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THE SUPREME COURT OF
THE NORTHERN TERRITORY

SCC 22314740

THE KING

and

DUANE SARIKON

(Sentence)

BURNS J

TRANSCRIPT OF PROCEEDINGS

AT DARWIN ON WEDNESDAY 6 MAY 2026

Transcribed by:
EPIQ

HIS HONOUR: Duane Sarikon, on 30 October 2025, you entered pleas of guilty to the following three charges.

Count 1, a charge that between 30 June 2022 and 1 April 2023, you maintained a relationship of a sexual nature with a person who I will refer to as AB, a child under the age of 16 years, and in circumstances of aggravation. Namely that in the course of that relationship, you had sexual intercourse with AB without her consent and knowing about or being reckless as to the lack of consent, that in the course of the relationship, you committed acts of gross indecency upon AB, a child under the age of 16 years and who, during the period from 30 June 2022 to 1 April 2023, was a child under the age of 10 years and in the course of the relationship, you coerced AB to engage in self-manipulation in circumstances where she could not reasonable be expected to resist. The maximum penalty for this offence is life imprisonment.

Count 2, a charge that between 1 July 2022 and 22 October 2022, you, being in a domestic relationship with a person who I will refer to as CD, intentionally choked, strangled or suffocated CD and CD did not consent to the choking, strangling or suffocated, and you were reckless as to the lack of consent. The maximum penalty for this offence is 5 years' imprisonment.

And count 3, a charge that between 28 June 2023 and 1 May 2023, you unlawfully assaulted AB in circumstances of aggravation, being that AB suffered harm, that she is a female and you are a male and that she was under the age of 16 years and you were an adult. The maximum penalty for this offence is also 5 years' imprisonment.

At the time of this offending, you were 25 years old. The victim, AB, was 9 years old. AB is the daughter of CD, the victim of the offence in count 2. Sometime in 2019, you commenced an on and off relationship with CD. That relationship broke up as a result of domestic violence in 2020 but resumed sometime after you finished rehabilitation at Sunrise in December 2020. In 2022, you and CD had a son together.

The agreed statement of facts describes 14 incidents during which these offences were committed. Incident 1 occurred on or about 1 July 2022 and relates to the charge of maintaining a sexual relationship with a child in count 1.

One evening after 1 July 2022, at about midnight, you went into AB's bedroom, where she and her brother were sleeping. You told her to come out to play a video game. She then followed you out of the house, where you went for a smoke.

While outside, you told AB what was going to happen. She understood straight away because she had had previous conversations with her mother and you about keeping herself safe.

While you were talking, you told AB she would be killed or , her baby brother, her older brother or her mother would be hurt if she did not do what you said. You told the victim that it was a demon who would do these things, but she understood that it

would be you who would carry out the threats. You also told her that if she told anyone, you would hurt her or her family.

You brought AB back inside and you sat on the couch together. You pulled your penis out of your pants. You then told AB, "Put your lips around it, move your head back and forward." You placed your penis inside AB's mouth, and she moved her head, performing fellatio on you.

After a short time, you told AB that the demon was telling you to do something else. You told AB to remove her pants and lay back on the couch with her legs in the air. Once she was in that position, you began to lick AB's vagina. You continued for some time, then stood up.

You positioned yourself between AB's legs and asked what she called her vagina. AB said, "Budju," and you replied, "I got to try and put my penis inside your budju." AB told you that it would not fit, and you replied, "We'll just see."

You attempted to put your penis inside AB's vagina unsuccessfully and said, "I don't know what we are going to do now, it won't go inside." You then told her to bend over. Once she had bent over the couch, you attempted to insert your penis into her vagina from behind but it was not successful.

You told AB that you would put it in the back, and she asked if it would hurt. You said, "I don't know, we'll see" and agreed to stop if it hurt AB. You lubricated your penis with spit and inserted it into AB's anus. You got the tip inside her anus, but AB told you that it hurt. You withdrew your penis and said that you did not know what they were going to do now. AB asked if that was enough, and you said "Yes." AB then returned to her bedroom.

