SUPREME COURT OF QUEENSLAND

CITATION:	*Attorney-General for the State of Queensland v TAR (No 2)* [2026] QSC 169
PARTIES:	**ATTORNEY-GENERAL FOR THE STATE OF QUEENSLAND** (applicant) **v** **TAR** (respondent)
FILE NO/S:	BS8365/24
DIVISION:	Trial Division
PROCEEDING:	Application
ORIGINATING COURT:	Supreme Court of Queensland at Brisbane
DELIVERED ON:	16 July 2026
DELIVERED AT:	Brisbane
HEARING DATE:	5 May 2026 and 11 May 2026
JUDGE:	Treston J
ORDER:	**1. I order that, having been satisfied that the respondent is a serious danger to the community pursuant to s 13 of the *Dangerous Prisoners (Sexual Offenders) Act 2003*, the respondent is to be released from prison and must follow the rules contained in the supervision order attached to the reasons and marked Annexure A for a period of 10 years, until 16 July 2036.**
CATCHWORDS:	CRIMINAL LAW – SENTENCE – SENTENCING ORDERS – ORDERS AND DECLARATIONS RELATING TO SERIOUS OR VIOLENT OFFENDERS OR DANGEROUS SEXUAL OFFENDERS – DANGEROUS SEXUAL OFFENDER – GENERALLY – where the Attorney-General applies for an order pursuant to Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003* (Qld) to detain the respondent on a continuing detention order or a supervision order – where the court must be satisfied that the prisoner is a serious danger to the community in the absence of a Division 3 order – where the respondent does not resist a finding that he is a serious danger to the community in the absence of an order pursuant to Division 3 – where the respondent has a relevant criminal history dating back to 2002 – where psychiatric evidence establishes the respondent's risk of further offending as ranging from moderate/high without a supervision order to moderate or moderate-low by supervision order – where

psychiatrists agree supervision order should be in the length of ten years – where the respondent shows a lack of insight into his offending – where the respondent maintains his innocence of the index offending and resists programs offered for treatment for his diagnosed paedophilia – whether the respondent is a serious danger to the community in the absence of a Division 3 order – whether the applicant has demonstrated that the community cannot be adequately protected by a supervision order – whether the order should be ten years in duration – whether the proposed terms of the supervision order are appropriate

Child Protection Offender Reporting Act 2004 (Qld)
Dangerous Prisoners (Sexual Offenders) Act 2003 (Qld) s 13, schedule 1

Attorney-General (Qld) v Beattie [2007] QCA 96, applied
Attorney-General for the State of Queensland v Brennan [2022] QSC 3, cited
Attorney-General (Qld) v Buckley (No 2) [2022] QSC 88, cited
Attorney-General for the State of Queensland v DBJ [2017] QSC 302, cited
Attorney-General v Francis [2007] 1 Qd R 396, applied
Attorney -General v KAH [2019] 3 Qd R 329, cited
Attorney-General for the State of Queensland v Sutherland [2006] QSC 268, cited
Attorney-General for the State of Queensland v XHW [2020] QSC 138, cited
TAR v Attorney-General (Qld) [2025] QCA 258, applied
Van De Wetering v Attorney General [2024] QCA 222, applied

COUNSEL: J R Tate for the applicant
C Tessmann for the respondent

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

[1] This is the re-hearing of an application for an order pursuant to Division 3 of the *Dangerous Prisoners (Sexual Offenders) Act 2003* (Qld) (**the Act**). The Attorney-General for the State of Queensland seeks an order under Part 2, Division 3 (s 13) of the Act to either detain the respondent in custody for an indefinite term for control, care or treatment (a continuing detention order) or for the respondent to be released from custody subject to the requirements that the court considers appropriate that are stated in a supervision order.

[2] Pursuant to s 13(3) of the Act, on the hearing of the application, the court must be satisfied that the prisoner is a serious danger to the community in the absence of a

Division 3 order. The court will be so satisfied if there is an unacceptable risk that the prisoner will commit a serious sexual offence if the prisoner is released from custody or if the prisoner is released from custody without a supervision order being made. On the hearing of the application, the court may decide that it is satisfied that a prisoner is a serious danger to the community only if it is satisfied by acceptable, cogent evidence, and to a high degree of probability, that the evidence is of sufficient weight to justify the decision.

[3] Here, the respondent does not resist a finding that he is a serious danger to the community in the absence of an order pursuant to Division 3. That concession was properly made. The evidence, to which I refer in some greater detail below, supports this finding, as at the date of this hearing, as do the index offences, the clinical opinions of the reporting psychiatrists, and the longitudinal evidence.

[4] The Attorney-General submits, as the primary position, that the respondent is a serious danger to the community in the absence of a Division 3 order, and that the adequate protection of the community can only be ensured at this time by the making of a continuing detention order[1] pursuant to s 13(5) of the Act.

[5] In the alternative, the Attorney-General submits that if the respondent is released to the community under a Division 3 supervision order, then the term should be for a period of at least 10 years because the nature of the respondent's identified, unmodified risk of future serious sexual recidivism is high, and his diagnosis of paedophilia and personality structure, support the proposition that the protection of the community is better served by long term supervision in the community.

[6] For the reasons which follow, at the time of this re-hearing I am satisfied that:

(a) the respondent is a serious danger to the community in the absence of a Division 3 order;

(b) a supervision order ought to be made in the circumstances of this case; and

(c) the conditions of the supervision order are appropriate, including that the supervision order will be for a period of 10 years.

Antecedents and criminal history

[7] The respondent was born on 23 August 1982 and is currently 43 years of age.

[8] The respondent has a relevant criminal history dating back to 2002 when he pleaded guilty to three counts of indecent treatment of a child under 16 years with circumstance of aggravation (counts 1, 4 and 5), one count of permit indecent act (count 2) and one count of attempted unlawful carnal knowledge (count 3). He was convicted and sentenced to two terms of 12 months' imprisonment to be served by way of an intensive correction order, with his sentences to be served concurrently.

[9] He re-offended in January 2003 and was sentenced in March 2004 after entering a plea of guilty. That offending entailed one count of indecent treatment of a child under 12 and one count of permit indecent treatment. He was convicted and sentenced to four years' imprisonment on each count and recommended to be considered eligible

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1 Section 13(5) of the Act.

for post-prison community based release after serving 18 months. He was also sentenced for breaching the intensive corrections order imposed as result of the first set of offences. The respondent was ordered to report for a period of five years after his release from custody pursuant to s 19 of the *Criminal Law Amendment Act 1945* (Qld).

[10] The first set of offending occurred after a period in which the respondent groomed the young girl, aged 10 years. The respondent was then 18 years of age. The respondent was a welcomed guest into a family's home.

[11] The second set of offending occurred whilst the respondent was the subject of an intensive correction order for the first set of offences. Similar to the first set of offences, the respondent was boarding with a family, including a 10-year-old child. The respondent engaged in sexual acts with the child.

[12] The respondent served the period of imprisonment imposed for the second set of offending in full, and was released in 2007.

[13] In 2009 and again in 2011, the respondent was convicted for failing to comply with reporting conditions arising out of the second set of offending under the *Child Protection (Offender Reporting) Act 2004* (Qld).[2]

[14] In 2019, the respondent was convicted following a trial in the District Court at Toowoomba on two counts of rape, and one count of unlawful and indecent treatment of a child under 12. Each count was aggravated as domestic violence offence. He was sentenced to five years' imprisonment on each count of rape and two years' imprisonment in respect of the count of indecent treatment, with each sentence to be served concurrently. He appealed against his conviction in November 2019, but his appeal was dismissed.

