



Western

Australia

RECORD OF INVESTIGATION INTO DEATH

Ref: 3/16

I, *Barry Paul King*, Coroner, having investigated the deaths of **Heather Glendinning, Jessica Rose Cuzens and Jane Lesley Margaret Cuzens** with an inquest held at the **Geraldton Court** from **1 February 2016 to 5 February 2016**, find that the identities of the deceased persons were **Heather Glendinning, Jessica Rose Cuzens and Jane Lesley Margaret Cuzens** and that the death of each person occurred on **5 December 2011** at **Port Denison** from, respectively, **multiple sharp force injuries, multiple injuries and multiple sharp force injuries** in the following circumstances:

Counsel Appearing:

Ms K E Ellson assisting the Coroner
Mr R Bannerman (Bannerman Solicitors) appearing for H S F Cuzens
Ms Hartley (State Solicitor's Office) appearing for the WA Country Health Service, the North Metropolitan Service Mental Health, the Department for Child Protection and Family Support, and the Family Court of Western Australia
Mr S C R Sudweeks (Jackson McDonald) appearing for M Knausenberger

Table of Contents

INTRODUCTION.....	2
MR CUZENS AND MS GLENDINNING.....	8
BEGINNING OF FAMILY COURT PROCEEDINGS	10
THE DISPUTE IS RENEWED	12
MR RENWICK	15
MR CUZENS TAKES THE CHILDREN TO BROOME	16
CENTRAL WEST MENTAL HEALTH SERVICE	17
MR BYATT	20
DR GYI	21
MS GLENDINNING CONTACTS THE DEPARTMENT.....	21
MR COHEN AND MR HOPKINS	23
MS KNAUSENBERGER	26
MS YOUNG	28
EVENTS LEADING UP TO THE DEATHS.....	31

POLICE INVESTIGATION.....	35
CAUSE OF DEATHS.....	37
HOW THE DEATHS OCCURRED.....	38
COMMENTS ON AGENCY INVOLVEMENT.....	39
COMMENTS ON MS YOUNG’S INVOLVEMENT.....	45
RECOMMENDATIONS.....	46
SHARING INFORMATION.....	47
Recommendation 1	49
PUBLISHING THE FAMILY COURT’S ATTITUDE TO MENTAL ILLNESS.....	49
Recommendation 2	50
PANEL OF PSYCHIATRISTS.....	50
Recommendation 3	51
STRESS MANAGEMENT PROGRAMS.....	51
COUNSELLING OF CHILDREN.....	52
HOLISTIC MENTAL HEALTH SERVICES IN REGIONAL AREAS.....	54
CANNABIS ABUSE.....	54
CONCLUSION.....	55

INTRODUCTION

1. On 5 December 2011, Heather Glendinning (**Ms Glendinning**) killed her daughters Jessica Rose Cuzens (**Jessica**) and Jane Lesley Margaret Cuzens (**Jane**) and then killed herself, all in shockingly violent circumstances. Leading up to and during these events, Ms Glendinning was affected by severe mental illness.
2. The events of 5 December 2011 were preceded by a long and acrimonious custody battle in the Family Court of Western Australia (**the Family Court**) between Ms Glendinning and Harley Stewart Franklyn Cuzens (**Mr Cuzens**), the father of Jessica, Jane and their older sister Grace Cuzens (**Grace**) (collectively, **the children**).
3. Throughout the dispute, Mr Cuzens claimed that Ms Glendinning abused cannabis and became incapable of looking after their children.
4. Ms Glendinning alleged that Mr Cuzens had subjected her to domestic violence and later claimed that Jessica had been sexual abused by Mr Cuzens’ father. Neither of her claims was substantiated.
5. Custody and access of the children varied over the course of the dispute.

6. In 2007 Ms Glendinning moved to Dongara with the children. She commenced a claim in the Supreme Court against Mr Cuzens and his family in relation to their property.
7. Ms Glendinning became increasingly mentally unstable, resulting in further allegations by Mr Cuzens about her inability to look after the children, and in independent reports to police and mental health agencies about her mental state.
8. Due to Ms Glendinning's reluctance to seek help because she feared that her mental health problems would be used against her in the custody dispute, and also because of her ability to mask those problems, the extent of her increasingly delusional state was not diagnosed by mental health professionals who saw her. Opportunities to attempt to assess her psychologically were missed, sometimes because of coincidence and sometimes because agencies were unaware of information known to other agencies. She was never considered to be a risk to herself or to the children.
9. In late November 2011, a lawyer representing the children in the Family Court, Lynley Anne Young (**Ms Young**) became concerned about Ms Glendinning's mental state and attempted to apply to have the Family Court appoint an expert to assess the children's welfare, but her application was put off until January 2012.
10. For about two weeks leading up to 5 December 2011, the deceased was consumed with a pending Supreme Court deadline. She slept little and escalated her use of cannabis. She began to display florid symptoms of paranoia and psychosis.
11. On 4 December 2011 Jane told a neighbour that Ms Glendinning was pacing around the house with a bible, talking of keeping her soul clean.
12. The next day, Ms Glendinning's mother discovered Jane's and Jessica's bodies in Ms Glendinning's house in

Dongara. She called police. Police officers attended and found Ms Glendinning's body in an ensuite bathroom.

13. Investigations into the deaths were commenced under the auspices of the Geraldton District Coroner. In late January 2014 the investigating officer from the Major Crime Squad, Detective Senior Sergeant Greg McDonald (**Detective Senior Sergeant McDonald**), completed his report into the deaths. A short time later, Mr Cuzens wrote to the Geraldton District Coroner to request that an inquest be held.
14. On 4 March 2014 the Geraldton District Coroner referred the investigation to the State Coroner with a recommendation that an inquest be held. Further investigations were instigated by Principal Counsel Assisting Ms Ellson (**Ms Ellson**).
15. In August 2014 Ms Ellson provided relevant medical files and other documents to a forensic psychiatrist, Dr Adam Brett (**Dr Brett**), who had agreed to provide a report covering a number of matters pertaining to Ms Glendinning's mental health, the care she had received over time, and her likely mental state leading up to the deaths.
16. In early November 2014 Dr Brett forwarded his completed report to Ms Ellson, who was on leave until 17 November 2014. On 26 November 2014 Ms Ellson sought further information and clarification from Dr Brett.
17. On 22 December 2014 the State Coroner decided that an inquest into the deaths should be held.
18. On 19 January 2015 Ms Ellson advised Mr Cuzens' lawyer, Mr Bannerman, that a large number of investigations into the deaths needed to be conducted over the course of the year before an inquest could be listed for hearing.
19. On 7 August 2015 the proposed inquest was mentioned in a call-over at the Perth Coroners Court, and the

hearing dates of 1 February 2016 to 4 February 2016 were tentatively set. On the next call-over on 4 September 2015 those dates were confirmed.

20. On those assigned dates I held an inquest at the Geraldton Court House. The focus of the investigation was on the nature and quality of the contacts Ms Glendinning had with various agencies while involved in the Family Court dispute with Mr Cuzens, with a view to determining whether anything could have been done differently which may have led to a better outcome.
21. The documentary evidence comprised:
 - a) the report and brief of evidence compiled by Detective Senior Sergeant McDonald, Ms Ellson and Acting Sergeant Eric Langton;¹
 - b) the statement of Anne Steele, Acting Regional Manager Country Health, WA Country Health Service Midwest (**Ms Steele**);²
 - c) a triage account book page for March 2010³;
 - d) neuropathology reports by Dr V A Fabian;⁴
 - e) Family Court orders April 2007 to August 2007 and 28 March 2008;⁵
 - f) the statement of Phil Andrus, Service Coordinator, Mental Health Emergency Response Line (**MHERL**) and Rurallink;⁶
 - g) an interim report by Jean-Pierre Menagé (**Mr Menagé**), a single expert witness;⁷

¹ Exhibit 1, Volumes 1-4

² Exhibit 2

³ Exhibit 3

⁴ Exhibit 4

⁵ Exhibit 5

⁶ Exhibit 6

⁷ Exhibit 7

- h) a letter written by Grace Cuzens to the Coroner's Court;⁸
 - i) a Client Administration Office Memorandum by Karen Bates (**Ms Bates**) attached to a letter from Legal Aid Western Australia;⁹
 - j) an email containing the witness statement of Robyn O'Brien;¹⁰
 - k) an email containing the witness statement of Ms Glendinning's parents, Hazel and Tom Glendinning;¹¹ and
 - l) Chapter 1.8 of Department of Child Protection and Family Support case practice manual.¹²
22. His Honour Chief Judge Thackray of the Family Court kindly provided a copy of the judgment his Honour delivered on 4 February 2016 in relation to an application by West Australian Newspapers and Channel 7 Perth for permission to publish information concerning proceedings in the Family Court between Mr Cuzens and Ms Glendinning in relation to the children.
23. The following witnesses, in order of appearance, provided oral evidence:
- a) Detective Senior Constable Linda Anne Carter (**Detective Senior Constable Carter**), a police officer who had been involved in the investigation of the deaths;
 - b) Mr Cuzens;
 - c) Gary James Renwick (**Mr Renwick**), Ms Glendinning's partner before her death;

⁸ Exhibit 8

⁹ Exhibit 9

¹⁰ Exhibit 10

¹¹ Exhibit 11

¹² Exhibit 12

- d) Stephen Cohen (**Mr Cohen**), a clinical psychologist and Single Expert Witness who assessed the children;
- e) John Denis Patrick Hopkins (**Mr Hopkins**), a mental health nurse who saw Ms Glendinning briefly in Geraldton in February 2011;
- f) Dr Aung Gyi (**Dr Gyi**), Ms Glendinning's doctor in Dongara;
- g) Zita Gutsa (**Ms Gutsa**), a sexual assault counsellor in Geraldton to whom Ms Glendinning took the children in about March 2007;
- h) Monika Knausenberger (**Ms Knausenberger**), a psychologist who saw Ms Glendinning in Dongara from July 2011 to September 2011;
- i) Dr Stuart Adamson, a general practitioner and the medical director of a medical clinic at which Ms Glendinning attended to see Mr Hopkins in February 2011;
- j) Dr Brett;
- k) Inspector Martin Haime, a police officer who was the officer in charge of the Dongara police station from February 2008 to April 2010;
- l) Gayle Phease (**Ms Phease**), a mental health nurse who had been a triage officer with the Central West Mental Health Service in Geraldton from August 2009 to March 2010;
- m) Graham Byatt (**Mr Byatt**), a research neuroscientist who had been an acquaintance of Ms Glendinning in Dongara for two or three years;
- n) Cheryl Barnett (**Ms Barnett**), Executive Director Metropolitan Services for the Department of Child Protection and Family Support (**the Department**);

- o) Ms Steele;
 - p) Ms Bates, whom I take to be have been an administration officer at the Family Court in November 2011;
 - q) Ms Young, the independent children's lawyer representing the interests of the children at the Family Court from about 2009; and
 - r) Robyn Anteneucci (**Ms Anteneucci**), Team Manager, Family Court Counselling and Consultancy Services at the Family Court.
24. Following the oral evidence, counsel provided helpful closing submissions, including submissions relating to the potential for recommendations I may have wished to make.
25. I commend counsel for their assistance throughout the inquest.

