

Paul Alfred Salkeld, on 9 December 2025 you pleaded guilty to a charge of Criminal Code assault in the Hobart Magistrates Court. I am also dealing with your pleas of guilty to eight charges on complaint 7026/25 pursuant to s 385A of the *Criminal Code*. Count 1 is a charge of contravene conditions of a notice. The other seven charges are of common assault. All of these matters arise from the same course of conduct.

At 11am on 17 June 2025, you were walking down Liverpool Street between Argyle Street and towards Elizabeth Street. At the time, you were subject to a police bail condition that you not be found within the area of the central business district of the city of Hobart surrounded by Davey Street, Harrington Street, Melville Street and Argyle Street, between the hours of 7am and 7pm daily. Your presence in Liverpool Street was in breach of this condition. Count 1 on 7026/25 relates to this conduct.

You approached the first complainant, Nadine Kas-Baba, as she was pushing her pram. Her seven month old daughter, Audrey, was securely fastened in the pram. Without warning, you pushed Ms Kas-Baba, took hold of the pram she was pushing and lifted it off the ground, swinging it around, and dropping it back onto the ground upside down. You yelled at Ms Kas-Baba and called her a slut. Ms Kas-Baba sustained a sore wrist trying to keep a hold of the pram and her baby daughter was left with a visible bump in the middle of her head. These two common assaults are counts 2 and 3 complaint 7026/2025.

While you were assaulting Ms Kas-Baba and Audrey, Joesphine Hikairo was sitting at a table nearby. She stood up to assist Ms Kas-Baba. You approached Ms Hikairo and punched her to the side of the face. This common assault is count 4 on the complaint. Ms Hikairo did not require medical attention. Sophia Di Venuto was also nearby and approached to help. You raised your hand in a closed fist and walked towards her before punching her to the right side of her head, causing her to fall backwards into a parking meter. This common assault is count 5 on the complaint. Ms Di Venuto experienced a hot and tingly sensation to her head and was checked by Ambulance Tasmania.

You continued to walk along Liverpool Street. Outside the entrance to Wellington Arcade, you punched Michael Hollow to the left side of the face with your fist. This common assault is count six on the complaint. Mr Hollow confronted you and you stated, "You started it". Mr Hollow was left with pain and swelling in his jaw and cheek.

At this time, Emma George was sitting on a seat in front of the taxi rank on Liverpool Street outside the Bank Arcade. As you approached where she was sitting, you yelled words to the effect of, "They are all fucking cunts". Ms George responded with the words to the effect of, "You got that right". You picked up a metal chair from outside the Circle of Life Donut Company, lifted it above your head, and swung it at Ms George, using maximum force. She was still seated and raised her left arm to protect her head. The chair made contact with her arm. She began to stand up and you swung the chair at her a second time, making contact with her lower back. She then ran across Liverpool Street to get away from you. This conduct comprises the charge of Code assault.

Rachael Vermey witnessed your assault of Ms George and ran into the nearby drycleaners. She called the police on her phone. You entered the drycleaners and punched Ms Vermey repeatedly to her head. This common assault is count seven on the complaint. She was left shaken and with a headache. Helen Maclean was inside the drycleaners and told you to leave Ms Vermey alone. You pushed her to the ground, leant down and punched her to the left side of her head. This common assault is count eight on complaint 7026/2025. Ms Maclean was left with some pain to her jaw.

You were restrained by a member of the public until police arrived. You continued to shout words such as "cunt", "fuck" and "slut" and stated that if you got up, you would keep bashing people. Police arrived and placed you under arrest.

Some of this conduct was captured on CCTV. I have viewed that footage. It is disturbing to say the least. It depicts your random and significant violence. It shows Ms George running into traffic to escape you.

Ms George attended the Royal Hobart Hospital Emergency Department. An x-ray showed that you broke her arm during the course of the assault. The arm was not able to be manually set and was placed in a temporary cast. She was required to re-attend the hospital the following Friday and underwent emergency orthopaedic surgery. A metal plate was inserted into her arm.

