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Georgia Green: It's really a pleasure to be here with all of you and I'm hoping that, even though the topic that you're all dealing with is DNA, perhaps there will be a way in which the work that I do puts a face on some of the people that DNA affects. Maybe I should start by saying a little bit about myself and how I ended up doing what I do.

I started out in undergraduate school majoring in occupational therapy. I worked in that field for about eight years with children, most of whom had neurological problems. I noticed a lot of things about these children, their behavior, and their effect that was of great interest to me and I ended up going into a psychiatry position. Again, I was noticing some of the same things, how environment affected people, how people behaved and thought, and whatever.

I then decided to go back to school to be an LICSW social worker and do some clinical work. My first job out of Smith - much to the dismay of everybody I knew at the time - was to work at the Bridgewater Treatment Center with the sexually dangerous men. People were saying, "why do you want to do that? You can't help those people. They are terrible. They've done awful things to women and children and why would you want to do that?"

I thought, "Well, I'm not sure." I had been interested in other kinds of injurious behavior, which I had seen both in psychiatry and with children with neurological disorders who would hurt themselves. Then, I was working with inmates at the treatment center who had done multiple horrific crimes against women and children and they had hurt themselves sometimes, too. But, the biggest thing they did was to hurt other people.

I think that was the beginning of my interest in working in a medical kind of field and the realization that there's a whole other public health issue out there that people really weren't attending to very much - violence. One of the things I have come to appreciate is how much violence affects the development of children, how it affects families, and how it adversely affects people's mental and medical health - and that there was a way in which, in our medical system, I hadn't really seen that addressed.

For example, in the clinic that I work at in Chelsea - a very small, urban community north of Boston which is jam packed to the hilt into 1.8 square miles, we have an enormous population which is treated at a clinic that has a pediatrics unit, an outpatient adult medicine unit., an urgent care unit, a lab, a mental-health unit, a prenatal

unit. It has all of these things and do you think they ever talk? No and that's the problem.

Not only at my clinic, but I think at most clinics, people in pediatrics do pediatrics and they fix kids, adults go to adult medicine to get fixed for whatever's going on with them, and if you're pregnant, you go to prenatal. If you're "nuts", as they say in Chelsea, you go to see the person in mental health.

However, there is a way in which all of those units I think have tended to think that violence is out there in the community and that's the job of the police. I think what we have learned is that that's not true at all. We have so many people that come into our clinic and maybe they have a broken arm, but when you pursue that and find out how the broken arm happened, there is a much bigger problem going on, maybe not only in the community but possibly in that child's home.

One of the things I want to address today is how we have chosen to address that in the community of Chelsea, how it's worked, what we think about it, and what we hear from children, which is extremely humbling.

I guess how this all started was probably about eight years ago the clinic in Chelsea started receiving money from the main campus based on a law that was passed about large nonprofit hospitals giving money back to the underprivileged communities that they serve. They did a year-long study in Chelsea and talked with focus groups all around the city about what people thought the biggest issue was to deal with. Was it drugs and alcohol or whatever? People in Chelsea loud and clear said violence. The city is violent. The community is violent. There's violence everywhere.

We then decided that we were going to start the program I am going to talk a little bit about today. This is the PACT Team, the Police Action Counseling Team, which is a collaboration between the mental-health unit in Chelsea, our MGH clinic, and the Chelsea police department. We went down to Yale in New Haven, Connecticut, where they had the first program like this set up in the country. It was a collaboration between the Yale Child Study Center and the New Haven Police Department. There were, I think, seven of us who went down -- four officers and three clinicians - and spent a week at Yale. We did ride-alongs with the New Haven police department. We did some classes and seminars with the clinicians down there. Then, we were sort of given the task of coming back to Chelsea to see what we could do with that in Chelsea.

It's now eight years later. The police have gotten over ignoring us and refusing to do ride-alongs and things with us and actually - for us - being a very good working team. There are three clinicians who meet weekly with three officers and someone from the department of social services to go over all of the cases from the week before that we were paged out on. Then, we also go through all of the reports that have been filed over the last week to see if we missed any cases where children were involved. The cases that we respond to are cases where police officers do 911 calls, go into homes, go into situations where they see a child who is either the victim or witness of some kind of

violence, and they page us. We're on call 24/7, 7 days a week, 365 days a year, and we will go anywhere in the Chelsea community to see children along with the police.

Personally, given that I've done a lot of in-patient work and I've done a lot of out-patient psychotherapy in my day, I feel like this is the most useful because it's crisis intervention. It's often a situation where a child desperately needs to have some kind of a competent adult acknowledge what's going on and provide safety and comfort, at the very least.

It's also an opportunity to work together with the family as well as just with the child. It's an opportunity to do some psycho-education around the effects of violence on children, even if they are just witnessing it. I think very often parents, and society in general, do not appreciate how absorbent children are of the violence that goes on around them. I think very often people say, "Oh, well, she's only two. She's not going to remember that," or "she was in the other room when I was assaulted and punched in the kitchen." They forget that children hear things breaking, they hear yelling, and they hear hitting and slamming. They also can see the after-effects when they walk into the kitchen and they see dishes broken all over the floor, the door broken, and they see the police come.

