

**THE
SCARLET
CROSS**

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**PANTERA
PRESS**

PROLOGUE

FRIDAY 4 SEPTEMBER 2015

10.05 pm

DARLEY'S BEACH

It was just meant to be a short walk by the sea.

At the paint-peeled sign for Darley's Beach, Meredith drove towards the coast and took the high road that cut along the granite cliffs. The way was fringed with cedars on her left and sheer drops to the ocean on her right, and she followed it to the abandoned lookout on Grasmere Point, where the broken boards of picnic tables stake the ground like fallen crucifixes.

When her tyres hit gravel, she stopped. That was where they always stopped – she, Charlie and Evelyn – for one last look at the sea.

The wooden steps to the beach were hidden by an overgrown hemlock, but she found them – cracked and wind worn and still solid. So she took them down to the shore and walked to the steady pulse of the surf.

As daylight faded, images of an open casket punctured her thoughts. The funeral director had followed every instruction: an Hermès scarf around her neck, lips painted a rich Chanel red. With an anguish that sucked the air out of her, Meredith pushed away those images and tried to think of earlier days, when the three of them walked along Darley's Beach together, watching the autumn storms roll in.

She passed the rock where they sat on the afternoon of her father's memorial service. The search team never recovered his body and that fact – the lack of a body – made becoming an orphan even worse.

Now, Meredith is orphaned all over again.

She looks up, her face wet, but sees only darkness.

Night has fallen.

The moon rakes the beach like a searchlight, seeking out the bleached bones of driftwood.

Then the clouds shift again and drape the shore in black.

She peers into the darkness pooling around the cedars that edge the beach, their lacy leaves twitching in the shadows. She scans the beach for landmarks, but the shifting moonlight disorients.

She doesn't know this place. She's wandered too far. The car is miles away.

Her throat constricts and she thrusts a hand into her pocket. It's a reflex still deeply coded into her: the unrelenting need for a quick high. She doesn't find pills, but her fingers touch cool metal. Her phone. It's been off since the funeral.

She presses the power button, facing down the cedar forest – just in case, she thinks, as the waves crash on the sand behind her. Just in case she isn't actually alone.

Her phone jumps to life with its harsh blue light. As texts pop up, fear floods through her.

At what point did her body become auto-set to panic? She can't remember. Was it in the hospital morgue, when she saw the first dead woman sliced open? Or when the body count kept rising?

She squints at the bright screen. Ten texts. Seven in the last two hours. All from Leo.

Call me at 8.20 pm. Then at 8.45 pm – Need to talk.

She keeps scrolling.

At 9.10 pm – *Where the fuck are you?*

The wind is rising and waves pummel the beach. She can smell another storm rolling in but there's something else in the air: a hint of sweet rot. The light from her phone finds the remains of a gull at her feet. Its eye is a black hollow. Seaweed circles its neck.

The cedars creak in the wind and her hands shake as she scrolls through more texts.

When she sees the last one, there's a pivot. Deep down. Like the bottom of her belly has twisted around her spine. Cold liquid trickles down her back.

It's there, in Leo's last text.

The name of the next victim.

A twig snaps and her head shoots up.

She turns to run, but the sand is deep and sucks at her feet. There's a pounding in her ears – it's the surf and the sound of her own blood pumping. She tries to run faster but the wind throws its whole weight against her. It whips at the top of the waves, sprays salt water in her face and then rounds back for another go, wrapping her coat around her legs. She tastes blood. There's the taste of blood in her mouth. The sound of blood in her ears.

She trips on driftwood and just before she falls, sees a bloody cross, cut deep into soft flesh.

JUNE 2015

Chapter 1

Dawn is breaking but a heavy gauze of rain keeps the city asleep. At this early hour, the road is hers. As she drives towards the harbour, fog creeps up from the sea and bleeds onto the streets.

Her car crests the high arch of the Georgia Bridge and the dark outline of St Jude Hospital reveals itself on the other side, rising like a fortress against a sky of fractured clouds, backlit by the weak dawn light.

June has seen the heaviest rain on record, flooding the entire west coast of North America, and this morning it's torrential. She drives under the thick granite arch that guards the entrance of St Jude, parks, and runs from the deluge, shouldering her way through the heavy staff doors.

If someone had told Meredith Griffin when she began nursing that after a while the smell of hospital would put her at ease, she would have thought them mad. But after thirteen years at St Jude, it does. It's the organising principles of the place that settle her – to receive the injured, to do no harm – and the faint smell of disinfectant always reminds her of them.

She walks silently in her soft-soled nursing shoes towards Emergency, skirting the statue of St Jude in the hospital's main atrium. The saint appears in different ways around the building,

but the statue at the front is the most tragic. He kneels in supplication, his gaunt face cast down, tattered robes hanging from his outstretched arms. The words of Matthew 25:40 are engraved in the hard granite underneath him: *Whatsoever you do for the least of my brothers, the same you have done for me.*

Peeking into the storeroom on the way to her office, Meredith grimaces at the mess and makes a mental note to talk to her staff. But before closing the door, she freezes. Perched on the edge of a shelf is an open box of Ativan single-dose packets. ‘Fuck!’ she mouths. Ativan – a benzodiazepine and highly addictive – had to be ordered from Central Pharmacy and locked in a meds cart or an automatic dispensing cabinet, accessible only with a double swipe. To leave a box here, open, in an unlocked storeroom? She can’t believe the breach of protocol.

She exhales and stares at the drugs, hand squeezing the door handle, vision tunnelling into the box. There are just a few strips of pills left inside. Their foil packaging sparkles in the light.

Prickles under her skin grow into a compulsion to scratch. She tries to deny the urge, but her desire is an animal, straining at the leash. She moves quickly, and with a nervous glance up and down the corridor, reaches for the box, stuffs it deep into her bag and pads silently away.

In her office, routine takes over – coat on hook, umbrella in corner, bag under desk, long, unruly red hair pulled and pushed into a tight topknot. She flips open a cosmetic mirror, wipes the smudged mascara from under her eyes, pulls on a lab coat, and crams a strip of pills into her pocket.

As if on cue, the intercom sounds, reverberating through the corridor. Two nurses run past her office door, barrelling a gurney towards the trauma room. ‘Blue! We have a Blue,’ they

say in low, harsh voices. The nurses speak in code, mindful of what patients may hear.

