

# SUPREME COURT OF QUEENSLAND

CITATION: *Attorney-General (Qld) v Williams* [2017] QSC 52

PARTIES: **ATTORNEY-GENERAL FOR THE STATE OF QUEENSLAND**  
(applicant)  
v  
**ANTON GREG WILLIAMS**  
(respondent)

FILE NO/S: SC No 6902 of 2016

DIVISION: Trial Division

PROCEEDING: Originating Application

ORIGINATING COURT: Supreme Court at Brisbane

DELIVERED ON: 11 April 2017

DELIVERED AT: Brisbane

HEARING DATE: 30 November 2016; 9 December 2016; 14 December 2016; 31 January 2017; 27 March 2017; 11 April 2017

JUDGE: Burns J

ORDER: **The court, being satisfied to the requisite standard that the respondent, Anton Greg Williams, is a serious danger to the community in the absence of an order pursuant to Division 3 of Part 2 of the *Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)*, orders that the respondent be released from custody and then, until 11 April 2027, be subject to the conditions set forth in the Schedule to this judgment.**

CATCHWORDS: CRIMINAL LAW – SENTENCE – SENTENCING ORDERS – ORDERS AND DECLARATIONS RELATING TO SERIOUS OR VIOLENT OFFENDERS OR DANGEROUS SEXUAL OFFENDERS – DANGEROUS SEXUAL OFFENDER – GENERALLY– where there is an application pursuant to s 5 of the *Dangerous Prisoners (Sexual Offenders) Act 2003* for an order pursuant to Division 3 of Part 2 of that Act – whether the respondent is a serious danger to the community in the absence of a Division 3 order – where the court may order a continuing detention order or a supervision order pursuant to s 13(5) of the Act – whether the adequate protection of the community can be reasonably and practicably managed by a supervision order – whether the requirements under s 16 of the Act can be reasonably and practicably managed by corrective services officers – where

the respondent is a chronic alcoholic with a history of mental illness and a range of cognitive impairments – where the applicant supports a supervision order if suitable accommodation can be arranged – whether suitable accommodation has been arranged – whether the adequate protection of the community can be reasonably and practicably managed by a supervision order incorporating the proposed accommodation

*Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)*, s 9A, s 13

*Attorney-General (Qld) v Accoom* [2017] QSC 50, cited *Attorney-General (Qld) v Francis* [2007] 1 Qd R 396; [\[2006\] QCA 324](#), followed

COUNSEL: J Rolls for the applicant  
S J Hamlyn-Harris for the respondent

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

- [1] On 6 July 2016, the Honourable Attorney-General filed an application under Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)*. By that application, she seeks an order that the respondent, Anton Greg Williams, be detained indefinitely for control, care or treatment pursuant to s 13(5)(a). In the alternative, an order is sought that the respondent be released subject to a supervision order pursuant to s 13(5)(b).
- [2] On the hearing of the application, it was conceded that the respondent represents a serious danger to the community in the absence of a Division 3 order and is, therefore, a person to whom the Act applies. The respondent has a severe alcohol dependency, a long history of mental illness including chronic schizophrenia and a range of cognitive impairments. His full scale IQ is only 48 which means that he is either of borderline intelligence or mildly intellectually impaired. In consequence, the respondent's risk of reoffending is regarded as high if left to his own devices in the community. He has markedly diminished social functioning and living skills. He is for all intents and purposes illiterate and innumerate.
- [3] Notwithstanding this constellation of features, it was submitted on his behalf that the adequate protection of the community could still be ensured by the making of a supervision order.<sup>1</sup> To that end, the terms of a draft order imposing strict conditions (including conditions providing for the respondent's supervised accommodation on release and arrangements for his ongoing treatment) were eventually agreed by counsel for the respective parties.<sup>2</sup> This agreement was reached after the final hearing of the application had to be adjourned on a number of occasions (and interim detention orders made) whilst attempts were made to secure appropriate supervised accommodation for the respondent. In the end, the applicant accepted that such an order was supported by

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<sup>1</sup> *Dangerous Prisoners (Sexual Offenders) Act 2003*, s 13(6).

<sup>2</sup> Exhibit 1. There are 41 conditions in total and they are reproduced in the Schedule to this judgment.

the psychiatric evidence and that the respondent's release on supervision was, in the light of that evidence, preferable to continuing detention.

