



Our **Mission** is to prevent child sexual assault in our society.
Our **Vision** is to make Australia the safest place in the world to raise a child.

30th October, 2018

Imprisonment and Recidivism Inquiry
Queensland Productivity Commission
PO Box 12112
George Street
Brisbane, Qld 4003
Submission online via: www.qpc.qld.gov.au/inquiries

Imprisonment and Recidivism

To Whom It May Concern:

Bravehearts is pleased to provide this submission in relation to the current Inquiry into imprisonment and recidivism being conducted by the Queensland Productivity Commission (QPC). We apologise for the delay in providing our feedback, and hope that our submission is able to be considered.

As an agency that works with, and advocates for, survivors of child sexual harm and is focussed on the prevention of child sexual assault and exploitation in our communities, we are providing feedback to the Inquiry in relation to sex offenders.

Bravehearts is pleased to see that the scope of the Inquiry extends beyond issues relating to imprisonment and that it explores wider issues that impact on the commission of offences, leading to imprisonment and recidivism.

We note that we are not providing responses to all questions outlined in the Issues Paper, however we hope that the information we provide will be useful in considering all of the outlined issues.

As discussed in this response to the current Inquiry, Bravehearts' focus is on ensuring, first and foremost, that systems and legislation are established to increase the safety of children and young people (at all levels, primary, secondary, and tertiary level prevention and intervention). Too little funding and resourcing is provided into evidence-based responses to child sex offending. The experiences of our clients and our years of lobbying and working in this area are reflected throughout our submission.

We note the difficulty of the current task for the Queensland Productivity Commission. Investing in programs addressing offending behaviour is not an easy sell, however, if we are serious about preventing crime and increasing the safety of our children, young people and communities, we must look into investing in long term solutions, not short term perceived 'fixes'.

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Background

- Does the criminal justice system make the community safer, rehabilitate offenders and enact fair retribution? Does it do it well?
- Does the criminal justice system achieve the right balance between the three purposes outlined above? If not, what purpose should be given more/less weight and why?
- How should competing interests and concerns (for example, the interests of victims, offenders and the broader community) be balanced?

Trends and Causes

- An analysis of imprisonment needs to understand the factors influencing the demand for prison services, including crime rates. What factors are important to consider when thinking about crime trends and their impact on imprisonment? Are there other factors relating to crime rates

Imprisonment

- What are the main factors that are driving rising imprisonment rates in Queensland?
 - What are the key factors that have driven the increase in Indigenous incarceration rates?
 - Why have female imprisonment rates increased relative to male rates?
- Has sentencing changed over the last ten years? What are the key factors that have driven these changes? What is driving the shift from non-custodial sentences?
- Many prisoners are imprisoned for non-violent offences. Why is this the case? What are the pathways which lead to non-violent offences and low-level violent offenders being imprisoned?
- Is the severity of sentencing outcomes broadly reflective of – or proportional to – the harm done to victims of crime?

Recidivism

- What principal factors influence recidivism? What evidence is available to support an analysis of the causes of recidivism?
- Do recidivism rates vary between different classes of prisoners (type of crime, age, ethnic or cultural differences)?

Criminal justice responses to child sexual assault may intend to increase community safety, rehabilitate offenders and exact justice, however Bravehearts' position is that these goals are not being effectively met when considering outcomes for child sex offenders, the victims of these crimes and child or community safety more broadly.

Over the past decade there have been substantial advances in understanding the nature and impacts of child sexual offences. From a victim perspective, one we believe needs to be understood and considered when looking at any response to this crime, research clearly shows that individuals who are sexually assaulted as children are far more likely to experience psychological problems often lasting into adulthood, including: Post Traumatic Stress Disorder, depression, substance abuse and relationship problems. Child sexual assault does not discriminate along lines of region, race, religion, socio-economic status or gender; it crosses all boundaries to impact every community. These impacts are a result of not just the nature and seriousness of the offence, but of the grooming process undertaken by offenders, the silence, shame and secrecy that victims live with and the often complex relationships with offenders (we know that most offenders are known, loved and trusted by

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the victim and his or her family). Additionally, these impacts can be exacerbated by unjust and unfair outcomes (real or perceived) from the criminal justice system.

For many victims the criminal justice response to the crimes perpetrated against them is inadequate. Although not part of this current Inquiry, for many victims they feel outside of the system as they effectively become 'witnesses' in the court process. Relative to this current Inquiry however, are concerns around sentencing, its effectiveness and the management and treatment of sex offenders, both pre and post release.

Responses from victims, as well as the broader community, to reported sentences demonstrates concerns regarding the perceived leniency of the courts. While we recognise that 'tough sentences' for the sake of being seen as 'getting tough' on crime is an ineffective policy stance, sentencing for sexual offences against children and young people must take into consideration what we know about the seriousness of these crimes and their often life-long impact on victims, as well as what is reasonable and just.

