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31 May 2012

Mr. Brendan Money  
Corrections Victoria  
121 Exhibition Street  
Melbourne 3000  
Victoria

Re: KNIGHT, Julian  
DOB: 4 March 1968  
Port Phillip Prison

#### **Background and reasons for the assessment**

1. Further to your request for a report in your letter dated 15 February 2012, I am providing this assessment to assist with the treatment and management of Mr. Julian Knight. Mr. Knight is a 44 year old man who pleaded guilty to seven counts of Murder and 46 counts of Attempted Murder and Intentional Cause Injury in November 1988. In addition to the seven people he killed, 19 more were wounded by him. The crimes occurred as part of the tragedy which has become known as the "Hoddle Street Massacre" that took place on the evening of the 9<sup>th</sup> of August 1987. During that evening, Mr. Knight, then a 19 year old man, armed himself with three of his legally owned and licensed firearms, headed to Hoddle Street and opened fire on unassuming members of the public who happened by the location. Over 45 minutes he discharged more than 100 rounds of ammunition, shooting at innocent passers-by along a two kilometre trail. He surrendered to the police and was immediately taken into custody. Mr. Knight was sentenced to life in prison with a non-parole period of 27 years. His earliest eligibility date for parole is 8 May 2014.

2. Mr. Knight has been classified as having a maximum security rating. He has been accommodated in maximum security prisons throughout the entirety of his sentence. Mr. Knight was also classified as a protection prisoner for 13 years and was housed in protection units during that period of time.
3. In response to the matters raised in the referral, this assessment will provide consideration of Mr. Knight's personality and whether he is psychopathic or otherwise personality disordered. I will also address the specific questions raised in the referral:
  - a) What are Mr Knight's offence specific needs, and what type of therapeutic interventions would be most appropriate to these needs?
  - b) Are you able to assess Mr Knight's readiness to engage in offence specific treatment at this time? What factors do you take into account in making this assessment?
  - c) What dynamic risk factors does Mr Knight present at this time, and are these amenable to treatment?
  - d) What is your assessment of Mr Knight's capacity to successfully engage in a group based treatment program, given the importance of group dynamics such as trust, self-disclosure, and mutual support between participants?
  - e) Having regard to Mr Knight's institutional history and current presentation, how would he manage his behaviour in a less restrictive environment?
  - f) Are there potential risks that Mr Knight may present to himself, other prisoners, and the stability of the prison units if placed in a less restrictive environment given his personality traits?
  - g) What is your assessment of Mr Knight's ability and willingness to engage with correctional staff given his history of non-compliance and expressed views?
  - h) What proactive strategies (regarding the location, clinicians, corrections staff) are suggested which the correctional system could implement in order to support treatment recommendations?
  - i) What is your assessment of Mr Knight's risk of re-offending?

#### Informed consent

4. I assessed Mr. Knight on two occasions at Port Phillip Prison (21 February 2012, 2.5 hours and 23 March 2012, 2.5 hours). I was conducting an assessment of Mr. Knight for the Adult Parole Board and sought his consent to allow me to use the assessment to prepare this



report for Corrections Victoria. On the initial assessment, he expressed the desire to consider the matter further but at the time of my second interview he consented to me preparing this report. He was aware of the request and the questions I was asked to address since he stated he had obtained a copy of the referral letter from Corrections Victoria as part of the discovery process for an ongoing legal matter with the Department of Justice. Mr. Knight indicated that he understood the nature and purpose of the assessment and agreed to proceed with the assessment. Mr. Knight engaged in the interviews, provided me with additional written information that he had compiled, and cooperated fully with the assessment.

#### Sources referred to for this report

5. My assessment is based upon two assessment interviews I conducted with Mr. Knight totalling approximately five hours; perusal of his parole file, including presentence psychiatric and psychological evaluations, media articles, correspondence with and documents from Corrections Victoria, the sentencing comments written by Hampel J at the time of Mr. Knight's sentence on 10 November 1988; the transcript of Mr. Knight's plea hearing; sentence remand history; meeting comments report (from PIMS); an affidavit prepared by Mr. Knight for an action he brought against the Corrections Commissioner and Director of Port Phillip Prison; a psychiatric report completed by Mr. Knight on August 28, 2011 by Professor Paul Mullen; a discussion with Professor Mullen about Mr. Knight; a review of Mr. Knight's Tier 1 Corrections Victoria Assessment Report (20 August 2004) and his Tier 2 Corrections Victoria Assessment completed by Ms. Nicole Sakellaridis, Social Worker (1 October 2009); a Clinical Outcome Report prepared by Ms. Sakellaridis (27 April 2011); and material provided by Mr. Knight. I also had the opportunity to speak to Mr. Bob Testro, an alcohol and drug counsellor from Moreland Hall who has provided alcohol counselling to Mr. Knight as well as Ms. Christina Frei, a Therapeutic Services staff member at Port Phillip Prison who has supervised Mr. Knight's work as an Induction Billet since he commenced that work in January or February 2012.
6. In addition to the information above, I also administered the Personality Assessment Inventory (PAI) and the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Personality Disorders (SCID-II).

7. Finally, I completed psychological instruments ( the HCR-20 and the Psychopathy Checklist, Revised) designed to assist in assessing the risk of violent offending and psychopathy based upon my file review and assessment of Mr. Knight.

#### Current presentation and mental state

8. Mr. Knight does not exhibit any symptoms of major mental illness (i.e., psychosis, mood disorders, or anxiety disorders). He presents as self-assured and intelligent and has a need for respect and to be seen as being intelligent. Although he appeared to be at ease, it became clear that he exhibited a more typical degree of anxiety early on in the interview when I began to discuss the purpose and parameters of the evaluation. He distances himself in his mind from other offenders indicating that he does not have the panoply of characteristics one typically sees in the offender population (i.e., substance abuse, history of significant psychological maladjustment in youth, poor education, general dysfunction).
9. He was generally happy, content, and comfortable in presentation. Mr. Knight's affect (expressed emotion) is quite restricted; although he does have the capacity to show a range of appropriate emotions when different topics were touched upon. Both the rate and flow of his speech was normal and he demonstrated no difficulties with attention or memory. Mr. Knight's mood was euthymic (meaning that his mood was consistent with the topic of information being discussed). He did not report any symptoms consistent with depression.
10. It is noteworthy that Mr. Knight fixates on matters that appear to be unfair or unjust to him. While these topics were generally focussed on his own situation and ongoing legal matters and, of course, his perceived mistreatment by corrections and his consideration by the Adult Parole Board, he did express a degree of (intellectual) outrage at what he perceived to be the unjust treatment of other prisoners. For example, a prisoner whom I had assessed, and he knew well, died in prison of cancer and Mr. Knight expressed concern that the prisoner was not allowed to leave the prison to die in the community.