I think that children witness violence in many, many ways and they do absorb it, no matter how little they are, even if it's an infant. If anybody has ever held an infant when something awful happens, you would notice how when you stiffen up the baby stiffens up as well. All of the violence that children are exposed to in their lives has a way of affecting the way their brains develop, the way they develop their motor skills, the way they develop interpersonally and intellectually. Those things have a cumulative effect on children.

At the clinic, there were things that we expected to see and then there were things that were unexpected learning points. One of those things was that, prior to doing this work with the police, probably the youngest child that we would see in our mental-health unit at the clinic would be school age, like a first grader. Usually, you could count on October as the month that you would get all kinds of referrals from the school because this child couldn't sit in his chair, this kid was hitting other children, this kid was wetting his pants every day at school, this kid was yelling or not being able to pay attention- those were the kids we were seeing.

Now I think we are involved much earlier in the lives of these children and their families because now we are seeing kids at the clinic who are two or three years old. We are helping these kids to get it together and helping their parents to help them get it together before they even hit school.

Very often, some of the groups that we do with young children and their parents can really help both to mitigate against some of the long-term negative effects of violence and to prepare these kids so they're in better shape when they do start school and have to start doing these kinds of tasks and using their brains for what children are supposed to use their brains for in school.

In our program, we not only go into homes, we do ride-alongs on a regular basis with officers and the police department. We meet every week. We review all of our cases and we try to have these children and their families, not only have services immediately when we arrive out there, but also to get them hooked up at the court level – with the advocates at the court – and to get people involved in treatment groups for kids and their moms to do therapy involving the mother and child.

Another upsetting things that we found when we started doing this - we expected that we would be dealing with trauma - is that every year in the number of cases that we see, about 70% of the cases are about domestic violence. If a child is in a terrible auto accident, sees a parent or a siblings get killed in an accident, has their house burn down, or something really drastic like that, that's terrible. It's definitely a trauma and it's definitely the kind of incident that could leave a child symptomatic, but it's a situation where the child and the family and anyone else can sort of rally around against that terrible outside influence.

When the violence and trauma is coming from the very people who are supposed to be keeping the child safe and whom the child loves, it gets very, very confusing. When we found that about 70% of our cases were domestic violence related, we really started doing a whole lot of work around domestic violence in a way, I think, that our clinic had not done in the past.

We learned a lot from kids in these situations. When we go out to a house with the police, we always bring a bag and we go along with puppets. We have paper. We have markers. We have stickers. We have anything that we can engage a child with at the scene of a terrible incident. Most of the time, the children are very grateful. Parents usually let us. It's a voluntary program, so no parent needs to let us in to talk to their children. They can easily refuse and we'll leave.

Most parents are very welcoming. Particularly in the domestic violence situations, I think when parents hear a little bit about how much children absorb the violence and are affected by it, I think that often can be a turning point that would not have been for a mother, for example - I'm being general that mothers are most often the victims of domestic violence situations. It really helps them to think about if there's another decision they can make. Because as anybody who works with domestic violence knows, in most domestic violence situations, it takes many incidents and several times and tries for a woman to leave that relationship if she's ever going to. Having that information is often crucial. When mothers know that this is not only adversely affecting them but that its adversely affecting their kids, they're much more likely to be concerned about getting more information and looking at their options and thinking about what else they might be able to do.

I brought along a couple of examples of some of the things that kids have done or have told us at the scene of some situations - both as a way of saying, yes, this is how kids absorb things and to emphasize that when you think they're not paying attention, they really are.

This picture was made by a three-year-old girl at the scene of a domestic violence situation that we went to with the police. This little girl was not asked. We never ask children to make a picture or to draw anything about what went on in the house. We give them the material and whatever they draw, the draw. The reason that we do that is to give them an opportunity to be in control, to direct something, and to express themselves in some way when they talk to us or even if they don't talk to us. This little girl drew a picture of herself. She also depicted the blood that she had seen on the floor and these little lines coming down from her eye are tears. This little girl was very, very upset when we were there and she really couldn't say much about it, as a three-year-old. However, she was very clear about letting us know how she felt without being asked.

This situation is one that deals with an older child, an 11-year-old child, and this is a situation that speaks to the generations and the complicated multiple traumas that a lot of children in a lot of families endure. This is a family from Bosnia who had come to this country not that much prior to when this incident happened. The father was an alcoholic. The mother had been tortured during the war and they had seen a lot of terrible, terrible trauma, particularly the parents. The children were subject to the kind of parenting that one has when you have traumatized and alcoholic parents, or parent. This man had been routinely very brutal to his wife, anyway, in Bosnia and here. The night that we responded to this household, the father had been drinking and got into a fight with the mother and went after the mother with a lead pipe, hitting her very, very badly and injuring her very, very badly in the head. She was unconscious on the stairs and there was blood everywhere. The kid were screaming and crying. The oldest girl, who was at that time 11, drew this picture with all the kids in tears and with the mother crying with the blood coming out. The mother was actually hospitalized for a couple of weeks after this and they weren't quite sure how she was going to turn out.