Reporting, Sentencing and Imprisonment Trends

There are ongoing reviews of criminal justice and legislative responses to how we address sexual offending in our communities. Comparisons between self-report/victimisation surveys and official statistics from the police and the courts clearly show that the number of offenders who come to the attention of the authorities is comparatively low.

The lack of reporting or underreporting of offences is higher in crimes of sexual assault, and in particular sexual offences against children, than general criminal violence and this undoubtedly impacts on official recidivism rates.

What we do know is that only a small percentage of sex offenders are ever charged and convicted in the first place. This is due to a range of factors, including, but not limited to, the likelihood of victims speaking out, how long it may take for a victim to report, and difficulties in assuring enough evidence to proceed.

As a result, legislative responses need to not only ensure that the community is safe from those offenders that we do know about, but they also need to refocus and look at preventing and responding to offenders that we do not know about (see below under Reducing Imprisonment and Reducing Recidivism) through evidence-based, preventative approaches.

Statistics relating to disclosure rates and criminal justice statistics illustrate the difficulty in having child sex offenders charged (we note the need for ongoing research and statistical and trend analyses in this specific area):

Disclosure:

- Two studies cited by ICAC (Independent Commission Against Corruption NSW), suggest respectively that only 2% of familial and only 6% of extra-familial child sexual abuse were ever reported to police. (Wood, 1997)
- One in five parents who were aware that their child had been sexually abused did not report the abuse. (Smallbone & Wortley, 2000)
- A review of 13 studies with adult survivors of child sexual abuse showed that just 5 - 13% of cases were reported to police (London et al., 2008).
- Among survivors participating in private sessions for the Royal Commission into Institutional Responses to Child Sexual Abuse, 57% said they did not disclose about the abuse until they were

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an adult. Further, survivors took, on average, 23.9 years to disclose the abuse, with men taking longer to disclose than women (25.7 years for men and 20.6 years for women). Some survivors (10%), most of them male, reported that they were disclosing for the first time to the Royal Commission (Royal Commission, 2017)

- Disclosure rates vary as much as between 24% and 96% (London, Bruck, Wright & Ceci, 2008). These varying rates may be due to a number of factors, including use of differing sources of information (e.g. retrospective surveys; forensic evaluations) and differing definitions of both child sexual abuse and disclosure (Lahtinen, Laitila, Korkman & Ellonen, 2018).

Charges, Convictions and Sentences:

- Only about 17% of reported sexual offences result in a conviction, a figure consistent with data from other States and overseas. (Queensland Crime and Misconduct Commission, 2003)
- A comparison of sentencing outcomes for serious violent offences as well as sexual offences in Queensland during the period 2006-06 to 2009-10 showed that the median sentence for: murder was life imprisonment; manslaughter was 8 years; rape was 6.5 years; maintaining a sexual relationship with a child was 6 years; incest was 5 years; robbery and grievous bodily harm was 3 years; indecent treatment of a child under 16 years was 1.5 years; carnal knowledge with or of children under 16 years was 1 year; and possession of child exploitation material was 1 year (Sentencing Advisory Council Qld, 2011).
- A comparison of sentencing outcomes observed in New South Wales with those recorded in Queensland and Victoria found that median head sentences for the offence of sexual assault of a child under 10 years were: 84 months in NSW (2006-13), 72 months in Queensland (2007-13), and 48 months in Victoria (2007-12) (Brignell & Donnelly, 2015).
- The Bureau of Crime Statistics and Research (BOSCAR) in NSW found that criminal proceedings were initiated in only 15% of incidents of sexual assault reported to police involving child victims, and 19% of incidents involving adult victims (Fitzgerald, 2006, cited in Millsted & McDonald, 2017).
- Data from the NSW Bureau of Crime Statistics and Research showed that during 2012-16, the average conviction rate for all offences was 89%. The conviction rate for child sexual assault offences was 60% over that same period, compared with 50% for adult sexual assault, 70% for assault, 73% for robbery and 94% for illicit drugs (Browne, 2017).
- Data from the NSW District Court shows that conviction rates for child sexual assault cases are declining despite the number of cases doubling over a three-year period. In 2012-13, 73 child sexual assault matters were finalised at a defended hearing in the District Court with a conviction in 56% of cases. Meanwhile in 2015-16, 142 matters were finalised at a defended hearing with a conviction in 47% of cases (Browne, 2017).

Recidivism and Child Sexual Assault and Exploitation

While any offender's subsequent re-offending is of public concern, the prevention of child sexual assault is particularly important, given the irrefutable harm that these offences cause child victims and the fear they generate in the community as a result.