After your arrest, you participated in a record of interview. You told police you were aware of your police bail conditions and agreed you were in breach of the area restriction condition. You said you got into a dispute with someone at Woolworths and that you wanted to hurt people because you believed people were out to get you. You also said you initially wanted to jump off the bridge then decided to "suicide by police". You admitted you were indiscriminately hurting people. You told police that it was wrong and you wanted to say sorry to the victims.

Ms George later made a complaint to police and you were interviewed on a second occasion in relation to that charge. You told police that you were having a breakdown at the time. You again referred to an incident in Woolworths which you say triggered you and made you angry. You said Ms George probably said something to you, or you said something to her, which triggered you in to feeling more dejected and mad. You told police that you did not single Ms George out personally but that she was simply the nearest person at the time. You referred to having some mental health issues and not taking medication at the time. You had also been using amphetamines a couple of days before these assaults which led to you not sleeping. You told police that you felt terrible about it.

You have some relevant prior matters, though none are as serious as the offences before me. In 1998, you appeared in the Magistrates Court on breaches of a restraint order, destroy property and common assault. No conviction was recorded and the matter was adjourned on condition that you do not commit any offence of a like nature. In October 2004, you appeared in the Hobart Magistrates Court on a number of charges including behave in a violent manner and resist police. A conviction was recorded on that occasion and the matter was otherwise adjourned on condition that you be of good behaviour and not commit any offence involving destruction to property or violence. On 28 June 2005, you were sentenced in this Court on charges of stealing and two counts of Code assault. The comments on passing sentence are not detailed but indicate you pleaded guilty to a charge of stealing and then threatened to assault

the security officers with an iron bar and a machete. No physical injury was suffered. The items you stole were recovered. On that occasion, you were convicted and ordered to perform 112 hours of community service. In October 2012, you were sentenced in the Magistrates Court to a charge of disorderly conduct and unlawfully possess a dangerous article in a public place. You were convicted and fined. In 2013, you pleaded guilty to a charge of threatening a police officer. You were again convicted and fined. In 2022, you pleaded guilty to a charge of disorderly conduct which involved swearing, yelling and throwing food. Again, you were convicted and fined.

I have received victim impact statements from four of the victims of your assaults. Ms George describes the terrible impact your offending had on her. She was experiencing extremely challenging life circumstances when you assaulted her. She was homeless and had other difficulties in her life. Your assault had significant impacts on her mental health. Her homelessness and other difficulties made physical recovery harder and more exhausting. She was someone who was already dealing with the effects of trauma in her life. Your behaviour exacerbated those issues for her.

Ms Kas-Baba was utterly terrified by your conduct. She on holiday in Tasmania. She vividly describes how terrifying your assault upon her and her baby daughter was. She has obtained some counselling but feels anger and disbelief about your conduct. She has experienced flashbacks. Ms Di Venuto describes being incredibly distressed by the incident. She witnessed you grabbing Ms Kas-Baba's pram and the baby. She felt she had to intervene but found it frightening. It makes her feel more anxious in public places. Ms Maclean is a retired psychiatric nurse with over 40 years experience so was highly trained to assess and respond effectively in a crisis situation. On this occasion, she had no chance to react. She suffered flashbacks for months after the incident and struggles to understand why anyone would do what you did. She says the assault has changed her life and has impacted her sense of safety and her trust in others.

You are 54 years old. You were 53 years old at the time of the offending. You were born and raised in Tasmania. Your upbringing was unremarkable. Your family is prosocial and you suffered no adverse experiences as a child. You did, however, struggle with social interactions from childhood and tended to socially isolate yourself. You understand that you were diagnosed with what was then called Asperger's as a child. You completed your education at Hobart College. After leaving school you commenced work as a surveyor's assistant for a year. You have held many forms of employment since leaving school.

You commenced a significant relationship when you were 21 years old. There is one child of the relationship who is now aged 27. It was a positive relationship, although your partner had chronic health issues. Shortly before your son was born, you were introduced to morphine by an associate. This escalated into habitual use. That drug use had an impact on your relationship and your employment. After your son was born, however, you engaged in the methadone program and attended Narcotics Anonymous to try and deal with your addiction. Sadly, your partner passed away when your son was two years old. Although you were aware of her health conditions, her death was still a shock. After her death, you left work to care for your young son.