She runs after them and catches sight of a thin arm hanging over the edge of the stretcher, swinging back and forth. It's long and delicate – scoured with a thick mesh of scars. Each mark's hue signifies its vintage: old white scars crisscrossed with healing plum-coloured lines, and then the most recent slashes, bright crimson and vicious.

The nurse running beside her speaks urgently under his breath: 'Young woman, found down at Victor Allen Park, bleeding out.'

The woman's clothes are soaked in blood. A heavy-duty pressure bandage is wrapped tightly around her upper thigh. Meredith scans the woman's colour and sucks in her breath – she knows that face.

'Katherine!' she whispers, leaning down.

Sensing awareness in the patient, her voice gets sharper. 'Katherine! It's me, Meredith Griffin.' The patient's eyes flutter open and Meredith whispers more gently, 'I need you to hold on.'

She puts her hand in the woman's open palm, and Katherine's fingers curl up and hold on.

A voice yells to her. It's Rosalyn, Meredith's lead clinical nurse, motioning urgently. 'The bat phone just rang – we need all hands!' The intercom crackles: 'Code Orange, South Door.'

Orange means multiple casualties – likely a multi-vehicle accident. Meredith turns back to the patient and shoots a desperate look at the nurse. As she leans over the bleeding woman, the strip of Ativan springs out of her pocket like a silver snake.

'Go,' the nurse says, eyeing the drugs. Then he points his head at Ros, who's rounding up hospitalists. 'Go help Ros with what's coming in. We'll take care of her.'

The patient's eyes are closed again and Meredith doesn't want to leave her, but she can hear the sirens of ambulances bringing in the injured.

She turns towards the noise, hollering for porters and care aides. As she shoves the drugs back into her pocket, Katherine's hand slips away.

* * *

Later, back at her desk, Meredith checks her voicemail. 'Hey, Mere. It's me – winning the battle these days. Call me when you can.' Her sister Bella's voice is clear, her tone strong. It's a sign her new meds are working, letting her spirit bubble to the surface.

She's about to call Bella back when a text pops up from Leo: *Trivia night for cancer fundraiser on Sat – be my date?* Nice, she thinks. *Yes but I suck*, she texts back. After pressing send, she realises what she's written and cringes. *I mean at trivia*, she texts again. *I mean I'm really bad at trivia*, she texts, a third time. Fuck, she thinks, throwing her phone on the desk. With everything you can do with a smartphone, why can't you 'undo' a text?

'Knock, knock.' Ros is at the door, rugged up against the cold, her face popping out of a mountain of wool like a rosy button. Her voice is steady – and steadiness is the quality most treasured by Meredith in her lead clinical nurse. Trauma, psychosis, violence – whatever onslaught the Emergency ward unleashes simply runs like water down the granite of Rosalyn McLean.

'Quite an end to your shift,' Meredith says.

'And quite a start to yours,' Ros replies in her wry Scottish brogue. Ros has three young boys at home and is taking night shifts as a favour to Meredith – normally, she's racing to leave, but now she stays put.

‘People are raving about your talk at the RN conference,’ Ros says, leaning against the open door. She’s five foot eleven and her thick-soled nursing shoes make her even taller.

‘Oh yeah?’ Meredith says, distracted by a code report on her computer screen.

‘Yeah, especially how you skewered that journalist who tried to corner you on healthcare costs.’

Meredith flashes Ros a conspiratorial smile. ‘I just did what any of us would do – took him through a normal day on the ward – saving lives, treating pain, resources stretched thin. You know,’ she shrugs, ‘same old, same old.’

‘Well, it must have felt good seeing him wither on the vine.’

‘Yeah, I hate public stoushes, but they’re fun when you win,’ she says, winking at Ros and turning back to the report on her computer.

‘Mere ...’ Ros says, at which Meredith looks up sharply – only Ros and Bella call her that. ‘The girl ... Katherine Richardson.’

Their eyes lock and Meredith’s teeth clench. She knows Ros’s tone.

A conversation between doctors in the corridor floats into the room and then floats out, as the two nurses acknowledge what’s passing between them. It’s a moment of darkness, losing a patient. Like being rudderless in the night, watching the last light on land go out.

Ros shifts her weight, clears her throat. ‘We saw Katherine so many times. She was so funny and smart, and the injury, you know ... the amount of blood loss. Some patients feel like family—’

Meredith’s hand shoots up to stop Ros and she squeezes her eyes shut. ‘What was the cause of death?’

‘Cardiac arrest. I can—’

‘Which doctor signed the death certificate?’ Meredith asks, getting up so fast she knocks over her chair.

‘Dr Jackson. He’s still on shift if you want to—’

‘Is she in the morgue?’ Meredith asks, walking past her.

‘I assume so,’ Ros says, following her out of the office.

Meredith speaks over her shoulder as she runs down the hallway, heading to the morgue. ‘I want to see the patient file, Ros. Pull it, please.’

* * *

Riding the elevator down to the morgue, Meredith recalls another early morning, about eight months earlier, when she first saw Katherine Richardson. The girl had been cutting herself in the public bathroom in Victor Allen Park and recognised she had gone too far. She stumbled into St Jude Emergency dazed, slipping in a puddle of her own blood, dark hair pasted on her sweaty forehead. Her eyes were glassy and her arms, sliced open and bloody, hung limp at her sides. As Meredith hollered for a wheelchair, the girl looked her up and down and said, ‘Those are really ugly shoes,’ before collapsing.

After the shoe incident, Katherine Richardson had come to Emergency more times than Meredith could count. She was a frequent flyer – and each visit had its highlights. There was the time she popped the nurse for trying to restrain her. ‘Go to hell!’ she yelled, before winding up and clocking him in the jaw.

The next time Katherine came in, Meredith referred her to Psych – but not without a fight. ‘I’ve already had a Psych eval, why should I get another?’ she demanded, shaking her head, her dark hair moving in angry waves across her face. ‘What’ll it be this time, Nurse?’ she spat. ‘Marginal OCD? Bipolar tendencies?’ Her voice cracked and then returned with

contempt. ‘Psych isn’t science.’ And then the final sting: ‘I’m a med student. I know more about it than you do.’

The last time Meredith saw Katherine conscious was in the recovery room, sitting with her bandaged wrists folded in her lap. ‘Katherine?’ she asked, leaning over to look the girl in the face and sitting beside her. ‘You remember me? I’m the nurse with the bad shoes.’ Katherine looked down at Meredith’s practical orthopaedics and a smirk flashed across her face.