[15] There is therefore a pattern of offending behaviour on the part of the respondent which is demonstrated by his criminal history.

[16] The respondent's full-time term of imprisonment concluded on 7 November 2024, after serving a period of imprisonment for serious sexual offences involving violence, and against a child. The term of imprisonment imposed by the District Court was for a "serious sexual offence" which, by the Schedule, includes an offence of a sexual nature involving violence, or an offence against a child.

[17] Since his full-time release date, the respondent has been held on remand, firstly, pursuant to orders made by me on 6 November 2024, and subsequently from 19 December 2025, pursuant to an interim detention order made by the Court of Appeal in ***TAR*** *v Attorney General (Qld)*,[3] detaining the respondent until determination of this application.

[18] At the time of the offences in 2002, and again in 2004, the respondent was a young man, aged 18 and 20 respectively. The sentencing remarks in respect of both occasions demonstrate that the offences occurred in circumstances where (on the first occasion) the victim was either the younger sibling of a friend of the respondent and

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2 *Child Protection Offender Reporting Act 2004* (Qld) (**CPOR**).

3 [2025] QCA 258 (Mullins P, Boddice JA, Sullivan J).

(on the second occasion) a child to whom the respondent was in close proximity when he was living with the child's family. On both occasions, the court observed the real betrayal of trust of the person who had let the respondent into their home and unwittingly provided him with an opportunity to abuse young girls.

[19] The index offences, whilst occurring some 15 years later, involved a similar abuse of trust. On the index occasion, the victim was the respondent's biological niece, a girl aged just eight years of age. The offending occurred when the respondent was either visiting his sibling in the family home, or travelling in a car with family members.

Psychiatric evidence

[20] The psychiatric evidence bears setting out in some detail. Some of this evidence is taken from the evidence which was given before me at the original hearing on 24 October 2024, but much of it has been supplemented by more recent reports that have been informed by the recent course of treatment in which the respondent has engaged between November 2024 (just after the first hearing before me) and the hearing of this application.

[21] The first psychiatrist to assess the respondent was Dr Eve Timmins. Dr Timmins provided three reports at the hearing, with each report to be read conjunctively with the other. Dr Timmins examined the respondent whilst he was at the Woodford Correctional Centre. Dr Timmins also had access to the respondent's criminal history and extracts of various documents from files from the office of the Director of Public Prosecutions and Queensland Corrective Services as well as transcripts of relevant proceedings. The first report was dated 23 April 2024.

Dr Timmins' 23 April 2024 report

[22] Dr Timmins assessed the respondent on a number of risk assessment tools shown to have validity in the prediction of risk of sexual recidivism, with the following results:

(a) Static 99-R: the respondent scored 5, placing him at the 'above average risk' category relative to other sexual offenders (although there was an error in the report scoring him as 6);

(b) Psychopathy Checklist (PCL-R): scored 13/40, which did not indicate the presence of psychopathic personality traits, and was not elevated;

(c) Risk of Sexual Violence Protocol (RSVP): on this dynamic risk assessment instrument, Dr Timmins reported:

> "On **Sexual Violence History** – He scores positive for Chronicity of Sexual Violence, Escalation of Sexual Violence, Physical Coercion in Sexual Violence and Psychological Coercion in Sexual Violence.
>
> On **Psychological Adjustment** – He scores positive for Extreme Minimisation or Denial of Sexual Violence, Problems with Self-Awareness, Problems with Stress or Coping. He scores partial for Attitudes that Support or Condone Sexual Violence and Problems resulting from Child Abuse.

> On the **Mental Disorder** items – He scores positive on Sexual Deviance and partial on Problems resulting from Child Abuse.
>
> On **Social Adjustment** – He scores on Problems with Intimate Relationships, Problems with Non-Intimate Relationships and Problems with Employment.
>
> On the **Manageability items** – He scores on Problems with Planning, Problems with Treatment and Problems with Supervision.
>
> The salient risk factors with this man are his long history of sexual offending against under-age girls, his sexual deviance, his lack of insight and his lack of treatment for his sexual offending behaviour and his lack of real protective factors such as supportive prosocial relationships."
>
> (footnotes omitted)

[23] As to the question of risk, Dr Timmins said:

> "With regards to future sexual offending, [the respondent] is likely to target under-age females in his vicinity who are known to him. He will groom them and engage them in a relationship. He will use presents, enticements and casual touching, moving to hugging and then kissing before he attempts penetrative offending. He is unlikely to be intoxicated with substances. The potential physical and psychological harm to the victim is high.
>
> […]
>
> He has limited insight into himself and his offending pathway, and no thoughts about a relapse prevention plan. It is important for [the respondent] to understand at the very least his offending pathway and ensure he has supports and a relapse prevention plan such that he lessens the risk of committing another sexual offence in the community in the future.
>
> In summary, I am of the opinion that [the respondent] will be at a HIGH risk of re-offending in a sexual manner if released into the community at this time without a supervision order.
>
> Given that he is a recidivist sexual offender against under-age females, has not engaged in any sex offender treatment, has limited insight into his sexual behaviour, has no understanding of his offending pathway and no relapse prevention plan in addition to limited community supports, I believe he requires a period of treatment such as a group sex offender program before he is released into the community on a community supervision order under the Dangerous Prisoner (Sex Offender) Act 2003.
>
> Once treated and he has more insight and a clear relapse prevention plan in place to contribute to reducing his risk of sexual re-offending,

> then a Community Supervision Order would decrease his risk to moderate if he complies with that order."
>
> (footnotes omitted) (emphasis omitted)

[24] Dr Timmins considered that the respondent most likely met the DSM-V criteria for paedophilia, exclusive, attracted to underage females. Dr Timmins also considered he had evidence of a mixed personality disorder with a narcissistic, anti-social and possibly schizoid traits.

Dr Timmins' subsequent reports

29 October 2025 Report

[25] Dr Timmins' second report is dated 29 October 2025. For the purpose of that report, Dr Timmins further interviewed the respondent via video-link. Dr Timmins recorded that, during that interview, the respondent had described his conduct in 2002 and 2004 as "impulsive and opportunistic", that he was basically a kid himself, and "[he] did not know what he was doing". He further described to Dr Timmins that he considered, in response to a query as to the situations he needed to avoid, "that as an adult now … he was 43 years old … [and he had] matured". He claimed to no longer have friends and his plan was to be released from jail and live in the Precinct and look for a job. He expressed that he would not be able to have any contact with families with children, would not be able to go to shopping centres without monitoring, and would have his mobile phone and internet monitored.

[26] Dr Timmins still assessed his Static-99R score as 5 which she now regarded as a moderate risk of sexual offending when compared to other sexual offenders.[4]

[27] With regard to his future risk of sexual offending, Dr Timmins still considered he was likely to target underage females in his vicinity who are known to him, using presents, enticements and casual touching before moving to serious sexual offending. Dr Timmins noted that the respondent had still declined most interventions aimed at treating his sexual offending behaviour during his custodial period and in fact totally denied the offending episode in 2015 making it difficult to fully understand his risk factors. Although he had not undertaken any group program however, he had engaged in sessions with a psychologist, Ms Pauline Baleta.

[28] Dr Timmins concluded that the respondent would be at a high risk of reoffending in a sexual manner if released into the community without a supervision order. She observed that there were two avenues going forward. The first was that he remain in custody and continue with further treatment. She considered that avenue was an ideal situation from a clinical perspective because he could then undertake treatment such as group sex offender programs or psychological sessions before being released into the community on a supervision order. The second avenue involved release to the community with a heavy reliance on procedural restrictions in the form of a community supervision order and ongoing engagement in treatment.

