INQUIRY INTO THE OPPORTUNITIES TO IMPROVE MENTAL HEALTH OUTCOMES FOR QUEENSLANDERS

Submission by
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[redacted]

In this submission I focus primarily on poor counselling and social worker services in pregnancy and adoption practice, and the need for trauma-informed preventative care with mothers at risk of being predated upon by adoption operators and also the need for trauma-informed counselling, and coercive adoption- and malpractice-informed counselling for those impacted by past poor practices; I have also recommended that a legal framework be put in place to protect mothers and families from being exploited in counselling/medical situations, a request for protective measures, and a request for a Senate Inquiry into Physical, Psychological and Sexual Abuse and Neglect that has occurred in Adoption Placements.

Thank you for your consideration.

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As someone who had the exceptional misfortune to enter into and entrust their psychological well-being and emotional health to a social worker employed within the Royal Women's Hospital in the late 1980s, who claimed to be an expert and a capable counsellor, versed in all things pregnancy and adoption risk, and who then misused that trust and failed in her duty of care by promoting a false depiction of relinquishment, adoption and adoption trauma, who presented false information as fact, and denied fact as conjecture and lies, and self indulgence, who withheld information on the very real mental health considerations, impacts and risks, and who used coercion, coercive control and other manipulative techniques, within her counselling process, to which I was exposed and subjected, instead of offering up-to-date, current and correct information. Who had access to systematized coercive practices of the hospital, including misleading letters written supposedly by adopters, misleading written information, absence of correct information in written and verbal format, and, who being located within a hospital environment, activated and utilised the systematized practice of coercion upon me, such as removal of my newborn at birth, failure to hand my newborn to me at birth, refusal and obfuscation of my breastfeeding my newborn, being argumentative and ignoring my request and instruction, wheeling my baby away in denial of my instruction and right to hold my own born, insulting, bullying during a violent birth assault, physical placement in a trauma ward opposite a mother at risk of miscarrying, entrapment of my newborn within the nursery, the blocking of the nursery by the matron and hostile medical staff, the verbal belittlement by random nurses, and the collective coercion within the medical staff that I was subjected to in verbal comments, withholding of any supportive comments per keeping my son, the promotion of adoption, along with practices of breast binding, medical record coding indicating 8 had decide to relinquish - when I had not and had not signed any consent - hiding my son's needs, distress and medical issues from me, yelling

at me when i went to look at my son's medical records and telling me I had 'no right' and array of other assaults on my right as a mother to be informed of and care for my own born.

I would recommend that, in the interest of good mental health practice, the following points be considered and implemented:

Preventative measures to ensure and monitor good counselling :

1. All counselling be videoed with a time code, as evidence of what is said and what information is imparted from social worker/ mental health officer to client;
2. To video to document the method of imparting this information and to monitor if any inappropriate coercion or duress is used in imparting this information;
3. That this footage be accessible to the client. The client being the patient under the service of the counsellor.
4. That the counselling sessions are monitored and checked for correct information and appropriate and proper counselling behaviour and procedure;.
5. That a social worker/counsellor is reprimanded and held accountable for any poor, wrong, misleading, inaccurate, coercive or abusive practice she may engage in.
6. That a document of coherent written information identifying what information should be supplied verbally by the counsellor be provided to the client.
7. That the information presented be up-to-date and current, and be based in good mental health practice and research, that the information presented NOT be the opinion or bias of the mental health practitioner or a collective of within the medical facility;
8. That a third, independent and safe representative check in with the client to ensure correct and accurate information has been imparted to the client, in a non-coercive, non-derogatory or manipulative way, that is to say: has been imparted in a professional manner;
9. That continual monitoring of the social worker, her practice and the work environment by an independent overseeing body is provided to ensure no conflict of interest arises in the treatment of the client and the quality of information that is supplied to the patient is not compromised. That is, to assure that the counsellor is not working with bias or with an agenda or with a specific outcome in mind, for example that the social worker is not working towards procuring a newborn for adoption and modifying her service to push the mother towards this;
10. That the information and practice is adequate; current and in tune with proper psychiatric practice and process; that the client is not used as an experiment, nor subjected to manipulation, either by the counsellor, the doctor(s) overseeing the pregnancy and therapy, nor the nursing staff employed within the institution(s).
11. That the client is protected from poor practice, ill intent and hostile forces;
12. That the process and the information is fully transparent, and that it is not compromised by the interest of a third party; for example the third party being a person waiting on a newborn, a friend of such a third party, an advocate of such a third party or a eugenicist wishing to exercise their theories and objectives;
13. That any risk and bias is disclosed;
14. That the client can easily re-allocate to another counsellor if need be;
15. That the client can discuss red flags and concerns with a safe independent mental health advocate or representative of human rights.

16. That the consultation(s) is surveyed and reviewed to ensure the quality of service and the content of what is being imparted to the client is correct and to be conducted on a regular basis;
17. That the process allows time for predictable reactions such as denial, survival and shock reactions and compartmentalisation that may occur under the improper coercion and duress of an unprofessional and unsafe counsellor abusing their position of confidence and power via their access to the client and through abuse of the counselling process;
18. That the client be assigned a SAFE, unbiased independent advocate who will uphold and maintain their rights and protect the emotional and psychological well being of the client from any coercion, abuse, exploitation or malpractice;
19. That the practice of reporting concerns, abuse, coercion, misinformation or malpractice be made easy, apparent and accessible to the client,
20. That all conflicts of interest be declared;
21. That any red flags can be discussed and clarified with a ***safe*** independent body when the client has no one else to voice these concerns to;
22. That the counselling be genuinely effective and empowering for and of the client;
23. That the social worker/counsellor NOT use the counselling process to exploit their client, coerce their client, negate their client, disassociate their client or use narrative counselling to disempower or dis-entitle the client to the best care or to their own child;
24. That the counsellor not insert their opinion and bias, nor use other people's experience, real or make-believe, to block, negate, influence, or coerce the client in their counselling;
25. That the counsellor be adequate and properly trained and capable of proper counselling;
26. That the counsellor be vetted and regularly checked for their ability and capacity to counsel effectively and properly ;
27. That counsellors who are compromised, lazy, biased, or in any way inadequate not be allowed to practice within a counselling position;
28. That any counsellor breaching their duty of care owed to the client, and the clients' rights and safety be removed and penalized;
29. That the client be compensated for poor practice and compromised counsel, and for all damage incurred as a result of that poor and abusive counselling and fundamental breach(es) of trust and unprofessionalism;
30. That any practice of coercive or brainwashing techniques be immediately shut down, DISALLOWED and the practitioner legally and criminally penalized;
31. That the use of politics, either within the medical institution, with other political parties, or with organizations with a specific agenda and outcomes, not be allowed within the counselling practice nor be imposed upon nor subjected onto the client;
32. That the client is safe and protected from such forces;
33. That protections and safeguards to ensure the client's safety, privacy and good therapy be implemented;
34. That the clients that are of lower economic background, real, perceived, or assumed not be used in social work or medical experiments; be that a formal agenda of the institution or be that of the personal proclivity of the counsellor or particular doctor(s);
35. That by law the client is made aware of such bias and proclivity, so as to make a n informed decision and choice to protect themselves and make other arrangements for support and therapy;

36. That evidence of such inappropriate behaviour results in the immediate expulsion and removal of the counsellor, and that safeguards and client protective and restorative measures are put in place to protect the client, as well as to protect fellow and future clients from further similar exploitation and abuse, in action(s) to seek remedy to the situation;
37. That all information and assistance is delivered with a view to empower and assist the client in dealing with their issues, in an effective and respectful manner, with transparency and with truth, accuracy, correct information and proper process;.
38. To treat the client as having intelligence and to explain their situation and how the counselling will assist with remedy;
39. To talk to the client rather than at the client;
40. To assist the client, to listen and help them help themselves, and to not use counselling as a way to manipulate, disapprove of, belittle or punish the client;
41. To act with transparency and to pre-warn and explain the client of any process, impact, risk, dubious practices, coding of papers, procedural expectations and hospital behaviour(s);
42. To offer the client alternatives;
43. To weed out any belittling contractors or sub-par practitioners;
44. To conduct regular reviews on practitioners both internally and externally, to monitor any inappropriate behaviour and networking;
45. If adequate suitable counsellors are not available, to explain that to the client;
46. To taper the counselling and process to the situation and capability of the client, and to adjust the counselling as the needs change and as is required;
47. To have all legal implications and processes clearly, thoroughly and ***accurately*** explained and to have that information supplied in writing;
48. To advise the client of the requirement for legal representation and legal protection if and as required, and any limitation of their ability to adequately provide this, as part of their fiduciary duty to client;
49. To advise the client of legal structure they are entering into, examining all the implications and ramifications within a process, to make the client aware of the gravity of the situation in real legal terms and to ensure complete understanding of ramifications;
50. To acknowledge any inability for the stressed client to be able to comprehend the full import of the situation due to stress factors;
51. To import fully the reality of the legal and actual situation and to not actively cover up and obfuscate any facts that would deter compliance, to describe the legal structure intrinsic to the arrangement, to explain the procedure and the impress upon them the imperative of being aware of the existence of this structure, its confinement and the many very real risks and considerations;
52. Similarly to not evade outlining and exploring the complexity of relationships, both personal, political and legal, and to not present a falsehood of benevolence, kindness, empathy and inclusion, where none in facts exists;
53. To clearly outline the power arrangement the client is entering into and explore the potential abuses and misuse of that agreement and to make clear that those abuses do happen quite often and are commonplace and expected. For example the denial of contact and the shutting down of contact arrangements in adoption, the non entitlement to advice if the child is deceased, the non inclusion of consideration to be a carer if anything happens to the guardians, the absence of any legal agency, the reality of having to go to the supreme court and the cost of that to challenge or make any amendments to the adoption order, the unlikelihood