On a night between 1 July 2022 and 22 October 2022, you and AB were in the lounge room of [REDACTED]. You pulled out your penis and made AB perform fellatio on you. After a time, she stopped and said words to the effect of, "It's tasting funny."

You told AB to wait and you walked into the bathroom, where you located a condom. You returned to the lounge room and you put the condom on your penis. You told AB to put your penis in her mouth and made her continue to perform fellatio until you ejaculated into the condom.

After that occasion, you travelled out bush for work for a period of time. On your return, you stayed at the address at [REDACTED]. During this period, you spent some nights sleeping in AB's room.

On one of those nights, you entered AB's room. You made AB perform fellatio on you while you stood against the bedroom door. AB said words to the effect of, "It's tasting funny." You told AB to pretend she was asleep and you went to the bathroom and washed your penis.

CD was having trouble sleeping and had heard you and AB speaking through the wall, though she could not hear what was said. CD got up and went to the toilet, where she found you. You told CD that you had thrown up and asked her if she had heard you vomiting.

You and CD continued talking outside the bathroom. CD asked you if AB was asleep and said she was going to look in on her. You became angry and told CD that she would wake AB up if she did. You were in the path to the door and did not move out of the way. CD tried to go around you.

You put your hands around CD's throat and applied pressure, choking her. CD was trying to step back and had her arms on your hands trying to move them. CD was concerned for the welfare of her children, so she tried to move back into her bedroom with you.

You followed her and continued to choke her, causing her to feel weak. She dropped slowly to the ground while you maintained your grip around her throat. She could not breathe and started to black out. You choked her until she was unable to resist you any further.

You released CD's neck and she started to cough. Her body was twitching and her throat was sore. You sat on the end of the bed and did not assist her in any way. She climbed onto her bed. You accused her of not trusting you in AB's room. You took CD's phone so that she could not call police.

Once CD was asleep, you returned to AB's bedroom. You made AB perform fellatio on you and you did not ejaculate. You then pushed one of the beds up against the door to prevent access to the room. You removed the mattress from the bed and placed it on the floor. You made AB lay down on the frame on her back.

While she was lying on her back with her legs up, you performed cunnilingus. After a short time, you attempted to insert your penis into AB's vagina. AB told you to stop as you were hurting her. You then attempted to insert your penis into her anus. You were able to insert the tip of your penis into AB's anus. AB told you it hurt to begin with. You engaged in anal and penile sexual intercourse with AB.

You ejaculated into a roll of toilet paper you had brought into the room, then went to the bathroom and cleaned yourself. You flushed the toilet paper down the toilet.

On 22 October 2022, you gave CD money to travel to Darwin to do early Christmas shopping. CD travelled to Darwin, leaving you to look after AB and other members of the family. During the evening, you and AB were in the bedroom. You told AB to go and check on the boys who were in another bedroom. AB returned and told you that the boys were playing video games.

You told AB to lock the bedroom door, which she did. You then performed cunnilingus on her. You then inserted your penis into AB's mouth and made her perform fellatio on you. After a short time, you lay down on the bed and made AB sit

on top of you, with her hands resting on your legs. You inserted your penis into AB's anus and engaged in sexual intercourse with her for a few minutes.

You told AB to get off and instructed her to perform fellatio on you. AB sucked on your penis, then you performed cunnilingus on her at the same time. After a short period, you made AB sit beside you and continue to perform fellatio on you. You spat on your fingers and rubbed her clitoris. You continued to rub her vagina until the point of ejaculation.

You told AB that you were finished and covered your penis with a T-shirt which you ejaculated into. You told AB to clean herself as well with the T-shirt. You were then away for work again for some time.

The day you returned to Katherine, you told CD to go out and play the pokies. While CD was out, you texted her to ask how much money she had left. When CD responded, you went with AB into her bedroom. You inserted your penis into AB's mouth and made her perform fellatio on you. Afterwards, you went back to the lounge room and CD returned home.

