

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Management of Child Sex Offender Information

Melbourne—Thursday, 13 May 2021

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WITNESS

Dr Michael Davis, Chair, Victorian Branch, and National Chair-Elect, Australian Psychological Society College of Forensic Psychologists.

The ACTING CHAIR (Ms Garrett): I will just explain the parliamentary privilege that covers this particular hearing. All evidence taken from you is protected by parliamentary privilege, as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, these comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing. Transcripts will ultimately be made public and posted on the committee's website.

For the Hansard record, could you please state your name and any organisation you are appearing on behalf of.

Dr DAVIS: Yes. Dr Michael Robert Davis, and I am presenting on behalf of the Australian Psychological Society and in particular the College of Forensic Psychologists.

The ACTING CHAIR: We very much welcome your presence here today. I invite you to make some opening comments, but I ask that they be kept to a maximum of 5 to 10 minutes to ensure that we have plenty of time for discussion. Thank you.

Dr DAVIS: No problem. I have taken the liberty of preparing some slides to assist with this, so hopefully that will make things a little easier.

Visual presentation.

Dr DAVIS: I do not need to be needlessly reductive, but I think it is important just to define the terms that I am going to use here, because I think some of the terms that I will use professionally are used in a very different way than they are used colloquially.

First thing—what is a paedophile? A paedophile is a person who is sexually attracted to prepubescent children, so generally children in Tanner stage 1 of development. That is approximately 13 years and younger, although the exact age will vary depending on the child and when puberty commences. A hebephile is a person that is sexually attracted to young pubescent children, so those in Tanner stages 2 and 3. That is approximately around the ages of 13 and 14. Now, while there has been a bit of controversy in the literature in past years about hebephilia, the latest research shows there is a considerable overlap between hebephilic behaviour and paedophilic behaviour, and generally speaking it is very difficult to identify how many people in the community will have these sexual interests because they may or may not sexually abuse children. These labels refer to the sexual preference rather than whether or not they actually engage in the behaviour. But the best literature suggests that with preferential paedophiles, roughly 1 to 2 per cent of the community will be paedophilic, and if you include hebephiles it bounces up to somewhere less than 5 per cent. So roughly 3 to 5 per cent of the community will have a preferential sexual interest in prepubescent or young pubescent children, but they may or may not actually sexually abuse children. Another term is an ephebophile, and this is a person that is sexually attracted to adolescents, usually from the ages of about 15 to 19 years. Now, this is not sexually deviant, but it is clearly illegal when it is engaged in with victims on the lower end of that age range. A child molester or a child sexual abuser is somebody who is engaging in sexual activity with child victims. They may or may not be paedophiles or hebephiles. You can conceptualise child sexual abusers on a continuum from the situational to the preferential, so there are a number of different reasons that people, particularly males, will sexually abuse children, and being a paedophile or a hebephile is only one of them.

We can actually have a look at the literature using the penile plethysmograph, which is something that is not used in Australia but that is used quite a lot in North America to identify deviant sexual interests. I will not go into the nitty-gritty of it, but it is essentially looking at penile tumescence when particular stimuli are provided to people. The most recent study and probably the best one that I have seen recently is by Stephens and colleagues from 2019. They applied this to 1900 offenders that had at least one child victim, and overall there

were 41 per cent who had sexually deviant results: 1 per cent paedophilia only, 16 per cent hebephilia only, but a quarter had both paedophilia and hebephilia, which is really why I said the literature is now starting to realise that there is considerable overlap between these offenders. That is consistent with the wider literature that about 50 to 60 per cent of child sexual abusers are not paedophiles; they abused children for other reasons. And that is something that we need to keep in mind, because I think, particularly in the media and colloquially, people refer to a paedophile as someone that has molested children, but maybe half the time that is correct. So that is the definitional material I wanted to be clear about before I go any further.