of success, the weighting of favor to the adoption placement, the bias and abuse that may take place within the adoption placement, the subjugation and erasure that may be experienced, the inability to make any claim if your child is being mistreated or abused; the likelihood of misinformation on your character by the adoptres, the use of isolation as a form of control, the use of lies to influence and control the child, the belittlement of your character to influence and control the child and the nature of withholding contact to break the child and make them dependent on the adopter, the emotionally fraught arrangement of adoption with strangers where all risk and disempowerment is placed upon the first family in favor of the stranger adopter. Along with information that verses any decision based in reality;

54. The reality of anniversary grief, for the adoptee and for the first family;
55. The likelihood of depression and loss in the adoptee, as well as genetic bewilderment and other adoptee specific injuries and issues;,
56. The rebuttal of the notion of direct and trauma less transference and bonding to the stranger adopter;
57. The advice of the trauma and grief of the newborn separated from the mother;
58. The complexity of the adoption arrangement both emotionally and psychologically;
59. That adoption law is archaic in its assumptions, that it is a legal construct over a emotional and familial and psychological space, and not a good fit; that it is built on a material law, one of ownership;
60. That the practice of newborn abandonment and stranger adoption is meant to be for people who truly do not care about their child, ONLY, that it is not a good option for those who care about their child; and is an exceptionally difficult undertaking;
61. To remove all information that is coercive and misleading;
62. To advise that it is normal for coming to terms with becoming a parent takes time and is part of a grieving and letting go of plans process and adjustment and sometimes denial and disbelief;
63. That it is normal to take time to work through concerns and perplexions as part of becoming a parent, planned or unplanned;
64. To remove counsellors who promote misleading, inaccurate, incorrect or wrong information and conduct wrongful practice, and to have the counsellor formally flagged and removed from all service within the state and nation.
65. For example if a social worker is saying that Asian mothers in international adoptions do not suffer grief or trauma, this counsellor should be reported and removed. This is an opinion, it is wrong and this is incorrect, racist, biased and it is also typical of an inaccurate adoption pro removalist cliche that entitles infertile women to other people's children not to mention that it is an exceptional racist bias. No social worker promoting this lie should be practicing in a hospital, in a pregnancy advice capacity, in the adoption industry, or in fact as a social worker at all. It is a huge red flag and an indicator of the bias of the social worker and is an abuse of counsellor client trust and is in no way appropriate to be working amongst mothers, adoptees or any one in fact. It is also something that is exceptionally refuted and plainly wrong when you hear the mothers and adoptees of asian communities talking of their grief and spending years searching for their lost children;
66. Another example would be the counsellor stating that there is no grief with relinquishment and likening it to a termination, both are highly incorrect, exceptionally inaccurate, misleading, and have an immediate and ongoing

detrimental effect on the client, and a counsellor such as this counsellor should be removed and banned from practicing;

67. You wouldn't trust brain surgery with an amateur, so why would you entrust the emotional and mental health of a vulnerable mother/ family to a social worker? A social worker who does not have the skill nor the intelligence to assist a mother, particularly if she is dealing with narcissist abuse, coercive control or domestic violence, direct or past. Great damage is and has been done because of this malpractice and misalignment of client-counsellor coupling;
68. Similarly with mothers in post adoption loss trauma;
69. Given the poor practice of past adoption industry and social worker, nurse and doctor behavior, active safeguards should be put in place to ensure that these practices are erased from hospital and counselling environments, and that accurate, informed, educated and non-coercive information is in place;
70. Compensation should be available and easy accessed for anyone exposed to such poor practice;
71. Compensation should be available and easily accessed for anyone exposed to mis-information, who has had information and networks that would have supported or assisted the client, withheld, blocked, denigrated or obfuscated, particularly when done to achieve an outcome. For example relinquishment achieved through defeat of the mother, through creating isolation, imposing foreboding themes and impossibility around keeping, doomsaying, gaslighting, negation, promoting false bad outcomes, blocking and disapproving of the mother wanting to keep her baby by bombarding her with worst case scenarios and traumatic situations that in reality will never happen; using narrative counselling to disassociate not integrate; exploitation and twisting of the maternal instinct and creating shock dynamics; utilization of therapeutic methods and practices ***against*** the client; utilization of trauma, loss or stress themes against the client, (themes that are gained knowledge of through the entrustment of the client to the social worker, via counselling); and physical, psychological, emotional and maternal assault ; Attempting to play the mother off the father and set up a hostile not conciliatory environment.
72. To accommodate physiological, psychological and emotional processing;
73. To acknowledge trauma and stress;
74. To acknowledge the impact and effect of past trauma experiences, and process those with the client, as opposed to using them as emotional impetuses to exploit to gain a desired outcome of the social worker and contrary to the clients best interest and expressed will.
75. Using past concerns to negate and gaslight (by stealth!) the Client's expressed want;
76. Failing to recognise the transition into mothering as a process and discussion and verbalisation as part of that process ;
77. Failure to recognise and actively mutilating the process of transition by aggressive intervention, misinformation and misrepresentation and wrongly promoting a third party entitlement, needs for a baby and emotional needs;
78. Failure to protect the client from abuse of her pregnant state with such intervention and actively exploiting her vulnerability and promoting themes to negate the mothers bond and entitlement to her own baby while actively seeking to twist the mother's mind and erase her from her own pregnancy and to actively block all discussion of keeping through disapproval, obfuscation, doomsaying etc

79. Using the processes of concern, fear, insecurity, violence, social isolation against the mother to destroy her and make her feel keeping her baby is unsafe and impossible;.
80. Placing the responsibility of a stranger's infertility upon the mother via the counseling process and making her personally responsible for curing it and for ensuring and protecting their happiness and emotional welfare and wellbeing;
81. Deliberately setting up a future emotional conflict within the mother in not wanting to disappoint the prospective adopter strangers while wanting to keep her own baby ;
82. Deliberately and inappropriately Setting up a conflict of (false) loyalty to strangers through narrative counselling, which will come to play in a crucial time period between birth and consent taking and revocation period and will be used against the mother;
83. Creating a false and misleading relationship with strangers through fake letters, fake stories, fake content, fake inclusion and fake promises. In short, through deception, fraud and false promises delivered via narrative counselling, stories, verbal stories and paper stories (eg fake letters and stories on paper presented by and probably written by social workers.), wrongfully promoted during the mothers counselling sessions and access to mental health assistance;
84. Exploiting that environment to promote other people's needs and execute bad practice;
85. Employment of counsellors should include Background checks encompassing not only professional training but also private networks within organizations and individuals that might compromise and conflict with the clients best interest and best counselling experience - eg. If
86. A client should not be isolated or put under any pressure to make any decision quickly, and all resources and knowledge of resources, should be offered to assist;
87. Pregnancy that is not planned does not mean unwanted and it is an age-old situation that should have proactive, safe and supportive environments available to assist with the transition into motherhood, with arrangements available to assist the mother with any practical and, if relevant, specific assistance addressing any possible psychodynamic issues that might need focusing on. A pregnant mother should not be seen as an opportunity to try to "harvest" a baby for another party nor an opportunity to punish, belittle, crush or practice social theories on a mother and her newborn. The opinion and bias of the practitioner is irrelevant to the mothers viability as a mother and the aggression inherent in such poor practice hinders the mother from adjusting to motherhood in a timely and optimum manner ;
88. The Mother, father and family should be actively made aware of all injury and risk as a result of the procedure, and should be forewarned of bad practitioners and fraught practices;
89. Furthermore, they should be warned of poor practices and risk of exposure to programs such as, for example, **BEIP** (Bucharest Early Intervention Project). They should be given information on all alternatives and supports, as well as being kept informed of the questionable history of BEIP and the contacts of its dissenters and the profile of its advocates and agenda;.
90. All the parties concerned should be provided with contacts of support groups and organisation's with alternative views to pro-removalists. Organisations such as Concerned United Birthparents, ARMs and other suitable groups and individuals. They should be informed with useful facts that will assist their navigation through