Although there is a common acceptance that recidivism is the commission of a subsequent offence, there are many conflicting operational definitions for this term. Recidivism can only be measured in terms of known offences or self-reports by offenders. For example, recidivism may be counted as a result of a new notification, a new arrest or it may be counted as the result of a new conviction. However, reliance on measures of recidivism as reflected through official criminal justice system data obviously omit offences that are not cleared through an arrest or those that are never reported to the police. This distinction is critical in the measurement of recidivism of child sex offenders.

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Difficulties in accurately assessing recidivism rates results in the many discrepancies in rates of re-offending among sex offenders reported by research. Results of recent studies have illustrated these discrepancies:

- Smallbone and Wortley (2000) found previous convictions for sexual offences amongst incarcerated child sex offenders of:
 - 10.8% for intra-familial offenders
 - 30.5% for extra-familial offenders
 - 41.1% for “mixed-type” offenders
- Greenberg, Da Silva and Loh (2002) reported an overall recidivism rate of 15.5% for sex offenders
- Hanson (2002) found rates of:
 - 8% for intra-familial child sex offenders
 - 20% for extra-familial child sex offenders
 - 17% for rapists
- Hood, Shute, Feilzer and Wilcox (2002) found recidivism rates of:
 - 0% for intra-familial child sex offenders
 - 26.3% for extra-familial child sex offenders
 - 9.5% for non-stranger rapists
 - 5.3% for stranger rapists
- Lievore (2004) found a variance between 2% and 16% in Australian studies on sex offender recidivism.
- Child sex offenders have low rates of recidivism compared with other types of offenders (e.g., McSherry & Keyzer, 2009). Within the broader category of child sex offenders, some subcategories of offenders are likely to be at greater risk of reoffending than others, for example, “extra-familial offenders with male victims who meet clinical criteria for paraphilias, such as paedophilia or exhibitionism” (Petrunik & Deutschmann, 2008, p500).
- While not all child sex offenders have high rates of recidivism, a specific subset – those who target extra-familial male children – do frequently reoffend (Richards, 2011)

As discussed below under the section on evidence-based treatment programs, research has shown a marked favourable difference between reoffending rates of sex offenders who have completed treatment programs and those that have not, suggesting that through addressing risk factors we can reduce recidivism rates.

Before discussing risk factors, it is essential to note that child sex offenders are not an homogenous group. This must be acknowledged and understood to ensure that responses to sexual offending is not seen as a ‘one size fits all’ approach.

Typically, the broad terminology of ‘paedophile’ and ‘child sex offender’ are used to refer to any person who has engaged in sexual behaviour with a child or young person. The classifications of ‘child sex offender’ and ‘paedophile’ have been used interchangeably amongst law enforcement and society; however, these two groups are very different.

While ‘child sex offender’ is a term used for individuals who have engaged in an illegal act of engaging in sexual activities with whom the law defines as a child, ‘paedophile’ is a term that reflects a psychological or medical phenomenon where the individual meets the DSM-IV-TR criteria for paedophilia. The term paedophile refers to individuals who have uncontrollable sexual fantasies about children to the degree that it causes impairment in daily functioning. For these individuals, the problem is not simply their attraction towards children but the uncontrollable need or urge they feel

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to act out on their attraction. However, some inhibiting factors such as guilt, moral beliefs, or fear of discovery may deter them from the behaviour of sexually abusing a child (Lanning, 2010).

Noting the above, there are a range of factors that are associated with increased recidivism among sex offenders, but that may vary among individual offenders. These include, among others:

- Negative mood
- Substance abuse
- Lack of support
- Sexual pre-occupation
- Non-compliance with supervision plans
- Conflicts in relationships
- Deviant sexual interests
- Pro-offending thoughts
- Anti-social orientation
- Access to victims
- Poor self-regulation.

Any response aiming to reduce sexual reoffending must be able to address the individual risk factors, and must, in our view, be included in a pre-release and post release programs.

Reducing Imprisonment

- What strategies are most effective in permanently reducing crime that leads to imprisonment?
- Are there early intervention, diversionary or sentencing options that the Commission should consider? What evidence of their effectiveness is available? Are there any barriers to providing these programs? If so, how might these be addressed?
Does the youth justice system effectively steer young offenders away from becoming adult offenders? If not, how could the system be improved?
- Are current strategies appropriate for the diverse communities across Queensland? If not, how should current approaches be modified for these places or groups?
- How do non-prison sentencing options and/or diversionary programs impact on victims of crime, offenders and the families of victims and offenders? How should these considerations be balanced?
- Are there any acts currently defined as offences that should not be, and/or that should be handled through alternatives to the criminal law? Are there any acts currently defined as offences where the harm caused by the offence can never justify the use of imprisonment as a form of penalty?
- How do sentencing outcomes perform against the legislated sentencing principles (to imprison only as a 'last resort' and a preference for penalties which allow the offender to stay in the community)?

