Submission to Victorian Parliamentary inquiry into Victoria's Justice System August 2021

Concerns that Post Sentence Supervision orders have lost the balance articulated by the Harper Report, from supervision and rehabilitation towards a more punishing and punitive regimen.

By Rose McCrohan,

Alcohol and Other Drug and Mental Health Nurse Practitioner.

&

Thomas Windebank (pseudonym)

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

Executive Summary

Overview

In this submission to the Parliamentary Inquiry, I overview the case of Thomas Windebank (name changed to protect privacy), a man on a Post Sentence Supervision Order who was given a residential condition to reside at Rivergum in Ararat, despite no violence in almost a decade.

My submission overview's incremental legislative changes, that have occurred while he has been on this order. I outline my concerns that these changes and the use of a residential restrictive condition of 2 years. I outline how I believe this will result in men on these orders becoming worse. Detention in residential facilities for the shortest possible time should be facilitated through more frequent judicial review and opportunities for community reintegration.

Thomas Windebank has written his experience on the order for the enquiry to read.

The problems

There have been two significant amendments to the Serious Violent Offenders Legislation in November 2019. The first reduced the ability for a Judge to review the residential condition in less than 12 months. The second amendment removed the words 'up to' and now all people given this residential clause are given it for 2 years. This amendment has in essence resulted in the residential condition becoming a sentence.

When the Harper report was prepared, it was acknowledged that there would be tailoring of interventions of the individual's needs. Men who have completed the entirety of their sentences with no contact with men with sexual offences, are placed into a combined environment and just expected to participate in group programs together. Often, placing men with more serious sexually violent offenders than their original offence.

Critics of post sentence detention have published extensively concerns about breaches of human rights, use of coercive treatments and the risk that orders of this type will make people on these orders worse.

Bartels & Walvisch in their 2019 article Titled More, Longer, Tougher, reviewed post sentence orders in Australia and found that overall reworking of them has resulted in an increased in toughness of the orders, have enabled longer sentences and increased the number of people who are the subject of these orders, with little evidence that they increase community safety.

The Harper Report describes a voluntary treatment model and in Serin, Lowenkamp and Lloyd 2020, 'there is slippage in the model as treatment is increasingly becoming mandated and not voluntary'.

Experts had warned against the weight given to the HCR risk assessment tool and the risk that courts would consider this tool more predictable despite evidence its predictability is no more than a guess. Men who enter residential facilities will continue to be high risk when assessed by the HCR tool. The course content is not measured by the tool, hence participation in the program is not able to reduce the risk. Courts will not be able to assess the impact of the course content on risk reduction. It is only when the person is reintegrated into the community that the HCR tool can reduce from high to medium risk.

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

Recommendations

1. Review the implementation of the Serious Violent Offenders legislation against the Harper Report and its recommendations and review the function of the post sentence authority and its accountability structure.

2. That the Sentencing advisory Council and Victorian Law Reform Commission review the residential condition within the legislation to determine if it is in effect a sentence.

3. The Office of the Chief Psychiatrist review the therapeutic program content to determine if multiple treatment options should be provided.

4. Set a review date for the legislation that includes submissions by advocacy groups.

5. Adequately fund Legal Aid Victoria to represent people who are the subject of these orders because it is in the community's interest.

6. Amend legislation to include more frequent judicial review

7. Consider innovative models of practice that reduce the need for restrictive conditions

8. Amend the drug treatment order clauses to include sanctions and reduce the return to custody for minor breaches of the conditions of the orders. Adopting the programs utilized by the Magistrates court in Victoria.

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

Case study

Specific to the case of Thomas Windebank.

It's been almost a decade since the index offence was committed in [redacted]. He served 2 years on remand and in [redacted], he was sentenced to another 4½ years in custody. Mr Windebank and another man were charged with Reckless Injury with common purpose. He was due to be released in [redacted] at age 28. Since [redacted], Mr Windebank has never progressed to committing any further violent offences. He avoided violence while he was in custody. Mr Windebank is not a risk to women or children.

It's important to remember that during his years in custody that Mr Windebank was never violent in prison. Despite the stressors of incarceration, he can describe how consciously he chose a path of nonviolence to people and was able to maintain this and avoid violence.

During his time in custody Mr Windebank acknowledges that he participated in drug use at times, but also extended periods of abstinence. He was the subject of prison incident reports at times for non-conformity with rules.

Mr Windebank can describe that if he was aware at the time of his sentence that he was going to be the subject of a post-supervision order, that he would have made different decisions during his time in custody. As recommended in the Harper review, people should be given advanced notice of the orders. Mr Windebank was notified 3 weeks prior to release that he would be the subject of the order.

Throughout Mr Windebank's time on the supervision order there have been incremental changes to the legislation that possibly tip the balance from its intention to monitor and supervise men post sentence programs to punishing and punitive treatment for crimes that have not yet been committed and being punished again for crimes that they have already served their sentence for.

It's important to be reminded from the Harper Report (Complex Adult Victim Sex Offender Management Review Panel Advice on the legislative and governance models under the Serious Sex Offenders (Detention and Supervision) Act 2009 (Vic) November 2015) of the recommendations put forward to manage this delicate balance between provision of supervision and monitoring and community protection.

The following excerpts from the Harper report.

> *Thirdly, any individual's risk of reoffending cannot be accurately predicted. At best, offenders can with reasonable confidence be placed among a group which, as a group, falls within a category of risk generally ranked as 'low', 'moderate' or 'high', sometimes with gradations in between. It is easier to identify the factors which, if managed effectively, will reduce the chances of reoffending than it is to predict the likelihood of reoffending by an individual – still less the likely seriousness of that reoffending.*
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> *Fourthly, those with the most promising prospects of reducing their risk to the greatest proportionate extent are those who present the greatest risk. It is this cohort upon which any scheme to enhance the protection of the community by the imposition of ongoing detention or supervision should concentrate. Treatment of those with a low risk may cause harm rather than be of benefit, and in any event the expense of such treatment is difficult to justify against its utility. The opposite is true of treatment of offenders who present as being among those*

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

with the greatest risk of further serious offending – provided, of course, that such treatment is carefully tailored to meet the individual needs of the offender.

There are good reasons for placing strict boundaries around a regime designed to protect the community against offenders who are thought to pose a risk. First, any offender's risk of reoffending cannot be accurately predicted. At best, offenders can with reasonable confidence be placed among categories of risk. The certainty is that many, even in the highest category, and no matter how impervious to reform they might appear to be, will never reoffend, at least not by committing an offence of serious interpersonal violence (sexual or otherwise). The equally valid truth is that some in the lowest category of risk will, despite giving every indication to the contrary, reoffend by acts of serious criminality. Risk cannot be eliminated. Mistakes in the classification of offenders who pose (or might pose) a risk, are inevitable. Some who would never reoffend will be detained or supervised unnecessarily. The considerable resultant cost will have been entirely wasted, and the liberties of those affected will have been uselessly and severely compromised. Others who, if placed in detention or under supervision, would have been prevented from reoffending, will exploit their freedom by committing acts of serious criminality.

