rescission of the supervision order, and that the risk could be mitigated so as to ensure adequate protection of the community by the continuation of the supervision order, on similar conditions, but with an additional requirement that the respondent continue psychiatric treatment with Dr Hogan.
- [20] Professor James was more circumspect as to whether the respondent could be appropriately managed under a supervision order. Professor James considered that the respondent required psychiatric treatment of at least a few months duration prior to release and advocated a form of psychodynamic therapy, although accepting that specifically tailored psychiatric treatment would be required. Professor James saw it as essential that the respondent initially receive such treatment while in custody, where he would not have to contend with the stressors of daily life in the community. Professor Nurcombe, on the other hand, considered that what was required was essentially supportive psychotherapy with a psychiatrist such as Dr Hogan "dealing with here and now issues; problem solving; about things that are going on in his life", which could be provided outside a prison environment. He did not favour the psychodynamic psychotherapy proposed by Professor James.
- [21] There was thus initially a difference of opinion as to the nature of the psychiatric treatment required by the respondent in order to ensure adequate protection of the community and as to how best to address the respondent's treatment needs. All of the experts agreed that the respondent was not suitable for exploratory psychotherapy, nor was he considered to be a suitable candidate for a sexual offenders treatment programme. There was agreement that the focus of treatment needed to be on issues of personality, self and relationships.

Joint report

- [22] At the conclusion of the oral evidence, it was arranged that the experts confer with a view to discussing their opinions as to whether the respondent's continued supervision in the community could be managed so as to reduce the risk of re-offending to an acceptable level and, if so, how best to manage the respondent in the community so to minimize the risk of re-offending. On 20 August 2007, Doctor Hogan and Professors James and Nurcombe held a joint meeting and the points of agreement reached were recorded in a report dated 27 August 2007.
- [23] The report indicates that all three agreed that the respondent had experienced "an extremely dislocating, dysfunctional, violent and traumatising interpersonal environment during his developmental years, which had seriously and adversely affected his personality". Amongst the resultant difficulties, causing serious problems in the respondent's life and relationships, the most salient were identified as a poorly established sense of self, a major lack of capacity for trust, extreme conflict regarding intimacy, major deficits in regulating affect (or emotion) and substance abuse. It was agreed that the respondent's substance abuse appeared to arise particularly as a result of the emotional tensions he experienced, particularly in the setting of incipient intimacy, but that it also contributed significantly and in its own right to his offending behaviour.
- [24] It was also agreed that, given the nature, severity, and virtually life-long duration of the identified problems, psychotherapy was an essential ingredient of the respondent's overall mental health care. The psychotherapy required was long-term, being targeted at the identified personality deficiencies (trust/intimacy/affect regulation), and needed to be "conversational" in nature, with the therapist playing a more active facilitating role than is traditionally the case and focusing largely on "here and now" issues. It was seen as important that it take place at times and places agreed in advance and that it be as regular and predictable as possible.
- [25] Basic elements of a rehabilitation plan were identified. They were the need for a suitable place to live, meaningful occupation, adequate financial support (or income) and an appropriate social network. However, given the respondent's relatively unstructured life to date, as well as his long period of institutionalisation, it was considered that he would need quite intense and practical support to establish the necessary social structures, and that this support would need to be extended over time. This practical support was identified as including help with transport, introductions to suitable employment, graduated work entry increasing over time to full-time and assistance with budgeting and the activities of daily living. The introduction of some "buddy" or mentoring system, initially quite intense, was also seen as highly desirable.
- [26] Significantly, it was recognised by all the psychiatrists that certain restrictions on the respondent were required to assist in providing the respondent with external controls when internal controls could not be relied upon, as well as in being protective of the community. In that respect, it was considered particularly important to:
- (a) prohibit the taking of alcohol and non-prescribed drugs;

- (b) facilitate the respondent's access to a recognised substance abuse counsellor;
 - (c) require the reporting of incipient relationships (rather than their prohibition). It was noted that such reporting could then act as a trigger for discussion, being identified as one of many areas where cooperation between agencies (i.e. the treating psychiatrist and the correctional service officers) would be of particular value.
- [27] The psychiatrists advocated the re-establishment over a two month period, in the controlled setting of a custodial environment, of the psychotherapeutic relationship existing prior to the respondent's release in September 2006. The two month period of therapy was seen as essential to establish the regime and structure of therapeutic engagement and Dr Hogan agreed to act in that role.
- [28] In order to ensure the likelihood of the respondent's successful re-integration, it was also recommended that a small task force be established, to include the designated treating psychiatrist, a senior member of the Wolston Correctional Centre Administration, and a senior member of the Community Correctional Services. The task force would be involved in designing and implementing a rehabilitation plan and would be accountable for its operational coordination. Ms Lynas, the Director of the Sex Offender and Dangerous Offender Unit within Queensland Corrective Services, gave evidence and provided a memorandum which explained the manner in which the Unit proposed to facilitate the recommendations set out in the joint report, with a re-integration support officer being appointed to provide ongoing support to the respondent.
- [29] As acknowledged by counsel for the applicant, the effect of the joint psychiatric report was that the respondent, from a clinical point of view, was suitable for release under a modified supervision order. And in that light, at the resumed hearing of the application after receipt of the joint report, counsel for the applicant sought an adjournment of the application, which was granted, so that further material could be put before the court, primarily in respect of the respondent's progress in relation to the re-establishment of the therapeutic relationship with Dr Hogan. The applicant's counsel intimated that, given the views expressed in the joint report, the applicant would most likely not be seeking the rescission of the supervision order and continued detention of the respondent.

