

SUPREME COURT OF QUEENSLAND

CITATION: *Attorney-General for the State of Queensland v George*
[2009] QSC 002

PARTIES: **ATTORNEY-GENERAL FOR THE STATE OF QUEENSLAND**
(applicant)
v
FARLANE GEORGE
(respondent)

FILE NO/S: 8527 of 2008

DIVISION: Trial Division

PROCEEDING: Trial

ORIGINATING COURT: Supreme Court at Brisbane

DELIVERED ON: 23 January 2009

DELIVERED AT: Brisbane

HEARING DATE: 22 January 2009

JUDGE: Muir JA

ORDER: **1. The Court is satisfied to the requisite standard that the respondent, Farlane GEORGE, is a serious danger to the community in the absence of an order pursuant to Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)*.**
2. The respondent be subject to the conditions set out in paragraph [44] of these reasons until 29 January 2019.

CATCHWORDS: STATUTES – ACTS OF PARLIAMENT – STATUTORY POWERS AND DUTIES – EXERCISE – GENERAL MATTERS – application by Attorney-General for order under s 13(5) of the *Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)* ("the Act") – whether under s 13(2) of the Act there is an "unacceptable risk" that prisoner will re-offend if released or released unsupervised – whether appropriate supervision order can be devised that ensures adequate protection to the community if prisoner released from custody
Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld), s 8(2), s 13(1), (2), (3), (4), (5), (6), (7)

COUNSEL: M Maloney for the applicant
T A Ryan for the respondent

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

The application

- [1] The applicant applies pursuant to s 13(5)(a) of the *Dangerous Prisoners (Sexual Offenders) Act* 2003 (“the *Act*”) for an order (“a continuing detention order”) that the respondent be detained in custody for an indefinite term for care, control or treatment. In the alternative, the applicant seeks an order pursuant to s 13(5)(b) of the *Act* that the respondent be released from custody subject to such conditions as the Court considers appropriate (“a supervision order”).

The relevant statutory provisions

- [2] The Attorney-General may apply to the Court for an order that a person serving a term of imprisonment for a “serious sexual offence” either be detained in custody for an indefinite term for control, care or treatment¹ or for an order that the person be released from custody subject to conditions imposed by the court.²
- [3] A continuing detention order or a supervision order may be made if, on an application for an order under s 13 of the *Act*, the Court is satisfied the prisoner is a serious danger to the community in the absence of such an order.³
- [4] Subsection (2) of s 13 provides:

“(2) A prisoner is a serious danger to the community as mentioned in subsection (1) 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.”

- [5] Subsections (6) and (7) of s 13 provide:

“(6) In deciding whether to make an order under subsection (5)(a) or (b), the paramount consideration is to be the need to ensure adequate protection of the community.

(7) The Attorney-General has the onus of proving that a prisoner is a serious danger to the community as mentioned in subsection (1).”

- [6] A “serious sexual offence” is defined as an offence of a sexual nature, whether committed in Queensland or outside Queensland –
- (a) involving violence; or
- (b) against children.

- [7] In deciding whether a prisoner is “a serious danger to the community” the court is required to have regard to the matters listed in s 13(4). They include:

¹ Section 13(5)(a).
² Section 13(5)(b).
³ Section 13(1).

- “(c) information indicating whether or not there is a propensity on the part of the prisoner to commit serious sexual offences in the future;
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- (g) the prisoner’s antecedents and criminal history;
- (h) the risk that the prisoner will commit another serious sexual offence if released into the community;
- (i) the need to protect members of the community from that risk...”