Attempts to predict recidivism among violent offenders are somewhat less problematic for what might be termed lesser forms of violence. Similar difficulties remain, however, when predicting the probabilities of seriously injurious offending. The consequence is that there will be 'false positives', whereby offenders who will not reoffend are erroneously included in the cohort of those considered at high risk of reoffending.

Research conducted on similar schemes in other Australian jurisdictions raises the possibility that there may be unintended consequences of post-sentence supervision or detention, in that it may cause more harm than it prevents. The possibility, raised by this research, that post-sentence detention and supervision may on occasion cause rather than prevent harm needs to be taken seriously. Accordingly, the Panel has considered this throughout the review. Any scheme designed to provide protection must, of course, cause no avoidable harm, collateral or otherwise, to those affected by it.

The SSODSA operates within this Victorian human rights framework. When the SSODSA was introduced in 2009, it was accompanied by a statement of compatibility with the Charter. A number of safeguards were identified to 'adequately protect an offender's right to liberty, privacy and freedom of movement and ensure that limitations upon these rights in each case are appropriately limited to what is necessary to achieve the stated purposes. 'If a court imposes a supervision order, it must ensure that its conditions (other than the core conditions), 'constitute the minimum interference with the offender's liberty, privacy or freedom of movement that is necessary in the circumstances to ensure the purposes of the conditions.' Offenders subject to detention orders must be treated in a way that is appropriate to their status as an unconvicted prisoner, subject to any reasonable restrictions.

Providing a balance between the rights of victims and offenders will always be a difficult exercise. The Panel is of the opinion that the importance of the duty to rehabilitate offenders may be viewed as central to justifying breaching a person's liberty after a sentence has been served. Mere containment offends not only against human rights, but also against well-established legal principles such as the principles of proportionality and finality in sentencing,

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

the principle that governments should punish criminal conduct, not criminal types, and the principle against double punishment.

Risk assessments are predictions of probability. In this area they apply to large groups sharing certain characteristics but not to individuals with their individual characteristics. Risk assessments by professionals of various types and qualifications currently play a major part in determining what if any programs and rehabilitation prisoners receive to reduce reoffending. Risk assessments also contribute to the decision by a court concerning whether offenders are subjected to post-sentence restrictions. The facade of science and objectivity provided by lengthy reports and multiple test results may provide comfort to decision makers. It, however, provides little of substance regarding predicting the risk of the particular individual standing before them. What risk assessments, properly conducted, can add is information, not about what the likely reoffence scenario may be, but on what may reduce that offender's level of risk, whatever that risk may be. The greatest contribution of the best risk assessment procedures is therefore to direct the best approaches to risk management. Any post-sentence regime must recognise these are the limitations of risk assessment – that the risk posed by any individual offender cannot be predicted with certainty, or anything approximating certainty

Where possible, the application for a supervision order should be made to a judge with experience in this jurisdiction and who, if the application is granted, will be likely to preside over further hearings in which the offender is involved. If further applications involving that offender come before that judge, he or she should (consistently with the duty to ensure that the parties have the opportunity to address points by which, otherwise, they might be taken by surprise) draw upon his or her knowledge of the circumstances of the offender

Post-sentence detention or supervision must avoid notions of punishment, emphasise rehabilitative treatment and management and employ conditions that are proportionate to the gravity of the risk posed by the offender.

It appears there is more flexibility in delivering individual interventions for violent offenders, than sexual offenders. The number of individual sessions and reported participants in prisons for violent offenders in 2014–15 (provided to the Panel by Corrections Victoria) is outlined in Table 12. Table 12: Volume of prisoners participating in individual interventions Total sessions Serious violent offenders' General offenders' Total participants Average number sessions 1,436 131 20 151 9.5

Offenders who pose the greatest likelihood of causing serious interpersonal harm should, by virtue of their high risk and multiple criminogenic needs, be needing more tailored interventions than other offenders and should be a high priority for receiving such interventions.

When asked by the Panel if it would be valuable to have one program that addresses both sexual and violence risk, Corrections Victoria replied: There may in some cases be the need to consider the continuity and complexity of treatment needs and how these may be addressed through single or multiple services or service streams. These are often dictated by the individual case and the individual circumstances that may warrant treatment across domains.

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

> *It should however be noted that often expertise is built in one or other area, which may result in some challenges in servicing both aspects through a single program. Such interventions may not necessarily be conducive to group treatment in all instances. The Forensicare Problem Behaviour Program is an individual one-on-one service which recognises these complexities.*

> *Some professionals are strongly opposed to the use of predictions of future risk in determining decisions about continuing detention and supervision of both offenders and those with severe mental disorders. The basis of their opposition is that risk assessments lead to far too many false attributions of future risk with consequent limitations on civil liberties without any real benefits in the form of public protection, or the improved management of offenders or patients. In a paper on the legal aspects of the use of risk assessments, Hamilton states that imposing criminal justice penalties based on risk assessments derived from group data 'is akin to punishing someone for what other purportedly statistically matched persons have done'. This would presumably be equally true for the restrictions imposed under civil schemes of preventive supervision and detention like the SSODSA, which impinge on liberty on the basis of risk assessments. To judge someone on the basis of their membership of a particular group and not on their individual characteristics is, after all, the definition of prejudice.*
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> *Complex Adult Victim Sex Offender Management Review Panel Advice on the legislative and governance models under the Serious Sex Offenders (Detention and Supervision) Act 2009 (Vic) November 2015*

In March [redacted], Mr Windebank who has been detained for 28 months at the Rivergum residential facility under the post sentence supervision order, was sentenced to another 12 months at the facility despite significant progress in individual therapy. Mr Windebank was initially given a 6-month restrictive condition due to breaches of the order, that is, returning some positive urine drug screens and a couple of ‘minor’ curfew breaches. For the past 18 months he has been at an impasse with the facility that has been unable to be resolved. Mr Windebank who has no history of violence against women or sexually violent crimes, has asked in weekly meetings that a solution be found to enable him to undertake the program content, but not with men in the facility who have been convicted of sexually violent crimes.

Mr Windebank has just completed a 3-month prison sentence for returning a urine drug screen positive for drugs, his second in 26 months. He was held in the Melbourne Assessment Prison for most of that time but was transferred to Barwon Prison for the remaining 3 weeks of that 3-month sentence. Then on the day of his return to Rivergum, he was rearrested and returned to custody for another 49 days, for damaging an electronic card reader

Further background information

The UK’s post sentence supervision orders and Victoria’s drug treatment orders are programs that use a range of sanctions that can be utilised if non-adherence to the order occurs. At times, a return to custody may be utilised by the court. Victoria’s post sentence supervision orders result in breaches and subsequent return to custody on each occasion of a breach. That is, where a urine drug screen is detected as containing illicit substances, even if the next urine drug screen shows no drugs detected

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

and in Mr Windebank's case he was continuing to attend alcohol and drug treatment appointments, there must be a return to custody for the breach. Clinical risk, treatment compliance and assessment of the breach has no discretionary guideline.