‘I just noticed you were here,’ Meredith said, eyeing the bandages on her wrists. ‘Do you have someone coming to get you?’

‘My mom.’

‘Okay. Okay, that’s good,’ Meredith replied, searching for a way through her hard shell. ‘You know, Katherine, you can always call that number I gave you. They’re there to help.’

They sat quietly for a while and then Meredith made to leave. But when she stood up, a hand shot out and pulled her back down on the chair. Katherine’s dark hair hung across her face like a curtain. ‘Thank you,’ she whispered.

It was just the bare outline of a phrase, perched on the edge of her breath. So quiet, it could have been imagined.

* * *

The slow descent of the elevator rankles and Meredith jabs roughly at the lit basement button, tormenting herself with questions ... Why didn’t we refer Katherine to Psych earlier? How many others are going to slip through our hands? The thought of losing more young patients turns her stomach.

The elevator convulses as it opens onto a dim and quiet basement hallway. There is no bustle of nursing staff on this level – just the sporadic, faint whistle of air vents and silence.

Her shoes make no sound against the polished concrete floor as she walks slowly to the morgue.

Knowing the pathologist's schedule, she's pretty sure he won't be in the morgue so she swipes herself in. Seeing no one, she heads to the fridges, slowly adjusting to the bright lights, the stinging scent of chemicals and the cold. It takes her a few seconds to scan the names on the fridge doors before she sees *K. Richardson* scribbled on the whiteboard fixed to the third fridge.

After pleading with her old friend Ben to let her have one quick look at Katherine, Meredith hangs back and watches the grey-haired, ruddy-faced morgue technician snap on a pair of sterilised gloves. He trudges past her, slides Katherine's corpse onto a gurney and wheels her shrouded body to the post-mortem table. Ben's nearing sixty-five, but his stocky wrestler's body is as powerful as ever, his arms still sculpted with muscle and vein.

'There you go, Meredith,' he grunts and checks his watch. 'I'll be back in five minutes – that's all the time you get.' He snaps off his gloves, wincing slightly as he rolls his shoulder, and raises an eyebrow. 'Going for coffee, want one?'

'No thanks, I'm fine,' she says, smiling at his sing-song Yorkshire accent. 'What's up with your shoulder? That ski injury still troubling you?'

'Oh, I don't know, Meredith,' he says with resignation. 'I can't tell anymore, the aches and pains are all merging into one.'

'Go get some coffee. It'll help.'

'Opioids will work better ...' he says with a sly grin.

'I didn't hear that and no, they won't.'

'Oh, I know, I know,' he sighs, waving her away and trudging out the door. 'I'll be dead by the time you young folk find the cure for old age. It's bloody unfair.'

As Ben leaves, she feels the silence of the dead creep back into the room. She quickly unzips the body bag, then gently peels it away from the young woman's stiff upper limbs.

Sweeping her eyes across Katherine's arms and chest, Meredith gets the full picture of the damage she's done to herself. Young women present with scars like this every day – on the conveyor belt that moves countless self-harmers between Emergency and Psych. Bending over Katherine, she traces the angry marks carved into the woman's body, the intricate red slashes on white skin, the places where scar tissue has built up.

'Oh, you – you poor thing,' she whispers, recognising the scars from cuts that she herself has bandaged during the many times Katherine was in her care.

Utterly absorbed, she jumps at a sound behind her.

'Meredith, what's up?'

The voice is familiar and sends her mood due south.

'Mark,' she says, with feigned brightness, suddenly wishing she'd said yes to Ben's offer of coffee. A lean blond man walks past her to the head of the gurney, stands over Katherine's body and crosses his arms in front of his broad chest. A badge is pinned to his lab coat: Mark Roth, Deputy Head of Psychiatry.

'Katherine was a regular in Emergency, Mark. I heard she passed and I want to know how she died.'

The man's face remains still but his pale blue eyes drill into Meredith, as if searching for weak spots. She meets his gaze and then slides her eyes slowly up to his forehead, where a dark red scar blights his fair complexion.

'Should you be in here?' he asks.

She feels her face get hot – she knows permission's required for her to access the morgue, but the same applies to him. 'Should you?' she shoots back.

Mark lifts his chin at her. 'Katherine was a long-term patient of mine. I spent months helping her. More than you would've been able to in Emergency.'

The comment is signature Mark and makes Meredith's face twitch. It's no secret she had qualified as a psychiatric nurse after becoming a specialist in emergency care. Mark never misses an opportunity to point out she's not a doctor, but everyone on the ward knows that when the psychiatrists aren't around, the nurses rely on her for preliminary psych assessments. If life hadn't taken Meredith in a different direction, she'd be where Mark is – the second-in-command of Psychiatry at St Jude. He knows that. His path first crossed hers years back when they were competing for first place in their pre-med courses. Since he was hired at St Jude two years ago – him well down the road to a stellar career in psychiatry, and Meredith battling away at the nursing frontlines – he's relished every chance to stir.

Meredith ignores his feint, as well as the hackles he's raised in her. 'We all know Katherine was a cutter but her suicide risk was low. Her presentation was always non-suicidal self-injury.'

Mark runs his fingers through his short hair and breathes out slowly, with an air of disappointment. 'Those who didn't know her as well as I did might agree with you. But Katherine definitely suicided.' He glances at his watch. 'Is there something in particular you want to know?'

'No, Mark, just give me a minute to take a look on my own. She was my patient too; her wounds will tell me.'

He laughs out loud at this. 'Oh, right – so now you're a pathologist, are you?'

Meredith slowly exhales. 'Mark, you counselled Katherine for a while. I get that. But I brought her back from semi-consciousness, carried her through Emergency and stitched her

up, countless times. My whole team knows Katherine.’ She fixes Mark with a cold stare. ‘I’ve asked for a minute.’

‘Okay, Griffin,’ he says, holding up his hands in surrender, using her surname like he does with the junior nurses. He takes an exaggerated step back. ‘This is me giving you a minute.’

Another slow exhale. More than anything, she wants him out of the room – second best would be a drop of respect. She ignores him and tries to focus on Katherine, but he’s moved to where she can’t see him.

‘You know,’ she says, walking to the other side of the gurney, trying to get the conversation back on a professional footing, ‘young female self-harmers come through Emergency all the time. We should set up some training, so everyone can identify these cries for help.’

‘I hardly think this was a cry for help.’

‘Why do you say that?’