Preventing Recidivism

- Are the right programs and support services available for prisoners to encourage their rehabilitation?
- Are sufficient support services available to prisoners after their release? Are these services effective? If not, how could they be improved?
- Do programs and services meet the needs of the diverse prisoner population, including the needs of male and female prisoners respectively, Aboriginal and Torres Strait Islander prisoners and people living in regional and remote parts of Queensland?
- For offenders who are not responsive to punishments, and are therefore not easily deterred by prison sentences, are there alternative approaches that would be more effective at reducing recidivism?
- What are the key barriers, if any, that prevent effective program or service delivery?
- What lessons can be learnt from practices in other jurisdictions? Which programs have been successful in reducing recidivism?

Prevention and Early Intervention Programs

Identifying and providing prevention and early intervention programs with sex offenders is critical in any holistic approach to protecting communities and addressing sexual offending. Prevention programs targeting potential abusers, who have not actually committed an offense but may be at risk of doing so, are not as developed as other types of programs but clearly demonstrate an opportunity for prevention. As a survivor-focussed organisation, Bravehearts is aware of the concerns of the community in directing money to programs aimed at supporting offenders, however, we believe that it is absolutely crucial that money be placed in prevention and early intervention programs, as well as post-release management if we are serious about protecting the community.

We have included some of the following comments from a paper we are putting together on the effectiveness of prevention and early intervention programs with sex offenders, in the hope that

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these initial summaries will provide the Queensland Government with the impetus to consider similar programs:

Education and Primary Prevention

School-based personal safety and respectful relationships programs (such as Bravehearts' Ditto's Keep Safe Adventures, CyberEcho and ProjectYou) have a role to play in supporting children and young people develop an awareness of consensual, positive relationships. Through educating children and young people around acceptable and unacceptable behaviours, we can work with younger generations to model and teach appropriate and positive personal relationships.

The Dunkelfeld Project

The Prevention Project Dunkelfeld (PPD) is a primary prevention program in Germany which targets paedophilically inclined men, with the intention of preventing sexual offences against children (Beier, Grundmann, Kuhle, Scherner, Konrad, & Amelung, 2014). The PPD was established in order to reach child sex offenders in order to prevent future offending, as well as paedophilic men who wish to avoid becoming offenders (Beier, Neutze, Mundt, Ahlers, Goecker, Konrad, & Schaefer, 2009). The launch of the PPD in 2005 was accompanied by an extensive media campaign intended to advertise the programs services to potential patients (Beier, 2014).

A study by Beier, Ahlers, Goecker, Neutze, Mundt, Hupp, Schaefer (2009) assessed the success of the initial media campaign by evaluating contact made to the clinic in the 18 months following the projects official launch. In this time, a total of 476 individuals made contact to enquire about the project. The majority of these individuals were located in Germany, but contact also came from Austria, Switzerland, and England. Of the original 476 contacts, 286 individuals participated in a phone screening interview. Approximately half of this sample had attempted to seek assistance prior to contacting the PPD clinic. 54.7% had enquired about professional help, and 54.2% had sought help from friends. 53.4% of the sample had had sexual contact with a minor, and 50.9% of the sample feared that they may commit a future child sexual offence. In total, 241 participants travelled to Berlin to attend an interview. Of this sample, 57.7% were diagnosed as paedophiles due to an expressed sexual preference for prepubescent minors. The results of this study were highly positive; it indicated that a significant number of paedophiles who have not been detected by the legal system are motivated to participate in a treatment program which aims to prevent child sexual abuse (Beier, Ahlers, Goecker, Neutze, Mundt, Hupp, Schaefer, 2009). This study demonstrated that not only do these individuals exist in the community, but that they can successfully be reached for primary prevention through a media campaign (Beier, Ahlers, Goecker, Neutze, Mundt, Hupp, Schaefer, 2009). Further results indicated that the PPD media campaigns continued to be successful (Beier, 2014). By March 2014, 1959 individuals had applied for the PPD, 854 had been assessed, and 412 had been offered treatment (Beier, 2014).

Results from post-program assessment are that individuals completing the program reported reductions in emotional loneliness, emotion-oriented coping, emotional victim empathy deficits, offense-supportive attitudes, coping self-efficacy deficits, and sexual preoccupation, indicating an increase in sexual self-regulation (Beier, Grundmann, Kuhle, Scherner, Konrad, & Amelung, 2014).