- [4] For the reasons that follow, I am satisfied by acceptable, cogent evidence and to the high degree of probability required by s 13(2) of the Act that the respondent represents a serious danger to the community in the absence of an order pursuant to Division 3 of Part 2 of the Act. However, on the basis of the accommodation arrangements now in place as well as the strict conditions otherwise contained in the agreed draft order, I am satisfied that the adequate protection of the community can be reasonably and practicably managed by a supervision order. As such, it will be ordered that the respondent be released on supervision on those conditions for a period of ten years.

### **Background**

- [5] The respondent is an indigenous man, aged 44 years, who was born in Mount Isa and then raised on Mornington Island where he has lived for most of his life when not in custody. It would, however, appear that he is no longer welcome on Mornington Island due to his offending. He is one of three siblings. His father passed away some years ago. His mother is still alive and resides in an aged care facility.
- [6] The respondent was initially raised by his paternal grandmother, who is now deceased, but was then cared for by a Caucasian family when he was a young child. He returned to his grandmother shortly after and lived with her until he was about 16 years of age. He also lived with his parents for a short period of time. He was schooled to Grade 5 level on Mornington Island. What education he received thereafter is unclear although the material reveals a period in boarding school in Cairns when he was about 16 years of age, most likely after he left the care of his grandmother. He is both illiterate and innumerate.
- [7] From around the age of 33 years, he lived with a female partner "for a long time" in his sister's house. That relationship produced a son, who is now 10 years old. They have no contact and his then partner is no longer alive. The respondent believes that his son is in the care of the Mount Isa Department of Community Services.
- [8] At the time when he was last taken into custody (2013), the respondent was employed at an airport under a Commonwealth employment initiative. The Public Trustee of Queensland reportedly manages his finances.

### **Medical and psychiatric history**

- [9] The respondent is an alcoholic with a well-documented history of mental illness including chronic schizophrenia. Indeed, alcohol intoxication was a common feature accompanying many of the offences on his criminal history and the index offences are no exception. As to his history of mental illness, the respondent is presently on medication for his schizophrenia to control, or at least minimise, his auditory hallucinations. He is compliant with his medication. Otherwise, he is in regular contact with the Prison Mental Health Service.

- [10] When the respondent was a child, he fell and hit his head. This caused bleeding on his brain that required extensive inpatient treatment. He suffered convulsions during his childhood. He has a range of cognitive impairments; poor memory and comprehension ability, notable immaturity, poor social insight and poor planning abilities. He also has diabetes for which he takes medication.
- [11] He commenced drinking alcohol as a child, and this continued into his adult years. He has said that, when on Mornington Island, he would usually consume a six-pack of “home brew” beer,<sup>3</sup> or its equivalent, on a daily basis. The respondent told one of the psychiatrists who examined him for the purposes of this application, Dr Beech, that alcohol would cause “the voices to come back”; the voices would “tell him to do bad things”. For example, he reported to Dr Beech that the voices would tell him, “to do bad things such as steal, sniff petrol, and engage in other delinquent behaviours”. The respondent further reported that at times the voices told him to “hang himself” and “to have sex with young boys”. That said, and despite his cognitive impairments, the respondent demonstrated some level of insight into the causative relationship between alcohol consumption on the one hand and his auditory hallucinations and sexual offending against children on the other hand.
- [12] The respondent denied ever using illicit drugs although he told Dr Beech that, as a child, he would sniff paint. This continued into his adult years. He has been assessed on the Alcohol, Smoking and Substance Involvement Screening Test and, unsurprisingly, the results identified him as requiring intervention for his alcohol use. He is yet to undertake such treatment.

### **Criminal history and index offending**

- [13] On 22 November 1990, the respondent pleaded guilty in the District Court at Mount Isa to two counts of carnal knowledge against the order of nature, one count of permitting carnal knowledge against the order of nature with a child under the age of 16 years and three counts of permitting carnal knowledge against the order of nature. He was 18 years old at the time of sentence.
- [14] The circumstances of the offending were that the respondent had, on multiple occasions, engaged in sexual activities with at least five boys, including anal penetration, masturbation and oral sex. The offences occurred on Mornington Island, and each of the victims were known to the respondent. The sentencing judge, his Honour Judge Skoien, placed the respondent on probation for a period of three years.
- [15] Remarkably perhaps given the respondent’s many afflictions, he managed to stay out of serious trouble until September 2013 apart from one incident when he was dealt with for an assault occasioning bodily harm for which he was placed on a recognizance (in 1993). However, on 8 December 2014 the respondent pleaded guilty in the District Court at Townsville to four counts of indecent treatment of children under the age of 16 and two counts of indecent treatment of children under the age of 12. Each of the

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<sup>3</sup> A more accurate descriptor might be “contraband” because, at all material times, Mornington Island was a “dry” community where all forms of alcohol were prohibited.

offences were committed on or about 4 September 2013 and against a group of young boys aged from about five through to about 12.

