

STATE OF TASMANIA v DAH
COMMENTS ON PASSING SENTENCE

8 MAY 2026
ESTCOURT J

The defendant, aged 43 years at the time of the offending has pleaded guilty to a charge of assault.

The complainant is the defendant's daughter and was aged 6 years old at the time. There is no formal diagnosis, however it is believed that the complainant has autism and ADHD, and she is close to non-verbal.

The defendant and her eldest daughter shared care of the complainant.

On 12 June 2025, the defendant and complainant were alone together at the defendant's home.

Between about 3:13pm and 3:16pm, the defendant began to message her elder daughter on Snapchat. The defendant asked her to come over as she was *"not good"*, had *"hit rock bottom"* and had *"had enough"*, apologising for failing her.

Her daughter asked what the complainant was doing. The defendant responded, *"She's better.off without me..let Andrew try. I'm done"*.

The daughter became concerned about the complainant and continued to ask the defendant what the complainant was doing and whether she was okay. The defendant responded, *"Of course she is... wat u think I kill her or something. She's fine go away. Come get CI'm done ... She's better off without me"*.

At 4:41pm, her daughter missed a call from the defendant. She responded to the defendant with a text reminding her that she had plans and indicating she would collect the complainant later. The defendant responded, *"I'll be dead by then ... but she will be asleep"*.

Between 4:41pm and 6pm, the defendant used a pillow and placed it over the complainant's mouth and upper chest and held it down for an unknown period of time.

At 6pm, the defendant telephoned her daughter. She answered and put the call on speaker phone in the presence of her partner.

During the conversation the defendant stated, *"I messed up, I messed up"*, *"I tried to suffocate C"*. Her daughter asked if the complainant was alive and okay, and the defendant responded, *"She's alive. She put up a good fight"*.

The defendant's daughter and partner immediately drove to the defendant's home. On their arrival, the daughter heard the complainant screaming and making noises that sounded like gasping or gagging. She observed the complainant open the blinds in the lounge room and noticed that her face was red, she was crying, and her nose was running.

The defendant's daughter reported the matter to police. She and her partner left the address and ultimately drove to the police station. Paramedics met them at this location and transported the complainant to the Royal Hobart Hospital.

Medical staff assessed the complainant. During the examination, petechiae (tiny bruises caused

by burst blood vessels) were observed around the eyes, extending down the face, front of the neck and upper chest. No other signs of injury were noted.

The complainant was observed to be calm and happy, eating normally and had no difficulty breathing. The complainant was discharged after a period of observation, and no medical treatment was given.

The doctor who authored a medical report, opined that the petechiae on the face and upper torso could be consistent with an attempted suffocation. Dr Armstrong expected that they would resolve within days to weeks, with no long-term medical complications expected.

I am told without demur that at the time of the offence, the defendant was not coping with her mental health and, as a result of that, had become out of control with alcohol, having on occasion consumed a bottle of vodka or other similar spirits a day. She had consumed half a bottle of vodka on the day of the assault and considered herself 6 out of 10 intoxicated.

Her general practitioner has provided a report confirming the physical effect of such an abuse of alcohol. He outlines that she has suffered significant domestic violence which has had impacts on both her physical and mental health. He identifies a link between her traumatic experiences and her alcohol dependence which has caused not only psychological effects but also significant physical effects with damage to her body causing pancreatitis. She ultimately had to have a partial removal of her pancreas and her spleen removed completely.

The defendant is a 43 single mother of 5. Her children, other than the complainant, are aged 23, 21, 20 and 15 with the complainant now age 7. Her youngest two children had been residing with her prior to the assault, although her older daughter was not at home that day.

The father of her children was not violent, but the father of the complainant perpetrated significant violent abuse including assaults that led him to be incarcerated while the defendant was pregnant with the complainant. He tried to stab her, punched her to the face multiple times as well as repeated threats and other abuse. He was sentenced to imprisonment for three months, after having an initial period also in custody. He was an alcoholic and the defendant's own abuse of alcohol stemmed from that time, in part introduced and influenced by him.

Compounding this, her most recent relationship had also been dogged by violence, and it was the ending of that relationship that immediately preceded the assault.

The psychological impact of the abuse is such that the defendant has had multiple admissions to the hospital to the psychiatric ward, both before and after the offending.

She is horrified and appalled by the circumstances that led her to cause her dearly loved daughter the injuries that she has suffered. As a result of these actions, she not only has lost all contact with the complainant but also all contact with her remaining children who have shunned her and have refused all interactions with her as a result of her action.

The defendant had been a respected childcare worker for most of her working life, firstly prior to motherhood and then after having her four older children and worked until the arrival of the complainant. I have been provided with a reference from one of her team leaders.

The defendant commenced the day of the assault by reaching out to her adult daughter, identifying that she had "hit rock bottom" and that she had had enough; and then identified self-

harm intentions. Her daughter naturally was concerned, but the defendant assured her that she would be. At some time later, however she must have made the decision to not only take her own life but take that of the complainant.

The defendant has been proactive in addressing the cause of the offending and immediately commenced counselling through several sources starting with the Alcohol and Drug Service. She had a number of sessions with them and was advised by them that they were satisfied with her improvements. She has successfully stopped drinking alcohol through this and other counselling and has been alcohol free for many months now. She has also engaged in the Anglicare Way Back program weekly appointments. She attended these for approximately three months.

She has remained engaged with Baptcare Horizons program and her case worker has written a report in which she outlines that the service can continue providing support until June this year. These counsellors are aware of the actions that led the defendant to be in Court. She also engaged heavily with her doctor, and he in turn encouraged her to re-commence medication and re-referred her to her psychologist, Penny Minehan.

The defendant will have to live with her actions for the rest of her life. She is hoping to earn back the trust of her family and regain some relationship with her children, but she also has to accept I am told, that she may be permanently estranged from all of them.

The defendant has no prior convictions.

I have been provided with a victim impact statement prepared by the defendant's elder daughter and I note and take account of the observed changes in the complainant's behaviour since the assault.

This was a shocking crime and a terrible breach of trust but it is also a tragic case for both mother and child. But the defendant's personal circumstances lead me to conclude that a period of incarceration is not necessary to meet the aims of general deterrence and denunciation. I do not see personal deterrence as looming large given the consequences of the offending to the defendant and her steps to address her psychological problems herself. I note that Community Corrections see no need for a supervision order because of the community based resources that the defendant is availing herself of. I also note that she is not suitable for community service. I also note that most forms of home detention would be unsuitable due to the defendant's psychological issues and mental health problems.

The defendant is convicted of the crime of assault and is sentenced to a period of 15 months imprisonment, which sentence I wholly suspend on condition that the defendant commit no offence punishable by imprisonment for a period of two years.