On a later night, prior to the end of 2022, you took AB and another child to Darwin for the night while CD remained in Katherine to look after the baby. That night, while the other child was in the shower, you told AB that she was going to sleep in your room.

AB indicated that she didn't want to, but you started to get angry with her. AB then went into your room. You made AB undress and lay down on the bed. You then performed cunnilingus on AB. You had turned on the TV in your bedroom so that the other child was unable to hear what was happening in the bedroom.

After a few minutes more, you removed your pants and inserted your penis into AB's mouth. AB performed fellatio for between five and ten minutes. You made AB stop and put her back on the bed. You performed cunnilingus on her again for a short time, then you said you would put your penis in the back.

You made AB get on her hands and knees on the bed, standing at the edge of the bed, you inserted your penis into her anus. You asked her if you could put it in further and pushed until your penis was halfway into her anus. AB told you that it hurt there. You engaged in penile-anal sexual intercourse until the point of ejaculation. You covered your penis with a T-shirt and ejaculated into it.

In November 2022, CD moved her family to a different address in Katherine. One night after the move, you dropped CD out to play the pokies. While she was out, you went to AB's room. At that time, the other child was playing PlayStation in another room.

You stood next to the door and inserted your penis in AB's mouth and made her perform fellatio on you to the point of ejaculation. You said, "That's enough now" and put your penis back into your shorts to ejaculate.

While AB was performing fellatio, you messaged CD a number of times to check how much money she would have and how long she would remain out. Afterwards, you and AB went to pick up CD from the pokies.

About a month later, you returned from working out bush. That night, you were sitting in the lounge room. AB went to the bathroom, and you saw her coming out and motioned to her. As a result, AB became scared to go to the bathroom, so sometimes she would urinate on her clothes so she did not have to leave the room.

AB approached you. You indicated again to AB that her and her family would be killed if they did not engage in sexual activity. You told AB to go and put on loose baggy pants. When she came out, she had her underwear on and her pants were too tight. You told her to take her underwear off and then to put on her nightdress with some shorts under it instead.

When she returned, you told AB to take the shorts off and put them under the lounge. You told her you would put it in the back but said, "Let's get you warmed up first." You located an unknown object and made AB insert it into her anus. After a short period, you said, "Does it feel warmed up now?"

You made AB lay on the lounge and positioned yourself so that you could see down the hallway for anyone coming. The lounge was dark at the time. You put spit on your penis and inserted it into AB's anus. You attempted to put all of your penis into her anus, but she told you to stop as it was causing her pain.

You withdrew your penis and AB sat up. You agreed to only insert half of your penis. AB laid back down and you engaged in sexual intercourse with AB until you ejaculated inside her anus.

You left to work out bush for a short period before returning and staying at CD's house. On another evening at that address, you entered AB's room and made her perform fellatio on you. You then performed cunnilingus on her. You then lay down and made AB sit on your lap while you inserted your penis into her anus.

You continued to engage in penile-anal sexual intercourse with AB for a period. You indicated you wanted to have vaginal-penile intercourse. AB crouched over on top of your penis. Your penis started to penetrate AB's vagina but you told her to stop and that you would finish it later that night.

That night, around midnight, everyone was asleep and you and AB were in the lounge room. AB was wearing a nightie without shorts underneath. You made AB insert her own fingers into her anus to warm it up.

You then lay AB down on her back so that you were facing down the hallway. You inserted your penis into AB's anus and had penile-anal sexual intercourse with her. You continued for a time and then went outside to have a cigarette. You

returned to the lounge room and asked AB if she was still warmed up. You then inserted your penis in AB's anus again and had sexual intercourse with her.

After a time, you told AB to go on her hands and knees in front of you, which she did. You inserted your penis again into her anus, penetrating it to the full length of your penis. You continued until the point of ejaculation, then withdrew your penis and ejaculated into your shorts.

There were two additional occasions where you engaged in penile-anal sexual intercourse with AB while in the lounge room of the address. On both occasions, you penetrated her anus to the full extent of your penis.

