Police Social-Work Collaboration in Response to the World Trade Center Attacks

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This paper utilizes the lessons learned from police-social work collaboration in response to the World Trade Center attacks to build capacity for the future of police-social work collaboration in response to mass emergencies and disasters. A collaborative disaster response provided during the early hours and days following the attacks, before the American Red Cross and other agencies were involved, are described. Social workers and other mental health professionals collaborating with law enforcement personnel to provide a disaster response can assist law enforcement agencies with their community service and community policing functions. The benefits and barriers to police-social work collaboration, and social work practice roles are discussed as they relate to disaster preparedness, response, recovery, and collaborating effectively with law enforcement personnel.

In an effort to provide improved services in response to social problems such as child abuse, domestic violence and mental illness, some law enforcement agencies have formed collaborations and partnerships with social workers and other mental health professionals. Collaborations of this type are not new and the literature pertaining to police-social work collaborations suggests that police officers and social workers have had a long history of such collaborations and partnerships.

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Perhaps the first such collaboration was established in Rochester, NY in 1952 (Author unknown, 1952), and later in Chicago, Ill. in 1954 (Penner, 1959). Police-social work collaborations are also found in other countries (McCarthy & Jones, 1985).

Collaborations between police officers and social workers have been formed based on several assumptions. First, social workers can assist police officers by diverting individuals away from the criminal justice system to appropriate mental health and other systems. Second, individuals can be immediately linked with service providers at the time of the crisis, when the chances are better that they will accept services. Third, providing social services at the time of contact with the police and having social workers with specialized training in social problems providing these services, provides for quicker assessment, early intervention, and treatment for individuals (Treger, 1975).

Virtually no literature describes the development and implementation of police-social work collaboration in response to mass emergencies and disasters. It stands to reason that if such collaborations are useful for assisting law enforcement agencies with handling social problems such as child abuse and domestic violence, such collaborations could also be useful in response to mass emergencies and disasters. Social work knowledge and skills are effective both in response to disasters (Newhill & Sites, 2000; Soares-Pereira, 2000) and conducting disaster research (Dodds & Neuhring, 1996; Zakour, 1996).

This paper utilizes the lessons learned from police-social work collaboration in response to the World Trade Center attacks to build capacity for the future of police-social work collaboration in response to mass emergencies and disasters. In addition, the paper describes the police-social work response provided during the early hours and days following the attacks, before the American Red Cross and other agencies were involved. Lessons learned, benefits and barriers to police-social collaboration, and social work practice roles are discussed as they relate to disaster preparedness, response, recovery, and collaborating effectively with law enforcement personnel.

The Terrorist Attacks and Disaster Response

On the morning of September 11, 2001 two airplanes crashed into the Twin Towers located at the World Trade Center in New York City in what was an act of terrorism. Following the airplane crashes several buildings located at the World Trade Center collapsed including the Twin Towers. For the next several months the New York City Fire
Department (FDNY), other agencies and volunteers removed bodies and body parts, and debris. The FDNY extinguished the fires that burned in the rubble for several months.

The FDNY provided a search and rescue operation immediately following the airplane crashes, and the New York City Police Department (NYPD) Community Affairs Mental Health provided a mental health response to the families of victims that began on September 11, 2001 at approximately 1:30 p.m. (Telesco, 2002). Telesco cautions that mental health is a misnomer when applied to the disaster response since traditional mental health services were not offered and were inappropriate immediately following the World Trade Center terrorist attacks. Others have cautioned against using mental health labels in a disaster response (Lystad, 1988; Myers, 1985; Weaver, 1995). The response more closely resembled emotional first aid, described by Weaver (1995), in which the majority of contacts between professionals and victims' families following the attacks lasted from 5 to 15 minutes, and were effective for reducing stress, providing mental health related education, and screening large numbers of victims' families for more serious concerns.

Initially, the police mental health response consisted of collaboration only between the NYPD, social workers and other mental professionals, but in the days and weeks following the attacks various agencies became involved. Approximately 10 social workers and mental health professionals that were employed by universities and community social service agencies formed the collaboration. Consequently they did not represent a single agency and the collaboration was not an inter-agency collaboration effort. In describing the first few days following the World Trade Center terrorist attacks, prior to the involvement of the American Red Cross, Telesco (2002) states that these social workers and mental health professionals volunteered their services, providing support to the police mental health team and providing crisis intervention and other services to victims' families that came to the morgue. The issues and problems associated with planning and implementing a social service response to address community disasters and much of the chaotic organizational response (Fischer, 1998) was reduced through the use of these volunteers.