Breaches of curfews are also treated in this manner, with no distinction between a minor breach, e.g. arriving home 15 minutes late and remaining out for extended hours beyond curfew. As a result, Mr Windebank's capacity to maintain longer periods of time out in the community were hampered by the frequent returns to custody for minor breaches of the order.

At the time that the legislation was enacted, Mr Windebank was 3 weeks from release into the community. His period of notice that he was going to be placed on this order was less than recommended in the Harper Report.

In [redacted] he was released into the community and returned to custody several times due to non-violence breaches of the order, primarily mild breaches of curfew and urine drug screens. It is important to note that at no stage did his behavior in the community include acts of violence. Return to custody is returning to an environment where people can access substances. The occasions of return to custody for urine drug screens interrupted his attempts to achieve extended time in the community on the order. When we was out of custody, attendance at alcohol and drug counselling with a specialist program were high overall.

In May [redacted] Mr Windebank was given a 6-month intensive residential treatment condition. That is, to reside at the Rivergum treatment facility in Ararat. By the time this condition was due to be reviewed, the legislation had been updated, removing the ability for a judge to review the order in less than 12 months. This applies for all people now subject to a post sentence supervision order. The words 'up to' were removed and from November 2019, all people given or already on the intensive residential condition were immediately 'sentenced' to 2 years in the facility, with no option to accelerate through the program, or be offered earlier return to the community. In his court hearing, reference to the change in legislation was described as occurring directly relating to Mr Windebank's case, that is, that 'we think the 6 months review resulted in Mr Windebank not participating fully in the program", "we mean no disrespect to Judge X".

Bartels & Walvisch in their 2019 article Titled More, Longer, Tougher, reviewed post sentence orders in Australia and found that overall reworking of them has resulted in an increased in toughness of the orders, have enabled longer sentences and increased the number of people who are the subject of these orders, with little evidence that they increase community safety.

There is no mention in literature of how any schemes deal with false positives or even if a process exists to ensure independent organisations are funded to ensure objective assessment occurs.

During his time in the facility Mr Windebank has engage in evidence based individual treatment and has progressed and made improvements, this has been acknowledged in court. However, on each of his review occasions since May [redacted] he has appeared before a different judge. The original sentencing judge no longer reviews his progress. The Harper Report recommended continuity of the sentencing judge who knows the person and likely to be involved in an ongoing manner.

In other community corrections orders, more frequent judicial review occurs. Where post sentence supervision orders are implemented, there should be frequent judicial review and review of the orders to ensure persons subject to the orders progress can be assessed and orders tailored. Where a restrictive condition such as a residential treatment clause is added, more frequent review by the judge should be encouraged. Preventing a judge from determining the length of judicial review through

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

legislative change seems contrary to the intent to maintain the human rights of persons under these orders.

The primary point of impasse relates to the expectations of the group-based aspects of the program. That is, that he must attend and reveal deeply personal information to group-based participants, most who committed a sexually violent crime. Mr Windebank, himself a victim of abuse and classified as no risk to women or sexual violence, has asked to complete the program content either within the individual treatment, with members of staff as program participants, or with another resident who has not been convicted of sexual violence. For over 18 months this impasse has continued, despite evidence in court that that individual therapy is as effective.

Given that willingness to participate in a treatment type that is as effective and the Harper Report recommends programs should be tailored to suit individual's needs, the residential facility's unwillingness to offer an alternative path should be scrutinized. The numbers of men in the facility is low overall and unlikely to achieve numbers of participants significant for statistical studies. Outcomes can be evaluated on qualitative research methods and narratives. Individual therapy has a strong evidence base and limiting the ability for a person to progress unless the complete group-based programs is against the recommendations of the Harper report.

To attend the group program seems a simple solution but is more complex in its nature and the consequences of the impasse remain far reaching. The positive therapeutic relationships Mr Windebank developed with his psychologist and case manager have become strained at times as a range of coercive strategies have been utilized to try to coerce him to attend the group-based program. Strategies such as denial of access to therapy and his partner has never been allowed to visit the facility, even before COVID restrictions were imposed. Mr Windebank has identified that the staff at the facility are good people and he is willing to have them as his group-based program participants.

During COVID restrictions in Victoria it was remarkable to hear from colleagues and friends about the impact of curfews and limitations on liberty. To hear and experience the deterioration of people's mental health, loss of connection, loneliness, isolation and disconnection from friends and family. It was during this time that Victorians experienced what it was like to be the subject of deprivation of liberties. Former Attorney General Rob Hulls was quoted in a newspaper early in the pandemic describing how tough jail is.

After 26 months in the facility and acknowledged improvements and progress, Mr Windebank's order to reside at the facility has been extended for another 12 months with the implication that completion of the group-based aspect of the program is the only way to reduce his risk. It is important to remember that at this time, the number of breaches of the order in 26 months are 3 breaches only, 2 urine drug screens and damage to an electronic card reader.

There are claims that the program cannot be completed in less than 52 weeks and therefore that entry into a fourth year to do phase 3 reintegration will most likely occur as Phase 3 is a 34 week process of which 17 weeks must be served within the facility before any leave into the community can be provided. Mr Windebank has now served almost 1/3 equivalence of his sentence and by remaining a third year will have served half his sentence again yet has not committed a violent offence. He sits within a category of risk that will remain unchanged by his length of time in the program. The clinical risk assessment tools used to assess risk will continue to grade Mr Windebank within the category of high risk while he remains in the residential facility. The only ability for the risk assessment scores to reduce are when he has community-based factors in place. Therefore, the impact of the therapeutic program is difficult to measure and it does little to reduce the level of risk overall.

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

I would argue that changes to the legislation making the residential clause 2 years, where the ability for a judge to order a shorter treatment time and the principle of detaining people for the shortest possible time has been overridden by legislative changes, these have been in effect a sentence. All men on the orders were affected by this change.

Any extension of time offered to Mr Windebank when he has made progress and participated in evidence based individual therapeutic interventions, is a sentence and further punishes Mr Windebank for a crime he has not committed. 'There is no way to predict whether someone will become violent in the future', Gharribian E.

I cannot see how a therapeutic relationship with the facility can be maintained at this time, and what meaningful therapeutic work Mr Windebank can bring to his therapeutic sessions. His story is now one of significant deprivation of liberty, double punishment and sentencing for a crime he has not committed. While in this restrictive residential facility there are no experiences akin to normal day to day relationships with people, responses to stressors faced by people in daily work and relationships. His only experience is an abnormal prison like maximum security facility with antisocial sex offenders and deprivation of visitors, friends, and family. Notwithstanding that the length of time in the facility on a restrictive condition is for such minor breaches of the order with no corresponding violence.

The ability for program participants to be on their own with a small group of staff who demonstrate prosocial attitudes, values, and behaviors would be of great benefit. Perhaps the model of Rivergum in Victoria could lead new developments in models of care by adhering to the evidence that tailored treatments to an individual and a suite of evidence-based treatment types should be provided.