Talking about sex offender registries in general—these do provide a crucial investigative resource for police. I said on the slide that they have got no effect on recidivism rates. That is possibly a little glib. If you look across the literature, some studies show very small reductions in recidivism, but others show none. If you put them all together, it is generally the fact that there are no reductions in recidivism rates. Now, the thing to keep in mind is that many offenders that are on these registries—and I know for a fact this applies in Victoria—are not high-risk offenders at all. Being on the register, as the previous witness has already described, is more based on the name of the offence that somebody got convicted of, rather than anything to do with their risk. But registries themselves do assess the risk of people on them and do rank-order those that they need to deal with. I know that for a fact, having trained a lot of the Victoria Police sex offender registry staff in risk assessment. Ironically many high-risk sexual offenders are not on these registries, and they are usually those that target adult females. So for high-risk rapists of adult females, many of them—the vast majority of them, I would suggest—do not end up on the sex offender registry, so that is an irony that you have got a lot of low-risk child sexual offenders on a registry, but a lot of high-risk adult sex offenders are not.

Now, the idea of public sex offender registries is something that there seems to be a considerable zeal in the community to see come about. I was a little surprised—I have to remember that not everyone knows the literature like I do—when I read all of the submissions before coming in. But there seems to be quite a public appetite to see this happen. What I want to say is that this will not provide the results that people want to see. It is not the panacea that everyone thinks it is going to be. Very clearly, from across all of the international research, public registries do not reduce recidivism at all. In fact there is some evidence to suggest they actually increase recidivism. Now, that is for a variety of reasons, and it makes perfect sense to me why that would be the case. We have already heard earlier this morning about the idea of the risk of vigilantism. There is a rather large study from America looking at over 1500 sex offenders, and they found that 44 per cent of them experienced threat or harassment by their neighbours, 20 per cent experienced threat or harassment in general, for 14 per cent there was property damage and 8 per cent had physical attacks, and beyond that almost a third of them ended up losing their jobs by being identified on a public register and approximately half of them said they were experiencing stress, shame, hopelessness and a loss of social supports.

Now, all of these things are risk factors for committing sexual offences. So these public sex offender registries, the way that they do increase recidivism is that they increase risk factors and they do not enable somebody to get into the community and re-establish a life. We remove all of the protective factors and increase the risk factors by placing people under this sort of scheme. Of course you have got to keep in mind that as human beings, when we are put under stress our natural tendency is to revert to previously comforting behaviours. Now, if you have a preferential sexual interest in children and you are put under this sort of stress by people in your community, you can see how the previously comforting behaviour of molesting children may come back into somebody's life.

We need to keep in mind as well when we are thinking about this, and it has already been mentioned—I do feel like the law institute may have had access to my slides, because they seem to have usurped a number of the things I am saying—that most sexual offenders are not reconvicted. Now, I understand reconviction means that we do have a dark figure of crime, that there is going to be a lot of sexual offending that is not picked up or anything, but reconviction gives us at least some black-and-white way of looking at this. There is a number of studies available. The one that I felt was most relevant to this committee would be a Victorian study that was published in 2018 by Reeves and colleagues. They looked at 621 offenders that came through the Victorian Institute of Forensic Mental Health, Forensicare; 414 of them had child victims exclusively, and they followed them up for an average of 12-and-a-bit years. Now, over that period 18.8 per cent were sexually reconvicted. There was not that much difference between those that targeted children and those that targeted adults, and those that targeted both reoffended at slightly higher rates, so about a quarter of them. So we have got to keep in mind that most sex offenders are doing it for the first time, and no registry, whether it is public or private, is going to identify sexual offenders before they have committed an offence.

In the terms of reference I noted: what are some other ways through public awareness that we can think of things? I could literally go on for hours, but I thought I would just pick out a few obvious ones. Rather than looking to a public registry as a panacea, there are a few things that the public may benefit from knowing. It is a topic nobody wants to know about. It is unpalatable to most people. You have got to keep in mind: approximately 10 per cent of child sexual abuse victims are assaulted by someone that they do not know, so the vast majority of children are molested by people that they know. You have got to keep that in mind. I do not mean to sound facetious, but parents should be wary of anyone who shows more interest in their children than they do. We really do need to say that child sexual abusers are not all hanging around at the park in a parka or a long coat enticing children with lollies. That stereotype, I think, has permeated. That old stranger danger thing from the 1970s and 80s is still permeated through our culture, and that is what people look for when they are looking for child sex offenders. It is more likely to be the very polite, nice man that takes a lot of interest in your children, and over time you feel comfortable leaving your children with him. That is the more likely person who is going to molest your child, but I do not think people are aware of that.