Further report of Dr Hogan

- [30] Dr Hogan provided a report dated 23 October 2007, after resuming his role in providing treatment to the respondent in accordance with the joint report. Dr Hogan indicated that the sessions and treatment with the respondent had continued without any major difficulties and that the respondent had been cooperative throughout. Dr Hogan reiterated his opinion that the major area of concern, in terms of reducing the respondent's risk of re-offending, centred on the respondent's substance abuse, which required regular and careful monitoring in order to minimise the risk of re-offending. The other areas which Dr Hogan saw as of particular importance were that of assisting the respondent in obtaining regular employment and his finding a suitable housing placement. Dr Hogan noted that issues of the respondent's personality disorder had hindered the respondent in admitting to the various difficulties that he had faced when he had been released into the community and

that the respondent had underestimated, and continued to underestimate, these difficulties. Dr Hogan indicated that he would continue to see the respondent on a regular basis to oversee these issues and to assist and to provide psychiatric advice and service to Community Corrections in their efforts to assist the respondent.

The circumstances of the contravention of the supervision order

- [31] The contraventions of the supervision order are of concern in that the respondent has breached important conditions of his supervised release directed towards ensuring adequate protection of the community. However, the stringent conditions imposed by the Court of Appeal under the supervision order have been shown to have been apt to ensure adequate protection of the community having regard to the nature and extent of the identified risk. The conditions imposed under the supervision order, particularly as to drug testing, enabled the respondent's drug use to be detected promptly. In this regard, I note that there was rigorous monitoring of the respondent, with almost daily surveillance and drug testing being conducted about twice a week.
- [32] In respect of the respondent's lapse into drug use, his rehabilitation was not facilitated by the choice of accommodation approved under the supervision order. To the contrary, the evidence indicates that the respondent was placed in an unsuitable environment, where he had easy access to drugs. The accommodation in question was part of some 104 units at premises in Fortitude Valley which was apparently used to accommodate, among others, former drug addicts and those who had committed drug offences and was condemned by all the experts who gave evidence. Professor Nurcombe described the accommodation choice as "disastrous" and Dr Hogan was particularly critical of it. It is recognised that the respondent's inappropriate housing was a factor in his breaching the supervision order. Nor does it appear that the respondent was particularly assisted in his attempts to rehabilitate himself, for example by obtaining employment upon his release. He was also required to travel long distances to obtain supervision from Corrective Services. Dr Hogan made the following telling comments about the respondent's release into the community:

"We are dealing with a fellow who has been really in and out of institutions from a young age. He has no skills. He has very poor education. I believe he is bright enough that he would be able to develop skills but he has no educational skills or trade skills. He has no licence. He is poor. He has little resources ... and these offences occurred primarily under the use of illicit drugs. ... Now, you know I would have to question the will of the Department in rehabilitation here. This man was discharged from prison with no money. He was put into ... virtually a drug house with many prostitutes nearby ... the only way he can get around is through the Valley and through the buses ... I just think that the whole thing was doomed to failure from the beginning. I think my personal view in some ways I was amazed that he was able to keep it together as long as he did considering ... the temptations and the problems that are there. ... What he needs is a person who is in a supportive environment, like myself, who sees him regularly and then he needs the other things in place such as a job, such as learning to drive, such as a safe place to live and frequent checkups from Corrective Services."