unknown territory and first time experiences, in the face of misinformation supplied by pro removalists. Facts such as their baby only wants to be with them, that their baby will go through grief, that their child will likely not be happy about being surrendered for adoption and will have detrimental feelings, views and emotional issues regarding this. Facts such as 85% of mothers who are "certain" on placing their newborn for adoption change their mind and keep after the birth of their baby. Please note any "decision" made in the absence of their baby is not a choice but a coercion and that no "decision" or 'change of mind' as described is made, rather the reality of the child and the mother transitioning into becoming a mother is what occurs. Any pressure to 'decide' or pressure placed on the mothers state of mind prior to birth is coercion and a misrepresentation of the physiological, psychological and emotional process of becoming a mother. It is one that is used to belittle and guilt the mother into feeling 'she cant change her mind' when in fact she has not made her mind up at all and her concerns and feelings prior to birth are a normal part of becoming a mother and processing the pregnancy, and are not to be used as proof of her not wanting her baby. To do so is duress and actually an abuse of the mother self. Mothers go through the process of coming to terms with being a mother and bonding in utero with their baby and giving birth is the process of realisation. It is maternal abuse to put in any practice or intervention that would mutilate that natural progression of becoming a mother. Equally it is abuse to use an idea of a decision prior to birth as a reason to discredit the mother wanting to keep her baby. She has merely found the strength to stand up to the adoption social worker and adopters and speak her truth. Coming into motherhood and realising motherhood can take time, particularly if it has been an upset pregnancy and particularly if there are divisive forces set upon the mother seeking to separate the mother and her newborn. To set up any pre birth consent or pre birth matching is coercion and using the natural urges of motherhood to protect, provide and have security against the mother and newborn to their detriment, and other peoples benefit. Other subsequent impacts of adoption trauma such as deep trauma, risk of consequent infertility, risk of substitute babies, heightened hysterical and neurotic reactions, PTSD, C-PTSD, prevailing and all consuming grief, overwhelming persistent suicide impulse and ideation; severe mental health impacts and risks, trust issues, issue of trust with medical and mental health counsellors, birth trauma, hosptial avoidance as as result of abuse and malpractice and relinquishment trauma etc are all very real impacts from relinquishment as a result of of loss of their baby, poor hospital practice and from poor social work practice.;

In the specific instance of BEIP, it would be good for anyone being targeted for BEIP to speak with the members of ACT (Against Child Trafficking), in particular Roelie Post. It is pertinent that people being subjected to such practices be informed of their political context and the personalities involved, and their particular agenda's and belief sets, as they and their children will be subjected to and entrapped within an environment created by that political discourse and particular personality's 'objective' forth with. Adoption is potentially an environment that, entrapped within, with no legal agency and ability to extract oneself and one's child, can be exceptionally challenging, maddening and crazy making. It is the parent and the child who must endure and go through the very real and overwhelming impacts of the process. So, in the interest of good preventative health, it is essential the person within the questionable process is forewarned of the process, the

implications, risks and advised of the forces at play; and possible alternatives, and organisations that will assist them, in the interest of good and effective preventative mental health practice;

91. Any consent taken to a procedure in the absence of all information and under duress and while under the effect of trauma, loss and stress, caused by circumstance but also created and caused by the behavior of the counselor and as a result of the poor counsel, misinformation, gaslighting, catfishing, coercion, along with any assault, malpractice, incarceration and other malicious or unexpected or non-consensual process, as well as poor and hostile hospital practice, is not valid and should not hold in a court of law.
92. For example, if a mother capitulates to a treatment, such as breast binding, because she is in fear for her life and well being, having been subjected to verbal and physical hostility from staff, because she is defeated, and because she has not been given any other alternative or has had her right to breastfeed denied because of a (stranger) nurse and the coding of a social worker "Baby For Adoption" against her stated intentions, then this is not valid; If the violent birth assault, removal of her newborn, refusal to hand her baby to her and the many instances of verbal micro and macro aggressions she has been subjected to during her and her newborns's internment within the hospital results in the client feeling unsafe and threatened and that it is not safe to keep her child because of the behaviour of the hospital, state and the counsellor, to the point that she feels defeated and that keeping her baby will mean that she will be persecuted and discriminated against and abused similarly in the outside world (which is incorrect, because the nastiest place in the world is within the hospital, done deliberately to achieve this effect) then the consent is not valid;
93. This is very poor social work practice and compliance is not consent. Also this social worker and her network needs to be ***HELD ACCOUNTABLE***.
94. Similarly The doctor and obstetric violence practices also need to be investigated.
95. As does the invasive practice of a stranger coming in and filling out a questionnaire during birth and reinforcing the abuse of the social worker with promoting adoption outcome needs to be investigated, and used as witness at the very least in relevant litigation;
96. Relevant litigation should be assisted by advocates independent of the institution that the social worker works within to ensure appropriate support and accurate information is imparted and that the client is not subjected to any further duress, coercion, manipulation, gaslighting or misinformation;
97. It is imperative that **information of proper legal process and proper counselling process** be made available to clients of the institution, **prior** to any interaction with social workers, along with information on all the information that should be supplied and proper behaviour that should by law be imparted as part of good social work and mental health assistance, as well as a listing of behaviour, duress and stress which should not be put upon the client.
98. A good ethical independent advocate service should provide and oversee this information and service; it should be independent of the institution within which the mother and her baby are held in and serviced;
99. Finding out one's legal rights and what professional practice and duty of care retrospectively and in an ad hoc way is not conducive to good preventative care nor outcomes.

100. It is also received in various decompensated capabilities of exceptional trauma and assault recovery. It is good preventative care for the client and essential that the client is ***forewarned*** of bad practice and bad behavior to look out for, and also what good practice and good information should.
101. Most people are community minded and of the naive belief that counselors are ethical, equitable and on the side of the client and that they will treat them properly. This is not necessarily so in pregnancy and it is particularly not so in the world of maternal health when impacted by the social illness of adoption and adoption entitlement and subsequent pregnancy interference and intervention. This exposes often unwitting pregnant mothers to various conflicting nefarious forces that can infiltrate the care system and affect and compromise the expected good service to them; mothers and families need to be forewarned of the pro-adoption threatened practice(s), behaviour (s) and networks.. Be that within the hospital system or the child welfare systems or even within psychiatric practices for mothers and for adoptees.
102. Adoption being a merging of care and legal systems onto the body of the mother and her baby, and family, and their current, future and intergenerational mental health, it is imperative to promote an awareness and have this service supplied as a form of preventive mental health.
103. Adoption involves political systems and bias and is very much about legal power and power networks impacting on the body of the mother and on her, her newborn and her family's mental health.
104. All families should be warned of this as they reach out for counseling for simple reassurance and support in being a good mother, or have been directed by doctors with an adoption agenda. Mothers and families should be made aware that by approaching a counsellor they may be putting themselves, their newborn and their family at risk. It is a very sad state of affairs that this is the case. People who are on the outer of society, e.g. substance abusers, already know their status in society and therefore know their vulnerability to practitioners with an agenda.. But every day people who think hospitals are tax paid institutions there for their care and well being, who are perhaps naive in their goodwill towards social workers and medical practitioners, who think they live in an equitable society that operates in transparency and equal treatment do not know this and hence are unaware of their vulnerability to exploitation by practitioners.
105. Be it the agenda of the individual practitioner, be it an agenda of a select number of health workers within or across a number of institutions (eg private doctor practice, midwife, nurse, matron, adoption worker, registrar) or be it a systemic agenda, it is something that is contrary to the good preventative health of the client. An example of this would be the network of Tara Lee, who had all those operators in place, including scouts to find pregnant mothers in temporary crisis. Note Tara Lee claimed to be a counsellor but was not, but, aside from fraud, it doesn't make a big difference as her devices of catfishing, coercing, gaslighting, misinformation, bullying, emotional manipulation, coercive control, fear, themes of extreme protection under duress and using the maternal concerns and transition into motherhood against the mother, removal and quick and extreme legal entrapment (ie being a con), are the same devices used by actual doctors, social workers and adoption workers in procurement of newborns for adoption trafficking. Ie it is the behavior of a sociopath, not a professional care worker looking after their client. While Tara Lee may be based in the USA, her behavior is typical of bad and poor practice across the world.