The respondent's background and prior criminal history

- [8] The respondent was born on 20 October 1964 in Kowanyama and was raised there. He finished his schooling at 14 years of age. On leaving school, he was able to read and write. He worked as a carpenter's labourer for about six months. After that, he did various odd jobs and worked for about a year as a community police liaison officer. He lost that job after taking a police vehicle to go hunting.
- [9] The respondent was sentenced to his first terms of imprisonment in November 1983 for counts of wilful and unlawful destruction of property; breaking, entering and stealing and attempted break and enter with intent to steal. There then followed convictions in March 1984, July 1984, June 1987, January 1989 and September 1989 for various property and dishonesty offences. The convictions in March 1984 included a conviction for an offence of unlawful assault for which a term of imprisonment of one month was imposed.
- [10] The respondent was convicted in December 1989 on two counts of assaulting a police officer and of resisting a police officer. He was fined \$100 for each of the assault offences and \$50 for the other offence.
- [11] He was fined in August 1990 for breaking and entering a dwelling house with intent. In February 1991 he was convicted and fined for wilful and unlawful damage to property and unlawful assault.
- [12] On 2 March 1992 he was imprisoned for two years for grievous bodily harm committed on about 15 August 1991. He had been drinking and attempted to gain entry to the complainant's dwelling. When the complainant attempted to stop him entering, he punched her, knocking her to the ground. Her head struck concrete and she suffered permanent brain damage. At the time, the respondent was employed as a labourer in the Kowanyama community.
- [13] On 5 March 1993, the respondent was imprisoned for six years for a rape committed on 16 November 1991. The complainant, a 15 year old niece of the respondent, was accosted by the respondent and forcibly taken to his house. He told her to stay quiet and forcibly took her from his home to another premises where he removed her pants and had sexual intercourse with her. The complainant did not resist out of fear.
- [14] On 27 February 1997, the respondent was sentenced to six months imprisonment for aggravated assault. The respondent, who was drunk, shoved a nurse treating his de facto spouse, knocking her off balance. Prior to that, the respondent was

threatening and abusive and attempted on a number of occasions to charge at the nurse. He was restrained by hospital security and relatives.

- [15] Also on 27 February 1997, the respondent was convicted and sentenced to six months imprisonment for wilful and unlawful damage to property on 24 December 1996.
- [16] The respondent was released from prison on 12 November 1999.
- [17] On 21 November 2000, the respondent was imprisoned for eight years for a rape committed on 29 January 2000 and was sentenced to a cumulative term of 12 months imprisonment for assault occasioning bodily harm. The complainant in respect of the rape was a 35 year old female who had been living in the same house as the respondent for two or more months prior to the commission of the offence. At about midday, the complainant was walking home when the respondent called out to her. When she came up to him, he took hold of her and stifled her calls for help by placing his hands over her mouth. He then pushed her into the bedroom of the house. He said that he was going to have sexual intercourse with her. She protested and said that she had her period. Disregarding her protests he proceeded to have sexual intercourse with her. When he finished, she left and reported the rape to the police. She was inspected by a doctor, who noted the presence of semen but no external or internal injuries. The complainant did not suggest that she had suffered any such injuries.
- [18] The victim of the assault was a 42 year old Kowanyama resident. He was woken by the inebriated respondent banging on his front door. He opened the door and told the respondent to leave, whereupon he was struck on the head by the respondent with a piece of stereo equipment. The complainant suffered a 10 centimetre laceration to his scalp which required nine stitches.

Drug and alcohol history

- [19] The respondent has a history of substance abuse. At 15 he started drinking alcohol, smoking marijuana and sniffing petrol. He committed the offences of violence referred to above when drunk. He admitted that the offences of housebreaking were committed whilst searching for alcohol.

Health and conduct during imprisonment

- [20] The respondent suffers from diabetes, high blood pressure and heart problems. He has blurry vision, but refuses to wear glasses. He does not appear to have any diagnosed psychiatric condition.
- [21] Before his current term of imprisonment, the respondent had a poor record of misconduct in prison. He was involved in nine serious incidents, two of which resulted in criminal charges. Since 2000, he has been breached only once, for fighting in 2003. However, he regularly argues with other inmates and threatens other prisoners with violence. Otherwise, he is polite to staff and has a good work history.
- [22] When in prison the respondent completed the following courses:

- Certificate I in Hospitality (Kitchen Operations) (on 26.10.00)

- Ending Offending Program (on 31.10.02)
- Certificate I in Vocational Access (on 22.12.04)
- Getting Started: Preparatory program (on 2.5.06)
- Transitions (March 2007).

[23] He completed the Indigenous Medium Intensity Sexual Offenders Treatment Programme in May 2007.

The report of Dr Grant, psychiatrist

[24] Consequent upon a four and a half hour interview with the respondent in September 2008, Dr Grant prepared a report dated 29 September 2008 pursuant to an order made under s 8(2)(a) of the Act. In the report, Dr Grant expressed the following opinions. The respondent had "quite good sentence construction and good vocabulary". He is a "man of quite large build but not particularly obese" with a "pleasant social manner with good social skills". There was no evidence of any thought disorder. His concentration appeared quite good. "Testing of his memory showed normal functions. He could recall an arithmetical sum which he'd done five minutes earlier ... verbal fluency was normal, demonstrating a good English vocabulary ... the mental status examination did not reveal any abnormalities and [the respondent's] intelligence would be ... probably average or slightly below average."