MR CUZENS AND MS GLENDINNING

26. Ms Glendinning was born in East Fremantle on 4 March 1965 to Hazel and Thomas Glendinning. She was the youngest of two daughters.
27. Ms Glendinning and her family lived in Willagee, where she went to Carawatha Primary School before going to Melville High School.¹³
28. Ms Glendinning left home at about 20 years of age and did a beauty studies course.¹⁴
29. Ms Glendinning and Mr Cuzens met at about the time of the Perth Cup in January 1997.¹⁵

¹³ Exhibit 1, Volume 3, Tab 1

¹⁴ Exhibit 1, Volume 3, Tab 1

¹⁵ Exhibit 1, Volume 2, Tab 6

30. Mr Cuzens was a self-employed farmer and Ms Glendinning was working mostly as a beautician.¹⁶
31. In about November of that year they began living together on a farm owned by Mr Cuzens and his parents in Dowerin.
32. According to Mr Cuzens, in the beginning he and Ms Glendinning had a good relationship, but Ms Glendinning went from occasional cannabis use to regular abuse.¹⁷
33. Grace was born on 31 March 1998 and Jane was born on 1 August 1999.¹⁸
34. Mr Cuzens and his parents sold the Dowerin property, and Mr Cuzens, Ms Glendinning and Grace moved into a rental property in Baskerville where Mr Cuzens ran a horse agistment business. They stayed there for about a year.
35. In 1999 or so, Mr Cuzens and his parents purchased another property in Millendon. After Jane was born, Ms Glendinning reduced the use of cannabis and appeared to be more stable.¹⁹
36. In November and December 2000 Mr Cuzens worked away on a government contract. When he returned, he noticed a dramatic change in Ms Glendinning; she was abusing cannabis again despite being pregnant with Jessica, who was born on 16 January 2001.²⁰ In particular, Ms Glendinning was using cannabis in the company of a female stable hand employed by Mr Cuzens.
37. Mr Cuzens discovered that the stable hand had been falsifying her time sheets, so he sacked her, but she lived

¹⁶ Exhibit 1, Volume 4, Tab 1.1

¹⁷ ts 11, 1/02/16 per Cuzens, H S F

¹⁸ Exhibit 1, Volume 2, Tab 6; Exhibit 1, Volume 4, Tab 1.1

¹⁹ Exhibit 1, Volume 2, Tab 31.4

²⁰ Exhibit 1, Volume 2, Tab 31.4

across the road from him and Ms Glendinning, so she maintained a friendship with Ms Glendinning.²¹

38. Ms Glendinning became incapable of looking after the children or the house. She displayed hallucinations and violence, and had ongoing paranoia, especially for the safety of the children.²² Mr Cuzens told her that if she did not get help to overcome her use of cannabis, their relationship would be finished. She agreed to get help, but instead consulted a counsellor for domestic violence.

BEGINNING OF FAMILY COURT PROCEEDINGS

39. At some point in the first half of 2001, Ms Glendinning went to Dongara to visit her parents for a week. She returned to her home with her mother. When Mr Cuzens arrived home from work one day, the house was empty and Ms Glendinning and her mother had gone back to Dongara with the children.²³
40. Within a few days, Mr Cuzens was served with an interim restraining order under which he was not able to contact Ms Glendinning, her parents or the children.²⁴ A hearing was set for the restraining order, but it seems that in June 2001 Ms Glendinning filed an application at the Family Court for custody of the children, claiming domestic violence as the basis for the end of the relationship. The final hearing for the restraining order did not occur.
41. On 21 August 2001 Ms Glendinning took Grace to see a child sexual assault counsellor from the Geraldton Sexual Assault Resource Centre. Ms Glendinning apparently told the counsellor that Grace was 'a three year old girl whose parents have separated due to her father's violence towards her mother', and who had 'been

²¹ Exhibit 1, Volume 2, Tab 31.4

²² ts 11, 1/2/16 per Cuzens, H.S.F; Exhibit 1, Volume 2, Tab 6

²³ Exhibit 1, Volume 2, Tab 31.4

²⁴ Exhibit 1, Volume 2, Tab 31.4

displaying aggressive behaviours towards her mother and her baby sister'.²⁵

42. Three days later, Grace again saw the counsellor. On this occasion she spoke openly about 'the abuse that had gone on in her parents marriage', about 'her father hitting her mother until she was black and blue', and about how he 'had pushed her mother to the floor and kicked her in the stomach while she was pregnant.'²⁶ It is not clear whether Grace told the counsellor what she said she had seen or what she had been told.
43. In order to have the restraining order removed, Mr Cuzens saw a Family Court counsellor, Paul Kerin (**Mr Kerin**) and explained to him Ms Glendinning's problems with cannabis and mental health. According to Mr Cuzens, Mr Kerin told him that he would recommend supervised access to the children under the supervision of a person nominated by Ms Glendinning: the female stable hand that Mr Cuzens had sacked.²⁷
44. Mr Cuzens said that he told Mr Kerin that the stable hand was not the right person. Mr Kerin told him that he could see the anger and violence in him and indicated that, if Mr Cuzens wanted access to the children, he would have to attend a six month anger management course.²⁸
45. In order to see the children, Mr Cuzens attended the course which, as it turned out, was delivered by Mr Kerin.²⁹
46. During the course, Mr Cuzens drove to Dongara to see the children, and over time was allowed to have them for weekends if supervised by his mother. Eventually, Ms Glendinning no longer demanded supervised access.³⁰

²⁵ Department of Community Development file 2007/1360

²⁶ Department of Community Development file 2007/1360

²⁷ Exhibit 1, Volume 2, Tab 31.4

²⁸ Exhibit 1, Volume 2, Tab 31.4

²⁹ Exhibit 1, Volume 2, Tab 31.4

³⁰ Exhibit 1, Volume 2, Tab 31.4

47. In 2004 Ms Glendinning and the children moved back to the Perth area, and Ms Glendinning began a relationship and lived with her new partner in Toodyay and in Darlington.³¹ At some stage she moved to Coogee.
48. For the next two years or so, the acrimonious proceedings and allegations of violence abated.

THE DISPUTE IS RENEWED

49. In mid-2006 Ms Glendinning separated from her partner.³²
50. The children were still with her, but she was having difficulty coping. Mr Cuzens contacted the Department due to concerns for the children after he could not contact them. He reported that Ms Glendinning was erratic from mental health issues and drug use.³³
51. Ms Glendinning became isolated and her financial situation was poor. She began to believe that the children were at risk of sexual abuse from paedophiles. At about this time she commenced proceedings at the Supreme Court of Western Australia for a claim of more than \$9 million against the Cuzens family in relation to their rural property.³⁴
52. At one stage in mid-January 2007 Ms Glendinning told Mr Cuzens that it was unsafe for him to return the children to her as her neighbour was a high-priestess of a coven and a black witch. She called him two days later to tell him that she would collect them that day, but she failed to arrive. The next day she arranged to pick them up at 11.30 am but did not arrive until 6.30 pm.³⁵
53. Redacted

³¹ Exhibit 1, Volume 2, Tab 31.4

³² Exhibit 1, Volume 2, Tab 31.4

³³ Exhibit 1, Volume 4, Tab 12; Exhibit 1, Volume 2, Tab 31.4

³⁴ Exhibit 1, Volume 1, Tab 1

³⁵ Exhibit 1, Volume 2, Tab 6

54. Redacted.³⁶
55. On 15 February 2007 Ms Glendinning's mother spoke to a social worker at the Geraldton Health Service with concerns about Ms Glendinning and the children. She told the social worker that Ms Glendinning was being threatened and harassed by her husband, had not slept much for two weeks and was hoping to move to Dongara soon.³⁷
56. By 1 March 2007 Ms Glendinning and the children had moved to Dongara to live with Ms Glendinning's parents while awaiting a Homeswest house.³⁸
57. In March 2007, Ms Glendinning took the children to see Ms Gupta, a sexual assault counsellor at Chrysalis Support Services in Geraldton. She had spoken to Ms Gupta by telephone earlier in the year when she had called the Crisis Line and while she was still living in Coogee.³⁹
58. To Ms Gupta, Ms Glendinning appeared to be a caring and devoted mother who was very concerned that she may lose custody of the children and who was extremely concerned for their welfare if she did.⁴⁰
59. Ms Gutsa saw the children over a period of weeks and reached the view that the children were generally fearful of their visits to the Cuzens' farm. She believed that there had been a disclosure 'indicative of sexual abuse of Jessica in relation to her interactions with Mr Cuzens' father'.
60. On 14 March 2007 Mr Cuzens filed an application at the Family Court for full custody of the children because Ms Glendinning had denied him contact since January on the basis of a risk of substantial harm to them from

³⁶ Exhibit 1, Volume 1, Tab 31.1; Exhibit 1, Volume 4, Tab 12

³⁷ Exhibit 1, Volume 2, Tab 1

³⁸ Exhibit 1, Volume 2, Tab 1

³⁹ Exhibit 1, Volume 2, Tab 29.1

⁴⁰ Exhibit 1, Volume 2, Tabs 29.1 and 29.3

Mr Cuzens, particularly at the Cuzens' farm. The Family Court appointed Mr Menagé as a single expert witness to provide a report on the family, focusing on the best interests of the children.

61. On 19 April 2007 Mr Menagé completed his report. He noted that Ms Glendinning appeared convinced that the children had been sexually, physically and emotionally abused within the paternal family. He found little evidence to support her concerns.⁴¹
62. Mr Menagé considered that it was in the children's interests for contact with their father to be re-instated immediately and for further interviews with them relating to sexual or any other kind of abuse to cease.⁴²
63. On 20 April 2007 the Family Court made interim orders granting Mr Cuzens access to the children and prohibiting further interviewing of the children.
64. The hearing of Mr Cuzens' application was listed for three days in September 2007 before Martin J, but it appears that the hearing was extended to span nearly two weeks overall. Eventually, on 6 February 2008, Martin J informed Ms Glendinning and Mr Cuzens that her findings 'in very simplistic and broad terms' were:
 - a) there was no unacceptable risk of abuse to the children while in Mr Cuzens' or his parents' care; and
 - b) there was some evidence of violence in their relationship prior to separation, but they both bore some responsibility for that.⁴³
65. Martin J said that she did not accept that Mr Cuzens was the angel he maintained, but that he was not a violent or aggressive person, nor had he been seriously or criminally violent to Ms Glendinning. Martin J also did not accept that Ms Glendinning's drug taking was the