There are a couple of other things, which I think sometimes frustrate me when I hear about them in the media. Someone who is caught with a large collection of child exploitation material is very likely to be a paedophile—not necessarily likely to molest a child, but very likely to be a paedophile. So any time you hear someone say, ‘Oh, he was downloading that material because he was depressed, he was stressed, he was having trouble at his job, he was on crystal methamphetamine’—no, it is all nonsense. There is only one reason to amass a collection of child pornography. The internet is a global pornography network. Anything you want is there. If you have decided to collect images of children, that is what you are interested in. Something that people do not usually know is that those that offend against male children are considerably more likely to be paedophiles and they are more likely to reoffend. We need to keep that in mind, and there are reasons for that which I am happy to answer during questions if needed.

So what are some things that I think might help? One thing that I think might be particularly helpful in prevention—and it can be a little controversial when people first hear about this: the development of an anonymous online or telephone support service for people who are worried that they may sexually abuse a child is very, very advantageous. The most well-known one overseas is the Dunkelfeld project in Germany, and this is for people that may well be preferential paedophiles and it is an egodystonic interest, meaning that they do not like the fact that they have got a sexual interest in children and they do not want to molest children but they are feeling like these urges are getting strong. The option that I think would be good is, first, for it to be anonymous either online or through a telephone but with referral options to specialist forensic mental health services as well. So in this way it would be a proactive way of doing it rather than a reactive way, and there is the potential that we could get in before any child is victimised.

When it comes to storing and sharing data I think police services do need to be able to share information readily with other police services and with agencies to identify those that are travelling into different jurisdictions. I think that is very important. And I do notice, being a consultant for many, many different government departments, that often the communication between government departments is very, very difficult, and I think a freer exchange might be very advantageous.

And it is possibly outside the terms here, but I thought I would mention that I think a national offence tracking system such as the Violent Crime Linkage Analysis System could be advantageous for linking unsolved sexual crimes, probably more so for crimes against adults, like rapes of adult females and offences like that. This is something that is used in North America and in Europe, all over Europe and the UK—it was used in Australia a while back, but now it is only Queensland that has kept using it—and it keeps the behavioural details of unsolved cases and solved cases in a database, and people can put in their case and see whether there are any that have behavioural similarities. So it is a very useful thing that I think is a good way of sharing data between jurisdictions.

That is just further information—if anyone wants to talk to the APS’s CEO about any of this. But if I have said anything, all of the material is mine, so please do not hold the CEO accountable for my opinions because they are just mine. Thank you.

The ACTING CHAIR: Thank you so much, Dr Davis. That is a very well put together presentation and very difficult—as you identified—for us to all to grapple with, but grapple with it we must. I am going to open to questions, and I will go the reverse way from where we started with the previous witness. So Ms Maxwell, did you want to kick off with any questions?

Ms MAXWELL: Thank you, Acting Chair. Welcome, Dr Davis, and thank you for your presentation. I am quite interested in—when you talk about Forensicare—how many high-risk offenders would be in Forensicare? I am really interested in any connection between mental health and sex offending: can you enlighten us to any of that relevant information or data?

Dr DAVIS: I have that paper sitting on an iPad over in my briefcase if you would like me to have a look at it. I do not recall the exact amount off the top of my head that were deemed high risk in that study.

Ms MAXWELL: If you could take that on notice and just provide us with that information, that would be great. Thank you.

The ACTING CHAIR: Ms Maxwell, is that all for now?

Ms MAXWELL: It is for now. I am happy to let everyone else have a go.

The ACTING CHAIR: We will circle back. Mr O'Donohue—and then I will go to Ms Watt and Mr Grimley. Mr O'Donohue?