Some of these volunteers remained involved with the police mental health team even after the American Red Cross and other agencies became involved in the disaster response. The components of the response included: a) screening volunteers that showed up to assist following the disaster, b) providing support to the police mental health team, c) pro-
viding crisis intervention and other services to families, and d) forming a disaster team to provide emergency mental health services during the first memorial that was held at the site of the World Trade Center for family members of victims. Social workers were often paired with police officers to form a team, such as at the morgue and on October 28, 2001 when the first memorial service was held at the World Trade Center site.

These social workers and mental health professionals that formed the collaboration in the early hours following the terrorist attacks were chosen to provide a disaster response based on their prior relationships with the NYPD, which included training, consultation and research. Based on these prior relationships, rapport and trust was established that facilitated the collaboration and enabled them to work closely with police officers of various ranks and command responsibilities. Were it not for these established relationships, there would have been no immediate collaborative disaster response with law enforcement.

Individuals and families first received disaster services at the morgue, then the location was changed to the armory, and finally changed again to the Family Assistance Center located at Pier 94 in Manhattan. In the days and weeks following the World Trade Center terrorist attacks, and subsequent to the police-social work collaboration, various agencies and organizations comprised of law enforcement, medicine, mental health, spiritual care, pet therapists, and individuals from Oklahoma City who lost loved ones in the Murrah Federal Building bombing on April 19, 1995 became involved in the mental health response (Telesco, 2002).

Planning the Disaster Response

The Department of Social Work at Walter Reed Hospital and the National Center for Posttraumatic Stress Disorders Disaster Mental Health Services (Young et al. 1999) provide a guidebook for clinicians and administrators that includes suggestions for program development, fiscal issues and training. The authors indicate that disaster “mental health” teams are usually standing teams, those that are formed before or after a disaster occurs, or ad hoc teams, those that are formed at the scene of disaster sites and join with other standing teams. Based on these guidelines, the police social work collaboration described in this paper can be considered as a standing team because it was formed after the disaster occurred and did not join with other standing teams. The disaster team, although formed at the site once all of the volunteers arrived, did involve planning a disaster response.
Pre-planning was conducted prior to providing the disaster response or the morgue, the armory, and again prior to the first ceremony that was held at the World Trade Center site on October 28, 2001 while the fires were still burning in the rubble. This planning involved the NYPD making decisions about team composition and holding meetings prior to the disaster response so that volunteers had current information and were aware of the goals, objectives, and tasks required for the response. This planning was also consistent with components of the Integrated Community Safety and Emergency Operations Planning model described by Gabriel (2002). Although this model was developed in Victoria, Australia in response to several major disasters that occurred, and appears to be better indicated for long term planning, components of the model can be applied to the disaster response described in this paper and include: 1) identifying, analyzing and prioritizing risks, 2) treating risks, 3) acknowledging the existence of residual risks, and 4) planning and preparing for emergencies.

Identifying, analyzing and prioritizing risks

This component of the planning process involves identifying, analyzing and prioritizing risks to the community. During the disaster response described in this paper, this involved identifying the risk of another possible terrorist attack within New York City, identifying the injured and deceased, and recognizing that priority should be given to addressing individuals’ concerns to locate family members or friends that were at the site during the attack, and to obtain information about their well being.

Treatment of risks

Treatment of risks involves forming specialist risk treatment teams to provide the actual disaster intervention; as mentioned, the team comprised police officers, social workers, and other professionals. As mentioned, the police social work collaboration initially focused on treating the risks identified above as they were the most immediate within the community.

Acknowledging the existence of residual risks

As Gabriel (2002) describes, this component of the model implies that risk reduction does not always eliminate risks to the community
and residual risk often occurs following a disaster. During the planning process for the disaster response, it was recognized that residual risk would occur due to the enormity of the event and the numbers of individuals affected such as loss of income and family members, for example. It was also anticipated that local, state and federal agencies would be plan and prepare for these residual risks.

Managing residual risks

Managing residual risk was not handled by the collaboration team described in this paper. The enormity of need required a coordinated response between local, state and federal agencies to address future loss and other matters. As an example of the collaboration between agencies in response to residual risks, Project Liberty was initiated. Project Liberty is a program administered by the New York State Office of Mental Health. The program was implemented to provide free counseling to individuals affected by the terrorist attacks and is sponsored by the Federal Emergency Management Agency (FEMA) and the Center for Mental Health Services. The Project is a collaborative effort between the New York State Office of Mental Health, local government agencies, and human service agencies that provides services to individuals living within the five boroughs of New York City and 10 surrounding counties. (http://www.projectliberty.state.ny.us/whatispl.htm).

Characteristics of Police-Social Work Collaboration

Thomas (1994) described five major areas of police-social work collaboration: mental disorder, child abuse, domestic violence, juvenile offenders, and community policing.