- [16] The circumstances of this offending were summarised by the sentencing judge, his Honour Judge Durward SC, as follows:

“The circumstances of the offences very simply are that a group of young boys of various ages from perhaps five or six through till about 12 were in your house and you were seated in a circle with them with you in the middle and various types of sexual misconduct occurred between you and each of the boys. They were each able to observe what was happening to the others, apart from anything that happened to them themselves at least in some of the cases. That offence involved you as an adult really preying upon the naivety and immaturity of those young boys and you should be thoroughly ashamed of yourself for the conduct that has occurred.”

- [17] When passing sentence, his Honour remarked:

“All of this conduct seems to me to really be – have been caused by your chronic alcoholism condition that you have suffered for most of your adult life and which the prospects of remediating seem to be fairly remote.

...

You have a criminal history which has one similar offence on it but your history demonstrates your dysfunctional lifestyle and your chronic alcohol dependency. That is a very sad matter but nothing that the court can effectively do. It is only you that can remedy that issue and it would appear, from what I have been told that it is unlikely to happen. When you are on parole the parole authorities can send you back to jail if you breach parole so you should just be aware of that. The purposes for which I am going to impose the sentence are to punish you to an extent in the way that is just in all the circumstances, to deter you and to deter other persons from committing these or similar offences and make it clear that the community, including the community on Mornington Island, acting through the court, denounces the sort of conduct in which you were involved.”

- [18] The respondent was sentenced on all counts to concurrent terms of three years imprisonment. A period of 361 days of presentence custody was declared to be time served under those sentences. His full-time release date was 11 December 2016.

### **Progress in custody**

- [19] The respondent is currently incarcerated at the Townsville Correctional Centre. He acts appropriately towards staff and fellow inmates. He has no recorded disciplinary breaches.

- [20] He has participated in, and completed, the Getting Started: Preparatory Program between 10 April 2015 and 29 May 2015. In an exit report, the program facilitators considered that his level of engagement and insight into his sexual offending behaviour was limited due to his cognitive impairments. Whilst he accepted responsibility for his offences, and his recollection was consistent with information contained within court-

sourced material, the respondent's level of empathy towards his victims was difficult to gauge.

- [21] The program facilitators also identified that various factors common to general and sexual offending were present – substance abuse, social isolation, previous sexual offending and limited understanding of informed consent. Throughout the program, the respondent appeared confused by processes, rendering it difficult to assess his commitment to change and his willingness to participate in future sexual offending programs. Based on his overall participation and assessed risk level, it was recommended that the respondent undertake a Stable-2007 program to identify treatment needs and to address responsivity factors. It was also recommended that he be provisionally waitlisted to participate in the Inclusion Sexual Offenders Program due to his cognitive impairment. Neither program has yet been undertaken.
- [22] The respondent's parole eligibility date was 8 December 2014. He applied for parole on 7 January 2015. The Parole Board considered this application at its meeting on 28 April 2015. His application was declined on the basis that the Board was of the opinion that he should complete the ISOP, prior to release.
- [23] As already mentioned, the respondent's full time release date was 11 December 2016. However, he is presently in custody as a consequence of the making of a series of interim detention orders pursuant to s 9A of the Act so that suitable post-release accommodation could be sourced.

### **Psychiatric opinion**

- [24] For the purposes of this application, the respondent was examined by three psychiatrists – Dr Beech, Dr Grant and Dr McVie – as well as a psychologist, Ms Lavers. Each provided a report as well as a supplementary written opinion regarding what was eventually proposed by way of accommodation for the respondent on his release.