Notwithstanding the manifestly excessive length of sentence and detention for breaches of the order. The decision to make the order 2 years would be against clinical evidence as individual's recovery time cannot be determined. Mr Windebank's 3-month sentence for a urine drug screen breach is excessive and disproportionate.

The Harper Report describes a voluntary treatment model and in Serin, Lowenkamp and Lloyd 2020, 'there is slippage in the model as treatment is increasingly becoming mandated and not voluntary'. My primary concern is the imposition of coercive treatment through inhumane methods to attempt to force Mr Windebank into group-based treatment when the evidence shows that both individual and group-based programs have little statistical difference in outcomes. Clinical recommendations would be that where group programs cannot be provided, that alternatives are sought and treatment offered in one to one counselling. (O'Brien, Sullivan, and Daffern 2016). O'Brien et all also found in their article on Integrating individual and group-based offence focused psychological treatments, comparable outcomes for group based and individual treatment. In refusing to offer an alternative pathway for Mr Windebank, the program is acting against the recommendations of the Harper review, good clinical evidence and against the principles of detaining for the shortest possible time.

Mr Windebank has great insight in understand that people assimilate to environments they are in. He is determined to not assimilate to behaviors of men with sexually based violence towards women and children. Mr Windebank will not be the only person who enters this community for whom alternative evidence-based treatment options will need to be sought. There may be highly vulnerable program participants for whom participation escalates problematic behaviors. Or people whose influence by the group is detrimental and staff should have the clinical capacity to recommend more than one style of intervention.

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

Innovative and future practices that could be tried.

The Centre for Innovative Justice has put forward recommendations for the use of solid evidence-based Circles of Support and Accountability (COSA) in their December 2017 paper. There is opportunity for this model to commence while men are in residential services, whereby prosocial staff can become their COSA, setting up the experience for men to join COSA programs when they are released into the community. The core advantage is increasing the support from prosocial members of the community to assist men to be accountable for their behavior.

As our community grapples with strategies to manage violence, men's behavior changes and the call for men to play a role in addressing men's behavior, COSA models offer another suite of treatment options, in particular, addressing the complex challenges of reducing the influence of peers.

In conclusion

Hearing Mr Windebank's index offence read out again at the recent sentencing, along with details from a forensic psychologist report with detailed opinion of what future violence might look like is akin to being resentenced for the crime already served and for a crime not yet committed. In Shepherd and Sullivan 2016 they describe "The anchoring effect of commencing proceedings with narratives of offending may set the tone for a bias towards estimation of higher risk".

How can we ask that a man who has been isolated from his family, friends, society in general, only surrounded by anti-social peers, willing to participate in treatment that is evidence based but denied access to treatment, despite evidence in the Harper report that alternative pathways may need to be found. How can we ensure that a range of treatment types with demonstrated efficacy are available? If the myriad of risk assessment tools cannot predict who will go on to act violently, then one program type cannot be the only way. COVID 19 resulted in extensive innovation across Victoria and the outcomes will be measured in various ways in the future. Post sentence programs should also follow pathways of innovation. Due to the plethora of complexities outlined in the Harper report, not all aspects of the post sentence program will be evidence based. But there is room for innovation as Victoria grapples with its response to violence in our community.

Let's not ignore the significant progress Mr Windebank has made in 26 months in the facility and that the tool used to assess his risk cannot reduce his level below high risk while he is in the facility. His risk may drop marginally, but it cannot drop below high risk due to the past stagnant factors and future risk factors. Years in residential treatment will not reduce the category of risk he is assessed in. Further deprivation of liberty will not enhance his therapeutic engagement, but service to deepen his distress and despair Mr Windebank, with no history of sexually offending is the perfect candidate to pilot new models of COSA.

My concerns are for all the men in this residential facility, the power that this legislation is gaining, and it's shift away from the delicate balance described in the Harper Report. Bartels article reviewing developments in post sentence programs should be a warning to policy and legislative makers of the shift towards tougher and longer penalties that are occurring. The Harper Report reminds us that some people interviewed at the time described the consequences of these types of orders making people worse. The length of restrictive condition should be reviewed by constitutional law experts.

We must find a better way and return to the recommendations of the Harper Report. We must stop trying to disguise a sentence as therapeutic rehabilitation. Short term restrictive conditions with rapid

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

attempts for community reintegration. Consider Circles of Support and Accountability. The opportunities for this program to be leading in innovative practice should be considered to ensure its long-term viability, as there is a role for post sentence supervision. It must resist continuing down this pathway of tougher, longer sentences with more severe consequences for breaches.

Mr Windebanks case highlights the divergence from the intentions of the Harper Report and some of their concerns realized. The residential clause does not offer the short- and medium-term programs mentioned in their recommendations. Individualized and tailored approaches are not available and further extension of the residential clause into a 3rd year when progress has been made has overstepped the balance between punishment and rehabilitation where individualized responsive treatment was not offered by the facility.

Holley et al in their 2020 article evaluating patient's perspective in medium and long term secure psychiatric hospitals in England recommended that '*Planning care for long stay patients in secure psychiatric settings should take account of the differing stances patient's adopt towards engagement and progression. Service providers should be mindful of these stances and provide patients with individualised opportunities to progress through the secure care treatment pathway, avoiding treatment repetition and maintaining continuity in key professional relationships'.* Once again, emphasising program adaptation to individual treatment.

I strongly urge case review by academic's, policy makers and legal experts to consider the overbalancing of the legislation towards a punishing restrictive regimen. I am calling for experts in clinical treatment, criminal justice, constitutional law, and persons involved in in the original reference group coming together to help guide the legislation back towards the balance. Back towards detaining people for the shortest period of time, allowing individual tailoring of treatment and reintegration into the community and considering sanctions that can replace breaches, thus enabling longer periods of time in the community where risks are identified and corrected, without return to custody as the standard response.

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

I am a Nurse Practitioner who has worked in alcohol and drug treatment since 1992 primarily in alcohol and drug services. I am acting as an independent registered practitioner.

I have a Bachelor of Nursing, Graduate Diploma in Addiction Studies and Masters' of Public Health (Addiction). I have an advanced qualification as a Nurse Practitioner. I have 28 years' experience working with complex behavior's and group dynamics in alcohol and drug withdrawal environments with people on a range of court ordered programs. I have an interest in organizational power dynamics, staff, and resident's dynamics and how this impacts alcohol and drug environments.

I am advocating for Mr Windebank and his family and partner. I have followed his case for over 2 years now and am concerned for the directions Victoria is going in the application of this order. It is my opinion that the length of penalty is excessive. I am concerned that residential clauses will become common and extended to the management of female offender's post sentence.

Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

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30/07/2021

Dear Sir / Madam

My name is Thomas Windebank, and I would like your enquiry to know what has happened to me since I was put on a post sentence order and then given a condition to reside at the Rivergum facility in Ararat.