‘The nature of her injuries, of course,’ he says, reaching over to open the bag all the way to reveal the lower half of Katherine’s body. ‘You’re looking in the wrong place.’

Katherine’s legs are untouched up to the delicate crease between her pelvis and upper thigh, but there, on the soft plane of her inner hip, is a brutal injury – two deep gashes, driven deep into her skin, in the form of a cross. Katherine’s flesh is butchered.

‘She exsanguinated, just as they were identifying her blood type. Assured cardiac shutdown,’ Mark says. ‘This wasn’t a cry for attention, Griffin. Katherine was a med student – she knew her anatomy. She vivisected herself and, in the process, nicked her femoral.’

Meredith stands, paralysed, recalling the pressure bandage Katherine had around her leg in Emergency. She only regains her senses as Mark is rearranging the bag over Katherine’s body.

It's crude, the way he assembles Katherine's limbs and covers her corpse – out of character for a senior professional who's just lost a patient.

But, more than that, it's Mark's fingers, curling around Katherine's limbs, that flick the switch in her. She remembers those hands and the strength of their grip – even now, after all this time. They're long and thin and perfectly manicured, and the sight of them here, on a woman's body, rips away any trace of professional restraint.

'Wait! Just ... just wait,' she stutters, grabbing his wrist to stop him. 'Just a minute, Mark. You call this self-harm?' She says, pointing to the ripped tissue on Katherine's upper thigh. 'You really think Katherine did this to herself?'

Mark roughly shakes off her hand. Colour rises to his face but his eyes remain cool. 'Meredith, I know it's shocking, but you're not a psychiatrist. And you clearly haven't read the file. Your own team found a medical scalpel in her pocket this morning. You wouldn't know this, but that's what she often used to cut herself.'

Meredith feels this news like a blow to her solar plexus. She did, in fact, know Katherine used a scalpel to self-harm – she had told Meredith herself, during their many chats in Emergency. Meredith's hands start to shake and she rushes to put them behind her back, but not before he notices.

'Quite a tremor you've got there, Griffin,' he says, his face breaking into a cruel smile. 'Big night last night?' When he sees her sharp look, he starts to laugh. 'Just joking. Nothing that a bit of Ativan can't cure, right?' He shakes his head at her, as he stands over the body bag. 'You know, Meredith, I worry about you sometimes.'

She looks at him coldly, priming herself for another offensive remark.

‘You might want to think about how much you let work get to you.’

His words drop heavily into the silence between them and their eyes lock for a moment too long.

Meredith briefly senses actual concern from Mark, but then his face snaps shut and he checks his watch. ‘I have to go speak to the parents,’ he sniffs haughtily and turns to leave. ‘Take care, Griffin.’

Mark’s clipped footsteps echo against the tiled walls of the morgue, leaving Meredith alone again with Katherine. Underneath the body bag, she can see the delicate dish of her pelvis. She zips the bag up tight, smoothing out its last wrinkles, unable to stop her hands from shaking.

I must call Bella, she thinks, recalling her sister’s voicemail. She sounded fine, but still, I must, I must call her.

Meredith turns towards the exit, but her heart is going like a jungle drum and her legs are weak. A surge of vertigo makes her stumble and the floor tilts up at her. She catches herself against the tiled wall, leans her moist forehead on its icy, smooth surface. Her fingers reach hungrily into her lab coat pocket for the small packets of Ativan. She rips one open and swallows the pill down dry.

It’s not the freezing temperature that’s making her shake.

Nor the drugs – despite what Mark might suspect.

It’s the deep gash in the shape of a cross on Katherine’s upper thigh.

It’s the fact that she’s seen that cut before – on another woman.

* * *

St Jude sits on the tip of Dorset Point, a granite promontory named after Alexander Dorset, the English navigator who

founded the town of New Westdale. The land was gifted to the Catholic Church by an early colonial government dominated by Protestants – a barren crag of granite, jutting into the Pacific Ocean like chipped driftwood.

Everyone said nothing could grow on Dorset Point. But over time, a chapel grew out of the rock, stone by stone, roughly cut and laid by hand. At the western foot of the chapel, a walled courtyard was built and, within it, a quiet garden was planted. Firs and cedars took root and flourished in the acidic soil, and when the sun broke through and heated the chapel's stone walls, the smell of cedar, azalea and phlox drifted towards the town.

When the Chapel of St Jude became part of St Jude Hospital, the courtyard was converted to a garden for patients and that's where Meredith sits now, relishing the cradle of trees and shrubs around her, eating a cheese sandwich from the staff canteen. As sea mists roll over the garden's stone walls, she pulls her coat collar tight against her neck.

The coat was her mother's – cashmere and stylish – and it fits like a second skin. Meredith had inherited her mom's light bones and small size. There was something of the bird about both of them, her father always said. Quick and precise, small boned and tiny, two neat little packages. But the other things – Meredith's thick red hair and sharp cheekbones, her green eyes in a heart-shaped face – they're all from her father: the Griffin side of the family. No, Meredith thinks, it's her sister Bella who is most like her mother. With her black hair and impossibly violet eyes, and her psychosis, which follows Bella around like a crooked tail.

Thinking about her sister, she pulls out her phone.

'Hey,' Meredith says. 'You called. All good?'

'All good,' Bella says. 'Are you at work?'

'Yeah, how's things?'

‘Really good, actually. I called to tell you they’ve asked me back to present for In Our Shoes.’ Over a year ago, Bella had started volunteering for a city-wide program that brought people with mental health illnesses into classrooms to talk to kids about mental health and stigma reduction. Bella assisted with the program and presented when she wasn’t symptomatic – she played piano for the students and spoke about living with schizophrenia.

‘They’re running the program again?’

‘Yup, they got funding, and they’re extending it from grades nine to twelve.’

‘That’s fantastic, Belle!’

‘Yeah, I know. I can’t wait! They might even film it this year. I need your help picking the pieces I’m going to play.’

‘Of course, this weekend?’ Meredith asks, her spirits lifting.

During the whole of the previous year, Bella’s volunteer work had made her happy. It allowed her to contribute, to teach, to be with kids. When Bella hangs up, Meredith searches for classical music on her phone – until a drop of rain lands on the screen. Around her, the wind picks up and the temperature drops. She shivers as the rain gets heavier, and sprints back to Emergency as a dark thunderhead splits open above.

