

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Management of Child Sex Offender Information

Melbourne—Thursday, 22 April 2021

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WITNESS

Dr Kelly Richards, Associate Professor, School of Justice, Queensland University of Technology (*via videoconference*).

The CHAIR: Good afternoon, everyone. Welcome back. You are watching the Legislative Council Legal and Social Issues Committee's public hearing for the Inquiry into Management of Child Sex Offender Information. I am delighted to welcome via Zoom Dr Kelly Richards, an Associate Professor at the School of Justice, who is appearing in a personal capacity today. Thank you very much for joining us, Kelly.

Dr RICHARDS: Thank you.

The CHAIR: I am Fiona Patten, the Chair. Joining me today is Dr Tien Kieu on Zoom. We have Ms Sheena Watt, Ms Kaushaliya Vaghela, Mr Ed O'Donohue and Mr Stuart Grimley here.

If I could just let you know that all evidence today is protected by parliamentary privilege, and that is provided by our *Constitution Act* but also the standing orders of the Legislative Council. This means that any information you provide during the hearing is protected by law. However, if you were to repeat that information outside this hearing, you may not receive the same protection. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All of the evidence today is being recorded. We are also being broadcast today. You will be provided with a proof version of the transcript, and I would encourage you to have a look at that to ensure that we have made no misrepresentations. Ultimately that transcript will make its way onto our website and will also form part of the committee's report.

We would welcome some opening statements from you. The committee has the submission that you presented, but after those statements we will open it up for a discussion.

Visual presentation.

Dr RICHARDS: Terrific. Thank you, Fiona. I would like to begin by acknowledging the traditional custodians of the land on which I work, the Turrbal and Yugara people. I would like to pay my respect to their elders, past, present and emerging, and I want to acknowledge the contribution that Aboriginal and Torres Strait Islander people have played and continue to play in my community and here at Queensland University of Technology. I would also like to thank the committee for giving me this chance to have a bit of a chat today. I am really looking forward to just fleshing out some of my written submission in a little bit more detail. Some of the research that I am going to talk to you about today was funded by Australia's National Research Organisation for Women's Safety, or ANROWS, so I am very grateful to them for that support as well. And it was conducted in partnership with some fantastic collaborators—Queensland Corrective Services, the Bravehearts Foundation and the Offenders Aid and Rehabilitation Services of South Australia. I am just wanting to acknowledge those partners as well.

Next slide, please; thank you so much. In my submission I talked a little bit about some of the reasons why I think exposing identifying information about people who have sexually offended against children could be a bad idea, and I am looking forward to fleshing out some of my thoughts around that in a little bit more detail. But what I wanted to draw your attention to in this opening was around a couple of alternatives. So what do we know about the sorts of programs and measures that are actually effective in reducing the risk that people convicted of child sex offences can pose in the community?

Principally I wanted to draw your attention to this program called Circles of Support and Accountability, or COSA. COSA are something that I have been really interested in for over a decade now; I had a fantastic opportunity about a decade ago to go and observe COSA in practice in Canada, in the UK and in the US. So let me tell you a little bit about COSA. COSA are essentially groups of carefully selected and trained volunteers from the community, so just ordinary people from the community, who work with a person who has been convicted of a sexual offence, often against children but not exclusively. They work to support that person as they are released from prison and rejoin the community. We know that that sort of initial period when a person leaves prison and rejoins the community can be a time of heightened risk, so this is an important time to think about how we can minimise the risk that some of that group of people might pose to community safety. You

will see here that the mission of COSA is to reduce risk by assisting reintegration and helping core members to lead productive, responsible lives. 'Core member' is just the fancy terminology that us COSA people use when we talk about perpetrators.

Next slide, please. Thank you. COSA began in the mid-1990s in Canada and they have since spread to quite far-flung places around the globe, including here in Australia in a limited capacity. There is currently one COSA program that is based down in South Australia, and I wanted to talk to you a little bit about the research that we have done on that program. I might come back to that point, if I can have my next slide, please. Thank you so much.

So, look, what these volunteers do with people convicted of sexual offences is kind of two things. On one hand they offer practical support to that person. That can be things around assisting with accommodation and housing, it can be around getting finances in order, it can be around building a supportive community and network to sort of smooth that transition back into the community and therefore to reduce any risk that that person might pose to community safety. The other really important role of this group of volunteers, who meet regularly with the perpetrator, is representing the community and holding the perpetrator to account. So they sort of have a monitoring role, if you like. They know what that person is supposed to be doing; they know when they are supposed to be meeting with their parole officer, for example. Do they have medical appointments? Are they doing the things that they should be doing to build and lead a law-abiding life in the community?

