

HSB Case Study – Rachel

Rachel is a 14 year old Caucasian female living in residential care with her younger 10 year-old brother, who has a diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD), and two unrelated children aged 8 and 12. Rachel has a history of exposure to family domestic violence throughout her childhood until 12 years of age when she entered care. Rachel was frequently witness to physical assaults perpetrated by her father against her mother and she took on a protective role towards her younger brother while living at home, often locking herself and her brother in a bedroom and trying to distract him from the violence. Rachel has also disclosed she was sexually abused from age 10-12 by a paternal uncle who often resided in their home for extended periods of time. This sexual abuse involved repeated penetration and oral sex acts, with her uncle giving Rachel messages that this was how people show their “love”, with eventual escalations to threats towards Rachel over time. The disclosure of this sexual abuse sparked the child protection investigation which led to Rachel and her brother entering care. Investigators in this process noted an apparent lack of understanding of sexual topics and consent, with Rachel appearing “naïve”.

Rachel and her brother were initially placed separately when entering care due to a lack of available placements, but maintained regular contact and often requested to live together again. Rachel has experienced four placement changes since entering care, inclusive of one short-term foster placement and two other residential placements, and she and her brother have been in their current residential care placement together for approximately three months. Since this placement commenced, Rachel and her brother have largely co-slept despite carers efforts to enforce boundaries around sleeping arrangements (i.e. Rachel is often found in her brother’s room in the morning despite being in her own bedroom when carers go to bed). Rachel describes she and her brother often used to co-sleep when living with their parents and that this helps them both feel safe, so carers have not been strict in their enforcement of boundaries around sleeping.

Rachel has some mild delays, presenting as developmentally younger than her age across a number of domains. She struggles to keep up with academic activities at school, consistently falling behind in all subject grades except sport, and has difficulty following multi-step instructions or engaging in problem solving. Socially, she struggles to make and maintain friendships with peers and often gravitates towards playing with younger children in developmentally younger play activities. Despite changing schools multiple times, Rachel has been able to maintain engagement in the same basketball team and thoroughly enjoys playing basketball and has a positive connection with her female basketball coach. Rachel has been described as emotionally labile and intense within her desire to connect with caregivers and other adults, frequently requesting praise or seeking compliments and “sulking” when caregivers spend time with other children. She has a history of experiencing nightmares and difficulty with falling asleep. Rachel has had significant involvement from mental health services “on and off” since age 8 and has received a diagnosis of Post-traumatic Stress Disorder (PTSD), as well as being labelled with “anxiety” and “attachment difficulties” by different professionals over time. However, her intervention and mental health care has been inconsistent.

Rachel's carers advise that Rachel often needs reminding to get dressed after showering and before walking to her bedroom. Rachel does not like it when the other children in the placement play with her brother, preferring to try and separate him from the other children so they play only with each other. She is building a strong connection with one particular carer, Tessa, who also plays basketball and spends time helping Rachel practice.

In recent months, Rachel and her brother's contact visits with their mother have become more frequent and consistent, with Rachel often looking forward to these visits and making special "cards" or other gifts for her mother.

Incident/behaviour:

Rachel's brother has recently disclosed to a carer that while co-sleeping Rachel has touched his penis on multiple occasions, makes him touch her vagina (sometimes making him "kiss" her vagina), and also masturbates in the bed they are sharing. When he has said he doesn't like this, she reportedly makes comments like "this is how we show love" and says she will give him extra time on her iPad if he engages in the behaviours and doesn't tell their carers. Her brother has described this has happened "lots", is happening more often, and has made comments to carers he doesn't want to sleep in the same bed with Rachel anymore, appearing teary and withdrawn to carers in recent weeks. At the time of this disclosure, carers report Rachel has been found sleeping in her brother's bed almost every morning for the last few weeks.

Following this disclosure, the carer on shift (Joe) reported the concerns to Rachel's case manager and had a brief conversation with Rachel about what her brother had disclosed while trying to explain she could not sleep in her brother's bed anymore. Rachel avoided eye contact, shrugged at questions asked and denied the behaviours. Due to Rachel's case manager advising she would need to arrange a care team meeting and discuss the disclosures with her team leader, Joe (nor anyone else) has not had any further conversations with Rachel for fear of not knowing what they should say.