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[4] Although Dr Timmins' report described the score as 5 as being between moderate and high, in oral evidence she agreed that the proper assessment was moderate.

[29] Although Dr Timmins considered that undergoing group treatment in custody was the better option from a clinical perspective, she expressed doubt that the respondent would respond favourably to a group setting because:

> "… He is likely to become more entrenched into his defensiveness and any progress to date with the psychologist may be lost. He would be better to continue with sessions with the psychologist as she has been able to shift him forwards in his discussions around earlier offending and thus risk factors.
>
> This option would also provide opportunities to assess the possibility of intellectual impairment that may be impact [sic] on his risk and future management and supports necessary in the community. It would also provide an opportunity to complete an OT assessment and potentially apply for NDIS funding for when he is released."

[30] Although Dr Timmins agreed that he required ongoing psychological treatment from a forensic psychologist to continue to address his sexual offending in addition to sexual deviance she observed that progress was "likely to be slow".

[31] Dr Timmins concluded that his risk is likely to be modified by a community supervision order to the moderate risk category if he complied with the term of the order.

20 February 2026 Report

[32] Dr Timmins' views expressed in her third report of 20 February 2026 were not markedly different from those expressed in October 2025. At the time of that report Dr Timmins observed that the psychological sessions which he was having in custody (at that time approximately 20 plus) were significantly less than what is expected in the High Intensity Sexual Offenders Program (**HISOP**) which is a program of some 300 or so hours.

[33] As is discussed below at paras [62]-[65], it was accepted that the HISOP is only available in custody, meaning if he was released without participating, he could not engage with the programme in the community.

[34] Dr Timmins considered that the group therapy which could be carried out in prison under the HISOP program would provide him with a supportive but challenging environment in which he could get to better understand his propensity to offend and to develop a relapse prevention plan. In contrast, in individual therapy, people can find it easier to stay entrenched in their defensive positions of denial.

[35] Dr Timmins gave oral evidence at both hearings and expressed that the diagnosis of paedophilia was an exclusive disorder in the sense that the offender did not have any interest in adult females. Dr Timmins said that the respondent did "not display very much insight at all" into his sexual deviance, his risk factors, or high-risk situations; he also demonstrated no understanding of how to mitigate his own risk in the community. In looking across all of the factors, Dr Timmins described that the respondent's risk was quite high if he did not have a supervision order in place. Additionally, Dr Timmins noted that, while he accepted some of his earlier offending in 2002, because he tended to minimise his offending, and was in complete denial about his latest set of offending, it was not possible to access his thoughts which made

assessing him properly at any particular point in time difficult, and therefore assessing his risk a difficult process.

[36] Dr Timmins described the respondent's risk as being "quite complex and nuanced".

[37] Dr Timmins concluded that if the respondent was released to a supervision order then the procedural restrictions would help manage his risk.

Dr Phillips

[38] Chronologically, the next psychiatrist to examine the respondent was Dr Jane Phillips, who provided a report dated 19 August 2024.

Dr Phillips' 19 August 2024 Report

[39] Dr Phillips also considered that the respondent scored 5 on the Static-99R which she said placed him in the "above average" category of risk for being charged or convicted of another sexual offence. Specifically, Dr Phillips observed:

> "Risk for Sexual Violence Protocol Version 2 (RSVP-V2)
>
> The RSVP-V2 is a structured professional judgement risk assessment tool for assessing the risk of sexual violence.
>
> [The respondent] was scored on two domains, and 4 sub-domains, of the RSVP-2, using past ratings:
>
> - Sexual Violence History – [the respondent] had definite evidence 4 of the 5 factors, including chronicity of sexual violence and psychological coercion in sexual violence. In addition, there was partial evidence of a further 2 factors, diversity of sexual violence and escalation of sexual violence.
> - Perpetrator Characteristics
>   - Psychological Adjustment – [the respondent] had definite evidence of 4 of the 5 factors, including problems with minimization/denial of sexual violence; attitudes that support or condone sexual violence; problems with self-awareness; and problems with stress or coping. In addition, there was partial evidence of the further factor of problems resulting from child abuse.
>   - Mental Health – [the respondent] had definite evidence 1 of the 6 factors, sexual deviance. In addition, there was partial evidence of a further risk factor of problems with substance abuse.
>   - Social Adjustment – [the respondent] had definite evidence of 3 of the 4 factors, including problems with intimate relationships; problems with non-intimate relationships; and problems with antisocial attitudes. In addition, there was partial evidence of the further factor of problems with employment.

> ° Manageability – [the respondent] had definite evidence of all 3 factors, including problems with living situation; problems with treatment; and problems with supervision.
>
> Using the past rating for items on the RSVP-V2, [the respondent]'s sexual violence risk is:
>
> - Likelihood of sexual violence – high.
> - Imminence of sexual violence – low.
> - Severity of sexual violence – high."

[40] Dr Phillips was less certain as to whether the paedophilic disorder, being sexually attracted to pre-pubescent females, was exclusive or non-exclusive; however, Dr Phillips also observed that the respondent had not had any relationships with adults. Dr Phillips stressed the risk of extensive, lifelong psychological harm to victims of child sexual abuse. She accepted the risk of that harm as "catastrophic", identifying effects including mental health conditions, depressive and post-traumatic stress disorders, increased substance use disorders and disorders impacting on the development of intimate relationships over the course of their lifetime.

[41] Dr Phillips described the respondent as a person who had a high unmodified risk of serious sexual re-offending. That assessment was influenced by his refusal to undertake any treatment. Dr Phillips considered that it was likely that any future sexual offences against pre-pubescent girls would be preceded by a period of grooming although Dr Phillips could not rule out the possibility of opportunistic and impulsive sexual offending without such grooming behaviour. As a consequence of his refusal to engage in treatment programs, Dr Phillips expressed the view that the respondent lacked insight into his offending.

[42] Dr Phillips expressed a similar view on the question of risk as did Dr Timmins, identifying that (footnotes omitted):

> "Taking into account the results of the above risk assessment tools, it is my opinion that [the respondent]'s risk of future serious sexual re-offending falls in the high range, if released from custody without a supervision order. At the time of the assessment [the respondent] did not present as an imminent risk of sexual violence.
>
> The future risk of sexual re-offending would increase in the setting of victim access, increased sexual preoccupation, an increase in sexually deviant thoughts regarding children or rejection of supervision. Whilst [the respondent] was not intoxicated at the time of the previous sexual offences, should he be intoxicated with alcohol or illicit substances, this is likely to be disinhibiting, impair his judgement and make it more likely that he would act on underlying sexually deviant thoughts. The risk of future sexual offending may increase in the setting of future psychosocial stressors, for example, being lonely, bored or perceived rejections.
>
> The victim of future offending would likely be a pre-pubertal female child. The victim is more likely to be known to [the respondent], for

example, an acquaintance, the child of a future friend or partner, or a family member. It is less likely that a future victim is a stranger. It is more likely that future sexual offending would occur after a period of grooming, for example, offering the victim gifts, money or other incentives. However, there is a potential that [the respondent] would act on sexually deviant thoughts impulsively with minimal grooming or planning. Future sexual offending is likely to involve similar behaviours to previous offending, such as touching the victim's breast and genitals, oral sex or digital-vaginal rape. There is the potential for there to be an escalation of the seriousness of future sexual offending to involve penile penetration. Future sexual offending is likely to cause significant psychological harm to victims.