Your partner's death had a significant impact on you. You started drinking to excess and returned to drug use. You have undertaken periods of detoxification and attended the Salvation Army Bridge Program. There have been periods where you have been stable and not using

substances. You were also able to return to work when your son was old enough, which also was a period where you were not using drugs regularly and not drinking as heavily. Your mental health was also stable at that time.

You have not worked since 2017 or 2018 after the business you were then working for was sold. Since that time, you have been reliant on social security payments. In that context, you again relapsed into drug use. In particular, you then again started using amphetamines about five years ago. Your use of that drug has been significant since 2024.

You have experienced challenges with your mental health throughout your life. You have been treated by psychiatrists and have been prescribed anti-psychotic medication on and off over the years. You experienced your first psychotic episode in 2004. You were diagnosed with schizophrenia in 2006. Despite these difficulties, you achieved some level of stability while you had stable accommodation, living in the same property for 15 years. About two weeks prior to this offending, you were evicted due to property damage. I understand the damage may have been caused by others and was related to your drug use. You became homeless for the first time. You were living on the streets at the time of the offending.

I am told that you were experiencing a personal crisis in the lead up to these events. You had stopped taking your anti-psychotic medication approximately two months prior to the offending. You had been using methylamphetamine in the days leading up to the offences but not the day itself. In the days leading up to the offending, you recall interactions with random people who you describe as making negative comments to you. You felt very unsafe and fearful. You had presented to the Emergency Department earlier in the morning of the offending because you were freezing and scared. You left the Emergency Department without receiving assistance and subsequently felt suicidal and helpless. You recall having a dispute with someone at Woolworths in the Hobart CBD and another person, possibly a police officer. You felt dejected and as if you were having a breakdown. You initially considered ending your life but then started feeling angry at the people around you. You recall losing control and wanting to indiscriminately hurt people. You started lashing out and attacking people without thought of the consequences. You considered the possibility that police may intervene and shoot you in order to stop you, although you were not actively seeking for that to occur.

I have been provided a report authored by a forensic psychologist Dr Jennifer Wright in relation to you. She examined your digital medical records at the Royal Hobart Hospital. According to that record, it is evident that you have had issues with substances, including amphetamines, from as early as 2002. In November 2024, you presented to the Emergency Department with what was assessed as drug induced psychosis. In June 2025, you self-presented to hospital stated that you were feeling unwell and tired. You again were assessed as having drug induced psychosis/intoxication, offered anti-psychotic medication and a mental health review, which you declined. You presented again on 12 June 2025 believing you had been bitten by a snake. On 14 June 2025, you again presented to the Emergency Department believing you had been bitten by a Mexican lizard. On 17 June 2025, you presented again when homeless and freezing. Inappropriate interactions were noted by the assessing doctor. Your drug use was noted and you departed under your own care.

Once you were arrested on these matters, you were remanded in custody under the care of the Prison Mental Health Service and Prison Primary Health. You were assessed on a number of occasions between 26 June 2025 and November 2025 and placed on a treatment order under the *Mental Health Act* in July 2025. The consultant psychiatrist diagnosed you as suffering

from schizophrenia, schizotypal personality disorder and a major depressive episode. A history of similar diagnoses commencing about 2006 are also outlined in the report. On your first assessment nine days after the offences, you presented as thought disordered, held persecutory delusions about the police, hospitals and the general public victimising you, had ideas of reference and misinterpreted the actions and statements of others relating to you. You referred to auditory hallucinations. During a review on 22 July 2025, your mental state had worsened with you reporting bizarre delusions. You continued to allude to experiencing hallucinations. During an assessment on 22 September 2025 you continued to present with acute psychotic symptoms, including delusions of reference. It is safe to infer that these deteriorations and your persistent psychiatric symptoms were not being triggered by drug use at that time. The clear view of treating psychiatrists in the prison is that you suffer from schizophrenia. You have been prescribed mirtazapine and olanzapine.

