

Belinda Elizabeth Dobson has pleaded guilty to one count of wounding by stabbing John Maynard to the chest.

On 24 September 2019 at about 1am, the defendant, Ms Dobson, and her partner Michael Prestage were at an address in Glenorchy. They were socialising and drinking alcohol with the occupant, Mr Cooper. Mr Prestage's brother, John Maynard was also at the address.

There was pre-existing hostility between Mr Maynard and the defendant. Mr Prestage and Mr Maynard spent time in the kitchen area while the defendant kept her distance in the lounge, playing music. The defendant went into the kitchen area to speak to Mr Prestage and as she moved past Mr Maynard there was a verbal exchange which led to both of them yelling at each other. The defendant was standing close to Mr Maynard and he put his hand on her face and pushed her away causing her to fall onto the floor.

The defendant got up and went to Mr Maynard, and struck a number of blows to his chest area while holding a small fold up knife.

Mr Maynard said he had been stabbed. The defendant ran away from the unit and was found by police nearby. The knife was not located.

Mr Maynard was taken to hospital by ambulance. He suffered five small stab wounds to the region of his left lower chest, upper abdomen. The wounds were 4-6mm in depth. One of the stab wounds punctured his lung and he suffered a collapse of his left lower lobe of his lung. He required surgery to stem internal bleeding. A full physical recovery is expected but this will take some time.

Mr Maynard has provided a victim impact statement to the Court. He describes the trauma and shock he felt when he realised he had been wounded in the vicinity of his heart. He thought he was going to die. He is seeing a psychologist regularly to assist him in managing the emotional impact of the assault, and he is taking medication for his symptoms. He is reluctant to leave his house.

The defendant was arrested and took part in a police interview. She told police Mr Maynard "knocked her flying" and she got up and started punching him because he was trying to punch her. She did not think she was holding anything. She had had a "key knife" in her pocket earlier during the night. She told police that she usually has what she described as "white outs" when in a "fight or flight mode", and this has happened ever since she had "issues" with her ex-partner.

Ms Dobson is 39 years of age. She has a partner and 5 children who are mostly in the care of others. She has two prior convictions for violence. In 2009 she was sentenced in this Court for wounding and received a term of six months' imprisonment. All but three days was suspended for two years. I have the comments on passing sentence. She stabbed her former partner's sister once to the left shoulder with a kitchen knife when the complainant enquired about the couple's children. The defendant was intoxicated and a background of family violence committed by her former partner was mentioned by the sentencing judge.

The other prior conviction for violence was a common assault committed in 2014 which attracted a wholly suspended period of imprisonment, subject to her good behaviour and compliance with supervised probation for two years.

I have a report from Dr Anthony Fernando, Consultant Forensic Psychiatrist, Tasmania Mental Health Service, dated 28 February 2021.

Ms Dobson has experienced multiple events of severe trauma. These include as a child, sexual abuse perpetrated by someone outside her nuclear family. Later in early adult life, the shock and trauma of discovering her father, and subsequently, her brother after they had suicided, and overwhelming grief due to the death of her infant daughter. She remains deeply affected by these events and still has related nightmares and flashbacks. She has been the victim of domestic violence from a number of abusive partners. As Dr Fernando has noted, her trauma history has subsisted in other ways. He refers to her homelessness and separation from her children, and I note in this context, an incident on the very day of the wounding when she, Ms Dobson, was the victim of violence. Her trauma history has impacted on her mental health and contributed to her developing borderline and antisocial disorder symptoms. She has long standing problems controlling her anger.

She has a major depressive disorder involving episodic relapses. She has had antidepressant treatment involving various medication but with limited benefit.

Ms Dobson received treatment from a psychiatrist who has diagnosed her with the disorders that I have mentioned, but also alcohol use disorder involving periodic binge drinking and complex post-traumatic stress disorder. Her treating psychiatrist is now no longer with the Glenorchy Community Mental Health Team and Ms Dobson is awaiting case management from the Team, and evidently treatment is a matter of urgency.

In Dr Fernando's opinion, Ms Dobson suffers from a complex personality disorder with emotionally unstable, borderline and antisocial features. He agrees that she suffers from complex post-traumatic stress disorder, recurrent depressive illness and significant alcohol misuse disorder exacerbating her mood dysfunction. He explains that suffering from complex post-traumatic stress disorder, Ms Dobson would have a hypersensitive fight-flight mechanism likely to lead to exaggerated responses when faced with threatening situations.

Dr Fernando says that Ms Dobson would benefit from engaging in longer term psychotherapy (ideally in a dialectical behavioural therapy setting) and trauma focussed therapy. She must maintain abstinence from substance abuse if any therapy is to have the desired therapeutic effect and needs to engage with substance misuse services to avoid relapse.