**Social and developmental history**

11. This social and developmental history is comprised of information provided to me during the interview by Mr. Knight as well as information made available to me in the file material noted previously in this report. Overall, the material does not present much that is remarkable. As a result, and because the background is well covered in other documents, I will not describe Mr. Knight's history in detail but will highlight relevant aspects.
12. Mr. Knight was born on 4 March 1968 in Melbourne and was immediately given up for adoption. He was placed with his adoptive parents within one month of his birth and knows them as his parents. Mr. Knight wondered who his natural parents were and when he was 18 years old he was able to obtain a copy of his birth certificate and adoption records. He learned that his mother was an Australian, born of English origins but his father was not named in the documents. This was important to him given the racist views he held in those days. He attempted to contact her through a social worker that was assigned to assist him but she did not respond to his letter. After he was incarcerated, a social worker visited him to let him know that his birth mother had finally written to the social worker, stating that she now had a family of her own, her family was unaware of her earlier pregnancy, and she was stressed by this situation. Mr. Knight asked the social worker not to write further and he resolved not to try to contact her again. He said that he has never again had the desire to make contact with his birth mother.
13. Mr. Knight's father was in the military and the family moved around with him until Mr. Knight was approximately seven years old. His mother left paid employment upon marriage and dedicated herself to her husband and children. In addition to places in Victoria, they lived in Malaysia, Singapore, and Hong Kong. His parents adopted another boy in 1971 and a girl in 1972.
14. The family settled in Laverton in 1975 where Mr. Knight continued primary school and began secondary school during this period. His parents separated and divorced in 1980 when Mr. Knight was 12 years old. His mother never remarried but his father remarried in

1982 and his wife had two children slightly younger than Mr. Knight. They also had a son in 1983.

15. He moved with his mother and siblings to Clifton Hill in 1982 where they resided until after his offences. He attended Fitzroy High School and he completed his final two years (11 and 12) at Melbourne High School, graduating in December 1985.

16. Although he was very intelligent, it was noted that he under-performed in school, having completed his HSC with a C average in 1985. Mr. Knight did not have any significant behavioural problems at home or at school; however, he was involved in a serious schoolyard fight near the end of his final year of primary school for which he was charged and attended at the Children's Court where the charges were dismissed.

17. In 1986 after leaving high school, Mr. Knight enrolled in a Bachelor of Arts (Humanities) degree course at La Trobe University and withdrew from the course, never having completed a subject.

18. From a young age, Mr. Knight developed a fascination with weapons and the military. He attended Boy Scouts, Cadets, and began to be given and to purchase weapons – air rifles initially and then other rifles – as a teenager. He provided me with a photograph of him in his bedroom when he was 16 years old and virtually every square centimetre of wall space was covered with military posters; even the accoutrements – right down to the digital clock radio – were military themed. In discussing these matters with me, I spontaneously raised the topic of the film "Taps" with him. Taps was a 1981 film that starred George C. Scott and Timothy Hutton, and featured a young Tom Cruise and Sean Penn. The plot involves cadets at a military academy taking up arms to prevent a developer from tearing down their old prestigious military academy to build condominiums. In the film, the character played by Tom Cruise absolutely loses the plot, and opens fire almost indiscriminately. When I mentioned the film, Mr. Knight was very familiar with it and said that the Tom Cruise character was him – and that how the character behaved during the rampage was how he felt at the time of his offending.



19. When he was still in year 12, Mr. Knight initially sat an examination for admission to the Australian Defence Force Academy; however, he failed as a result of his poor school results and was told to re-apply for entry to the Royal Military College at Duntroon in Canberra. Mr. Knight commenced with the Army Reserves whilst he was still in secondary school, and enlisted in the Australian Army Reserve as a soldier when he was 17 years old. On the day he turned 18 years of age, he applied for his Victorian Shooter's Licence and was given a semi-automatic rifle (a family heirloom) by his uncle, prophetically the rifle was one used in his offending.

20. Mr. Knight worked part time delivering the newspaper and at a fast food restaurant while in school. He worked as a reservist and applied for and was admitted to the Royal Military College, Duntroon where he commenced his studies as an Officer Cadet in January 1987. Despite having prepared for military life and the cadetship for almost half of his life, he struggled at Duntroon. He did not fit in, became estranged from his classmates, and believes he was targeted by his section instructor, a Regular Army sergeant. He ended up stabbing his Company Sergeant Major when he was at a nightclub in Canberra. Mr. Knight told me that he had been in a fight with him earlier and was tipped off that the Sergeant Major was going to attack him and he struck first. He was arrested and charged with malicious wounding, assault occasioning actual bodily harm and assault. He was bailed and was to appear on the 10th of November – the day following his offences. As a result of the offences, he resigned his appointment as a cadet and as a soldier and was discharged on the 24th of July 1987.

21. Almost immediately, Mr Knight commenced work as a storeman/driver for a retail store in Melbourne. In desperation, Mr. Knight told me that he attempted to re-enlist in the army towards the end of July 1987 as he could not imagine life without the military. He told me that he considered other para-military occupations, including the police, but realised he would have no luck given his pending charges.

22. The reports that have been written about him, and the judge's sentencing comments showed that in the weeks leading up to his offences, a number of pressures began to mount. These included worry about his pending charges, his disillusionment with his failure

in military life, "being dumped" by his girlfriend, lack of response from his natural mother whom he learned was living in South Africa and was trying to contact through a social worker, and mounting financial pressures arising from loans he was having difficulty repaying.

### **Criminal and related history**

23. Mr. Knight had no criminal convictions prior to or following the crimes for which he was convicted in 1988. He engaged in some behaviours and charges that are important to highlight here, however. As noted above, he was charged by the police following a serious schoolyard fight when he was 14 years old, but the charges were dismissed. He was then charged with the offences related to his stabbing attack on the Company Staff Sergeant while he was attending the Royal Military College.