The collateral information obtained by Dr Wright indicates that you have resisted your diagnosis and lack insight into your mental illness and its impact on you. This, in turn, has caused you to be inconsistent in taking appropriate medication. You have also been resistant to the support offered by your family to assist you with your substance abuse and mental health issues. You have experienced periods of being estranged from your family as a consequence of being angered by their attempts to assist you. At the time of Dr Wright's assessment, you were not demonstrating any overt psychiatric symptoms. You did, however, reject the idea that you had an enduring psychotic disorder and you preferred to account for your presentation as being related to Asperger's and drug induced psychosis. Dr Wright considered your insight into the totality of your symptoms and the longevity of them in custody when not using drugs was very limited, and you were initially irritable when presented with evidence of an enduring illness stating, "Why does everyone want me to have schizophrenia?". In her view, your judgment was partial in that you were trying to navigate your situation in custody by not upsetting others, but you also did not have long term plans to avoid past problems.

Dr Wright also agrees the diagnosis of schizophrenia is appropriate. In her opinion, you also suffer from substance use disorders and you likely have traits of autism spectrum disorder. In her opinion, your use of drugs have exacerbated your psychotic symptoms, but it has not caused them. Her reason for this conclusion is that you continued to present with psychotic symptoms while in custody for an extended period of time after ceasing drug use, and while taking anti-psychotic medication. Diagnostically, substance induced psychosis is considered between a period of days to weeks up to one month. Schizophrenia is then more likely if symptoms last for a period of six months. Your history demonstrates you have experienced psychotic symptoms for years at a time.

Dr Wright considered your clinical presentation and history and the current offences in relation to the principles set out *Verdins*. She considers there is a direct causal link between your psychotic symptoms and the assaults you committed. Specifically, she considers you were experiencing paranoid delusions and experiencing hallucinations that supported the paranoid beliefs. You were not taking anti-psychotic medication, and you were using drugs. You were also homeless. The combined effect of these matters caused you to feel emotionally unstable, fearful, angry and suicidal. You became enraged following a minor trigger in Woolworths. You did not give any consideration to whether your actions were right or wrong, nor did you consider that you were harming innocent strangers. You perceived that you were lashing out against your perceived persecutors and did not care what the consequences might be. For this reason, Dr Wright concluded that your psychotic symptoms impaired your ability to exercise appropriate judgment, to make calm and rational choices and to think clearly, to appreciate the

wrongfulness of the conduct and contributed, therefore, causally to the commission of the offences. The use of drugs at the time may have worsened your symptoms, but they did not cause the symptoms. She was unable to assess the degree to which the symptoms may have been worsened by your drug use.

As to whether your mental health condition may have a bearing on the kind of sentence that is imposed and the conditions in which it is served, Dr Wright suggested that consideration be given to the nature and severity of your symptoms, your prognosis and prospects of rehabilitation, remorse and risk of further offending. She explained that your schizophrenia is a permanent, but treatable condition. Your substance use disorder is temporary and would respond to treatment if you were motivated to obtain it. The degree to which you would be impacted by your symptoms will depend on your insight into your condition and need for consistent treatment, the actual symptoms you are experiencing and your responsiveness to treatment. Your risk of future offending is considered low should you continue with consistent anti-psychotic treatment and be able to return to stable accommodation. If, however, you were to cease medication, relapse to substance abuse and deteriorate in your mental state, your risk would escalate. In Dr Wright's view, you are not a person with inherently antisocial attitudes and you do not generally support violence as a means to resolve a problem. In her view, your future risks of violence are manageable if you receive assertive mental health treatment and remain well in your mental state.

As to whether general deterrence should be moderated or eliminated as a sentencing consideration as a consequence of the nature and severity of the symptoms experienced by you, Dr Wright observed that you were a man with a serious mental illness and that your behaviour was very out of character for you. In her opinion, it would not have occurred but for your mental illness. With regard to specific deterrence, she notes that you require treatment for your illness and the time you have spent in custody to date has enabled your mental state to stabilise and for you to consider your actions. You have expressed remorse and regret and taken accountability. She observes you would benefit from professional support to ensure your mental health treatment remains in place.

As to whether there is a risk of imprisonment having an adverse effect on your mental health, she notes that you experience the prison environment as highly aversive due to isolation in your cell, which leads to anxious rumination, coupled with forced social contact during which you experience interpersonal difficulty. She considers you are vulnerable in a prison environment because of your autism spectrum disorder traits and because of your general suspicion and mistrust of others. On the other hand, you have been able to receive anti-psychotic medication and have been supported by a case manager in custody, however, you do not have access to broader professional supports that would assist you to manage your illness, such as a psychologist. She considers further imprisonment would be highly detrimental to your mental health.