From a clinical risk management perspective, it would be preferable if [the respondent] were to complete the High Intensity Sexual Offending Program (HISOP) prior to his release from custody. However, based on his categorical denial of the index offence, and his refusal to engage in a group sexual offending program to address his earlier sexual offending, it appears unlikely that [the respondent] would be accepted to engage in the HISOP. It is my opinion that if [the respondent] were to be placed on a continuing detention order, it is unlikely that this would be successful in encouraging him to complete the HISOP in custody. There would be a clinical risk management benefit to [the respondent] engaging in individual psychological intervention to address his sexual offending prior to his release from custody, including allowing for there to be development of a relapse prevention plan prior to his release.

That being said, it is my opinion that a supervision order would assist in reducing the risk of re-offending by offering assertive monitoring and interventions to target dynamic risk factors for sexual violence. It is my opinion that if [the respondent] were to be released from custody with a supervision order, in the context of individual psychological intervention, abstinence from alcohol and illicit substances and robust supervision in the community, that his risk of sexually re-offending would be in the moderate range. It is noted that if released on a supervision order at the next hearing, [the respondent] would be being released as an untreated sex offender. It is likely to take a protracted period prior to individual psychological intervention having an appreciable impact on reducing his risk of sexual offending. Therefore, there will need to be a heavy reliance on environment measures and monitoring. It is likely that [the respondent] would require a protracted period of Stage 1 curfews to allow time for him to make meaningful clinical progress with psychological interventions."

Dr Phillips' subsequent reports

[43] Dr Phillips provided further reports dated 4 September 2025 and 17 February 2026. In the first of those reports Dr Phillips observed that the respondent was still refusing to engage in group programs because he said he was innocent of the offending for which he had been sentenced in 2015 and the programming would be targeting something that "[he] did not do". Additionally, he saw no need for intervention

relating to earlier sexual offences given the time that elapsed since these offences. Dr Phillips described this as a cognitive distortion.

[44] Although the respondent had commenced fortnightly psychological intervention with Dr Baleta in November 2024 and had engaged in about 20 sessions at the time of Dr Phillips' report of September 2025, there had in fact been little discussion of the index sexual offence with Dr Baleta given that the respondent maintained his categorical denial of those offences.

[45] Although Dr Phillips gave a third report dated 17 February 2026, that report merely summarised the earlier material and the treatment progress report of the psychologist Dr Baleta dated 31 January 2026, and observed that the additional information did not alter Dr Phillips' diagnostic opinion, risk assessment or recommendations outlined in the September 2025 report.

[46] In oral evidence, Dr Phillips described that in terms of his treatment, the respondent should first do the Getting Started Preparatory Program (**GSPP**) and then complete a group program, which, in terms of the respondent's eligibility Dr Phillips considered HISOP to be most likely, along with the ongoing individual psychological intervention which he had been having with Dr Baleta, which he ought to continue. Additionally Dr Phillips considered that medication options which might reduce the risk of sexual re-offending ought also to be considered, although she observed that the respondent did not see any need for those treatments and was highly ambivalent about them. Finally Dr Phillips thought that the respondent ought to have a relapse prevention plan in place which would ordinarily be developed as part of the group sexual offender treatment program.

[47] Dr Phillips further accepted that even if the respondent was accepted into the GSPP, based on her analysis of all the materials including Dr Baleta's counselling, she thought it was quite unlikely that he would change his views on the 2015 offending and further that if he engaged in the HISOP or MISOP programs, and was challenged in relation to his 2015 offending, she thought he was more likely to want to disengage with that process. Furthermore, when assessing the respondent's risk on a supervision order to be "moderate", Dr Phillips described that that meant his risk level was broadly similar to the group average rate for sexual offending. Nevertheless, Dr Phillips accepted that he had been voluntarily engaging with treatment with Dr Baleta for the last 18 months but described the respondent's progress as "very small" but admitted that there had been some.

[48] Dr Phillips assessed the respondent's risk as moderate over the length of the supervision order which in her view reflected the fact that over the length of the order his risks would increase as he would obtain more access to the community as he progressed through the order, and in some respects hopefully some would decrease with intervention, rather than describing that he was at a moderate risk just in the first few days of the order.

Dr Arthur

[49] The last psychiatrist to review and assess the respondent was Dr Arthur who assessed the respondent and prepared a report dated 9 October 2024.

Dr Arthurs' 9 October 2024 report

[50] On the Static-99R risk assessment tool, Dr Arthur also considered that the respondent had scored 5, placing him in the "above average" risk category.

[51] Utilising the Risk for Sexual Violence Protocol (**RSVP**), Dr Arthur concluded:

> "215. Utilising this instrument, I have identified the following factors relevant to the future risk of sexual recidivism –
>
> **Sexual Violence:**
>
> - Chronicity – duration/frequency
> - Escalation
> - Psychological coercion
>
> **Psychological Adjustment:**
>
> - Extreme minimisation or denial
> - Problems with self-awareness
>
> **Mental Disorder:**
>
> - Sexual deviance
>
> **Social Adjustment:**
>
> - Problems with intimate relationships
> - Problems with non-intimate relationships
> - Problems with employment
>
> **Manageability:**
>
> - Problems with planning
> - Problems with treatment
>
> I have identified further <u>possible</u> risk factors of relevance –
>
> - Physical coercion
> - Attitudes supporting sexual violence
> - Problems with stress/coping
> - Problems with employment
> - Problems with supervision"

[52] Dr Arthur noted that there was a grooming aspect to the respondent's behaviour, particularly in 2002 and 2004 where he developed a relationship with the victim and then engaged in non-violent sexual activity. As to risk Dr Arthur observed:

> "218. [The respondent] now has an established pattern of offending which has occurred over a period of many years. There has

> been an escalation in the nature of his offending over time. Whilst initially he engaged in grooming (developing a relationship) and fondling/simulated sex, the index offences were more opportunistic and brazen, involving digital penetration of the victim's vagina. They were also repetitive in nature and occurred over a number of different time periods. Whilst there was no evidence of overt physical coercion, the index offences involved picking up and moving the victim to facilitate offending. Psychological coercion was prominent in the first tranche of offences.
>
> […]
>
> 225. Future victims are likely to be prepubescent girls known to him, either through family or friends. He may employ grooming behaviours such as spending time with the child and using enticements such as money or toys to develop a relationship that becomes sexualised over time. Alternatively, he may engage in opportunistic contact offences involving fondling of the child's genitalia. Physical coercion is unlikely; with sufficient grooming and acquiescence the offending may escalate to penetrative digital or penile sex. The risk of physical harm is low, although future offending carries a high risk of psychological injury to the victim and their family.
>
> 226. The main driver for future sexual offending is [the respondent's] deviant sexual interest in children."

[53] Dr Arthur considered that in light of the respondent's refusal to undergo any treatment he considered that the respondent had not developed a great degree of insight or self-awareness into his behaviours that led to his risk of re-offending and that the respondent had a lifelong history of avoidant coping.

[54] The respondent stressed to Dr Arthur that he did not wish to talk about doing a program, he would rather just do his time in prison. He did not see treatment as relevant or that it would benefit him and was completely avoidant of discussing it. From a risk perspective, therefore, Dr Arthur described the respondent as a person who would like to see himself as presenting no risk, whereas Dr Arthur assessed his risk as above average compared to other sexual offenders.

