

Case No. CR-19-00318

DIRECTOR OF PUBLIC PROSECUTIONS

v

NADINE BOUTROS

JUDGE: HER HONOUR JUDGE HOGAN
WHERE HELD: Melbourne
DATE OF PLEA HEARING: 21 June 2019
DATE OF SENTENCE: 24 July 2019
CASE MAY BE CITED AS: DPP v Boutros
MEDIUM NEUTRAL CITATION: [2019] VCC 1108

REASONS FOR SENTENCE

Subject: CRIMINAL LAW
Catchwords: Charges of aggravated burglary, common law assault (2), criminal damage and theft – deteriorating mental health of offender in the two years leading up to offending complicated by methamphetamine and cannabis abuse – offender affected by methamphetamine at time of offending, all of which occurred in a short interval of time – subsequent diagnosis of schizophrenia – early pleas of guilty – stabilisation of mental state in custody whilst compliant with antipsychotic medication – offender is intelligent and well-educated (Bachelor of Accounting) – some rehabilitation whilst in custody – prospects of rehabilitation guarded albeit offender has supportive family – offender in need of mental health and drug rehabilitation treatment

Legislation Cited:
Cases Cited:
Sentence: Total effective sentence 2 years and 10 months' imprisonment with a non-parole period of 1 year and 5 months. s6AAA declaration: a total effective sentence of 5 years and 6 months' imprisonment with a non-parole period of 4 years.

<u>APPEARANCES:</u>	<u>Counsel</u>	<u>Solicitors</u>
For the DPP	Mr A Serratore	Solicitor for the Office of Public Prosecutions
For the Offender	Mr J McGarvie	Stary Norton Halphen

HER HONOUR:

- 1 Nadine Boutros, you have pleaded guilty to one charge of aggravated burglary, which carries a maximum penalty of 25 years' imprisonment, two charges of common assault, each of which carries a maximum penalty of 5 years' imprisonment, one charge of criminal damage, which carries a maximum penalty of 10 years' imprisonment and one charge of theft, which carries a maximum penalty of 10 years' imprisonment.

- 2 The circumstances of your offending are summarised in the prosecution opening (Exhibit "A"). The victim of your offending on Charges 1, 2 and 3 was a young man aged 23 years, who resided in Whittlesea in an apartment in the same building where you resided with your mother. On 26 November 2018, your victim heard a knock on his door at approximately 8.00am. He opened the door and you walked in without invitation or permission and began to yell at him, accusing him of damaging your property. You appeared to the victim to be affected by drugs and he noticed that you had, in your right hand, a long bread knife with a silver serrated blade. You swung the knife at him and then lunged at him twice. You pointed the knife at his chest and quickly stepped forward in an attempt to stab him. He backed away and ended up in a nearby cupboard. He attempted to disarm you and, in doing so, he sustained cuts to his left hand and forearm. At this stage, your victim's cousin, who was visiting from interstate and who had been upstairs, came down, and upon sighting the knife, he backed away. You said to him, "*I don't know you, you don't deserve it*" and then turned to leave, hurling an insult at your victim that he could not even protect himself. You then stabbed the point of the knife into the wall next to the front door and said "*take some property damage*" and then left the apartment.

- 3 Your victim closed and secured the front door and could hear you outside banging on a neighbour's door and yelling profanities. He called the police. You returned to his apartment and banged on the door, and yelled "*you're done with them*".

4 The preceding narrative sets out the facts in support of Charge 1, aggravated burglary, Charge 2, common assault and Charge 3, damaging property.

5 After leaving the apartment building, you walked along Beech Street, Whittlesea, where you came upon your second victim, who was a 13 year old girl walking to school. She was holding her iPhone in her right hand and had her school backpack on her back. You yelled from behind her "*Don't say anything you dumb slut*". She continued to walk without turning around and then heard you running towards her. She moved out of the way and you then grabbed her backpack and threw her towards the grass. She landed on the ground on her left side facing you. You then began to run towards Church Street but, upon noticing your victim's iPhone on the ground, you stopped and picked it up and ran away. Your victim yelled out for help, and a man passing by chased you and grabbed hold of you, and pushed you into the entrance of a nearby gym and asked for the return of the victim's phone, but you refused, and said "*fuck off*" and left.