⁴¹ Exhibit 7

⁴² Exhibit 7

⁴³ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

only problem, but it was excessive for a mother of three very young children.⁴⁴

66. Martin J said that the breakdown of Ms Glendinning's recent relationship, coupled with isolation in Coogee, was a significant contributor to the development of the serious problems in relation to the children which had occurred since mid-2006. She noted Ms Glendinning's unfounded concerns with sexual abuse and excessive concerns about past injustices, namely the alleged family violence and, particularly, her financial claims.⁴⁵
67. On 28 March 2008 Martin J ordered that Ms Glendinning and Mr Cuzens have equal, shared parental responsibility of the children, who were to live, effectively, half of the time with each of them.⁴⁶ If Ms Glendinning was to live in Dongara, the children would live with Mr Cuzens and would stay with Ms Glendinning on weekends and holidays, and if she lived in Perth, they would live with each parent on alternate weeks.⁴⁷
68. Martin J also ordered that Ms Glendinning be restrained by an injunction from taking the children to any counsellor or professional for counselling in relation to domestic violence or sexual abuse, and from questioning the children, or allowing anyone else to question the children, about sexual abuse allegations.⁴⁸
69. Martin J sought a psychiatric report in relation to Ms Glendinning and Mr Cuzens, but was informed later that, for financial and practical reasons, one could not be prepared.⁴⁹

MR RENWICK

⁴⁴ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

⁴⁵ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

⁴⁶ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

⁴⁷ Exhibit 5

⁴⁸ Exhibit 5

⁴⁹ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

70. In around late 2008, Ms Glendinning began a relationship with Mr Renwick, a cray boat skipper. After about six months, they began to live together at Ms Glendinning's home in Dongara, a house on a large farm which she shared with a housemate. Mr Renwick was not there often since he worked away for six weeks and was back for three.⁵⁰
71. After about six to eight months, Ms Glendinning and Mr Renwick moved from the farm into town. Ms Glendinning rented a home in Damia Circle in Port Denison, and Mr Renwick moved into a place of his own as he did not relate well to Jessica. One of the reasons why Ms Glendinning wanted to move into town was because she thought she was an easy target at the farm. She believed that Mr Cuzens' parents were multi-millionaires and could hire hit men to kill her.⁵¹
72. Mr Renwick stated that, since he and Ms Glendinning met, she had been totally consumed with a court battle for a financial settlement with her ex-partner's family. He said that she was also trying to bust a paedophile ring that involved her ex-partner's father and went up as far as the Premier.⁵²
73. Mr Renwick stated that, while he was with Ms Glendinning, she would smoke two to four cannabis joints a day.⁵³ He also said that she was not religious and did not go to church at all, but that she said that she was Catholic and sometimes spoke about religion. She had a bible in the house, but he had never seen her read it.⁵⁴

MR CUZENS TAKES THE CHILDREN TO BROOME

74. In May 2009 Mr Cuzens moved to Broome to take up a promotion with his employer. He took the children with

⁵⁰ Exhibit 1, Volume 2, Tab 23.2

⁵¹ Exhibit 1, Volume 2, Tab 23.2

⁵² Exhibit 1, Volume 2, Tab 23.2

⁵³ Exhibit 1, Volume 2, Tab 23.3

⁵⁴ Exhibit 1, Volume 2, Tab 23.4

him. This situation was not as he had proposed at the trial in 2007.⁵⁵

75. On 24 September 2009 Ms Glendinning filed an application at the Family Court seeking an order that the children reside with her. Mr Cuzens wanted them to remain with him but to have a longer time with Ms Glendinning during school holidays. There followed a delay to allow for the appointment of another single expert witness and for the witness to conduct interviews.⁵⁶
76. By 16 March 2010 Ms Gutsa was a social worker with the MidWest GP Network in Geraldton. She called the Department on behalf of Ms Glendinning, who had called her with concerns for the children in Broome. Ms Gutsa told the Department that she had worked with the family while she was with the Sexual Assault Resource Centre in Geraldton, that the children were at risk from their father and grandfather, that the family have a long history of family abuse and neglect, and that she had spoken to the children in the past but not recently. The officer taking the call assessed the information provided by Ms Gutsa to be insufficient to cause the Department to investigate her concerns.⁵⁷

CENTRAL WEST MENTAL HEALTH SERVICE

77. Also on 16 March 2010, police in Dongara called MHERL to enquire about Ms Glendinning's previous mental history. She had contacted the Dongara Police Station three times in the previous week with allegations that Supreme Court justices were paedophiles, that the Premier of WA was collaborating with them and that the children were being sexually assaulted.⁵⁸

⁵⁵ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

⁵⁶ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

⁵⁷ Exhibit 1, Volume 4, Tab 12.1

⁵⁸ Exhibit 1, Volume 4, Tab 7

78. Police officers did not consider that Ms Glendinning was a danger to herself, but thought that her situation should be assessed by mental health professionals.⁵⁹ A MHERL officer notified the triage officer at Central West Mental Health Service in Geraldton, Ms Phease. Ms Phease was a mental health nurse with about 12 years' experience in community and in-patient care.⁶⁰
79. Ms Phease called Ms Glendinning that afternoon to invite her to attend the mental health service or to discuss any problems with her, but Ms Glendinning declined. Ms Glendinning assured Ms Phease that she did not intend to harm herself or others.⁶¹
80. It appears likely that Ms Phease then discussed her call with Ms Glendinning with a team comprising her team leader, a psychiatrist and a clinical liaison officer from the Geraldton Regional Hospital.⁶²
81. On 17 March 2010 Ms Phease sent a letter to the Dongara Medical Centre to indicate that the Central West Mental Health Service had reports from Dongara police that Ms Glendinning had been acting oddly and had been making false allegations about prominent business and political people. Ms Phease wrote that the Central West Mental Health Service was not currently concerned about any risk factors, but that if Ms Glendinning came to the attention of the doctor at the Dongara Medical Centre, anti-psychotic medication may be a useful treatment.⁶³ Ms Phease said that the suggestion to use anti-psychotic medication would have been a team decision, not hers.⁶⁴
82. In oral evidence Ms Phease said that she had no recollection of Ms Glendinning whatsoever. She said that, on the basis of the notes she made at the time, there was nothing in their telephone conversation that

⁵⁹ Exhibit 1, Volume 4, Tab 6

⁶⁰ Exhibit 1, Volume 4, Tab 7

⁶¹ Exhibit 1, Volume 4, Tab 7

⁶² ts 106, 3/2/16 per Phease, G

⁶³ Exhibit 1, Volume 4, Tab 7

⁶⁴ ts 109, 3/2/16 per Phease, G

led her to believe that immediate intervention was warranted.⁶⁵

83. Ms Phease said, however, that the police reports about Ms Glendinning would have led her to consider that Ms Glendinning should have been seen for a non-urgent assessment at home. That plan was documented in her notes.⁶⁶ She said that it would have been her role to follow it up, but she left the Central West Mental Health Service the next week because her contract ended. The usual process would have been for a case manager to make a couple of attempts to make contact with Ms Glendinning and then discuss the situation during the weekly team meeting.⁶⁷
84. There is no record of any further attempts being made by anyone from Central West Mental Health Service to contact Ms Glendinning, indicating a likelihood that no such attempts were made.⁶⁸ Ms Steele told the inquest that there are now much tighter follow-up processes, so the mental health service would work harder to obtain the assessment.⁶⁹
85. Ms Steele's predecessor, Tony Higginson, indicated in a letter that, since 2011, there have been a number of initiatives, including a documented risk assessment of every client who consents to an assessment, and a documented plan of action for each client developed by a team comprising a psychiatrist, the triage officer, the team leader and clinical nurse specialists (hospital liaison).⁷⁰
86. Mr Higginson stated that, if a person in Ms Glendinning's situation in March 2010 were presenting to the Central West Mental Health Service now, a plan of action may involve collaboration with local services, including the local doctors and, in an emergency, the police.⁷¹

⁶⁵ ts 104-105, 3/2/16 per Phease, G

⁶⁶ ts 107, 3/2/16 per Phease, G; Exhibit 1, Volume 4, Tab 7

⁶⁷ ts 108, 3/2/16 per Phease, G

⁶⁸ ts 112, 3/2/16 per Phease, Ms G; ts 166, 3/2/16 per Steele, A E

⁶⁹ ts 165, 3/2/16 per Steele, A E

⁷⁰ Exhibit 1, Volume 4, Tab 2.1

⁷¹ Exhibit 1, Volume 4, Tab 2.1

MR BYATT

87. Around this time, Ms Glendinning was working as the relief carer of an intellectually disabled person. The full-time carer, Mr Byatt, was a neuroscientist with a PhD in psychology.⁷²
88. As Ms Glendinning got to know Mr Byatt, she opened up to him about her court case and about the sexual abuse of the children and the involvement of judges and politicians. Mr Byatt thought that she was displaying delusions and paranoia with classic signs of acute psychotic episodes. She appeared to be working so frenetically that he thought that she may have been taking amphetamines, which fuelled her obsessions.⁷³
89. At about that time, Ms Glendinning's mother called Mr Byatt to express her own concerns about Ms Glendinning. He arranged for Ms Glendinning and her mother to visit him for a chat. He tried to breach the subject of how the stress Ms Glendinning was under from the court case could cause distortion of perception. Ms Glendinning cut him off and indicated to him that he had become part of the conspiracy against her.⁷⁴
90. Some days later, Ms Glendinning's mother then rang Mr Byatt to ask him to advise Ms Glendinning's doctor, Dr Gyi, and the police about Ms Glendinning's mental condition. Mr Byatt spoke to Dr Gyi and to a police officer at the front counter of the Dongara Police Station. Dr Gyi told him that there was little he could do if Ms Glendinning did not accept that she had mental health problems. The police officer informed him that police were aware of Ms Glendinning and were monitoring her, but that she had not broken any laws and was not overtly mentally ill, so there was little they could do.⁷⁵

⁷² Exhibit 1, Volume 2, Tab 25

⁷³ Exhibit 1, Volume 2, Tab 25

⁷⁴ Exhibit 1, Volume 2, Tab 25

⁷⁵ Exhibit 1, Volume 2, Tabs 25 and 25.A

91. Mr Byatt noted that everything Ms Glendinning told him was plausible. She was good at masking her issues because she genuinely believed everything she said.⁷⁶ He said in oral evidence that his impression was that her delusions were ongoing for a number of years and that, as the complexity of her conspiracy theory increased, she was more guarded about what she said. He said that she was always delusional because her beliefs were part of her belief structure.⁷⁷
92. Mr Byatt said that he never would have thought that Ms Glendinning would harm her children.⁷⁸

DR GYI

93. Dr Gyi saw Ms Glendinning three times from 23 September 2010 to 14 January 2011. He said that he was not aware that she had any mental health problems. When he first provided a report to police about his consultations with Ms Glendinning, he had no recollection of her.⁷⁹ He also said that he had no recollection of Mr Byatt's attendance in 2010.⁸⁰
94. Dr Gyi said that he had not seen Ms Phease's letter of 17 March 2010. Had he seen it, he expects that he would have discussed it with her if she came to see him.⁸¹ He agreed that it was an important letter.⁸²

MS GLENDINNING CONTACTS THE DEPARTMENT

95. On 18 March 2010 Ms Glendinning called the Department's Crisis Care Unit and reported that the children were at an unacceptable level of risk of sexual abuse while with Mr Cuzens in Broome and that she