One evening in February or March 2023, AB was playing in her brother's room. You came in and told AB to see you in the lounge room that night. Later that night, fearing for her safety, AB went out to you in the lounge room. You told AB that this was going to be the last time.

You inserted your penis into AB's mouth and engaged in fellatio until you ejaculated. AB changed into her nightdress and returned to the lounge room. You told her you needed to wait before continuing. After a time, you inserted your penis into AB's anus and had sexual intercourse with her.

Afterwards, AB wanted to go back to her room but you told her to sleep in the lounge room with you. After the last incident, you went out bush to work for a while. You returned to Katherine in March or April of 2023.

Prior to you returning, AB told CD that she did not want to see you as you made her uncomfortable. AB said that there had been an incident at her uncle's house, where you made her sit on your lap and she had bumped your penis.

When you returned to Katherine, CD met you out for a drink. She told you that AB felt uncomfortable around you and that they would all have to talk about it together. You insisted on speaking to AB alone.

Later that night, you returned to the house with CD. CD tried to get AB to come to speak to you, but AB became angry and refused. You also became angry. You and CD went to CD's bedroom. While CD and you were in the room, AB came to the door still yelling, insisting on speaking to CD, intent on telling her about the offending.

CD told AB she would speak to her later and became frustrated at her. When AB insisted, you also, still angry, came to the door and yelled at her, "Listen to your mother," then pushed her away.

You wanted a smoke. CD walked away, and you followed her downstairs. You were followed close behind by AB, who was still trying to speak to CD. CD again told AB to wait, and you then walked back to AB and shoved her to the ground. You stood over her until CD yelled out to stop. CD took you outside to cool down.

AB got a phone and called her aunt. She told her aunt that she was scared and thought you were going to kill her. A short time later, the aunt attended the house. CD took the opportunity to get the kids into the car and they left.

Thereafter, CD permitted AB to stay away from you. CD understood that AB was scared of you after the assault. There was only one occasion when CD needed you to give AB a lift in your car by herself. AB protested but CD insisted that she go with you. During that car ride, you told AB that you were having suicidal thoughts because of the things you did to her.

On the night of 4 May 2023, you returned to Katherine after being away for work. CD took your son to go and see you at the hotel you were staying at. CD stayed and you had a drink together.

During the night, you told CD about some of your offending against AB. CD left at 3:00 or 4.00 am. At 7 am that day, CD confronted AB about it and AB explained what had been happening.

On 5 May 2023, you messaged CD, asking her if she was going to the police. CD replied that she was. You texted back to say that you would explain everything in a phone call, which CD could record in the event the AB shut down or did not remember all of it. You told CD that she could take the recording to the police station so that AB would not need to go through the hurt of telling police what happened.

During the phone recording, you indicated:

- The first time happened when you got back from Borrooloola, you and CD were not really having sex.
- You did not know what made you do it and you felt really fucked about doing it.
- You have previously had conversations with AB about her telling mum or a trusted adult if someone was touching her inappropriately.
- When you started, you told AB that a demon was making them do stuff together, stuff that they had previously talked about.
- You told her that if they did not do what the demon said that it would end up killing AB and her family.
- When you finished, you would tell AB that you did not see the demon anymore.

- AB had started to like the things that were happening as the incidents went on.
- AB would ask you to lick her.
- AB had reached orgasm on one occasion when you were performing cunnilingus on her.
- And AB had been the one to come looking for you and asking what the demon wanted you to do.

During the call, you described the main incidents but indicated there might have been a few more times for oral and stuff like that.

On 5 May 2023, the matter was reported to police. That night, you messaged CD and your employer and indicated that you were going to attempt suicide. Police located you through GPS tracking on your work vehicle. You were taken to a clinic and then to the Katherine District Hospital for involuntary treatment.

On 6 May 2023, CD gave a statement to police.

On 7 May, AB participated in a child forensic interview. That interview disclosed your general offending against her but did not provide details of the offending other than from the first and last incident. That same day, you were transferred to Darwin for further mental health treatment.