### **Mental health history**

24. While he has been seen by many psychologists and psychiatrists over the years, Mr. Knight has not been diagnosed with a major mental illness; although there was speculation early on, now unfounded, that he might well have deteriorated into psychosis over time. Mr. Knight reports that he has had a long-standing physical health problem, namely Crohn's Disease, which has caused him considerable concern and worry. He has nonetheless kept himself physically fit.
25. Although Mr. Knight has not been found to suffer from a major mental illness, there has been considerable speculation about the possible presence of personality pathology. Dr. Bartholomew, who assessed Mr. Knight the day after the offences and then at Pentridge Prison, formed the view that Mr. Knight had a personality disorder with some marked hysterical features. He gave an opinion that Mr. Knight was not "grossly psychopathic," noting that on the 15th of August 1987 he found Mr. Knight "more or less curled up in a corner of a completely empty ward or cell almost in a foetal position holding on to his head and – not just crying – screaming" (evidence provided to the Supreme Court on 28 October 1988). He also noted that Mr. Knight was inadequate in many ways and had a diminished degree of emotional maturity. Dr. Bartholomew also found Mr. Knight to be at risk of suicide when he examined him on 10 August 1987.



26. Dr. David Sime, Forensic Psychiatrist, prepared a report on Mr. Knight dated 26 October 1988. He found that Mr. Knight was not suffering from a psychotic illness but believed that he might develop a psychotic illness later. Dr. Sime provided an opinion that Mr. Knight was experiencing "extremely acute stress" and the "major ingredients of depression" at the time of the offence. He further opined that Mr. Knight was in an "abnormal state of mind with reality and fantasy so mixed up that it is not possible to determine ...whether he was responding to a delusion or to a fantasy."
27. Dr. Kenneth Byrne, Clinical and Forensic Psychologist, also examined Mr. Knight and gave evidence at his sentencing hearing. Dr. Byrne provided evidence that Mr. Knight met the diagnostic criteria for Antisocial Personality Disorder but did not find him to be psychotic. Dr. Byrne described Mr. Knight's offending as the "Pseudo Commando" type.
28. Apart from the experts above who gave evidence at his sentencing hearing, Mr. Knight was also assessed by a consultant psychiatrist, forensic psychologist and a neuropsychologist in 1997 and 1988. Dr. Blair McC. Currie prepared a report regarding the progress of Mr. Knight's mental health during his stay in Pentridge Hospital early after his apprehension and remand (15 September 1987). Dr. Currie noted that Mr. Knight was "suicidal on arrival, tearful, apprehensive, slowed, despairing, perceiving himself as an occupational and social failure, and sleeping to forget." Dr. Currie noted that Mr. Knight has expressed the intention to die during the massacre either by shooting himself or being shot by police. Mr. Knight settled and stabilised over four weeks with one additional period of intense suicidal ideation when he realised he might never leave prison.
29. Mr. Knight Mr. Watson-Munro, a Forensic Psychologist assessed Mr. Knight in February 1988 and also found that he was not psychotic but noted that "he is an impulsive person who has a tendency to rationalise and intellectualise as a means of defending his impulses." Mr. Ian Stuart, neuropsychologist, assessed Mr. Knight in February 1988 and reported that Mr. Knight's Full Scale IQ was 132 (Verbal IQ = 124, Performance IQ = 132), placing him at the Very Superior range of intelligence on the Wechsler Adult Intelligence Scale, Revised.

30. I did not have access to Mr. Knight's prisoner health file, but learned from Mr. Knight and Professor Mullen that while he has seen psychologists and psychiatrists over the years, he has never been diagnosed with a major mental illness. Professor Mullen concurs that Mr. Knight does not have a mental illness, although he notes that Mr. Knight "must be considered vulnerable to depressive episodes, given both his situation and history." He noted further that while "there have been no recent attempts at self harm...suicide could become an issue when his earliest release date approaches and he is faced with the reality that he will not be leaving prison for some years to come." With respect to his personality, Professor Mullen notes that Mr. Knight is a rigid person with obsessional traits and that he "remains a somewhat self righteous and self centred person." He wrote that he "suspects that Mr. Knight will always remain a rigid individual, over concerned with maintaining order and control." Professor Mullen doubted that Mr. Knight is psychopathic, noting that "in my opinion he is unlikely to score higher than the average for a prison population."

### Psychological testing

#### *Personality Assessment Inventory*

31. To assist in obtaining information for this assessment, I administered two psychological tests to Mr. Knight. The first test, the Personality Assessment Inventory (PAI), was administered to assess, in a standardized and relatively objective manner, the presence of psychopathology, substance abuse problems, and personality disorders. The PAI is a comprehensive psychological test that includes 344 items. In addition to information about mental illness, the PAI provides a range of information about an individual's interpersonal style, self-concept, and treatment considerations. The PAI provides a number of items that are designed to assess factors that could distort the results of testing. These items suggest that Mr. Knight attended well to the test items and answered the items appropriately. He did not attempt to present himself in a less favourable light than is actually the case. By contrast, the PAI results suggested that he responded in a manner that tended to portray himself as being relatively free of common shortcomings to which most individuals will admit, and he appears somewhat reluctant to recognize minor faults in himself. There is no evidence from the results, however, that he intentionally intended to distort the profile. Certainly, Mr. Knight's results do not rise to the level of people who



have found to be "faking good" on the rest. Rather, Mr. Knight displays a tendency to avoid negative or unpleasant aspects of himself.

32. The test results suggest that Mr. Knight does not suffer from symptoms of a major mental illness. In fact, the PAI clinical profile was entirely within normal limits. Mr. Knight described no significant problems with unusual thoughts or experiences, problems with empathy, undue suspiciousness or hostility, extreme moodiness and impulsivity, unhappiness and depression, unusually elevated mood or heightened activity, marked anxiety, problematic behaviours used to manage anxiety, and no problems with alcohol or drug abuse or dependence.

33. Although not rising to a clinical level, Mr. Knight did describe some areas as problematic for him: history of antisocial behaviour, impact of traumatic events, poor interpersonal rapport, compulsiveness or rigidity, feelings of helplessness, alcohol abuse or dependence in the past, past thoughts of death or suicide, and poor control over anger.

34. The PAI also provides an indication of an individual's self-concept. The results suggest that Mr. Knight has a reasonably stable and positive self-evaluation that may be punctuated with period of self-doubt or pessimism (which is common for most people).

35. Mr. Knight did not report experiencing any thoughts of self-harm at the present time. He also reported that his temper is within the normal range and is fairly well-controlled without apparent difficulties.

