FAMILY LAW - PARENTING where themothers interests were represented by the Adult Guardian as a result ofher mentalincapacity - Competing proposals - Best interests of the children where the mothers mental health is such that sheis incapable of parenting where the mother lacks insight into her own condition - wherethe children live with the father where the mother has spent almost notime with the children since separation. APPLICANT: Mr Thor RESPONDENT: Ms Dahler who appeared by her guardian the Adult Guardian in theparenting proceedings SECOND RESPONDENT Cassandra Pullos Lawyers INDEPENDENT CHILDRENS LAWYER: Legal Aid Queensland FILE NUMBER: BRC 3538 of 2009 DATE DELIVERED: 3 October 2014 PLACE DELIVERED: Brisbane PLACE HEARD: Brisbane JUDGMENT OF: Hogan J HEARING DATE: 20, 21, 22, 23 & 25 May 2013 and 5 July 2013 REPRESENTATION APPLICANT: In person COUNSEL FOR THE RESPONDENT: Ms Carmody SOLICITOR FOR THE RESPONDENT: Mr Hallam of Carne Reidy Herd Lawyers COUNSEL FOR THE INDEPENDENT CHILDRENS LAWYER Mr Linklater-Steele SOLICITOR FOR THE INDEPENDENT CHILDRENS LAWYER: Legal Aid Queensland ORDERS BY WAY OF FINAL ORDER IT ISORDERED THAT: Parenting (1) All previous parenting orders are discharged. (2) The children G, born ... 2003, and H, born ... 2004 live with thefather. (3) The Father have sole parental responsibility for the major long term issues of the children, G, born ... 2003, and H, born ...2004, including in respectof: (a) thechildrens education; (b) thechildrens religious and cultural upbringing; (c) thechildrens health; (d) thechildrens names; and (e) changes to the childrens living arrangements that make it significantly more difficult for the children to spend time withor live with eitherparent. (4) The children spend time and communicate with the mother at all such times asmay be agreed between the father and the motherand such time shall occur in themanner agreed between the parents. (5) Save as is agreed between the parents in writing, the mother is restrainedand an injunction issue restraining her from approachingwithin one hundred(100) metres of, entering or attempting to enter: (a) thechildrens residence currently: B Street, C Town; and (b) Gsschool currently: N School, Suburb O; and (c) Hsschool currently: N School, Suburb O; and (d) any venuewhere the children attend ballet classes or other extra-curricular activities inwhich they may participate from timeto time. (6) Each party is restrained and an injunction issue restraining

each of themfrom bringing the children into contact with Mr P. (7) The parents shall keep each other informed of their current email addresses and contact telephone numbers and notify the otherwithin seven (7) days of anychange to the same. (8) The father shall provide the mother with information about the children on aquarterly basis with such information to be provided by email and to include, but not be limited to: (a) copies of the childrens school report cards; and (b) copies of the childrens school photographs; and (c) copies of any awards/letters commendation that the children may have received at school orat any other extra-curricular activity; and (d) informationabout the childrens health, general progress andwell-being. (9) In the event that either or both of the children are involved in a seriousaccident or diagnosed as suffering from a seriousillness, the father shallpromptly notify the mother by email of the same. (10) The mother shall be at liberty to send letters, cards and gifts to thechildren and the father shall ensure the children receiveany letters, cards andgifts sent by the mother to them on the proviso that the content of the samedoes not include inappropriatematters, a term to be considered as including(but not being limited to): (a) thefathers alleged abuse of the children or similar themes; and/or (b) themothers mental health issues and/or drug use; and/or (c) the conductof these proceedings; and/or (d) adultissues. (11) Each party is restrained and an injunction issue restraining each of themfrom denigrating the other parent to or in the presence of the children. (12) The mother is restrained and an injunction issue restraining herfrom: (a) publishingimages of the children or the father: and/or (b) discussingthe children, the father and these parenting proceedings; and/or (c) publishingwritten material about the children, the father and these parentingproceedings via any electronic media or in any publicforum or social networking internet site, including but not limited to:Facebook,Twitter, YouTube andMySpace. (13) The mother is restrained and an injunction issue restraining her fromremoving the children G, born ... 2003, and H, born ... 2004, from the Commonwealth of Australia. (14) The father is permitted to obtain passports in the childrens nameswithout obtaining the consent of the mother and withoutrequiring her to executeany Passport Application. (15) The father is permitted to remove the children from the Commonwealth of Australia for the purposes of a holiday, notwithstandingthat the consent of themother has not been obtained. (16) The father shall provide

