



## IN THE CENTRAL CRIMINAL COURT

**REX**

**-V-**

**CARLA LOVEJOY**

### **Sentencing Remarks**

1. Ms Lovejoy, you are before the court for sentence following your conviction by a jury of the attempted murder of your younger daughter, Isabella. The trial lasted six days and on 16 December 2025 the jury returned a unanimous verdict of guilty. The live issue at trial was the defence of insanity. By their verdict, the jury rejected that defence, which necessarily means they were sure that, despite your psychotic state, you knew that what you were doing was wrong at the time of the stabbing.
2. I know your case well, having been the trial judge. In deciding upon sentence I have considered the Prosecution Sentencing Note, the Defence Sentencing Note, the pre-sentence report, the psychiatric material (including the addendum report of Dr Muffazar Hussain, a consultant forensic psychiatrist, approved under s.12 MHA 1983), and the parties' oral submissions.
3. Isabella was 28 at the time. She lives with Rett syndrome, a profound and lifelong neurological condition. She is non-verbal, cannot walk unaided, cannot feed herself, and is wholly dependent on carers. Until this offence, you were her principal carer and, on all the evidence, a devoted and loving mother.
4. In the months leading up to 20 March 2025 you developed persecutory and bizarre beliefs: you reported being followed, feared neighbours, and believed others intended you harm. You were referred to mental health services in mid-2024 but did not engage, likely in part through fear that disclosure would lead to Isabella being taken from you.
5. On the day of the offence, your partner, Mr Broadley, attended your home. The door was barricaded. You were euphoric and accusatory, and he could hear Isabella inside. He left to seek help from your elder daughter, Christina. In the short interval before

their return, you stabbed Isabella repeatedly in the abdomen and chest with a knife. When entry was forced to the house, Isabella was found on the sofa with catastrophic abdominal injuries; your clothing was saturated with blood and you were holding a knife. Body-worn footage recorded a series of spontaneous utterances from you, including expressions of remorse (“I’ve done a terrible thing”) and statements of compulsion (“I had no choice”), which the jury were entitled to consider alongside extensive evidence of psychotic thinking.

6. Isabella sustained at least 12–14 stab wounds to the abdomen and chest, with multiple sharp-force injuries to bowel and abdominal viscera, causing major internal bleeding. But for prompt surgical intervention, she would have died. Your own wounds were tentative and numerous, but not serious, and assessed as self-inflicted without life-threatening blood loss.
7. I have read the statement provided on behalf of Isabella by staff at Martha Trust, as well as the victim personal statement by Christina Roberts. Isabella needed emergency surgery and was in hospital for over 3 months. Isabella now displays marked fear responses to knives and to certain cues from her former home; her food must be prepared out of her sight and she cannot dine with others. She shows distress to triggers such as the colour red and even to the word “Mum”. Her mobility declined after prolonged hospitalisation, though therapies aim to restore it. The psychological impact upon her — and upon Christina, who discovered her sister grievously injured — is grave and enduring.
8. You are now 54 years old. At trial all three psychiatrists agreed that you were suffering from a mental disorder with severe psychotic features at the material time and that your actions were driven by that disorder. They differed as to whether, at the critical moment, you knew that what you were doing was wrong. The jury’s conclusion that you did know it was wrong to attack and try to kill your daughter sets the legal foundation for sentence; it does not negate the medical reality of your disorders or their central role in the offending, which remains highly relevant to culpability, risk, and disposal. A careful approach paying attention to all the factual features is required in a case such as yours where a very serious crime is committed by someone who is profoundly out of touch with reality, through no fault of their own and who remains very mentally ill.
9. Dr Nicholas Hallett (s.12 approved) concluded that: (i) at the time you suffered recurrent depressive disorder with psychotic symptoms; (ii) you were acutely psychotic around the time of the offence, with paranoid and bizarre delusions; (iii) notwithstanding psychosis, on balance you knew your act was morally and/or legally wrong, albeit carried out for delusional reasons; and (iv) he recommends a hospital order with a restriction order (s.37/41 MHA) as the most appropriate means of protecting the public and meeting your clinical needs.
10. Dr Shahid Majid and Dr Muzaffar Husain also s.12 approved, too diagnosed serious psychotic illness on a background of depression; they described your selective mutism, the waxing and waning of psychotic intensity, and the overwhelming role of psychosis in the offence. Their emphasis differed on the degree of disorder at the precise moment, but there was consensus that your illness drove the behaviour. Dr

Hussain has been looking after you since May 2025. He has provided a helpful supplementary report following an interview with you specifically for that purpose. During that interview you were guarded and selectively mute with the psychological aim, he states, of avoiding having to answer questions about what you did to Isabella. You remain avoidant of conceptualising what happened on 20 March although immediately after your conviction it seems that you were more forthcoming for a short period.