#### ***Dr Beech***

- [25] Dr Beech interviewed the respondent on 18 March 2016 and reviewed extracts from files relating to the respondent held by the Director of Public Prosecutions, Queensland Corrective Services and the Queensland Parole Board. It was difficult to explore his offending. The respondent gave a shallow account of the index offences and only a limited account of the 1990 offences. He attempted to excuse his offending; “the voices had told him to do it”. Dr Beech reported that, to a significant extent, the respondent appears to blame his victims for his offending, or to shift responsibility onto his mental illness, the voices or alcohol. Dr Beech considered there to be little victim empathy. Language and cultural issues also contributed to what appears to have been a difficult interview.
- [26] The respondent reported to Dr Beech that he committed the index offences because the boys were there and because, “they pulled their pants down”. He said the voices in his head “told him to do it”. When Dr Beech asked the respondent about how he feels about his offending now, he merely responded with, “not too good”, and “sad”. He

acknowledged that what he had done was wrong, but only because his actions had got him into trouble. He offered to Dr Beech that throughout the offending the boys were, “laughing and talking” and that they were probably not harmed by his offending.

- [27] Overall, Dr Beech considered that the respondent, “probably had Borderline Intellectual Functioning or perhaps Mild Intellectual Impairment aggravated by organic conditions such as alcohol use and an earlier head injury, and aggravated by poor education”. A specific alcohol induced memory disorder was considered a possibility. Dr Beech recommended that formal neuropsychological testing be carried out.
- [28] Dr Beech used a number of risk assessment instruments to assess the potential risk of the respondent reoffending. On the STATIC-99R, an instrument used to assist clinicians in identifying the risk of sexual recidivism for males aged 18 and over who are known to have committed a sexual offence and assess unchangeable risk factors, Dr Beech gave the respondent a score of 7. This score placed him in the group of offenders considered to be at a high risk of further offending. On the Hare Psychopathy Checklist, the respondent was given an overall score of 14. This score is not in the realm of psychopathy. Using the Risk for Sexual Violence Protocol (“RSVP”), a tool that applies research-based criteria in a number of categories to produce a structured risk judgment for future sexual offending. Dr Beech considered the following risk factors to be present: physical coercion or grooming; tendency to minimise the offending; sexual deviance; mental illness; problems with self-awareness; problems with substance abuse; problems with planning; problems with supervision; and past history of suicidal ideation.
- [29] Dr Beech considered that the nature of the respondent’s offending indicated the likelihood that he has a paraphilia – Paedophilia with an attraction to young pubescent boys – but said that it is difficult to confirm this diagnosis on the information currently available. He did however confirm that the respondent suffers from Alcohol Abuse and Dependence in the community. Dr Beech believes that the respondent requires formal testing to exclude a form of alcohol-induced dementia.
- [30] He concluded that the respondent falls within the range of a high risk of further sexual violence. He also opined that it is likely that the respondent will return to alcohol use once released into the community. Dr Beech explained that, in an intoxicated state paraphilic urges are likely to be enlivened, and the respondent will act on them. In his report of 8 May 2016, he expressed these opinions:

“... Mr Williams is at a high risk of reoffending if he is to be released into the community without supervision. It is my opinion that it is likely that he will in the community return to alcohol use. In an intoxicated state paraphilic urges are likely to be enlivened and he will act on them. There may be some grooming or predation, through the offering of gifts. The victims are likely to be young boys. It is unlikely to involve physical violence. There is a significant risk of psychological harm.

Mr Williams has no clear plan for his release, and so I believe that there are very limited prospects for supervision at this time. He has very limited insight and judgement into his behaviours, and from what I can see he has yet to take much from the sexual offender treatment program. I am uncertain about the management of his mental illness in the community, but it may also be an aggravating factor.

The reason I am uncertain to what extent he could be supervised given he has very prospects for accommodation, supervision and management generally; and because of a concern he will return to alcohol use. The assessment might be better done once he has completed the sexual offender treatment program. As well, I think that he requires formal neuro-psychological assessment to see what he can take from such program, and what information he can retain.”

- [31] In an email dated 22 November 2016, Dr Beech expressed some further opinions after perusing a report prepared by Ms Lavers. He noted that the respondent has a mild to moderate intellectual impairment arising from innate causes, alcohol use, head injury and psychosis and believes that the respondent is unlikely to benefit from group SOTP but may benefit from individual therapy. He considered that the risk of further sexual offending is high unless “supervised community accommodation” can be located. Dr Beech noted that such accommodation would be “beyond a placement in the usual prison precinct”.

