

STATE OF TASMANIA v ANNETTE LOUISE RUTH HANCOCK
COMMENTS ON PASSING SENTENCE

1 JULY 2025
WOOD J

Annette Louise Ruth Hancock has been found guilty of murder. On 9 March 2022, she killed her partner, Benjamin Asquith Harris.

Ms Hancock and Mr Harris had been in a relationship for approximately three and a half years.

At the time the crime was committed, the defendant was essentially homeless. She had recently served a short term of imprisonment, and when released on 25 February 2022, her rental property was no longer available. She was staying at Mr Harris's unit, sleeping on one of two mattresses on the lounge room floor of Mr Harris's unit. He was sleeping on the other mattress in the lounge room. Also staying at the unit was Mr Roger Forsyth who had been there for approximately two weeks.

There was a police family violence order in place from 23 March 2021 against Ms Hancock protecting Mr Harris. The order did not prevent her from being in Mr Harris's company but it prohibited her from entering his residence, his unit at Harrington Street, and from going within 50 metres of his address. During the time the order was in force, there was a pattern of her breaching that condition with Mr Harris's consent and being regularly at his unit which continued with Mr Harris permitting her to stay at his unit.

In the days before 9 March, Mr Harris disclosed to the defendant that he had slept with another woman while she had been in custody. He mentioned a rape charge. I add that there is no evidence of the fact of that charge; the fact that he said that is relevant only to the state of the relationship and the defendant's emotional state. These comments were a catalyst for conflict, and while their relationship continued and they remained in each other's company, they exchanged hurtful and antagonistic comments and were both experiencing significant emotional distress.

Such conflict and antagonism was present before 9 March. On 7 March, Mr Harris and the defendant had an argument in which there was mention of his infidelity and that she had reciprocated and been unfaithful to him. During this argument, the defendant punched Mr Harris to the mouth and he said to her, "Is that all you've got?" They were both upset and angry, and later that day when Mr Harris referred to this argument, he was emotionally distressed.

In terms of the events on 9 March 2022, the defendant and Mr Harris spent most of the day together and they were both consuming alcohol heavily. As an indication, the defendant told police during her interview that she started drinking at 7:00 am and she estimated they had each consumed at least four litres of wine.

They had an argument in the middle of the day heard by one of Mr Harris's neighbours during which they were both yelling.

At approximately 6:15 pm, an ambulance attended Mr Harris asleep at a roundabout in the driveway to the units at Harrington Street. He was very intoxicated and described having had an argument with his "missus", and that they had broken up.

At about 9:00 pm, neighbours heard Mr Harris and the defendant arguing again.

At approximately 10:00 pm, they were both at the unit and there was an altercation. Mr Harris talked about the woman he had slept with, referring to her as better than the defendant. The defendant felt he was bragging or gloating, and she became very angry. They were sitting on adjacent mattresses in the lounge room. One was underneath the window and on the window-sill was a large sharp knife that Mr Harris kept there for protection.

The defendant leant across Mr Harris, picked up the knife and in a rage she stabbed at him, making limited, if any, contact. Mr Harris said to the defendant something like, "You've got to do better than that". Still enraged, the defendant stabbed him to the left side of his lower back, delivering a fatal wound.

The knife penetrated deep into his body, approximately 110 millimetres, and punctured one of his lungs.

He bled into the pleural cavity and into his lungs. He died as a result of cardiac arrest, caused by blood loss resulting from the stab wound.

By the time the ambulance arrived, paramedics observed that there was critical blood loss, there were no signs of life, and that he was clinically deceased. In an attempt to revive him, he was transferred to the Royal Hobart Hospital and the resuscitation team performed emergency surgery. Unfortunately, those efforts were unsuccessful.

The defendant's actions were on the spur of the moment, when she was in a heightened emotional state, and extremely intoxicated.

It was accepted by Crown counsel at the sentencing hearing that this murder was committed as an immediate reaction without an intention to kill.

Crown counsel submitted that the appropriate finding in accordance with the evidence at trial was that the defendant was guilty of murder on the basis of s 157(1)(c) of the Code.

The position taken by Crown counsel reflected the State's case at trial and the weight of the evidence. I find accordingly.

The defendant intended to wound Mr Harris, as she told police in her interview she meant to cut him. She did not intend to cause Mr Harris's death and also, did not appreciate that her act of stabbing him was likely to cause his death. In accordance with s 157(1)(c), I am satisfied beyond reasonable doubt that she ought to have known her act of stabbing him was likely to cause death. In other words, if she had stopped to think, she would have known that if she stabbed him in the back with the knife as she did, there was a real chance that death would result.

After she stabbed Mr Harris, the defendant realised the wound she inflicted was serious, and saw blood coming out his mouth. She ran and woke Mr Forsyth who was in his bedroom upstairs and had slept through the incident. She told him she had done a "bad thing" and that Ben had a "knife in his back".