6 The narrative relating to your second victim sets out the facts in support of Charge 4, common assault, and Charge 5, theft.

7 After leaving your second victim, you walked to a carpark near the IGA supermarket, where a lady had just parked her car. Her three children were in the back seat. You then threw your second victim's iPhone at the vehicle's windscreen, causing damage to the phone. You then approached the windscreen, pushed the phone out of the way and lifted one windscreen wiper up so that it was upright. The witness yelled "*What are you doing?*", and without saying anything, you just walked off with your arm in the air. I here interpolate that your conduct in the carpark is not the subject of any charge.

8 You were arrested by police and taken to Mernda Police Station. You claimed that you had left your mother's apartment and went straight to the shops, and did not stop or talk to anyone, and nothing unusual had happened. When it was

put to you that you had entered your first victim's apartment and slashed him with a knife, you denied this, and stated that he was imagining things. When asked about the incident concerning your second victim, you provided "no comment" responses and denied possessing and damaging your second victim's iPhone.

9 You were remanded in custody and an interim personal safety intervention order was granted, prohibiting you from having any contact with your first victim. You have remained in custody to the present time.

10 You are presently aged 25 years, having been born on 3 April 1994. You have two prior court appearances as follows:

- On 21 December 2017, you appeared at Heidelberg Magistrates' Court on charges of contravening a family violence intervention order, driving whilst authorisation was suspended, unlawful assault, possessing cannabis, resisting a police officer, failing to answer bail, using an unroadworthy vehicle, failing to display P-Plates, persistently contravening a family violence order and driving without a P-Plate. Without conviction, you were placed on a Community Correction Order for 24 months.
- You contravened the Community Correction Order made on 21 December 2017, and on 12 November 2018 were brought before the Heidelberg Magistrates' Court for that contravention, and also for careless driving, failing to report damage to a vehicle to police when the owner was not present, theft from a shop, committing an indictable offence whilst on bail, assaulting a police officer, unlawful assault, possessing a Schedule 8 poison, carrying a dangerous article in a public place, possessing a controlled weapon, theft, failing to answer bail, contravening a family violence intervention order, criminal damage, using a vehicle which had a minor defect notice and using a vehicle which was not compliant with regulations as to standards, as well as contravening a Community

Correction Order. Without conviction, the matters were adjourned for 12 months on condition that you continue treatment, as directed, with Dr Paola Piccione, psychologist.

11 It is of concern that only 14 days after being granted that good behaviour bond you committed the offending for which I must sentence you. This is an aggravating feature of your offending.

12 In a plea on your behalf by Mr McGarvie, the Court was told that you are one of two children from a good and supportive family background. You went to primary school in Ivanhoe and then attended Genazzano College in Kew, where you completed Year 12 with an enter score of 86.25. You then completed a Bachelor of Accounting at Latrobe University. You did well in the course and graduated in 2015. For a short time you worked as an accountant but then started to experience mental health problems. Mr McGarvie stated that, until relatively recently, these had not been properly understood. In 2015, when you were aged 22 years, your parents separated which caused you a great deal of sadness. Also, in that same year you were with your then boyfriend when you were the victim of an armed robbery. The offender held a knife to your boyfriend and both you and your boyfriend sought trauma counselling for a few sessions in 2015 from Ms Paola Piccione. In addition, you had used cannabis periodically from age 14 years and this increased in 2016. You had also commenced using methamphetamine from the age of 17.

13 Mr McGarvie stated that you saw a variety of health practitioners over a number of years but, until you were seen by Ms Lechner, who provided a report dated 5 September 2018, there was no suggestion that you suffered from schizophrenia. In that report, Ms Lechner stated that she believed you presented as being in the prodromal phase of a major psychiatric illness, specifically schizophrenia. However, Ms Lechner made no reference to diagnosing you according the DSM-5 criteria.

14 Tendered at the plea hearing was a report from Associate Professor Andrew Carroll, consultant forensic psychiatrist, dated 18 April 2019 and a supplementary report dated 30 May 2019 (Exhibit “1”). Dr Carroll had reviewed your file from Justice Health, the report from Ms Lechner dated 5 September 2018, a patient health summary from treating general practitioners at Whittlesea Family Medical Centre (all of which were tendered as Exhibit “2”), as well as speaking with your former treating psychiatrist at Dame Phyllis Frost Centre, Dr Anthony Barnes.