We found in our research that COSA contribute to the safety of the community. We are doing a whole range of things that you can see here on this slide. We are representing the community by addressing any excuses or minimisations that the perpetrator might have about their offending. For example, the perpetrator might say, 'Well, it wasn't a very big deal', 'I was drunk at the time' or come up with some other type of excuse. A key role of those volunteers is to represent the community and say, 'Actually, that's not okay. That's not in line with community thinking around this topic. It's not in line with community standards'. So it is about doing some of that really important sort of accountability-type work.

We also know that volunteers can reduce the stress that is faced by anybody who is leaving prison and re-entering the community, and that is really important because we know that stress is one of the things that can lead to reoffending. So we are really supporting that offender to make strong networks and to get on their feet to reduce the risks that they might pose. You can see here that they do a host of other activities with the perpetrator or the core member as well.

A key point that I wanted to make about COSA just before I move on is that COSA have been found to be very effective in terms of reducing sexual reoffending. There has been one randomised experiment of COSA, so this is the highest level of evidence that we have about the efficacy of this type of program. That was conducted in Minnesota, and the results were published a couple of years ago. That study found that compared with people with sexual offence convictions who were released into the community without the support of a COSA, those who were in a COSA had 88 per cent less sexual recidivism. So there is some pretty promising evidence around the efficacy of this type of approach.

My next slide, please. Thank you. I am just conscious of time, so I might skim over this in a little bit less detail. Our recent research also looked at a not dissimilar approach that is being used in Queensland specifically for Aboriginal and Torres Strait Islander perpetrators of sexual violence. This cultural mentoring program that we looked at does not have the same structure, I guess, as a COSA. It is more a group of elders who are providing, again, that practical support, emotional support as an Aboriginal or Torres Strait Islander perpetrator rejoins the community but also doing really great cultural and spiritual support and mentorship. Again, these are the sorts of things that we know from the literature can really help smooth a transition from prison to the community to decrease the risk that a person might pose, help them get on their feet and help them build the sort of lifestyle that is incompatible with offending.

Next slide—thank you so much. Again we found in our research that one of the key things that actually both of these programs do is they help a perpetrator to see the value in doing what they are supposed to be doing in the community. These sorts of perpetrators are often released with a bunch of restrictions on their movements. They are often subject to very intensive parole supervision, therapeutic intervention, possibly even electronic monitoring—all of these sorts of things. That can be difficult to navigate, and one of the really important things

that these types of programs do is really assist these perpetrators to see the value for them in sticking to their requirements of release and being a good citizen essentially.

Just in the interests of time I might flick to my next slide, please. Thank you so much. The final point that I wanted to make just in this opening is around the views of victim-survivors of sexual violence, and this is obviously an incredibly important thing to understand. We actually know shockingly little about what victim-survivors of sexual violence think about what should happen to perpetrators of sexual violence. There is actually very limited research literature on this topic and really nothing prior to this study specifically about what victim-survivors think about the period of reintegration. So with a couple of my colleagues, for the first time ever that we are aware of, we actually asked victim-survivors of sexual violence about their own needs during the time when their perpetrators are being released to the community, about what they think should happen to perpetrators and about what they think perpetrators might need. Their views were really complex and in some ways quite surprising. We interviewed 33 self-identified victim-survivors and their views were incredibly diverse, and I think that is an important point to understand because I think we are often, all of us, guilty of assuming that all victim-survivors want and need the same thing, but that simply is not the case and certainly was not the case in this particular study.

Survivors had a whole host of views about what they wanted and needed, but they were unanimous on one point, and that point is that they did not want the person who had harmed them to harm anybody else. That was the bottom line. But importantly, their views were not uniformly or even primarily particularly vengeful or sort of backwards looking. Their views were not usually about sort of ongoing shaming or extremely punitive measures. Rather, they were very, very pragmatic, so they were very sort of future oriented and very focused around efficacy. Survivors want things in place that will be effective in making sure a person who has previously perpetrated sexual harm does not do that again.