Whether the supervision order should be rescinded

- [33] In the present case, and having regard particularly to the unified opinion of the psychiatrists contained in their joint report, I am satisfied that the risk that the respondent will commit a serious sexual offence if released under supervision is not unacceptable and that the adequate protection of the community does not necessitate the rescission of the supervision order. However, some amendments and additions to the conditions of the supervision order are appropriate. I note that was also the position ultimately put forward by the applicant's counsel in his final submissions.
- [34] The conclusion that I have reached is influenced by a number of considerations. As I have already mentioned, the joint report of the psychiatrists did not advocate the rescission of the supervision order and the continued detention of the respondent in order to adequately protect the community. Rather, they considered that the risk of re-offending could be managed through a modified supervision order.
- [35] One of the critical areas identified in reducing the risk of re-offending to an acceptable level was the rigorous ongoing monitoring of the respondent to ensure that he abstained from drug and alcohol use. That, combined with a reporting requirement in respect of incipient relationships, which the experts did not consider should be prohibited *per se*, was considered by them to be appropriate to manage the risk of a recurrence of the circumstances that led to the previous offences.
- [36] The respondent has now had the opportunity to re-establish and cement a therapeutic relationship with Dr Hogan that all the psychiatrists saw was essential to his reintegration. The continuation of a programme of supportive therapy is moreover mandated by the terms of the proposed supervision order. The evidence of Ms Lynas indicates that the Corrective Services authorities are cognizant that the respondent requires considerable on-going support in relation to a number of social and economic issues, such as obtaining employment, and that they are prepared to assist the respondent in that regard.
- [37] Counsel for the respondent submitted that the general tenor of the clinical evidence before the court was that the respondent's mother's residence provided appropriate accommodation and was the best available accommodation option. That submission was not disputed by the applicant's counsel. The psychiatric evidence was that, by residing with his mother, the respondent will be afforded both much needed emotional, as well as practical support, which was seen as a positive factor in his re-integration into the community. It is to be noted, however, that the respondent's mother is not expected to take on a monitoring or surveillance role. That role is to be undertaken by the Corrective Services authorities.
- [38] The applicant tendered a draft set of amendments to the supervision order in support of its ultimate submission that the respondent could be adequately supervised in the community so as to reduce the risk of re-offending to an acceptable level and ensure adequate protection of the community. The amendments reflect the terms of the joint psychiatric report and also impose further safeguards, including a curfew condition. I am satisfied that the amendments proposed by the applicant, when combined with the already stringent requirements imposed by the Court of Appeal on 26 September 2006, will ensure adequate protection to the community.
- [39] I order that:

1. The Court is satisfied that the respondent has contravened the supervision order made by the Court of Appeal on 26 September 2006;
2. The requirements of the supervision order made on 26 September 2006 be amended as follows:

- a. Replace requirement (iii) with the following:

reside at his mother's current address and thereafter at such other place within the State of Queensland as approved by a Corrective Services Officer by way of suitability assessment and not stay overnight at any other address without the prior written permission of the Supervising Corrective Services Officer;

- b. Delete requirement (iv) and renumber accordingly.

- c. Add the underlined words to requirement (v):

notify and obtain the approval of the Supervising Corrective Services Officer of every change of the prisoner's name at least two business days before the change occurs;

- d. Add the underlined words to requirement (vi):

notify the Supervising Corrective Services Officer of the nature of his employment, the hours of work each day, the name of his employer and the address of the premises where he is employed and obtain approval from the Supervising Corrective Services Officer prior to entering into an employment agreement or engaging in volunteer work or paid or unpaid employment. The respondent may work for more than one employer and at more than one location during any day;

- e. Add the underlined words to requirement (xiii):

notify the Supervising Corrective Services Officer of the make, model, colour and registration number of any motor vehicle owned by, or regularly used by him, whether hired or otherwise obtained for his use;

- f. Add the underlined words to requirement (xvii):

abstain from the use of illicit drugs for the duration of this Order;

- g. Add the underlined words to requirement (xxii):

permit any medical, psychiatric, psychological or other mental health professional to disclose details of medical treatment and opinions relating to his level of risk of re-offending and compliance with this Order to the Department of Corrective Services if such request is made in writing for the purposes of updating or amending the supervision order and/or ensuring compliance with this Order;

- h. Delete the following words from requirement (xxiii):

treating psychiatrist or mental health practitioner;

i. Insert the following requirements:

(xxv) not commit an indictable offence during the period of this order;

(xxvi) not have any direct or indirect contact with a victim of his sexual offences;

(xxii) attend upon and submit to assessment and/or treatment by a psychiatrist, psychologist, social worker, counsellor or other mental health professional as directed by the Supervising Corrective Services Officer at a frequency and direction which shall be recommended by the treating intervention specialist, the expense of which is to be met by Queensland Corrective Services;

(xxiii) not engage in acts which are intended to dominate or intimidate any other person including interpersonal violence or aggression;

(xxix) if directed by his Supervising Corrective Services Officer following consultation with any treating medical, psychiatric, psychological or other mental health professional, make complete disclosure of the terms of this supervision order and the nature of his past offences to any person as nominated by the Supervising Officer who may contact such persons to verify that full disclosure has occurred; and

(xxx) comply with a curfew direction or monitoring direction given by an Authorised Corrective Services Officer.