Mr O'DONOHUE: Thank you, Doctor, for your presentation—most thought provoking and informative. I am interested in your thoughts on the current sex offenders register in Victoria, noting your comments about your view about what impacts it has on recidivism. If you look at the cohorts that are on the register now, are there groups of offenders you believe should not be on the register or is there a way the register could be better managed to target those higher risk offenders in a better way?

Dr DAVIS: The first part of the question: most definitely; there are people on the sex offender register that pose a low risk of committing another offence. And you have got to keep in mind too that when we talk about offender rehabilitation there are some real principles that have a lot of empirical backing for them, and one of them is the risk principle. You have to target your treatment and management to the risk level that the person poses. So if someone is a high risk, you give a high level of supervision and resources and management. But if somebody is a low risk and you try and give high levels of supervision and support, paradoxically you end up with increases in recidivism. It is something that is a truism. It has been found across offenders, and it has also been found with sex offenders.

So most definitely there are low-risk offenders on these registries. I think the registries themselves, just viewing it as someone providing some services to them but not working there per se, do quite a good job at identifying the ones that do not need so much of an eye kept on them. But there are a number of people, and I assessed somebody just on Monday, that would have to be incredibly low risk—but the name of his offence means he is going to be on the register for probably 15 years.

I certainly do not want to tell the judiciary how to do their job, but the idea that the name of the charge is the indicator of whether someone goes on the sex offender register I think is not supported by the literature from my profession.

The ACTING CHAIR: Thank you very much, Doctor, and Mr O'Donohue does not have any further questions at this stage. Ms Watt, did you have some questions for Dr Davis?

Ms WATT: Thank you, Dr Davis, for your presentation, and I had a question to your online presentation. You talked about the spectrum of, I believe it is, the sort of situational offenders. I am interested to sort of understand what are some of the characteristics along that spectrum, or what is the different make-up of groups across that spectrum. Can you perhaps talk more to that?

Dr DAVIS: Yes, sure.

Ms WATT: Because we have just sort of seen both ends, and I am interested to know what is in the middle.

Dr DAVIS: Yes, I will try and distil a half-day workshop I teach into 30 seconds if I can here.

Ms WATT: Oh gosh, sorry.

Dr DAVIS: Generally speaking we used to, in forensic mental health, divide child sex offenders into the fixated and the situational, or the 'regressed', as the psychoanalysts used to call them. And it became very clear

over time that it really was a continuum, and it was Ken Lanning, formerly of the behavioural science unit of the FBI, who really came up with the idea of this being a continuum.

So you have got a variety of types within various typologies down at each end, the situational and the preferential. And the reasons, at the situational end, for people offending—there are a lot of different reasons for why men may sexually abuse children, predominantly female children; when it is male children it is more likely to be that they are preferential. And the most obvious reason for that is that, generally speaking, heterosexual men will abuse female children for various reasons, one of them being that they are paedophiles. Gay men generally do not turn to boys as a sexual substitute in the same way that heterosexual men do. So that is generally the reason why, if you are targeting boys, you are interested in children rather than males.

When it is at the situational end, there are things like a type that we call the ‘regressed’ type. This is very often a stepfather—not necessarily, but I find it often among stepfathers—who are in relationships where they are having trouble in their relationship, they are not getting along with their wife and they turn to their stepdaughter as a sexual substitute. So that might be one. So they do not have a preferential interest in children; they are turning to children for other reasons. Some men like to have power over children because they feel ineffective in their lives. Some people are very angry, and they are going to take it out on children in a sexualised way. So there are a number of reasons why non-paedophiles might sexually abuse children.

And then towards the middle of that continuum you will have some offenders who do have some sexual interest in children but are also aware of situations where that might be relevant, and if the situation does not come about, they may never try and offend against a child. So that would be the sort of prototypical person in the middle of that continuum. But generally speaking when you work on these cases either investigatively or clinically you will be able to say that people are towards either end of the continuum. And if you get to the far end of the preferential end of things, my belief—and I think it is supported by the literature—is that for these people that is their orientation. They are born with a sexual interest in children, and that is not going to go away. That is at the far end of that continuum.

Ms WATT: Thank you for that, Dr Davis. I do not have an additional question but just want to say we have talked about both ends of the spectrum over previous hearings, so it is interesting to hear it now reflected as a spectrum and what are in fact the make-ups across that, so thank you very much.