Stop It Now

The Stop it Now! approach (e.g. US, UK, Netherlands) takes a public health approach to preventing child sexual assault. The program is based around an anonymous helpline (phone or email) that allows potential or actual sex offenders to seek support in managing their behaviours, as well as advise to anyone with concerns around child sex offenders (such as family members or professionals). Phoenix House in Bundaberg is a member of the Stop It Now! network and has, we

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believe, been advocating for government support to establish the program in Queensland for well over a decade. We continue to fully support Phoenix House in this lobbying.

Evidence from the Stop It Now! programs established overseas demonstrate the potential for such a program in Australia:

- While the Stop It Now! program does not have a formal system for tracking the number of self-identified abusers who go on to seek support or treatment, it is suggested that there is anecdotal evidence that this occurs: “According to clinicians (surveyed by Stop It Now!), 118 people have voluntarily sought out help for their sexually abusive behaviours (20 adults and 98 adolescents)... 15 adults and 10 adolescents have turned themselves in to the legal system” (Stop It Now!, 2000).
- In the UK Stop It Now! has dealt with 13,803 contacts (13,169 calls and 634 e-mails):
 - 48% from abusers/potential abusers
 - 28% from internet offenders/potential internet offenders (Stop it Now! UK & Ireland, 2009)

The following extract (European Commission) summarises the potential for this approach in preventing sexual offences against children:

The project provided an evidence-based model for use in setting up prevention services across Europe, based on the public health approach. The Stop it Now! approach is innovative because it is accessible to those at risk of offending, as well as other users such as parents and family members who do not pose a risk to children. The overarching aim is to prevent child sexual abuse. The project evaluated the only two Stop it Now! services operating in Europe - in the UK and the Netherlands.

The research with users of the service found that, via the Helpline, potential offenders were able to better understand

- that their behaviour was problematic/illegal;
- how to identify triggers;
- how to manage their behaviour (for example, reduce online access);
- that they should speak to other people who could support them reduce their risk;

It also helped them to put in place protective factors that could reduce their risk of offending. Users of the service reported that they do think Stop it Now! helps prevent child sexual abuse.

The economic analysis evidenced that this intervention is cost effective and highlighted the different types of costs and resources required to establish and operate it. The services were also able to improve their own processes as a result of the research. For example, in the Netherlands they improved the recording of administrative data held about callers.

The research findings showed clear demand for confidential Helplines providing information, advice, support and guidance on preventing child sexual abuse to a range of people. It also showed the Helplines can provide cost effective, quality advice and support to protect children directly. Self-reported effects of this intervention were that it prompts behaviour change and strengthens protective factors which can reduce risk of offending. (<https://ec.europa.eu/justice/grants/results/daphne-toolkit/en/content/preventing-child-sexual-abuse-evaluating-and-implementing-european-model-stop-it-now>)

Young People and Sexualised Behaviours

The need to address harmful sexualised behaviours in young people, to prevent future offending has been addressed in the recent *Royal Commission into Institutional Responses to Child Sexual Abuse*.

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Volume 10, of the Final Report handed down in December 2017, was dedicated to children and young people with harmful sexual behaviours. All 7 recommendations delivered in Volume 10 (set out below) are aimed at ensuring that there is an evidence-based response to this issue:

- 10.1: Adopting a public health approach to this issue through the establishment of initiatives at the primary, secondary and tertiary level
- 10.2: Ensuring availability of timely expert assessment and appropriate intervention for children engaging in harmful sexual behaviour
- 10.3: Adequate government funding and resourcing for therapeutic interventions addressing harmful sexual behaviour perpetrated by youth
- 10.4: Clear referral pathways for youth to access appropriate assessment and interventions, regardless of this being a voluntary process or through formal child protection or justice responses
- 10.5: That therapeutic interventions are based on the following principles:
 - * a contextual and systemic approach
 - * family and carer involvement
 - * establishment of safety
 - * accountability and responsibility for the harmful sexual behaviours
 - * a focus on behaviour change
 - * interventions should be developmentally and cognitively appropriate
 - * care provided should be trauma-informed
 - * therapeutic services should be culturally safe
 - * therapeutic interventions should be accessible to all children engaging in harmful sexual behaviours
- 10.6: Adequate government funding for professional training and supervision of staff specialising in this work, and
- 10.7: The Australian Government should fund and support evaluation of programs providing interventions to address harmful sexual behaviour perpetrated by youth.

There is a growing body of research on appropriate and effective treatment methods for juvenile offenders, or youth who present with harmful sexual behaviour. At present the evidence suggests that multi-systemic therapy (MST) programs, which are less commonly used for juvenile offenders than CBT programmes, show more significant effects on recidivism (Radford, Richardson Foster, Barter & Stanley, 2017). For example, a randomised clinical trial of MST with juvenile offenders, using an 8.9-year follow-up of rearrest and incarceration data, showed that MST participants had lower recidivism rates than did participants of usual community services, for both sexual (8% vs. 46%, respectively) and nonsexual (29% vs. 58%, respectively) crimes (Bordin, Schaeffer & Heiblum, 2009).