* * *

Throughout the week since Katherine’s death Meredith has tried to remember the other woman she saw die from the same brutal wound. In the moments when she wasn’t presenting at board meetings, recruiting staff or supporting frontline trauma care, she tried searching Emergency records but couldn’t pin down the patient’s name. The only detail Meredith can remember is that the patient was admitted by Psych.

‘But you ... you’re the Google of St Jude, Barb,’ she says to the woman at the Psych admissions desk. ‘You know everything. You must remember her.’

‘I know, I’m awesome. But I’m also tired, I want to go home and I need more than what you’re giving me to find a patient file.’

Barb Finnegan has headed up administration in Psychiatry for twenty-five years. She’s her usual surly self as she shuts down her computer and locks up her cabinets, the corners of her mouth turned southward with grim purpose. But Meredith’s unfazed by her rough edges. The number of presentations in Emergency that feature mental health issues and then lead to Psych admissions is high, making Barb and Meredith close colleagues. So Meredith just hangs back, watching Barb pack up for the day, both women lost in their own thoughts, comfortable in the silence between them.

Nowhere closer to identifying the patient’s name, Meredith starts to ruminate. She tries to recall who the attending physician was, whether Ros worked that day, what time the patient came in, who else was on shift, what the weather was like – anything that might trigger details that will help Barb locate the patient’s name and file. Lost in the struggle to remember, she hears Barb as if through fog, speaking to her in the soft voice she uses for Psych inpatients.

‘Meredith – all okay?’

Barb is hovering, her manner having softened from militant to maternal, and Meredith realises she’s been there for several minutes, sitting on the edge of Barb’s desk, shuffling papers, lining up their edges, ordering and reordering the pages.

‘Yeah. All okay, thanks, Barb,’ she says, standing up and composing herself. As she walks back through the underground tunnels that connect Psych to Emergency, the image of

Katherine's strange fatal cut invades her mind in a steady, repeating loop. The tunnel's light gets dimmer and the walls creep closer. Water, running through pipes overhead, whistles and screeches, tightening the nerves between the base of her neck to her forehead. She starts to run and is out of breath when she gets to the elevator. Once inside, with the doors closed, she feels the pull of the hungry ghost inside her and pops an Ativan. She leans against the wall, waiting for the drug to quiet the ringing in her ears, as the elevator shakes her up to the ground floor.

Back in her office, she finally brings herself to review Katherine Richardson's file – Ros had left it on her desk days before. But halfway through Katherine's admission documents, treatment plans and referral notes, she's struck by how remarkably un-tragic her life appears. Her home address is in Westport, an exclusive suburb to the southwest of the city, not unlike Shaughnessy Heights, the wealthy neighbourhood where Meredith grew up, until things fell apart at home.

Katherine attended the University of New Westdale, a top-tier university for high achievers – in medicine, as she had told Meredith often. Her anxiety and depression began at sixteen, along with panic attacks and cutting. After Meredith referred her to Psych, Mark Roth conducted the initial psychiatric assessment.

There's an autopsy objection note in the file indicating her parents had not consented to a post-mortem, which suggests they shared Mark Roth's view that the cause of death was suicide. But from Meredith's quick review of the patient file, Katherine looked like an accomplished young woman with immense opportunities, whose family was helping her manage her mental health. It's baffling how she could have ended up cutting herself in such a brutal way.

The last page of the file, signed with Mark Roth's angular writing, is a referral to the St Jude Psychiatric Outpatient Clinic, where Katherine was to see him for regular counselling.

After this – there's nothing.

Meredith frowns and sits back in her chair.

What did Mark say to her in the morgue? He said he *spent months* helping Katherine Richardson.

If that were true, there would be plenty of records.

But the file just stops, as if Katherine's life ended as soon as her therapy began.

Chapter 2

A steady pounding of rain seeps into Meredith's consciousness. The daylight through the crack in the blind is dim and grey – its hue suggests late morning.

Her entire head aches – like its support beams have collapsed. Piercing through the rubble of her hangover is a throbbing lump of pain two inches behind her right eye, like a hot bullet to the brain.

Burning pins and needles spike up her calf. She rolls out from under Leo's heavy limbs, and stumbles through the dark to the bathroom as nausea churns her belly. She's unsure what's causing her stomach to turn – her hangover, or the bloody cut on Katherine's upper thigh that she can't shake from her mind.

When she emerges from the bathroom, her hair in a towel, Leo is sitting up in bed, sipping coffee, bare chested and musclebound, dark hair crushed from sleep into a half-hearted mohawk, his long legs akimbo.

'Making yourself at home, I see,' she says, noticing how relaxed he is and trying to keep the tetchiness out of her voice. A part of her likes him at her place, comfortable and in her bed, but still. It's early days.

She feels his eyes on her as she walks naked across the room. Leo Donnelly is senior homicide – very little escapes him –

even when he's half asleep and in need of caffeine. 'I made you a cup,' he says sheepishly, aiming to please.

She takes a sip from the cup by her side of the bed and grimaces. 'God, Leo, that's wretched.'

In response, he takes a long, slow sip, swallows and then says with feigned patience, 'Meredith. Like the rest of the world, I haven't used a moka pot since university. I could make you a killer espresso if you owned a coffee maker from this century.'

'You dropped out of university – remember?' she says over her shoulder while opening her closet to find underwear. She's still slurring her words, a fact that makes her even more irritable.

'Right, but I'm smarter than most who stayed the course,' he says, with a wide grin of self-satisfaction. 'That's why you like me.'

She bats her long eyelashes at him with exaggerated affection, and then leans against the open closet door to steady herself as she climbs into a pair of woollen leggings suitable for the unseasonably cold June day. 'You're actually a bully, Leo. You *goaded* me into that last whisky series.'

'Yup,' he says, taking another long pull at his coffee. 'That was my fault, especially when you stood on your chair and challenged the *whole homicide department* to a drinking contest.' He laughs at the memory as she turns her back on him, scanning her closet for something to wear on top.

'You're a lightweight, Red. It's time you faced it.'

Leo names her in colours – sometimes Red for her hair; sometimes Silver, when he wants to tease her for growing up in a 'fancy' neighbourhood. 'If you grew up on my side of the tracks, you wouldn't last a sec—' he stops short and she turns around to find out why.

Leo is looking over her shoulder with horror. 'What the fuck?'

She follows his gaze to her closet to see what the drama is.

‘You can’t be serious,’ he says. He takes another slug of his coffee as if to right himself with caffeine and shakes his head. ‘Colour coding? Really?’