The ACTING CHAIR: Mr Grimley.

Mr GRIMLEY: Thank you, Chair. Thank you, Doctor. Your vast knowledge is very interesting and almost on par with probably a person you know, Patrick Tidmarsh. He trained me when I was in the Victoria Police in the SOCIT department. It was very interesting, and I appreciate your elaborating to the committee also about paedophilia as well. Just on that, I want to clarify that you mentioned the 1 per cent of paedophiles. What was that in relation to? What figure was that 1 per cent based on?

Dr DAVIS: Yes, and it is really an estimate in the literature. The researcher that I trust the most to make these sorts of estimates is someone from Canada named Michael Seto, and he a number of years ago suggested it was probably around 5 per cent based on survey data that had been done. In more recent years there has been a lot more of these epidemiological surveys conducted where they asked men, ‘Have you ever masturbated to thoughts of a child or had fantasies of having sex with a child?’, and there was a large study conducted over in Sweden which found lower—much lower—percentages than some of the other studies. So Seto has suggested that somewhere between 1 and 2 per cent would be paedophiles and maybe around 3 per cent or slightly higher would be if you include hebephiles in there as well. But he will even say that we are kind of swinging in the dark here, that that is a rough estimate. And I must say that before the internet came about and child internet pornography came such a scourge, I would not have estimated there were so many people with a preferential sexual interest in children as there clearly are based on what the internet is telling us, which shows you that there are a lot of paedophiles out there that never come to anyone’s attention and do not molest children, and they are now finding other ways to engage in that interest.

Mr GRIMLEY: So in my research the paedophilic disorder is a DSM-5 disorder according to the manual of mental disorders. You would know all about that. Harvard University in a study have stated that this disorder, paedophilic disorder, is highly treatment resistant and rates of recidivism have been estimated to be 25 to 50 per cent. That’s according to Harvard University in 2010. I am just interested to hear your comments in terms of the prospects of rehabilitation of people with a paedophilic disorder.

Dr DAVIS: Yes, I think that is why I put the definition up before of what a paedophile is. So my view is that paedophilic disorder is untreatable, but what I mean by that is you cannot treat away what someone finds sexually arousing. What you can do is provide treatment that enables them to manage that so that they do not engage in any sexual behaviour with a child. So, yes, somebody's sexual preference cannot be changed. If any of us thought about the thing that we find most sexually arousing and then were told, 'We're going to treat that out of you', you can just think how absurd that is. It is not going to happen for the same reason that straight camps and all those sorts of things do not work. If you have got a particular sexual interest in children, it is not going to be treated away any time. But we do know that treatment can be quite helpful and quite effective in helping people manage that. So I think that study you are citing is correct, but it is also missing the point that: what is the outcome here? Is the outcome to remove somebody's sexual interest in children or is it to remove their risk of offending against children? And I think they are two actually very separate—slightly overlapping but separate—questions.

Mr GRIMLEY: So, given that and in terms of ensuring the safety to the community for people that are within the community that have this orientation, what is your view of Western Australia, for instance, where they have a disclosure scheme? You mentioned that parents would be—and they normally are—always wary of who is around them and who is engaging with their children. In Western Australia you can access a disclosure scheme. For instance, you put someone's details in and you can be informed whether or not they have prior history with child sex offences. What is your view on that type of scheme?

Dr DAVIS: I do not know a great deal about it. I have read a little about their scheme, so I just preface my answer with that. I think the problem is that if it is all child sex offenders—anyone that at any time in their life has committed an offence—that we are going to have the same problem with any public register, albeit not quite as problematic as people actually having to try to get information here. But if you are getting somebody who many years ago committed a situationally bound offence and they are clearly very low risk going into the future and they have managed to reintegrate into the community and spend—who knows?—a decade in the community without any problems, and then someone can just call up and learn about the fact that they were placed on this register, I think you are essentially increasing the risk of people again. I am not really sure what people hope to achieve by knowing this information in the first place—people in the community. I am not entirely sure what it is that people want to know about it for.

