

# Prologue

I'm on my way home from work when my baby turns into a dragon. We are standing at the lights of a busy intersection, waiting to cross the road. The dragon in my pram glares, wiggles its toes. There's a teething rusk in the grip of its hand. This is not the first time it's happened. I've seen dragons before – in the cot, the swings, the highchair. But this one is angry and fierce and red. This dragon is different.

The woman standing next to us smiles at him, leans in to take a closer look. I snap the lid of the pram down and angle the wheels away from her. I must protect my baby from prying eyes. It's hard to know who to trust.

I turn off the main road, pushing the pram along the narrow backstreets. There's a squeal from under the hood, a squeal that settles somewhere in my spine.

When I lift the lid back up, the dragon is gone. My baby, Henry, beams at me, all cheeks and blue eyes.

'Nearly home, buddy,' I tell him. My feet ache in the high heels I wore to the office. It's my third week back at the Department of Community Services after maternity leave. I do not know who

I am anymore or where I have gone, but I can still dress the part.

It's dark now and cold – a clear July night. The stars peek through one by one. When I look down, I can see that my hands are attached to me, but they're no longer mine. I inspect them like a scientist – they're at the end of my arms, my rings are all there. But they don't belong to me.

I call my psychiatrist, Dr Q. The hands still work. She picks up straight away. I've never called her between sessions before.

'I don't think my hands are mine anymore,' I tell her. 'I don't think they're mine.'

'How scary,' she says. 'Where are you, Ariane? Is Henry with you?'

'Yes,' I say. 'But he's a dragon again. We're on our way back from day care.'

'Where's Robb?'

'He's away. For work. LA maybe? Or Singapore? I think he's in LA.' I keep pushing the pram, placing one wobbly heel in front of the other.

Henry points at the neighbour's cat. His squeal again – the way it unravels me.

'I don't know how to explain it,' I say. 'But I just don't feel right.'

'I know,' Dr Q says. And I know she does.

'I'm so tired.'

'You're doing so well,' Dr Q says. 'I'm going to stay with you, okay? Until you get home. Just keep walking.'

I want to curl up in her voice and sleep and sleep and sleep.



# 1

## Level One

*'Respect the delicate ecology of your delusions.'*

TONY KUSHNER, *ANGELS IN AMERICA*

The report from the NSW Department of Community Services (DoCS) helpline is a Level One, which means we need to respond to it within twenty-four hours. They're the most serious cases, the most severe instances of abuse and neglect. Sometimes they're high profile and reported in the media: child deaths, murder-suicide or a shaken baby. They're the ones you don't forget.

At times, crisis calls come in from the helpline. Two of us will drop the casework we had planned, to respond to this new information about a child at risk. I come to learn that these calls are most common late on a Friday, as mandatory reporters from schools or childcare centres phone through their concerns before the weekend. There's a predictability about the end-of-week chaos.

We go through these helpline reports with our manager, Megan, and analyse any previous documentation about the families to identify possible patterns. We discuss who we should speak to and what questions we need to ask to see what risks might be present. We put child seats in the government vehicles and head into the field to interview, gather information and make an assessment about a particular case. Sometimes that means bringing a

child into care, serving the parents 'removal' papers and driving away. We'll come back to an often-empty office and scramble to find a foster placement for the stunned child or siblings, then pull together – quickly yet thoroughly – information to present to the Children's Court the following day.

During my first week on the job, I accompanied my colleague Rachel as she delivered subpoenas for one of her court cases. It seemed absurd, like something out of a movie – delivering yellow envelopes to a day care and two medical centres while we chatted about our boyfriends and weekend plans. But, as I quickly discovered, that was the nature of the job.

And it's hard. We survive on black humour, coffee, unnatural levels of adrenaline and far too much alcohol on the rare Friday nights we're not out on a Level One. But oh, how I love it. I wanted a job that was meaningful, where I could help others. I am full of naive optimism that that's what child protection caseworkers do – help children and their families. And, in most instances, keep them together.

Today's Level One is allocated to my colleague Clare and me. There's always a primary and a secondary worker when we go out into the field – one to interview, one to take notes – two for safety. Clare has just come back to Australia after working in the London child protection system for two years. She's loud, freckled and hilarious. I'm in good hands with her.