the mother with no less than 30 days writtennotice, sent by email, of any intention to remove thechildren from theCommonwealth of Australia for the purpose of holiday with such email to include copy of the proposed travel itinerary and contact details for the children whilst overseas. (17) A Registrar of the Family Court of Australia at Brisbane is appointed pursuant to s 106A of the Family Law Act (1975)(Cth) to: (a) sign an Application for an Australian Passport for the children and to do all acts andthings necessary to ensure that any suchApplication is validly executed onbehalf of the mother; (b) sign anydocumentation on behalf of the mother if such documentation is presented by the father - which is necessary tohave all images, documents or otherreferences of any kind to the children, the father and these parentingproceedings removed from any electronic media and/or in any public forum and/orsocial networking site including but not limited to Facebook, Twitter, MySpace and the following internetsites: (i) Macpc.org.au; (ii) Websiteaddress.com; (iii) Websiteaddress; and (iv) Websiteaddress. (18) The mother has liberty to provide a copy of the reports by Dr M,psychiatrist, and a copy of this Order and the Reasons for Judgment delivered3 October 2014 to any psychiatrist upon whom she attends for the purpose of obtaining treatment. (19) That unless the mother is able to file an affidavit from a treatingpsychiatrist, who has been provided with the full historyof her mental healthcondition, Dr Ms reports, a copy of this Order and Reasons for Judgment, which confirms that she has: (a) undertaken consultations with the treating Psychiatrist on a fortnightly basis for a periodof no less than twelve (12) months; and (b) complied with all treatment, including medication, as has been recommended by thetreating Psychiatrist, with such treatment notto include dexamphetamine orrelated drugs; and (c) complied with all such testing as might be required or recommended by the treatingPsychiatrist for the purpose of ensuring ormonitoring compliance withrecommended medication and/or other recommendedtreatment, she is restrained and an injunction issuerestraining her from commencing proceedings seeking parenting orders withoutfirst obtaining the leave of the Court. (20) Any application by the mother for leave to commence proceedings seekingparenting orders must be served on the father but heis not required toparticipate in the hearing of the application for leave. IT IS NOTED that publication of this judgment by this Court underthe pseudonym Thor & Dahler and Anor has been approved by the

ChiefJustice pursuant to s 121(9)(g) of the Family Law Act 1975 (Cth). FAMILY COURT OF AUSTRALIA AT BRISBANE FILE NUMBER: BRC3538 of 2009 Mr Thor Applicant And Ms Dahler First Respondent And Cassandra Pullos Lawyers Pty Ltd Second Respondent REASONS FOR JUDGMENT Thisvery sad matter involves a consideration of the parenting arrangements for G,born in 2003 and her sister, H born in 2004 (thechildren), whose parentsseparated on 6 February 2009. The childrens older sister, F, is an adult, having been born in 1994. Thematter has a long and tortured history and I apologise sincerely to the parties for adding further to the delay associated withits finalisation. Whilst, perhaps, illuminating, a recitation of the intricacies of its history doesnothing to advance the explanation for the parentingorders which must, inevitably, be made in the circumstances of this case. On the evidence before the Court[1], there can be no doubt that the proper parentingorder[2] - and that which is in thechildrens best interests - is one which will see them continue to livewith the father: as they have done since about October 2009. Such are thesymptoms and manifestations of the significant and debilitating mentalillness[3] enveloping the mother thatthe childrens time with her can only occur on whatever occasions, and inwhatever manner, the fatherdeems appropriate. Whilsta thorough investigation and consideration of the causativefactors[4] underlying themothers mental illness may once have been thought imperative to thedetermination of those parenting orderswhich are in the childrens bestinterests, this is no longer the case. The extent of the mothers mental illness is such that causation matterslittle. The father is the childrens only functioning parent; he alone is capable of providing for the childrens needs and discharging the obligations associated with parenthood. He is entrusted with ensuring that they are not exposed to their mother when she is unwell but have the opportunity tospend timewith her when she is not - as F, who has been significantly involved in helping the father to care for her younger sisters and whoserecounting to MsQ[5] I accept, says: the mother doesnot need supervision to spend time with the children when she is well. However, it is also clearfrom Ms Qs evidence that exposure to the mothersbelief system and behaviours, as manifested when she is not mentallywell, ishighly likely to significantly distress and, possibly, emotionally damage thetwo youngest children. Savefor specifically permitting appropriate written communication and the provision of gifts by the