I have this sort of conflict myself. I got asked in court one day, 'Doctor, shouldn't the people in Mr X's community know that he is living there?', and I said, 'Your Honour, as a citizen I think I would like to know, but as a forensic psychologist I know I am probably better off not knowing'. I think that is probably the best way of looking at it here. I think knowing that information is not really going to help. There is going to be a tendency for us to tell other people, because we want to tell other people to protect other people, and we are going to end up with the whole vigilantism thing. I think just knowing is ultimately a slippery slope to increasing somebody's risk.

Mr GRIMLEY: Just on that vigilantism, you mentioned the statistics from a 2012 study, which were quite high. Western Australia did a review of their model. They had over 400 000 hits, with only three recorded incidents of vigilantism, which worked out to be 0.00014 per cent or something like that. So there is an alarming discrepancy between the stats that you showed, and I am interested to know where they are from. I am assuming it is from international models—

Dr DAVIS: From USA.

Mr GRIMLEY: Yes, from the USA, compared to the Western Australian model. Do you have any comments on that at all?

Dr DAVIS: The United States ones are on the internet most of the time. Anyone can just look up and just scroll through the names that are available. So it sounds like the Western Australian one, from my understanding, is that you have got to know the person's name that you are looking for. That may be the reason why there are lower levels, and that would make perfect sense to me. But I am reading between the lines really rather than basing it on anything I know.

Mr GRIMLEY: Thanks, Chair.

The ACTING CHAIR: Thanks, Mr Grimley. It is a very difficult but important discussion. Clearly with the exponential rise in people accessing child pornography there is a similar rise in the abuse of children to produce that pornography. I guess some of those people producing that pornography may not be paedophiles themselves but seeking a commercial gain from that exploitation. Have you found there to be any link at all between people accessing more and more child pornography and then acting out on it, or do they remain separate things?

Dr DAVIS: No. This is something that I think is almost a myth in the community. Firstly—and I know it is just outside your question—I will say viewing child pornography does not cause anybody to develop a sexual interest in children. We know that for a fact. So anyone that says, ‘I saw this and then I became interested’—that is just nonsense. The best explanation is that they had a latent interest that had not yet been fuelled that they had acknowledged.

We do know that obviously child pornography use, concomitant with the rise of the internet, has exploded in the last two decades, but we do know that rates of sexual offending have not increased generally speaking. There will be a small proportion of people that may well use more and more child pornography and go and commit offences, but what you will generally find is that for child exploitation offenders, once they are caught, the recidivism rates are really low. They are quite low. Somewhere around 3 to 5 per cent of people that are convicted of child pornography offences go on to commit other sexual offences of any type, and they are usually further child pornography offences. So when it comes down to the type of person that is your prototypical person that is downloading child exploitation material to begin with, they are clearly people who have strong paedophilic sexual interests. Generally speaking, they do not have a great deal of other risk factors. They are usually people that have supports in their life, may well have a good job and have all of the protective things other than the fact they have the big risk factor of being a paedophile.

So I think that is probably the reason why most of these offenders do not go on to commit any more offences, and I think the big thing that you find when you talk to these men is that they have a particular thinking error that they have wilfully engaged with, that, ‘This is better than me molesting a child, because I’m not hurting anybody’. And the big thing that I always recommend is that treatment really focus on the fact that a child was molested and abused for you to be able to watch this, and that—

The ACTING CHAIR: Absolutely.

Dr DAVIS: you do not absolve yourself of the blame by doing that. And some of them will say, ‘I never really thought of that’, and I think it is a wilful cognitive distortion. Because they have this interest, they want to engage in it in some way, but they do not actually want to abuse a child, so they convince themselves child exploitation material is not harmful. And that is usually my first recommendation: the treatment needs to work on getting them to acknowledge and understand that. So I may have gone off on my answer, Madam Chair. I apologise.

The ACTING CHAIR: No, you have answered it very well, and to continue on, I guess, with that theme, what do people want out of a public disclosure? Well, clearly people are trying to protect their own children or other people’s children, aren’t they? And even if you look at the recidivism being 10 per cent or lower than that, I think it is the greatest fear of a parent that somehow they have been, you know, not able to do every single thing they could to protect their child.