Before we head out, Megan takes us through the report in her office. Her long blonde hair is in a ponytail and she's wearing sensible 'social worker shoes'. Megan is meticulous and unflappable, known for making tough decisions not everyone agrees with.

I joined her child protection team not long after a child death. I missed the immediate aftermath – the investigations, the enquiry by the ombudsman – but we can all feel the impact. The team's

practice has been forever changed. One of the many systemic failures identified in the case was not sighting the child, something we now do without fail whenever we visit a family.

‘Right. Declan is four months old,’ Megan says, scrolling through the report on her screen. Her desk is covered in cream departmental files. ‘He’s currently in hospital with a cold and severe nappy rash.’ Megan clicks on a record about a phone call she made earlier to hospital staff. ‘The paediatrician says the rash isn’t due to neglect. It got worse after mum tried to treat it with steroid cream, prescribed by her GP. His cold is getting better, too.’ She pauses. ‘Declan was admitted overnight, so mum – Maggie – and dad – Ben – left baby and went up to the pub on the corner. They had a few drinks and came back to the hospital around ten p.m. While in Declan’s room, they had an argument, during which dad allegedly pushed mum against the wall and accidentally bumped Declan’s cot. They made so much noise that staff called the police and told them both to leave.’

‘Any history?’ I ask.

‘No DoCS history,’ Megan says, ‘but police have been to the home a few times for verbal disputes – generally alcohol-related. They were before Declan was born, though. Nothing over the past few months. But we’ve obviously got concerns for his physical safety, considering Declan is only four months old.’

I remember a line from my training: *The best predictor of future behaviour is past behaviour.*

‘Okay,’ says Clare. ‘What’s the plan?’

We decide to interview the paediatrician and hospital staff who saw Declan’s parents fighting. We’ll also speak to the police and then go to Declan’s parents’ apartment. When we have more information, we’ll consult with Megan to determine the outcome. For now, Declan is safe in hospital. But he’ll be ready for discharge soon, so we’ll need to make a decision – fast.

It's eleven a.m. by the time Clare and I drive away from the office. It's warm but the sky is threatening rain. I sip the takeaway coffee I grabbed from the café next door and try to eat half a sandwich. It's going to be a long day.

The paediatrician at the children's hospital is busy and matter-of-fact. He confirms that Declan's rash isn't due to neglect and that medically he'll be ready for discharge the following day. 'I'm sorry, I don't know anything else. But you can speak to the social worker.' He looks at his watch and apologises again before disappearing down the corridor.

'They were both very drunk,' the social worker says when we find her in her office. 'Ben pushed Maggie in their room, and she bumped the crib and started screaming at him. That's when staff called the police. Mum says dad has schizoaffective disorder, which is mostly well managed but she's worried he isn't taking his medication. He has another child from a previous relationship, but he hasn't seen her for about four years.' She pauses and checks her notes. 'Dad hasn't been here much, but mum's hardly left Declan's side.'

'And there's an AVO now?' I ask.

'Actually, yes,' the social worker says. 'The police have taken an interim one out. I'll find the number they left. Would you like to see Declan before you go?'

'Yes, please,' Clare says.

*Always sight the child.*

We follow the social worker down the ward, past rows of closed doors and tired parents. 'Let me know if there's anything else you need from me,' she says, knocking on the door to Declan's room. Inside, there's a nurse hovering over his crib. 'DoCS are here,' the social worker says. 'They just need to see Declan.'

'Of course. Come on in.'

Clare and I peer into the crib.

‘He’s doing much better this afternoon,’ the nurse tells us. ‘Isn’t he lovely?’

And he is – tiny with dark hair and the sweetest little face, wrinkled with sleep.

‘Have you had much to do with the parents?’ Clare asks.

‘I’m only just back from leave,’ the nurse says. ‘Haven’t even met them.’

‘Okay,’ Clare says. ‘Thank you.’

On our way back to the car, we stop for another coffee. Clare takes a call from the office – one of the parents on her caseload has shown up to their contact visit on the wrong afternoon and has been yelling abuse at Sue, the admin person who took the call.

‘I swear I confirmed it on Monday,’ Clare says to Sue. She pauses. ‘Shit. Maybe I didn’t.’ She gets in the car and puts her seatbelt on. ‘Can you please tell Leanne I’ll call her when I’m back in the office? I’ll ask if we can arrange another visit. I’m really sorry, Sue.’