15 Dr Carroll noted that, after what was described as “*a near death experience in June 2017*”, your general practitioner prescribed Valium for you on 17 November 2017, but declined to prescribe further Valium when you attended in January 2018.¹ In January 2018, your general practitioner noted that you complained of mood swings and anger outbursts and referred you to a psychiatrist, but apparently you did not make any appointment to see one. In February 2018, your general practitioner commenced you on a low dose of the anti-psychotic medication, Quetiapine 25 milligrams, to assist with sleep and referred you back to a psychologist whom you had seen in 2017. In March 2018, your general practitioner added the anti-depressant medication, Sertraline. By April 2018, your anti-psychotic medication was increased in dosage to 50 milligrams. On a number of occasions your general practitioner had inquired about whether you were engaging in illicit drug use, which you denied. You told Dr Carroll that you had used methamphetamine only once in the six months leading up to your being taken into custody on 21 July 2018 for breach of your Community Correction Order and claimed to have ceased using cannabis by April 2018. Clearly this is inaccurate.

16 Dr Carroll noted that in July 2018 there had been a note made in your Justice Health file that you were “*agitated and paranoid? psychotic ... presents as*

¹ The records of Whittlesea Family Medical Clinic (part of Exhibit 2) show that Valium was subsequently prescribed for anxiety, but there is a theme of the offender requesting further scripts than were medically appropriate and these requests being denied.

very odd, guarded and suspicious” and you were commenced on Olanzapine 10 milligrams. There were subsequent notes that you presented as psychotic, screaming in your cell and were guarded and non-trusting and had outbursts of anger. By 3 September 2018, it had been noted that, after being on anti-psychotic medication for some six weeks, there was no evidence of psychosis or major mood disturbance. It was shortly after this that Carla Lechner assessed you and considered that you in the prodromal phase of a major psychiatric illness, such as schizophrenia.

17 You were released from custody on 15 September 2018 and linked with an area Mental Health Service and general practitioner, but unfortunately did not obtain any follow-up mental health treatment. You told Dr Carroll that, following release from prison, you started using methamphetamine and just a bit of cannabis and claimed that you had attended a psychiatrist at North Park Private Psychiatric Clinic, who thought that you may have Bipolar disorder or a borderline personality disorder. On 23 October 2018, your general practitioner, Dr Patel, prescribed the anti-psychotic Olanzapine and suggested psychological treatment for anger management. You apparently attributed your behaviour after your release to relapse into methamphetamine use.

18 Dr Carroll took a history from you that on the morning of the offending for which I must sentence you, you had injected 1 point of Ice, but over the previous weekend had used a total of 2 grams from Thursday onwards and had also used cannabis on Thursday and Friday. You were unable to articulate your reason for offending other than your increased usage of methamphetamine. He noted that on 14 December 2018, when seen in custody by the consultant psychiatrist, you had explained that your current offences occurred in the context of very heavy IV and inhaled methamphetamine use, which prompted you to remain awake for more than four days, and you described uncontrollable anger out of all proportion to offending stimuli.

- 19 Whilst you were in custody, the psychiatrist considered that the likely diagnosis was one of drug-induced psychosis which had resolved. Dr Carroll stated that, in his opinion, the most appropriate diagnosis is schizophrenia, complicated by intermittent substance use. He considered it likely that you had suffered schizophrenia for probably the past two or three years. However, at the time of offending, your disturbed mental state was primarily due to intoxication with methamphetamine.
- 20 Dr Carroll stated that the fact of suffering schizophrenia would have lowered your threshold for becoming acutely psychotic. He could not rule out that, at the time of the offending, you were suffering with delusional thinking of some kind which you now are unable to recall, but it appears that you were pathologically angry and agitated and he could find no evidence that you were actively hallucinating at the time. He considered that methamphetamine was a necessary factor in your disturbed mental state on the day of offending and that it is unlikely that your schizophrenia, alone, would have led to an episode of such acute disturbance. He said he was not able to entirely disentangle the effects of underlying schizophrenia and methamphetamine use in your case.
- 21 In his supplementary report dated 30 May 2019, Dr Carroll noted that he had liaised with Dr Barnes, the consultant psychiatrist at Dame Phyllis Frost Centre, who advised that you had been discharged from the Forensicare Unit, Marrmak Outpatient Clinic, in early March 2019 and continued to reside at the Rosewood Unit. Apparently you attended follow-up review with psychiatric nurses from Correct Care Australasia and requested a change in anti-psychotic medication from Olanzapine to Quetiapine, but that request was denied and you have continued to be prescribed Olanzapine 10 milligrams.
- 22 Dr Carroll noted that Rosewood Unit accommodates women who are not suitable for residence in cottages on the mainstream campus, usually due to mental health and/or cognitive disability reasons. He considered your residence there was more consistent with the presence of an enduring mental