As part of our holistic response to child sexual assault Bravehearts launched a new initiative in September 2016 called *Turning Corners*. While Bravehearts has always provided counselling support for children under 12 years old presenting with problematic sexual behaviours. The *Turning Corners* program extends this work to include youth between the ages of 12 – 17 years of age and was made possible through start-up monies from a philanthropic foundation and has continued its operation through ongoing philanthropic grant monies. The program provides a comprehensive and integrated response to youth who have engaged, or are at risk of engaging, in harmful sexual behaviour. An evaluation of *Turning Corners* is currently being finalised through the University of the Sunshine Coast.

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Evidence-based Treatment Programs

Every state and territory in Australia has community and prison based programs catering for low to moderate and moderate to high risk of reoffending child sex offenders, who accept some responsibility for their actions (Macgregor, 2008). Community based programs may include private psychologists delivering individual treatment programs, group programs specific to offenders or some variation of this.

While there may be little faith in the community around rehabilitation programs and the capacity for child sex offenders to respond positively to these programs, from a victim and community perspective this is understandable. Child sex offenders can be incredibly manipulative and many see child sex offenders as 'untreatable'. However, research on the impact of treatment on reoffending shows positive trends. MacGregor (2008) reviewed evaluation results from studies of eight treatment programs for adults and five treatment programs for adolescents who sexually offend across Australia and New Zealand. The reviewed evaluations showed that twelve out of the thirteen programs were effective in reducing sexual recidivism.

Kim and colleagues (2016) reviewed a number evaluations of sex offender treatments (including psychological treatment, institutional treatment and medical intervention approaches) designed to reduce recidivism, and found that each of the 11 included evaluations reported significant recidivism reduction outcomes (with the most recent 5 meta-analyses showing an overall 22% reduction in recidivism).

Various meta-analyses have shown similar empirical support for the effectiveness of treatment programs for sex offenders. For example, a recent meta-analysis of recidivism studies involving equivalent treatment and control groups (the majority of which involved cognitive behavioural therapy) found a difference in recidivism between treated and control groups of 3.6 percentage points (10.1% in treated vs. 13.7% in untreated offenders) and a relative reduction in recidivism of 26.3% (Schmucker & Lösel, 2015). Additionally, an older but well-cited Canadian study examining over 9,000 sex offenders in four different countries found that 9.9% of treated sex offenders reoffended sexually, compared with 17.3% of non-treated sex offenders (Hanson, Gordon, Harris, et al., 2002).

Australian research has indicated that evidence now suggests that "sex offender treatment is at least moderately effective in reducing reoffending. Not all programs are equally effective however, and a number of sex offenders will re-offend even after treatment — particularly those assessed as high risk" (Sheehan & Ware, 2012).

Pre-Release Support

Bravehearts work with prisoners through our Royal Commission work has shown a critical gap in the support of offenders in readiness for release and for support on release (see below under Community-based Management and Support). Evidence-based pre-release programs can assist prisoners in transitioning from prison and reduce negative impacts that may increase the likelihood of reoffending.

Pre-release programs should focus on acquisition of skills (such as behavioural skills, prosocial thinking, emotional awareness, and practical skills that assist in day to day life), skills application (learning to integrate learned skills into their lives, and including relapse prevention strategies) and skills to assist with the transition from prison and that foster the development of informal social control mechanisms (including basic skills that will assist in finding work, participating in education, foster positive family and peer relationships, and prosocial activities).

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Dangerous Prisoners and Risk

Dangerous Prisoners: Continued Detention and Multiple Strikes Legislation

As a community we need to find ways in which to manage sex offenders and respond to those that are clearly a serious risk. In order to keep our communities, and in particular our children, safe and protected from harm, we need to find effective measures to protect our children against those known offenders who demonstrate that they are a risk. In light of this, Bravehearts fully supports the continued detention of sexual offenders who pose a continued risk of re-offending. In addition Bravehearts advocates for the establishment of a dedicated mental health unit to provide for the treatment of continually detained offenders who have been assessed with a mental disorder.

Bravehearts notes that sex offenders will always pose a level of risk when released into the community. As with our position on the *Dangerous Prisoners (Sexual Offenders) Act 2003*, we believe that prisoners should only be considered for parole if a minimum of two psychologists/psychiatrists with expertise in sex offending agree, that (a) the offender poses a low risk of reoffending and (b) that level of risk can be managed in the community.