And I was grateful for the parts in your presentation which talked about, ‘How do we do this differently?’. Perhaps it would be helpful—and maybe this is a question on notice. When you say that there is a group of people with paedophilic tendencies, or who are paedophiles, but you cannot cure that—it is what it is—in every circumstance society would say, ‘Well, that is not an acceptable biological factor, and it is never acceptable to exploit a child’. What can be done in treatment to stop that, or have people manage these behaviours, and how do you communicate that to parents who are worried if there is somebody in their street?

Dr DAVIS: As I said before, I think parents need to be more concerned about people that they know that are really interested in their children than they are about the convicted sex offender that may well live somewhere near them. But when it comes to what can we do—I may have missed the question, sorry.

The ACTING CHAIR: Just in terms of when you said that, you know, it was very hard to hear that there are people who cannot change their sexual preference; they like children, which is terrifying for parents, and you said there are treatments available to help them manage that and not offend. Can you elaborate a bit on

those treatments? And how do we give parents some confidence? I guess it is all about giving the community confidence that people are being managed who have these issues.

Dr DAVIS: I guess one of the more unpalatable things is that we do not know how many. As I said before, the 1 to 2 per cent or up to 5 per cent, if we are including hebephiles, is really just an estimate, almost a best guess, that researchers have suggested. We really do not know how many people with preferential sexual interest in prepubescent or early pubescent children are in the community and just not offending, so we really do not know. It is the same when it comes to a lot of different types of deviant sexual interest. We do not know how many people are out there, because they do not come to our attention unless they commit an offence.

When it comes to treatment, as I said before, we need to target identified risk factors. Sexual deviance is just one risk factor. It is a particularly potent one, but there is a vast number of risk factors that people in my profession will look at when we are identifying risk. And if we can ameliorate those, we can ameliorate the risk that the people pose. A lot of those have to do with the very things that I suggested increase in jurisdictions that have public sex offence registries—so things about people having a meaningful life and having prosocial supports around them. But when it comes down to whether they are going to act on their sexual interests—it is quite shocking for some people to hear this, but the vast majority of people with a sexual interest in children are not particularly antisocial, by which I mean they do not go out and commit lots of other types of offences and they are not motivated to be committing offences of a variety of types. Because of that, it can actually work quite well if you can get past the obvious thinking errors that people have. So if you are not particularly antisocial or not particularly psychopathic and you have a capacity to empathise with other people and you have a sexual interest in children or any other non-consensual sexual activity, you have to convince yourself that you are not causing any harm to people. That is why when you talk to preferential paedophiles they will give you these absurd stories about how they are not really hurting the child, it is a benefit to them, to understand this was a loving thing and all of those sorts of things.

To my way of looking at it, those what we call cognitive distortions are these people convincing themselves that they are not a bad person so that they can engage in the behaviour they want to, because cognitive dissonance is not something humans deal with very well. If you have got two separate thoughts clanging around in your head, you do not deal with them very well. If treatment can target those thinking errors and get people to acknowledge that, ‘Okay, these are all just justifications for you engaging in something you know you shouldn’t’, I think that can have quite a beneficial effect. The literature does show you can reduce recidivism through appropriate treatment by up to 20 per cent, which may not sound like a great deal, but we are already dealing with a group that are reoffending at roughly around 20 per cent to start with, so we can reduce that even further down. I am not going to suggest that anyone is ever going to be no risk through any of this, but we can manage people to be lower risk than when they committed their offences.

The ACTING CHAIR: Thanks, Doctor. I think we are almost at time. Did anyone from the committee have any further questions? Ms Maxwell.

Ms MAXWELL: Thank you, Acting Chair. Dr Davis, I just wanted to quickly go back to talking about the register. You said that it would not reduce recidivism and in fact has the potential to increase risk factors. I think that people want protection for the public. I have probably got a million questions for you, so I am sorry. I am trying to wrap this up quickly. But in none of the conversations today have I heard—apart from Ms Garrett speaking briefly—about the victims. I think that the reason this has become such an issue is because victims struggle with this for the rest of their lives, whether they have been repeatedly sexually abused. I think it gives them some sort of support knowing that it is not only them going through this, and in order for that, the perpetrator needs to be exposed in a way that people can know that that person is there.