Dr Arthur's subsequent reports

[55] Dr Arthur's second report was dated 19 September 2025, and his last report 25 March 2026. In his 2025 report he concluded that there was nothing in the updated material, including Dr Baleta's treatment summary that led him to change his diagnosis or the opinions which he expressed in the risk assessment report of 9 October 2024. Dr Arthur repeated that the additional material disclosed no new insights into the respondent's pathway to offending or the respondent's understanding of his psychosexual functioning. Dr Arthur maintained his view that a supervision order which minimised victim access would function to lower the respondent's risk of sexual recidivism from high to low/moderate, he acknowledged that the risk of opportunistic sexual offending would increase as the respondent moved through the therapy process and was allowed access to the community unaccompanied.

[56] Dr Arthur repeated his earlier opinion that the respondent should complete a group sexual offender treatment program and observed:

> "… despite [the respondent's] claims of innocence in relation to the index offences, due to the presence of prior sexual offences, there is still meaningful work that could be done in regard to understanding his offending pathway, identifying risk factors and developing a relapse prevention plan."

[57] In his third report Dr Arthur noted that whilst he had previously found the respondent to be somewhat avoidant and non-committal, during his more recent interview with him he described the respondent's stance as one of rigidity and obstinacy. He went on:

> "[The respondent] would not entertain the idea of completing a group sexual offender treatment program under any circumstances and refused to accept that a plea of innocence in relation to the index offences did not necessarily preclude him from such treatment. Likewise, he would not engage in any meaningful dialogue regarding his previous sexual offences or the reason behind his failure to comply with CPOR reporting requirements. He maintained blanket denial in relation to the index offences, minimised the seriousness of the first offence and continued to project blame onto the victim of the second offence. There remains significant inconsistencies in his self-report compared to the collateral documentation regarding the nature of his relationship with the first two victims.
>
> [The respondent] remains a poor historian who has developed little if any insight into his offending since my last assessment."

[58] Dr Arthur concluded that the respondent appeared to have become more entrenched in his refusal to take responsibility for his offending behaviour and had not developed any insight into the drivers of his offending or the rationale behind his CPOR obligations.

What is the effect of the respondent's refusal to engage in sexual offender treatment programs?

[59] The court received evidence from Ms Claire Kelly, manager of the Offender Intervention Unit who provided an affidavit outlining the sexual offending treatment programs available to the respondent both in custody and in the community should he be assessed as suitable, and should he choose to participate in those programs. According to Ms Kelly, for the respondent to be meaningfully engaged in any treatment program offered by Queensland Corrective Services he must be ready, willing and able to participate and meaningfully contribute to the group program or individual intervention.

GSPP

[60] The GSPP is a preparatory program designed to motivate and prepare offenders to address their offending in a more intensive treatment program, to reduce an offender's anxiety to being involved in a group environment, and identify responsivity factors

such as illiteracy or cognitive deficits that might impact upon participation in a treatment program.

[61] The GSPP is not a treatment program in itself. Any male offender convicted of a sexual offence is eligible to participate in the GSPP regardless of their stance on their innocence. The GSPP runs over a period of six weeks attending two two-hour sessions per week.

HISOP

[62] The HISOP is a high intensity treatment program for men who have been assessed as being at a high risk of sexually re-offending. It is a group-based program in which participants identify thoughts, feelings and behaviours associated with their offending and develop skills and strategies to avoid re-offending. The program is delivered over three, three-hour sessions per week. The total dosage of the program is 351 hours and generally takes between nine to 12 months to complete. The HISOP is not available in the community and is only delivered at the Wolston Correctional Centre. Completion of the GSPP is a prerequisite to participating in the HISOP.

[63] To be eligible for a position in the HISOP, the respondent must meet the eligibility criteria which includes an acceptance of accountability of at least some of the prior sexual offending for which they have been convicted and be willing to discuss that offending within the group setting.

[64] The respondent was previously advised he was ineligible to participate in HISOP because he did not accept responsibility for the index offences, but it was accepted at the hearing that that advice was incorrect and the respondent has always been eligible to participate in HISOP. I find that the incorrectness of the advice is unlikely to have had any impact in the circumstances of this case given the respondent's complete refusal to participate in the program on the numerous occasions it has been offered to him.

[65] Given that the HISOP is a specialised program, there is currently a waitlist for participation in it, the next available time being approximately September 2026, and with the pre-condition of the respondent having completed the GSPP and having been assessed as ready, willing, and motivated to participate in the HISOP.

What did the psychiatric evidence say as to treatment?

[66] In order to reduce the respondent's risk of re-offending in the community, all of the psychiatrists expressed the opinion that the preferable course would be served by him undertaking sexual offender courses and psychological treatment whilst he remained in custody, and before he was released into the community.

[67] The respondent repeated to each of the doctors who had seen him that he refused to participate with ongoing treatment whilst still in custody. For example, the respondent told Dr Phillips that he had never engaged in a group sexual offending program and refused to do so during his incarceration because he was innocent of the index sexual offending. He told Dr Phillips that he had no interest in doing a group sexual offending course in relation to his earlier sexual offending noting that it had occurred 20 years ago and it was "done and dusted" and that he had moved on from

that period of his life. He did not have a relapse prevention plan, and did not believe that he required any intervention or support to reduce his risk of re-offending.

[68] Dr Arthur recommended that it was ideal that the respondent complete a group sexual offender treatment program prior to release from custody. Such treatment would assist in challenging his avoidant/denial coping mechanisms as well as collect useful data regarding his offending pathways and his psychosexual functioning. Treatment would also provide a personalised risk management plan for him to apply on release. Dr Arthur noted however that he had refused such treatment whilst in prison again referring to his innocence and the time elapsed since the original 2003-2004 offending as the explanation for his lack of engagement in those programs.

[69] Dr Timmins noted that there had been previous occasions where the respondent had declined offers to attend sexual offender programs even whilst in custody. In June 2004, he declined participation in a sex offender program and initially declined a cognitive skills program, but wished to remain on a waitlist. He did complete that cognitive skills program in 2005, and his exit report suggested that he had reasonably cooperated during the conduct of it. He was again offered engagement in the sex offender program in October 2005 and refused. In 2006 and again in 2020, he declined a place in the Getting Started Preparatory Program. Dr Timmins also shared the view that because he had not engaged in any sex offender treatment and had limited insight into his behaviour, and no understanding of his offending pathway, as well as no relapse prevention plan, Dr Timmins originally (in her 2024 report) considered he required a period of treatment in a group sex offender program before he was released into the community, and later in her October 2025 report, that it remained the ideal clinical avenue that he be treated in custody through the HISOP program. Dr Timmins did accept, however, that the terms of a supervision order would reduce the respondent's risk.

[70] Dr Arthur also formed the view that there would be a clinical benefit in the respondent completing the HISOP program before he was released from custody, but because of his categorical denial of the index offence Dr Arthur considered it was unlikely that the respondent would ever be persuaded to engage in such a program in the future. This was reflected in the extract of his last report of 25 March 2026 expressed in para [57] above.

[71] On 28 October 2021, the respondent declined an offer of a place on the GSPP. A further offer was made to be waitlisted for the GSPP and the HISOP on 19 October 2023, but the respondent declined to be on such a waitlist. The respondent repeated his unwillingness to engage in these programs to each of the specialist psychiatrists who examined him, and on each occasion that they did so. That position effectively reflected the position that the respondent has adopted for many years including from 2004 onwards as set out above.

[72] Dr Timmins observed that the respondent's total denial of the index sexual offending in 2015 made it difficult to fully understand the respondent's risk factors.