Bravehearts has advocated for a specific, targeted, multiple strike legislative response to repeat, serious sex offenders. While Bravehearts respects that the concerns around multiple strikes legislation are legitimate in relation to the general introduction of laws, it is our position that child sex offences need to be considered with the utmost gravity.

Community-based Management and Support

With the majority of offenders eventually being released into the community, post-release services are of great importance to aid in successful reintegration. To reduce recidivism, pre and post release programs are essential to address risk factors. Literature emphasises the importance of support that helps increase participation in work, education, family life, and prosocial activities and that foster the development of informal social control mechanisms that can sustain positive outcomes (Gill and Wilson, 2016; Youssef, Casey & Birgden, 2017).

Unfortunately, as has been the experience of many of the prisoners Bravehearts has supported through our Royal Commission work, many are being released with no to little financial or practical assistance and struggle to know where to seek support from. There is a critical identified need for services that assist offenders transition from prison, reducing the risk of them experiencing social isolation, psychological impacts and other influences that may increase risks of reoffending.

Circles of Support and Accountability (COSA)

The period immediately following the release of sex offenders from prison into the community carries the highest risk of reoffending. However, research shows that sex offenders who receive support during this time are less likely to reoffend.

COSA originated in Canada in 1994, evolving from restorative justice principles. The primary goals of COSA are to support the offender (known as the 'core member'), while holding them accountable for their actions in order to successfully reintegrate them into the community after prison – and in turn, prevent reoffending. While COSA has an emerging international evidence base, the program has only recently been introduced as a trial in South Australia through the Offenders' Aid and Rehabilitation Service.

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COSA consist of groups of trained volunteers (supported by an 'outer circle' of professionals) who meet regularly with the core member. Volunteers assist core members to create prosocial lives in the community by helping with day-to-day matters such as housing, family, shopping and cooking, transport, finances, and socialising. Volunteers also hold core members accountable by monitoring them to ensure they adhere to their release conditions (e.g. not consuming alcohol or accessing pornography) and by challenging offence supportive behaviours or attitudes. Each Circle meets weekly and volunteers may also meet core members outside of meetings (e.g. to accompany core members to appointments or social events). COSA work closely with networks of service providers (e.g. health, housing) to link core members to services that can also support them to minimise their risk of reoffending.

The emerging international evidence suggests that COSA can reduce sexual, violent and general reoffending, protect the community from sexual recidivism, and more effectively monitor and manage sex offenders in the community than statutory (parole) supervision alone.

Research evidence provides support for the effectiveness of community re-integration programs such as COSA. Two rigorous evaluations of COSA have been conducted in Canada (Wilson, Cortoni & McWhinnie, 2009; Wilson, Picheca et al. 2005). The results of both of these studies showed significantly lower rates of recidivism among COSA than comparison group offenders, for sexual, violent and general recidivism. Wilson et al.'s (2005) original study found that COSA participants had 70% less sexual recidivism than offenders who did not participate in a COSA. In the more recent study, Wilson et al. (2009) found that COSA participants had 83% less sexual recidivism than non-participants.

Bravehearts is a research partner on a current ANROWS funded evaluation of the COSA being run in Adelaide through the Offenders' Aid and Rehabilitation Service (OARS) and Uncle Alfred's Cultural Mentoring Program in Townsville. The research is being led by researchers from the Crime and Justice Research Centre (CJRC) at Queensland University of Technology (QUT), in partnership with the University of the West of England (UWE), the Offenders' Aid and Rehabilitation Service of South Australia (OARS), Queensland Corrective Service (QCS), and Bravehearts. The evaluation is currently going through a final edit and should be available before the end of 2018.

Polygraph testing

Bravehearts supports enhanced and strengthened approaches to supervising offenders in the community to assist offenders in managing their risk levels. It is our position that we need to utilise a battery of tools in order to decrease the likelihood of a child sex offender re-offending. This includes not only psychological testing and drug and alcohol testing, but also psychophysiological tests, specifically polygraphs and emerging integrity testing technologies such as VAST (Validated Automated Screening Technology) (<http://vastscreening.com/>).

Based on the experience of overseas usage of such testing in the community supervision setting, Bravehearts advocates for:

- The introduction of the use of integrity testing as part of a battery of assessment and monitoring tools for child sex offenders in Australia.
- A trial be put in place, guided by current practice in International jurisdictions.

Registration Laws

Community notification laws are the least best option in terms of effectively protecting the community but are attractive to the community. They have the potential to provide some parts of

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the community with some feelings of comfort that governments and the authorities are giving them all the information that they need to keep themselves and their children safe and they satisfy the right of the public to know if an offender is living nearby. Community notification laws are a reaction to the failure of the current systems' ability and willingness to protect the community against known child sex offenders and prevent offenders from re-offending.