#### *Structured Clinical Interview for the DSM-IV, Personality Disorders*

36. The second test administered to Mr. Knight was the Structured Clinical Interview for the DSM-IV, Personality Disorders (SCID-II). Mr. Knight does not appear to meet the diagnostic criteria fully for any of the personality disorder diagnoses. He does have some dysfunctional personality disorder traits that include obsessive and compulsive features, as well as rigidity. He also displays some traits consistent with narcissism. Interestingly, he does not meet the criteria for a diagnosis of Antisocial Personality Disorder due to a lack of

evidence of conduct disorder before he was 15 years old and a lack of other symptoms since he was 15 years old.

### Current offences

37. While the offences that brought Mr. Knight into custody are truly well known, some of the facts that have emerged are perhaps less well known and should be highlighted here.

38. At the time of sentencing, Hampel J wrote that

"At the time there was, and I think there still is, a sense of bewilderment as to why a highly intelligent, educated young man of 19 years of age, with no previous criminal history, could have done what you did."

39. Justice Hampel referred to the assessments and expert testimony provided by Dr. Bartholomew and Dr. Byrne. He referred to the fact that Dr. Byrne assessed Mr. Knight's intelligence and found that his level of intellectual functioning was 132; yet noted that Mr. Knight was an underachiever at school and had motivational and behavioural problems. Justice Hampel further commented upon Mr. Knight's long fascination with military life, which arose at a young age, and continued through to the time of the offending.

40. Justice Hampel wrote that "according to all the evidence the answers to what you did lies in your background, your fragile disordered personality and ultimately your inability to cope with the accumulation of pressures and stressors which operated on you."

41. Over time, Mr. Knight has intellectualised his offending, focussing more on the difficulties he has faced than the dramatic impact the offences had on the victims and victims' families and the broader community. As I have not known Mr. Knight over time, I am unable to properly judge any change in his presentation. To me, he presented a relatively balanced recognition of the egregious nature of his offending. While he did tend to minimise the harm he caused, noting other people have killed more victims, he admitted to the wrongfulness of the behaviour and expressed considerable embarrassment and shame over his behaviour. He knows, and regrets, that his has been a wasted life. He expresses



great, and I believe sincere, regret that he has caused stress and embarrassment to his family (including his sister whom he says witnessed some of the carnage from her first floor bedroom window). It is the case, also, that he remains focussed on the injustices he faces both in prison and as the subject of the media. It is hard for him to know or to appreciate the vitriol and negative strength of conviction against him that still exists in the community.

### Risk of reoffending

42. It is an understatement to say that Mr. Knight presents a particular challenge when considering his risk to re-offend violently. Research on the prediction of risk for future offending and violence indicates that systematic or statistical prediction schemes are more useful than unstructured clinical judgment for identifying the factors that have been found to empirically predict violence. While that is normally true, the fact is that in this matter the prediction of risk is very difficult to assess. The reason is that, fortunately, events such as the acts committed by Mr. Knight are incredibly rare, and it is virtually unheard of for spree murderers to be released from custody. Therefore, there is no reliable empirical base to determine the validity of risk assessment tools to this population or to identify the relevant risk factors. The validity of any conventional violence risk instruments in this matter would be suspect. Therefore, while I have administered and scored the HCR-20 Violence Risk Assessment Scheme, the results are likely to be of limited predictive validity although they may help understand his existing risk factors as well as the areas for which he might benefit from treatment/intervention.

43. The broader research in the area of violent offending risk shows that structured risk assessment instruments are more valid than unstructured clinical judgment. As such, I considered Mr. Knight's overall level of risk for violent offending by using the HCR-20 to provide some degree of understanding of the relevant risk factors in his case. The HCR-20 was developed in 1995 (and revised in 1997) to provide information about both static (historical/stable) and dynamic (changeable) factors that have been found to relate to a likelihood of re-offending violently. HCR is an acronym for the three subscales of the measure – Historical, Clinical and Risk Management. As its name suggests, the Historical scale provides an indication of an individual's risk of violence in the past. The Clinical scale

was developed to measure an individual's current level of risk for violence. Finally, the Risk Management scale considers future factors that provide an indication about an individual's level of risk for violence. The HCR-20 has been the subject of more than 100 studies in offender and forensic mental health samples from Canada, the United States, the UK, Europe, and Australia. It has been found to relate significantly to the risk of future violent offending. The HCR-20 framework is a useful method of considering Mr. Knight's level of risk for violence that takes into account his past behaviour, current functioning, and the future level of risk (i.e., risk management).

44. The "H" (Historical) scale is static (i.e., based on historical variables that are not subject to change) and represents the foundation upon which an assessment of risk for future violence is made. Perhaps surprisingly, given his history, Mr. Knight has relatively few of the historical factors typically associated with risk for violence which are found on the Historical subscale. He certainly has previous violence, his violence occurred at a young age, and he demonstrates some dysfunctional personality traits; however, he does not have a major mental illness and he is not a psychopath. He has had some intimate relationship instability, and some difficulties with substance misuse and employment difficulties. However, he displayed little in the way of early maladjustment in childhood.

45. The "C" (Clinical) and "R" (Risk Management) scales are dynamic in nature and assess an individual's ongoing risk for re-offending violently. Generally speaking, only when the C and R scales suggest a lower risk of re-offending violently over time would a high level of risk suggested by the H scale be tempered. In Mr. Knight' case, the Clinical or Current factors are relatively stable – he has developed some insight into his offending and violence; however, many of his attitudes are negative and rigid. By contrast, he is no longer as impulsive as he was previously and he does not have symptoms of mental illness or substance misuse. He has, however, had limited offence specific or offence related treatment. Of course, his stability over many years is partly because of the restrictive environment in which he has been held. Given its dynamic nature, the current or clinical level of risk is highly changeable and dependent upon environment.



46. The most unknown component of risk for future violence for Mr. Knight is the Risk Management subscale. Indeed, Mr. Knight's very extreme offending suggests that a careful risk management plan be in place with a gradual program of reduced security prior to any consideration of release. The level of risk represented by this subscale is based on considerations about the feasibility of his future plans, exposure he might experience to destabilizing influences in his life, a lack of personal support in his life, noncompliance with remediation attempts that might be put into place in the future, and the sources of stress that Mr. Knight is likely to encounter in the future. Based on my interview with Mr. Knight and the file review, he has few concrete plans and has had little opportunity to develop realistic plans. He stated that he believes he will get support from his family and he noted that he would take any work he can, knowing that he may have difficulty getting employment due to his limited employment skills. He would doubtless face considerable destabilising factors if he was released and his meaningful personal support is limited to a few family members. His return to the community after so long, particularly in light of his infamy, would be very stressful.