⁷⁶ Exhibit 1, Volume 2, Tab 25.A

⁷⁷ ts 124-125, 3/2/16 per Byatt, C

⁷⁸ ts 121, 3/2/16 per Byatt, C

⁷⁹ Exhibit 1, Volume 1, Tab 23

⁸⁰ ts 84, 1/02/16 per Gyi, A

⁸¹ Exhibit 1, Volume 1, Tab 23; ts 82-84, 1/02/16 per Gyi, A

⁸² ts 86, 1/02/16 per Gyi, A

wanted them placed into her custody. She said that they were at immediate risk because they were not being supervised. She said that Jessica had a collapsed anal sphincter and that Grace had symptoms of syphilis. She said that she knew this because she was a nurse, but did not answer the question of when these things had occurred and said that the court had not allowed her to have Grace tested for syphilis.⁸³

96. Ms Glendinning told the departmental officer taking the call that police were involved in a paedophile ring and that 'Child Services and Health Services' were involved in a cover-up. The officer noted that Ms Glendinning presented as highly anxious and continually referenced Family Court and High Court judges and well-known lawyers. The officer spoke with her team leader and advised that Ms Glendinning may be experiencing some form of mental health problem since she was displaying signs of paranoia and was highly anxious. Departmental officers decided not to take action since there was no information suggesting that the children were at immediate substantial risk.⁸⁴
97. Ms Glendinning's mother also called the Department on 18 March 2010 with concerns but since, among other things, her information was hearsay, officers concluded that there were no specific safety concerns for the children.⁸⁵
98. A woman who gave her name as Kerri also called the Department on 18 March 2010 with concerns for the children based on what Ms Glendinning had told her. As she could provide no specific details of concerns, officers could do no more than record her concerns.⁸⁶
99. Ms Glendinning called the Department again on 22 March 2010 with ongoing concerns for the children. She provided the officer taking the call with a detailed and often disjointed version of the history of the family

⁸³ Exhibit 1, Volume 4, Tab 12.2

⁸⁴ Exhibit 1, Volume 4, Tab 12.2

⁸⁵ Exhibit 1, Volume 4, Tab 12.3

⁸⁶ Exhibit 1, Volume 4, Tab 12.4

and recent events at the children's school in Broome. She did not respond to questions asked by the officer.

100. The officer assessed that the matter was before the Family Court so that any Departmental involvement should be directed through the Family Court by way of a Form 4 notification. The officer advised Ms Glendinning to contact her lawyer and not the Department.⁸⁷

MR COHEN AND MR HOPKINS

101. At the end of March 2010 Martin J ordered that the children be placed on a flight from Broome to Perth for the April school holidays and so that they could be interviewed by the now appointed single expert witness, clinical psychologist Stephen Cohen.⁸⁸
102. Mr Cohen saw the children on 7 April 2010 and three days later provided a letter to the Family Court in which he said that all the children appeared happy, healthy and well rounded. They wanted to stay together and to live with Ms Glendinning in Perth because they perceived Mr Cuzens as struggling to care for them and being absent after school until he finished work. They were also concerned with his anger and frustration at struggling to look after them all. They saw Ms Glendinning as highly emotionally available to them. Mr Cohen said that he was not in a position to make recommendations as to where the children should live or with whom they should spend time.⁸⁹
103. Martin J made interim orders for the children to spend time with both Ms Glendinning and Mr Cuzens and with Mr Cuzens' parents.
104. In the fourth school term of 2010 Grace was in Year 7 at what I infer was a primary school in Dongara. She was also in an extension program for gifted children, so she

⁸⁷ Exhibit 1, Volume 4, Tab 12.4

⁸⁸ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

⁸⁹ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

would go to Geraldton one day a week to attend the program.⁹⁰

105. At some stage Ms Glendinning removed Grace from school and schooled her at home due to bullying issues. As a result, Grace was no longer able to attend the program in Geraldton.⁹¹
106. In early January 2011 Mr Cuzens applied for an order from the Family Court in relation to Grace's schooling.⁹² The application was determined by Martin J on 20 January 2011, who ordered that Grace continue residing in Perth with her grandparents and attend a high school selected by Mr Cuzens and his mother.⁹³
107. On 1 February 2011 Ms Glendinning attended a medical centre in Geraldton and saw a mental health nurse, John Hopkins, with a view to obtaining a letter to support her claim as a fit person to look after the children. Mr Hopkins had considerable experience with psychiatric and schizophrenic patients. He found Ms Glendinning to be very tense, agitated, anxious and distressed, but cognitively sound.⁹⁴
108. Mr Hopkins administered Ms Glendinning a risk management tool, the K10, which indicated that she was normal, so it did not reflect the distress that he was seeing. He did not have enough time to assess her further because, when she learned that he would not be able to provide her with the letter she sought, she left. He made another appointment for her, but she did not return.⁹⁵
109. In oral evidence Mr Hopkins said that Ms Glendinning did not give him any impression that she might harm herself or the children.⁹⁶

⁹⁰ Exhibit 1, Volume 3, Tab 24

⁹¹ Exhibit 1, Volume 3, Tab 24

⁹² Exhibit 1, Volume 2, Tab 31.4

⁹³ Cuzens v Glendinning [2011] FCWA 11 delivered 20/1/2011 per Martin J (Not Reportable)

⁹⁴ ts 77, 1/2/16 per Hopkins, J D P

⁹⁵ ts 73, 1/2/16 per Hopkins, J D P

⁹⁶ ts 74, 1/2/16 per Hopkins, J D P

110. On 20 May 2011 Mr Cohen provided the Family Court with his report as a single expert witness. He had been delayed in producing the report due to a serious illness. Mr Cohen recommended that Grace be allowed to live with the paternal grandparents and that Jane and Jessica live with Ms Glendinning in Dongara. He recommended that the children spend school term holidays and Christmas holidays with Mr Cuzens.⁹⁷
111. In oral evidence, Mr Cohen said that he was certainly capable of recognising the symptoms and signs of schizophrenia and psychosis from the training he undertook at Graylands Hospital in the early 1990's.⁹⁸ He was aware of Mr Cuzens' allegations that Ms Glendinning took drugs and displayed erratic and unreasonable behaviour requiring psychological examination. He saw no indication that she was drug affected or illogical or had any disturbance in form or fact of thinking.⁹⁹ He did not see anything that made him think that she would be a danger to herself or the children.¹⁰⁰
112. Importantly, however, Mr Cohen had not been made aware of the extent of Ms Glendinning's use of cannabis or her allegations to police about the children being the targets of paedophile rings involving judges and politicians. Had he known about those issues, it would have been a matter of concern to him about her psychiatric stability.¹⁰¹ He was also unaware that Ms Glendinning was living with Mr Renwick during that time.¹⁰²
113. The information available to Mr Cohen was, as I understand it, provided to him by the independent children's lawyer, Ms Young.¹⁰³ She had not been made aware of Ms Glendinning's calls to the Department and to

⁹⁷ Exhibit 1, Volume 1, Tab 29.3

⁹⁸ ts 49, 1/2/16 per Cohen, S

⁹⁹ ts 52, 1/2/16 per Cohen, S; Exhibit 1, Volume 1, Tab 29.3

¹⁰⁰ ts 60, 1/2/16 per Cohen, S

¹⁰¹ ts 63, 1/2/16 per Cohen, S

¹⁰² ts 68, 1/2/16 per Cohen, S

¹⁰³ Exhibit 1, Volume 2, Tab 26

police in Dongara, or of Ms Phease's letter to the Dongara Medical Centre.

MS KNAUSENBERGER

114. In early July 2011, Ms Glendinning called the Midwest GP Network and obtained an appointment with Ms Knausenberger, psychologist, on 4 July 2011. Ms Knausenberger conducted sessions in Dongara once a week, so Ms Glendinning saw her there.¹⁰⁴ She saw her again on 1 August 2011 and 26 September 2011. Ms Glendinning told her that she wanted counselling support and confirmation that she did not have a personality disorder, as was suggested by her former partner.¹⁰⁵
115. Ms Knausenberger agreed to keep her note-making to a minimum because of Ms Glendinning's fear that the information she disclosed would be used against her in her court case.¹⁰⁶
116. Ms Glendinning presented to Ms Knausenberger with anxiety and fear for her life, stress and depression, but she was well-spoken, intelligent and coherent. She said that she had suffered prolonged domestic violence from her former partner and had taken part in a domestic violence program called 'Columbus' for two years, that she had not used cannabis since she split from him, that her daughter had been sexually abused while with the paternal grandfather, and that a prominent politician was interested in her staying quiet about that abuse.¹⁰⁷
117. Ms Knausenberger thought that Ms Glendinning's story was unusual, so she tried to verify some of the facts she was told. She researched the Columbus program and found that the names Ms Glendinning mentioned in connection with it were correct.¹⁰⁸

¹⁰⁴ Exhibit 1, Volume 4, Tab 4.1

¹⁰⁵ ts 26-27, 2/2/16 per Knausenberger, M

¹⁰⁶ Exhibit 1, Volume 4, Tab 4.1

¹⁰⁷ Exhibit 1, Volume 4, Tab 4.1

¹⁰⁸ ts 39, 2/2/16 per Knausenberger, M

118. On 1 September 2011 Ms Glendinning called Ms Knausenberger to cancel her appointment for that date. She told Ms Knausenberger that she was concerned that, if she did not maintain her anxiety, she might lose some of her alertness, which she needed to prepare for her court case. She told Ms Knausenberger about feeling extreme loneliness and at times hopelessness, but that her love and care for the children kept her going. She said that she wanted to keep her children safe and to make sure that they would be able to pursue a good life.¹⁰⁹
119. Ms Knausenberger saw Ms Glendinning for the last time on 26 September 2011. She did not expect that it would be the last session.¹¹⁰
120. Ms Knausenberger did not consider that Ms Glendinning had a personality disorder and she did not at any point consider that Ms Glendinning had suicidal ideation or tendencies to harm herself or others.¹¹¹ She considered that Ms Glendinning was suffering from the long-term effects of high stress and repeated trauma, leading to post-traumatic stress disorder, anxiety and co-morbid depression. She felt that Ms Glendinning had a sense of helplessness concerning her situation in the face of limited support and that she had a keen interest in her daughters' safety and wellbeing, in particular by sheltering them from their father and grandfather.¹¹²
121. Ms Knausenberger was unaware of Mr Cohen's report or Mr Menagé's report, or that the children had been living with Mr Cuzens for two years following a court order, or that there had not been domestic violence on the scale she alleged. She relied solely on Ms Glendinning's presentation.¹¹³ She did not think that she had any

¹⁰⁹ Exhibit 1, Volume 4, Tab 4.1

¹¹⁰ Exhibit 1, Volume 4, Tab 4.1

¹¹¹ Exhibit 1, Volume 4, Tab 4.1

¹¹² Exhibit 1, Volume 4, Tab 4.1

¹¹³ ts 41, 2/2/16 per Knausenberger, M

reason to doubt the facts given to her by Ms Glendinning.¹¹⁴

122. Ms Knausenberger said that, had she been aware that the facts she had relied upon had been discredited, she would probably have been inclined to consider that Ms Glendinning had a personality disorder and would have consulted another psychologist to reassess her with a view to deciding what to do next, including a possible psychiatric assessment.¹¹⁵