***Dr Grant***

- [32] Dr Grant interviewed the respondent at the Townsville Correctional Centre on 1 September 2016. In his report dated 16 September 2016, Dr Grant noted a “very extensive history of alcohol and inhalant abuse and some marijuana use”. Chronic intoxication was considered to be a relevant factor to his offending. As well, his illiteracy was noted as was his impaired intellectual and memory functions.
- [33] Dr Grant recorded that in 1999 the respondent developed symptoms of psychosis with auditory hallucinations. He was then diagnosed with chronic schizophrenia which, as earlier noted, is partially controlled by medication. He has either a borderline intelligence level or a mild intellectual handicap. His chronic schizophrenia was further compromising his intellectual abilities. He has a sexual attraction to young males. An expressed aspiration on the respondent’s part of a change in sexual orientation and finding a girlfriend and getting married appeared to Dr Grant to be, “completely unrealistic”. Dr Grant diagnosed the respondent as suffering from a sexual paraphilia, namely homosexual paedophilia, being an attraction to underage boys, both pre-pubertal and post-pubertal. This was considered by Dr Grant to be the respondent’s primary sexual orientation.
- [34] Like Dr Beech, Dr Grant administered a number of actuarial instruments. On the Static-99, the respondent achieved a score of 7. This placed him in the high risk group for future sexual reoffending. On the Hare PLC-R 2nd edition, the respondent achieved a score of 25 which indicates significant psychopathic personality traits that fall short of psychopathic personality disorder. On the Risk for Future Sexual Violence Protocol, the respondent scored positively for chronicity of sexual violence, some possible physical coercion of sexual violence and past psychological coercion of sexual violence. He also showed minimisation of sexual violence, attitudes that support or condone sexual violence, problems with self-awareness, problems with stress or coping, and problems resulting in child abuse. He scored positively for sexual deviance, namely homosexual paedophilia. He scored insufficiently to include psychopathic personality disorder. He scored positively on major mental illness and problems with substance abuse. He also demonstrated problems with intimate relationships, problems with non-intimate

relationships, problems with employment and with non-sexual criminality. There are accompanying problems with planning, with treatment and with supervision.

- [35] Dr Grant expressed the opinion that the respondent represents a high risk for future sexual offending. Possible risk scenarios would involve the respondent becoming involved in sexually abusive behaviour of a male child known to him. He would be driven by his paedophilic sexual drives and disinhibited by alcohol intoxication. There would be potentially significant psychological harm to victims but probably minimal physical harm. It is unlikely that any sexual violence would escalate to serious levels. Dr Grant noted that the imminence of sexual offending would occur quite quickly after release from prison. Warning signs would be contact with potential victims, intoxication by alcohol and other substances and the manifestation of mental illness. Offending could occur repeatedly. The risk would be chronic.
- [36] Dr Grant was however of the opinion that the respondent's risk of reoffending could be managed by observation, supervision and by preventing the use of intoxicants. The respondent's mental illness would also need to be monitored and controlled. He should be prevented from having access to potential victims, being underage males. The respondent's treatment should involve continued mental health care and monitoring. He should also have individual psychological therapy to assist with his sexual deviance and requires sexual behaviour education. Dr Grant considered that the risk for sexual reoffending would be reduced to low to moderate by the, "rigorous application of a Supervision Order in the community" but suitable supervised accommodation would need to be found.
- [37] In an email dated 18 November 2017, Dr Grant advised that he had reviewed Ms Lavers' psychological report. His opinion was unchanged, although he emphasised that precinct accommodation will not be suitable; the respondent requires supportive accommodation.

### ***Dr McVie***

- [38] Dr McVie interviewed the respondent on 10 August 2016. He told her that he has heard voices since 1988 although the medical records indicated that he was first diagnosed with schizophrenia in 1999. He had regular follow-up at the Mornington Island Community Health/Mental Health with depot antipsychotic medication since 2003.
- [39] As with Drs Beech and Grant, Dr McVie administered a number of risk assessment instruments. On the Hare Psychopathy Checklist Revised, Dr McVie concluded that the respondent did not present with significant psychopathic traits. On the Static-99, the respondent achieved a score of 7. This indicated a high risk of sexual reoffending. On the Risk for Sexual Violence Protocol 2003, Dr McVie noted the previous offences for which he was dealt with in 1990 and considered this may indicate chronicity of sexual offending. On the other hand there was a significant premorbid intellectual disability which might peer related sexual activity. On the Stable-2007, the respondent presented with a poor history of stable adult relationships, probable emotional identification with children, impulsivity, sexual preoccupation, deviant sexual interests, the possible use of sex as a coping mechanism and a lack of cognitive problem solving skills.