On 11 May 2023, at 4 pm, on a date after you had been discharged from hospital, you were arrested by police in Darwin. You were taken to the Palmerston Police Station, where you declined to participate in an electronically recorded interview.

I received a victim impact statement dated 3 March 2026 completed by CD. She states that they are still struggling as a family because of what happened. Because of AB's age, there are not a lot of counsellors for her to see in the district in which they live.

AB needs to speak to somebody about what happened to her but it is difficult to find someone. AB tells her mother that what you did to her is always in her mind. This makes CD feel broken. She also has sought counselling.

AB goes to school as often as she can but frequently calls her mother. AB slept with her mother for a long time and finds it difficult to go to sleep. Because of the stress that these events have caused to her, CD was drinking a lot to try to help her sleep. This resulted in her family removing AB from her care for a time.

It is clear that your crimes have had deep and lasting injurious effects on your victims. It is also clear that the offending against AB is particularly serious. You

have acknowledged this through your lawyer. In assessing the appropriate sentences for the offences involving AB, I take into account the following:

- At the time of this offending, you and the victim were in a domestic relationship.
- You had parental responsibility for the victim at times.
- You were trusted to have responsibility for the victim.
- The victim was a very young child.
- There was a significant age disparity between you and the victim, as you were 25 and the victim was 9.
- You used threat of extreme physical violence to the victim and others that she loved to ensure her compliance with your demands and to prevent her from telling anyone else about what was happening.
- When it became likely that the victim would tell her mother of your actions, you assaulted her.
- This was sustained conduct because the criminal conduct occurred over approximately eight months.
- At times, the sexual intercourse caused pain to the victim.
- And you engaged in unprotected sexual intercourse with the victim, giving rise to a risk of transmission of sexual diseases.

Turning to the offence against CD, I take into account:

- That harm was caused to CD in the course of this offence.
- The offence occurred in the context of you preventing CD from speaking to AB, potentially uncovering your sexual offending against AB.
- The offending was somewhat sustained and continued until the victim felt weak and started to blackout.
- And as a result of this offending, the victim was coughing, twitching and had a sore throat.

It is also significant that at the time of your offending against AB, you were subject to a suspended sentence for an offence of aggravated assault. When you committed the offence against CD, you had only just finished the operational period on the suspended sentence for assaulting CD.

You did not give evidence at your sentence hearing but I was provided with some information about your background in a report from Associate Professor Sullivan, a consultant psychiatrist, dated 15 March 2026.

You told Associate Professor Sullivan that your mother was of Papuan origin and your father of mixed Aboriginal Anglo/Celtic background. You said that you did not know much about your mother but you understood that she had significant problems with substance use.

Your father lived in Palmerston and previously had had issues with methamphetamine but had reportedly ceased using that substance. You said that your father now suffered physical health problems.

You told Associate Professor Sullivan that you have a half-brother from a previous relationship. You also said that you had an older sister and two younger brothers from different relationships. You understood that your mother had left your father when you were 1 month old and you had stayed with your father.

You lived with your mother for a period in mid-primary school and you were subsequently placed in foster care for a couple of years before returning to the care of your father.

You described a background of exposure to physical, emotional and sexual abuse as a child. You said that your father had not been violent but when you lived with him, you were often poor and at times there was no food. You reported being bashed by your mother and her partners and had scars from cigarette burns they had inflicted on you.

In primary school, welfare authorities had intervened and you and your siblings were placed with foster families. You reported that you were subject to sexual abuse by relatives of your mother and her acquaintances, and this occurred in your early childhood and involved intercourse with penetration. You reportedly struggled to communicate about this with counsellors.

You stated that your primary schooling was broken, attending schools in about five different locations. Your mother would often change your school if you exhibited signs of having been assaulted so as to avoid scrutiny.

After being taken into care, you continued your schooling but left partway through year 11. You then studied a Certificate III in Horticulture and Agricultural Studies before leaving to obtain an apprenticeship. Subsequently, you worked in sandalwood farm for a year before returning to Darwin. You subsequently worked in providing essential services to remote communities.