My last slide, thank you so much. Just to wrap up, we also specifically asked victim-survivors about COSA. We explained what COSA meant and we sort of tried to get their views around COSA. I should point out here actually that victim-survivors of sexual violence often volunteer in COSA, both here in Australia and elsewhere overseas. Survivors often come forward and want to be volunteers in COSA programs because they want to play a positive role. They want to play a role in holding offenders accountable for their actions. Again, in our study survivors' views on this were pretty heterogeneous, fairly diverse, but in general terms they tended to be quite supportive of the idea of COSA. They really liked the monitoring aspect of COSA, so they liked the fact that the perpetrator would have a weekly meeting with their volunteers, have regular contact with their volunteers—you know, that there is a group of five or six people who know where that person is supposed to be and can be on the lookout for trigger behaviours, be on the lookout for that person lapsing into old habits and behaviours. But more generally, victim-survivors in our study saw COSA as supporting perpetrators to not reoffend, and that is their bottom line. They do not want that person to reoffend. So on those grounds they were cautiously supportive of the idea of COSA.

On the rest of my slides I have just got a few references for you that you might be interested in following up and also my contact details if you have any questions for me further to what I have already outlined. Otherwise, thank you so much for listening to my opening, and I welcome your questions.

The CHAIR: Thank you very much. That was really interesting. Thank you for providing the information about COSA. I think it is a very interesting program that a number of us will have heard about before. Kelly, we heard from the police this morning and they talked about the circumstances where they would release information about someone who was on the offenders list, and that would be if that person was missing or if that person posed a significant threat to the public to the point that they believed it should be released. My understanding is that Western Australia has a slightly different approach and that information is disclosed online. Have you looked at the WA scheme, and do you have any comments on that?

Dr RICHARDS: Look, I am certainly familiar with it. My understanding is that it is not a publicly available register in the way that these registers are publicly available in international jurisdictions and that one has to deliberately seek that information for a legitimate reason. I am certainly much more comfortable with that approach because publicly exposing people who have sexually offended against children comes with a whole host of potentially negative outcomes, and so I think that more cautious approach that Western Australia has in place is certainly a better model.

The CHAIR: Do you still hold some of the same concerns about any model?

Dr RICHARDS: To a degree. Look, some of my concerns are, I guess—the assumption that we have around these registers is that this group of offenders is very likely to reoffend, so we have got this stereotypical idea of the very compulsive child sex offender who is very committed to offending and is dedicated and grooms children and goes out of their way to set up situations in which they have access to children. That simply is not representative of people who sexually offend against children. The vast majority of people who sexually offend against children offend against a child—one child—and that child is someone who they have access to, you know, usually in a family situation. So this kind of myth that we adhere to that we need to know who these people are because they are likely to continue to reoffend—you know, that assumption that these registers are based on—simply is not true. There is a small proportion of all people who sexually offend against children who are very compulsive, dedicated, will go out of their way to create opportunities to groom children and do all of that. The problem with these kinds of registers is their inclusivity, if you like—everyone sort of gets tarred with the same brush, irrespective of the circumstances of their offending, irrespective of their age and all of these other things—and that can be very damaging in terms of minimising the risk that that person poses.

The CHAIR: I think, just finally from me, in looking at I guess that balance of risk, does some limited disclosure—or disclosure—make the community safer? Not to put words in your mouth, but I think from your presentation you were saying things like COSA may have that effect in a better way. But, sorry, I do not mean to put words—

Dr RICHARDS: No, no, no, I appreciate that. Look, if there is going to be \$5 million or \$10 million or however many millions of dollars spent on trying to reduce child sex offending, that money would be much better spent on COSA, which has got a very high rate of effectiveness and a very strong, proven track record, than it would on a sex offender register, which has almost no evidence of efficacy whatsoever.

The CHAIR: Yes. Thanks, Kelly. Is Dr Kieu there?

Dr KIEU: I am here. Thank you, Chair. Thank you, Dr Richards, for your presence here today—all the way from sunny Queensland. It is very good to hear about the great initiative of COSA and interesting to hear about the reduction of recidivism by 88 per cent. That squared very precisely with what VicPol has told us just a few hours ago—that the rate of recidivism in Victoria, where we do not have COSA, is 12 per cent, and somehow they add up to 100 per cent. That is only a remark and a note. What do you think, if the register is made publicly available, would be the impact on the rate of recidivism? I have another part, but I will put it aside.