The defence has provided me with a report from a forensic and clinical psychologist, Dr Georgina O'Donnell exploring and providing further information to the Court regarding the "fight-flight response" and Verdins issues, that is, the extent to which this response might affect her moral culpability. Dr O'Donnell, I note, was provided with Dr Fernando's report and also has interviewed Ms Dobson.

Dr O'Donnell considers that the defendant perceived the altercation with Mr Maynard as a high level threat to her personal safety and responded with a fight response. Dr O'Donnell explains this as a physiological survival response to a perceived threat. Further, her complex mental health presentation developed in response to cumulative trauma across her life span has

relevance to the Verdins principles, particularly the diagnosis of complex post-traumatic stress disorder and mixed personality disorder.

In Dr O'Donnell's opinion, the defendant's primary conditions impaired her ability to exercise appropriate judgment, impaired her ability to make calm and rational choices, and contributed causally to the commission of the offence. Her heightened perception of threat and her physical reactivity (fight response) during the incident are causally connected to her primary mental health conditions. I conclude that this factor reduces her moral culpability to a significant extent. However, Ms Dobson does remain responsible for her actions and her violent response.

I have a report from Community Corrections dated 29 March 2021. One of the sentencing options that was canvassed by counsel was a home detention order. However, for a number of significant reasons this is not feasible. None of these reasons are Ms Dobson's fault. Her residence is unsuitable. The house is owned by her mother who is a hoarder and the defendant lives in a caravan on the property and only uses the house for limited purposes. She has been the victim of domestic abuse perpetrated by her partner who often stays at this address. She has limited family and social supports apart from her partner. The property itself is the location of traumatic events and is a trigger for ongoing distress. Ms Dobson wishes to relocate from that residence as soon as possible.

Further, Community Corrections hold significant concerns as to the detrimental impact a period of confinement to the residence would have on her severe and persistent mental illnesses. Community Corrections says that because of these illnesses, which greatly affect her daily functioning, she is unsuitable for community service at this time, again due to no fault of Ms Dobson.

Ms Dobson is assessed by Community Corrections as having very high needs. A period of supervision is recommended. Community Corrections would seek to support the defendant in accessing the National Disability Insurance Scheme in order to support her with day to day functioning in the community. Also, by referring her to services such as the Sexual Assault Support Service, Holyoake and/or Alcohol and Drug Services for one on one counselling and appropriate support services including referring her to mental health specialists in order to address her trauma history. Community Corrections would take on the role of coordinating all of the services engaged.

Ms Dobson, you are to be sentenced today for serious violence which could easily have resulted in fatal injury. The trauma and emotional consequences for the victim are likely to be felt for many years. Your personal circumstances are taken into account, particularly your mental health issues. This has mitigating effect but, on the other hand, if these complex psychological conditions are not adequately treated, there is a risk of future offending. It is highly relevant that you are willing to participate in the supports and treatment that is recommended, and that, at this stage, an intense level of support is available and Community Corrections is willing and available to co-ordinate all of these supports.

I have determined that a suspended term of imprisonment together with a community correction order is the just sentence in this case. I am very conscious that you have had opportunities in the past. Suspended sentences were imposed in 2009 and 2014, 12 and 7 years ago respectively. At the outset, it is noted that you were compliant with those orders. Moreover, the suspended sentence I impose today will be a much heavier penalty than those past

sentences. The conditional term of imprisonment will be lengthy and it will be accompanied by a community correction order which is a relatively recent order that is available to the Court, and this is properly regarded as an onerous sanction, imposing burdens on the offender and fulfilling sentencing objectives including deterrence and rehabilitation: *Director of Public Prosecutions v King* [2020] TASSC 8 at [69].

The sentencing orders are as follows. I record a conviction. I impose a term of imprisonment of 18 months, which is wholly suspended on condition that you must not commit an offence punishable by imprisonment for the maximum period of three years from today. Secondly, as a condition of the suspended sentence you must comply with a community correction order to be in place for two years from today. As will be seen this includes a condition that you be subject to the supervision of a probation officer for the period of two years. This is to enable that coordinated intense level of support that Community Corrections have spoken about.

In addition to the suspended sentence, I impose a second order, and this is the community correction order itself. As a condition of the community correction order and for the period of two years, you must not commit an offence punishable by imprisonment. The core conditions of the community correction order will be set out in the written order that is given to you. Your obligation is to report to a probation officer ~~is~~ within two working days, excluding public holidays. I make special conditions that:

- you must submit to the supervision of a probation officer as required by the probation officer for the operational period of two years.
- you must undergo assessment and treatment for alcohol dependency and submit to alcohol testing as directed by a probation officer.
- you must submit to medical, psychological or psychiatric assessment or treatment as directed by a probation officer.
- you must comply with referrals to enable access to the National Disability Insurance Scheme.
- you must comply with referrals to services such as the Sexual Assault Support Service, Holyoake and/or Alcohol and Drug Services for one on one counselling and appropriate support including support services provided by specialists including mental health specialists.