47. Overall, the HCR-20 indicates that Mr. Knight is at the upper end of the low category level of risk for re-offending violently in the future. Much will depend on risk management planning and preparation for release. The results of the HCR-20 would be valid for considering Mr. Knight's risk of more typical violent offences than those for which he was convicted (e.g., assault) not homicide. While the clinical risk factors are quite positive, the stability he has shown may be attributed at least in part to his high level of security and containment. Only with careful and realistic risk management planning would his overall level of risk be tempered over the long-term.

#### *Psychopathy Checklist, Revised*

48. Psychopathy is a serious personality disorder found to strongly relate to the risk for future offending, including sexual offending. Given its significance as a predictor of sexual offending, it is important to assess the extent to which Mr. Knight exhibits personality characteristics associated with this disorder.

49. As noted above, Mr. Knight does not meet the criteria for a diagnosis of Antisocial Personality Disorder. While psychopathy is related to Antisocial Personality Disorder, it is a narrower construct which has potentially more serious implications. A diagnosis of Antisocial Personality Disorder is made largely on the basis of an individual's behaviour and the disproportionate (e.g., in the order of 65 – 75%) number of people in prisons meet the criteria for a diagnosis of Antisocial Personality Disorder). Taken alone, such diagnosis is not particularly informative or helpful in determining a person's level of risk for future violence. I complete the Psychopathy Checklist Revised (PCL-R) on Mr. Knight based on the information from the interview and the file material to determine more carefully how many features consistent with psychopathy he possesses as well as the profile of the features.

50. The PCL-R allows one to reliably identify traits of psychopathy, a form of serious personality disorder which is characterised by difficulties associating with others, limitations in the capacity to experience and express emotion, lifestyle deficits, and antisocial behaviour – including, but not limited to, criminality. Although not designed to be a violence risk assessment measure, the PCL-R has been found to correlate rather strongly with recidivism and, in particular, is one of the risk factors to be considered in identifying an individual's level of risk for reoffending violently. It is an item on the HCR-20 that was considered above.

51. Unlike Antisocial Personality Disorder, the construct of psychopathy consists of two separate factors. The first assesses personality characteristics of psychopathy (interpersonal features and affective or expressed emotion features) and the second assesses the behavioural components of psychopathy, and is more akin to Antisocial Personality Disorder (antisocial lifestyle characteristics and antisocial criminal behaviour). Generally speaking, higher scores on the PCL-R are predictive of future offending and sexual offending. Mr. Knight's overall score on the PCL-R fell in the lower range, indicating that he does not demonstrate many of the personality traits and behaviours associated with psychopathy. It must be acknowledged, however, that his behaviour has been contained for the whole of his adult life and it is possible that had he not been incarcerated, his offending and antisocial behaviour may have continued over time. We



shall never know, of course. As it stands, though, Mr. Knight does not appear to be psychopathic.

52. In the material made available to me, there appears to have been some confusion regarding the Tier 1 Assessment that was completed on Mr. Knight by Corrections Victoria. This confusion was demonstrated in the cross examination of Mr. Money from Corrections Victoria who had some difficulty explaining to VCAT what the measure meant. The measure employed in the Tier 1 assessment was the Level of Supervision Inventory, Revised: Screening Version (LSI-R:SV). The LSI-R:SV is a brief version of the Level of Supervision Inventory. The LSI-R:SV that was used in the Tier 1 assessment is an eight item measure that provides a gross estimate of an individual's level of risk for general offending, as follows:

- a. Two or more prior convictions?
- b. Arrested under the age of 16?
- c. Currently Unemployed?
- d. Some criminal Friends?
- e. Alcohol/drug problems: School/work?
- f. Psychological assessment indicated?
- g. Non-rewarding, parental.
- h. Attitudes/orientations: Supportive of crime?

53. Based in the LSI-R:SV, Mr. Knight would only have accrued scores for (b) and (d) above. Very little weight can be put on this measure, however, given that it is a screening measure.

#### *Summary of the risk assessment of future offending*

54. By conventional measures of risk for violence, the likelihood that Mr. Knight would re-offend violently is at the upper end of the low range. As noted, however, the nature and severity of Mr. Knight's offences place him in a category that is virtually without peer. As such, there is no way to know with any degree of confidence how robust the conventional violence risk factors are for those who have committed spree murders. The fact that he is

not psychopathic is noteworthy and moderately protective as psychopathy is related to higher rates of recidivism and violence; however, not all violent offenders are psychopathic and not all psychopaths commit violent offences.

55. The violence risk assessment measures, including the HCR-20, have been developed to help determine the likelihood that one might commit future violent offences of a more general nature. They do not differentiate the nature or severity of violence that the offending may take. A distinction must be made, therefore, between the likelihood of re-offending and the nature and severity of any offence that might be committed. In Mr. Knight's case, while the likelihood of repeat offending may be relatively low, the fact that he committed such heinous offences suggests that extreme caution must be taken when considering him for release.

#### Course in prison

56. Mr. Knight has now been in prison since 10 November 1987 – approaching 25 years. During that period, he engaged in a great many problematic incidents including fights, possession of contraband, and assaults (including a staff member) from the time he was incarcerated until the early 2000s. He has also been found to have had contraband in his cell on occasions, including shivs and other potential weapons. For the most part, though, his behaviour has improved and he has been free of significant infractions for many years now. In this regard he has shown improvement – at the same time, his anger and frustration in the light of what he perceives as being unfairly treated by Corrections Victoria, has continued to increase.

57. At my last interview with Mr. Knight, he was very happy that he had recently been selected to work as an Induction Billet helping to orient prisoners. I had the occasion to speak to Ms. Christina Frei who supervises Mr. Knight in this role. She noted that he commenced his work in January or February 2012 and noted that he does a very good job. She stated that he is extremely well organised and diligent.

58. Whilst he has been in prison, Mr. Knight has completed a great number of university subjects, earning a Bachelor of Arts (Strategic and Defence Studies) degree from Deakin



University in 1996. He has also taken subjects from several other universities (i.e., Murdoch University, Open Universities Australia, Griffith University, Curtin University, and Macquarie University). He has also completed several certificates at TAFE institutions.

59. It is disturbing that Mr. Knight is so focussed on bringing lawsuits and making complaints against Corrections Victoria. As Professor Mullen noted, Corrections Victoria needs to be very judicious in managing him so as not to unnecessarily deny him privileges and movements that other prisoners enjoy. Mr. Knight was very heartened to learn he would be working as an Induction Billet; such opportunities will help him continue to develop and settle. He has grown considerably and settled in prison and his incidents have diminished greatly. As such, a gradual plan of reduced security and movement to less secure institutions is necessary (e.g., HM Prison Loddon) if he is ever to be realistically considered for release. It is difficult to determine real progress and coping strategies when one is maintained in more secure institutions. As part of the normalisation process, Mr. Knight needs to be admitted to the programs that would typically be required of other prisoners with a history of violent offending (e.g., the Violence Intervention Program).