I bring those because I think that the three of us who have worked with this program have been extremely humbled by the kids that we've met and I think that we went into it trying to not tell these kids what to do, what to feel, or what to think, but to be a comfort to these kids, to give them some way to express what's going on and to give them information and, in the case of domestic violence situations, to give as many options and as much information and psycho-education about violence to the non-offending parent.

I ask these kids a lot of questions while I'm there. One of the things I do when I am leaving is I'll sometimes ask them about their feelings. Sometimes through a drawing, if they draw a picture of a dog or a cat, I might ask how the cat is feeling – what's the cat doing? They might say, "He's sad," and I might ask why, "...well, he just got into a fight." I'll say, "That's very sad. Did he get hurt? Was he scared?" As a way of asking about feelings, it's a way of engaging the child a little bit about what's going on. Such are the pictures that I showed you.

I'll often ask the kids if they have questions for me. They usually don't, but when they do, it's often about the person that's been arrested that night. Is Daddy gonna have

any food when he's in jail? Will he have a blanket? Will people talk to him? Will he be safe? Will anybody hurt him? It's the kind of things that are basic to a kid's basic sense of comfort and safety. Those are things that we can answer and that we can tell children.

Another thing is that I'll ask a child - if they're talking about their feelings at all - to show me with their hands, like, if this is a little bit scared and this is more scared and this is more scared, how scared were you tonight? The kid will sometimes say, "Like this." I'll say, "Well, what about Mommy? And the kid might respond, "Oh! Like this!" It gives you a sense of how they're feeling and about how other people are feeling and, at the least, their perceptions.

I'll ask them if they have questions for me and I'll also ask them, - this is the thing that has been particularly humbling - whether there is anything that they want to tell me that I didn't ask them about. Sometimes, they'll tell you something like, "Daddy hits my sister." Not that I'm looking for that, I would never ask them that. They will very often offer you information that you didn't know that actually is quite important.

I'll also ask them, "Are there ways that you think you could be safer tonight? Is there something that would make you feel better?" One night, we were at a house where the mom of these two little girls, aged seven and eight, and the mom's boyfriend had gotten into an argument in the kitchen and he had gone after her with a knife. He didn't injure her, but the children were terrified. When I met with them in their bedroom, I sat on the floor with them and did some drawing and talking with them for a little while. We talked about safety that night and I told them that the boyfriend was not going to be back because he was locked up, that mom had gotten a restraining order and wanted him to stay away because he was being scary and that kind of thing. I said, "Is there anything that would help you feel better?"

The little girl said, "Yes, it scares me, the noises at night." And I said, "What are the noises?" She said, "Oh, we have a lot of mice who run through the walls." As it turned out, the apartment that they lived in was horrible and was completely infested with rodents. Of course, here is a child who is afraid already and then hears noises in the night, pounding and running around in the walls. That was something that was very helpful to know. We had inspectional services come in, fumigate the place, and get rid of the rodents. Even though that's not something that was related to the domestic violence piece, it's something that is a real health issue and it's something that did contribute to this child being afraid.

Oftentimes, a child will tell you, "Our back door doesn't lock." And it's like, okay, we can fix that. That's something we can do. That's something that legitimately is going to make the family safer and definitely will make a child feel safer.

Another child said to me, "I would feel better if the police knew that we were scared." This was actually a situation that happened in my office with a Bangladeshi family where the children were terrified of their dad. I did call the police. I spoke with the officer in charge that night and I reported what was going on. The mother had a

restraining order and he actually put an e-mail out to the whole department that should they call at this house, it was very serious and whatever.

The things that kids tell you very often are really very important in terms of maintaining their sense of safety and security and it ultimately helps us to get involved with these kids much sooner - gets them hooked up with resources. I think it not only makes them feel better in the short run, but it gets us in early enough so that we can deal with whatever symptoms might be there. Maybe we can even affect some changes that might make these kids less exposed to violence both in the short run and have less negative sequelli in the long run.

That's at least what we try to do. This is the end of our seventh year and last year, I think we saw almost 400 children during the year from the calls that we got through the police department.

These are the kids that - even though your focus is DNA - these are the same kids that you are dealing with and helping. These are the kids who are impacted by the violence that goes on in the community that we are all trying to stop, especially the kind of violence that happens in children's own homes. They are supposed to be safe.

I cannot underscore more how I not only think that this is important, but I think that the whole field, the whole medical feel really needs to take into account that violence is not just an issue for the police. It really is an issue that impacts kids' mental health and physical well-being and it really is a public health issue.