Dr RICHARDS: Thank you. Let me address one part at a time. Look, if you do not mind, I will address that figure first of all of 12 per cent recidivism. The committee has probably already heard from other people that sexual offenders tend to have a lower rate of reoffence than other types of offenders like violent offenders, drug offenders and so on. We do often hear that figure—14 per cent is the figure that we usually hear internationally of sex offender recidivism. I would urge the committee to just interpret that statistic with some caution. The reason I say that is that not all child sex offenders are created equal. This is a very diverse population of perpetrators, and that figure of 12 per cent, or 14 per cent, is accurate, but it is pretty meaningless. What I mean by that is that within that cohort of child sex offenders, the majority of those people will not reoffend and do not really pose much of a risk of reoffending, and then there is a small cohort of those who are very high recidivist offenders, so that figure of 12 or 14 per cent balances that out, if you like, over this whole cohort and gives a really misleading picture of what is going on.

The fact is there is an immense amount of research that clearly shows that most of these people are not at risk of recidivism and will not be recidivist but that a small cohort are very highly motivated to do so, and they tend to be people who have paedophilic interests, because of course not all child sex offenders are paedophiles—not all child sex offenders have that innate sexual interest in children. They tend to be those who choose strangers as their victims and they tend to be those who deliberately find employment in areas that will give them access to young children. This very compulsive cohort of offenders is responsible for an enormous proportion of that reoffending behaviour, and the rest, the vast bulk of people who sexually offend, simply do not fall into that category. That is what makes this a very difficult area because we need very flexible and agile responses, and we need to target our resources towards that very high-risk cohort—not towards the lower end where it is at best a waste of resources and at worst possibly increasing the risk of that group of people. Sorry, Dr Kieu, that was a bit of a rant about that figure, but I just wanted to make sure that we are all on the same page there.

Dr KIEU: Thank you.

Dr RICHARDS: The second part of your question was around the impact of public registers and what the impact of those might be in terms of recidivism. Look, the research is clear that these types of public registers do not reduce recidivism and, if anything, have negative impacts in terms of recidivism. There is a whole host of reasons for that, and one of those reasons is, as I just touched on, for the bulk of people who have sexually offended against children this type of public exposure is overreach and will actually stigmatise that group very profoundly. And we know very clearly from the research that stigmatisation exacerbates a whole range of things that are associated with reoffending. So if you are extremely stigmatised in this way, that obviously affects your family relationships, it affects your social networks, it affects your education and employment opportunities and all of these things that we know are correlated with reoffending. So what a public register would do, if anything, if applied in that blanket fashion is it would actually increase the risk of recidivism.

Dr KIEU: Back to your COSA model, you have volunteer support and you have core support and you have professional support in various circles, so what would be the implication for the right to privacy of the offender, because then he or she would be known to many people and information may not be as well protected? How do you address that?

Dr RICHARDS: That is an excellent question. So the way that COSA work is that the volunteers and the core member, one of the first tasks that they undertake, if you like, is to develop a written document, so a written sort of contract of expectations around behaviour. So that is predominantly about expectations for the behaviour of the perpetrators—so, you know, we expect you to turn up to meetings, we expect you to return our phone calls, we expect you to see your parole officer, all of those things. But that document also speaks to the expectations of the behaviour of the volunteers, and confidentiality, as you have identified, is very central to that. So everybody agrees and signs documentation that protects the privacy of the perpetrator.

Dr KIEU: Thank you. I am sure the Chair would like to move on. If I have any questions and there is time, I may ask another.

The CHAIR: If there is more time. Thank you, Tien. Ed O'Donohue.

Mr O'DONOHUE: Thanks, Chair. Thank you, Dr Richards, for appearing before us today. It is very interesting what you have got to say. Following on from Dr Kieu, I just want to explore further the COSA model. In addition to giving undertakings to turn up and comply with parole conditions and the like that you just referred to, what other preconditions are there for those to be eligible for the scheme?

Dr RICHARDS: Yes. Another fantastic question. Thank you so much. So usually the person has to be convicted of a sexual offence. There is one COSA model in Vermont in the US in which any perpetrator can participate; they do not have to have perpetrated sexual violence. But for the most part it is that they have perpetrated sexual violence, that they have high needs and are a medium to high risk of reoffending. That might sound a bit counterintuitive, because volunteers are obviously more willing to work with sexual offenders who are lower risk and easier to work with, but what the research clearly shows is that the impact is greatest at that higher level, so where we do have a perpetrator who is quite risky and does have a lot of needs and has no social supports, no family support et cetera in the community. So being sort of at that higher level of need and risk is one of the eligibility criteria.