‘You okay?’ I ask Clare, as she hangs up with a sigh.

‘Yeah,’ she says. ‘I think I may have fucked up, though. I told Leanne I’d confirm this week’s visit but it must have slipped my mind.’

We’re both quiet as she drives out of the hospital car park. My own to-do list keeps me awake and I don’t have half as many cases as Clare does.

‘Want me to call Megan?’ I say.

‘Yeah, go for it.’

When Megan picks up, we talk her through what we’ve learnt about the case: mum and dad both have problems with alcohol misuse and possibly drugs; dad has schizoaffective disorder and might not be medicated; there’s a history of family violence, mostly verbal although possibly escalating. There’s no

family support nearby and no services are currently involved with the parents.

'Right,' says Megan. She pauses for a moment, processing. 'Declan's very young. We need more time to assess what's going on. I'm not comfortable with him going home. Can you get the paperwork ready, please?'

The three of us are silent, considering what this means logistically. Does it sound cold if I admit that the emotion usually comes later? Sometimes it's at home that evening, as the adrenaline quiets and the exhaustion hits. Often it's weeks or months later – during an interview with distraught parents or a difficult day at court. For now, though, there's a task list we must work through – and emotions only slow us down.

Because Declan is in hospital, removing him from his parents is called an assumption rather than a removal (not that this makes any difference at all to the parents whose child is being taken from their care). When he's ready to be discharged, Declan will be brought into statutory care and placed with family members, if they can be found and are considered safe, or approved foster carers, while the case goes to the Children's Court. This can take as long as a year – often longer.

We're not sure how Declan's parents will react, so Megan advises that we take the police with us to the house. We organise for cops from the local station to meet us there and I pull the paperwork from our 'response kit'.

I have only been at the Community Services Centre for about six months, but already I've been involved in taking numerous children into care: a little boy we 'assumed' from his primary school classroom; sisters we took to an aunt's house straight after they'd disclosed being physically assaulted; a boy whose mother relinquished care in a refuge. We've been yelled at, spat at, lunged

at. I've been called a cunt. I've worried about being followed home in the dark after work.

Outside the apartment, we wait for the police to arrive. It's three p.m. by now and my head throbs. This part doesn't get any easier and my palms are sweaty in my lap. I wonder if I'm really cut out for this work. Is anyone?

When the cops appear, I slide the assumption papers into my notebook and follow them inside. Maggie is the only one home. She is quiet and subdued as we explain that Declan is now in departmental care. We take her through what's ahead – a contact schedule, a foster placement, help to get her into rehab. I scribble notes down as Clare speaks – this 'interview' will be used as evidence.

It's not until we tell Maggie she won't be able to visit Declan in the hospital that she begins to cry. Contact visits need to be supervised and tend to begin once interim court orders are in place. I hand her a tissue, then another, suddenly conscious of being in her home, her space, her life.

'Is there anyone in your family who might be able to look after Declan?' I ask Maggie. 'Your parents? Or a sibling? An aunt?'

'My mum's overseas,' Maggie says. 'On a cruise. She went on a big trip with her friends. To celebrate her retirement. She'll come back, though. I'm sure she'll come back.'

'Okay,' I tell her. 'Do you know where she is now? Can I please have her phone number?'

As the sun sets, we drive to the children's hospital to update staff about Declan's care and give them copies of the paperwork. The social worker we met earlier has already left for the day and the one on duty knows almost nothing about the case. While Clare explains the assumption paperwork, I text my boyfriend, Robb, to tell him I'll be home late again. We've just moved into a house in Redfern and the place is still full of boxes.

Back at the office, we sit on the floor next to Megan's desk and eat McDonald's. There's rarely time for a formal debrief so it often happens here, on the carpet. While the cleaners move efficiently through the building, we process what's happened and discuss what will come next. Initiating court proceedings sets in motion an array of tasks and deadlines. The day after we remove or assume a child into care, we must file an affidavit for the Children's Court. We have a few hours before Declan is discharged to try to locate family or line up a foster carer. Once we've filed the paperwork, we'll need to set up a contact schedule between Declan and his parents, supervised in one of the tiny rooms in the Community Services Centre and often facilitated by an external agency of young workers who are usually social work students. For a baby as young as Declan, it's normally three one-hour visits per week.

