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SIRA 7033

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CONFIDENTIAL PSYCHOLOGICAL REPORT

Date: XX/XX/XXXX

Client: XXXXXXXXXXXX – DOB: XXXXXX

Report prepared by: Hugo Rodriguez

'I certify that I have read the Expert Witness Code of Conduct contained in Schedule 1 of the District Court Rules. I agree to be bound by the Code. To the best of my ability, this report has been prepared in accordance with the code'.

1. Thank you for requesting an assessment and report on the matter of XXXXXXXX. XXXXXXXX was referred to my practice by XXXXXXXX on XXXXXXXX under the Mental Health Care Plan for assessment and, if necessary, treatment of depression and anxiety alongside issues related to alcohol and gambling.

2. XXXXXXXX attended his initial consultation on XXXXXXXX, followed by treatment sessions on XXXXXXXXXXXXXXXX. This report is intended to document the psychological reasons that contributed to XXXXXXXX's offence of transporting cannabis, as well as the progress made during treatment. I will also offer an opinion regarding XXXXXXXX's risk of re-offending.

3. I will report the result of my assessment in the following format:

    - Relevant background information
    - XXXXXXXX's psychological profile
    - Likely psychological reasons leading to the offence
    - Treatment
    - Risk of re-offending
    - Conclusions
    - Professional resume

Relevant Background information

4. Before interviewing XXXXXXXX I had the opportunity to read the "XXXXXXXX" (XX/XX/XXXX), and the "XXXXXXXX" dated XX/XX/XXXX.

5. As background information, XXXXXXXX was born in XXXXXXXX, XXXXXXXX, where he attended XXXXXXXX and did not receive any further formal education; XXXXXXXXXXXXXXXX. He has XX siblings. XXXXXXXX described his childhood as very difficult and distressing mostly due to what he described as a "hard life" growing up in a XXXXXXXX not being able to attend school as most children do and having to work hard XXXXXXXX, which he did from age XX to XX.

6. On X January XXXX, that is at the age of XX, XXXXXXXX escaped from XXXXXXXX with XX siblings XXXXXXXX. They were XXXXXXXX taken to XXXXXXXX, where they spent xx years in a refugee camp.

7. During his time in the refugee camp, XXXXXXXX faced significant psychological trauma. He was sexually molested and raped XXXXXXXX.

8. XXXXXXXX immigrated to Australia as a refugee on XX/XX/XXXX. After his arrival, he attended English classes and completed XXXXXXXX school. He then completed 1.5 years of a XXXXXXXX apprenticeship in XXXXXXXX TAFE, XXXXXXXX. Alongside his studies, XXXXXXXX worked as a XXXXXXXX for XXXXXXXX without pay to gain experience and then he was employed as a XXXXXXXX, working part-time in that role for xx years until XXXX. Afterwards, he worked at "XXXXXXXX" and became the store manager. The owner then offered him the opportunity to buy the business, helping him as the guarantor for a bank loan. XXXXXXXX subsequently ran the XXXXXXXX in XXXXXXXX for 14 years, operating it during the night, before selling it due to rising competition from XXXXXXXX.

9. After that, XXXXXXXX moved to XXXXXXXX and purchased a XXXXXXXX shop in XXXXXXXX, which he ran for approximately XX years before selling it due to financial difficulties, having to borrow money to pay off his debts. Following this, he worked in XXXXXXXX, XXXXXXXX for 2 years before opening a XXXXXXXX shop in XXXXXXXX, which he ran for XX years until XXXX, when he closed it, apparently due to XXXXXXXX problems. His next employments were in various factories, including XXXXXXXX, where he spent XX years as a XXXXXXXX before being made redundant. He then worked in XXXXXXXX for XX years and after that, he was employed as a XXXXXXXX in XXXXXXXX running his own business for XX years until the onset of COVID-19, which led to bankruptcy. Since XXXX, XXXXXXXX has been employed as a XXXXXXXX.

XXXXXXXX**'s psychological profile**

10. Background history indicated that as a result of a difficult and quite traumatic childhood, XXXXXXXX developed early life signs of depression and anxious moods. When he escaped from XXXXXXXX at the age of XX, these symptoms intensified when he was the victim of sexual abuse and rape XXXXXXXX.