Meredith scowls and shuts her closet. She’s still smarting from his moka pot comment. That was her special coffee maker, which she bought from the Italian market in her second year of pre-med, before she decided to go into nursing. Is nothing sacred? And then his comment about the other stuff – her obsessive need to colour-code her clothes, to organise her shoes according to colour, then style – she couldn’t go there with Leo. Not yet. And certainly not with a hangover.

Ignoring him, she pulls on a sweater, firmly closes her closet and pads barefoot to the kitchen.

She can hear his slow, even steps down the hallway as she drowns her cereal in milk.

‘Who was the guy at the bar who called us a cliché?’ she asks when he sits down beside her, noticing he’s in jeans and nothing else, her eyes sliding over the smooth planes of muscle in his chest.

‘Cliché? Oh – that guy. That was Dex. And he didn’t call us a cliché – that prick’s English doesn’t extend to French. All he said was there were five guys in his department dating nurses and in homicide the rate was higher.’

Meredith makes a sound that’s somewhere between a grunt and a snort, and Leo sidles up closer, putting his arm around her shoulders. ‘Red, it’s Sunday. Neither one of us has to work. Why are we not still in bed?’

She looks hard at him and frowns. ‘It’s past noon, Leo. And my head is too sore to talk.’ If she can keep the cereal down, she’ll be one step further along the road to recovery. ‘Do you understand? Talking requires thinking, and thinking *hurts*.’

He squeezes her closer. 'What's wrong, darling, did I disappoint you last night?' he says, smiling and kissing her lightly on the forehead. His heavy forearm moves from her shoulders to the small of her back, pulling her closer.

She turns to him, concentrating hard on chewing and swallowing. Leo's gentle eyes are a deep brown with gold flecks, in a lean, muscular face. His olive skin is smooth and clear but for a livid white scar that runs across his left brow, eye and cheekbone. Whatever caused it must have been painful. After a few months of dating she hasn't asked him about it and he hasn't offered, but his contempt for bullies and the odd remark about gangs in his old neighbourhood provides a bit of colour – all the signs point to a violent childhood. The skin around the scar has healed unevenly and tightened, leaving a slight squint in his left eye and a subtle curl in his upper lip. The effect is faint, but combined with his sinewy bulk it gives him the look of a thug and, when he's angry, a touch of the demented. Both, she thinks, must come in handy in his profession.

'Come on,' he says eventually, taking a thirsty swallow of coffee. 'Talk to me. Tell me what's on your mind.'

She shakes her head dismissively. 'It's just a patient we lost at work. A self-harmer. Young.' She says all this while eating large mouthfuls of cereal, giving him the bare bones, skimming the surface of what's raging in her head.

As Meredith starts talking about the self-harmers coming through Emergency, she can see Leo file away the facts. He watches her closely as she talks but his face reveals nothing – he's a careful listener: taciturn, non-judgemental, his settled attention focusing on her every word. When she explains Katherine's death, her voice gets tight. Bound by confidentiality, she's careful not to mention names, and also doesn't reveal the

specific nature of the injury – the deep perpendicular cuts to the thigh, the femoral bleed.

‘Cause of death was cardiac arrest, due to excessive bleeding. She had deep gashes – brutal ones – so unlike the other cuts she had made to herself. It was almost ritualistic.’

Leo just looks at her calmly, slowly sipping his coffee, but then he squints, as if slightly confused. ‘You see this stuff all the time, Red. Why so troubled by this one?’

Meredith doesn’t know, but she rambles on anyway. ‘This woman. She had issues but she was strong. She had spirit.’

Leo remains quiet, swirling the remaining coffee in his cup, assessing what she’s saying. ‘Does she remind you of Bella?’

Meredith pushes her bowl away, letting the question sink in. She hasn’t told Leo much about her sister, but he knows enough to get to the core of it. Katherine had a similar upbringing to Meredith and Bella. She was Bella’s age when she was finally diagnosed with schizophrenia. Katherine was beautiful, like Bella, and they both had a searing intelligence that could burn if you weren’t careful.

She thinks back to when Ros came to her office to tell her about Katherine – how she cut Ros off, mid-sentence. ‘Perhaps,’ she says, filling a long pause. ‘Perhaps she did.’

She pushes the cereal away, preferring to look at Leo than feed her stomach. As if on cue, he helps her off her chair. He stands a full foot higher than her, with legs that stretch up like the poker-straight cedars of the coast. Straight is how Leo is. The way he talks. The way he goes at a case. The way he is with her – deliberate and incapable of half-truths. Above all, that’s what Meredith needs from the man in her bed.

When he moves closer, she can feel a heat rise from him and breathes in the faint smell of salt. Fresh out of the shower

or after a long day, Leo always smells like the air that rolls in with the sea – fresh and salty at the same time. His fingers move along her neck, probing deep into the tissue between the bones of her back, relaxing her head. His hands are firm and confident, just the way she likes them. She closes her eyes, letting her head fall back, pulling his hips against hers.

* * *

A couple of hours later, Meredith wakes to see Leo sleeping beside her. She reaches for her phone to check the time and scrolls through texts to see if her sister has made contact. There's nothing from Bella, but there's a text from Barb Finnegan: *I think the patient you're looking for is T Norsman. Medical Records should have her complete file. All the best, Google.*

The message propels her out of bed. Careful not to wake Leo, she dresses silently. She writes a note: *Shopping, gym and then to St Jude to do some work. Please lock the door on your way out.* Meredith leaves it on the neat pile of clothes he's made in the corner and closes the bedroom door.

Sleep isn't possible. There are now two women scratching at the walls of her mind, driving her to find out why they've both ended up dead in her emergency room.

* * *

As she pulls into the St Jude parking lot, her phone buzzes with a missed call from her girlfriend Charlie. 'I resent having to stalk you, Meredith Griffin,' her voicemail says. 'How can I do the seating plan for Evelyn's birthday party without a confirmed guest list? Call me, or I'll bump you from the Saturday night dinner and banish you to the Sunday tea.'

Her old friend's rebuke is delivered in an Australian accent, which even now, after all these years, still sounds English to Meredith's untrained ear. Smiling, she deletes Charlie's voicemail and punches in a quick text: *We both know you can't party without me – of course I'm coming for dinner!*

The message from Charlie lifts her spirits as she rides the elevator down to Medical Records in St Jude's basement. But when the elevator lurches to a stop and the doors open, she can't help the shudder that runs through her. It's Sunday afternoon and she's alone, but she never really feels alone in the hospital tunnels. There is always a lingering presence of the old and forgotten, of discarded medical devices, of the dead.