Megan allocates the case to me, adding Declan's name to the whiteboard that dominates a wall in her office before placing mine next to it. He's now the second baby I have on my caseload, along with a two-month-old boy. There are older children, too: Sam, a thirteen-year-old boy in residential care, and four siblings – eleven-year-old Timothy, nine-year-old Jessica, six-year-old Dani and three-year-old Brayden. Depending on our level of experience and the complexity of the matter, we're supposed to have between five and ten cases at any one time – but it's often more.

In a few months I'll have a third baby to look after – Jayde, whose parents police believe are involved in a Sydney drug syndicate. We remove eleven-month-old Jayde in an inner-city police station one Tuesday afternoon. It's another Level One with no prior family history. My colleague Sally and I spend the day interviewing the parents separately and speaking to police about their concerns. The parents give wildly different versions of the night

they were arrested, and the father appears drug affected. He sits slumped against the wall of the interview room the police have given us to use for the day.

Later, as Sally holds the little girl, her father – who we later find out was coming down from ice – lunges to attack me. Police appear from everywhere, tackling him to the ground with a thud I'll hear for months, years, to come. He's handcuffed and taken away.

A police officer, a man not much older than Sally and me, picks up a folder and walks past us. 'How can you just take her?' he says. 'This is bullshit. Absolute bullshit.'

I look at Sally, who raises an eyebrow and places a hand on her hip. Sally's almost six feet tall, fiercely intelligent and an excellent caseworker – someone I admire. My hands are shaking and I can feel my face redden.

'I'm really sorry about that,' one of his colleagues says as we get our bags. 'He just had a baby. Last week.'

'Can you please tell me his name?' Sally asks the officer.

'It's Bowen,' he says hesitantly. 'Officer Rick Bowen. But as I said, he just had a baby.'

'Thank you.' Sally scribbles something in her notebook and gestures towards me. 'Let's go.'

Nappy bag over my shoulder and my heart still thrumming, we take Jayde back to the car, where there's a parking ticket waiting for us.

'Of course there is,' Sally says, laughing as she puts the little girl in the worn government car seat. 'Of course there fucking is.'

The police officer who has accompanied us, in case the couple are still in the area, frowns. 'Sorry,' he says. 'Can't help you with that one.'

Sally grabs it, puts it in her folder. Jayde cries all the way back to the office.

I both get used to, and never really get used to, the rhythm of these days.



I fell into child protection work by accident. My honours degree in psychology was useless without the additional two years of study required to be a registered psychologist. Unlike social work, there are no practical aspects of an undergraduate psychology degree (with the exception, perhaps, of conditioning rats to press bars for sucrose). But I was tired of full-time studying and – more importantly – of having no money. I decided to get a job and worry about the extra two years later.

During the final years of my degree, I volunteered as a Lifeline counsellor in Sydney's Northern Beaches. I did a Tuesday afternoon shift each fortnight and an overnight shift once every few months, fuelled by terrible instant coffee that made my heart beat too fast. And while on some shifts it seemed I answered more sex calls than real calls, the training was thorough and the clinical experience was sound. There were mothers I referred to the PANDA (Perinatal Anxiety and Depression Australia) helpline, women with screaming babies I could hear in the background. I was twenty years old and had no reference point for what they were going through, but I knew how to sit with someone in distress – something you can't learn from a textbook.

After I graduated, I applied for a job at Kids Helpline, which was based in Brisbane, not far from where Robb, my on-again-off-again boyfriend, grew up. Our relationship was new and tumultuous – Robb had just come out of a difficult break-up and wasn't ready for 'anything serious', and I wasn't sure I had the patience to wait around until he was.

‘Well, I don’t believe in monogamy anyway,’ I told him, three beers deep at a pub in Pyrmont. ‘I don’t want to be tied down. I want kids. I really want kids. But I want to do it my way.’

‘And what way is that?’ he asked with a smile.

‘I haven’t figured that part out yet.’

We had met in a job interview in a high-rise co-working space in the Sydney CBD. Robb was tall with dark curly hair and kind blue eyes. At the time, he was the community manager for a virtual world and chat room for teenagers, and was looking to employ education and psychology students as online moderators. I was in the third year of my degree, making smoothies at a food court Boost Juice. His job proposition sounded infinitely better than making Strawberry Squeezes and wheatgrass shots for jaded corporates.