In [redacted] I was involved in a drug deal that went wrong and I bashed a man. I pleaded guilty to recklessly causing serious injury and was sentenced to 6 years in jail with no further time to serve. I have said many times that I am sorry for what I did, and I have never been violent towards a person since.

Despite never being violent in prison and having made a personal commitment to never commit a violent offence again I was assessed and placed on the Serious Violent Offenders order. I did not want to attend the interview and was told that I would not be let out of the slot unless I went to the interview. Even as I was being taken to meet the psychologist, one of the prison program managers said 'why are you taking him ". During my time in prison, I used drugs, but this did not cause any violence in me. I've also stayed off them for a long time. I was almost 9 months drug free before the end of my sentence. I still do not understand how I could have ended up on this order. I was not considered a risk to women and have never committed any sexual offences.

I was in the community on the order, and I stuck to most of the conditions. I committed no violence; I did not breach the alcohol condition on the order. I was trying to give up methamphetamines and was attending my counselling sessions with HiRoads in Collingwood. I attended 6 out of 8 appointments and was cutting down. I got on well with my corrections officer in the community and attended appointments. I arrived home 15 minutes late one night and was saying goodbye to a friend on another occasion outside the house I was staying. I walked down the driveway, but it registered as being outside the distance allowed from the house, so both resulted in breach of the curfew condition. I went into a pub but not into the licensed bar part of it. Judge Quin described these as minor breaches. The order did not allow for me to give up bit by bit. All positive urines were considered a breach of the order.

I tried to get into drug and alcohol detoxs and rehabs but wherever the Forensic Psychologist report was sent, services did to want to meet me. When they did meet me, they were surprised at how different I was in person. The report made me seem as though I would assault people. Workers and staff at Rivergum and any place that I go say to me that they don't know why I am on this order. I got into a detox and was going to stay 2 days so they could get to know me. While I was in detox, Corrections said that I could not leave the building even to go out with the other people and staff for a walk or to kick the footy, or it would be a breach of my order. But in the community, I only had a night curfew. I don't think they should have 'imprisoned me' in the detox. I told the manager at the time that Corrections could not restrict me like that. I ended up staying 4 days and was going to go back there about a week later to do another detox because everything went well the first time. Staff and people who have worked with me since have told me that they do not understand why I am on this order and do not believe I should be on this order.

I have not been violent in almost 10 years. My attitude to violence changed. Yes, it had been a part of me but when I was 25, I made a commitment to myself at a deeply personal level that I would never commit a violent offence again and I have stuck to my word. I realised how much pain it had caused other people and how I could not help my family because I was locked up. I made a stupid decision back then. Jail is horrible and I have seen some horrible things in there. The risk score system does not consider the number of years since my last violence offence, my attitude wards people. It does not show how much I have grown up while in

prison. Corrections does not record when you do well and all the good you do. I completed the courses in prison. I have never let another man influence me in jail to participate in violence. I know how to avoid it. I use my mouth to get me out of it.

My attendance at alcohol and drug counselling sessions in the community and attempts to cut down were not brought to my court hearing. Each time I was attempting to cut down, I was sent back to jail every time I had a dirty urine drug screen, but there are drugs everywhere in jail.

I was upfront that I had used drugs while I was in jail – but no violence and was attempting to give up drugs in the community. I did not have the behaviours that I have seen in other people using methamphetamines. I was not paranoid or aggressive and did not use daily. At my court cases I could concentrate on all the proceedings, I have excellent recall of what happened. I pay attention and can concentrate for a long time.

[redacted] I was placed on an order for 6 months to go to Rivergum in Ararat. 6 months review would have been the first week in November. I found out that on the [redacted] the legislation was updated, and judges can no longer ask for a 6-month review and the program is no longer 'up to 2 years' but '2 years'. How can it be made this long when no crime has been committed?

I cannot believe that Judge Quins decision was disrespected and the way the Department of Justice delayed my hearing until after the legislation was changed. They said they meant no disrespect to Judge Quin, but I don't agree. They did not agree with her decision. I think they cheated and got the legislation changed as a way around the Judge's decision. Did they ask the Human Rights people, did the judges get a say, did the law institutes get to have input? Did they have evidence. This must be a breach of the constitution. Nobody came up and saw the facility and saw if the program was running as intended. I got sent to Rivergum to do a drug and alcohol program and there was no drug and alcohol program there. In court they said they could provide it, but I detoxed on my own and then got one to one counselling in Rivergum. There was no group here. It was me and 2 men. One of them was not mentally capable and the other spent a few weeks back in prison. Then in October [redacted] they sent 3 sex offenders to the facility. Not all those men are still here. there is only one other man who has been here longer than me. Others have come and gone.

I cannot believe that I am in this facility with men whose have done sexually predatory and violent crimes against women. I don't want to get to know them, I feel repulsed by their crimes. I almost throw up sometimes when I go out the door. I don't want to become their friends; I don't want my mind to ponder the crimes they have committed. I asked if I could do the group program with staff challenging me on any of my issues. My values and morals are more similar to the staff's. They are good people, but this service is trying to force me to sit in groups with men that the staff openly say *they* would not want to do group programs with. At the court case my history of abuse by a predator was brushed over and the forensic psychologist said that many of the men had been victims of abuse. It was implied that this meant I should be okay doing groups with sexual predators. I know that most of these men have been violent in jail. In jail I didn't have to associate with most of these men. They had separate yards to us. They are kept apart from the main prison population.

In the court hearing on [redacted] the forensic psychologist said that I would relapse into drug use if I left and that I was in a drug free facility. But drugs have been found on one of the other men since November [redacted]. I had been drug free since I got here but after they extended the order I was devastated and had a small slip up. It was only after that I got my first offer for drug and alcohol counselling. Rivergum did not offer me the alcohol and drug treatment that they told Judge Quin they could give me.

I did my part, I got involved in the program early on and I opened up to the psychologists who were here. I kept asking if the drug and alcohol program would start but my counsellor here said, 'we don't do drug and alcohol'.

To try and keep drugs out of Rivergum they are isolating all of us. What human rights do I have left? They keep changing the rules and even staff have said that many mistakes have been made here.

How did my crime end up being seen as similar to theirs? I am also at risk of violence from these men. They are not at risk from me, nor are any staff, any members of the community. People said they felt safe around me when I was in the community. In this facility, many staff have been on their own with me, but they will always approach the other men in 2's or 3's at a minimum.

I started locking my door when the sex offenders came into the program. I should have been due to leave the program around the same time.

I have been placed in a facility that is worse than jail and myself and at least one other man doesn't need to be here for 2 years. The judge should have the right to decide 3 months, 6 months, 9 months, 12 months. Isn't this a breach of the Australian constitution to change the program to '2 years' and not allow a Judge to choose an earlier review time.

I have had to argue and stand up for my rights. Sometimes I have told the staff to 'f' off. When I was participating in the programs all my visitors were denied, except my nan. I had to argue to allow my sister to visit me. My nan is too elderly to travel but we speak every night. All my childhood friends who have remained supportive of me were also not allowed to visit. Then I was told that my application for visitors must be presented to a panel of people in Rivergum and my visit request was been denied. My partner was never allowed to visit me. I had no access to computers to write or email Human rights groups, for a long time. I don't want to be around these men, but I think this order will make them worse. I am determined to not become like them.