MS YOUNG

123. Around early November 2011 Mr Renwick noticed that Ms Glendinning had become ‘really consumed’ by the court process against Mr Cuzens. She had been crying and sleeping poorly. She was making accusations, including that Mr Renwick was spying for Mr Cuzens because he did not believe what he saw as her ‘ranting and raving’.¹¹⁶ He noticed her bible around the house more often.¹¹⁷
124. On 18 November 2011 Grace went to Dongara by bus to stay with Ms Glendinning and her sisters for a couple of days during a lobster festival. In the morning of 22 November 2011 she sent a text message to Mr Cuzens to ask him to call Ms Glendinning about the holidays. There is no evidence to indicate whether he called Ms Glendinning that day.¹¹⁸
125. That night Mr Cuzens received another text message from Grace asking him to call her. He called and spoke to Ms Glendinning, who seemed to him to be delusional. She told him that he had won, that she was sick of the death threats, and that he needed to book three tickets for the children to go back to Perth.¹¹⁹

¹¹⁴ ts 45, 2/2/16 per Knausenberger, M

¹¹⁵ ts 44, 2/2/16 per Knausenberger, M

¹¹⁶ Exhibit 1, Volume 2, Tab 23.2

¹¹⁷ Exhibit 1, Volume 2, Tab 23.4

¹¹⁸ Exhibit 1, Volume 2, Tab 31.4

¹¹⁹ Exhibit 1, Volume 2, Tab 31.4

126. Mr Cuzens called Ms Young and told her about his conversation with Ms Glendinning. He told her that Grace was supposed to return to go to school and that he was concerned about the welfare and safety of all the children.¹²⁰
127. The next morning Ms Young called Grace's mobile and spoke to Grace and then Ms Glendinning. Ms Glendinning said that she had not returned Grace to school because she wanted more time with her. Ms Young said that if Ms Glendinning did not send her back to Perth on Friday 25 November, she would seek a recovery order from the Family Court. Ms Glendinning agreed to send Grace back the next morning.¹²¹
128. Ms Young told Ms Glendinning that she had heard that Ms Glendinning intended to put Jane and Jessica on the bus to Perth and asked if she was struggling to cope. Ms Glendinning denied that and said that Jane and Jessica were fine, and she was not sending them to Perth.¹²²
129. Ms Glendinning then began to raise concerns with Ms Young about her case in the Supreme Court, saying that the judges were in a paedophile ring. She said that her allegations of the sexual abuse of Jessica were never properly investigated. She spoke for about 45 minutes, during which time she was making no rational sense.¹²³
130. Ms Young became concerned that Ms Glendinning was not at all well and that the welfare of the children was at risk. On 24 November 2011 Ms Young wrote to the Family Court to seek a re-listing of the matter because of a need for an urgent review of the children's circumstances.¹²⁴ Her intention was to obtain an order that a single expert witness assess the children¹²⁵ and

¹²⁰ Exhibit 1, Volume 2, Tab 26

¹²¹ Exhibit 1, Volume 2, Tab 26; ts 11, 4/2/16 per Young, L A

¹²² Exhibit 1, Volume 2, Tab 26

¹²³ ts 12, 4/2/16 per Young, L A

¹²⁴ Exhibit 9

¹²⁵ Exhibit 9

that Ms Glendinning be psychiatrically assessed. If that assessment process were to be done as quickly as possible, it would take three to four weeks.¹²⁶

131. On 29 November 2011, Ms Bates from the Family Court left a message with Ms Young's secretary to the effect that the Court needed further particulars of the need to re-list, and that there was limited availability of the Court's time.¹²⁷ Ms Young called her back the next day and left a message stating that the re-listing could wait until January since the children were scheduled to stay with Mr Cuzens for most of the coming school holidays.¹²⁸
132. Ms Young called Mr Cuzens to inform him of the delay with the re-listing. She told him that she now believed his allegations about Ms Glendinning's mental state and that it was important to remove the children from her. She suggested that he call the Department in Geraldton, but he was unwilling to do so because officers there had ignored him or criticised him in the past, and because of his then belief that there was a court order in place prohibiting him from doing so.¹²⁹
133. Mr Cuzens suggested to Ms Young that she call the Department, but she was also unwilling to do so because she had spoken to the Departmental officers in Geraldton previously about this case and had no confidence that they would do anything to make a difference.¹³⁰
134. During the events of late November 2011, Ms Young did not consider that Ms Glendinning was at any real risk of self-harm or that she would be a physical danger to the children. She was concerned about emotional and psychological impacts, but it never entered her mind that they could have been harmed by Ms Glendinning.¹³¹

¹²⁶ ts 12, 4/2/16 per Young, L A

¹²⁷ Exhibit 9

¹²⁸ Exhibit 1, Volume 2, Tab 26

¹²⁹ ts 25-26, 1/2/16 per Cuzens, H S F

¹³⁰ ts 36-38, 4/2/16 per Young, L A

¹³¹ ts 19, 4/2/16 per Young, L A

135. As noted above, at no time had Ms Young been aware of Ms Glendinning's contacts with MHERL, the Dongara police or the Midwest Mental Health Service in 2010.¹³² She had been told by Mr Cuzens that Ms Glendinning abused cannabis and had mental health issues, but she had no independent evidence to support those allegations. In oral evidence Ms Young said that, had she been aware of that further information, she would have subpoenaed it. That would have changed what happened next in the Family Court case because it pointed to a serious mental health issue, so she would have tried to arrange for a psychiatric assessment of Ms Glendinning.¹³³
136. Ms Young said that the fact that she could not obtain information which she did not know existed was a difficulty that was exacerbated by the fact that Ms Glendinning and Mr Cuzens lived in regional areas, so it was not easy to know what was happening. She said in Perth she had wide networks, but that was not the case in regional areas.¹³⁴
137. Ms Young said that, in hindsight, she should have pushed for a hearing of the re-listing application and perhaps have contacted Ms Glendinning's mother to check on her.¹³⁵ She also said that she should have called an officer of the Department in Geraldton given that she had spoken to Ms Glendinning herself and would be able to tell them about the conversation.¹³⁶ However, she did not believe that they would do anything.¹³⁷ This was particularly so because of her view that officers in the Department would commonly understand that, once a matter was before the Family Court, the Department became superfluous.¹³⁸

EVENTS LEADING UP TO THE DEATHS

¹³² ts 25, 4/2/16 per Young, L A

¹³³ ts 26, 4/2/16 per Young, L A

¹³⁴ ts 15, 4/2/16 per Young, L A

¹³⁵ ts 13, 4/2/16 per Young, L A

¹³⁶ ts 35-36, 4/2/16 per Young, L A

¹³⁷ ts 36, 4/2/16 per Young, L A

¹³⁸ ts 37-38, 4/2/16 per Young, L A

138. Around the last week of November 2011 Mr Renwick noticed that Ms Glendinning had not been sleeping and had been up all night at her computer in relation to her court battles. She told him that Grace had been molested by the paedophile ring and that she wanted to get her blood tested for sexually transmitted diseases but could not get it done because Mr Cuzens' family had powerful connections.¹³⁹ Ms Glendinning also told a good friend of hers that she needed to self-medicate with cannabis to get through the day.¹⁴⁰
139. On the morning of Friday 2 December 2011 Mr Renwick went to Ms Glendinning's house and borrowed her car to go into town. When he returned at about 2.00 pm Ms Glendinning was upset and distressed. He stated that she was raving about the molestation and that 'they were coming to get her and the knives were out.' She then started carrying knives and putting knives around the house.¹⁴¹
140. At about 6.00 pm that evening, Ms Glendinning left the house with Jessica without telling Mr Renwick why she was going. Jane came home a short time later and told Mr Renwick that she had seen Ms Glendinning down the road and that Ms Glendinning was waving at her to turn around and go to the beach, which Jane thought was strange.¹⁴²
141. It is not clear due to conflicting evidence, but Ms Glendinning and Jessica may have returned home after about an hour driving around town.¹⁴³ Whether or not they did, Mr Renwick eventually went to sleep in Ms Glendinning's bed that night as was usual when he stayed over.¹⁴⁴
142. At about 7.30 pm that night Ms Glendinning went with Jessica to the home of an older male friend whom she had known for seven or eight years, George Edwin Boyle

¹³⁹ Exhibit 1, Volume 2, Tab 23.2

¹⁴⁰ Exhibit 1, Volume 2, Tab 27

¹⁴¹ Exhibit 1, Volume 2, Tab 23.2

¹⁴² Exhibit 1, Volume 2, Tab 23.2

¹⁴³ Exhibit 1, Volume 2, Tab 18

¹⁴⁴ Exhibit 1, Volume 2, Tab 23.2

(**Mr Boyle**). She would generally call in to visit him once a week and would speak to him by phone. Mr Boyle was also a friend of Mr Renwick's.¹⁴⁵

143. Ms Glendinning was in her pyjamas when she arrived at Mr Boyle's home, which Mr Boyle thought unusual. She told him that she wanted to go for a drive and a talk. He reluctantly agreed.¹⁴⁶

144. Ms Glendinning and Mr Boyle bought a six-pack of drinks at a drive-through bottle shop in Dongara and drove up to a spot near the Dongara Public Hospital in Port Denison and then to the Obelisk, a place that was not identified in evidence. They parked at the Obelisk and talked about general things and drank the six-pack while Jessica slept in the back seat under a rug which Ms Glendinning put over her. At one stage Ms Glendinning put her arms around Mr Boyle and told him that he was her mate.¹⁴⁷

145. At around midnight, Ms Glendinning dropped Mr Boyle at his friend's house. As he was about to get out of the car, she told him that she did not want him to go, and that she was afraid that she might 'get whacked', which he took to mean 'killed'.¹⁴⁸

146. Shortly after dropping off Mr Boyle at about midnight, Ms Glendinning returned to her home and woke Mr Renwick. She accused him of being a spy for Mr Cuzens and told him to leave. He told her that she was losing the plot. He packed his belongings and, as he left, told her and that he was sick of her issues and not to call him again.¹⁴⁹

147. On the afternoon of Sunday 4 December 2011, Jane and Jessica visited a playmate who lived nearby and was in Jessica's year at school. While they were visiting, they told their playmate that Ms Glendinning had been acting

¹⁴⁵ Exhibit 1, Volume 2, Tab 24

¹⁴⁶ Exhibit 1, Volume 2, Tab 24

¹⁴⁷ Exhibit 1, Volume 2, Tab 24

¹⁴⁸ Exhibit 1, Volume 2, Tab 24

¹⁴⁹ Exhibit 1, Volume 2, Tab 23.2

crazy and had been walking around with a bible, saying something like 'Don't give your soul to the devil.' It seems that Jane had also told their playmate's brother that Ms Glendinning was carrying around a bible, talking of demons and cleansing Jane's soul, saying words similar to 'if the demons took her, she would kill the demons.'¹⁵⁰

148. At about 2.30 am on Monday 5 December 2011, Ms Glendinning's neighbours heard loud noises for several minutes coming from the direction of her home. The noises included the sound of a woman moaning.¹⁵¹

149. At about 10.00 am that morning, Ms Glendinning's mother went to Ms Glendinning's house to say hello on the way to the shops. She went to the sliding back door as she usually did and found it locked, which was unusual if Ms Glendinning were at home. She noted that Ms Glendinning's car was in the driveway, so she thought that Ms Glendinning may have gone to bed after Jane and Jessica had gone to school. She knocked quietly on the door and left when she got no answer.¹⁵²