illness such as schizophrenia (with associated impairments in social functioning) rather than either a trauma-related condition or a discrete time-limited drug-induced psychotic episode. He considered that your ongoing treatment with anti-psychotic medication, Olanzapine, is consistent with you suffering an enduring psychotic illness such as schizophrenia. He stated that this information strengthened the opinion that he had expressed in his earlier report that the most appropriate diagnosis is schizophrenia, complicated by intermittent substance use.

23 It is to your credit that, whilst you have been in custody, you have been compliant with psychiatric treatment by way of medication and counselling. Ms Lechner, in her report dated 5 September 2018 (part of Exhibit "2"), stated that she had seen you in September last year when you were in custody for a number of offences which had been committed between February 2017 and July 2018 (for which you were sentenced in December 2018). She described you as having an affect that was extremely flat and blunted, with no variation in your expression, tone or level of eye contact. She noted that you presented as cognitively dull, lacking in insight and without mental flexibility, and thought this deterioration in your functioning was likely a symptom of your illness. She noted that you found it very hard to reflect on the impact that your behaviour may have had on either yourself or others and, overall, found your presentation most concerning, as clearly you are of above average intelligence and there had been a marked decline in your cognitive, social and emotional functioning.

24 When Dr Carroll saw you in April 2019, although he noted that you presented with a profoundly blunted affect, he stated that you have insight into the fact that you have a mental illness and a substance abuse problem that require ongoing treatment. He stated that you are willing to engage in ongoing pharmacotherapy and recognise the deleterious impact of methamphetamine use, and are keen to embark on formal substance use treatment. You are also open to obtaining ongoing psychological support. He considered that, from a criminological

perspective, your prospects are good, provided you obtain appropriate support to manage your schizophrenia and to desist entirely from both methamphetamine and cannabis. He stated “*she has no pro criminal attitudes and is clearly horrified and remorseful with respect to the current offences*”. I here interpolate that, apart from a reference that on 15 December 2018 you reported feeling “*embarrassed about my behaviour and that I’m back in prison*”,² there is nothing in the report to indicate that you were horrified or remorseful other than this one comment of Dr Carroll, and I place limited weight upon it.³ However, the fact that you have gained insight into your need for treatment for both your mental health condition and your substance abuse problem is, in my view, a significant gain since Ms Lechner assessed you.

25 Ms Boutros, there is no doubt that you were in a highly agitated and irrational state at the time of the offending for which I must sentence you. The young man who was your first victim, in a statement made to police on 27 November 2018, described your state as you walked past him into his apartment without permission as follows, “*I can remember her eyes were really wide, she was screaming at me. At this point, I started to think that she was off her face. I felt really shocked.*”⁴

26 Your second victim, the 13 year old girl who was walking to school, stated that she heard you yell behind her “*Don’t say anything you dumb slut*”, and she could tell that you were angry. She stated in her statement to police made shortly after the event on 26 November 2018, “*She seemed disturbed and not in control*”.⁵

27 Also, the lady in the IGA carpark, at whose windscreen you threw the mobile phone, told police in her statement made on 28 November 2018:

² Paragraph 147

³ In paragraph 31 of his first report, Dr Carroll stated: “With respect to past offending, she said ‘I feel guilty, they were pretty bad wrongdoings...I’ve done those things because of Ice.’” It is unclear to what past offending this comment relates and there is no comment about empathy with victims.