Look, the other thing is that this program is voluntary. Sorry, I always forget to mention that about COSA, and I appreciate that it is very central and very important to understanding the model. My apologies there. It is voluntary for perpetrators, and they opt in to the program. So to be part of COSA the person has to want the support, and they have to be willing to show up and willing to sign that documentation and adhere to those expectations on their behaviour, and they have to be aware that if they stop doing those things and if they go AWOL, disappear, do not turn up for meetings, stop responding to the volunteers and so on, their behaviour will be drawn to the attention of authorities.

So they need to know that there is that Damocles sword, if you like, in the background and that if volunteers are concerned about the behaviour of that person they will seek advice from the COSA program, and in some cases that means speaking with their parole officer and in some cases core members have breached. Their volunteers have actually alerted authorities, 'Hey, this person is exhibiting some pretty problematic behaviours. They're not doing what they are supposed to be doing', and on occasion a core member has been returned to prison as a result of that. That is obviously not what we would hope for in a COSA program, but it is really important,

right? If someone is not doing what they are supposed to be doing and is exhibiting risky behaviours in the community, then perhaps it is not time for that person to be back in the community.

Mr O'DONOHUE: Can I ask just one follow-up question? When in the process does that COSA program become possible? As part of sentencing considerations, as part of parole considerations, in prison?

Dr RICHARDS: Yes, it varies a little bit around the globe but usually the conversation around COSA starts in the last part of a person's sentence, so when they are starting to have conversations with prison and parole staff about exiting the prison and rejoining the community. That is when COSA are often raised, so 'Would this person benefit from this?'. You know, starting to gather a group of volunteers in the community who can hit the ground running with that person on the day that they are released.

There are a couple of great models in the US, in the UK and I think increasingly in Canada as well, where the COSA is actually beginning in prison. I had the immense privilege of witnessing one of these meetings where the volunteers all sort of go in and they are meeting with the prisoner on a weekly basis for a couple of months before he is released so that that rapport is built up and the network is in place and ready to go for when that person is released.

Mr O'DONOHUE: Thank you—very informative.

The CHAIR: Thank you, Kelly. Kaushaliya Vaghela.

Ms VAGHELA: Thanks, Chair. Thanks, Dr Richards, for your submission and also the very interesting finding of the research that you have outlined in your submission. It basically says why the sex offenders register should not be made public. Now, in your view, are there any circumstances in which the details of a convicted child sex offenders register should be made public?

Dr RICHARDS: Sorry, in which the victims?

Ms VAGHELA: For perpetrators.

Dr RICHARDS: I am sorry. I will just make sure I understand the question. Is the question—

Ms VAGHELA: So should the register be made public in your view?

Dr RICHARDS: Look, there might be a small number of circumstances—and I think you mentioned that the police had touched on this earlier—in which that is appropriate. So it might be if somebody has gone missing or if somebody is not reporting regularly to the police as they are required to or if there is a situation in which a very high-risk individual has sort of gone to ground, so to speak, and people in the community need to be on the lookout for that person. I would be relatively comfortable with that in those very limited circumstances, noting that those sorts of offences are extremely uncommon and that most child sex offending happens in families or institutions or sort of in the broader family and that most perpetrators are not a risk to the general community because they offend opportunistically—within the family and other institutions.

Ms VAGHELA: And the COSA model that you mentioned, which reduces sexual recidivism by up to 88 per cent, but in what time frame, because then we would know in what time frame the offender reoffended. What was the time frame?

Dr RICHARDS: Yes, great question. So the time frame in that particular study I think was 10 years. The thing about COSA is it can be quite an intensive program. COSA are not a panacea, okay? Yes, there is very good evidence that they can reduce sexual recidivism, and yes, we should be doing more COSA in Australia—no question. But will they totally resolve the problem of child sex offending? No, because they only engage with those who have been convicted of child sex offending, and as I am sure you are already aware, that is quite a small cohort of all sex offenders. So they are sort of delving in really in the pointy end, if you like. Sorry, I have just lost my train of thought there.

COSA is quite an intensive model. To recruit five or six volunteers who are willing to give up time to work with someone convicted of child sex offending—it has been done, very successfully, overseas, so we know it can be done, but of course there is some work involved in doing that. COSA were never meant to be a very widespread, blanket approach to this problem. They are a very effective but niche approach to a particular aspect of the problem, if you like.