Mr Forsyth immediately went downstairs and called triple zero. He followed the instructions of emergency services to try and resuscitate Mr Harris until the police arrived. He responded as a good citizen in a desperate situation and his actions should be acknowledged. Such experiences take their toll on even the most resilient of individuals. This was evident when police officers spoke to him outside the unit, and when he gave his evidence. This adverse

impact is part of the wider harm caused to the community by violent crimes such as these which affect first responders, as well as ordinary members of the public who happen to be nearby.

The police were first to enter the unit and by then, the defendant had taken the step of hiding the knife in a cupboard where later, it was easily found by police during their search of the premises.

When spoken to by police officers at the scene, the defendant lied and told them that the deceased had arrived at the unit, already having been stabbed. She was very intoxicated at that time and was not interviewed until the following morning.

When interviewed, she made full admissions, she gave an honest account, and expressed genuine remorse. The defendant repeated that she had not meant to kill Mr Harris. At one point, she said she felt "you're hurting me, I'll hurt you, I didn't mean to kill him," and that she did not realise how sharp the knife was. She described him as her partner and her best friend.

An aggravating factor is that the crime was committed in the context of a domestic relationship. The deceased trusted the defendant to be in his home, he provided her with somewhere to sleep, and he trusted that she was not a threat and thus did not take steps to protect himself against her. He did not contemplate that the knife he had placed on the window-sill might be used against him by the defendant.

Another aggravating factor is that there was a police family violence order in place protecting Mr Harris. It was issued by a police officer, was in place for 12 months, and as well as the conditions not to enter or approach his unit, there were protective conditions such as that she was not to assault him. The defendant was on notice that she was not to harm Mr Harris. This warning was reinforced by court proceedings, resulting in prior convictions and sentencing outcomes.

I have a victim impact statement from Mr Harris's mother. Mr Harris faced difficulties in his life after a tragic turn of events when as a young man he sustained a brain injury, and he was particularly vulnerable as a result. Soon after his accident, he developed an alcohol addiction. Shortly before he was killed, he had plans to move away and live with his mother to make a fresh start. This promise and hope for the future are particularly hard for his mother to bear.

In her victim impact statement, Mr Harris's mother speaks of her profound grief for her son who was loving, kind, and patient. She thinks about him all the time. This is an eloquent statement of the sanctity of life which is a most important sentencing consideration.

As part of the sentencing task, I must take into account the defendant's personal circumstances.

The defendant is now aged 56 years.

She grew up in a stable family situation with her adoptive parents. They are aged in their 80's and 90's and she is close to them and they remain her main support.

The defendant is educated to grade 10, having struggled academically. She was married and in a stable happy relationship, her husband having assumed a father role to her first child of an earlier relationship. They had four children together. After approximately 20 years of marriage, their relationship ended as a consequence of the defendant forming a new relationship. The children lived with her former husband and his partner.

Ms Hancock's new partner was an alcoholic. The situation spelt the end of her relationship with her children. She struggled with this loss, experienced anxiety and low self-esteem, and commenced drinking and drinking to excess. She, too, became an alcoholic. At the time of the crime, she had had an alcohol addiction for approximately a decade and was using alcohol to self-medicate and cope with her personal losses and her chaotic lifestyle.

Her relationship with her new partner lasted approximately 3 years and she formed another relationship again with someone who was an alcoholic. When that ended, she commenced her relationship with Mr Harris.

In each of these relationships, including with Mr Harris, she has had a caring role as each partner had difficulties arising from a head injury associated with motor accidents.

The defendant and Mr Harris planned to address their addictions on the defendant's release from prison in February. They hoped for a better life together.

Ms Hancock was extremely intoxicated at the time she stabbed Mr Harris. This is not a factor in mitigation; it does not reduce the gravity of the crime, or diminish Ms Hancock's moral responsibility for the fatal stabbing of Mr Harris. It does have relevance though as part of the explanation, not excuse, for her conduct, as part of the explanation for her fraught and chaotic situation and as bearing potentially on her prospects of rehabilitation.

The defendant has prior convictions which fall into the decade from 2012 and reflect her struggle with alcohol addiction and a chaotic lifestyle rather than suggesting a propensity for violence or dishonesty. There are many for shop-lifting and breaches of bail conditions. Relevantly, she has a number for family violence matters: breaches of a police family violence order committed in 2018 and 2019; an assault committed in 2018 in relation to a different complainant; and a breach of a police family violence order on 23 March 2021 involving Mr Harris and entering his unit. She was re-sentenced to a term of 2 months' imprisonment for breaches of a police family violence order in 2018 in 2019. In May 2021, she was re-sentenced for offending, including the offence involving Mr Harris together with other offending. Then on 23 February 2022, she was sentenced to 15 weeks' imprisonment backdated to 14 November 2021 for offending committed in 2021, which included a re-sentence for the same single offence involving Mr Harris.

The defendant has long-standing mental health concerns. She had been treated by medical practitioners while in custody at various times. There was evidence at the trial of her medical records. She had been diagnosed with alcohol addiction; depression; bipolar affective disorder, although not all her specialists agreed that she had this disorder; and borderline personality disorder.