150. Ms Glendinning's mother returned to Ms Glendinning's house at about 7.00 pm that evening and again went to the back door. She looked through windows at the back of the house but did not see anything significant. She then looked through the laundry window and saw one of her grandchildren lying on the floor. She had noticed that the main bathroom window was unlocked, so she used her car key to rip open the flyscreen and entered the house through the window.¹⁵³

151. Ms Glendinning's mother went into the laundry and found that it was Jane lying on the floor, cold and covered in blood. She then found Jessica lying on her back in Ms Glendinning's bedroom, also with a lot of blood on the floor. The girls were near the door to the

¹⁵⁰ Exhibit 1, Volume 1, Tab 1

¹⁵¹ Exhibit 1, Volume 3, Tabs 21 and 22

¹⁵² Exhibit 1, Volume 2, Tab 11

¹⁵³ Exhibit 1, Volume 2, Tab 11

ensuite bathroom. She tried to open the door to the bathroom but it was locked. She then left the house and went straight home and called 000.¹⁵⁴

POLICE INVESTIGATION

152. At about 7.15 pm on 5 December 2011 two police officers from Dongara Police Station, Senior Constable Neil Duthie and First Class Constable Beaudene Jones arrived at the house. They were the first to attend. Senior Constable Duthie entered the house and confirmed that Jane and Jessica were dead. Both of the children had extensive injuries. Constable Jones contacted the Geraldton Police Station to advise of the situation and to request detectives, Major Crime Squad officers and additional uniformed officers.¹⁵⁵
153. A Detective Senior Sergeant from Geraldton Detectives contacted Senior Constable Duthie and instructed him to clear the house. Senior Constable Duthie did so and concluded that Ms Glendinning must be in the locked ensuite bathroom. He did not want to disturb the scene in the bathroom by forcing open the door, so he went outside and managed to open the ensuite bathroom window. He could see Ms Glendinning lying on the floor with wounds to her stomach and arms and at least one knife on the floor next to her. She appeared to be dead.¹⁵⁶
154. At 9.00 pm detectives from Geraldton, Detective Senior Sergeant Tony Longhorn and Detective Senior Constable Bruce McDonald (**Detective Senior Constable McDonald**), arrived at Ms Glendinning's house. They decided that it was necessary to enter the ensuite bathroom to check whether Ms Glendinning was alive.¹⁵⁷

¹⁵⁴ Exhibit 1, Volume 2, Tab 12

¹⁵⁵ Exhibit 1, Volume 2, Tab 12

¹⁵⁶ Exhibit 1, Volume 2, Tab 12

¹⁵⁷ Exhibit 1, Volume 2, Tab 14

155. Detective Senior Constable McDonald put on shoe covers, a chemical suit, a mask and gloves before entering the house. He carried a screwdriver and a crowbar to force open the bathroom door if necessary.¹⁵⁸
156. Detective Senior Constable McDonald entered through the back door and saw several weapons lying on the floor and blood on the carpet and walls. He tried to open the ensuite door, but it was locked. He forced it open with his tools but Ms Glendinning's left leg was lying in the way of the door, so he had to move it out of the way.
157. Once inside the ensuite bathroom, Detective Senior Constable McDonald was able to confirm that Ms Glendinning was dead. She was lying on her back with a medical stethoscope attached to her ears. There were several penetrating wounds to her abdomen and the letter M was incised on her left hand and left leg. Two knives and a pair of scissors were nearby. Detective Senior Constable McDonald left the house to be investigated by forensic crime scene officers.¹⁵⁹
158. An extensive crime scene investigation was conducted over the next week. The forensic team found the following significant evidence:
- a) material on the floor of the lounge room indicating that Ms Glendinning had been wounded in the chest before she went into the ensuite bathroom;
 - b) a round piece of metal from the stethoscope on the floor of the lounge room;
 - c) partly indecipherable writing consistent with biblical reference on the wall of the hallway outside the ensuite bathroom;
 - d) ten knives and other instruments consistent with the injuries sustained by all the deceased, with subsequent analysis of the instruments finding the

¹⁵⁸ Exhibit 1, Volume 2, Tab 14

¹⁵⁹ Exhibit 1, Volume 2, Tab 14

DNA of Ms Glendinning and Jane or Jessica or both girls;

- e) all entry/exit points secure with no sign of forced entry; and
- f) no evidence of an unidentified person having any involvement.

159. Senior Constable Carter told the inquest that the ensuite door could only be locked from the inside after it had been closed, that the ensuite window showed no trace evidence of another person going out of the window, and that the flyscreen of the window was still in place.¹⁶⁰

160. Senior Constable Carter also testified that the extensive injuries sustained by Jane and Jessica were unlikely if not impossible to have been self-inflicted.¹⁶¹ I am in possession of the forensic report, which supports her testimony.

161. On the night of 6 December 2011 Chief Forensic Pathologist Dr Clive Cook and Forensic Pathologist Dr Dan Moss arrived from Perth. That night, Dr Moss certified that the lives of Ms Glendinning, Jane and Jessica were extinct.¹⁶²

162. A thorough investigation by Major Crime Squad officers led by Detective Senior Sergeant McDonald resulted in the investigators' conclusion that the evidence established that there was a strong inference that Ms Glendinning killed Jane and Jessica and then killed herself while she was suffering what appears to have been a significant mental breakdown.¹⁶³

CAUSE OF DEATHS

¹⁶⁰ ts 6, 1/2/16 per Carter, L A

¹⁶¹ ts 7, 1/2/16 per Carter, L A

¹⁶² Exhibit 1, Volume 1, Tab 3

¹⁶³ Exhibit 1, Volume 1, Tab 1

163. Dr Moss conducted a post mortem examination of each of the deceased. Dr Moss recorded the nature and the extent of the injuries he found, but I do not consider it necessary or appropriate to recount his findings in detail.
164. In his examination of Ms Glendinning, Dr Moss found multiple sharp force injuries to the chest, abdomen, back and limbs, as well as moderate coronary atherosclerosis. Neuropathological analysis by Dr Fabian showed no abnormalities.¹⁶⁴ Toxicological analysis detected a low level of tetrahydrocannabinol, as well as therapeutic levels of doxylamine and paracetamol as may be found in cold medication. Dr Moss formed the opinion, which I adopt as my finding, that the cause of death was multiple sharp force injuries.¹⁶⁵
165. In relation to Jane, Dr Moss formed the opinion, which I adopt as my finding, that the cause of death was multiple injuries. Microscopic examination resulted in no evidence of significant pre-existing abnormality. Neuropathological examination and toxicological analysis showed nothing of clinical significance.¹⁶⁶
166. In relation to Jessica, Dr Moss formed the opinion, which I adopt as my finding, that the cause of death was multiple sharp force injuries. There was no evidence of significant natural disease or pre-existing abnormality.¹⁶⁷

HOW THE DEATHS OCCURRED

167. In his report, Dr Brett said that, from the information available to him, he believed that it was highly likely that Ms Glendinning was mentally unwell at the time of the incident. He said that it was likely that she was psychotic. The origin was unknown, but it was likely to have been related to severe stress, possible mood disorder and probable substance abuse. The psychosis

¹⁶⁴ Exhibit 1, Volume 1, Tab 7

¹⁶⁵ Exhibit 1, Volume 1, Tab 8

¹⁶⁶ Exhibit 1, Volume 1, Tabs 10 and 11

¹⁶⁷ Exhibit 1, Volume 1, Tabs 13 and 14

appeared to be episodic and between the episodes she was able to control herself. It seemed that at times of stress and with substance use she was susceptible to psychosis, which Dr Brett hypothesised was the case at the time of the incident.¹⁶⁸

168. Dr Brett thought that Ms Glendinning felt hopeless and helpless, that her life was not worth living and that it was not worth living for her children either, so she believed that the best option was to kill her children and then herself.¹⁶⁹
169. I am satisfied on the basis of all the foregoing that, while she was experiencing severe psychosis, Ms Glendinning used knives and other cutting instruments to kill Jane and Jessica and then to kill herself.
170. In relation to Ms Glendinning, I find that death occurred by way of suicide.
171. In relation to Jane and Jessica, I find that death in each case occurred by way of homicide.

COMMENTS ON AGENCY INVOLVEMENT

172. When something as horrifying as these deaths occurs, there is a strong temptation to view the preceding circumstances with the aid of hindsight in an effort to apportion blame or to criticise the shortcomings of relevant agencies.
173. However, as Dr Brett made clear in his report, deaths of this nature are rare, so are exceedingly difficult to predict.¹⁷⁰
174. It is also pertinent that three experienced mental health clinicians who assessed Ms Glendinning: Mr Cohen, Mr Hopkins and Ms Knausenberger, did not think that

¹⁶⁸ Exhibit 1, Volume 4, Tab 1.1

¹⁶⁹ ts 60, 2/2/16 per Brett, A

¹⁷⁰ Exhibit 1, Volume 4, Tab 1.1

she had a mental illness, and that no-one, apart from Mr Cuzens, who spoke to her considered that she was at risk of self-harm or harm to the children. It is apparent that she was able to put up a rational front when she felt she needed to do so.

175. In addition, Dr Brett said that a mental health assessment of Ms Glendinning would have been very difficult. Ms Glendinning was concerned that mental health issues would be used against her in the Family Court proceedings, so she was guarded and unwilling to engage with mental health professionals voluntarily. Between her episodes of psychosis, treating her involuntarily under the *Mental Health Act 1996* would have been very difficult.¹⁷¹ Unless she were to present as a risk to herself or others, police and other agencies had no power to force her to be assessed.¹⁷²
176. However, Dr Brett also said that these difficulties did not mean that the relevant risk factors of stress, and probable depression and psychosis in the context of cannabis use, could not be managed.¹⁷³
177. The primary difficulty in treating Ms Glendinning's depression and psychosis was her unwillingness to engage with mental health services.
178. Dr Brett said that there were two opportunities for Ms Glendinning to undergo a mental health assessment: in 2008 when Martin J requested a psychiatric assessment, and in March 2010 following Ms Glendinning's contact with police.
179. In relation to the opportunity in 2008, it appears from Ms Young's evidence that the funding for a psychiatric assessment would have to have been approved by Legal Aid WA's 'grants people'. It is possible that there was not enough evidence to persuade those people that a psychiatric assessment was necessary. Alternatively,

¹⁷¹ Exhibit 1, Volume 4, Tab 1.1

¹⁷² ts 160, 3/3/16 per Steele, A E; ts 61, 2/2/16 per Brett, A

¹⁷³ Exhibit 1, Volume 4, Tab 1.1

funding may not have been available because, at times of the year, especially in the second half of the financial year, Legal Aid's resources become very limited.¹⁷⁴

180. Ms Anteneucci, the team manager for the Family Court Counselling and Consultancy Services, confirmed that the Family Court does not have the funds or the authority to cover the costs of mental health assessments. Parties are asked or ordered to provide information regarding their current mental health treatment or to seek a referral from their GP for a mental health assessment. This is generally paid for by the parent being assessed though the parent making allegations of mental health concerns may be ordered to contribute to the costs of the assessment.¹⁷⁵

181. I also infer from Martin J's reference to practical reasons for the lack of a psychiatric report that the fact that Mr Cuzens and Ms Glendinning lived in regional areas was relevant,¹⁷⁶ as was the limited availability of psychiatrists willing to conduct assessments of litigants in the Family Court.¹⁷⁷

182. Notwithstanding those reasons, I find it extraordinary that, when a judge of the Family Court considered it necessary for parents in a custody dispute to be assessed psychiatrically in order to determine the suitability of the parents to care for the children, she was told that such an assessment could not be done.