#### The effect of treatment

60. In the 1990s Mr. Knight undertook some treatment programs, including Assertiveness, Stress and Relaxation, Anger Management, How to be Happy, and more recently Change on the Inside. He also received one on one counselling from Ms. Nicole Sakellaridis, Social Worker, on 23 occasions from February 2010 to 22 December 2010. Following the treatment, Ms. Sakellaridis expressed the opinion that in sessions, Mr. Knight questioned the purpose of the process of treatment rather than the content. She noted that he had difficulty in one on one intervention and would similarly struggle with group therapy. It is clear from Ms. Sakellaridis' treatment summary and from Mr. Knight's discussion of the treatment with me that there was considerable friction and little progress was gained from the sessions. Mr. Knight has made several applications to attend the Violence Intervention Program.

61. I had the opportunity to discuss Mr. Knight's situation and his assessment and treatment regarding substance misuse with Mr. Rob Testro. My discussion with Mr. Testro suggested

that Mr. Testro has formed the view that Mr. Knight does not have a substance abuse problem. Mr. Knight took it upon himself to approach Mr. Testro to assist him to determine the effect that alcohol use had on him in the past and to assist him to prevent any problems it might pose for him in the future should he be released. Mr. Testro emphasised that he has seen Mr. Knight show compassion for other people including prisoners and believes he has made considerable gains, to a large extent on his own initiative.

### Referral Questions

62. Drawing on the background provided in my assessment of Mr. Knight, I shall address the referral questions below. It is important to note, however, that the degree of impasse between Mr. Knight and Corrections Victoria, and the challenges affecting his ongoing management, are not to be underestimated. Mr. Knight is distrustful of Corrections Victoria and its staff. For example, while he desperately wants to have his security level reduced, he does not want to move from a private prison to one operated directly by Corrections Victoria. The impasse was evident in his interactions with Ms. Sakellaris whom he perceived to be in a conflict of interest (my words) given her dual/multiple roles: assessor, counsellor and her role in reporting on his behaviour to the Major Offenders Unit. He did not perceive her to be independent and objective – whether this is true or not, this impression meant that any treatment attempts were futile. She became, in effect, the embodiment of “the system” and he took the opportunity to challenge and at times perhaps taunt her.

63. Adding fuel to fire, Mr. Knight is now developing the stance that if he is not paroled in 2014 then he will never be paroled. This is of course naïve since 2014 is the earliest possible release date and it will be in the power of the Adult Parole Board to determine if and when parole is a realistic option. Helping Mr. Knight at least move toward the possibility of parole will be helpful in enabling him to gain some optimism that there is some light at the end of the tunnel. At the present time, he is becoming increasingly desperate believe that options for moving through the tunnel are closed for him (unfairly).

64. Part of the difficulty that has occurred with Mr. Knight is not uncommon in prisons around the world which manage notorious offenders with personality dysfunction. Given their



notoriety and behaviour, the prisoners receive a degree of attention and concern not typical of other offenders – even those who are violent and aggressive in prisons. In Mr. Knight's situation, his level of intelligence and his obsessional narcissistic traits has led to an enhanced degree of self-importance. The fact is that given the many and growing pressures on justice and corrections, no single person obtains the attention they believe they are getting. In Mr. Knight's own world though, it is of course the case that he thinks almost continuously of his own plight and he has focussed over the last decade in taking legal action against corrections. He believes there is a degree of conspiracy against his eventual release that I, frankly, have not seen in dealing with senior Corrections Victoria and Department of Justice personnel. To be sure there are individuals both in society and in the criminal justice system who do not believe Mr. Knight should ever be released; however, I have not heard such sentiments voiced by the senior people with whom I have been in touch.

65. In my view the way forward will require a process of normalisation whereby Corrections Victoria judiciously ensures that Mr. Knight receive the opportunities and benefits that would be available to any other prisoner with a serious offence. Given the degree of control Corrections exercises, of course Mr. Knight's progress and behaviour needs to be monitored. Appropriate limitations are necessary while inappropriate limitations will be seen as arbitrary and capricious by Mr. Knight and will only serve to further complicate matters. Should he demonstrate difficulties in lower secure facilities or treatment programs, it would be the case that Mr. Knight was at least given the opportunity to try. As he has made many gains over the years, it is now time to develop a plan to move forward in an attempt to resolve the impasse and test the extent to which Mr. Knight might continue to make gains in lower secure facilities with enhanced treatment opportunities. Based on my evaluation and review of material I am cautiously optimistic that Mr. Knight can make gains should he be given the opportunity.

*What are Mr Knight's offence specific needs, and what type of therapeutic interventions would be most appropriate to these needs? What dynamic risk factors does Mr Knight present at this time, and are these amenable to treatment? (as these items are closely related, I will address them in concert here).*

66. The roadblocks to continued advancement for Mr. Knight lie more in helping him to address his interpersonal style and the way he cognitively frames his experiences as much as offence-specific needs per se. With respect to offence-specific needs, Mr. Knight might benefit from the opportunity to gain insights into not only his offences – the focus of which will have only limited benefit – but insight into his broader behaviour. Due to his self-righteous stance, it will be difficult for him to develop the insight that we all need – that even if we are correct and wrongly done by, we must accept it to a significant extent, suck it up, and move forward. As it stands, Mr. Knight's views have been reinforced since the harder he pushes, the more he has been rebuffed; thus fulfilling his view of the system and further increasing his resolve. If he is to be released, he will realise – as he did so long ago – that the world is not a place where people get what they want and have their views respected even if they perceive themselves to be right (and even if they are right). Simply stated, Mr. Knight will need to develop enhanced tolerance to assist him in dealing with life's challenges.

67. Mr. Knight also relies on intellectualisation as a defence mechanism to protect (distract) him from the much more threatening and painful emotions he feels. Even at the commencement of his time in custody when he was at the lowest point, clearly depressed, distressed, shocked and despondent, he simply resolved to look forward and to move ahead. For someone who is not purely psychopathic to live with what he has done, Mr. Knight has had to distance himself from his emotions by distracting himself and using his intellect to keep himself cognitively occupied. While there can be very little benefit in stirring up emotions, to move forward, he does need to be assisted in learning to express and deal with emotions in a manner that will enhance his prosociality and help ensure that he can eventually reintegrate into society.