mother to the children. I donot intend to make other specificorders regulating the communication between the children and the mother. Responsibility for facilitating such communication, for example, by Skype, canonly realistically and practically be left to the father and, perhaps, Fwho have already demonstrated a capacity to support the younger childrenin their sometimes truncated interactions with the mother. The allegations the father had sexually abused the children - including theparties oldest daughter - have been investigated by Police and the Department of Child Safety and found to be unsubstantiated. As long ago as 2009, the younger childrens schoolshad no concerns about their behaviour andreported that they did not display any inappropriate sexual behaviours. Further, Ms Qsobservations of the childrens interactions with the fatherestablish only that they have close, warm and well established relationships with him and enjoy spending time with him. Aslong ago as about August 2009. Ms Q expressed the opinion that the mothercontinued to seek further evidence to support her belief considered tobe genuinely held that the father had sexually abused the children and, consequently, was likely to interpret innocuous events such as a childnot smiling in a photograph in a way that supported this pre-existing belief. In 2010, Dr M noted the mother appeared to hold, with delusionalintensity, the belief the youngest child had been sexually abused by thefather. He considered she attempted to hide persecutory beliefs because sherealised others would consider them psychoticin nature. Exposureto such a belief structure which appears prevalent when themothers mental ill-health manifests isonly likely to cause thechildren significant upset, concern, anxiety and a destabilisation of theirsense of security in their current, relatively long-standing, carearrangement. Themothers cyclic, and apparently deteriorating, mental ill-health means sheis incapable of making decisions about any issuesrelating to the children. Sheis also incapable of making decisions about such issues jointly with the father. The childrensbest interests mandate the rebuttal of the presumption of equal shared parental responsibility. The only sensible. child focusedandproper order in the childrens best interests can be that the father havesole parental responsibility for the major longterm issues relating tothem. Shouldthere be any doubt about the basis for the significant conclusions outlinedabove, regard need only be had to the followingevidence - forexample: havingsuffered a psychotic episode, the mother was admitted to

hospital as aninvoluntary patient in December 2009 and dischargedon 12 February2010; themothers time with the children was suspended on 16 December2009; inabout April 2010, the mother attempted to remove the children from thefathers care she in fact removed the youngestchild and took herto hospital seeking that she be physically examined in furtherance of her beliefthe child had been sexually abusedby the father; inApril 2010, Federal Magistrate Slack restrained the mother from approachingwithin 100 metres of the home, school or ballet schoolat which the childrenattended; inabout June 2010, the mother told Dr M, a psychiatrist commissioned to preparereports for use in these proceedings, that: i) she hadinitially been diagnosed as having a secondary todexamphetamine psychotic episode use but. later. diagnosis paranoidschizophrenia was made; ii) after she left hospital she refused to take the medication prescribed toher and spat it out when it was given to her in hospital; iii) she managed to get out of hospital because she had worked out shehad to agree with what the staff said and not disagreewith them about theirideas; iv) despite knowing she was supposed to follow up treatment once releasedfrom hospital, she saw a medical practitioner and case manageron one occasioneach only and did not, thereafter, follow up; v) despite her dexamphetamine use having been out ofcontrol[6] before her December2009 admission to hospital, she got herself put back on dexamphetamine byattending on a general practitionerafter her release fromhospital. as atJune 2010, Dr M considered that, while the Mother gave lip serviceto the idea that she had suffered an illness, she did not really believe this tobe the case or that she had been unwell she simply agreed so there wouldnot be difficulties about what he described as her ongoing probable psychotic ideation; themother was an involuntary in-patient between 2 September 2010 and 10 September2010; despitethere being provision for the children to spend supervised time with the mother, this has occurred on very limited occasionbecause the Contact Centre refused toprovide supervision; themother was a voluntary in-patient in a hospital in northern New South Walesbetween 1 January 2011 and 10 January 2011; themother was admitted on an involuntary in-patient basis in a different hospitalin northern New South Wales between 11 January2011 and about 10 March 2011 butabsconded from the hospital on 14 February 2011; themother has previously been admitted to