St Jude began its days as a hospice for soldiers returning from World War I. Between the wars, it took on the patients that no other institution wanted and a wing was built for the mentally ill. In 1932, the Palliative Care Unit and Psychiatry were connected by a tunnel that formed the northern perimeter of the complex. That same year, St Jude was licensed as a hospital.

St Jude was set up to serve vulnerable populations, and its Psychiatry department was the most established in the region. That was why Meredith went to St Jude, why she gained her Psych qualification there, why Bella was so often admitted there. Of all the hospital specialities, Psych rarely has high status, but that wasn't the case at St Jude. Having recently recruited world-renowned psychiatric researchers, it was on a clear trajectory to lead the country.

Like all the other tunnels that connect the wings and pavilions of St Jude, the northern tunnel is dark and clean, industrial and dead quiet. On either side are unlit storage rooms – gaping eyes that leak obsolete supplies into the corridor. Old IV stands are shoved into corners, next to cabinets, broken gurneys, splintered tables and chairs. On their own and set apart from

the bustle of staff or the pulse of care, the medical devices look suspicious, even deadly.

In the northern tunnel these obsolete instruments feel particularly sinister. Among the discarded furniture lie the macabre artefacts of early psychiatry – wheelchairs with restraining belts, straitjackets and muzzles. As Meredith hurries past, these dark objects exude a sense of watchfulness.

The sound of footsteps rises up behind her. They are heavy steps: a man's. It feels like they're right behind her but when she looks, there's no one there. It's hard to know what's behind you in the tunnels – or what's in front. The way isn't straight and there are few signposts.

The sign for Central Pharmacy appears overhead, along with a twenty-four-hour camera trained on the door. What the camera doesn't record is the automatic drug cabinet located around the corner, so Meredith calculates quickly, glancing up and down the tunnel. The Ativan she found in the storeroom will help for the time being, but she needs more Clonazepam for when she really needs to sleep deeply. Maybe a bit of Ritalin, for when she needs a pick-me-up? It's a huge risk to divert drugs this way and she wouldn't do it if her street source had not become unreliable of late. Normally, she'll only pocket drugs when the opportunity presents itself – when the drugs appear out of nowhere, like they did in the storeroom the morning Katherine died, or when a patient declines their meds, or leaves their pills beside their bed after being discharged. But she's running low and it only takes a few swipes of the special access card arranged for her by her friend, Jacob de Rhiz, the manager of IT and Facilities, to effect a critical override and dispense what she needs. In a few minutes, it's done. She takes a guilty swallow and continues on to Medical Records, feeling the stolen stash heavy in her pocket.

A second later, the footsteps come back. She speeds up, but so do they. With another quick glance behind, she sees the heavysset figure of Lachlan Murphy, St Jude's general counsel. He's a large burl of a man, more wide than tall, and he's moving fast. Before she can acknowledge him, he turns abruptly and punches through a set of doors leading to Surgery, disappearing from sight. Meredith has little to do with Lachlan, but he's known to barrel around the place, particularly late at night and on weekends, sharing a punishing schedule with senior medical staff.

A quick glance above her indicates the sign to Medical Records, so Meredith swipes herself in. The attendant at the desk is leaning on the counter, his sleeves pushed up high over toned forearms. He's scrolling through his newsfeed as his other hand plays with the crucifix around his neck.

She asks the young man to retrieve T Norsman's file and thinks about the diversity survey the hospital ran earlier that year. Meredith's atheism is unremarkable in the stew of religious beliefs at St Jude. Catholic, Muslim, Jewish, atheist – practitioners of all stripes work alongside each other in the heat and hustle of acute care. It's only when an issue bubbles up, like a female patient asking about abortion, or a discussion of a patient's suicide risk, that the implacable influence of the Catholic health directives – strict rules for healthcare infused with Church dogma – roll down from on high, quashing any debate.

When the young man leans over to put the file in a cart, the crucifix tumbles out of his shirt collar and swings back and forth like a heavy pendulum. 'Thanks, Daniel,' she says, noticing his name badge. He gives her an angelic smile back.

Sitting in a far cubicle along the wall, she opens the file and finally sees the woman's first name – Tabitha. She scribbles key details in her notebook: Resuscitation failed. Time of death –

7.20 am, 21 February 2015, declared by Dr Olivia Lu. Classed as suicide. Coroner concurred. As she reads further, the details of the day crash into her memory. Tabitha had arrived as a Code Blue. Meredith was doing chest compressions, shouting for ventilation, as Ros ran to get extra blood. By the time Dr Lu took over as code doctor, they had lost her. It was only when Meredith was preparing the body for the morgue that she saw the woman's fatal cuts – the deep gashes in the shape of a cross in the soft crease of her upper thigh. Like everyone else, Meredith had been quick to consider it a suicide: there were thick scars all over Tabitha's legs and arms – the self-harm was clear.

A handwritten scrawl in Tabitha's file states the cause of her death was 'exsanguination' by way of 'penetrating perpendicular cuts to the skin over the femoral artery'. There are no photos of the injury and no autopsy results. Just Meredith's memory and the notation on the file.

The rest of Tabitha's file is just as hard going as the recollection of the day she died – a testament of abuse and neglect from start to finish. There are multiple visits involving high-powered IVs to treat sepsis, and numerous presentations for abscesses and fungal infections – all signs of an immune system crippled by intravenous drug use. There are two near-fatal ODs, several broken bones, and a swath of repeat visits to treat violent injuries and personal neglect: a fractured cheekbone, detached retina, broken teeth, urinary tract infections that progressed to the kidney, infected domestic burns ... the list is endless. She's surprised she wasn't more aware of Tabitha, given the number of times she'd been in Emergency. But Meredith's speed read of the first few pages of the file leads to a clear conclusion: Tabitha lived on the street, and sold sex to support a drug addiction – she was most often wheeled in at night, when Meredith wasn't on shift.

After a violent outburst in Emergency when she presented with a fractured tibia, Tabitha was referred to Psych for evaluation. The psych assessment is impossible to read – it’s a bad scan of an original document that seems to have gotten jammed in the photocopier. Whole sections of the assessment are obscured and it’s not clear who the admitting physician is. What is clear is that Tabitha was referred to the St Jude Psychiatric Outpatient Clinic for counselling sessions. Her first session was scheduled to start almost ten months ago. And then – there’s nothing. Just like with Katherine, her file ends there.