[73] Nevertheless, I accept that the doctors have expressed guarded opinions about the prospects of the respondent's favourable participation in group therapy. Dr Timmins described it as:

> "I would be surprised if [the respondent] responds favourably to a group setting. He is likely to become more entrenched into his defensiveness and any progress to date with the psychologist may be lost. He would be better to continue with sessions with the psychologist as she has been able to shift him forwards in his discussions around the earlier offending and thus risk factors."
>
> (my emphasis)

[74] All of this means that the psychiatrists have found it difficult to assess the respondent's likely compliance with a supervision order because there is no acceptance by him of the index offending, no insight into his paedophilia, and no relapse prevention plan to assist him to recognise situations in which he might face challenges.

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

[75] Section 13 of the Act provides:

> "**13 Division 3 orders**
>
> (1) This section applies if, on the hearing of an application for a division 3 order, the court is satisfied the prisoner is a serious danger to the community in the absence of a division 3 order (a ***serious danger to the community***).
>
> (2) A prisoner is a serious danger to the community as mentioned in subsection (1) if there is an unacceptable risk that the prisoner will commit a serious sexual offence—
>
> (a) if the prisoner is released from custody; or
>
> (b) if the prisoner is released from custody without a supervision order being made.
>
> (3) On hearing the application, the court may decide that it is satisfied as required under subsection (1) only if it is satisfied—
>
> (a) by acceptable, cogent evidence; and
>
> (b) to a high degree of probability;
>
> that the evidence is of sufficient weight to justify the decision.
>
> (4) In deciding whether a prisoner is a serious danger to the community as mentioned in subsection (1), the court must have regard to the following—
>
> (aa) any report produced under section 8A;
>
> (a) the reports prepared by the psychiatrists under section 11 and the extent to which the prisoner

cooperated in the examinations by the psychiatrists;

(b) any other medical, psychiatric, psychological or other assessment relating to the prisoner;

(c) information indicating whether or not there is a propensity on the part of the prisoner to commit serious sexual offences in the future;

(d) whether or not there is any pattern of offending behaviour on the part of the prisoner;

(e) efforts by the prisoner to address the cause or causes of the prisoner's offending behaviour, including whether the prisoner participated in rehabilitation programs;

(f) whether or not the prisoner's participation in rehabilitation programs has had a positive effect on the prisoner;

(g) the prisoner's antecedents and criminal history;

(h) the risk that the prisoner will commit another serious sexual offence if released into the community;

(i) the need to protect members of the community from that risk;

(j) any other relevant matter.

(5) If the court is satisfied as required under subsection (1), the court may order—

(a) that the prisoner be detained in custody for an indefinite term for control, care or treatment (***continuing detention order***); or

(b) that the prisoner be released from custody subject to the requirements it considers appropriate that are stated in the order (***supervision order***).

(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.

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

[76] Section 13 therefore requires the court to consider whether the respondent is a serious danger to the community in the absence of a Division 3 order. For that purpose, it is necessary to determine whether there is an unacceptable risk that the respondent will commit a serious sexual offence if released from custody or if the respondent is released from custody without a supervision order being made.

[77] A "serious sexual offence" means (sch 1 of the Act):

> "an offence of a sexual nature, whether committed in Queensland or outside Queensland—
>
> (a) involving violence; or
>
> (b) against a child; or
>
> (c) against a person, including a fictitious person represented to the prisoner as a real person, whom the prisoner believed to be a child under the age of 16 years.

[78] The court may decide that the respondent is a serious danger to the community in the absence of an order under Division 3 only if the court is satisfied by acceptable, cogent evidence and to a high degree of probability that the evidence is of sufficient weight to justify that decision.

[79] In deciding whether a prisoner is a serious danger to the community, the court must have regard to the various matters set out in s 13(4), which includes, amongst other things, psychiatric evidence, the pattern of offending, antecedents and criminal history to name a few.

[80] Pursuant to s 13(7) of the Act, the onus is on the Attorney-General to satisfy the court that an order is required.

[81] The relevant risk is the risk of the commission of a serious sexual offence; it is not the risk that the respondent will offend in other ways.[5] As such, it follows that the respondent will only represent a serious danger to the community within the meaning of s 13(2) if there is an unacceptable risk that he will commit a serious sexual offence if released from custody, with or without a supervision order.

[82] The phrase "unacceptable risk" is not defined by the Act and as such it is necessary that the court take into account, and balance, the nature of the risk and the degree of likelihood of it eventuating, with the seriousness of the consequences if that risk does eventuate.[6] Those matters must be balanced against the effect of continued detention on the respondent's freedom or liberty.

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5 *Attorney-General (Qld) v XHW* [2020] QSC 138, [19] (Burns J).

6 *Attorney-General for the State of Queensland v DBJ* [2017] QSC 302, [12] – [15] (Bowskill J).

[83] Here, it is not contested that the court may be satisfied a Division 3 order ought to be made. That concession is appropriately made because the respondent is a largely untreated sex offender, who is in denial, with a lack of insight and no relapse prevention plan.

[84] If the answer to the question that there is an unacceptable risk that the respondent will commit a serious sexual offence if released from custody without a Division 3 order is in the affirmative, then the next question is whether the applicant has persuaded the court, on acceptable, cogent evidence, to a high degree of probability, that the community will not be adequately protected by a respondent's release on a supervision order. If supervision of the prisoner is apt to ensure adequate protection, having regard to the risks to the community posed by the prisoner, then an order for supervised release must 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 authorises such constraint.[7]

Which Division 3 order should be made – a continuing detention order or supervision order?

[85] In deciding between a continuing detention order or a supervision order, the paramount statutory consideration is the adequate protection of the community.[8]

[86] The starting point is that there must be a preference for a supervision order over a continuing detention order.[9] The proper approach is to consider then whether the Attorney-General has displaced that starting position.[10] As such, a continuing detention order should only be made where the Attorney-General proves that the community cannot be adequately protected by a supervision order.[11]

[87] Section 13(6)(b) requires me to consider whether adequate protection of the community can be reasonably and practicably managed by a supervision order, and whether the requirements of s 16 of the Act, being the mandatory conditions of a supervision order, can be reasonably and practicably managed by corrective services officers.

Can adequate protection of the community be reasonably and practicably managed by a supervision order?

[88] A supervision order need not be risk free. What must be proved is that the community can be *adequately* protected by such an order.

[89] The efficacy of the protective regime under the proposed supervision order is inevitably dependent, to a substantial degree, upon the respondent's adherence to the

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7 *Attorney-General v* ***Francis*** [2007] 1 Qd R 396, [39] (Keane and Holmes JJA and Dutney J).
8 *Attorney-General for the State of Queensland v Brennan* [2022] QSC 3, [81] (Ryan J).
9 *Francis,* [39]; *TAR*, [16] and [17]; ***Van De Wetering*** *v Attorney-General (Qld)* [2024] QCA 222, [21] (Mullins P and Henry and Williams JJ).
10 *TAR*, [16] and [17].
11 *Attorney-General for the State of Queensland v Sutherland* [2006] QSC 268, [27] (McMurdo J); *Attorney-General for the State of Queensland v XHW* [2020] QSC 138, [29] (Burns J).

conditions, including in particular to regulating his opportunity to initiate relationships with children which he may seek to exploit for criminal purposes.[12]

[90] The question here is difficult because the respondent has advised the doctors that he is willing to adhere to the conditions imposed upon him by a supervision order, but the medical specialists are not in a position to assess whether he in fact would be likely to comply with such an order given his lack of insight into his offending, and his complete refusal to engage in any in-prison treatment programs.

[91] Nevertheless, the terms of a proposed supervision order are relevant to whether the risk that the respondent would commit a serious sexual offence of the nature identified (to a young girl after a period of grooming) could be reasonably and practicably managed under the supervision order to ensure adequate protection of the community.[13] Those proposed orders need to be considered in the context of the evidence of the psychiatrists that his risk of committing a serious sexual offence is now moderate or moderately low.