106. Another example would be the babies traded to Anne Hamilton-Byrne[1] of The Family cult from hospitals to her via nurses and doctors with whom she had built a network prior to any mother entering the hospital and who had privy to those mothers and their newborns who were vulnerable to such exploitation (and who had in all probability been exposed to exploitive very poor practice by the hospital system and newborn for adoption procurers).
107. It is a sad statement to say that those mothers and newborns who lost children to adoption placements would have been far better off NOT seeking help from the hospital system and care services.
108. Anne Hamilton-Byrne is an example of the type of person who thinks they are entitled to someone else's child, they think the are superior, they think the know it all, they are disconnected, they have grown up in orphanages or institutions or some type of maternal disconnect, they invariably think of themselves as enlightened and superior.. These people need to be flagged as the narcissists they are and that a culture of this type of person (in all its variations) wrongly informs practice, for their own self interest and narcissism. Similarly with Tara Lee who continues to lie her way and tries to present herself as a savior when in fact she is an adopter who has no issue with exploiting others and breaching their boundaries and creating and promoting false truths as facts, not to mention engaging in wire fraud;.
109. Clients should be made aware of the statute of limitations and should be assisted in accessing records in an efficient and expedient manner, to enable the matter of the malpractice be brought into courts and seek remedy;
110. Given the cost of court proceedings and the perilous trauma impact of poor loss to adoption outcomes it is ***imperative*** the social work practice and preventative mental health precautions be effective and in place to avoid such distressing outcomes eventuating;
111. All and any process should be overviewed by an intelligent and unbiased third party, to ensure proper practice;
112. The person over-viewing the counselling and process should be aware of the use of language and the practice of using social worker and medical terms to cover up crime and assault and malpractice;
113. A case study of this can be viewed in the appalling case of the adoption placement officer Sarah Packer;
114. The person overviewing the counselling should be aware of the behaviours of deceptive and coercive professionals who use sociopathic means to manipulate their client and disguise their own poor practice;
115. The person overseeing counselling and processes should also be aware of the effect of coercive control, domestic violence trauma, trauma, narcissistic abuse etc and allow the client who is suffering the effect of these impacts time to process and speak.
116. It should be recognised that the violence, abuse and trauma may in fact be caused by and be coming from the social worker / mental health provider and therefore it is important to allow time and a safe supportive environment for the client to be able to regroup, seek help, place themselves in a safe space away from the coercion of the social worker and other parties, process information and speak out and ask questions. If the client has been shut down and criticized and ridiculed she/he may be reluctant to speak out and ask questions / clarifications.

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117. Equally hyper vigilantism and hyper focusing, which happens in fight or flight situations, unsafe or shock environments, may come into play and it is difficult for the client to process what is being said to them and they may also seemingly irrationally fixate on things. It is important that help is trauma-informed. That to assist the client to process and shift from this, with a safe calm environment, support, allowance of time in an unpressured environment and carefully placed words.
118. For example, a recent mother who did not know she was pregnant gave birth. Her fixation was " I can't possibly keep my baby because I don't have a car seat. " Of course this is easily fixed and not any reason to not keep her baby. But This kind of trauma thinking is what often comes into play and has been exploited by adoption workers. This is not consent, this is shutting down due to shock, trauma and being overwhelmed. These feelings are exploited by poor practicing social workers to further compound the feeling of impossibility of keeping. When in fact all the mother needs is support and assistance. And to extract herself away from the toxic environment of the hospital and social worker and into a normal, safe, supportive, non coercive environment with a can do hands on attitude and no toxic brain washing, doomsaying and expectation on having all life's plans in order (because very few parents, including prospective adopters, are held to the same standards and expectations as mothers under the hammer of the malpracticing pro separation adoption counsellor. Contrary to the expectation of adoption brainwashing social workers.

    An abuse victim will often deny what has happened and say everything is alright so not to enrage the source of their abuse/exploitation, in an attempt to minimize any more assault on or stress directed at themselves. And/Or they will be in shock and/or split from reality as a survival mechanism; etc. It is imperative to be aware of these factors and to allow time, in a supported environment, for the client to process, realize, come out of the shutdown self protection and speak out. This takes time and a calm supportive environment.

119. It's a great shame and a travesty of good practice that a client seeking help from a hospital social worker/counsellor can be subjected to abuse, exploitation, manipulation and exceptionally poor and biased practice.
120. If the counsellor has a bias towards practice that potentially is contrary to the clients best interest then it should be declared. - for example, in part due to the mass removals of the forced adoption era, there is a gross misconception that mothers willingly and happily give away their babies, that adoption is a "lifestyle" choice, and that babies are available and directly transferable and there is no serious lifelong grief or trauma involved. Every man and his dog feels entitled to someone else's baby. Adoption has been normalized, and the mother and newborn trauma erased. Health and mental health professionals may have family or friends who have an emotional and political investment in adoption, and in fact be participants in adoption.
121. Also due to the nature of professional nepotism and middle-class privilege, many counsellors, psychiatrists and doctors are again adoption-related, be it in reality (ie family or friends), or be it in theory (the great wonderful world of adoption ethos). This sets up a dangerous conflict within intimate counselling settings where a mother or adoptee or father or grandparent or child of an adoptee or a child of a relinquishing mother or a relative of a mother of a denied rights and has suicided

as a result, a father may for the first time be receiving counselling for this exceptionally distressing trauma, and the counsellor is pro-adoption, promotes adoption, negates their maternal and familial bond, negates their experience and poses their bias all over them and promotes adoption. This is an ***illness*** that exists within counselling professionals; it is cult-like behaviour, it is also exceptionally unprofessional. And yet it is prevalent.

122. Just as the mothers and newborns had their boundaries and rights breached by entitled adopters, nurses, doctors, social workers and adoption agents, again the trauma, negation and belittlement reoccurs and retraumatises. Any anger expressed against adoption is pathologized as mental unwellness or being wrong.;
123. This is not acceptable and any counsellor who betrays the confidence and security of the client is committing malpractice and should be struck off from practicing and held accountable. Clients should have an easy report and complaint system to report this malpractice and red flag and forewarn other future adoption related clients.

    It wouldnt be acceptable to expect a rape victim to listen to a counsellor promoting the right of the rapist to rape them and how selfish it is for them to not think of the feelings of the rapist and discuss the joy of the rapist in their act of raping. Well that is what happens within adoption counselling and loss to adoption is far deeper an assault and trauma than rape. Think 15 years of being sexually assaulted by a trusted peer who claimed and should have had your safety and protection as first priority. That is my experience of adoption rape.

    There is a lack of professional expertise in counselling and psychotherapeutic treatments for those impacted by adoption and this needs to be addressed.

124. Counsellors should also be prepared to act on investigating potential illegal acts of other medical professionals or at least advising their clients that legal and criminal proceedings may need to be pursued - for example, the failure to diagnose a pregnancy by a doctor and then the promotion of the needs of a third party for adoption at the time of diagnosis, the failure to supply correct information on how to revoke and giving wrong instruction on how to revoke, the promising of and then withholding of documents which have information on how to revoke, the taking of consent when the mother is not fit and is in deep trauma, the failure of providing a therapist to determine the capability and wellness of the mother at time of content; the taking of consent without any psychological assessment to determine capability, the taking of consent in the absence of any witness to determine proper consent-taking, the withholding of information, false representation, misleading and blatant lying used to gain a consent. The use of government power to threaten, deter, obfuscate and destroy and prevent revocation; the belittlement by a government employee upon a client, the failure to do any let alone conduct proper due diligence, the promotion of lies and misdavice instead of proper process prior to consent taking.
125. Similarly mental health professionals and administrators should be alerted to practitioners using false pathologies such as False Memory Syndrome wrongly and inappropriately used as diagnosis as an effort to shut down complaints and concerns against malpractice and abuse; This applies to people who are office administrators who are not even therapists and who are not in any capacity or

contact to be a therapist or make any mental health evaluation, let alone a false one of a disorder that does not exist and is not recognised.