Before one of my hearing's I was going to see a forensic psychologist in Melbourne to do an independent report but the governor had decided that I was going to be shackled to attend the appointment, so I refused to go. I told him that I was not a prisoner and should not be shackled. We need an independent group who we can tell this to.

I have been told that if I don't attend group program with the sex offenders that they will apply for a detention order. I ask them to document that I am begging them to find another way to help me, but they have said it is the group program or nothing. From November to February, they had stopped all one-to-one counselling with me and would only provide it if I did the group with sex offenders. Then in a weekly meeting with me they told me that I had to bring meaningful information to the one-to-one session's that they have not restarted. Rivergum is not allowing me to move forward with any programs unless I accept the other participants, but I can't physically do it. it makes me sick. But I sit in my unit most of the day. There is nothing meaningful to talk about because I am not doing anything. I told my story to the psychologists and opened up here and worked through my issues in the first few months. My head cleared at about 4 or 5 months. Now there is nothing meaningful in my day to talk about. They have started to give me information and a pamphlet that made me feel sick. I challenged them on the material in it. "This is meant for sex offenders". How can making me participate in any part of this program that tries to reprogram sex offenders be helpful to me when I am not a sex offender. I don't want to know what the mind of sex offender thinks.

I am asking for you to look at the order and the breaches of my human rights. Asking for help to get some rights and get the Victorian order and Rivergum reviewed. I had more rights in prison than in this facility. Men in lower level prisons have more rights than us. We are supposed to be in a post sentence program but I have less rights than in jail. This place is supposed to be for men who have committed horrific crimes against women, the worst of the worst. This is not me. I have not been violent in my personal relationships with women. I am very respectful of women. People have said this many times to me. They should have the right

and power to get people like me out of here back into the community, if they realise a mistake has been made, not force me to associate with men whose crimes against women are sickening.

Staff have told me that they denied my partner visiting me to try and force me to attend the program. They did nothing to support her visiting and in the end I broke up with her because she'd put her life on hold.

At times I feel my hope fading and somedays I sit on the edge of my bed with my head in my hands and talk to myself about whether or not I can do it for another day. I'm luckier than some that I've not had as many suicidal thoughts as some of the men in here. there have been times when the only think I can control have been whether I live or die, because they control every part of my life. I'm not even allowed to do my own banking.

In February [redacted] I was arrested for a dirty urine. My second in 22 months. They said in court "' 'we must punish Mr Windebank'. I got set to MAP then did the last few weeks at Barwon Prison. 3 months jail for a urine drug screen. While I was at MAP, staff said they couldn't believe I had not lost it in anger at what was happening to me when they heard my situation and the same at Barwon Prison. I keep asking why they won't speak up to corrections, but they say they are scared they will lose their job if they say something.

On the day I went back to Rivergum the staff were getting me to sign the paperwork and told me I was back there for 2 years. I wanted to just sign the paper and get back to my unit. They wouldn't let me leave the room. I ended up kicking a card reader because I just wanted to get out of the room. I got rearrested and spent 49 days back in Barwon Prison. I asked if the footage of the incident could be seen by my lawyer and the judge but they say there isn't any.

I want to go home. I only got this order 3 weeks before my sentence finished. I was denied parole because the laws changed. In February when the judge told me I was going to do another 12 months here, he read out the same comments that Judge Quin had read to me when I got sentenced [redacted] I felt sick, it was like I was being sentenced again. I got up and walked out of the video link. How many times can I be punished? I've done my time. I am responsible for my behaviours and actions and although I often tell the staff to 'f' off, I have taken responsibility to never act with violence towards people and have been able to keep that up no matter what has been thrown my way.

The treatment here at rivergum seems to require taking us out of our comfort zone'' they abuse/distress you to make you grow. what is happening here is not good for us at all. they are using this distress abuse method in a cruel manner!

They are distressing us to a point often leading to offending behaviours such as drugs an inner violence or outbursts. Which we then must wear the blame/burden for.

Our phones/computers/the way they shape treatment/ and medical and family contact are all!! being used as tools to distress the subjects. Because it's a mandated space we must turn up on time and get distressed abused put under duress/ all because we are told on a regular basis if we do not comply, we will! be breached and sent back to jail as per usual. It's now not an offence to abuse someone on the serious offender's act; but when that offender has been abused under duress to a point, he offends e.g., drugs or other thing considered a breach he is given a custodial sentence when under normal law would not ever warrant such a thing.

Resident's treatment plans are unfair and unrealistic we cannot reduce our risk unless {corrections} say so!. But under normal testing the original testing it never changes. It is just so they can lock you up indefinitely because they think treatment gains cannot be reached.

We as residents are not allowed to get independent psychologists to evaluate us "unless approved" by corrections and only forensicare are involved with testing. I feel this is extremely biased.

I hope this helps in some way to alleviate some questions surrounding the goings on in this place. It truly needs to be looked in to with a fine-tooth comb as I'm only touching the surface on these issues

I think they are going to breed a pack of animals in this place, and I don't want to be a part of it. I can see they will come out of here worse. I've asked them so many times to let me do the program with staff or with another man who is not a sex offender.