She was prescribed medication to treat these conditions and had taken the medication while in custody. At the time of the crime, however, she had not taken her medication for approximately two weeks. She was aware of her symptoms and a deterioration in her condition and had made an appointment with a general practitioner to renew her prescriptions the day before, on 8 March. She attended the practice but unfortunately it was cancelled and she was unable to see a doctor.

In light of this evidence at trial, a psychiatric report was obtained for the purpose of sentencing to see if her moral culpability was reduced by her conditions or her unmedicated state. There

is no suggestion of that. This evidence is relevant because notwithstanding her chaotic and difficult lifestyle, it shows she was trying to improve her circumstances and her mental health.

I have a psychiatric report from Dr Victoria Jackson, consultant forensic psychiatrist of the Tasmanian Forensic Mental Health Service, dated 15 April 2025.

Dr Jackson identifies three primary psychiatric diagnoses: alcohol use disorder, chronic dysthymia, and ADHD. Her alcohol disorder was precipitated by marital separation and loss of her carer role for her children; and psychiatric vulnerabilities, such as sustained low mood, or dysthymia, persisting from post-natal depression diagnosed a decade before.

Her increasingly regrettable lifestyle choices drove her alcohol use, leading to further disintegration of her life and the accumulation of further regrets.

In addition to these psychiatric diagnoses, she has persistent seizures identified to be caused by epilepsy. She had a particularly serious seizure in February this year and she remains under the out-patient care of a consultant neurologist.

There may be some cognitive impairment for which alcohol is likely to be at least partially responsible.

In Dr Jackson's opinion, the stress of incarceration will weigh more heavily on the defendant than a woman in good mental health because her chronic dysthymia and alcohol use represent deficiencies in her capacity for tolerating and processing stress.

This adverse impact on her stress is to be offset against the fact that the defendant has benefited from the removal of alcohol from her life, her alcohol use disorder is currently in remission, and within the prison environment she has engaged with Therapeutic Services and had access to psychological and medical support. Her anxiety and depression are in relative remission following the provision of medical and psychological support. While the adverse impact of imprisonment is relevant and is taken into account, it does not warrant a significant reduction in the sentence.

Dr Jackson identifies a number of matters which are positive developments in terms of the defendant's prospects of reform and reintegration into the community.

Her family, in particular her parents, are a source of support and motivation for her recovery from alcohol addiction. She continues to pursue reconnection with her estranged children and she has resumed contact with her son who has recently become a father, which is a source of joy to her and will, I expect, provide her with ongoing motivation to address her conditions. She has also resumed contact with her adopted brother. She has, in speaking with her parents, acknowledged her responsibility for her past errors, particularly in relation to alcohol dependence.

She has remain engaged in clinical relationships with Therapeutic Services and is described as insightful about the need for medication and the psychological support which she is receiving. There has been a shift in her outlook and she can see the destructive path of her alcohol dependence. She sees her circumstances as an opportunity to recover, grow, and repair damaged family relationships, and in her words she is, "Trying to make the most of it". Relevantly, for future purposes, and in particular, the Parole Board and the prison reintegration

unit, Dr Jackson provides opinions regarding the psychological support that will be necessary in the community and the need for careful release planning.

Annette Louise Ruth Hancock, if you could please stand.

In sentencing for this crime of murder, the sentence must be proportionate to the criminal conduct. There was no intention to kill, or appreciation that death was likely to result. In a response to hurtful comments, the defendant stabbed Mr Harris in an impulsive act with a large, heavy knife that happened to be nearby when she was in a heightened emotional state. These facts distinguish this case of murder from many others that are more serious in terms of their criminal culpability.

However, it must also be acknowledged that the defendant's response was disproportionate in the extreme, and that she did intend to inflict an injury with the knife, albeit not serious harm. Further, the kind of comments made by Mr Harris were not of a kind that would have taken her unawares. The context was a continuing and reciprocal exchange of similar remarks. It should be noted, too, that there is no suggestion that the deceased represented any kind of physical threat or menace.

There are also the aggravating factors of the criminal conduct that I have mentioned. As explained, her intoxication was undoubtedly a significant factor for her reaction, but that is not in any way mitigatory.

General deterrence is a prominent consideration. Taking up a knife of this kind, a lethal weapon, in a situation of domestic conflict when extremely intoxicated must be condemned.

There is little, if any, need for specific deterrence. Her actions were immediately regretted and her actions in causing the death of her partner carries its own substantial punishment, personal grief, and loss.

In sentencing the defendant for this crime, ultimately, the terrible harm that was done by the defendant and the needless loss of life must be reflected in the sentence.

The defendant's prospects of rehabilitation are not overlooked and are given weight, particularly in terms of the non-parole period.

Having regard to all the circumstances of the case, the non-parole period will be close to the minimum.

Ms Hancock, you are convicted of the crime of murder. You are sentenced to 19 years' imprisonment backdated to 10 March 2022.

You are not to be eligible for parole until you have served 10 years of that term.

I direct that the crime be recorded on the defendant's record as a family violence offence.