⁴ Depositions page 31

⁵ Depositions page 44

“The way that she was acting made me think that she was under the influence of something. The way that she was throwing her arms around, the way that she grabbed my windscreen wiper and then walked off she was acting very strangely.”⁶

- 28 I further note that, when you were interviewed by police on 26 November 2018, within a short time of having committed the offences, although you gave a number of “no comment” answers and denied the offending, you also gave a number of non-responsive and peculiar answers. You referred to your first victim having “*maybe got mixed up in the kitchen*”, and how the wife of a married couple who lived in the apartments “*seemed to be very confused with her tongs when she was cooking chicken*” for your mother.⁷ You also referred to “*white skinned people that insist on coming in to try our coffee, inviting us in for potentially salmonella chicken*”.⁸ Towards the end of the record of interview, you stated to police, in answer to question 186, “*My brain’s confused. I have multiple disorders*”.
- 29 In the year or two prior to these offences, there were signs that you were suffering from a mental illness of some sort. It is also plain you were using illicit drugs, in particular, methamphetamine, and that you had used it heavily in the lead-up to this offending. I accept the opinion of Dr Carroll that you do suffer an enduring mental illness, such as schizophrenia (with associated impairments in social functioning), but that this has been complicated by substance use, in particular, methylamphetamine. I also accept that, given your mental illness, your threshold for becoming acutely psychotic would have been lower. However, at the time of offending, your disturbed mental state was primarily due to intoxication with methamphetamine.
- 30 Your counsel conceded that, in the light of Dr Carroll’s opinion, principles 1-4 in *R v Verdins*,⁹ could not apply to reduce your moral culpability, the kind of sentence to be served, or to moderate or eliminate emphasis upon general and

⁶ Depositions page 66

⁷ Answer to Q43 and Q53

⁸ Answer to Q183

⁹ [2007] 16 VR 269

specific deterrence. However, I do take into account as part of your personal circumstances, that you do suffer a mental illness. I also take into account that it is an enduring mental illness, such that you require antipsychotic medication, and that you have had a difficult time in custody albeit that you are apparently now in a stable condition and compliant with taking antipsychotic medication. You are housed in the Rosewood Unit, along with other female prisoners who have mental health or cognitive disability issues. I accept that this is a burdensome way to serve a term of imprisonment.

31 In sentencing you, I also take into account that you indicated an intention to plead guilty to these offences at the earliest possible opportunity at the committal mention in the Magistrates' Court on 18 February 2019. I consider that your pleas of guilty do have significant utilitarian value, particularly as your victims were spared having to relive the trauma of their ordeal by giving evidence. I have reservations about whether your pleas of guilty are remorseful. Except for the one comment of Dr Carroll, which is unsupported by any other material before the Court, I see no evidence of any insight into the impact of your offending upon your victims, even though you personally have apparently been the victim of an aggravated burglary and also an assault. It may be that your capacity to feel and express remorse is somehow impacted upon by your mental illness. Nevertheless, you are entitled to a discount upon the sentence which would otherwise have been imposed had you not pleaded guilty, because you have shown a willingness to facilitate the course of justice and have spared the time and cost of a trial, as well as your victims having to give evidence. I consider that your pleas of guilty have significant utilitarian value.

32 It is to your credit that, whilst in custody, you have apparently been working in textiles. Also, you have undertaken a number of courses of rehabilitative benefit. Tendered as Exhibit "3" were a number of certificates. These included a certificate that you had completed a 12 hour Relapse Prevention Program

conducted by Caraniche Pty Ltd on 31 May and 3 and 6 June 2019. You had apparently also attended Alcoholics Anonymous or Narcotics Anonymous on about 10 February 2019, and a document headed "*The 12 Steps*" was tendered as part of the exhibit, albeit that it is unclear who authored the document or whether you have embarked upon any of the steps mentioned in it. There are certificates from Box Hill Institute that, this year, you have completed a Certificate II in Textile Production Support, a Certificate III in Microbusiness Operations, a Certificate I in Construction, a first aid course, a Certificate II in Kitchen Operations, a Certificate II in Warehousing Operations and a Certificate II in Cleaning. These courses are probably well-below your intellectual capacity, given that you have a degree in accounting, but it shows a preparedness to at least apply your time in a positive manner. Your counsel stated that you do harbour an ambition of becoming an accountant.