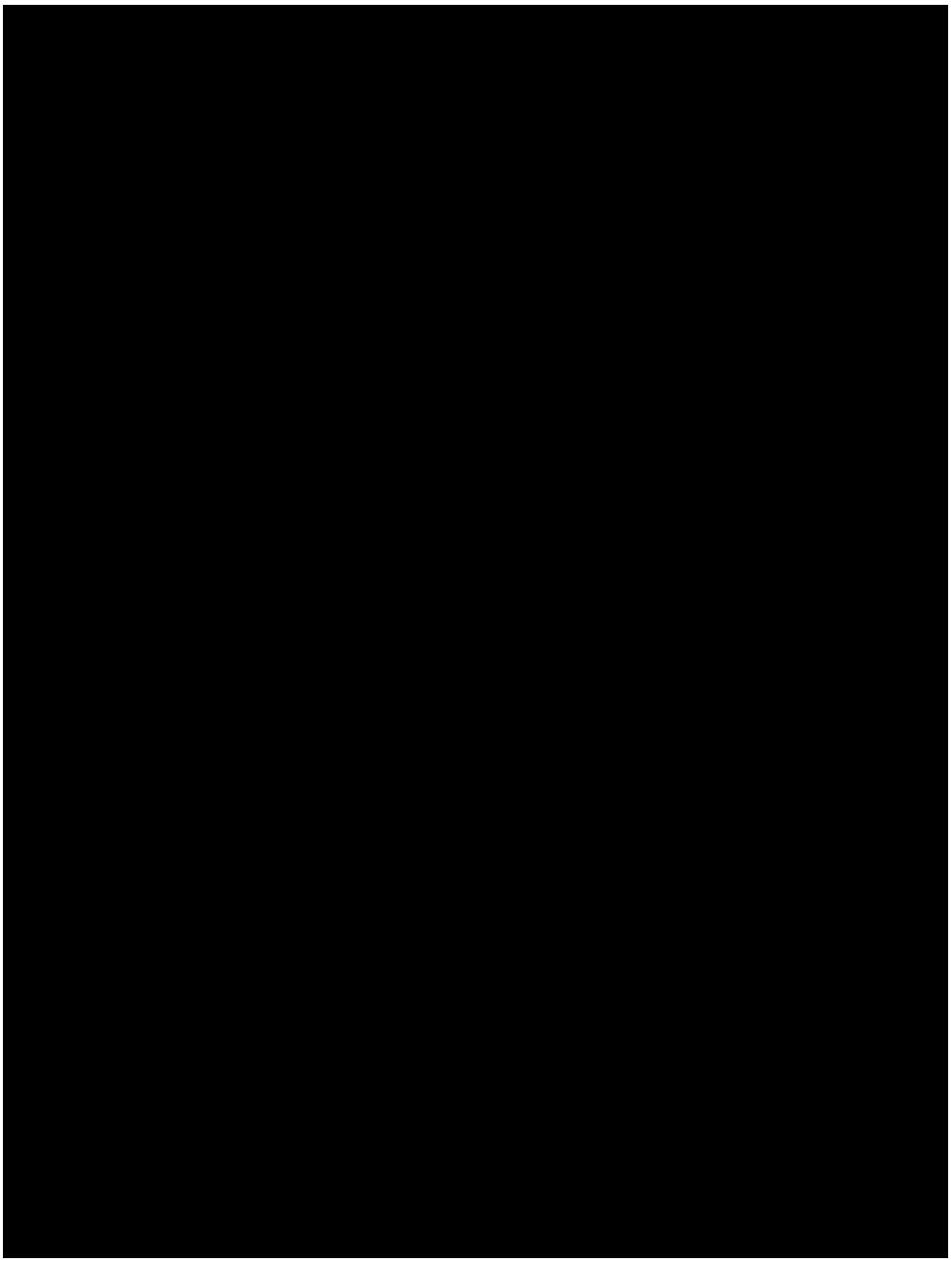
Thank you for your time

Yours sincerely

Thomas Windebank

[redacted]

[redacted]



Rose McCrohan
AOD & MH Nurse Practitioner
Ba Nursing; Grad. Dip Addiction
Masters Public Health (Addiction)
AOD Solutions Pty Ltd
[redacted]

Appendix 1 - More of the narrative aspects.

When I was first asked to meet Thomas Windebank, I did not want to. I have been sent a report about him that gave me the impression from that report that he was at imminent risk of acting violently. My impression was not alone and community corrections officers who also read the report agreed with the impression that it gave. I have since realized that the word Serious Violence Offender conjures images of imminent violent offender and this is not the case. I remember the sick feeling in my stomach waiting for him to arrive and holding my hands palm up looking at the obvious tremor. I'd woken many times during the night before with anxiety, wondering why I had agreed to me him. The doorbell rang and the man who walked into the foyer to meet with me was significantly different from the person I'd read about. Not just a little different, remarkably different. He was easy to engage and demonstrated deep understanding about the impact of violence on people. Over the next 45 minutes we spoke at length. He was direct and wasted no time on superficial charm.

I am yet to meet a person who has read the original report and worked with Mr. Windebank, who does not describe their reaction to the differences between the report and the person. But many of the decisions about him will come from people who will never meet him in person. The power of the written word has become truth, albeit unintended by the author.

The events that occurred after our initial meeting became a critical moment. I walked down the corridor believing that the meeting had gone well, unaware that as Mr Windebank began walking back to the carpark that he that he was being arrested, less than 30 seconds after leaving the meeting with me. the two critical parts of this event did not occur for me until 3 days later on the Monday when I rang him to arrange admission and the questioned my awareness of the event and told me the location of the arrest. It was a critical event that became a key moment in the development of trust. Mr Windebank relayed the event to me. When I reviewed the CCTV footage from the event it was remarkable how accurately he described how he looked over his shoulder at the police vehicle, how he raised his hands and how the police officers conducted themselves.

Despite this event, the following day Mr Windebank arrived as planned, albeit a little late and commenced a 48-hour admission, that was clear within a day that it would be extended because Mr Windebank had appropriate behaviours, some describing him as best-behaved person to attend the facility. Mr Windebank was around another 12 residents in close proximity and participated in the group from day one. At no time did any residents or staff indicate any concerns about him. Most people in the facility have lived with violent partners or fathers so are attuned to signs that a person is beginning to escalate towards violence. In that withdrawal environment with people from a range of backgrounds, substances, ages, and many with no contact with the criminal justice system, Mr Windebank was at ease, although he remained strategically aloof.

In the days that followed, another critical event occurred that contributed to my interest in this legislation. I had been told that if Mr Windebank left the facility, even to go out with the staff and other residents, that he would be breached on his order. Mr Windebank was the person who brought to my attention that this was unlawful. That he could be given a curfew, but they could not interfere with his liberties in this manner. I had

trusted that what I was being told to do was lawful. But after reading further, I realized I had participated in unlawful detention of Mr Windebank in the facility, through coercion. It is my belief that the only facility to which Mr Windebank could be ordered to remain and not leave, is the Rivergum facility, not the facility that I managed.

I began to attend Mr Windebanks court cases as I was told that more people on this order would come into the community. My own shock at experiencing this case had motivated me to become more informed and I was shocked at the lack of resources available to Mr Windebank in the court setting.

I continue to express my concerns for the abstinence-based aspect of this order.

At the point that I witnessed corrections Staff and Mr Windebank unable to interact with honesty, I realized that I needed to speak up, not just for Mr Windebank, but for all people on this order, for whom honesty about their substance use will result in a return to custody.

Ability to speak up and violence avoidant behaviors

Mr. Windebank is a man who speaks up and is confident to describe the lack of rights, isolation, and his experiences. In my experience, I have found that it is easy to consider the client is 'wrong' and staff 'right'. We need to be careful to not overlook his experiences and attempt to silence him because his insights into his experience offer insights into the experiences of men in the facility. Mr. Windebank already had a range of strategies that he implemented while in prison and these resulted in why he had avoided violence and has continued to use these strategies and not use violence. Mr. Windebank is watchful and attentive to dynamics around him, is very direct and speaks up. Mr. Windebanks says that he assesses risk continuously. I do it daily,' every time I walk out my door'.

Determination to not commit a serious violent offence and violence avoidant behaviors.

Throughout several discussions Mr. Windebank described making decisions at age 25 while he was in custody to never be violent again. Mr. Windebank has expressed his determination to never commit another violent offence.