You have been in custody on remand for a continuous period since your arrest on 17 June 2025. This period in custody has not been allocated to any other sentence. You pleaded guilty to the Code assault charge on the first occasion you appeared in the Magistrates Court on that matter. I have considered a pre-sentence report prepared in respect of these matters. Community Corrections consider you unsuitable for community service due to the health and safety risk that may exist as a consequence of your diagnosed mental illness. You are, however, assessed as requiring a medium level of intervention from the service and a period of supervision is

recommended. Any supervision in the community would focus on supporting you to address your diagnosed mental illness and your substance abuse with the help of treating professionals.

I have sought advice from Forensic Mental Health Services to ascertain how treatment for your mental health issues can be delivered in the community after your release from prison. It is clear that you have required assertive mental health treatment whilst in custody, including involuntary treatment pursuant to the *Mental Health Act*. Management of your mental health is the key to reducing your risk of offending in this way again in the future. Dr Sonny Atherton, Statewide Specialty Director of Forensic Mental Health Services supports the inclusion of a condition requiring your engagement with mental health services post release. It is not clear whether your mental health follow-up would be under the Community Forensic Mental Health Services, or adult mental health service with access to Forensic Mental Health Services input. Dr Atherton recommends a condition requiring you to engage with mental health services and comply with prescribed treatment and the lawful directions of mental health clinicians under the Statewide Mental Health Service. He also notes your history of substance abuse and recommends consideration be given to conditions addressing that issue also.

These offences are serious. You randomly attacked a number of innocent people who were going about their own business, in extremely terrifying circumstances. You had no regard for the safety of the baby in the pram when you turned it upside down. If she had not been secured safely, she could have been seriously injured. You caused a significant injury to Ms George. Everyone else was highly shaken and disturbed by your conduct. I do accept, however, that your conduct is connected to your mental health issues.

Although you have some prior matters, they bear little resemblance to the matters that I am dealing with. While you have prior matters for assault by threatening conduct, you have limited prior matters for personal violence. I have carefully considered Dr Wright's report. I am satisfied that your offending was linked to your mental health issues in the way she has described. I also consider that you are not an appropriate vehicle for general deterrence, given your significant mental health issues. It is, however, the case that your substance abuse has significantly contributed to the deterioration in your mental health. Your lack of insight and chaotic lifestyle have also impacted your mental health considerably. You require assistance to address both your mental health and substance abuse issues. The period you have spent in custody has, at least, demonstrated that your mental health symptoms are enduring and not solely attributable to your substance abuse issues.

You have now spent close to a year in custody on these matters. Your offending warrants the imposition of a period of imprisonment, but with backdating, you will be released as a result of my sentencing orders very shortly. It will be necessary for you to be supervised for a period within the community in order to ensure you have the best chance of avoiding engaging in behaviour like this again.

Paul Alfred Salkeld, you are convicted of the charge of Code assault on complaint 10945/2025, and all charges on complaint 7026/2025.

In respect of the charge of Code assault, you are sentenced to nine months' imprisonment, backdated to 17 June 2025. On the charges on complaint 7026/2025, I impose a Community Correction Order for a period of two years from your release from custody. That order will be subject to the core conditions set out at s 42AO of the *Sentencing Act* which will be provided to you in writing. You will be required to report to a probation officer at the Hobart office of

Community Corrections at 75 Liverpool Street, Hobart immediately on your release from custody. During the operational period of the order, I also impose the following special conditions:

- (a) You must submit to the supervision of a probation officer as required by the probation officer;
- (b) You must undergo assessment and treatment for drug dependency as directed by a probation officer;
- (c) You must submit to testing for drug use as directed by a probation officer;
- (d) You must submit to medical, psychological or psychiatric assessment or treatment as directed by a probation officer;
- (e) You must engage with mental health services and comply with prescribed treatment and the lawful directions of mental health clinicians under the Statewide Mental Health Service.