11. Conjointly, these stressors caused XXXXXXXX to develop an Adjustment Disorder with Depression and Anxious Moods (DSM V; 309.28) manifesting with symptoms of Post-traumatic Stress Disorder (PTSD; DSM V; 309.81). Primary symptoms included low and anxious moods, fears of further sexual abuse, recurrent traumatic recollections of the sexual abuse and rapes, persistent worry about his future, and finding it difficult to relax. XXXXXXXX's Adjustment Disorder has remained unresolved to date. Recently, his depressed moods intensified manifesting

with suicidal ideation, triggered by his legal charges following the offence.

12. XXXXXXXX informed me that after arriving in XXXXXXXX he did not feel much better and that at the age of XX, he began to drink alcohol. He said that one year later he was engaging in regular excessive drinking as a means of self-medication to soothe his distress, ultimately developing into an alcohol addiction. This was accompanied by a growing tendency to gamble, which similarly developed into an addiction for the same underlying reasons.

13. XXXXXXXX's drinking and gambling problems remained unresolved throughout his adult life. His drinking condition fulfils the diagnosis of "Alcohol Use Disorder" as set down in clause 303.90 (chronic and severe) in the DSM V.

14. I assessed XXXXXXXX's current alcohol habits viz. the "Alcohol Use Disorder Identification Test (AUDIT). This standardized instrument consists of 10 questions set up to evaluate factors such as alcohol consumption frequency, quantity, and the impact of drinking on daily life. Specifically, the AUDIT is designed to identify individuals at risk for alcohol use disorders and serves as a foundation for determining the need for alcoholism treatment. XXXXXXXX obtained a result of XX (cut-off score 8), indicating a significantly high risk of alcohol dependence. This score reflects the chronic history of alcoholism extending over forty years.

15. Regarding XXXXXXXX's gambling habits, they fulfil the condition of "Gambling Disorder" as set down in clause 312.31 in the DSM V, meeting all nine clauses of the diagnostic "A" criteria, thus rendering XXXXXXXX's gambling addiction severe. As with alcohol, this condition has remained unresolved for over XX years.

16. Prior to commencing treatment, on XX/XX/XXXX, I assessed XXXXXXXX's emotional profile viz. the DASS21 (Depression, Anxiety and Stress Scale – 21). This standardized instrument is designed to assess an individual's levels of depression, anxiety, and stress experienced over the past week. Results indicated that XXXXXXXX was, at that stage, experiencing extremely elevated symptoms of Depression, Anxiety, and Stress (D: XX; A: XX; S: XX). These symptoms had their onset during childhood, then intensified during early adolescence, remaining unresolved to date.

17. Despite the emotional symptoms and history of alcohol use and gambling, XXXXXXXX has maintained a largely conventional and

reasonably successful lifestyle. He reported a consistent employment history with no apparent long periods of unemployment and he has been in a functional marriage for approximately XX years. He has also built a supportive social network of valued friends and he actively participates in regular social activities. These are indicators of a well-functioning lifestyle.

Likely psychological reasons leading to the offence

18. In assessing the likely psychological reasons leading to the offence, I first considered XXXXXXXX's general Personality Profile. In my opinion, XXXXXXXX does not possess personality traits typically associated with criminal offenders. His character is not indicative of a personality disorder, antisocial tendency or traits usually found in inmates, career criminals or recidivists. Offenders with these personality traits are typically found to exhibit a poor history of employment, a history of disregard for social norms, and poor empathy for understanding or caring about others' feelings. They tend to deceive or exploit others for their own benefit and show little or no remorse for their wrongdoings. They are also often unduly angry and impulsive finding it difficult to exercise constructive solutions to their problems, and they tend to rationalize to excuse their offence.

19. Conversely, XXXXXXXX's personality profile aligns more closely with that of an individual leading a normal lifestyle. He demonstrates good ability to maintain stable employment and build empathetic relationships with others. There is no history of disregarding social norms or exploiting others for personal gain. Additionally, he feels remorse, genuine in my opinion, for his involvement in the illegal activity.