[25] Dr Grant applied four "formal risk assessment instruments" in assessing the risk of the respondent's re-offending. Those instruments and the results of their application are as follows:

"1. **The Hare PCL-R 2nd Edition (Psychopathy check list):**

On this instrument Mr George scored 30 out of a possible 40. This means that he reaches the cut-off point and would be regarded as psychopathic, indicating significant personality pathology.

2. **The Sexual Offender Risk Appraisal Guide (SORAG)**

This is an instrument that uses historical factors combined with the psychopathy score. On this instrument Mr George falls into category 8, giving a 7-year recidivism prediction of 0.75 and a 10-year recidivism conviction of .89.

3. **The Sex Offender Need Assessment Rating (SONAR)**

This instrument scores items such as intimacy deficits and social influences along with general and sexual self-regulation. Risk factors are considered, with account being taken of whether they have improved or worsened over the previous twelve months. On this instrument Mr George falls into a low moderate risk category.

4. **The HCR-20**

This is a combined actuarial and dynamic risk instrument which relies to some extent on clinical judgement. It scores a number of historical items, clinical items and risk management items. Using this instrument Mr George scores 31 out of 40, putting him in a high risk category for reoffending.

...

When consideration is given to Mr George's extensive criminal history, his past impulsivity and difficulties with control of aggression, plus his sexual offending, despite attempts at correction, one would have to regard the risk of reoffending as high. The two most important risk factors are his personality structure, with a high level of psychopathy or Anti-social Personality Disorder and his history of very heavy substance abuse with alcohol and marijuana. All of his serious interpersonal offending has occurred in the context of intoxication. His offending has also occurred in the context of serious social problems and high levels of community violence and substance abuse. There is also the context of Mr George having been subjected to both sexual and violent abuse during his development and being subjected to a good deal of anti-social influence from peers."

- [26] In relation to the respondent's personality disorder, Dr Grant expressed concern that the respondent's difficulties with "impulsivity and aggressive behaviour", although moderated over the last eight years, may be more prone to manifest themselves away from the controlled environment of prison. In his view, another major risk area was the prospect of consumption of alcohol and Marijuana. Without abstinence from those substances, Dr Grant concluded it "highly unlikely that [the respondent's] offending behaviour will be controlled." The most likely offending behaviour was thought by Dr Grant to be "aggressive in nature" but, in his opinion, sexual offending could also occur. If the respondent was kept free of drunkenness and abstained from drug abuse, his opinion was that the risk of sexual offending would be reduced from high to moderate, but that the risk of some violent re-offending would probably remain reasonably high. In his opinion, release from prison of the respondent "carries considerable risks" and that the respondent was in need of "a lot of structure and support if he is to succeed in not reoffending."
- [27] In Dr Grant's opinion, the respondent does not have a particularly high sexual drive and he does not suffer from paedophilia.

Reports of Dr Moyle, psychiatrist, undated and dated 23 July 2008

- [28] In a lengthy undated report completed after an interview with the respondent on 21 January 2008, Dr Moyle concluded that the respondent was "at moderately high to high risk of violent reoffending in the future, and moderately high to high risk of sexual violence being part of that violence, where he is likely to take his sexual pleasures from available women when intoxicated, or when they are vulnerable by intoxication or of small size." Dr Moyle considered that the respondent's prison history was indicative of an improvement in the respondent's disposition to violent reactions.

- [29] After considering an exit report from the Sex Offender Treatment Program, Dr Moyle provided a report dated 23 July 2008. In it he reaffirmed his earlier conclusions as to long-term risk. In Dr Moyle's opinion, the respondent's decision-making "remained poorly judged and impulsive, based on his convenience rather than a clear understanding of the effect of his behaviour."
- [30] Like Dr Grant, Dr Moyle considered that the risks of re-offending would be greatly exacerbated if the respondent engaged in substance abuse. In Dr Moyle's opinion, a factor affecting risk is deficits in the respondent's judgment-making ability. He concluded that intoxication would worsen his impulsivity and further handicap his social judgments. He was also concerned with the respondent's "ability to minimise the effects of his behaviours".