126. Language of adoption and social workers used against the client to imply complicity and protect themselves should also be scrutinized. The client is not aware of the system or the processes or the language that enables it, but a social worker and an adoption worker is privileged to that and misuse of such should be identified and prosecuted.
127. A good counsellor will identify bad, fraudulent and illegal practices and should be willing to advise the client within the framework of counselling.
128. The process of reporting and redress should be client accessible and relatively easy and not dependent on having an enormous sum of money afforded by few;
129. Counselling should be rooted in reality not in fairytale, fantasy or misleading depiction or promotion of stereotypes and unclear insinuations, fraud nor false promises, it should be in unambiguous terms, in terms of fact, risk and trauma impact;
130. The onus of clarity of understanding is on the social worker and counsellor, it is not acceptable to be ambiguous or deliberately misleading or unclear;
131. Doctors, nurses, social workers, adoption workers, promoting adoption promise mothers happy lives for their children when in fact they have no clue who the mother is or her actual situation, where the mother's child is going (and if they do then that too is nepotism). They just assume and promote from their point of view.
132. It is not acceptable for anyone in the medical or government profession to promote a false depiction of adoption. Children are abused in adoption, plenty of children suffer, plenty of adopters should not have other people's children in their 'care'. Even if they have a relatively okay placement, the adoptee still suffers exceptional issues. The adoption placement is an inherently dysfunctional situation, fraught with issues. Many children should not have been removed from their mothers, taken out of their wombs and then held captive by government employed individuals who thought they knew better, because another malpracticing employee decided to write baby for adoption BEFORE any consent was signed and contrary to the advice of the mother;
133. Not to mention the chats over tea in the tea room and the meetings of how to proceed, in the absence of the mother and family, and in the absence of patient privacy and discretion;
134. Many mothers have lost their own born newborn unnecessarily and due to these individual and systemic malpractices;
135. Counsellors should be aware of these poor, abusive and corrupt practices, before they take on any adoption specific client. They should be versed in all the realities of coercive adoption practices, adoption networks within hospitals, and adoption-related trauma and realities. They should not come to a client with wrongful misconceptions that an adopted child is better off or that the placement is a direct transition or safe home, because many were not. Adoption placements abused, neglected and tormented the children displaced into their care, others manipulate and gaslight, others divorced, as often as not the adopters were far worse off than the mother, in assets and mental health, and they only received a baby because of the bias and poor and wrongful practice of the social worker and doctors and adoption officer, and because they had their name on a waiting list. There is no special ability or unique talent of adopters;
136. Given the exceptional trauma adoption causes the adoptee, the child of the adoptee, the mother, her subsequent children, her subsequent partners, the father,

his family, the grandparents, the great grandparents, some accountability and redress on all and individual cases need to be acknowledged, because contrary to the story told by pro-adoption individuals and organizations who have the resources for media campaigns and publicists, it is not a happy outcome not a happy ever after. And it is misleading to allow such a depiction to continue and some would say unconscionable.

137. The government chooses to exclude adoptees in the inquiry into abuse within institutions, when adoption is an absolute legal institution created by, facilitated by, enabled, policed and defended by the government. When I attempted to overturn the consent I did not have the luxury of endless funding by the Queensland Government, but the malpracticing and negligent social worker / adoption "counsellor" and adoption officer did.
138. Nor was I privy to the legal process, the statute of limitations nor the proper process prior to consent. That was all found out posthumously. I didn't even have a copy of my consent, or how to revoke. That was withheld from me after being promised a copy prior to consent, in order to attain my consent, and then withheld, and I was advised the incorrect way to revoke. That officer has never been held accountable for her poor malpractice.
139. I was also not advised that there was a false birth certificate issued, that the adopter would never accept my gifts, that she was competitive and belittling and would never allow contact. All this was shocking realizations I came to after the fact of adoption, instead of clearly advised of the reality of the situation prior to any consent. All lies, promoted to coerce and make a mother feel she had to help strangers 'create' a family. I hold a strong voracious complaint against the adopters, the social worker and the adoption officer, the doctor (s) and the nurse who refused to hand me my baby nor allow me to breastfeed him, who bound my breasts, and who created this assault and contributed to this outcome.
140. Fathers should be allowed un-aggressed contact with their own born and should not have strangers interfere with what is their legal parental right to their newborn. This is important for good mental health and preventative health. Bias, assumptions and unfounded discrimination have no place in the health of parents. IN this case the father of my child was an honors graduate and fully employed within a government organization. There is no reason he should not have had access to his own and only born son. No instruction was given by me to disallow the father from holding his own baby. And it was with surprise and defeat that we met the advice from the matron of her refusal to allow him to only peer through the nursery window. He was far more educated than the matron who deprived him of his right to hold his own child. IF my son had been handed to me at birth and roomed in with me then he could have had access to his own baby. None of this treatment was discussed or consented to by me.
141. AS I understand the father has never recovered from the impact of that belittlement, aggression and denial of rights, and has suffered poor mental health and grief since. To my knowledge my son is his only child;
142. There are very few skilled counsellors capable of treating the complex PTSD, disassociation, raw anger and multiple trauma and other trauma-impacted ailments that loss to adoption causes.
143. Any client who is being coerced into BEIP should be represented by an independent advocate who can advise of the precariousness of the practice and the bias of its medical advocates, who have exceptional social, political and economic power, where the client has none. A safe, ethical, authentic advocate should be allocated.

144. **All children displaced by adoption should have a safe independent advocate** to represent their needs and wants and to be their voice within the adoption placement and within the legal framework. Both involve complex power political and familial interrelationship dynamics and alliances, which are difficult for a vulnerable and powerless child to understand let alone navigate and negotiate successfully. This advocate is to be a voice for the child and is also another safeguard against abuse, exploitation and isolation of the child with the adoption structure;
145. Informed mental and emotional health support should be offered to the adoptee, and those affected by separation due to adoption;
146. In the interest of good preventative mental health measures, Informed mental and emotional health support should be offered to the mother, and father, along with practical measures of housing, education and assistance with and access to interrelationship skills, psychodynamic therapy and boundary setting;
147. All counselling should be done respectfully and in an authentically empowering manner;
148. All therapy should be trauma-informed and be available in adequate time frame so as to assist and help avoid further traumas;
149. Past abuse and criminal and medical assault with clients should be addressed and supported, assisting clients pursuing legal remedy with the end game being offenders being prosecuted;
150. For example In the instance of Mason Lee Jet, the mother should be assisted in prosecuting her father and all those who assaulted her, as part of her therapy and rehabilitation. (Even if she herself is incarcerated due to what has occurred with her son);
151. If a mother/family is authentically unable to care for their child they should be treated with respect and mental health and therapeutic support, they should be informed of their child's well being on a regular basis - weekly, monthly, not once yearly, In a capacity agreed by and tailored to the needs of the child, the mother and family.
152. Removal of children should not be used as a weapon or punishment and should be recognised as the trauma related issue that it is.
153. When vetting potential adopters and foster carers, continued non identifying information and potential contact should be a factor available for those who wish to participate and facilitate. Case-specific, tailored and adjusted to everyone's needs, with priority to the child. I personally have declined requests caring for children that I would have been happy to but for the blocking out of the mother. A mother who is unable to care for her child is a mother who has suffered greatly in her life, she is a traumatized mother. I am not interested in being an abuser or further exploiting her trauma. I would want to be assured that the mother is receiving good professional care, counseling and help, and that she is receiving help to deal with trauma caused by the loss of her child, that professionals are giving her proper care and that services are not reduced to gate keeping her womb to collect the next subsequent baby for removal, as seems to often occur in these situations..
154. Access is obviously case-specific. But should be genuinely done for the rights of the child and what the child wants, and to assist in meeting the needs of the mother, and first family, not as an excuse for hostile or competitive adopters to gain children and then close contact ;

155. Obviously, this is always case-specific as some mothers are impaired, beyond the capability of caring for their child, while other mothers are fully capable but targeted by adoption agents of prospective adopters to / people with bias or the psychopathology of mother hate baby abductors (See case of Grace Packer, adoption placement officer as an extreme but relevant example of the mental unwellness and competitiveness of adopters and adoption agents. This competitiveness, hostility, goading and mocking was present in the Department of Family Services adoption officer who took my consent and my newborn. I noted her ODD behavior and red flags at the time but had no one to speak with regarding it and could not cope with the whole shock of the relinquishment and adoption. I was not in a fit state to process it. If I had not lost my son and not had him taken from me at birth then I would have easily dealt with it and discussed it and other matters. It was the impairment due to the loss of my son that incapcitated me. I thought I was in 20th Century Australia where we all had the legal rights and the right to good and fair treatment and correct information. I didn't realize that only lawyers and privileged people received that, and others had that withheld so to benefit an external objective.
156. The trauma and very serious mental health impact of loss to adoption needs to be recognized and not glossed over;
157. Suicide ideation and post relinquishment trauma are due to adoption trauma, it is ***not*** due to pre-existing ailments.
158. Pre-existing ailments do not assist the processing of grief and trauma, they exacerbate, particularly if utilized against the mother instead of assisting with the processing of and enabling the keeping of her baby;
159. Domestic violence, and protection from it, needs to be recognized as something to be assisted with, not used against the client as a way of procuring children for adoption;
160. On the point of domestic violence prevention, information on relationships, identifying toxic relationships, narcissist abuse, domestic violence and how to access help should be available and taught in high school, as should helpful and supportive advice for those caught within it, be it in their own relationship, their own behaviour or with their family or friend base;
161. Counsellors and student counsellors should be consistently vetted for suitability and training, as there are a considerable number poor counsellors coasting along within their counselling job;
162. Similarly client protection should be in place for the protection of the client and insurance of proper practice for students accessing counselling;
163. Student counsellors should refer to safe and capable professional help, as counsellors do not have the scope, skill or ability to properly assist;
164. Similarly social workers should refer cases to professionals with expertise in the area, not assist or pretend to be competent in services they are not equipped for. You would not expect a tradie to execute lobotomies...
165. Counsellors and social workers should have accurate written information available for students as well, outlining relevant information and support services both practical, medical and psychiatric;
166. Social workers and counsellors who abuse their position of trust and power should be held accountable and should be prosecuted under criminal law. For example, I recently assisted a mother who had her newborn coercively trafficked. After listening to the hogwash the adoption agent told the mother, and how her pregnancy and post-birth was invaded, mutilated and streamlined by the agent,