20. XXXXXXXX informed me that at the time of the offence, he was drinking heavily, about XX days a week, as well as gambling regularly. He was also in debt, having recently borrowed $XXXXXXXX from a friend to finance his gambling activities. I believe that as a result of these factors, along with his symptoms of depression and anxiety, he exhibited impaired mental clarity. This led XXXXXXXX to make poor decisions when faced with the opportunity to earn some extra money by XXXXXXXX illegal goods.

21. Based on these factors, I concluded that the primary reasons that led XXXXXXXX to offend were twofold. One was that his symptoms of depression and anxiety were severely debilitating at the time. This mental state led him to impulsively accept the offer to deliver illegal merchandise. Another factor was XXXXXXXX's excessive drinking. This

impaired his mental clarity and led him to XXXXXXXX the illegal goods without fully considering the consequences of his actions. He described his behaviour during that time as "acting without thinking." As explained in paragraph 18, XXXXXXXX's offence was not the result of personality traits found in the typical offender.

Treatment

22. Treatment for XXXXXXXX comprises Cognitive-behavioral therapy (CBT), a standard psychological regime to treat symptoms including anxiety, depression, PTSD, substance use and gambling. It incorporates (Jacobson) Progressive-Muscle-Relaxation therapy, Cognitive-behavioral Self-help strategies, and Alcohol and Gambling Counselling, conjointly aimed at assisting XXXXXXXX overcome his alcohol and gambling dependence, manage his symptoms of depression, anxiety, and PTSD more effectively, and decrease or eliminate the risk of reoffending.

23. CBT for XXXXXXXX is structured into three stages. The first stage involves psychoeducation about alcohol and gambling, along with Relaxation Therapy and basic Self-help strategies to manage symptoms of depression and anxiety more effectively and decrease the urge to drink or gamble. This stage is designed to be implemented over six weekly/fortnightly sessions, and it has now been completed. The second stage is a follow-up phase that focuses on more advanced cognitive restructuring methods aimed to help XXXXXXXX challenge and change unhelpful thought patterns, develop a more optimistic view of life, and reaffirm his commitment to stop his drinking and gambling habits. It is expected to be completed within approximately 3 to 4 months. The last stage focuses on monitoring therapeutic progress and making adjustments as needed. This phase is expected to continue until XXXXXXXX, by which time it is anticipated that XXXXXXXX's alcohol and gambling habits will have entered a sustained remission phase and his Adjustment Disorder resolved. I will next report XXXXXXXX's therapeutic progress to date.

24. The initial session, conducted on XX/XX/XXXX, was mostly to obtain a history of XXXXXXXX's life issues, traumas and his offence. DASS21 confirmed that prior to commencing treatment XXXXXXXX's mental state was manifesting with highly elevated symptoms of depression, anxiety and stress – D: XX (Extreme); A: XX (Extreme); S: XX (Extreme). At this stage, his condition was manifesting with suicidal thinking, triggered by a mixture of preoccupation with the legal proceedings, the prospect of being incarcerated, and feeling shameful for his involvement in the illegal activity. His symptoms were particularly intense due to the adverse effect that they were having on his marriage. XXXXXXXX said that his wife was

very upset and angry at him for what he did and that this has placed his marriage at risk. In terms of treatment, I introduced the (Jacobson) Progressive-Muscle-Relaxation regime. I noted in future sessions that XXXXXXXX was complying well with this therapeutic regime engaging in relaxation on a daily basis, often several times a day. This regime is intended to assist him develop a clearer mind and more subdued emotions and decrease the urges to drink alcohol and gamble.

25. In the session held on XXXXXXXX, I conducted psychoeducation about alcohol and gambling addictions, including addressing the tendency of some gamblers and heavy drinkers to use excuses to continue their habits, thus hindering progress toward overcoming the addiction. I advised XXXXXXXX to keep track of his daily urges to drink alcohol by self-monitoring the intensity and frequency of the urges. We discussed the importance of making a firm commitment to stop these habits and creating a new lifestyle that does not include drinking or gambling. We also discussed the importance of understanding the legal drinking limit and how to identify it. XXXXXXXX demonstrated that he fully grasped this information and its significance for responsible alcohol consumption.