- [40] In her report of 26 September 2016, Dr McVie expressed the opinion that it is possible that the respondent's mental illness had some impact on his offending. She believes that the respondent presents with a high risk of sexual reoffending. He has high treatment needs.
- [41] Dr McVie considered that the respondent should be seen by a psychologist with expertise in managing intellectually impaired sexual offenders for ongoing individual counselling. He may also need follow-up treatment by a psychiatrist. He may benefit from in-patient assessment and "optimising his medication". He needs a number of supports in the community such as "24 hour supported accommodation". He "could be vulnerable to exploitation from others in an environment such as the [prison] precinct for sexual offenders."
- [42] In an email dated 26 October 2016, Dr McVie expressed the view that the respondent should not be released on a supervision order until his capacity to function and reside independently has been assessed. She believes that he requires 24 hour supervision.
- [43] Dr McVie provided a supplementary report on 21 November 2016 after reviewing Ms Lavers' report. She noted that the respondent requires supervision on a community supervision order and that he lacks the capacity to participate in group sexual offender treatment programs. She thought that he needs to be seen by a psychologist with expertise in managing and directing impaired sex offenders for individual counselling along with regular follow-up with a treating psychiatrist. Abstinence from alcohol and illicit substances were, in her opinion, essential. Cultural support may also be of assistance. She anticipates that he will require additional supports in the community, including 24 hour supported accommodation.

### *Ms Lavers*

- [44] The psychologist, Ms Lavers, examined the respondent on 4 November 2016. She has prepared a report subsequent to that interview and as a result of testing undertaken dated 7 November 2016.
- [45] The respondent had "very obvious cognitive deficits". He was "very suggestable", having a tendency, even when presented with opposing scenarios, to agree to both. He did not appear to be demonstrating any formal thought disorder. He was euthymic but he laughed at inappropriate times. He was a very poor historian.
- [46] Ms Lavers administered the Wechsler Adult Intelligence Scale (IV edition). This scale is designed to assess over a series of tests general thinking and reasoning in people over 16 years of age. In each test, the respondent's score was in the lower extreme level and was considered to be a normative weakness. He had a full scale IQ of 48. Such persons do not generally progress past a Grade 2 level. During adolescence they have a great deal of difficulty recognising social conventions and this interferes with peer relationships. They are able to work in unskilled labour with moderate supervision and require supervised accommodation in order to live in the community.
- [47] Ms Lavers concluded the respondent's cognitive capacity is extremely low. He is not

capable of understanding and following an order under the Act. Managing his daily affairs or making personal and health decisions is beyond him. The respondent would be extremely vulnerable in the prison precinct accommodation provided by Queensland Corrective Services. He would not be able to live in the community unsupported. The respondent's current level of functioning is "extremely low" and this is evidenced in a real practical way by the feature that he currently has a support person in the Townsville Correctional Centre to assist with activities of daily living.

### **Applicable principles**

- [48] The provisions of the *Dangerous Prisoners (Sexual Offenders) Act 2003* governing the determination of this application were recently canvassed and considered by me in *Attorney-General (Qld) v Accoom*.<sup>4</sup> I proceed in accordance with those provisions and in light of the statutory approach and principles there discussed.<sup>5</sup>

*Is the respondent a serious danger to the community in the absence of an order?*

- [49] As stated at the outset, it was conceded on the respondent's behalf at the hearing of this application that he represents a serious danger to the community in the absence of a Division 3 order and is, therefore, a person to whom the Act applies. It was right to make such a concession; the psychiatric evidence is overwhelmingly to that effect.

- [50] The respondent's unmodified risk of reoffending – and, in particular, by committing sexual offences against children – is high. The victim would likely be a boy known to the respondent. He would be driven by his paedophilic sexual drives and possibly disinhibited by the intake of alcohol. Serious psychological harm to any victim would be virtually assured. Physical harm is likely to be minimal.

- [51] It follows that the respondent is a person to whom the Act applies; he is a serious danger to the community in the absence of an order under Division 3 of the Act.

*Which order?*

- [52] The next question is whether, under s 13(5) of the Act, there should be a continuing detention order or a supervision order. Section 13(6) provides:

- “(6) In deciding whether to make an order under subsection (5)(a) or (b) –
- (a) the paramount consideration is to be the need to ensure adequate protection of the community; and
  - (b) the court must consider whether –
    - (i) adequate protection of the community can be reasonably and practicably managed by a supervision order; and
    - (ii) requirements under section 16 can be reasonably and practicably managed by corrective services officers.”