I am saying that by way of context, but in that study that I mentioned the differences between the two groups, of non-COSA participants and COSA participants, took quite a while to emerge. They did have to track those two groups over time, and I think it was up to about 10 years post release, to start seeing those differences between groups.

Ms VAGHELA: You looked at preventing recidivism. Now, whether it is 10 per cent, 12 per cent, 14 per cent, if you look at the remaining ones, it is, say, 85 per cent or 90 per cent who are offending for the first time. During your research you have looked at many different models, probably—other interstate jurisdictions or international jurisdictions. Is there any way we can prevent it in the first place so that we are catering for 85 per cent or so? Have you come across any model which we should be looking at where we are preventing it? Maybe then we could follow up with the COSA model. If there is something that we should look at, that would be great.

Dr RICHARDS: Yes. That is another excellent question; thank you. People often ask me, ‘Can we use COSA in a more preventative way?’, and I think that is an excellent question. That has not been done in a formalised capacity anywhere in the world, but it does happen on a bit of an ad hoc basis. In my recent research that I undertook in California and in Canada looking at COSA over there, in one of those programs one of the core members actually had never been convicted of a sexual offence. He had come to the attention of criminal justice authorities for totally unrelated offending, but as part of being convicted for this other offence he had to seek therapeutic intervention, and he knew that his problems really stemmed from his paedophilia, and that is how he described himself—he had an enduring, innate attraction to prepubescent children. This particular man had a COSA that was working in a preventative capacity, and actually there is no reason that we could not be using them in that way as well.

In terms of other things unrelated to COSA, look, we know very little really about what we can do at a population level in terms of reducing child sex offending. There are programs in schools, obviously, so educating children around safe boundaries and all of those sorts of things. There is not a strong evidence base that those programs actually translate into reduced sex offending. The evidence shows that those programs are good at building children’s knowledge, but that does not necessarily translate into anything actionable that would actually reduce offending. Then the other things that we have in place are also at that very tertiary end where we are talking about public registers, residency restrictions, community notification, electronic monitoring and all of those types of things, and they all suffer from the same problem—that they are at the pointy end and are missing the other 90 per cent of child sex offending.

If I can make just one succinct comment about that, the big problem is we do not really know why people perpetrate child sexual abuse. There is a shockingly limited body of research on why people do this, and that is the question that we need to answer pretty urgently.

Ms VAGHELA: Thank you.

The CHAIR: Thank you. I apologise. I am aware of time, Kelly, so I will turn to Mr Stuart Grimley.

Mr GRIMLEY: Thank you, Dr Richards. Thank you, Chair. You were talking about the offences for the COSA program. Does that involve offenders convicted of child sex offences?

Dr RICHARDS: Yes, so COSA are used for those who perpetrate against both adults and children.

Mr GRIMLEY: Yes, okay. And you spoke about how disclosure schemes operate irrespective of age and circumstances. Were you referencing any particular disclosure schemes then or was it just a general statement?

Dr RICHARDS: Look, that is just a general statement. I mean, one of my main concerns about these types of schemes is the way that they apply in a very blanket sense. They apply to first-time offenders as much as they apply to someone who is a compulsive recidivist. They would apply to an 18-year-old in the same way that they would apply to a fully fledged adult. They can apply to various levels of offending. And I appreciate that all sexual violence is serious. In some instances, though, putting people on a register for a less serious variety of sexual offending actually exacerbates their risk.

Mr GRIMLEY: I am not too sure if you are very familiar with the Western Australian model, but they are quite restrictive in the types of offending that are available through the disclosure scheme. It is not just a blanket, ‘If you caught sexting, you are on the scheme’.

Dr RICHARDS: Right.

Mr GRIMLEY: It is very, very prescriptive and very narrow, as has been mentioned before as well. We have spoken many times about the lower recidivism rate of sexual offending, which is a good thing. But would you agree that the impact of this crime is of a higher threshold? I mean, we are not talking about stealing cars here with recidivism; we are talking about sexual offending against children. Bearing that in mind—and also, as you are aware, that not all child sex offenders can be rehabilitated—how do you propose that we protect children, albeit a small percentage, from them?