legal agent and adopters, I told her to go to the police. As with most criminal enterprises, it turns out this mother wasn't the only complainant and the corrupt wasp nest was much deeper than anticipated, and the adoptive parent/agent was catfishing and defrauding all parties and had an income of $USD 2 million. She is now a resident in jail and will be for some ten years.

167. It is NOT MY JOB to assist mothers and adoptees in crisis. As it is not my job to intervene with pregnant mothers being targeted for their babies for adoption by doctors, social workers or prospective adopters. And yet I have because apparently professional counsellors and those paid by the state in positions of power and capability do not recognize coercive adoption behavior and the breach of proper conduct that promotes adoption to an expectant mother. It is not innocent, it is predatory and coercive and a breach of good practice including good mental health practice. I'd really like to not have to do it. That official protection measures were in place to protect mothers and that professionals in the medical sphere were very aware of the criminal nature of soliciting other people's babies and promoting false information around adoption.
168. Similarly I would like proper counseling services for adoptees and families suffering its ongoing after-effects to be available. Counselling services that recognise the past abuses in adoption trafficking and the inherent abuse and power dynamics within adoption practices and systems. That consent is often not consent but defeat and capitulation and entrapment. That the dynamics of adoption often include an enormous amount of consistent pressure, sociopathic behaviour and discrimination on behalf of the adoption counsellor, in breach of good mental health practice.
169. Given I had a hot housing in exceptionally bad social worker/"counsellor" and adoption agent practice at the Royal Women's Hospital Brisbane and hence can recognize the poor, coercive and outright abuse of counselling privilege - gaining the automatic trust of the client, the access to the emotional and psychological landscape of the client, and the abuse of that; the access to concerns and themes through confiding of the client, which is then used against the client to create fear and doubt and procure consent, and the outright lies and abuse about adoption while exploiting the mothers need to protect her newborn, and feel safe, using her past traumas, her temporary vulnerability and not least creating and exploiting trauma caused from her newborn not being with her, which is what adoption does, at the earliest opportunity (ie birth). It removes the newborn at birth and puts the mother into a trauma response and incapacitates her ability to function well. It uses the physiological, psychological, hormonal and emotional response against the mother, while mutilating her entitlement to her own baby with doomsaying and promoting the "needs" of a stranger third party who are pushed upon her as "the deserving superior family" when in fact they are strangers often with competitive /narcissistic and anger issues around fertility and so too indirectly with the mother. Shutting the mother down while promoting the adopter. The prospective adopters are not superior, they are often just entitled opportunists with reproductive health issues, often due to their own neglect; and in a socially privileged situation, in that they are **not** in the hands of a bad social worker/doctor or going through a life-changing process in vulnerable isolation. A vulnerability often created deliberately or at least compounded and exploited by the pro adoption social worker and the trauma created by the behaviour of the counsellor, hospital staff and procedures, staff behaviour and poor practice.

170. When dealing with mental health issues and effects of trauma and adoption trauma, the counsellor needs to recognize the depth and seriousness of the issues before them and not use denial or dismissing as a way to damage control or deflect responsibility. In all post relinquishment loss effects, the social worker/counsellor failed to recognize the seriousness of the impact and also failed to advise of known issues associated with the injury, let alone how to deal with it.

    The client, who has gone to the hospital counsellor, in full trust and belief that her claim of being capable and an expert is true, given she is employed within a major hospital in a capital city, is given no pre warning of the serious risks or impacts, and no advice on the long term and very real manifestations of that trauma - such as the overwhelming suicide impulse, deep depression, irrational behaviour around loss, replacement baby compulsion, infertility risk, disassociation, trust impairment, PTSD, C-PTSD, complex trauma, compartmentalization, distressed bonding with subsequent children and psychotic rage management, risk taking, disempowerment. ALL BECAUSE OF ADOPTION TRAUMA.

171. Not least the failure to recognize this trauma and forewarn of predictable and likely impacts places the mother and her child, her future children and her future relationships and quality of life at risk.
172. The creation of trauma dynamics and poor mental health consequences and exceptional boundary violation, due to the experience of adoption loss, sets the dynamic of accepting poor relationship attachments and disempowerment in deflecting or getting out of such. Because adoption is a form of domestic violence and intimate violence, violation and betrayal, it is a deep violation on all levels and sensory expressions. It's mutilation resonates deep within the psyche and invades the conscious and subconscious mind, with theme's and dynamics imported from the event and from the social worker echoing, devastating and destroying in the life of the mother and the child for decades to follow.
173. Failure of the social worker to recognize a nuanced approach, that different people have different personality types and that those personality types cope differently, and sometimes are unable to cope and survive and have a poor outcome probability, along with an intersectional influences of many other factors, with a spectrum of risk and impact, affect how someone will cope or be a 'good' or bad fit (if there is such a thing as a good fit for loss of one's newborn to adoption..). Good social work takes a nuanced and knowledgeable approach and not a one-type-fits-all. Particularly with such an archaic, elitist, inhumane and misogynist practice such as Adoption.
174. For example, a sensitive, generous hearted, empathic personality type is not a good fit for the loss of their own born. Let alone to survive and negotiate the reality of adoption, the sociopathic adoption construct, the adopter narcissism, and all the cruel games, competitive behaviour, gaslighting, ownership, exclusion and mother erasure and annihilation that occurs, in all its forms. Which IS the reality of adoption.
175. Further examples of poor behaviour is the social worker "counsellor" refusing to hear the client, pushing her agenda, arguing against the client, overriding the client and telling everyone what she wants not what the mother want, using "choice" and "changinging" mind as a example of derision and negation, hanging up the phone to isolate the client, and throwing their emotional manipulation and guilt

onto the client, instead of assisting the client as the client as requested and is proper practice in good social work and preventative mental health therapy..

176. Equally using the story of another client to try to coerce the client into proceeding into something she doesn't want to participate in is very poor and questionable social work practice.
177. Instructing the client to write a farewell letter when the client has told the counsellor she does not wish to proceed with relinquishment is also a puzzling example of poor social work, poor preventative mental health practice and terrible coercive abuse.
178. Couching the coercion in terms of "choice" when there has been no choice at all but rather a defeat, mutilation and a breaking of the good mental health of the mother, by the very person who was meant to uphold and assist in safeguarding the mental health of the mother and her newborn;
179. Regardless of what happened and was said prior to the birth, the handing of the newborn to his/her mother renders any concerns and dialogues that pre-existed to that point null and void. Full transition into motherhood is usually seamless and achieved if the mother is handed her newborn at birth and not obstructed in access to her baby;
180. Healthy assistance of the mother and newborn is the best mental health care. Healthy assistance is the handing of the mother's newborn to the mother and allowing her to breastfeed her own born. To have uninterrupted, un-traumatized and unimpeded time with her baby, a private space to room in with her baby and a can do to help her care for her baby, rather than denying the mother the right to breastfeed her baby, bind her breasts, remove the child to the nursery where her baby was kept hostage and the doorway blocked by the matron who shockingly declared she would give her own two boys up if she had the chance. (I hope those boys find that out, I'm guessing she is a horrible mother because she is certainly a horrible matron). All this type of behaviour is to be viewed seriously as assault, and not flipped aside as having no impact. All that, don't do it.
181. ***All expectant mothers should be protected from anyone who is hostile to their continued possession and care of their own born child.*** Laws should be in place to protect mothers from those who feel they are entitled to her child, and from agents and upholding and promoting the intention of such people. Advice on how to protect their pregnancy, pregnancy transition into motherhood and how to identify and deal with baby predators and traffickers, should be provided to mothers. A pamphlet on all the information that should be supplied, the tell-tale signs of baby predators, and how to keep their emotional and psychological health safe from would-be predators and adopters should be given to mothers, as a matter of good preventative mental health measure.
182. Similarly there should be specific prosecutory laws in place to protect mothers from anyone trying to gain access to a mother and her newborn through medical, familial or social networks with a view to solicit her newborn.
183. Advice of the effect and dynamics of predator adoption behavior should be general knowledge and part of an information package and campaign to protect mothers and their newborns. Particularly in protection from pro adoption lobbyists and campaigns that are becoming more prevalent;
184. In the interest of good preventative mental health, the government should put in place pro active protection measures to protect vulnerable pregnant women from the aggressions and approach by infertile women and prospective adopters, and agents of. Be those agents, social workers, nurses, doctors, pregnancy help frauds,

random individuals, members of the public, and relatives, who are promoting adoption and it's fairy tale mythology. That the targeted mothers be actively protected by law and while in hospital protected from any misrepresentation and mistreatment on behalf of adoption trafficking.