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<sup>4</sup> [2017] QSC 50.

<sup>5</sup> Ibid [17]-[24], [54], [55].

- [53] The need to ensure adequate protection of the community as required by s 13(6)(a) was explained by the Court of Appeal in *Attorney-General (Qld) v Francis*<sup>6</sup> in the following way:

“The Act does not contemplate that arrangements to prevent such a risk must be ‘watertight’; otherwise, orders under s 13(5)(b) would never be made. The question is whether the protection of the community is adequately ensured. If supervision of the 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.”<sup>7</sup>

- [54] Here, the three psychiatrists, Drs Beech, Grant and McVie, supported the respondent’s release on supervision provided he is accommodated in the community supported accommodation on his release to appropriately manage the risk that he will reoffend. Furthermore, they did not think that accommodating the respondent at one of the prison precincts on his release would be at all suitable. The psychologist, Ms Lavers, expressed the same view.
- [55] That meant that, although both parties agreed that the respondent should be released on supervision and, further, were agreed as to the conditions on which such an order should operate, no order could be made until a firm accommodation proposal was in place and the psychiatrists were given an opportunity to comment on the suitability of that proposal.
- [56] It took some time before suitable accommodation in the community could be sourced. As a result of enquiries undertaken by Queensland Corrective Services, the respondent’s own legal advisors and the Office of the Public Guardian, Supported Options in Lifestyle and Access Services Limited has prepared a preliminary action plan which, when implemented, will provide the respondent with up to 60 hours support in the community per week. This support will be funded under the National Disability Insurance Scheme. In addition, on 23 March 2017 Queensland Corrective Services assessed as suitable the respondent’s accommodation at a lodge known as “Wotton Lodge”. At this facility the respondent will be accommodated in his own room with an ensuite. He will also be provided with all meals, laundry, room cleaning, toiletries, electricity and grooming.
- [57] Based on the medical evidence to hand, this proposal will provide the respondent with the necessary support within the community to enable his release on supervision. The supervision order will otherwise significantly reduce the respondent’s risk of reoffending whilst providing the necessary treatment for his mental health issues. It will, in particular, provide for a structured regime of supervision and monitoring to ensure that the respondent abstains from the consumption of alcohol and will ensure compliance with his mental health treatment. This is critically important. Each of these measures will serve to reduce the risk that the respondent will in the future commit a sexual offence against children.

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<sup>6</sup> [2007] 1 Qd R 396.

<sup>7</sup> *Attorney-General (Qld) v Francis* [2007] 1 Qd R 396 at [39].

- [58] In my opinion, the adequate protection of the community can be reasonably and practicably managed by a supervision order incorporating the conditions incorporated in the draft supervision order.<sup>8</sup> I am also of the opinion that the requirements under s 16 of the Act can be reasonably and practicably managed by corrective services officers.
- [59] In accordance with the preponderance of the psychiatric evidence as to the period for such an order, the supervision order shall be for a period of ten years.

### **Disposition**

- [60] Having been satisfied to the requisite standard that the respondent is a serious danger to the community in the absence of an order pursuant to Division 3, it will be ordered that he be released from custody today subject to the requirements of a supervision order incorporating each of the conditions set forth in the Schedule to these reasons. The order shall remain in place until 11 April 2027.

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<sup>8</sup> Exhibit 1.

**Attorney-General (Qld) v Anton Greg Williams****SCHEDULE****Conditions of Supervision Order**

Upon his release from custody, and until the expiration of this order on 11 April 2027, the respondent must:

**General conditions**

- (1) report to a Corrective Services officer at the Queensland Corrective Services Probation and Parole Office closest to his place of residence between 9 am and 4 pm on the day of release from custody and at that time advise the officer of the respondent's current name and address;
- (2) report to, and receive visits from, a Corrective Services officer at such times and at such frequency as determined by Queensland Corrective Services;
- (3) notify a Corrective Services officer of every change of his name, place of residence or employment at least two business days before the change happens;
- (4) be under the supervision of a Corrective Services officer;
- (5) comply with a curfew direction or monitoring direction;
- (6) comply with any reasonable direction under section 16B of the *Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld)* given to him;
- (7) comply with every reasonable direction of a Corrective Services officer that is not directly inconsistent with a requirement of this order;
- (8) not commit an offence of a sexual nature during the period of this order;
- (9) not commit an indictable offence during the period of this order;