The report of Professor Nurcombe, psychiatrist, dated 8 October 2008

- [31] Professor Nurcombe prepared a report consequent on to an order made pursuant to s 8(2)(a) of the *Act*. In that report, Professor Nurcombe stated, that on examination the respondent displayed "unimpaired cognitive performance" and no memory defects were revealed.
- [32] Listed below are the actuarial instruments employed by Professor Nurcombe in his assessment and a summary of their results:

Psychopathy checklist revised (PCL-R)

The respondent's total score was 25/40 representing "a moderate level of psychopathic traits but not sufficient for a formal diagnosis of psychopathic personality".

STATIC-99 (revised)

The respondent's total score was 4. "The risk of valid recidivism in 5, 10 and 15 years is .36, .44, and .52 respectively. This indicates that [the respondent] can be classified with a group of offenders who have a moderate to high level of risk of sexual or valid risk recidivism."

Stable 2000

The respondent's overall score was 9/12. The respondent "can be categorised with a group of offenders with a high or moderate level of risk of sexual reoffending." "Combining the Static-99 and Stable 2000, the overall risk could be regarded as moderate/high or moderate/low. (If the attitudinal changes associated with treatment are authentic and durable)."

Violence risk appraisal guide (VRAG)

The respondent was given a total score of 18/40 or 14/40 if the changes reported above are authentic and durable. It was concluded that the respondent could be classified with a group of prisoners whose likelihood of violent recidivism in seven and 10 years is .55 and .64 respectively.

Sex offender risk appraisal guide (SORAG)

The respondent was given a total score of 24 or 20 if the attitudinal changes are identified were authentic and durable. The level of risk was stated to be high.

Vermont assessment of sex offender risk (VASOR)

The respondent was given a reoffence risk scale score of 51 and a violence scale score of 60 and classified with a group of prisoners whose likelihood of sexual reoffending is high.

- [33] Professor Nurcombe expressed concern that the accuracy of the estimates of risk derived from the above statistical approaches may be affected by the ethnic background of Australian Indigenous. Professor Morris had similar reservations. Professor Nurcombe's conclusions about the risk of the respondent's re-offending are summarised as follows:

"90. In my opinion, if historical factors alone are taken into account, the risk of sexual and violent reoffending is *high*. If the influence of the offender's increasing age and apparent changes in attitude are taken into account, and if he could avoid alcohol, the risk of reoffending would be *moderate* or *moderate to low*. I do not think Mr George has a true sexual deviance. The two rapes appear to be extensions of his chauvinistic attitudes towards women fuelled by heavy alcohol consumption. Mr George has reassessed his coercive attitudes towards women, and those attitudes which were conducive to sexual violence. It is likely that these attitudinal revisions are authentic. Whether they will be durable in the face of the stress of living outside prison is a matter for conjecture. There is little doubt that, if he reverts to heavy alcohol consumption, the risk of sexual reoffending will be *high*.

91. If he does reoffend sexually, the most likely scenario would be as follows. He will rape an adult woman, in the context of heavy alcohol intake. Rape can be interpreted as a defence against the shame and fear of passivity associated with unresolved issues to do with childhood sexual abuse, in the context of binge drinking. The likelihood of psychological harm to the victim is high. However the sexual violence is not likely to escalate to a life-threatening level. The perpetration of violence would not be imminent following release. It would be associated with excessive alcohol use, the lack of an intimate relationship, and unemployment. It is not clear whether such sexual violence, if it recurs, would occur on one or more than one occasion. The risk of sexual violence is chronic, particularly if Mr George reverts to drinking alcohol. A Supervision Order should bar the use of alcohol, illicit drugs, and petrol.

92. Post-release management raises complex issues. Mr George has never lived outside Kowanyama. I doubt whether he would be able to cope with living in a city such as Cairns or Townsville. On the other hand, supervision and treatment will be difficult if he is to return home. Mr George's plan not to return to Kowanyama but to live, initially, in PormPuraaw has merit. It is a possibility that should be explored. Mr George thinks that more employment is available at this site, particularly stock-work.

93. In order to support Mr George following release, he needs supervision, drug and alcohol screening, drug and alcohol counselling, assistance in gaining employment, and general psychological counselling."