You have a prior criminal history, which disentitles you to leniency in sentencing for the present offences. You have served a prior period in prison. During your

present period on remand, you have worked as a block cleaner. You have received visits from an ex-partner, your father and brother while in prison.

You told Associate Professor Sullivan that you first drank alcohol at 16 and by 21, you were drinking more heavily. You felt that this was a problem from 2020 onwards. You reported cannabis use from the age of 16. You reportedly continued to use cannabis or synthetic cannabis while in prison and also while attending rehabilitation.

You commenced using methamphetamine in 2022. You said that you enjoyed the feeling of using methamphetamine but noted that your mental state had deteriorated. You feel that your offending was strongly associated with methamphetamine use.

Associate Professor Sullivan noted that your background was one of growing up in an impoverished and dysfunctional family, with early parental separation, and you experienced significant physical, emotional and sexual abuse in the care of your parents. You were placed in out-of-home care with relatives and in foster placements.

Your schooling was disrupted and you left in year 11. But since then, you have maintained employment, working in remote regions as an essential services officer. You had served recurrent periods of imprisonment associated with family violence and breaches of suspended sentences.

Associate Professor Sullivan considered that you would meet diagnostic criteria for a borderline personality disorder. This reflects a fluctuating pattern of emotional dysregulation, interpersonal difficulties, reality distortion and impulsivity, evident from adolescence and linked to adverse childhood experiences and inconsistent parenting.

It was noted that you have problems with emotional regulation and you are prone to angry episodes, in which you have been violent, threatened self-harm or made suicidal attempts or gestures. These have generally occurred in the context of jealousy or conflict with intimate partners.

You also reported quasi-psychotic phenomenon in the form of auditory pseudo hallucinations and vivid visual hallucinations, which appear correlated with stress but are not consistent with psychotic illness.

Associate Professor Sullivan stated that there is a clear history of severe substance use disorder involving tobacco, alcohol, cannabis and methamphetamine. Although you have undergone residential rehabilitation, you have returned to alcohol and cannabis use and developed new problems with methamphetamine.

Associate Professor Sullivan did not consider that there was current evidence of sustained and pervasive depressive or anxiety disorder. He considered that any current mood symptoms are more consistent with an adjustment disorder with mixed

anxiety and depressed mood, reflecting your protracted remand and the challenges with coping in prison.

There was no clear indication of deviant sexual arousal. You denied problematic pornography use involving underage images. Although, you reported increased pornography use while abusing stimulants.

Associate Professor Sullivan observed that you relied upon threats, intimidation and manipulation to engage AB into participating in offending. Associate Professor Sullivan stated that there is no causal connection between any mental disorder and your offending.

It is possible that intoxication with methamphetamine increased your sexual arousal and aggression and partially impaired your judgement. There is no other indication that mental disorder was causally associated with the sexual offending or violence against CD.

Associate Professor Sullivan stated that imprisonment weighs more heavily on you than others because of your personality disorder. You have had intermittent impulsive self-harm and thoughts of self-harm. You have been involved in altercations with others.

You have required periodic restrictions in prison to manage self-harm risk and you have been considered to warrant ongoing medication, from which you have developed significant weight gain. Associate Professor Sullivan stated that you have significant treatment needs.

While you have overcome significant childhood difficulties to develop a good work ethic and meaningful occupation in adult life, you have been left ill-equipped to manage the emotional aspects of adult relationships.

In Associate Professor Sullivan's opinion, you require ongoing psychological intervention to assist in developing insight and strategies to manage problems associated with borderline personality, in particular emotional dysregulation.

This would be best obtained through intensive, specific psychological therapy, such as dialectical behaviour therapy or mentalisation-based therapy. These are not available in custody and there is limited availability of these treatments in the community in the Northern Territory.

There is no medication clearly indicated for the treatment of borderline personality disorder and there are no strong recommendations for medication in this case. It will be a matter for you and your health providers to determine whether these are indicated or of any benefit. Any benefit of medication will be negated by substance use, including alcohol and cannabis.