**Employment**

- (10) 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;
- (11) 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 at least two (2) days prior to commencement or any change;

**Residence**

- (12) not leave or stay out of Queensland without the permission of a Corrective Services officer;
- (13) reside at a place within the State of Queensland as approved by a Corrective Services officer by way of a suitability assessment and obtain written approval prior to any change of residence;
- (14) comply with any regulations or rules in place at the accommodation and demonstrate reasonable efforts to secure alternative, viable long term accommodation to be assessed for suitability by Queensland Corrective Services, if such accommodation is of a temporary or contingency nature;

- (15) not reside at a place by way of short term accommodation including overnight stays without the permission of a Corrective Services officer;

**Contact with victim(s)**

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

**Requests for information**

- (17) respond truthfully to enquiries by a Corrective Services officer about his activities, whereabouts and movements generally;

**Disclosure of weekly plans and associates**

- (18) 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;
- (19) 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;
- (20) make, if directed by a Corrective Services officer, complete disclosure of the terms of this supervision order and the nature of his past offences to any person as nominated by the Corrective Services officer who may contact such persons to verify that full disclosure has occurred;

**Motor vehicles**

- (21) notify a 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;

**Alcohol and other Substances**

- (22) abstain from the consumption of alcohol and illicit drugs for the duration of this order;
- (23) abstain from the use of any intoxicating inhalants such as, but not limited to, petrol, glue, paint or solvents for the duration of this order;
- (24) submit to any form of drug and alcohol testing including both random urinalysis and breath testing as directed by a Corrective Services officer;
- (25) disclose to a Corrective Services officer all prescription and over the counter medication that he obtains;
- (26) not visit any premises licensed to supply or serve alcohol, without the prior written permission of a Corrective Services officer;

**Treatment, counselling and medication**

- (27) attend upon and submit to assessment, treatment, and/or medical testing 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;
- (28) permit any medical, psychiatrist, psychologist, social worker, counsellor or other mental health professional 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;
- (29) attend any program, course, psychologist, social worker 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;
- (30) take prescribed drugs as directed by a medical practitioner and disclose details of all prescribed medication as requested to a Corrective Services officer;

### **Contact with Children**

- (31) not establish or maintain any supervised or unsupervised contact including undertaking any care of children under 16 years of age except with prior written approval of a Corrective Services officer. The respondent is required to fully disclose the terms of this order and nature of offences to the guardians and caregivers of the children before any such contact can take place, and Queensland Corrective Services may disclose information pertaining to the respondent to guardians or caregivers and external agencies in the interests of ensuring the safety of the children;
- (32) advise a Corrective Services officer of any repeated contact with a parent of a child under the age of 16. The respondent must, if directed by a Corrective Services officer, make complete disclosure of the terms of this order and the nature of his past offences to any person as nominated by a Corrective Services officer who may contact such persons to verify that full disclosure has occurred;
- (33) not access a school or child care centre at any time without the prior written approval of a Corrective Services officer;
- (34) not visit or attend on the premises of any establishment, where there is a dedicated children's play area or child minding area, without the prior written approval of a Corrective Services officer;
- (35) not visit public parks without the prior written approval of a Corrective Services officer;
- (36) notify a Corrective Services officer before attending on the premises of any shopping centre, including the times in which he wishes to attend;
- (37) not join, affiliate with, attend on the premises of or attend at the activities carried on by any club or organisation in respect of which there are reasonable grounds for believing there is either child membership or child participation, without the prior written approval of a Corrective Services officer;

### **Computers, telephones and Other Devices**

- (38) notify a Corrective Services officer of any computer or other device connected to the internet that he regularly uses or has used;
- (39) supply to a Corrective Services officer any password or other access code known to him, to permit access to such computer or other device or content accessible through such computer or other device, and allow any device where the internet is accessible

- to be randomly examined using a data exploitation tool to extract digital information or any other recognised forensic examination process;
- (40) allow any device including a telephone or camera to be randomly examined. If applicable, account details and/or phone bills are to be provided upon request of a Corrective Services officer; and
- (41) advise a Corrective Services officer of the make, model and phone number of any mobile phone owned, possessed or regularly utilised by him within 24 hours of connection or commencement of use and includes reporting any changes to mobile phone details.