Research into the effectiveness of sex offender registration and notification (SORN) laws, such as Megan's Law in the United States, generally show that these measures do not lead to significant reductions in recidivism (e.g., Zgoba, Veysey, & Dalessandro, 2010; Zgoba, Witt, Dalessandro, & Veysey, 2008; Tewksbury, Jennings & Zgoba, 2012). A recent, long-term evaluation of Megan's Law examined the sexual and general recidivism rates of 547 convicted sex offenders released before and after the enactment of the law in New Jersey. Offenders were followed up for an average period of 15 years. The results of this evaluation showed that SORN legislation has not had a significant impact on sexual or general reoffending rates for sex offenders overall in the past two decades. The evidence did show, however that the legislation may have slightly impacted on re-offenses generally for those "high risk" offenders – those who are most likely to reoffend, and at high rates, post-release (Zgoba, Jennings & Salerno, 2018).

Sandler and colleagues (2008) explored differences in sexual offense rates in New York State before and after the implementation of state-wide SORN laws. This study involved analysing more than 170,000 recorded sexual offence arrests for the years 1986-2006, and found that the large majority of sex offence arrests (95%) were of first-time sex offenders. The authors concluded that SORN laws have not reduced sexual offending by first-time offenders and have also not impacted significantly on recidivism rates of convicted offenders (Sandler et al., 2008).

Along with not being found to impact significantly on overall recidivism rates, SORN laws have been shown to have adverse impacts on offender re-integration factors, such as the ability to obtain housing, employment and prosocial supports, all of which have been shown to be significant risk factors for recidivism (Grossi, 2017).

Bravehearts advocates that the first response should be the continued detention of dangerous sex offenders. It is our position that dangerous sex offenders should not be released back in to the community, until such time as they are assessed as low risk and that that risk can be managed in the community. We have continued detention (such as the QLD Dangerous Prisoners (Sexual Offenders) Act 2003) legislation (as a direct result of lobbying by Bravehearts) across the nation that can achieve this if implemented in the way it was intended.

Bravehearts believes that the call for broad-scale community notification laws to be introduced into Australia is based on the understandable fear the community feels and the lack of faith and belief in the correctional and legal systems to adequately ensure that offenders who are released are low risk and will be managed and monitored effectively. If the community had confidence in the correctional system, in the rehabilitation of offenders and in the system's ability to monitor offenders in the community, community notification laws would be unnecessary.

While Bravehearts does not support widespread community notification of sex offenders (based on the experience of *Megan's Law* in the United States), given the lack of will by the courts to continually detain dangerous offenders, we do believe that current registration legislation should be expanded to allow for restricted community notification. We advocate the duplication nationally of the Western Australian legalisation which provides for the public disclosure of limited information relating to released adult serious child sex offenders.

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This scheme provides a three tiered approach, providing:

- Tier 1: Information on missing sex offenders
- Tier 2: A local search facility that allows members of the public to search their local area (by postcode) for:
 - Dangerous sexual offenders subject to supervision orders under the Dangerous Sexual Offenders Act 2006;
 - Serious repeat reportable offenders;
 - Persons who have been convicted of an offence punishable by imprisonment for 5 years or more, and concern is held that this person poses a risk to the lives or sexual safety of one or more persons or persons generally.

The search results provide images of the offenders in the area, but does not provide addresses.

- Tier 3: Parents or guardians with the option to enquiry on whether or not a person of interest, who has regular unsupervised contact with their child, is a reportable offender.

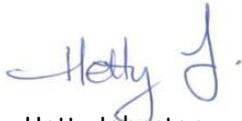
Governance

- Do the governance arrangements (including incentives)—from policymaking to service delivery—encourage the best outcomes (such as reducing recidivism)? If not, what changes should be made?
- Is the system sufficiently transparent and accountable to government, the community, victims and prisoners? Are programs and services measured and evaluated adequately, and are the outcomes of the evaluation used for improvement?
- How well do current institutional arrangements and practices support collaboration and cooperation between agencies, governments, providers and the community?
- To what extent are wider costs and benefits recognised in decision-making, including in the allocation of resources?
- Which barriers to reform exist, if any? How could they be removed to deliver better outcomes?

Bravehearts would like to see a greater role for the Sentencing Advisory Council in providing information to the public on sentencing and imprisonment in Queensland, including data on reoffending rates. If information was more readily available it would assist in creating better informed debate and understandings in the public arena.

We thank the QPC for the opportunity to provide this submission. Please contact us on 07 5552 3000 or [REDACTED] if any further information is required.

Kind Regards,



Hetty Johnston
Founder and Executive Chair



Carol Ronken
Director of Research

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