68. Mr. Knight could also benefit from work to enable him to help him to continue to explore and move his negative attitudes toward those that are less problematic. As Professor Mullen notes, his attitudes have shifted considerably over the period he has known him and along with the shift in attitudes I note that Mr. Knight's behaviour has become more settled. The attitudes to which I refer include racism, any remaining interest in military and mass murder, belief that his behaviour is justified; to attitudes that are more accepting and prosocial.

69. Next, Mr. Knight can continue to make gains in reducing his impulsivity and increasing his capacity to control his anger. I do believe, based on the review of his files and incidents, that he has made considerable gains in these areas but it would be helpful to continue to make gains in these domains to assist with eventual community reintegration.

*Are you able to assess Mr Knight's readiness to engage in offence specific treatment at this time?*

*What factors do you take into account in making this assessment?*

70. The question of Mr. Knight's responsivity, or his readiness to engage in offence specific treatment, is important. It is clear that Mr. Knight is motivated to be released. During the interviews with me, he expressed an understanding that the Adult Parole Board and community will need absolute assurances before he can be reasonably believed. Using this realisation as a springboard, it would be prudent to use motivational interviewing techniques to help develop Mr. Knight's motivation and readiness. At a base level, he is someone who has become focussed on procedure and fairness; therefore, having him enter into a treatment contract that sets out the parameters for engagement would be useful.

71. The individual treatment that is undertaken to begin to address the matters I have noted above and, in anticipation of eventual group engagement, will be helpful to address matters of readiness for engagement.

*What is your assessment of Mr Knight's capacity to successfully engage in a group based treatment program, given the importance of group dynamics such as trust, self-disclosure, and mutual support between participants?*

72. Mr. Knight would be presented with some challenges to successfully engage in a group based treatment program since he would need to resist his instinct to challenge the facilitator and to intellectualise his own issues. I have seen this with many offenders who share personality traits with Mr. Knight. They have the tendency to almost become co-facilitators, challenging other participants, but revealing little of their own issues. To overcome this tendency, the individual work that is envisioned above would be a useful forum to help coach him in the expectations and requirements of group intervention. A skilled facilitator can monitor and correct the potential difficulties that might arise. Ultimately, if Mr. Knight could not engage appropriately, he like any other such offender could be terminated from the program.

73. I did not have access to the treatment notes, if they exist, about Mr. Knight's involvement in treatment in the late 1990s. It would be interesting, though, to see how he engaged at that time.

74. It is my understanding that Mr. Knight engages quite well with most other offenders. It is probably not too helpful to speculate too much about how Mr. Knight might do in treatment. Ultimately, after some preparation, only having Mr. Knight enter a program would ultimately determine how he will behave and engage and the extent to which he might benefit from treatment.

*Having regard to Mr Knight's institutional history and current presentation, how would he manage his behaviour in a less restrictive environment?*

75. My expertise is of course limited to mental health and clinical matters and not specifically matters of security. Based on the review of the file material and the assessment of Mr. Knight, however, he does not in my opinion present any particular risks that would prevent him from being managed in a less secure environment. Certainly I have seen many other



offenders whom I have regarded to be much more behaviourally volatile and menacing move to and succeed in lower levels of security.

*Are there potential risks that Mr Knight may present to himself, other prisoners, and the stability of the prison units if placed in a less restrictive environment given his personality traits?*

76. One point of significant difference between my evaluation of Mr. Knight and that which was performed by Ms. Sakellaridis is that she reported that "Mr. Knight's total score on the PCL-R was in the high range of the moderate category" with "very high scores interpersonal and affective personality characteristics" while my evaluation of him using the same instrument led me to believe his score fell at the top end of the low level, at or just below the scores one sees in the average North American or English/Welsh prisoner (we still do not have Australian norms). I attribute the differences in the scores to the temporal frame considered in scoring the instrument. As psychopathy is a personality disorder, each item is to be scored based on how one has presented across situations for the whole of the one's life. In Mr. Knight's case, it is tempting to focus on his offending and perhaps even his early behavioural patterns; however, by balancing the evaluation across all domains of his life, it is clear that many of the features of psychopathy are simply not present. I note this matter because if Mr. Knight was more conventionally psychopathic he might pose a risk to other prisoners and the stability of the environment. Ironically for reasons unknown to me, Corrections Victoria does not routinely assess psychopathy in prisoners even if they are chronically violent, despite the relationship between psychopathy and offending and psychopathy and institutional infractions. I have seen a good many psychopathic prisoners here over the years who have never been assessed.

77. The core personality traits that Mr. Knight possesses (obsessionality, rigidity, and egocentrism) should not affect any risk to others. To be sure, he will be challenged at times, as he has over his long period of incarceration, to be tolerant and accommodating of other prisoners. I believe he has the capacity to do this.

*What is your assessment of Mr Knight's ability and willingness to engage with correctional staff given his history of non-compliance and expressed views?*

78. As noted, Mr. Knight has a significant distrust of Corrections Victoria and its staff. He has demonstrated the capacity for the most part, however, to behave in a civil manner with Corrections Victoria staff. As noted, he has been more settled at Port Phillip Prison and in the interactions I have witnessed between him and staff, and in my discussions with them, they report that Mr. Knight is not problematic. I suspect that Mr. Knight would not have significant difficulties engaging with Corrections Victoria staff, or others, whom he believes show him appropriate respect (not adulation). He may become incensed if he believes he is belittled or taunted by staff – although again his degree of tolerance seems to have enhanced over the years.

*What proactive strategies (regarding the location, clinicians, corrections staff) are suggested which the correctional system could implement in order to support treatment recommendations?*

79. The fundamental message I wish to give is that within the degree possible it is important to normalise the relationship between Corrections Victoria, clinicians, corrections staff and Mr. Knight. Therefore, I believe that excessive preparation is not needed for staff to work with Mr. Knight. As Professor Mullen has suggested, for example, it would be helpful for the clinician who does individual work with Mr. Knight to be able to assure Mr. Knight of some degree of confidentiality (within the constraints of the correctional system) and for that person to meet with the facilitator of the program (Violence Intervention) into which Mr. Knight might be admitted and Mr. Knight together to review progress and provide a bridge to the group program.

80. Mr. Knight is a man whose myth has become larger than the reality. This unfortunately reinforces his egocentrism and does not help with the ongoing goal of moving him forward. Therefore, staff who will work with Mr. Knight in whatever capacity need to have some understanding of him – as they would with other offenders – but I fear that too much preparation and briefing will only serve to make people unnecessarily cautious and anxious.