various mental health facilities in bothQueensland and New South Wales, has previouslybeen subjected to InvoluntaryTreatment Orders on a number of occasions and has also previously absconded fromtreatment; whenshe spoke with Dr M on 23 May 2011, the mother had not seen the two youngestchildren since about July 2010 and had, more recently, seen F when F visited herin hospital in February 2011; Dr Mnoted during the May 2011 interview that the mother: i) became rapidly irritable when questioned about the nature ofher beliefs; ii) placed little or no weight on the fact that medical practitioners had expressed the opinion her earlier report of seeing peopleprior to her firstinvoluntary admission might be a symptom of her mental health problems; iii) reported complex and difficult to follow stories regarding recent issues including the police having hercar as it had been stolenand sold five times; iv) became rapidly irritable when questioned about any eventsto do with sensitive topics like: hospitalisation, psychiatriccare, her previous or current belief systems and access to the children or thefather; v) demonstrated rapidly increasing agitation during the interview and whichwas much more prominent than in his previous interviews; vi) described an ongoing belief in various persecutory delusions; vii) had no insight into her psychiatric condition; viii) said she had only ever gone to hospital because she did not have anymoney and, otherwise, would never have presented for treatment; ix) had no insight into the abnormal nature of her previous and currentbelief systems about potential sexual abuse of the children, people following and plotting against her and her aunt being a Satanist; x) saw no need for psychiatric treatment and had no insight into the possibledeleterious effects of her ongoing use of dexamphetaminein her condition a matter which had been explained on a number of occasions in bothclinical and Court settings. sometimein the latter half of 2012, the mother thought there was a bomb in her car and exposed G to this belief;[7] she also exposed H who presented to Ms Q as an anxious 8 year old who was scared of her mother because hermother said that there weremonsters attacking their kids to her belief that thereal moon hadbeen blown up and there was a fake one in thesky; inabout December 2012, the mother posted information, which included theparties eldest daughters name and details, about Satanism and Paedophile rings on the internet; the Mother appeared by her guardian, the Adult Guardian - who was appointed by anOrder made by the Queensland Civil and

Administrative Tribunal on 4 November 2011 - in the parenting proceedings; themother appears to have moved between Queensland and New South Wales to takeadvantage of the lack of reciprocity in InvoluntaryTreatment Orders such was her determination not to be admitted to hospital consequent upon an Involuntary Treatment Orderoperative at the time of the trial that she refused to return to Queensland for the same. Lestit be thought that the possibility of using a Contact Centre to facilitate safeand appropriate time between the children andthe mother has not beenconsidered, I note the Independent Childrens Lawyer sought orders thatthe children spend no timewith the mother, the mother sought that her time withthe children be supervised privately in a manner which I consider tobeunworkable, impracticable and highly unlikely to be able to be facilitated and previous attempts to use such a service have been unsuccessful. Whilsta little unusual, perhaps, I consider that the form of Order outlined at the commencement of these Reasons is the only onecapable of addressing, in apractical sense, the realities of the mothers mental ill-health and its consequent impacts onher capacity to interact positively with the children. If the father decided, unreasonably, to refuse to permit the children to spend timewith the mother in circumstances where her mentalhealth had improved sosignificantly that she was able to demonstrate stability of functioning, shewill be able to exercise herright as a parent to seek further parenting ordersonce she is able to provide the Court with evidence she has been attending on, and following the recommendations of, a psychiatrist armed with sufficientknowledge of her past difficulties. I certify that the precedingsixteen (16) paragraphs are a true copy of the Reasons for Judgment of theHonourable Justice Hogan deliveredon3 October 2014. Associate: Date: 3October 2014 [1] There is a vast amount ofmaterial encompassing affidavits and reports, transcript of evidence given inthe previous proceedings and Exhibits comprising documents obtained pursuant to subpoena. [2] see: ss 65D, 60CA,60CC and 65AA of the Family Law Act (1975). [3] An appreciation of which canbe gather by reference to the various reports prepared by Dr M, psychiatrist, and his recounting ofthe mothers historic diagnoses. [4] Which include allegedmiss-prescription of dexamphetamine for misdiagnosed attention deficit disorderand/or major depression, resistant amphetamine psychosis or schizophreniaaggravated by amphetamine use. [5] Author of a number of FamilyReports. [6] With overuse andmisuse. [7] Family Report date 5 April2013, Annexure D to the affidavit of Ms Q filed 8 April 2013. AustLII:Copyright Policy|Disclaimers|Privacy Policy|Feedback URL: http://www.austlii.edu.au/au/cases/cth/FamCA/2014/844.html