Associate Professor Sullivan stated that you should be assessed for a sex offender program and for a family violence program, and you will need to develop

strategies to manage the difficulties that will come from being a registered child sex offender. You reportedly told Associate Professor Sullivan that you are amenable to completing treatment programs.

Finally, Associate Professor Sullivan stated that you require sustained abstinence from substance use. Intoxication exacerbates features of borderline personality disorder and further reduces your capacity to maintain emotions and impulsivity. You should undergo further drug and alcohol intervention.

For any period of conditional discharge in the community, such as parole, he suggested that you should be subject to close monitoring and supervision to ensure that you are not abusing substances.

I received a letter dated 26 March 2026 from CatholicCare NT. You were referred to the alcohol and other drug dual diagnosis program run by that organisation in prison in September 2023. Since then, you have attended 32 counselling sessions.

It is stated that you are motivated to change, which is evidenced by proactive session attendance with community engagement, completing agreed tasks with curiosity and willingness to explore patterns of thinking and behaviour with vulnerability for future focus.

The author of the letter stated that you have been open and honest in your engagement, discussing issues and experiences in your life. Disclosures made by you about your childhood regarding neglect, violence and sexual abuse are said to underpin trauma experiences as a young person, with limited support for safety and regulation.

The author of the letter stated that you have expressed insights into reasons of shame, low self-esteem and lacking positive identity as impacting your self-worth. You have engaged with referrals for support with programs in the Darwin Correctional Centre and also with Christian studies.

You have also discussed consideration for rehabilitation programs. CatholicCare is willing to continue to provide counselling and support with you, both in prison and after your release.

It is accepted that your pleas of guilty are early pleas. They have saved the community the cost of a defended trial. In addition, they have relieved the victims of the need to give evidence about these events. You have expressed remorse for your actions to Associate Professor Sullivan and also to those working with you from CatholicCare.

In assessing the genuineness of your expressed remorse, I take into account that you voluntarily confessed your offending against AB to CD, followed by providing a recorded confession to CD of some of your offending. I do note that you sought to minimise your conduct by suggesting that at least some of it occurred at

the request of AB, but I also accept that your confession was of significant value to the authorities.

I am also satisfied, however, by the time you made your confession to CD, it was clear that it was only a matter of time before AB told her mother what had happened. I also note that before you offered to make the recorded confession to CD, you enquired of CD whether she was going to report what you had already said to her to the police.

On balance, I am satisfied that you have a degree of remorse for your offending and a growing understanding of the effect of your offending on your victims. I will allow a discount of 25 percent on sentence, attributable to both your pleas of guilty and your willingness to provide a recorded confession of your crimes to CD.

I accept that your moral culpability for the offending is reduced by reason of profound childhood deprivation, which resulted in the formation of a borderline personality disorder.

Undoubtedly, your childhood deprivation and your borderline personality disorder made you more vulnerable to developing substance abuse than someone without those difficulties. There is no clear causal relationship between your borderline personality disorder and your offending conduct, but there is a relationship between your methamphetamine use and your offending.

To a great extent, your prospects of rehabilitation will depend upon your willingness to seek out and accept treatment for your borderline personality disorder and your substance abuse.

On the material before me, you have expressed a willingness to deal with these issues in custody and when you are released. Certainly, you have voluntarily undertaken counselling in prison.

Whether that commitment will continue during the remainder of your period in custody and in any subsequent period in the community remains to be seen. You have previously attempted to address substance abuse, but you subsequently fell back into drug abuse and developed a methamphetamine habit.

At the present time, I cannot assess your prospects for rehabilitation as any higher than guarded. Much will depend upon you maintaining commitment to addressing your personality disorder and your substance abuse after you are released from prison.

In cases involving sexual offending against children, general deterrence is of particular importance. Personal deterrence is also important, notwithstanding Associate Professor Sullivan's report that there is no clear history of deviant sexual arousal, such as paraphilic disorder.

Certainly, with regard to the offending against CD, you have a history of violence against domestic partners. It is important that any sentences imposed by this court must be such as to demonstrate the community's strong disapproval of offending against children and offending against those with whom an offender is in a domestic relationship.