26. XXXXXXXX returned to my rooms on XX/XX/XXXX. I noted that on the self-monitoring page XXXXXXXX had rated his urges to drink alcohol as ranging from being mild (X out of 10) to moderately high (X out of 10). I also noted that he had decreased alcohol consumption and gambling. We discussed how his offence was negatively affecting his family, particularly his XXXXXXXX, who had developed symptoms of distress and was, as a result, attending psychological counselling. Regarding likely treatment progress, XXXXXXXX reported that the relaxation regime was assisting him and that he was feeling somewhat less depressed and less stressed. I re-administered the DASS21 assessment, which indicated a reduction in symptoms. Depression scores decreased from XX (extreme) to XX (severe), and stress scores dropped from XX (extreme) to XX (severe). Anxiety levels had remained unchanged.

27. During the next session (XX/XX/XXXX) XXXXXXXX informed me that he was drinking less often and in moderation, not exceeding the legal limit. This session focused on extending Counselling for alcohol abuse and the importance to treat his drinking and gambling habits as addictions. I noted that XXXXXXXX showed special interest in this facet of Counselling.

28. On the session conducted on XX/XX/XXXX, XXXXXXXX reported that since the previous session, he continued drinking in moderation and less often than prior to commencing treatment, although there was a day when

he did drink above the legal limit. He also reported having gambled twice during the previous three weeks. This represented a considerable positive change compared to his habits before treatment when he was drinking and gambling nearly every day. I instructed XXXXXXXX to start self-monitoring his urges for gambling as well as for alcohol, and we agreed that he would attempt not to gamble or drink at all till our next session.

29. XXXXXXXX's most recent session was on XX/XX/XXXX. He reported that he had not drunk or gambled since our previous meeting. He rated his drinking and gambling urges to have been between X and X (out of 10) during the last two weeks. I re-administered the DASS21. Results indicated moderate levels of Depression (D: XX), normal levels of Anxiety (A: XX), and mild Stress (S: XX). These results together with my clinical observations confirmed that XXXXXXXX's alcohol and gambling habits have now entered the early stages of a remission phase and that his emotional state is becoming more stable. I have scheduled his next appointment for XXXXXXXX.

30. I expect that XXXXXXXX will need to undergo treatment for around XX months in total. This period is aimed at monitoring his alcohol and gambling addictions and continue treating his symptoms of depression, anxiety, and PTSD. Given XXXXXXXX's significant progress so far, his therapy sessions are now being scheduled every three to four weeks. If he continues to improve at this rate, it is anticipated that his addictions to alcohol and gambling will reach a state of sustained remission by XXXXXXXX, meaning the treatment will no longer be necessary after that. Additionally, his symptoms of depression, anxiety, and PTSD are expected to be fully resolved during this period. Generally, Adjustment Disorder tends to settle after several months of therapy.

Risk of re-offending

31. When evaluating the psychological factors that contributed to the offence, I determined that it was not, as previously mentioned in point 18, the result of XXXXXXXX having a Personality Disorder or personality traits often found in the typical criminal offender. Instead, the offence was inconsistent with his overall character. It was primarily due, in my opinion, to a mix of heavy alcohol use and underlying issues such as depression, anxiety, and PTSD. These factors made him particularly susceptible to making poor decisions and engaging in illegal behaviour without considering the potential consequences.

32. I also noted that having been arrested and charged has had a significant impact as a deterrent for XXXXXXXX. He reported feeling very

shameful and regretful for his wrongdoing as well as afraid that a possible incarceration would have severe adverse consequences on the psychological well-being of all members of his family as well as the financial problems that not being able to work would cause.

33. In assessing the likelihood of XXXXXXXX re-offending, I focused on two key factors. Firstly, the experience of being arrested and the current legal proceedings have had a significant impact on him, providing a valuable lesson that strongly discourages him from committing further offences. Secondly, XXXXXXXX is actively working on resolving his long-standing emotional issues and his addictions to alcohol and gambling—both of which played a major role in the offence—by engaging in professional behaviour therapy. This proactive approach is expected to further reduce the risk of re-offending.

34. The risk of XXXXXXXX re-offending must be evaluated in conjunction with the completion of his behavioural treatment. Currently, he is responding positively to strategies including Progressive Muscle Relaxation and counselling for his alcohol and gambling addictions. These addictions have now entered the initial phase of remission. Based on this progress, I have projected that by XXXXXXXX, XXXXXXXX's drinking and gambling habits will have reached the stage of "Sustained Remission," at which point he will no longer require treatment.