[92] One of the terms of the order is the period of time for which the supervision order applies to the respondent (s 13A). The draft order provides for 10 years.

[93] I cannot be certain that if the respondent satisfactorily completes a supervision period of 10 years he will thereafter not pose an unacceptable risk,[14] and I am not to have regard as to whether the respondent may become the subject of a further supervision order, but I do not ignore the statutory context including the potential for extension of the operation of the order in the event of a contravention.[15] Having regard to the respondent's resistance to treatment in custody, a lengthy period under a supervision order would be appropriate:

(a) to provide him with a long period of treatment and review in the community; and

(b) to give psychiatrists a better opportunity to understand his offending pathway.

[94] The next significant conditions are those pertaining to rehabilitation and counselling. The draft supervision order provides that the respondent must obey any direction by a corrective services officer about seeing a doctor, psychiatrist, psychologist, social worker or other counsellor. Those conditions include obeying a direction about participating in treatment or rehabilitation programmes.

[95] The respondent has been diagnosed with paedophilia. He has consistently refused to accept his guilt in relation to the index offending and has, despite repeated opportunities, refused to participate in any group sexual offending therapy programs. However, I am satisfied that the evidence demonstrates that he needs to engage with programs such as MISOP in the community, and be responsive to them, if his treatment is to be effective.

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12 *Attorney-General (Qld) v Beattie* [2007] QCA 96, [29] (Keane JA, with Holmes JA and Douglas J agreeing).

13 *Van De Wetering,* [35].

14 *Attorney -General v KAH* [2019] 3 Qd R 329, [71]-[72] (Davis J).

15 *Attorney-General (Qld) v Buckley (No 2)* [2022] QSC 88, [31](d) (Bowskill CJ).

[96] The individual treatment which he has undertaken in the last 18 months has led to "very small" improvements, but has done nothing to address insight into that sexual offending against children as a mature aged man. Rather, the individual therapy has led the respondent to a guarded acceptance of inappropriate conduct at a time at which he claims to have almost been a child himself.

[97] According to the medical specialists, group therapy achieves a demonstrably better outcome than individual therapy. Whilst I accept there is a risk that in the respondent's circumstances he will have an adverse reaction to group therapy, particularly if he is challenged in relation to his conduct, the evidence strongly supports the conclusion that he ought to engage in group therapy such as MISOP (or HISOP if available) *and* to continue with the individual therapy which he has been undertaking for the last 18 months. Ms Kelly, Director of Rehabilitation Strategy and Offender Intervention for Queensland Corrective Services described that individual therapy was a "very effective auxiliary" to a group-based program. I would expect that the QCS would tailor a treatment condition for him that would include both the group therapy and individual therapy, recognising the need to complete the GSPP before MISOP could be commenced.

[98] Ms Wildermoth, acting manager of the High-Risk Offenders' Unit confirmed that the unit would continue to organise individual psychology sessions for the respondent with Dr Baleta if he were released to a supervision order.

[99] Whilst in custody, the respondent has consistently refused to engage in the GSPP and the HISOP, the respondent proposed conditions concerning his participation in the GSPP, and potentially, the MISOP in the community. His complete refusal to engage in a similar program in custody might give pause for concern as to whether he will in fact engage in that program. Against that, so critical is the engagement in group therapy as part of the supervision order that if he refuses to genuinely participate in those programs, he faces a real risk of being returned to custody.

[100] As to further conditions, post-release, the respondent would be required to meet with a senior case manager weekly or twice weekly to discuss issues pertaining to compliance with the supervision order, and identify risk factors, triggers and stressors. Those case managers are trained in breach intervention and in supporting offenders to work on their treatment plans. If the respondent refused to engage with his treatment sessions as directed in a way which evidenced significant non-compliance, then Ms Wildermoth identified that the respondent would be exposed to breach action or return to court by way of a warrant.

[101] Other conditions such as a curfew limits the respondent's movements during certain times of the days. According to Ms Wildermoth, electronic monitoring, more likely than not, will remain on the respondent's leg at all times, even when he moves off the precinct.

[102] The balance of the conditions incorporate the recommendations of the psychiatrists as to risk reduction, including:

(a) restricting movement and association;

(b) ensuring that he lives only in premises approved by QCS;

(c) works (including volunteer work) or studies only in employment or study approved by QCS;

(d) requires him to provide information about a motor vehicle or mobile phone he possesses;

(e) prohibited use of a computer or phone with access to the internet;

(f) no contact with any victims;

(g) rules about drugs, alcohol and medicine;

(h) prohibited from contact with children under 16 without the written permission of QCS;

(i) prohibition against going to a public, park, shopping centre, play area or within 100 metres of a school or childcare centre; and

(j) not permit him to join or participate in a club or organisation in which children are involved.

[103] Each of these conditions is important to the adequate protection of the community.

[104] There is reason to suppose the respondent will comply with the above conditions of his release, there having been no breaches of prison discipline during the periods of his incarceration. It is only whether he will comply with the treatment regime that is a matter of serious concern, and the threat of return to prison if he failed to genuinely participate in that treatment ought to be enough to encourage his proper participation.

[105] In the context of the evidence of the psychiatrists that his risk of committing a serious sexual offence is moderate or moderately low, and that his behaviour is more likely to be after a period of grooming and less likely to be spontaneous or impulsive (and therefore more likely to be detectable), I am not satisfied that the applicant has proved on acceptable, cogent evidence, to a high degree of probability, that the community will not be adequately protected by a respondent's release on a supervision order.

[106] My formal order is that, having been satisfied that the respondent is a serious danger to the community, the respondent is to be released from prison and must follow the rules contained in the supervision order attached to the reasons and marked Annexure A for a period of 10 years, until 16 July 2036.

ANNEXURE A

SUPREME COURT OF QUEENSLAND

REGISTRY: Brisbane

NUMBER: BS 8365/24

Applicant	**ATTORNEY-GENERAL OF THE STATE OF QUEENSLAND**
	AND
Respondent	**TAR**

SUPERVISION ORDER

Before: Treston J

Date: 16 July 2026

Initiating document: Originating Application filed 4 August 2024

THE COURT, being 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 of the Dangerous Prisoners (Sexual Offenders) Act 2003 (the Act), orders that **TAR** be released from prison and must follow the rules in this supervision order for 10 years, until 16 July 2036.

To **TAR:**

1. You are being released from prison but only if you obey the rules in this supervision order.

2. If you break any of the rules in this supervision order, the police or Queensland Corrective Services have the power to arrest you. Then the Court might order that you go back to prison.

3. You must obey these rules for the next 10 years.

Reporting

4. On the day you are released from prison, you must report before 4 pm to a Corrective Services officer at the Community Corrections office closest to where you will live. You must tell the Corrective Services officer your name and the address where you will live.

5. A Corrective Services officer will tell you the times and dates when you must report to them. You must report to them at the times they tell you to report. A Corrective Services officer might visit you at your home. You must let the Corrective Services officer come into your house.

To "report" means to visit a Corrective Services officer and talk to them face to face.

Supervision

6. A Corrective Services officer will supervise you until this order is finished. This means you must obey any reasonable direction that a Corrective Services officer gives you about:

   (a) where you are allowed to live; and

   (b) rehabilitation, care or treatment programs; and

   (c) using drugs and alcohol; and

   (d) who you may have contact with; and

   (e) anything else, except for instructions that mean you will break the rules in this supervision order.

   A "reasonable direction" is an instruction about what you must do, or what you must not do, that is reasonable in that situation.