I got the job, but not everyone agreed I was suited to the role. ‘An online what?’ said my brothers, Evan and Huw, when I told them. Robb had called to offer me the position and to invite me into the office for training. ‘You can hardly turn the computer on.’ (I told them to be quiet then asked them to please show me how because I had a new boss to impress.)

Because the job was completely remote, with four-hour shifts at home around the clock, our friendship developed over AIM and ICQ chats. Our relationship came about a year later when Robb had moved into a more senior role and I was doing my honours in psychology. Robb was funny and intelligent and charming, but it was his calmness I was most drawn to. There was a gentleness about him that settled the churn of my stomach, a feeling that intensified as graduation loomed and I started looking for a full-time job. *Ah fuck*, I remember thinking one afternoon, my books spread around me as I studied for my final stats exams. *I think I’m in love.*

As is often the case when it comes to love, the timing was nothing short of inconvenient. 'I just think I need to be single for a bit,' Robb told me one night. 'Or at least, you know, keep this casual. Isn't that what you wanted, anyway?'

But I no longer knew what I wanted.

When I told Robb that I was considering moving to his hometown, we decided to travel to Brisbane together so I could attend an information day at Kids Helpline and have a look around the city.

Robb's parents lived in Mount Cotton, in the city's south-east. His father was a full-time carer for Robb's younger sister Milly, who had a profound intellectual disability. Physically, Milly resembled a young woman; developmentally, she functioned at around the level of an eighteen-month-old.

I didn't fall in love with Brisbane, but I did fall in love with Robb and with his family. Within weeks, we were living together in a tiny one-bedroom apartment on King Street in Newtown. I was only twenty-one but by then I knew I'd met my person. And so, I declined the interview for Kids Helpline and instead applied for the DoCS helpline in New South Wales. The helpline case-worker role was in many ways the perfect in-between job while I figured out what I wanted to do next. The interview process was intense – a typing test, a panel interview and a role play, which I messed up spectacularly, treating it more like a Lifeline call than a mandatory reporter making a risk-of-harm report. Despite my subpar performance, I got the job. The department was pretty desperate for workers.

The helpline, sprawled across three levels of a building in Sydney's West, felt like a cross between a counselling service and a call centre. It operated 24/7 and had a crisis response team (CRT), which headed out on urgent reports that came in during the night. On the phones, we took calls from mandatory reporters:

police, childcare workers, schoolteachers and hospital staff as well as members of the public. Many related to Family Court matters, with one parent calling to report against the other – ‘He took them to the beach without sunscreen’, ‘She sent them to school without lunch’. After each call, we would consult with our team leader about its urgency. There were several factors we considered with each case: the vulnerability of the children, any history on file, the opportunity for harm and any protective factors. Cases were assigned a Level One, a Level Two (response required within seventy-two hours) or a Level Three (within ten days). Reports from open cases – those with an allocated caseworker out in the field – were sent through to the local office managing it, while others were closed at the helpline with no further action taken.

During peak periods – lunchtime and between about six p.m. and ten p.m. – the floor manager would stroll between cubicles, looking up at the digital board that flashed red as wait times increased, eyeing anyone not on the phone. I came to dread the moments when, having just hung up and still scrambling to piece together whatever narrative I’d just been told, I’d feel a tap on my shoulder and hear: ‘Do you mind just picking up that one, please?’ It was the floor manager’s job to keep wait times down, and their bosses’ job to answer to the minister if they got too high. It was my job to hear and process and carry and triage whatever trauma lay at the other end of the line.

The work ranged from repetitive and straightforward to gutting. I answered calls about serious non-accidental injuries and allegations of sexual abuse that we sent through to the Joint Investigative Response Teams (JIRT), made up of police and DoCS. Despite the subject matter, the professional callers were easier to handle than those from the community. During one shift, a man whose child had been removed by the local office yelled at me

for almost half an hour. No matter how many times I gave the standard line, 'I'm sorry, I've made a note of your concerns and I'll send them through to the caseworker,' I just couldn't end the call. We circled for a while, covering the same ground as he simultaneously fired accusations at me while acknowledging that it wasn't my fault. I remember this call because it's the only one where, defeated, the tears came before I hung up. My voice didn't waver, but I cried silently while typing up his concerns. I was coming off a week of night shifts, and the sleep deprivation made me more fragile, less resilient.