Conclusions

35. Background history indicated that as a result of a traumatic childhood and the sexual abuse and rape in the refugee camp, XXXXXXXX developed an Adjustment Disorder with Depression and Anxious Moods (DSM V; 309.28) manifesting with symptoms of Post-traumatic Stress Disorder (PTSD; DSM V; 309.81). This condition has remained unresolved throughout life and recently, has exhibited more intense depression and suicidal thoughts, which have been triggered by the stress associated with being arrested and charged with the offence.

36. XXXXXXXX began drinking alcohol at the age of XX and within a year developed an addiction, using it as a means of self-medication to manage his depressed and anxious moods. This addiction was accompanied by a similar pattern of gambling, both of which stemmed from the same underlying issues. Both conditions have persisted for over XX years, with his drinking meeting the criteria for "Alcohol Use Disorder" (DSM V;

303.90, severe), and his gambling with "Gambling Disorder" - severe (DSM V; 312.31).

37. Despite these conditions, XXXXXXXX has led a largely conventional and successful life, characterized by steady employment, a functional long marriage, and an appropriate supportive social network.

38. In examining the psychological factors that contributed to the offence, it is clear that XXXXXXXX does not display the personality traits commonly found in criminal offenders. I identified two main psychological reasons for his actions. First, the highly debilitating symptoms of depression, anxiety, and stress resulting from his Adjustment Disorder and PTSD caused him to react impulsively and make poor decisions when he was confronted with the opportunity to make extra money by XXXXXXXX illegal goods during a period of financial strain. Second, his excessive drinking played a crucial role because it impaired his judgment, leading him to overlook and not fully consider the negative consequences of his actions.

39. XXXXXXXX has attended six sessions of Cognitive-Behavioral Therapy (CBT) to date to address his anxiety, depression, PTSD symptoms, and addictions to alcohol and gambling. This indicates the completion of the first of three therapeutic stages. Therapeutic gains to date include a decrease in the intensity of depressed and anxious moods and stress, with his drinking and gambling habits having now entered the early stages of a remission phase.

40. I have arranged with XXXXXXXX to continue his treatment at least until XXXXXXXX. By that time, I anticipate that his drinking and gambling habits will have reached a stage of sustained remission, and his Adjustment Disorder will have resolved.

41. In evaluating the risk of XXXXXXXX reoffending, I identified two main factors. First, his arrest and the ongoing legal proceedings have acted as a strong deterrent. Second, he is attending behavioural treatment aimed at resolving his long-standing emotional issues and addressing his addictions to alcohol and gambling, which were the main identified contributors to the offence. I believe that if he completes the recommended Cognitive Behavioural Therapy (CBT), the likelihood of him reoffending will be very low or virtually eliminated.

Hugo Rodriguez

Professional Resume

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Professional Qualifications and Associations:

- BA (Hon. Degree) Psychology; University Of NSW; class 1982
- Master of Research degree at Macquarie University; 2018.
- Master of Philosophy degree at Macquarie University; 2021.
- Psychologists Registration Board. Reg. Number: PSY1138964
- Workcover Provider 7033
- Medicare Provider Number: 2586951K
- Medibank Private Provider Number: 0847172Y

Professional history:

- Psychologist private consultant since March 1983
- Principal of *West Area Psychology*
- Psychologist/Rehabilitation consultant with *RehabSolutionsAustralia Ltd*
- Psychologist/Rehabilitation consultant with *Energize Physiotherapy & Allied Health Centre Pty Ltd*
- Psychologist with the Child and Family Team, *Department of Health*
- Psychologist with the *Department of Corrective Services*
- Psychologist (Intern 1983) with *AAISH (Association for the Assistance of the Intellectual and Socially Handicapped)*

Publications:

- "*What do I want? How do I get it? A complete guide to Effective Thinking and Mind Power*", 2006, Zeus Publications
- *"The Golden Rules of Marriage", 2011,* Zeus Publications
- *"What Quantum Science taught us about being Human"*, 2018, Zeus Publications