Dr RICHARDS: I do not know if I have the answer to that. To go back to the first comment that you made there around, ‘Is this a higher threshold?’, look, absolutely. I mean, this is unequivocal. We certainly do know from the extensive research that sexual offending against children has very widespread, very profound consequences across a whole host of domains—across health, mental health and suicidality. The rates of revictimisation are very high, and of course in some instances those who have been abused are more likely also to become abusers themselves. I agree wholeheartedly that this is an extremely serious issue. And, yes, we are not talking about stealing cars. We are talking about something that has very profound consequences for individuals, families and communities and very profound economic consequences, being I think the most expensive crime or one of the most expensive crimes. So I wholeheartedly agree in that respect.

Look, yes, there are differential rates of people’s propensity to reoffend. How do we protect children from that very compulsive group? Well, here are a couple of things off the top of my head. We need to have better public education about this topic. People want to know—people want to know what they can do to protect themselves and their children and their students and all of this. At the same time, there is a real resistance to particular facts about child sex offending, so I think as a community we need to do a better job of getting the information out there in a way that parents and teachers and others can adopt and take on board. And one of the key messages there—and again I think this is where registers miss the mark—needs to be that there is a child sex offender in every postcode.

So when I hear this weird narrative about, you know, ‘Parents need a public register so that they can see if there’s a child sex offender in a postcode’, I mean, there is a child sex offender in every postcode. We might not know who they are, but you have to remember that we only catch a small proportion of these people, right? Child sex offending is much more ubiquitous than people realise. It is 12 per cent of boys and over a quarter of girls, and those perpetrators usually, in most circumstances, offend against one child. You can do the maths on that. That is a lot of perpetrators. So this idea that it is very uncommon, and if we just know where this one particular person is in our postcode, is really disingenuous and actually disempowers parents. Parents need to understand the facts of this: that it is common, it is ubiquitous and simply knowing that Joe Bloggs down the street has a conviction will not actually equip them in any way to better protect their children.

Mr GRIMLEY: Do you think, just on that note, if somebody is in a relationship where they have concerns for the safety of their child—or even through a sporting organisation, for instance; I think you mentioned that quite often these perpetrators befriend the family in certain ways, and they find a way in—to come into that environment. Do you think in those circumstances that a limited release of information on request of a parent, as in the Western Australia model, could be a good thing in preventing further offending?

Dr RICHARDS: Potentially. My concerns about that, I guess, are twofold. One of them is that everyone thinks that they will access the register, but they probably will not. There is evidence, from the US actually, that most people say, ‘Yes, I’d use that to check up on my child’s sporting coach and my child’s teacher and my new partner’, but in fact most people do not, and that is where it is publicly available, not where you have to jump through an administrative hoop to access that information.

But the reverse side of that I think is a really important thing for the committee to think about, and that is the sense of false security that is engendered. If a person jumps through the hoops and gets information on somebody and they are not on the register, they think, ‘Oh, great, that person’s not a child sex offender’. I mean, they could be. They could potentially be a child sex offender who has not been convicted. So again, I think that is disingenuous, and it feeds into a narrative that a lot of people in the community believe but that is actually false.

Mr GRIMLEY: I know as a parent myself if I came across that information and that person was not a sex offender, there is no way I would take that information for granted, and I am pretty certain that most parents

would not. Just a question on notice, I suppose, because I know we are running out of time: you spoke about the increase of recidivism for those that are on the public register. Can you provide to the committee the research evidence from that, where that increase in recidivism has come from, if that is possible?

Dr RICHARDS: I am happy to take that on notice, yes.

Mr GRIMLEY: Thank you.

Dr RICHARDS: Could I just make a very quick comment, though? I completely appreciate when you say that you would not take somebody's absence from a register as evidence that they were not a potential perpetrator, and I am sure many others fall into that category, but humans believe what they want to believe. So my concern is that a mother, for example, in a new relationship with a man, has a couple of concerns and checks the register, wanting him not to be a perpetrator. He is not on the register. That confirms what they want to believe, so it lends credence to that in those circumstances.

The CHAIR: Yes. Thanks, Kelly. Kelly, thank you so much for the time that you provided for us today. I appreciate that we did go slightly over our allotted time, so thank you again for that. As I mentioned, you will receive a transcript of today and we encourage you have a look at that. I would also make mention that we are just embarking on a criminal justice inquiry as well, which may be of interest to you. We will send you the details of that.

Dr RICHARDS: That is terrific, thank you. Thank you all very much for your time. I really appreciate the opportunity.

The CHAIR: Thank you, and thank you to committee members, to Hansard and to everyone involved. I will now bring this hearing to a close. Thank you.

Dr RICHARDS: Thanks again.

Committee adjourned.