33 I am mindful that you are only 25 years of age. Generally speaking, rehabilitation should be an important sentencing principle in sentencing someone of relative youth. However, your rehabilitation has barely begun, given your fairly lengthy history of illicit drug use and the fact that your mental health condition has only been clarified and begun to be addressed in the last year.

34 Further, your prior criminal history is of concern. On 21 December 2017, you were placed on a Community Correction Order for a number of offences including persistent contravention of a Family Violence Order, unlawful assault and resisting a police officer. You breached that order by non-compliance and a significant number of new offences which included committing an indictable offence whilst on bail, assaults, carrying a dangerous article and possessing a controlled weapon.

35 On 12 November 2018, after the magistrate took into account that you had spent 52 days in custody, you were placed on a Good Behaviour Bond with a condition that you continue to receive psychological treatment. As previously

mentioned, this was only two weeks prior to you committing the serious offending for which I must sentence you. Hence, I consider that, at this stage, it is unrealistic to be overly optimistic concerning your prospects of rehabilitation. However, I do acknowledge that you have a supportive family and are an intelligent person, and both of these factors bode well for rehabilitation, provided you continue to engage in treatment for your mental health issues and for your long-term drug abuse problem.

36 According to the material before me, your first victim was a decent young man living in an apartment near that occupied by your mother and yourself. He had helped your mother build some flat pack furniture and had invited you and your mother on one occasion to have dinner at his apartment, which he shared with two friends. In his statement to police made on the day of the offence he described how he felt very confused by you coming uninvited into his apartment, and shocked by your behaviour in pointing a knife at his chest quickly as you stepped forward to stab him. He stated that it finally clicked that he would have to try and fight you off or else he would get seriously hurt.¹⁰

37 Your second victim, the girl who was walking to school, told police in her statement made on the day of the offence that she was very shaken up, upset and scared for her safety.¹¹ This victim's mother made a Victim Impact Statement on her behalf, which was tendered as Exhibit "B". She described the adverse, emotional and social effects of your appalling behaviour in attacking her daughter, who had only recently turned 13, as she set out on the 1 kilometre walk to school in a place where she felt safe. She stated that her daughter no longer feels safe engaging in this pleasant routine which she used to do with a friend, and she has witnessed her daughter become anxious and fearful, forever looking over her shoulder. She described it as heartbreaking to see her formerly confident and socially outgoing daughter being affected in this way.

¹⁰ Depositions page 31

¹¹ Depositions page 43

38 The lady who was at the IGA carpark driving the car at which you threw the stolen mobile phone at the windscreen, and also grabbed the windscreen wiper, made a statement to police on 28 November 2018. She said that the whole incident made her feel really anxious, especially with her children in the car. She noted that her 10 year old does not want to go to IGA anymore because he does not feel comfortable, and it is not like him for anything to affect him, and to voice something like that was quite a big thing for him.¹²

39 These consequences to which I have referred are foreseeable and understandable consequences of your violent, antisocial conduct. In sentencing for them, emphasis must be placed upon general deterrence. Members of the community are well and truly sick of the violent, antisocial and gratuitous criminal behaviour of people high on Ice, like you were. A message needs to be sent out, loudly and clearly, that this conduct will not be tolerated and will be appropriately punished by the courts. There also needs to be some emphasis upon specific deterrence in the light of your prior convictions for violent and antisocial behaviour, and the fact that sentences of a term of imprisonment and a Good Behaviour Bond leading up to this offending had no impact in deterring you.

40 What you did caused trauma to multiple victims within a very short period on one day. To intrude into someone's house with a knife, as you did, destroys the sense of security that everyone is entitled to feel in their own home. In addition, your first victim had a houseguest, his cousin, who witnessed your confrontational behaviour. To assault a young girl who was on her way to school and take her mobile phone, is something which our community should not have to tolerate. A child should be able to walk to school in safety without fear of being attacked and stolen from. Your antisocial conduct has had a ripple effect on others. The lady in the IGA carpark had children in her car who

¹² Depositions page 66-7

witnessed your frightening antisocial behaviour in throwing the mobile phone at the windscreen.