A colleague alerted my team leader, Molly, who wrote 'Want to put him through to me?' on a piece of a paper. Molly was warm and bubbly but extremely protective of her team.

I shook my head. 'Alright,' I said to the caller, 'I am sending this through to the local office now. They'll be in touch. Take care.'

'What happened?' Molly asked as I hung up. 'Are you okay?'

'Yeah,' I lied. 'Just a tough one. His kids were removed a month ago and he says no one at the local office is returning his calls. I'll send it through to them.' I took my headset off and locked my computer. 'Going to the bathroom. I'll be back in a sec.'

It happened. Not often, but it happened. We cried or vented or laughed, even when it wasn't funny, and then we moved on to the next call.

During the helpline's two weeks of training, a far-too-perky presenter claimed, 'One of the best parts of this job is that you don't take any work home. Once you've logged off for your shift, that's it!'

Except it wasn't like that at all for me. I may never have literally taken files home to work on at night or over the weekend, but the calls, the stories, followed me wherever I went. When I found myself answering calls in my sleep, not able to switch off even in

my dreams, I started thinking it might be time for a change – and to finish my last two years of study.

I applied for and was offered a position as a field caseworker at a Sydney community service centre. According to the Psychology Board, I could count some of the hours as placement towards my psychologist registration too. No more long train commutes and maybe a little more work–life balance with a nine-to-five schedule that wouldn't mess with my sleep cycle and moods as much.

Well, that's what I thought.



While I had hoped that Declan would be restored to his mother's care, it's looking less and less likely. Maggie has been in and out of rehab – at least four centres by now – and Ben has stopped answering his phone. For now, though, Declan is safe with his grandmother Kim, who returned from her overseas trip immediately after Declan first went into foster care. Declan is healthy and thriving, and the department recommends that Kim be granted parental responsibility for him. This would make her Declan's legal guardian until he turns eighteen.

Kim is in her early sixties, recently retired and ready to travel the world. She's absolutely enamoured of Declan, but she hadn't anticipated raising him into adulthood. While there was never any question of her stepping in to care for Declan in the short term, she's sad, torn and exhausted.

'I'm so disappointed in you, Ariane,' Kim tells me at court after receiving the department's care plan for Declan. She, too, had hoped Declan would be returned to Maggie. This outcome is not uncommon, or at least it wasn't then – it's considered a way

to promote long-term stability for the child and to allow them to develop an attachment to their primary caregiver. But Kim's words pierce; until then, we'd had a good relationship. She had seen me as an ally. Now I am the enemy.

It's a part of the job that I struggle with. I am known for being kind and empathetic, for building good relationships with the parents I work with. When the outcomes aren't what they expect, families see it as even more of a betrayal.

Ben reappears and leaves abusive and often drunk voicemails on my phone, demanding access to his son and calling me names, before phoning back to apologise. But when I finally organise a contact visit for him after months of not seeing Declan, he doesn't show up. I catch the lift downstairs to where the contact worker is waiting with Declan. He smiles at me from his pram – so much bigger than when I last saw him.

'Hello, beautiful boy,' I say, before thanking the worker for waiting. 'I'm so sorry. Ben's not coming. Can you please take Declan back home?'

When I call Ben, it rings out.

Because Maggie is challenging the department's recommendation that Kim have long-term parental responsibility for Declan, we head back to the Children's Court for a hearing. Maggie's team has hired a barrister and I'm terrified of making a mistake or saying the wrong thing. I've only taken the stand twice before, in other cases, and as I read through all the evidence and prepare to be cross-examined, my mouth breaks out in cold sores.

The day before the final hearing, we receive a fax from Maggie's lawyer – Maggie has been discharged from rehab for drinking. Her lawyers agree to Kim having parental responsibility for Declan. The case won't go to a hearing, so I won't be cross-examined after all. We'll need to finalise how much contact Maggie

and Ben will have with Declan and what that will involve, but other than that the matter is settled – in the eyes of the court, at least.

When Megan tells me the news, I'm so relieved I could cry. And later, when I get home, I do. I feel gutted for Maggie, for Declan and for Ben. You can't always pinpoint why it happens and I know other colleagues feel the same way about certain families, but some cases get under your skin. This one got under mine. But it also nestled itself in the depths of my brain.