11. In evidence this afternoon Dr Hussain told the court his diagnosis has not changed. You remain in a state of acute psychological trauma, you display paranoid behaviours and your mental state is abnormal. You are suffering an underlying depressive psychosis. Once this hearing is completed an opportunity for change will present itself. Dr Hussain's opinion is that the most suitable disposal is a Hospital order with a restriction, originally formulated by Dr Hallett on the basis that it is very likely that the depressive psychosis was the main, if not sole cause, of the attempt to murder Isabella. Dr Hussain agrees that as a consequence of the nature of the offence and your failure to pursue mental health treatment both now and in the lead up to the attack, a restriction is appropriate. Unless you open up to those treating you and accept treatment you will continue to pose a high risk of danger to the public, primarily members of your family as identified by the author of the pre-sentence report, to which I now turn.
11. The pre-sentence report assesses a high risk of serious harm to known adults in the context of mental health deterioration, with low statistical predictors of general reoffending. It records the absence of meaningful offending history, your continued selective mutism about the index offence, engagement with therapy in hospital, and concludes that the risk you pose cannot be effectively managed within a prison regime; it supports a hospital order.
12. The correct approach has been described by the Court of Appeal on a number of occasions. I have reminded myself of *R v Vowles* [2015] EWCA Crim 45, [2015] 1 WLR 5131 ; *R v Edwards* [2018] EWCA Crim 595, [2018] 4 WLR 64 ; *R v Nelson* [2020] EWCA Crim 1615, [2021] MHLR 219; *R v Joe Walker* [2023] EWCA Crim 548 and most recently, *R v Calocane* [2024] EWCA Crim 490, A number of options are available. A custodial sentence in accord with the attempted murder guideline, a hospital order with or without a restriction and a hybrid order under s.45A Mental Health Act. The latter leaves the ultimate decision on release to the Parole Board whereas the former requires the Secretary of State to consent to release.
13. I have applied the Sentencing Council guideline for attempted murder, with the necessary overlay of the Offenders with Mental Disorders guideline. Where serious offending is wholly or chiefly attributable to mental disorder, the court must determine, first, whether a hospital order is appropriate on the evidence of two registered medical practitioners (one s.12 approved) and that treatment is available; second, whether a restriction order (s.41) is necessary for public protection.
14. The Court of Appeal has affirmed that where culpability is substantially reduced by severe mental disorder and public protection may well be better served by the hospital/restriction regime than by a penal sentence (including a s.45A "hybrid")

order), the proper disposal in such a case is ss.37/41, not imprisonment. The jurisprudence emphasises: (i) the need to engage with expert evidence and give reasoned rebuttal if departing from it; (ii) that punishment is reduced where culpability is so adversely affected; and (iii) that public protection may be greater under ss.37/41 because release is managed by mental health professionals but with statutory controls on leave, transfer and discharge. Where a restriction is imposed pursuant to s.41 the effects are, as well as the feature I have already mentioned that the Secretary of State's consent is required before an offender can be discharged, that consent is also required before an offender is granted leave of absence from hospital, or moved hospitals. The Secretary of State also has the power to order detention or return to hospital after release and the responsible clinician must provide the Secretary of State with a report on the offender annually. Finally, an application can be made for release to the Tribunal once in every 12 month period.

14. For the Crown, it is submitted that culpability falls within lesser culpability (D) in the attempted murder guideline, by reason of substantially reduced responsibility; harm is Category 2 (arguably Category 1 given the enduring psychological effects), and that, in light of the expert recommendation and your continuing treatment needs, the appropriate sentence is a hospital order with a restriction.
15. For the Defence, Ms Page KC emphasises your undoubted lifelong devotion to Isabella, the relatively sudden and tragic eruption of psychosis, the absence of prior offending, and potential for improvement with treatment. In writing it was submitted that a restriction order is not necessary because the attack you carried out was unique to the acute psychosis and is unlikely to recur with treatment. She has maintained this submission but it was predicated, in my view on a false premise focussing solely on the particular circumstances in which you attacked your daughter. This submission fails to engage with the future, which must be my concern when dealing with you today.