41 Although I take into account that you suffer mental ill-health, the fact is that, in October 2018, a psychiatrist had told you that, possibly, you had a bipolar disorder or borderline personality disorder, and you should abstain from using illicit drugs in order for the diagnosis to be clarified. Clearly you failed to heed this advice and started using methamphetamine a very short time after being released from custody. When you gave a history to Dr Carroll, you seemed to be in no doubt that your wrongdoing was caused by your methamphetamine use and having remained awake for four days. This grossly irresponsible behaviour, which causes so much destruction to your life and the lives of others, by contributing to criminal offending, must be denounced by this Court, and the community must be protected from it.

42 Your counsel submitted that a Community Correction Order in combination with the period of time that you have spent in custody is an appropriate sentence. The prosecution submitted that such a sentence would not adequately reflect the gravity of your offending, even making allowance for your mental health issues. I agree with the prosecution's submission, and it is here appropriate to repeat what Dr Carroll has stated in his first report:

"In my opinion, the methamphetamine was certainly a necessary factor in her disturbed mental state on the day; it is unlikely that her schizophrenia alone would have led to an episode of such acute disturbance."

43 Although I am guarded about your prospects of rehabilitation, the gains to which I have earlier referred and the extent to which you have applied yourself to treatment and study whilst in custody, are in your favour. Although your family are supportive, it must be borne in mind that they, themselves, apparently have been the victim of your appalling unregulated behaviour in the past, necessitating an intervention order being made against you. In my view, you will need a great deal of professional support for your mental health and substance abuse problems upon release. It will also be necessary to assist you

to try to get back into the workforce. Thus, notwithstanding the gravity of the offending, I consider it appropriate to reflect your rehabilitative needs and prospects in setting a shorter than usual non-parole period.

44 In arriving at the overall sentence, I have structured cumulation to reflect that Charges 1, 2 and 3 all occurred in the one episode, and Charges 4 and 5 also occurred in the one episode. Also all offending occurred over a relatively short period of time (approximately 45 minutes), whilst you were in an agitated, angry and irrational state due to your ingestion of methamphetamine.

45 Would you stand up, please.

46 On Charge 1, aggravated burglary, you are convicted and sentenced to be imprisoned for a period of two years.

47 On Charge 2, assault, you are convicted and sentenced to be imprisoned for a period of 18 months.

48 On Charge 3, intentionally damaging property, you are convicted and sentenced to be imprisoned for a period of three months.

49 On Charge 4, assault, you are convicted and sentenced to be imprisoned for a period of six months.

50 On Charge 5, theft, you are convicted and sentenced to be imprisoned for a period of six months.

51 The base sentence is that of two years imposed on Charge 1. I direct that six months of the sentence imposed on Charge 2, one month of the sentence imposed on Charge 3, two months of the sentence imposed on Charge 4, and one month of the sentence imposed on Charge 5 be served cumulatively upon the sentence imposed on Charge 4 and upon each other. The total effective sentence is 2 years and 10 months' imprisonment. I direct that you serve a

period of 1 year and 5 months' imprisonment before becoming eligible for parole.

52 I declare a period of 241 days pre-sentence detention to be time reckoned as already served under the sentences imposed this day.

53 Pursuant to s6AAA of the *Sentencing Act* 1991, I state that, had it not been for your pleas of guilty, the total effective sentence would have been five and a half years' imprisonment with a non-parole period of four years.

54 Pursuant to s464ZF(2) of the *Crimes Act* 1958, I order that you undergo a forensic procedure for the taking of a scraping from the mouth in accordance with sub-division 30A of Part 3 of the *Crimes Act* until a sample of sufficient standard is obtained for placement on the database. I consider that this order is justified by reason of the seriousness of the circumstances of the offending.

55 Ms Boutros, this procedure involves you being given a cotton bud to place into your mouth in order to ensure that a sample of saliva is taken from inside your cheek. You need to be aware that if you do not cooperate, then police are entitled to use reasonable force to ensure that a sufficient sample is obtained for placement on the database.

56 Ms Boutros, I understand that you have suffered a number of challenges in your life. It is a tragedy that a talented young woman from a good background, like you, should have come to this situation. Please do not lose heart. Maintain the commitment that you expressed to Dr Carroll to receiving help for your mental health issues and for your substance abuse issues, and if you do that, there's good reason to believe that you can become a useful member of society and have a fulfilling life. The Court wishes you well for your rehabilitation.