Mr. Windebank describes his decision at age 25 occurred at a deeply personal level when he had time to think. He made the decision to be nonviolent because he would see the pain it caused others, his inability to help his family because he was locked up and how stupid his decision was. The risk assessment tools do not assess his internal factors and the decision he has made and been able to adhere to. Yes, he still gets frustrated and can be quick to say 'f&$* off, but he thinks deeply and considers feedback. He has apologized many times for the harm he caused the victim of the index offence.

Suicidality, despair, and hopelessness at times

At times, I have heard despair and hopelessness in Mr. Windebanks voice and stories. I can imagine that Rivergum staff were also concerned that the most likely outcome for him was that he would die at Rivergum when hope ran out. The changing of the order to 2 years significantly reduced Mr. Windebanks hope. What he describes in other men in the facility since then would indicate that many of the men are struggling with the length of time that they will be in the facility and self-harm and suicide would be an option. Mr. Windebank reached a point where he felt that this was the only option he could control. On one occasion I could feel the depths of despair and thought it likely he would have reached the need of his ability to reach for support from his partner and grandmother and would make an attempt to hang himself and die. I am aware of the level of

monitoring of Mr. Windebank and aware that his changes of successful suicide attempt would be thwarted. But I did consider that one day I would receive a call from his grandmother saying that Mr. Windebank was dead.

Commitment to remain drug free

On multiple occasions Mr. Windebank mentioned that he has been substance free while at Rivergum and is determined to remain drug free after he leaves the program. However, after the delayed 6 month review and awareness that the program would be for 2 years, his commitment wavered, as you would expect most men in this facility to waiver, as substance use becomes respite from the emotional distress of being away from home, the isolation, loneliness. On one occasion when speaking with Mr. Windebank he mentioned that he's had no physical contact with another human being for 5 months. I would also recommend that while in Rivergum, men move to a drug treatment order so that they can work therapeutically with staff if they use substances. The ongoing nature of abstinence conditions, breach of the order, arrest and return to custody keep the program abstinence based. Once again, the consequences of the 2-year decision are more likely to drive an increase in substance use within the facility and result in staff and residents' relationships being akin to a prison environment.

Mr. Windebank is currently imprisoned for pleading guilty to returning a positive urine drug screen. It is the second urine drug screen in 22 months. The request was for 6 months imprisonment for this breach to punish Mr. Windebank, however it has been reduced to 3 months in prison. 3 months prison for a positive urine drug screen with no other breaches of the order is an excessive disproportionate sentence. It is important to remember that there was no associated violence with the drug screen.

Personal responsibility

Mr. Windebank often says, "I am responsible for my actions." Mr. Windebank calls out abuses of power and fairness. We need to be careful that we do not see Mr. Windebank as 'wrong'. Many of the situations that Mr. Windebank speaks up about relate to the lack of rights and over controlling of all aspects of his life. But prisoners need a person like Mr. Windebank to speak up, societies need this, or power will oppress and crush. I am concerned that without his voice speaking up about the conditions, men in this facility will be silenced. Many of the examples he gives where he speaks up are fair and reasonable. I continue to advocate for a representative group to be established to advocate and represent the rights of men in this facility. I remain deeply concerned that the suppression of their rights will build an inner rage against society in many of the men. I doubt this residential facility will have many men like Mr. Windebank who will speak up rather than act out. Most of which will be enacted in years to come in fits of rage, most likely against women. In this way, making them worse. The insights Mr. Windebank offers into his experience is this facility should not be ignored. His determination to not become worse should be applauded. We should consider that in the future there will be men in this facility who deteriorate because of these conditions. That, due to the length of sentence and lack of rights, they will lose hope and assimilate to a new normal. We must consider that keeping a group of people together with limited hope to leave the program early and no external access to the community, no leave for 87 weeks, that with no stories of present developing a new future, the stories of past become their new identity. Men is this facility are not able to get leave for the first 18 weeks, plus 52 weeks, then 17 weeks. In total 87 weeks before a person in this facility can begin to have leave from the facility.

We already know that Mr. Windebank, upon discovering one of the men had child pornography images with him, excluded that person from visiting his home. Another man may make a different decision. Let us not ignore the level of personal resilience and determination shown by Mr. Windebank to protect his future, relationships, and family. The aim of residential rehabilitation is to develop a new peer recovered community;

however, Mr. Windebank does not want the men in this facility to become his new recovered community and will not be seeking support from them. He will not be inviting them into his home in the future. Even the literature describes the journey that clinicians must make to see beyond disgust and other emotional responses to learn to work with people who have a sexual offence in their history. We must not forget that Mr. Windebank's reactions are common to the community response. Saying that, he has identified many times that he would not harm them.

Inhumane treatment

Mr. Windebank must be treated humanely. Where is he indicated that he is willing to do the program content, but not with sex offenders, we must show compassion and not continue to force him to do this. Nor should this impasse have been allowed to extend for over a year and nor should a third or fourth year in the facility be granted if Mr. Windebank has been denied access to a treatment type that has been shown in the literature to demonstrate efficacy. While groups programs are appropriate for some program participants, it is not to say that other treatment types are not effective.

Order overall

In a situation where programs participants are unable to exit the program, it seems opportune to offer a Drug Treatment Order while program participants are there to enable program participants to work therapeutically with staff. Where substance use is considered a breach of the order, it denies the program and staff the opportunity to develop honesty and work with staff on moving towards abstinence. We should also acknowledge that extended time in the facility in itself will drive an increase in drug seeking behaviors as program participants seek to ameliorate the distress of extended in incarceration for crimes they have not committed, isolation, loneliness and an inability to progress their lives into meaningful activity. It would also seem wise to enable program participants to commence using alcohol again so that program participants can reflect on how they self-regulate behaviors under the influence of alcohol and learn to self-regulate alcohol use. This would be particularly pertinent to people for whom sexually violent offending may be at higher risk if they are disinhibited by alcohol.

Overall

Mr. Windebank has not avoided violence through luck. It has been intentional, and he continues to demonstrate that his inner resolve is very strong, and he is able to maintain this even under these trying conditions that he would describe as the most stressful he has ever experienced.

But just as staff have been unable to manipulate, coerce, and use any strategies to force Mr. Windebank into groups, he also applies this to his peer group. And as such he describes being unable to be manipulated or coerced into violence by another party. This is a very strategic aspect of his personality and a strong protective factor. Mr. Windebank has very high personal resilience and the energy it is taking to maintain a positive spirit and remain hopeful. At times when he is frustrated or upset, he continues to show great insight into his behaviors and an absence of vengeance, retribution, and personal attack. While Mr. Windebank can at times tell people to "f**k off". He has a consideration for others and care for others.

Despite the presence of staff and their good will, Mr. Windebank is isolated from people who can genuinely become his new peer group. He is in a prison environment and having to navigate the other people's dynamics. His category of risk will remain high while he is at this facility.

Mr. Windebank through 22 months of intensive individual treatment has made enough progress to return to the community and attempt community reintegration. His last risk assessment prior to court was completed without him, taken from clinical notes only by the external forensic psychologist who only reviews Mr. Windebank periodically.

Rose McCrohan

Alcohol and Drug Nurse Practitioner