183. Ms Anteneucci said that the Family Court does not have the coercive powers of the criminal courts¹⁷⁸ and, on my reading the *Family Court Act 1997* does not provide a judge with a power to order a psychiatric assessment of a parent. That is so despite the well-known principle embodied in s66 of that Act that a court making a parenting order in relation to a child, must regard the best interests of the child as the paramount consideration; and despite s66C requiring the judge to

¹⁷⁴ ts 28-29, 4/2/16 per Young, L A

¹⁷⁵ ts 53-54, 4/2/16 per Anteneucci, R

¹⁷⁶ See: ts 15, 4/2/16 per Young, L A

¹⁷⁷ ts 71, 2/2/16 per Brett, A

¹⁷⁸ ts 53, 4/2/16 per Anteneucci, R

take into account as the primary considerations: (a) the benefit to the child of having a meaningful relationship with both of the child's parents; and (b) the need to protect the child from physical or psychological harm from being subjected to, or exposed to, abuse, neglect or family violence; with greater weight to be given to (b).¹⁷⁹

184. While I can appreciate that custody proceedings in the Family Court are disputes between parties and do not, at least ostensibly, involve the participation of the State, the welfare of children as the paramount consideration of the decision-making process indicates the need for the Court to be apprised of all relevant information.
185. By comparison, a criminal court sentencing an offender under the *Sentencing Act 1995* may order a pre-sentence report if the court considers that it would be assisted by one in sentencing. Pre-sentence reports,¹⁸⁰ which must be prepared by suitably qualified people within 21 days,¹⁸¹ may contain reports about the mental condition of the offender.¹⁸²
186. Likewise, under s11 and s12 of the *Criminal Law (Mentally Impaired Accused) Act 1996*, a judicial officer may raise the question of whether an accused person is mentally fit to stand trial and may order a report by a psychiatrist or other appropriate expert.
187. I am reliably informed that psychiatric reports of offenders are ordered by criminal courts on a daily basis, especially for sentencing purposes.
188. On my request, Ms Ellson contacted the Principal Registrar of the Family Court, Magistrate David Monaghan, to clarify the situation with respect to the desirability of a power to order psychiatric reports.
189. Magistrate Monaghan confirmed that, when exercising its jurisdiction in relation to parenting orders, the Family

¹⁷⁹ S66C(3A) *Family Court Act 1997*

¹⁸⁰ s20(1) *Sentencing Act 1995*

¹⁸¹ s22(1)(a) *Sentencing Act 1995*

¹⁸² s21(3) *Sentencing Act 1995*

Court does not have the power to make a ‘stand alone’ order that a party attend a psychiatrist. He noted that psychiatrists can be appointed as single expert witnesses in appropriate cases to prepare reports regarding parties and their children, and that such appointments are almost always funded by Legal Aid WA. He said that there is a dearth of psychiatrists available to do that kind of work.

190. Magistrate Monaghan considered that the Family Court would welcome the sort of resources available in the criminal jurisdiction, particularly with respect to public funding and timeframes.
191. In relation to Ms Glendinning’s contact with police in 2010, Dr Brett considered that Ms Glendinning was at least a risk to her reputation, so there were probably grounds to be assertive in an assessment, by which I take to mean an involuntary assessment if necessary.¹⁸³ In his view, it would be extremely useful if police had attended her with a mental health nurse as is now possible in the Perth metro area in similar circumstances.¹⁸⁴
192. While I accept the merits of Dr Brett’s view, the practical realities in the Mid-west make the availability of mental health nurses to accompany police officers very limited. Ms Steele told the inquest that mental health services in that region are quite stretched and that in 2010 and 2011 the situation was possibly worse.¹⁸⁵ Dr Brett also said that police access to the services of a mental health nurse was unavailable then and is unlikely to occur in the short term.¹⁸⁶
193. While it is fair to say that the Central West Mental Health Service missed an opportunity to attempt to follow up Ms Glendinning after Ms Phease had spoken to her by phone, the evidence demonstrates that Ms Glendinning was not going to present willingly for a psychiatric

¹⁸³ ts 61, 2/2/16 per Brett, A

¹⁸⁴ ts 63, 2/2/16 per Brett, A

¹⁸⁵ ts 161, 3/2/16 per Steele, A E

¹⁸⁶ ts 80, 2/2/16 per Brett, A

assessment. An example is the evidence relating to Ms Glendinning's presentation to Mr Hopkins almost a year later.

194. It may also be open to argue that, when Ms Glendinning contacted the Department in March 2010, steps should have been taken to attempt to intervene in some way. However, at that time the children were in Broome with Mr Cuzens. The record of her interaction with departmental officers shows that the officers considered whether she was providing information of substantial risk to the children and determined that she did not.¹⁸⁷ While Ms Glendinning appeared to be displaying signs of paranoia and anxiety, there did not appear to be any basis to take the matter further.
195. The other two potential opportunities to intervene in Ms Glendinning's mental care were through her interviews with Mr Cohen and Ms Knausenberger, but neither of them saw any sign of schizophrenia or psychiatric illness and they had not been provided with all the relevant information.¹⁸⁸
196. In the foregoing circumstances, having regard in particular to Ms Glendinning's unwillingness to engage with relevant agencies,¹⁸⁹ her ability to pull herself together and come across as plausible,¹⁹⁰ and the lack of effective information sharing between those agencies,¹⁹¹ it is difficult to see how the agencies should have acted differently at the material times.
197. Moreover, Dr Brett's view, which I accept, was that even if Ms Glendinning had undergone a face to face assessment in March 2010, it would have been unlikely that a clinician would have diagnosed her with a psychiatric disorder, without being aware of the previous history of psychotic episodes in the context of cannabis use, the

¹⁸⁷ Exhibit 1, Volume 4, Tab 12.2

¹⁸⁸ Exhibit 1, Volume 1, Tab 29.3; Exhibit 1, Volume 4, Tab 4.1; ts 32, 2/2/16 per Knausenberger, M

¹⁸⁹ ts 63, 2/2/16 per Brett, A

¹⁹⁰ ts 77, 2/2/16 per Brett, A

¹⁹¹ ts 25, 4/2/16 per Young, L A

extreme stress of the Family Court and the allegations of sexual abuse.

COMMENTS ON MS YOUNG'S INVOLVEMENT

198. Ms Young candidly declared that, after speaking to Ms Glendinning and realising that she had mental health issues, there were steps which in hindsight she should have taken, including pushing for an urgent application for a psychiatric review. However, in my view she acted reasonably given the information available to her at the time.
199. Ms Young did not know and could not have known of Ms Glendinning's earlier involvement of the Dongara police, MHERL, the Midwest Mental Health Service or the Department. Had she known, she would have been aware of Ms Glendinning's serious mental health issues and would have been in a position to seek an urgent psychiatric review. It must also be recalled that Ms Young at no time considered that Ms Glendinning was a risk to herself or her children.
200. Even if Ms Young had been able to make an urgent application, the expected delay in obtaining a psychiatric report of three to four weeks meant that, all things being equal, the results of the application would ultimately have had made no difference.
201. One issue that was not canvassed in evidence was the potential for an order that the children reside with Mr Cuzens or his family pending the provision of a psychiatric report. It may be that, had Ms Young been aware of Ms Glendinning's involvement with the agencies in 2010, she would have had evidence to support an application for such an order. I am not able to comment on the prospects of success of an application of that nature.
202. Another step which Ms Young did not take was to attempt to involve the Department's Geraldton office.

As noted, she did not consider that officers there would do anything useful. Her views about that office echoed complaints by Mr Cuzens, but the Department had no real opportunity to address those views, so I am not reasonably able to make any comment.

203. That said, the fact that a senior lawyer acting in the interests of children considered that it was a waste of time to call one of the Department's offices in relation to concerns about the safety of children is a damning reflection of the state of that office at that time. I can only suggest that, if there was ever a reasonable basis for such a perception, the Department should take steps to ensure that it no longer exists.

RECOMMENDATIONS

204. Under s25(2) of the *Coroners Act 1996* a coroner may comment on any matter connected with the death, including matters of public health or safety. In my view, that power includes the power to make recommendations intended to reduce the likelihood of deaths occurring again in similar circumstances.¹⁹² The words 'connected with the death' limit the scope of the power, though the extent of the limitation is debatable.

205. As noted earlier I must also be careful not to give in to the temptation to over-react to the terrible circumstances of the deaths by making recommendations which, when considered objectively, are unwarranted.

206. With those two restraints in mind, the areas of possible recommendations suggested by counsel and by Dr Brett can be loosely grouped into the following:

- a) the sharing of information obtained by the Department and other agencies with the Family Court and independent children's lawyers;

¹⁹² Cf. s27(3) *Coroners Act 1996*

- b) the publication by the Family Court of information addressing the effect which a litigant's mental illness may have in a child custody dispute;
- c) the creation of a panel of psychiatrists available as single expert witnesses across the State;
- d) the provision of stress management programs to litigants in the Family Court;
- e) the provision of counselling to children the subject of Family Court custody disputes; and
- f) the provision of holistic mental health services in regional areas.

SHARING INFORMATION

207. One of the themes running through the evidence is the concern that different entities had different information about Ms Glendinning's mental health issues but that there was no one entity that had all of it.¹⁹³ That situation was partly a function of Ms Glendinning's caution in approaching clinicians. For example, she went to Ms Knausenberger without a referral from a GP, so Ms Knausenberger could not report back to anyone.

208. Of crucial importance in my view was the fact that the Family Court, including Ms Young, was not made aware of Ms Glendinning's contact with the Department.¹⁹⁴

209. In 2008 the Family Court, the Department and Legal Aid WA entered into a memorandum of understanding (**the MOU**) to facilitate the exchange of information, especially between the Family Court and the Department.¹⁹⁵ In general terms, the MOU provided that the Department would have to be approached to provide relevant documents; there was no provision for the Department

¹⁹³ ts 64, 2/2/16 per Brett, A

¹⁹⁴ ts 140, 3/2/16 per Barnett, C

¹⁹⁵ Exhibit 1, Volume 4, Tab 12.9

proactively to provide information that might affect the interests of children in the Family Court.