185. Similarly fathers and extended family also be actively protected from predatory malpractice of adoption operators.
186. It wouldn't be good mental health practice to promote a lobotomy as a great and risk free practice, or at all advisable, and as a caring society practitioners would advise against and would not enable anyone thinking it was something to proceed with, particularly if they were being influenced by someone who wanted their brain, as an organ donation. So why then is it acceptable that adoption is promoted as a wonderful thing when a third party wants to procure someone else's newborn or a doctor wants to promote himself as a social engineer or expert in adoption, while fully denying and ignoring the impact of adoption trauma and loss on the mother, newborn, and family? The failure of even recognizing the maternal trauma of these mothers, regardless of their age, while promoting the imaginary trauma and entitlement of strangers is a strange social perplexity. How is it that such a compromised and misleading view of adoption is allowed to exist let alone be enabled and promoted in the 21st century? Change that.
187. It is not good mental health practice. I would go so far as to say that it is insane mental health practice.
188. A mother should be supported in the care of her child. A 15-year-old with a newborn is a 20-year-old with a 5-year-old. Build support(s) and a good mentorship/stewardship around the mother and her newborn to assist her in the care of her own-born. This is an age-old situation and yet our society has not and does not set up steward or hosting situations where the mother is with her child within a supportive mentoring environment (family or otherwise) and raised together.
189. Why is this not an option? Why is there not a valuing of these mothers who do not have families to support them? Why are there not an abundance of live-in homes to assist mothers who do not have healthy supportive family environments, as a way of helping her learn new ways of being and caring for her baby and putting safe protections in place? Why is a disadvantaged mother seen as an opportunity for a stranger to gain ownership of her baby, permanently and irrevocably? Why are mothers valued less without a partner? Due to their age? And strangers valued more? Why is there not a variety of options of rooming in and shared care for mothers/fathers and their newborn, with this being an age old phenomena?
190. Where a mother is truly not capable of caring for her child, she should have regular and consistent access and information on her child. Her connection and relationship with her child should be respected and not negated or erased. *
191. Where the situation is fraught or criminal then the mother should receive non-identifying information'*
192. The child should have say and control over contact and care be paramount. However, this needs to be done with genuine regard. Not an adopter family looking to erase the mother because they have not accepted the child having another family.
193. Adopters should not see themselves as entitled to anyone's child and not see themselves as the rightful family. They are the carers and parents. And they certainly are not enlightened nor special.

194. There should be no room for such fantasy and delusion with care for someone else's child and within the adoption arrangement. That should be seen as a sign of unsuitability. Counselors should assist with the mental health of the adoption placement in that regard to assist the well being of the displaced child as the focus.
195. Any similar expressed elitism or animosity towards first family equally should be regarded as a red flag and disentitle any lawyer, doctor, nurse, counsellor, social worker, public servant or office worker to work within the children services or adoption-related areas, as a practice of good mental health.
196. The counsellor and mental health team should behave in a preventative health perspective of minimizing risk of damage to their client and be mindful of good and respectful practice, treating the client as a intelligent person and explaining the concerns and effects, conducting their work respectfully and in full awareness of the law and policy in place and compliance to that, not working around the law and giving it lip service, and exercising full duty of care. They should be up to date with mental health knowledge and also be aware of the extensive research on trauma and associated practices.
197. The mental health and social work service providers should communicate directly and clearly and not substitute opinion or prejudice as fact in communications. They should not assume knowledge of ailments and impacts, and should describe and explain the issues at hand so that the client fully understands and is aware of what is impacting her/him/they and the condition. It should not be left up to the client to discover through community groups or an independent therapist what should have been thoroughly explained, forewarned and optimally prevented in the first instance with the state employed counsellor,. This information should be offered and should not be denied, not withheld, not not discussed, brushed aside, superficially addressed or dismissed, nor communicated in a derogatory or morally judgmental terms.
198. For example, if a mother is unable to easily bond and care for her subsequent child because she is suffering extreme PTSD, disassociation, psychosis and suicide impulse because of adoption related loss AND adoption trauma, and/or as a result of her abusive treatment in the hospital, and that her condition is symptomatic of the loss and not as a result of her being an inherently bad person and bad mother (and I can see why the adoption industry and adopters would be invested in the mother believing that, to further have the mother blame herself and be victimized/victimise herself); or, for instance, if the mother discovers that replacement baby compulsion is a psychological effect caused by the loss of their first born to adoption, as is infertility, and ***it is not an innate inherent flaw***, that is of phenomenal relief to the mother and that information, knowledge and understanding assists her in then processing and learning how to deal with the damage she has inherited ***as a result of adoption trauma*** and poor mental health practice. It allows her to view what has happened in medical terms, in terms of damage and trauma, in terms of impact, instead of in moral terms of being a "bad mother" or deficient person. Similarly with mothers with psychogenic amnesia or incapacitated ability to function, as a result of adoption trauma and damage, it is life changing to have this identified and assisted with, rather than being stuck with coping and surviving the impact and subsequent impairment.

199. MENTAL HEALTH HELP FOR SURVIVORS OF ADOPTION

Much in the way DES, Thalidomide and other bad medical practices have damaged and impaired the clients they promised to help, so too adoption has damaged and destroyed the very clients the social workers / health workers and counsellors claimed they were helping. Additionally those impacted include the subsequent children of the mother, families and adoptees broken by adoption, resonating forward across generations with intergenerational impact..

THEREFORE it is imperative that this trauma and impact is recognized in counselling, and that counselling be informed to assist these families impacted by poor adoption practice and adoption trauma. Given that the mother's psyche, mental health, nervous system and emotional landscape has been split and decimated by poor adoption practice, lousy counsellors and trauma inherent with loss to adoption and adoption trauma, it will take an expert well versed in trauma and mutilations and impairments specific to adoption to try to assist these mothers. To delicately and professionally aid these mothers who had their identity and mental health sliced into pieces, their body parts severed and familial members lost and stitched into this Frankenstein experiment. To Mend and reintegrate their destroyed mental health, piece by piece.

200. Finally, relinquishment, relinquishment to adoption, extended maintained separation due to adoption, adoption, poor counsellor practice, poor adoption counselling and poor hospital practice should all be recognized as causing serious lifelong mental health injury and trauma, and be treated as such. Adoption should not be promoted as a wonderful win-win situation or a happy equitable arrangement. All situations with adoption should be viewed with such gravity. Adoption should not be described with the flippancy and normalization of trauma and abuse that it has 'enjoyed' and is promoted within certain circles.

201. As a society we all love a happy story. In fact, it seems to be a cultural addiction, the happy story. Loss to Adoption is not a Happy story. It is perverse that it has been promoted as such, and it should not be promoted as such. Particularly to pregnant mothers as a form of coercion and misleading, particularly by those in positions of power and authority, and supposed experts including doctors, mental health professionals and counsellors.

Dismembering a family and entering into a disempowered, erasing submissive legal arrangement with strangers who have your most precious newborn and are withholding your child from you is not a happy win-win story. It is a story about misrepresentation, pregnancy invasion, maternal abuse and legal entrapment. The rest is hyperbole fantasy, a coercive narrative to convince others and the mother that relinquishment and adoption is a possible thing to do. Adoption should only be reservedly discussed in terms of trauma and surviving. It's not a happy dance. It is a rude shock. It is a never-ending source of pain and trauma and debilitating grief and complex and difficult emotional negotiations that never cease and come from all sides.