I accept that some amelioration of general deterrence as a sentencing consideration is warranted by reason of your childhood deprivation. But in my opinion, a substantial amelioration is not justified.

I have also been asked to deal with a breach of the suspended sentence order imposed on 2 August 2022. In my opinion, the appropriate course is to restore the full amount of the suspended sentence, being 3 months' imprisonment. The starting date for that sentence will be 11 May 2023 and the sentence will expire on 10 August 2023.

On count 1, the charge of maintaining a sexual relationship with a child, I record a conviction and you are sentenced to 8 years and 3 months' imprisonment, commencing on 11 July 2023 and expiring on 10 October 2031.

On count 3, I record a conviction and you are sentenced to 9 months' imprisonment, commencing on 11 May 2023 and expiring on 10 February 2024.

On count 2, I record a conviction and you are sentenced to 12 months' imprisonment, commencing on 11 April 2031 and expiring on 10 April 2032.

The total sentence of imprisonment which you are liable to serve is 8 years and 9 months, commencing on 11 July 2023 and expiring on 10 April 2032.

I set a non-parole period of 5 years, 9 months and 14 days, commencing on 11 July 2023 and expiring on 24 April 2029.

I make it clear that you will not be automatically entitled to be released at the expiration of the non-parole period. That will be a matter for consideration by the Parole Board, depending upon your progress in custody and an assessment of the extent to which you may present as a danger to the public.

There was, I recall, a suggestion that a domestic violence order may be sought in relation to this matter. Is that still the case?

MS GREALY: It is, your Honour. Paragraph 43 of our submissions, there's not currently a domestic violence order but we're asking your Honour consider an indefinite non-contact with both victims.

HIS HONOUR: All right.

Do you want to be heard in relation to that, Mr Abayasekara?

MR ABAYASEKARA: Your Honour, I made a submission on the last occasion in relation to the indefinite order in relation to CD.

HIS HONOUR: Yes.

MR ABAYASEKARA: That it was not warranted when one had a look at the particular provisions of the *Domestic and Family Violence Act*. There - additionally, the submission was that it was a better course to leave that to the - at the time of potential release from prison, particularly in relation to the children. Bear in mind that the offender shares a child with the - his former partner and that there are a whole range of considerations about that.

The central submission was that the risk of domestic violence against CD is not such to attract a - in present circumstances, given the end of the relationship and everything that entails, is not one that ought to attract, at this point in time, a domestic violence order and particularly one of indefinite length, which is the highest order that could be made.

HIS HONOUR: I do not think it should be forgotten though that the offending against AB involved a threat of violence against CD in order to coerce AB into engaging in sexual activity.

MR ABAYASEKARA: In order to manipulate her into doing so.

HIS HONOUR: Yes, that's right.

MR ABAYASEKARA: Yes. But the actual fear of the foundation of making an order under the *Domestic and Family Violence Act* is the risk or likelihood of domestic violence being committed against that particular person. And we accept that he threatened that as a way of manipulating AB, but the actual risk of domestic violence to CD in the future, we say is minimal, if not non-existent.

So one can completely understand why, in relation to AB, there's a need for that order, but we say it just doesn't arise in relation to CD.

HIS HONOUR: All right. Thank you.

Well, I am satisfied - - -

MS GREALY: Your Honour, if I could just - - -

HIS HONOUR: Yes.

MS GREALY: - - - briefly be heard in response.

HIS HONOUR: Yes.

MS GREALY: Your Honour, the submission or the matter that I drew your Honour's attention to on the last occasion was para 68 of Dr or Professor Sullivan's report.

HIS HONOUR: Yes.

MS GREALY: Where he finds that is issues with violence, threaten self-harm and anger general occur in the context of jealousy or conflict with intimate partners.

HIS HONOUR: Well, I am satisfied that there are grounds. Thank you.

I will make an indefinite non-contact domestic violence order protecting both AB and CD. Yes. I do not think I need to go any further than that. All right. Thank you.