*What is your assessment of Mr Knight's risk of re-offending?*

81. I have provided an in-depth evaluation of Mr. Knight's risk for violence in the body of this report. I wish to note here, however, that I do not believe that from purely a violence risk



perspective that Mr. Knight falls into the rare category of offender who could never leave a prison for realistic fear of what he might do in the community. Thus, I believe eventual release is a possibility for him. Given the gravity of his offending and the great amount of damage that could be done should he ever re-offend in a violent manner, the movement to release will necessarily be gradual with movement to reduced levels of security while monitoring his behaviour and risk across time. Similarly, he will need considerable support and planning to eventually move into the community given the many complicated factors in his case (e.g., his notoriety, the vitriol that exists, and his own level of institutionalisation).

### Conclusion

82. Mr. Knight is a 44 year old man who has been incarcerated continuously for almost 25 years, since the evening of the 9th of August 1987 when he fatally shot seven people, attempted to kill 46 others, including 19 people whom he wounded. The facts of his offending are well known, though the reasons for it are still not fully understood. Mr. Knight falls into a class of spree killers known as "pseudo commando" offenders. To this end, he was young, fixated on the military, possessed extreme right wing values, was overcome by situational factors, including humiliation and failure, and felt a 'call to arms' to take to the streets to attack innocent unarmed civilians and later police. There are some factors in Mr. Knight's case that distinguish him from other pseudo commando mass killers. First, as far as can be determined, many such killing sprees are planned in advance with the perpetrators leaving messages of killing people they know at the commencement of the rampage. Second, most of the perpetrators die by suicide and many of those who live are seriously mentally ill – many are psychotic. Mr. Knight has always said that his attacks occurred quite spontaneously and he has never been diagnosed with a serious mental illness. He told me that he intended to take his own life at the conclusion of his shooting spree (when he exhausted the ammunition) and put a bullet in his pocket to use to kill himself. However, he reported that the bullet fell out of his pocket and he could not find it when it came time to take his own life.

83. The subject of an adoption at a very young age, Mr. Knight had a rather unremarkable childhood devoid of many of the elements that affect so many offenders (e.g., serious substance misuse, estrangement from a dysfunctional family, early onset of offending,

poor education, and lower than average intelligence). A bright child, he underperformed in high school, entered and withdrew from university, and entered the Royal Military College, Duntroon in Canberra. He struggled to fit in and seek the recognition which he so strongly feels he deserves. From a young age, Mr. Knight developed an unhealthy affinity for the military – particularly combat – and rifles/weapons. He became morbidly fascinated and obsessed with the military and combat.

84. Mr. Knight does not suffer from a major mental illness, although there was some speculation immediately following his offending that he might deteriorate over time and develop a schizophrenic illness. This has not happened. Mr. Knight has been assessed as having a level of Intellectual Functioning that is in the Very Superior Range, being surpassed by only approximately 2.4% of the population.

85. An evaluation of Mr. Knight's personality functioning suggests that he has had a rigid personality from a young age (puberty) that has led him to situations that have resulted in strife. It is my opinion that Mr. Knight does not meet the diagnostic criteria fully for any of the personality disorder diagnoses. He does have some significant dysfunctional personality disorder traits that include obsessive and compulsive features, as well as rigidity. He also displays some traits consistent with narcissism. These traits will persist over time. Although they have served him well in some regards, by giving him a sense of determination and purpose, they also have failed him since he appears to lack the degree of flexibility that is necessary to navigate his life. Interestingly, he does not meet the criteria for a diagnosis of Antisocial Personality Disorder nor is he psychopathic. As personality is somewhat malleable over time, it is very likely that his personality dysfunction was more exaggerated in his youth than it is now. Certainly, manifestations of his personality, such as impulsivity and aggression have abated over time.

86. The question of whether Mr. Knight represents a danger to the community is a vexed one. Using validated risk assessment measures, Mr. Knight's level of offending would appear to fall at the upper end of the low level. As stated in the report, however, this represents the relative likelihood that he might reoffend violently and is not representative of the severity of offending that might occur if he were to engage in violence again. The likelihood that he



would re-offend in any serious manner appears relatively low but given the severity of his offending – 7 dead, 19 wounded and a total of 46 charges for attempted murder – considerable caution is required when considering his overall level of risk.

87. As noted in the report, Mr. Knight's offending fits into a category of spree murder known as pseudo commando mass murder. Mr. Knight is now well past the age of those who typically engage in such behaviour since the perpetrators are almost always young. However, as Professor Mullen also notes, another sort of mass killer is typically an older disenfranchised male who develops a paranoid belief system, feels hardly done by, and typically targets those whom he perceives to have harmed him (or their proxies). While Mr. Knight's rigid personality and obsession with pursuing his own definition of justice is somewhat similar to the characteristics these mass killers show, his mental state is not anywhere near as extreme as one sees in the older spree killers. There is a remote risk that Mr. Knight could develop additional risk factors associated with these sorts of spree killings if he continues to hold rigid views and develops an entrenched and paranoid view that he is continuing to be aggrieved. In such a rare circumstance, he may feel he has little to lose. Indeed, Mr. Knight has managed to cope with the offences he has committed as well as the long-prison sentence he has endured thus far.
88. While it is difficult to determine how much Mr. Knight would benefit from offender rehabilitation approaches, it is important as part of the normalisation process to ensure that Mr. Knight is provided with the rehabilitation services available to other offenders with a violent history, including the Violence Reduction Program. He would also benefit from one on one offence specific intervention that deals with his idiographic offence specific and offence related issues.
89. Taken together, Mr. Knight's risk of offending violently in a general manner falls at the upper end of the low range. However, given the extreme level of damage of his offences, there needs to be considerably more certainty in how he will cope with lower levels of security and eventual leave in the community. This can only be accomplished by a gradual release process that commences with a move to lower levels of security, heightened autonomy and responsibility, followed by leave possibilities. He will also need some form

of stable accommodation, ideally of a half-way house nature, if he is released. At each stage along the way, he would need to be monitored carefully and re-examined at major junctures. It is difficult to determine real progress and coping strategies when one is maintained in more secure institutions. Such a test of his ability to cope and adjust to different settings, with diminishing levels of security is the only test of his level of risk that can actually help determine how he might eventually fare in the community.

90. I trust that this report will be of some assistance to Corrections Victoria in dealing with this most challenging matter.

Respectfully submitted,



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