[40] A copy of the supervision order of the Court of Appeal as amended by my order is annexed to these reasons.

Annexure

1. Upon release from prison, the respondent be subject to the following conditions until 28 September 2012, or further order of the Court:
2. The respondent must:
 - (i) be under the supervision of a corrective services officer ('the supervising corrective services officer') for the duration of this order;
 - (ii) report to the supervising corrective services officer at the Department of Corrective Services District Office closest to his place of residence between 9 am and 4 pm on 29 September 2006, the day of his release, and therein to advise the officer of the respondent's current name and address;
 - (iii) reside at his mother's current address and thereafter at such other place within the State of Queensland as approved by a corrective services officer by way of suitability assessment and not stay overnight at any other address without the prior written permission of the supervising corrective services officer;
 - (iv) report to and receive visits from the supervising corrective services officer at such frequency as determined necessary by the supervising corrective services officer;
 - (v) notify and obtain the approval of the supervising corrective services officer of every change of the prisoner's name at least two business days before the change occurs;
 - (vi) notify the supervising corrective services officer of the nature of his employment, the hours of work each day, the name of his employer and the address of the premises where he is employed and obtain approval from the supervising corrective services officer prior to entering into an employment agreement or engaging in volunteer work or paid or unpaid employment. The Respondent may work for more than one employer and at more than one location during any day;
 - (vii) notify the supervising corrective services officer of every change of employment at least two business days before the change occurs;
 - (viii) notify the supervising corrective services officer of every change of the respondent's place of residence at least two business days before the change occurs;
 - (ix) not leave or stay out of the State of Queensland without the written permission of the supervising corrective services officer;
 - (x) not commit an offence of a sexual nature during the period for which these orders operate;

- (xi) obey the lawful and reasonable directions of the supervising corrective services officer;
- (xii) respond truthfully to enquiries by the supervising corrective services officer about his whereabouts and movements generally;
- (xiii) notify the supervising Corrective Services officer of the make, model, colour and registration number of any motor vehicle owned by, or regularly used by him, whether hired or otherwise obtained for his use;
- (xiv) not enter into an intimate relationship within 12 months of the commencement of this Order;
- (xv) notify the supervising corrective services officer of all personal relationships entered into by the respondent;
- (xvi) abstain from the consumption of alcohol for the duration of this Order;
- (xvii) abstain from the use of illicit drugs for the duration of this Order;
- (xviii) take prescribed drugs as directed by a medical practitioner;
- (xix) submit to alcohol and drug testing as directed by a corrective services officer, the expense of which is to be met by the Department of Corrective Services;
- (xx) not visit premises licensed to supply or serve alcohol without the prior permission of the supervising corrective services officer;
- (xxi) attend with Dr Tom Hogan or such other psychiatrist or other mental health practitioner who has been approved by the Supervising Corrective Services officer at a frequency and duration which shall be recommended by the treating psychiatrist or other mental health practitioner, the expense of which is to be met by the Department of Corrective Services;
- (xxii) permit any medical, psychiatric, psychological or other mental health professional to disclose details of medical treatment and opinions relating to his level of risk of re-offending and compliance with this Order to the Department of Corrective Services if such request is made in writing for the purposes of updating or amending the supervision order and/or ensuring compliance with this Order;
- (xxiii) attend any program, course, psychologist, counsellor or other mental health practitioner, in a group or individual capacity, by decision of the treating psychiatrist and the Supervising corrective Services Officer, the expense of which is to be met by the Department of Corrective Services;
- (xxiv) agree to undergo medical testing or treatment (including the testing of testosterone levels by an endocrinologist) by decision of the treating psychiatrist and the Supervising Corrective Services Officer, and permit the release of the results and details of the testing to the Department of

Corrective Services, if such a request is made in writing for the purposes of updating or amending the supervision order, the expense of which is to be met by the Department of Corrective Services;

- (xxv) not commit an indictable offence during the period of this order;
- (xxvi) not have any direct or indirect contact with a victim of his sexual offences;
- (xxvii) attend upon and submit to assessment and/or treatment by a psychiatrist, psychologist, social worker, counsellor or other mental health professional as directed by the supervising corrective services officer at a frequency and direction which shall be recommended by the treating intervention specialist, the expense of which is to be met by Queensland Corrective Services;
- (xxviii) not engage in acts which are intended to dominate or intimidate any other person including interpersonal violence or aggression;
- (xxix) if directed by his supervising corrective services officer following consultation with any treating medical, psychiatric, psychological or other mental health professional, make complete disclosure of the terms of this supervision order and the nature of his past offences to any person as nominated by the supervising officer who may contact such persons to verify that full disclosure has occurred;
- (xxx) comply with a curfew direction or monitoring direction given by an authorised corrective services officer.