210. In 2009 the Department created a position at the Family Court for one of its officers to act as a liaison between the two entities (**the liaison officer**). However, the Department did not consider it logistically practical for it to provide its information on every matter that went to the Family Court, so one of the liaison officer's roles was to ensure that an application for documents contained specific information that the Department held documents relevant to the particular case.¹⁹⁶ No proactive provision of documents was done by the liaison officer.
211. Ms Barnett was asked at length about the possibility of implementing a procedure whereby the Department would, through the liaison officer, contact the Family Court or the independent children's lawyer when it obtained information relevant to the interests of children the subject of court proceedings. She was cautious about such a procedure and suggested that guidelines would be required to ensure that all parties are safeguarded but that all the valid information is provided.¹⁹⁷
212. Ms Young was asked about that proposed procedure and responded that it would be very useful and helpful.¹⁹⁸
213. Ms Anteneucci was also asked about the proposed procedure. She said that she 'would absolutely support it'.¹⁹⁹
214. According to Ms Barnett, there have not been any restrictions on the sharing of information between the Department and the Family Court since 2007.²⁰⁰
215. In these circumstances, I make the following recommendation:

¹⁹⁶ ts 141, 3/2/16 per Barnett, C

¹⁹⁷ ts 151, 3/2/16 per Barnett, C

¹⁹⁸ ts 27, 4/2/16 per Young, L A

¹⁹⁹ ts 56, 4/2/16 per Anteneucci, R

²⁰⁰ ts 129, 3/2/16 per Barnett, C; Exhibit 12

Recommendation 1

That the Department of Child Protection and Family Services and the Family Court of Western Australia, including independent children's lawyers, develop and implement a procedure to share proactively, where appropriate, information relevant to the health and safety of children the subject of custody disputes.

PUBLISHING THE FAMILY COURT'S ATTITUDE TO MENTAL ILLNESS

216. It is relatively clear that one of Ms Glendinning's main reasons for not engaging with mental health professionals was her belief that any engagement would be used against her in the custody dispute over the children. Dr Brett considered that fact to be pivotal.²⁰¹
217. Ms Anteneucci said that of all the matters at the Family Court that attend before a family consultant for a case assessment conference, that being about two-thirds of all matters before the court regarding children's issues, approximately 55 per cent of those matters have mental health issues as a risk factor. She said that, generally, the parents are concerned that any information about them will be held against them in the proceedings.²⁰²
218. Dr Brett proposed that the Family Court publish a position statement to litigants in custody disputes so that they could disclose their mental health issues and demonstrate how the issues are being managed without fear that their disclosures would be used against them in the proceedings.
219. Ms Anteneucci read out a prepared statement elucidating the Family Court's view on this issue. In essence, the Chief Judge indicated that judicial officers are independent and cannot be subject to position statements. Each must determine matters on the basis

²⁰¹ ts 70, 2/2/16 per Brett, A

²⁰² ts 51, 4/2/16 per Anteneucci, R

of evidence presented by the parties and the independent children's lawyer if appointed.²⁰³

220. Ms Anteneucci said that the fact that someone was being treated would not be held against them per se, but it would be considered by the judicial officer as part of the decision-making. Ms Anteneucci said that, as a counsellor, she saw value in making this clear to parties of Family Court proceedings and that the Court's website was a possible source of that information.²⁰⁴

221. Ms Young said, similarly, that a person's mental health problems are not as important as how those problems impact on the children.²⁰⁵ She was concerned about the Family Court issuing a position statement if it locked that Court into something, because each case was different. However, she saw value in having a document available to provide information to parties encouraging them to seek help with mental health issues.²⁰⁶

222. At a time when the extent of the wide spectrum mental illness in the community is progressively being recognised and managed, it seems to me to be appropriate and timely for the Family Court to provide information to parties about the way in which mental health issues may impact on their cases. I make the following recommendation. I appreciate that the issue of specifically what information might be provided may require a great deal of consideration.

Recommendation 2

That the Family Court of Western Australia provide litigants in custody disputes with information indicating how mental illness may be considered by the Court.

PANEL OF PSYCHIATRISTS

²⁰³ ts 50, 4/2/16 per Anteneucci, R

²⁰⁴ ts 51-52, 4/2/16 per Anteneucci, R

²⁰⁵ ts 21, 4/2/16 per Young, L A

²⁰⁶ ts 22, 4/2/16 per Young, L A

223. This suggested recommendation is related to the issue of the Family Court's power to order psychiatric reports because it would be a futile power if there were no psychiatrists available and willing to provide such reports. It may be that the power would not be necessary if there were a sufficient number of psychiatrists willing and able to provide the reports within a reasonable time.
224. For reasons expressed above, I have reached the view that, in some circumstances, the Family Court should be able to obtain psychiatric reports with a minimum of delay. How, and in what circumstances, that might be effected would need to be determined through consultation between the Family Court and relevant stakeholders. I make the following recommendation:

Recommendation 3

That steps be taken by Government to ensure so far as practicable that judges of the Family Court are able to obtain psychiatric reports when required to determine the best interests of children the subject of custody disputes.

225. The evidence makes clear that parties to Family Court proceeding can be subjected to intense, ongoing stress. It is also clear that such stress, along with cannabis use, was a contributing, if not precipitating, factor of Ms Glendinning's psychosis.²⁰⁷
226. Ms Anteneucci said that the Family Court informs parties about the support or treatment options that are available to them. She saw value in the Family Court's counselling service being able to refer parties to stress management programs as a matter of course, if the programs were available on a consistent basis. 'The more help people can get, the better', she said.²⁰⁸

²⁰⁷ ts 66-68, 2/2/16 per Brett, A

²⁰⁸ ts 52, 4/2/16 per Anteneucci, R

227. However, there is no clear indication to me that the options currently available to parties are inadequate or, more pertinently, that Ms Glendinning did not have adequate options available to her. In these circumstances I do not consider that a recommendation as suggested would be appropriate.

COUNSELLING OF CHILDREN

228. Grace provided the inquest with an eloquent, candid and disturbing letter in which she described her experience growing up under the shadow of her parents' dispute in the Family Court and how that experience affected her.²⁰⁹

229. Grace said that, for many reasons which she described, her overall experience was one of immense negativity, distress and trauma. She said that she had no-one whose role it was to support her or her sisters consistently and objectively without any form of bias. She said that what she feels she needed was a person appointed by the Court from the beginning to act as counsellor to each of them: a person who had not met their parents and who would be available for regular contact to allow for the establishment of trust, and who reported solely to the Court. As part of that role, the counsellor might have been able to explain what was happening in the Court process, so the children would be provided with an accurate understanding of why they did not see their father, that he loved them and that he wanted to see them.²¹⁰

230. There appeared to be unanimous support for an independent counselling service for children the subject of custody proceedings, but there was doubt about the availability of funding. For example, his Honour Thackray CJ stated:

I truly wish it were possible for all children to be able to access expert help to deal with the

²⁰⁹ Exhibit 8

²¹⁰ Exhibit 8

devastating effects of family breakdown and abuse. Again however, the cost would probably be more than Government would be prepared to fund.²¹¹

231. Ms Young said, 'It sounds like a wonderful thing but I cannot ever imagine that it could be resourced'.²¹² Ms Anteneucci also thought that it was a great idea but that it was not viable at the time due to resource constraints.²¹³

232. His Honour Thackray CJ and Ms Anteneucci each made the point that any such counselling would be most appropriate if it were external to court proceedings.²¹⁴

233. His Honour made a further important point that emerged from his reading of Grace's letter: the Family Court should no longer rely on parents to tell their children about the outcome of the court proceeding. There should be an independent service which can explain to the children exactly what the court has ordered and the reasons why it made the orders. His Honour said that it would be expensive, but if the Government was prepared to provide the funds, the Court would provide its full support.²¹⁵

234. In my view, the potential benefits of providing appropriate independent counselling to children the subject of custody disputes in the Family Court, including the provision of independent information about orders made by the Court, is indisputable. I would encourage Government to work towards the provision of such counselling. I do not consider that a formal recommendation is open to me.

²¹¹ Western Australian Newspapers Ltd and Channel 7 Perth Pty Ltd v Harley Stewart Franklyn Cuzens [2016] FCWA 6 at [43]

²¹² ts 24, 4/2/16 per Young, L A

²¹³ ts 50, 4/2/16 per Anteneucci, R

²¹⁴ Western Australian Newspapers Ltd and Channel 7 Perth Pty Ltd v Harley Stewart Franklyn Cuzens [2016] FCWA 6 at [43]; ts 50, 4/2/16 per Anteneucci, R

²¹⁵ Western Australian Newspapers Ltd and Channel 7 Perth Pty Ltd v Harley Stewart Franklyn Cuzens [2016] FCWA 6 at [44]

HOLISTIC MENTAL HEALTH SERVICES IN REGIONAL AREAS

235. Dr Brett said that a person's mental health would be best addressed by a 'one-stop shop' model whereby the person could go to a single point of triage for all mental health services, from where the person could be referred to the appropriate agency. As well as providing a more holistic service, there would be a more transparent sharing of information.²¹⁶
236. Ms Steele said that the one-stop shop model is not realistically achievable in the current environment, which involves a range of services funded through the Federal and the State governments. She said that it is well outside the scope of a regional mental health service to offer a primary mental health intervention.²¹⁷
237. Ms Steele also described a mental health service environment in the Midwest in which there was not a full range of even public mental health services such as inpatient services. She said that the situation in 2010 and 2011 was possibly even worse.²¹⁸
238. In these circumstances, I do not consider that I am able to comment on this suggested recommendation except to say that, as funding for mental health services in regional areas becomes available, a single-point triage model should be considered.

CANNABIS ABUSE

239. As noted above, Ms Glendinning's use of cannabis appeared to have contributed to the onset of her psychosis. This is hardly the first time that this phenomenon has been seen by this court.²¹⁹ The connection between cannabis use and symptoms of

²¹⁶ ts 72, 2/2/16 per Brett, A

²¹⁷ ts 160, 3/2/16 per Steele, A E

²¹⁸ ts 160, 3/2/16 per Steele, A E

²¹⁹ See for example: Inquest into the death of Frances May Cooper, delivered 30 November 2015

mental illness in susceptible individuals is well-known to mental health professionals, yet I am aware that cannabis use in the community is widespread and appears to be growing.

240. The issue of whether public health authorities have engaged in a public awareness campaign in relation to the link between cannabis use and mental illness was not the subject of evidence at the inquest, so I am not in a position to comment on whether more might be done. However, if they are not already doing so, I encourage those authorities to bring to the community's attention that cannabis use can have dire psychological consequences.

CONCLUSION

241. Ms Glendinning had a history of severe mental illness with chronic paranoid delusions. That condition was exacerbated by cannabis abuse, lack of sleep and prolonged stress associated with fruitless legal proceedings. Though at times she sought help for her illness, she was reluctant to engage with clinicians due to a concern that it would be used against her in a bitter and protracted custody battle for her children.

242. In the days leading up to the deaths, Ms Glendinning displayed increasingly paranoid, delusional behaviour; though at no time did she give any indication of an intention to harm herself or her daughters.

243. On 5 December 2011, Ms Glendinning took the lives of Jane and Jessica and then ended her own life. There is no doubt that she did so while her mind was severely disturbed.

244. Ms Glendinning's mental illness has had terrible, devastating effects on her life and the lives of her children, Mr Cuzens and the Cuzens and Glendinning families. The evidence adduced at the inquest exemplified how destructive mental illness can be, and

how much more needs to be done in an attempt to address it.

B P King
Coroner
21 July 2016