   If you are not sure about a direction, you can ask a Corrective Services officer for more information, or talk to your lawyer about it.

7. You must answer and tell the truth if a Corrective Services officer asks you about where you are, what you have been doing or what you are planning to do, and who you are spending time with.

8. If you change your name, where you live or any employment, you must tell a Corrective Services officer at least two business days before the change will happen.

   A "business day" is a weekday (Monday, Tuesday, Wednesday, Thursday and Friday) that is not a public holiday.

No offences

9. You must not break the law by committing an offence of a sexual nature.

10. You must not break the law by committing an indictable offence.

Where you must live

11. You must live at a place approved by a Corrective Services officer. You must obey any rules that are made about people who live there.

12. You must not live at another place. If you want to live at another place, you must tell a Corrective Services officer the address of the place you want to live. The Corrective Services officer will decide if you are allowed to live at that place. You are allowed to change the place you live only when you get written permission from a Corrective Services officer to live at another place.

This also means you must get written permission from a Corrective Services officer before you are allowed to stay overnight, or for a few days, or for a few weeks, at another place.

13. You must not leave Queensland. If you want to leave Queensland, you must ask for written permission from a Corrective Services officer. You are allowed to leave Queensland only after you get written permission from a Corrective Services officer.

Curfew direction

14. A Corrective Services officer has power to tell you to stay at a place (for example, the place you live) at particular times. This is called a curfew direction. You must obey a curfew direction.

Monitoring direction

15. A Corrective Services officer has power to tell you to:

    (a) wear a device that tracks your location; and

    (b) let them install a device or equipment at the place you live. This will monitor if you are there.

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

Employment or study

16. You must get written permission from a Corrective Services officer before you are allowed to start a job, start studying or start volunteer work.

17. When you ask for permission, you must tell the Corrective Services officer these things:

    (a) what the job is;

    (b) who you will work for;

    (c) what hours you will work each day;

    (d) the place or places where you will work; and

    (e) (if it is study) where you want to study and what you want to study.

18. If a Corrective Services officer tells you to stop working or studying you must obey what they tell you.

Motor vehicles

19. You must tell a Corrective Services officer the details (make, model, colour and registration number) about any vehicle you own, borrow or hire. You must tell the Corrective Services officer these details immediately (on the same day) you get the vehicle.

A vehicle includes a car, motorbike, ute or truck.

Mobile phone

20. You are only allowed to own or have (even if you do not own it) one mobile phone. You must tell a Corrective Services officer the details (make, model, phone number and service provider) about any mobile phone you own or have within 24 hours of when you get the phone.

21. You must give a Corrective Services officer all passwords and passcodes for any mobile phone you own or have. You must let a Corrective Services officer look at the phone and everything on the phone.

Computers and internet

22. You must not purchase, obtain, or have in your possession a computer, mobile phone or any other device that is able to access the internet without prior written permission from a Corrective Services officer.

23. You must get written permission from a Corrective Services officer before you are allowed to use a computer, phone or other device to access the internet.

24. You must give a Corrective Services officer any password or other access code you know for the computer, phone or other device. You must do this within 24 hours of when you start using the computer, phone or other device. You must let a Corrective Services officer look at the computer, phone or other device and everything on it.

25. You must give a Corrective Services officer details (including user names and passwords) about any email address, instant messaging service, chat rooms, or social networking sites that you use. You must do this within 24 hours of when you start using any of these things.

No contact within any victim

26. You must not contact or try to contact any victim(s) of a sexual offence committed by you. You must not ask someone else to do this for you.

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

Rules about alcohol and drugs

27. At all times, your blood-alcohol content must be less than .05.

    "Blood-alcohol content" means the amount of alcohol in your blood, which can be tested by the police or a Corrective Services officer using a sample of your breath.

28. You are not allowed to take (for example, swallow, eat, inject, smoke or sniff) any illegal drugs. You are also not allowed to have with you or be in control of any illegal drugs.

29. A Corrective Services officer has the power to tell you to take a drug test or alcohol test. You must take the drug test or alcohol test when they tell you to. You must give them some of your breath, or pee (urine) when they tell you to do this.

30. You are not allowed to go to pubs, clubs, hotels or nightclubs which are licensed to supply or serve alcohol. If you want to go to one of these places, you must first get written permission from a Corrective Services officer. If you do not get written permission, you are not allowed to go.

31. You are not allowed to visit any business that is only licensed to supply alcohol. If you want to go to one of these places, you must first get written permission from a Corrective Services officer. If you do not get written permission, you are not allowed to go.

Rules about medicine

32. You must tell a Corrective Services officer about any medicine that a doctor prescribes (tells you to buy). You must also tell a Corrective Services officer about any over the counter medicine that you buy or have with you. You must do this within 24 hours of seeing the doctor or buying the medicine.

33. You must take prescribed medicine only as directed by a doctor. You must not take any medicine (other than over the counter medicine) which has not been prescribed for you by a doctor.

Rules about rehabilitation and counselling

34. You must obey any direction a Corrective Services officer gives you about seeing a doctor, psychiatrist, psychologist, social worker or other counsellor.

35. You must obey any direction a Corrective Services officer gives you about participating in any treatment or rehabilitation program.

36. You must let Corrective Services officers get information about you from any treatment or from any rehabilitation program.

Speaking to Corrective Services about what you plan to do

37. You must talk to a Corrective Services officer about what you plan to do each week. A Corrective Services officer will tell you how and when to do this (for example, face to face or in writing).

38. You must also tell a Corrective Services officer the name of new persons you have met.

    This includes: people who you spend time with, work with, make friends with, see or speak to (including by using social media or the internet) regularly.

39. You may need to tell new contacts about your supervision order and offending history. The Corrective Services officer will instruct you to tell those persons and the Corrective Services officer may speak to them to make sure you have given them all the information.

Contact with children

40. You are not allowed to have any contact with children under 16 years of age. If you want to have supervised or unsupervised contact with a child under 16 years of age you must first get written permission from a Corrective Services officer. If you do not get written permission, you are not allowed to have contact with the child.

    "Contact" means any type of communication, including things like talking with them face to face, texting, sending letters or emails, posting pictures or chatting, using a telephone, computer, social media or in any other way.

    "Supervised" means having contact with the child while another person is with you and the child.

    "Unsupervised" means having contact with the child while there is no other person with you and the child.

41. If you have any repeated contact (that is, more than one time) with a parent, guardian or carer of a child under the age of 16, you must:

    (a) tell the person(s) about this supervision order; and

    (b) tell a Corrective Services officer the details of the person(s).

    You must do this immediately. This means you have to tell the person, and tell a Corrective Services officer, on the same day you have contact with the person.

42. Queensland Corrective Services has power to give information about you, and about this supervision order, to any parent, guardian or caregivers that you have contact with.

43. Queensland Corrective Services also has power to give information about you, and about this supervision order, to an external agency (such as the Department of Child Safety).

44. You must not:

    (a) be within 100 metres of any school or childcare centre;

    (b) be in a place where there is a children's play area or child minding area;

    (c) go to a public park;

    (d) go to a shopping centre;

    (e) join any club or organisation in which children are involved;

(f) participate in any club or organisation in which children are involved.

If you want to do any of these things, you must first get written permission from a Corrective Services officer. If you do not get written permission, you cannot do any of these things.

Offence Specific requirements

45. You must develop a management plan with your psychologist or psychiatrist to address any risk of sexual re-offence. You must talk about this with a Corrective Services officer when asked.

46. You must advise a Corrective Services officer of any personal relationships you have started.