### **Analysis**

16. Culpability. Although the jury were sure you knew the wrongfulness of your act, the expert evidence establishes that your psychotic disorder drove the offending. On any view, your personal responsibility was substantially impaired. I therefore treat this as lesser culpability (D) for guideline purposes.
17. Harm. The harm is grave: multiple life-threatening wounds to a wholly dependent victim, prolonged hospitalisation, and persistent psychological sequelae that profoundly affect Isabella's everyday care. The impact upon Christina is severe and enduring. The fact that Isabella's physical freedom was already limited makes the impact of this offence greater rather than lesser in my judgment. This is at least Category 2, with features approaching Category 1.
18. Risk. This is the most important part of my decision today. In my judgment the risk of serious harm is high whenever your mental health relapses. The history shows fluctuation in insight and symptoms, and — critically — the index offence was carried out in a psychotic crisis against the most vulnerable person known to you.

Managing that risk requires specialist forensic psychiatric oversight which may be needed for a very long time to come.

19. I must ask myself four questions: (i) Do you require treatment for a mental disorder? Yes. (ii) Is the offending chiefly attributable to that disorder? Undoubtedly, yes. (iii) To what extent is punishment required? I recognise that detention under ss.37/41 is often long, and it is not punitive, but protective and rehabilitative. I am not bound to accept psychiatric evidence, even if it is agreed between the experts. In this case I have concluded that there is no good, rational reason to reject the opinion of the experts. In my judgment, on all the evidence in the case, especially the history of sacrificial care for your daughter before the time-frame the jury considered, the need for punishment in your case is reduced because your culpability was adversely affected to a very significant degree (iv) Which regime best protects the public? On the evidence, ss.37/41 MHA.
20. I am satisfied on the written and oral evidence of two registered medical practitioners, approved for the purpose of s.12, that you suffer from a mental disorder of a nature or degree making it appropriate for you to be detained in hospital for medical treatment, and that appropriate treatment is available. I am further satisfied, having regard to the nature of the offence and the risk of serious harm if you were at large, that a restriction order is necessary for public protection.
21. I have considered whether a s.45A hybrid order or a penal sentence should nevertheless be imposed. In light of the expert consensus on treatment needs and the public protection advantages of the ss.37/41 regime (I summarise again the structured leave, Tribunal oversight, Secretary of State controls, clinical monitoring and recall), I conclude that a penal element would not better serve the protection of the public or your rehabilitation.
22. I have weighed the Defence submission that a restriction order is unnecessary. I cannot accept it. The index offence is the clearest evidence of catastrophic risk arising from potential relapse. The pre-sentence report also assesses enduring risk during deterioration. Only the restriction framework provides the degree of external control and graduated testing of risk that this case demands.

### **Sentence**

23. Hospital Order (s.37 MHA 1983). I order that you be admitted to and detained in such hospital as the Secretary of State shall specify for medical treatment for your mental disorder.
24. Restriction Order (s.41 MHA 1983). I further order that you be subject to a restriction order without limit of time, it being necessary for the protection of the public from serious harm. The consequences are that you cannot be transferred, granted leave of absence, or discharged (conditionally or absolutely) without the consent of the Secretary of State or a decision of the Mental Health Review Tribunal.
25. Time spent on remand is not a matter of arithmetical credit but will be recorded on the order and known to the detaining authority.
26. No victim surcharge is payable where the court imposes a hospital order.

28. Nothing I say can undo the harm you caused. This sentence reflects the jury's finding that you knew your act was wrong, while recognising that the offence was driven by psychosis. It is tailored to protect the public, to facilitate resolution of your illness, and to ensure that any steps towards greater liberty are taken only when clinicians and the Tribunal are satisfied it is safe to do so. Now that this criminal process has come to an end you will continue to live in the ward where you have been for many months under the care of specialist psychiatrists and it may be that you will gain the strength to face up to what you did and cooperate with the treatment that is available.
29. Judge's Commendation. I commend PC Matthew Rangeley for his remarkable composure and courage in attending the scene single crewed, confronting immediate risks from a woman brandishing a weapon, and preserving life. The court recognises that his action and grace under pressure may have saved Isabella's life because it enabled her to be treated swiftly, and it may have saved others from serious injury including the defendant.

Mrs Justice Cheema-Grubb

19 March 2026