The courts can often be very restrictive on somebody being able to come out and expose their perpetrator. However, in other cases we see the likes of Kewley, who was a sex offender. People have said they wanted a public sex offender register because he has become known and he is now apparently—and I have had numerous emails—working with children. He is living next to a school. I think the public register comes from people wanting to be able to actually make that report that there is a known sex offender working near a school or working with children. I know it is a fine balance. We also know that in all likelihood those who perhaps should not be on the sex offenders register for life or for a period of 15 years will ultimately now, particularly in Victoria, apply for a spent conviction. I am just wondering what your thoughts are around all of that jumble that I just said.

Dr DAVIS: I will attempt to pick it apart. I think the first thing is—I am not familiar with the case you are talking about, so I cannot talk about that—on the idea that a convicted sex offender is working with children there is already a legislative thing called a working with children check, so how this man you are talking about managed to get his working with children check with a conviction for a child sex offence is beyond me. And that shows a problem with that system that is not going to be fixed by a public register, I do not think. I think you have already got something in place to identify those people. Any suggestion that I am not victim-focused—I do not believe that is actually what you were saying, but just to be clear—I have the utmost empathy for victims, and I have worked with law enforcement all over the world on cases like this trying to capture offenders and things. So I just want to be clear that I am not some pro-offender person. I am just giving you the facts when it comes to this.

My understanding is that I think people are looking for a panacea and people are really scared about the threat posed by child sex offenders, and as a parent I am too when it comes to my own child. But this is not the panacea that is going to give people what they want. In fact I do believe—and there is a little bit of research to suggest—that having a public register makes some people even more afraid because for people that may well even be low risk that are in the community or under appropriate supervision, people are now aware there is a paedophile in the street, those sorts of things. So I think there are a lot of unintended consequences that come with this. And let us be clear—the impetus behind a public register, I understand it. I get that it comes from a good place, but it is not going to give the answers that people want is what I am getting at, and there are other ways that we can get to that I think. And if we really want to stop or reduce the risk of people reoffending, this is not the way to go about doing it. There are other ways.

Ms MAXWELL: But I guess in some instances you already have some sex offenders who are in the public eye whose names are clearly out there in the media, so what is the difference between that and having a public register? And I would never agree to it being for every person who is on the sex offenders register because, as it has been clearly stated throughout this committee meeting this morning, there are those who are very low risk and sometimes it is a partner and there are circumstances as to how they became on that, but I am talking about the likes of those in Corella Place upon their release. Now, a lot of them will already have been named in the media, so what is the difference, if they have already been named in the media, in then actually having them on a sex offenders register that is made public?

Dr DAVIS: Having assessed probably half the population of Corella Place at some period over the last decade or so, I can tell you that there are a lot of people there with suppression orders on them—so they are not that known in the community. But they are under a very well resourced legislative scheme, the *Serious Offenders Act*, and being made to live in Corella Place is quite a severe restriction on one's liberty. So they are already well covered, I think, people that are considered to pose an unacceptable risk under that legislation. I am not sure what a public register would add to someone that is already under the auspices of the post-sentence branch of Corrections Victoria.

I think there are some other things. One of the things for people who get missed by that scheme is there seems to be, to my mind, a real lack of people getting parole any time now, so you get people that get missed by the post-sentence scheme getting straight release at the end. And I do reports on behalf of Forensicare for the Adult Parole Board, and my view is always the highest risk people need the lengthiest period of parole so that they have got people looking over their shoulder while they are actually out in the community for the first time. So there are a number of things that we can do. I am getting outside the remit of what I was asked to come here for, but I am not going to give you all the answers today, I do not think, in this short time.

The ACTING CHAIR: No. And look, we are very grateful for your expertise and your clarity and for the work that you do keeping our community safe. So thank you very much, Doctor. We will excuse you and wish you well on your journey, and again thank you very much.

Dr DAVIS: Thank you, Madam Chair.

Witness withdrew.