202. My mental health was fine before I consulted the hospital social worker, upon the direction of the doctor who had initially failed to diagnose my pregnancy and then promoted adoption when telling me I was 5 months pregnant. I was easy, happy-go-lucky. Trusting of the world and others. Thinking we lived in the equitable 1980s where women were treated equally and with respect. I did not suffer suicide

impulses, rage, depression, disassociation, PTSD, exceptional loss, lack of trust, phobic avoidance and hysteria around hospitals, perpetual fear of losing something, emphatic over communication and disclosure for fear of being understood, disempowerment in relationships. All that I incurred due to the poor practice and the malpractice of the social worker/counsellor at the Royal Women's Hospital in Brisbane. Who presented herself as an expert and abused the trust that she inherited from being employed at the hospital in her professional capacity and status. Such poor practice was present in her misinformation, her misuse of client confidence and her "counselling", her withholding of information and support networks and her abuse of the counselling process and the utilization of coercion, emotional manipulation, conditional approval/disapproval, coercive control and other manipulative methods. It was also present in the hospital's systemic processes that she activated and enabled, such as placing me in a trauma ward and removing my baby at birth and withholding him in the nursery and refusing to allow me to breastfeed my son, despite request and insistence, disallowing skin to skin contact, and the binding of my milk-laden breasts; all in the absence of proper information in written or verbal form.

In fact, the 'counselling' process was used to deny and refute correct information that I stated and presented, and a platform she used to promote misinformation. IN the absence of the supply of correct information and the promotion of lies, and in the absence of the internet and other ways to find information on adoption impacts and support groups, I was at the mercy of this counsellor for information.. An authority which she misused to promote false truths. With her insistence. And her negation of my concerns and questions.

The social worker was employed by a major hospital in the late 1980s, surely she had been properly vetted and monitored and was a professional? I assumed trust, my family assumed she would be a professional, and well versed and knowledgeable in the profession she was employed. That her conduct would uphold professional behavior. She abused that trust. She used and mistreated that trust. She placed herself as the expert. In the family home via phone and argued against me to my mother telling her it was what I wanted to do, when I had clearly stated I did not want to proceed. She was invested and that much involved she destroyed my mothers right to hear and protect me. Now understand that my mother always had my back and supported me, and she tried to help me stop the adoption, but then we were lied to by another malpracticing party, the adoption officer at Family and Community Services. How easily she could have stopped the adoption and how easily she could have told us the correct way to revoke. But, she chose not to.

My son was not bettered nor saved by a better family, this is not true. My son was not 'upgraded'. He went from a home that was full of love and whose grandparents owned multiple properties including a waterfront property in wynnum point and an avocado farm in Mount Tamborine, along with other properties owned by his other grandparents, and were all long term gainfully employed, from two sets of grandparents who were very well set up and were devastated to realise the loss of their first grandchild. Equally my grandfather lost his first great grandson. To be placed with a woman whose husband, as I understand, intermittently worked, who did not own their own house, who is a first generation immigrant who is phobic of the fauna and flora of Australia, neurotic, manipulative and represents everything I

despise as an intelligent fifth generation Australian. The "happy ever after" fantasy family fought bitterly and hated each other and divorced by the time my son was thirteen. I guess the adopter female is somewhat codependent because she remarried soon after. So my son grew up in a fraught acrimonious home, a single parent home and then a step-parent home. He could have stayed with his family and been brought up in a large happy extended family and good friend network. There is nothing I like about this woman and she would never have been allowed into my home, and certainly not be allowed near my children, let alone have custody of my first born.

I also had tertiary educated cousins who wanted to adopt my son. But the adoption officer in FACS promoted her 'well picked, perfect, well screened, well adjusted, thoroughly counseled', destined for and prepared adoption clients. What did they do to deserve my son? Not look after their reproductive health? Fill in a form? What risks and impacts did they have as I bled from birthing wounds and trauma impacted upon me in the hospital on their behalf?

I had to take the case to the supreme court to challenge the adoption. I had to find large sums of resources and finances to challenge it. What did the social worker, adoption officer and adopters do? Nothing. Filled in their forms. BARELY filled in their forms.

After the adoption went through and I confronted the social worker involved I was gaslit by the social worker saying "well it's easy to say you want your baby when you know you cannot have your baby", completely failing to acknowledge that I had tried to stop the adoption and asked her for her help; that i had told her that I did not think I knew what I was doing (I didn't); and that i had argued against her on phone coercion and she hung up, leaving me on my own to deal with my distress. There are social work records documenting her noting my distress and my protests that support my claims.

And the instance of the adoption worker using a mental health diagnosis of "False Memory Syndrome" that is discredited in the mental health circles and that she is not equipped or trained to give even if she never had enough consultations with me to diagnose me of anything, which she did not. So, I will just repeat that: The social worker gaslit me and the adoption worker used a fake mental health diagnosis to denigrate and discredit me and pathologise me. She used a fake mental health condition against me, to shut me down.

This is all particularly exceptionally poor mental health practice and appalling negligent and abusive professional behaviour.

Mothers are groomed and worked on, under the guise of 'counselling', using mental health techniques against the mother. When confronted and called out and into accountability, the offenders pull out the exceptional power of the law and a legal team that they have at their disposal. A luxury mothers, first families, adoptees and any ordinary person does not have access to.

As a Grace Tame accurately described the impact of a predator and grooming in her recent speech at the National Press Club on 9th February 2022 (18.47 - 20.20)

"But in reality it is invisible, characterised by calculated, insidious, systematic, psychological manipulation. That leaves its survivors with lasting, internalised complex trauma. Trauma that is not only reinforced by negative social attitudes, but also, ironically, by the very systems and institutions, the structures designed to protect us, to bring justice. Like courts, like the press. Such is the vicious cycle, or rather, tangled web of abuse culture. And thus we see the effect of abuse, persist long after the abuse itself stops. And wherever they can, abusers will turn survivors and supporters against each other. One of the key objectives of perpetrators and the defenders is to maintain the control of the narrative by denying, twisting or completely re-writing the truth. As a result survivors remain trapped in a seemingly inescapable state of repeated self-justification. By design those who are already exhausted and traumatised become exponentially so. Seeding more and more power to abusers in the process. Our pain is their strength. But by the same token, Our strength is their pain. The higher we rise, the harder they try to regain control."

There is nothing wonderful about adoption or social workers who fail to do their job and adoption networks that exploit a mothers vulnerability and the dynamics and transition into becoming a mother.

An independent advocate should be allocated to check and ensure that the mother is not being groomed, coerced or aggressed by an agent promoting newborn removal for adoption, and to ensure that her privacy and pregnancy remain intact and protected, with any breach of this being actionable by law. Mothers are not to be seen as mining grounds for baby removal and anyone with the attitude and practice to promote the "needs" of strangers during the mothers transition into parenting should be dealt legal and financial penalties.

Very sadly, and utterly avoidably, my family and I have suffered as a result of this social worker's poor service and abuse of trust and inaccurate information contrary to current and past professional research in the field. Her expertise was literally hogwash. To this day this counsellor and the network of people and practice has not been specifically held accountable. My family and I suffer and endure impacted mental health because of it every day, in all its manifestations and implications. The impact will resonate onto my children's children and generations to come. Despite our intelligence and capability, and because of adoption trauma.

The reasons mental health services and its practitioners need to change and be better are direly evident. Because the impact of poor and irresponsible mental health service and negligent 'counselling' is dire and has deep serious lifelong emotional and psychological impacts and are multifold, beyond just one person's life consequences.

Laws and policy can be in place, but the on-the-ground practice and intra- and extra-office nepotism is something very different to what is very clearly outlined appropriate behavior and process.

A social worker / counsellor can write on their Linked-in profile that they are "ethical" but that does not make it so.

Good mental health practice needs to have safeguards and monitoring in place to protect clients from being exploited, abused and damaged by poor practice, to protect them from systems and individuals that would exploit and exercise poor practice against them.

The government should be aware of the predator bias in social theories presented by such people, in the interest of protecting mothers from being exploited by such predators / prospective recipients of other people's newborns, to stop the trauma of adoption and loss to adoption from being repeated and continued.

Request for Inquiry into abuse within Adoption Placements

In addition to proper and well-versed trauma-informed mental health services for adoption affected people, including mothers, fathers, families and adoptees - those displaced by adoption - an inquiry into the abuse and neglect, and murder, that has occurred within adoption placements needs to be held.

It is in the interest of the betterment of mental health of a significant sector of the community and as part of the remedy of the abuse that has occurred and trauma incurred.

Adoption placements are not as if born to, they are extreme formal and unique legal arrangements, institutions constructed by, facilitated by, enabled and policed by the government and by law. They are an institution constructed artificially to create a 'family', and those placed in that institution should have a voice to discuss their abuse, acknowledgement and remedy for the trauma, abuse and neglect that they were subjected to within that constructed and enforced legal unit.