Frustrated by the state of the patient file and surprised, given Barb Finnegan’s usual fastidiousness, she thumbs a text: *Thanks so much Barb – hey, the patient’s psych assessment must have got jammed in the scanner. Can you re-scan it?*

A voice distracts Meredith and she peeks above the cubicle to see Mark Roth leaning over the reception counter with his boss, Stuart Chester. Mark’s wearing spandex and looks like he’s just finished a hard bike ride but Stuart’s in his usual white lab coat, appearing crisp and professional. Recruited to transform and modernise the St Jude Psych department two years ago, Stuart almost lives at St Jude, working through weekends and late into the evenings. By all accounts he gets by on four hours of sleep a night, but you’d never know it from his clear complexion, the calm set of his face and his effortless ways with staff and patients alike. Meredith is starting to like Stuart, especially given her nursing staff like him. Not to mention the money his research brings to the hospital, which has benefited everyone, including her trauma rooms.

Both Mark and Stuart are leaning on the reception desk, laughing and chatting with Daniel, who smiles eagerly back at them, his expression marking their every word. The three

men seem relaxed together, like they go way back. But that's the way Mark Roth always is with men, Meredith thinks caustically. The men at St Jude are his inner circle – at every level – from the clerks all the way up to the CEO. They are the little insurance policies that he plants around the entire institution to insulate him from the rumours that surround him like a fume.

The most recent one centred on him and a junior Psych resident – Valeska Stein. Rumour had it Mark was sweet on her – the fact that he was, and still is, married was seemingly irrelevant. They were a stunning item – both tall, fit and blond – until his eye wandered and the tide turned. Then Valeska stopped getting a full caseload and was disinvited from departmental meetings. Meredith heard she filed a complaint of sexual harassment against him, but the substance of it was vigorously denied and the dispute fell into a black hole of bureaucracy. Meredith observed it all from afar: how Mark spotted, favoured and courted Valeska, then embarrassed and sidelined her – all with no consequences. She had wanted to get involved, or at least reach out to Valeska as a colleague. But they didn't have a close relationship, and Valeska left St Jude before Meredith found the right moment. The last she heard, Valeska had transferred to Psychiatry at New Westdale General and was kicking field goals in the profession. Good on her.

Noting the time and hearing Mark and Stuart leave in a trail of laughter, Meredith tries to refocus on the patient file. Tabitha's world, described in the rough scrawl of assessments, diagnoses, treatment plans and prescriptions, was one of bare survival. And there were so many patients like Tabitha, living on the edge, rushed into St Jude Emergency. On that very day, within the hour, a member of her staff would save someone and

fail to save someone, watch a patient pull through and another give up, nurse a victim then a perpetrator, sometimes right next to each other. Everything her team did – each task, procedure, spoken word, movement – each and every moment, was funnelled towards helping someone. No matter how subtle the gesture or delicate the touch, these small unhistoric acts of care formed a beat for Meredith, a deep rhythm that she could set her own clock to. It's why, over the years, through everything that had happened to her family and to Bella, St Jude was home.

* * *

On her way out, she stops at Emergency to check on things, and just as she arrives one of the weekend shift nurses, Tamara, hails her down. 'Meredith! Glad to see you. We have a new joiner on staff, Laura Stone.' She motions to a fresh-faced nurse with a blond ponytail. 'She wants to talk to you about a self-injury we had in this morning.'

After they say their hellos, Meredith moves the conversation to a computer station that's set aside from the bustle in the corridor.

'Welcome to St Jude, Laura. What can I do for you?'

'Ros told me when I started that we're to report self-harming and that makes sense – we did it at New Westdale General, where I trained. I just had a really young girl in this morning, with cuts on her forearms and thighs.'

'How young?'

'Thirteen.'

'Is she okay?'

'Yeah,' Laura nods, her pigtail bobbing. 'She was discharged a few hours ago.'

'With a family member?'

‘Yeah – after we bandaged her up she seemed okay,’ Laura says. ‘It’s just that she was on her phone in the recovery room and I caught a glimpse of the website she was on. It was called “Ritual Cuts”, and when I asked her about it, she acted really strange. She shoved the phone into the pocket of her coat and got pretty snarky.’

‘What did she say?’

‘She told me to mind my own business, like any thirteen year old would, and then tried to look cool and said that when tattoos don’t cut it, scarification’s a great mod.’

Meredith nods. ‘Right. Not surprised you got some attitude! Did she look like she was into body mods and piercing and all of that?’

‘Not at all. That’s what was so strange. She looked like me,’ the junior says, motioning to herself. ‘Super straight.’

‘Do you think she made the cuts herself?’

‘I doubt it – unless she’s ambidextrous. They were the same design on both forearms and thighs, very straight and clean, so I suspect someone else did the cutting. And they were deeper than any scarification I’ve seen before.’

‘What did they look like?’

‘They were crosses.’

Meredith leans against the wall as her guts start to churn. ‘Right,’ she says, a bit harshly, her thoughts speeding up. ‘Like what kind? Catholic?’

‘Yeah.’

‘A Latin cross?’

‘What’s that?’

‘Long vertical, short horizontal.’

‘Yup.’

‘You said the thigh,’ Meredith says quickly. ‘Crosses there too?’

‘Yup.’

‘Where?’

‘Top.’

‘Inner?’

‘No, front.’

‘You’re sure?’

‘Yes. Definitely anterior,’ Laura says, nodding, her ponytail bobbing faster with the speed of Meredith’s questions.

‘Anywhere near an artery?’

‘No.’

‘Blood loss?’

‘Not more than we could manage.’

‘Right, okay, thanks, Laura,’ Meredith says, her pulse racing. ‘I appreciate you raising this – please ensure you put full notes in your chart narrative and send me the patient’s name so I can keep an eye out for her.’

‘Sure thing,’ the junior says. ‘Absolutely.’

Meredith assumes a calm smile for the young nurse’s benefit. ‘Let me know if I can help you settle in, Laura. Glad to have you on board.’ Then she turns to summon the elevator, feeling sweat running down her back. Time to start ramping up reporting on self-injury, she thinks. Once the elevator doors close, she punches an email to Ros: *Ros, we need a staff huddle on self-injury. I want to increase record keeping on any relevant presentations with full written details in the chart – ALL locations of cutting must be noted clearly in the narratives.*

She presses send and then starts googling ‘ritualistic cuts’.