The evidence of Professor Philip Morris, psychiatrist

[34] A report of Professor Morris dated 15 December 2008 was tendered. In Dr Morris' opinion, the respondent suffers from an anti-social personality disorder. His application of PCL-R provided a score "well below the cut-off point for psychopathy". From his application of Historical Clinical Risk-20 and Sexual Violence Risk-20 he concluded respectively, that the respondent's risk of re-offending was moderate and that his risk of sexual violence was moderate.

[35] Professor Morris observed that there was evidence of a strong commitment by the respondent to participation in and learning from sexual education courses. He also noted the evidence that the respondent's "anger and aggressive tendencies [had] declined during [his] ... time in jail". He was of the view that if the respondent abstained from the use of alcohol and drugs, the risk of his committing offences involving sexual violence would become low.

[36] Professor Morris considered that the improvement in the respondent's behaviour and attitude to violence and sexual offending would improve with further treatment following his release.

Evidence of suitable accommodation

[37] Ms Linas, the Director of the High Risk Offender Management Unit within Probation and Parole, Queensland Corrective Services, caused enquiries to be made concerning the availability of accommodation and support services in North Queensland appropriate for use by the respondent were he to be released. Those enquiries revealed that the respondent would not be welcomed back into the Kowanyama or Pormpuraaw communities. The Rose Colless Rehabilitation Centre in Cairns was contacted but its management regarded it as unsuitable for use by the respondent. The Kuyam Hostel in Cairns also declined the respondent's application for placement there and a place in North Queensland suitable for residence by the respondent is yet to be established.

Conclusion

[38] I am satisfied, having regard to the requirements of s 13(3) of the *Act*, that there is an unacceptable risk that the respondent will commit offences of a sexual nature if the respondent is released from custody without a supervision order being made. That there is an appreciable risk of re-offending is the unanimous view of the psychiatrists who gave evidence. The assessments of the degree of risk varied but all the psychiatrists were agreed that the risk of the respondent committing acts of

violence was greater than the risk of his re-offending sexually. All agreed that the risks would be reduced substantially if the respondent were to avoid substance abuse.

- [39] The evidence shows that the respondent's offending in the past, sexual and non-sexual, has been directly related to substance abuse. There is thus no reason to doubt the expert conclusions. It is plain that, absent the imposition of appropriate conditions, the risk of the respondent's re-offending is substantial.
- [40] All of the experts were concerned about the practical difficulties involved in providing the respondent with appropriate support and social conditions outside Kowanyama where he has lived all of his life when not in prison. As the above discussion records, it may not be possible for the respondent to return to Kowanyama, or even Pormpuraaw, in the short term.
- [41] As attempts to locate a suitable residence in North Queensland which might provide a useful transitional environment have failed, it has become necessary that the respondent reside temporarily at Wacol.
- [42] Satisfaction by the Court that there is an unacceptable risk that a prisoner will commit an offence of a sexual nature involving violence or against children gives rise to a discretion under s 13(5) to make a continuing detention order, a supervision order or no order at all. In deciding between a continuing detention order and a supervision order, "the paramount consideration" is "the need to ensure adequate protection of the community." In my view, the adequate protection of the community against the risks posed by the respondent, when released, does not require the making of a continuing detention order and it was not submitted that one ought to be made.
- [43] There was a controversy about the duration of the order. Professor Morris considered that 5 years would be appropriate. His opinion was that it would be known within that time whether the respondent would comply with the contemplated orders and not pose a risk of committing sexual offences. In his opinion, which was shared by others, if the respondent had not re-offended within five years, the risk of his doing so after that time would be greatly diminished. The other expert witnesses favoured a period of 10 years. Dr Grant and Dr Nurcombe both perceived the need to allow for a substantial period to enable the respondent to adjust to a new life outside prison. Whilst seeing some force in Professor Morris' point of view, I have concluded that it is desirable in the interests of the respondent and the community, as the *Act* does not contemplate any extension of supervision orders, to make the order for 10 years. It is always possible for the terms and conditions of the order to be varied or otherwise relaxed should it become apparent that they are unnecessary, or excessive.
- [44] The order will be as follows:
1. The court is satisfied to the requisite standard that the respondent, Farlane GEORGE, is a serious danger to the community in the absence of an order pursuant to Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003* (Qld).

2. The respondent be subject to the following conditions until 29 January 2019.
The respondent must:
- i be under the supervision of a Corrective Services officer for the duration of the order;
 - ii report to a Corrective Services officer at the Queensland Corrective Services Probation and Parole Office closest to his place of residence between 9am and 4pm on the day of release from custody and at that time advise the officer of the respondent's current name and address;
 - iii report to, and receive visits from, a Corrective Services officer at such times and at such frequency as determined by Queensland Corrective Services;
 - iv notify and obtain the approval of a Corrective Services officer for every change of the prisoners name at least two business days before the change occurs;
 - v comply with a curfew direction or monitoring direction;
 - vi notify a Corrective Services officer of the nature of his employment, or offers of employment, the hours of work each day, the name of his employer and the address of the premises where he is or will be employed;
 - vii seek permission and obtain approval from a Corrective Services officer prior to entering into an employment agreement or engaging in volunteer work or paid or unpaid employment;
 - viii reside at a place within the State of Queensland as approved by a Corrective Services officer by way of a suitability assessment, and comply with the conditions associated with the same; if this accommodation is of a temporary or contingency nature, reasonable efforts must be demonstrated to secure alternative, viable long term accommodation to be assessed for suitability by QCS;
 - ix not reside at a place by way of short term accommodation including overnight stays without the permission of a Corrective Services officer;
 - x seek permission and obtain the approval of a Corrective Services officer prior to any change of residence;
 - xi not leave or stay out of Queensland without the written permission of an authorised Corrective Services officer;

- xii not commit an offence of a sexual nature during the period of the order;
- xiii comply with every reasonable direction of a Corrective Services officer;
- xiv respond truthfully to enquiries by Corrective Services officers about his whereabouts and movements generally;
- xv not have any direct or indirect contact with a victim of his sexual offences;
- xvi disclose to a Corrective Services officer upon request the name of each person with whom he associates and respond truthfully to requests for information from a Corrective Services officer about the nature of the association, address of the associate if known, the activities undertaken and whether the associate has knowledge of his prior offending behaviour;
- xvii notify the Corrective Services officer of the make, model, colour and registration number of any vehicle owned by or generally driven by him, whether hired or otherwise obtained for his use;
- xviii submit to medical, psychiatric, psychological or other forms of assessment and/or treatment as directed by a Corrective Services officer;
- xix submit to and discuss with a Corrective Services officer a schedule of his planned and proposed activities on a weekly basis or as otherwise directed;
- xx if directed by his supervising Corrective Services officer, make complete disclosure of the terms of this supervision order and the nature of his past offences to any person nominated reasonably and after due consideration by the supervising officer who may contact such persons to verify that full disclosure has occurred;
- xxi abstain from the consumption of alcohol for the duration of this order;
- xxii abstain from illicit drugs for the duration of this order;
- xxiii take prescribed drugs as directed by a medical practitioner;
- xxiv not visit premises licensed to supply or serve alcohol, without the prior written permission of a Corrective Services officer;

- xxv submit to any form of drug and alcohol testing including both random urinalysis and breath testing as directed by a Corrective Services officer;
- xxvi attend upon and submit to assessment and/or treatment by a psychiatrist, psychologist, social worker, counsellor or other mental health professional as directed by a Corrective Services officer at a frequency and duration which shall be recommended by the treating intervention specialist, the expense of which is to be met by Queensland Corrective Services;
- xxvii agree to undergo medical testing or treatment (including the testing of testosterone levels by an endocrinologist) as deemed necessary by the treating psychiatrist and supervising Corrective Services officer, and permit the release of the results and details of the testing to Queensland Corrective Services, if such a request is made for the purposes of updating or amending the supervision order or for ensuring compliance with this order, the expense of which is to be met by Queensland Corrective Services;
- xxviii permit any medical, psychiatric, psychological or other mental health practitioner to disclose details of treatment, intervention and opinions relating to level of risk of re-offending and compliance with this order to Queensland Corrective Services if such a request is made for the purposes of updating or amending the supervision order and/or ensuring compliance with this order;
- xxix attend any program, course, psychologist or counsellor, in a group or individual capacity, as directed by a Corrective Services officer in consultation with treating medical, psychiatric, psychological or other mental health practitioners where appropriate;
- xxx develop a risk management plan in consultation with an authorised Corrective Services officer and discuss it as directed with an authorised Corrective Services officer.