As an area of specialized social work practice, police social workers provide a variety of services in and outside of law enforcement agencies to victims, families and other individuals referred to them by police officers (Treger, 1995). Among 23 police-social work collaborations that were not associated with providing a disaster response, Zimmerman (1988) found that interventions were provided in the following order: counseling/therapy, crisis intervention, referrals, follow-up/outreach, and transportation.

It is important to note that these services are not always provided by social workers that possess professional social work degrees and training. Police social workers also hold degrees in counseling, sociology, and psychology, among others, and possess a wide variety of training since
most municipalities that hire or consult with social workers accept related degrees as a condition of employment or consultation. The majority of volunteers that provided the disaster response following the September 11th World Trade Center terrorist attacks were professional social workers, although a few held other professional degrees and training.

Ebert (1986) describes a collaboration consisting of psychiatric personnel, psychologists, social workers, and mental health technicians asserting that it is not as important to identify a specific profession, as it is to identify individuals that possess the ability to adapt to police work. He suggests that there is no limit to the unique roles such professionals can have and that their experience, training and understanding of police work should define such roles based on the needs of law enforcement agencies.

In addition to the major areas of police-social work collaboration discussed by Thomas (1994), another area of police-social work collaboration—disaster response—appears warranted. Law enforcement personnel are among the first responders to the scene of a disaster or mass emergency. Patterson and Telecaso (2004) describe numerous functions and tasks of law enforcement in these situations such as: ascertaining threat level, requesting mobilization and deployment of additional resources, gathering intelligence, obtaining information about survivors and level of injury, coordinating rescue and medical services, interviewing witnesses, maintaining integrity of any physical evidence and control of onlookers, assessing resources and equipment, initiating requests for outside agency response and rescue volunteers involvement, providing crisis intervention, rescuing individuals still in danger, and ensuring that the injured are transported to hospitals.

As the above list suggests, law enforcement personnel are occupied with numerous tasks at the scene of a mass emergency or disaster. It is particularly the crisis intervention function where social workers can be helpful in assisting law enforcement with providing a "mental health" disaster response. A disaster response provided by social workers may also free police officers from some of their crisis intervention tasks and makes more officers available to complete other tasks. The benefits and barriers to such collaborations are discussed next.

**Benefits and Barriers to Effective Police-Social Work Collaboration**

Virtually no literature describes police-social work collaboration in response to disasters and mass emergencies, therefore the benefits and barriers to such collaborations are taken from the relevant literature per-
taining to police-social work collaboration efforts in response to social problems such as child abuse and domestic violence. These benefits and barriers are discussed as they relate to the September 11th terrorist attacks on the World Trade Center.

Benefits

The benefits of police-social work collaboration identified in the literature include: improved police-community relations as the community begins to see a new function of the police department, benefits to individuals and the community such as enhanced functioning in response to social problems, and facilitating collaboration between police officers and social workers, thereby eliminating communication gaps between them (Michaelis & Tregre, 1973). In the weeks and months following the World Trade Center terrorist attacks, the community began to view police officers as heroes for the work they performed in response to the terrorist attacks. The community saw a new function of the police department which involved more than enforcing laws and arresting individuals suspected of crimes. The police mental health response provided crisis intervention and information that helped individuals to function in the aftermath of the attacks. Because police officers and social workers were collaborating together, information was shared between them. This sharing of information helped each profession to view how they were working together to achieve similar objectives with victims’ families.

A community partnership response to disasters can be useful (Lichterman, 2000), and although difficulties may arise when multiple agencies collaborate in response to a disaster, greater collaboration and coordination between agencies is encouraged (Comfort, 1999; Kouzman, Jarman & Rosenthal, 1995; McEntire, 2002; Miletic, 1999). Most of these difficulties were eliminated due to the unique nature of the police-social work collaborative response. However, Telesco (2002) notes that among the various agencies responsible for responding to disasters within New York City, role confusion over tasks and authority resulted in jurisdictional and other problems. As a result of these problems, the NYPD Community Affairs Division assumed a leadership role in coordinating the disaster response.

Barriers

Barriers to effective police-social work collaborations have also been identified in the literature and include: suspicion between police
officers and social workers (Holmes, 1982), complaints from police officers that social service agencies were slow to respond in providing services to individuals, and police officers did not receive feedback concerning the case disposition from the agency (Michaels & Treger, 1973). Because so many police officers were involved in responding to the attacks and did not work with the Community Affairs Division, they had no knowledge of the police-social work collaboration and were initially apprehensive about working with social workers. This barrier was managed through informing police officers that the social workers were part of the police mental team organized through the Community Affairs Division, and all officers responded positively. Providing feedback to police officers was not a barrier in this type of collaboration because police officers could observe that a social work response was provided immediately and the feedback that was provided to officers was also immediate. In fact, this is a benefit to police-social work collaboration at the site of a disaster.

Finney (1972) observes that most police officers view their role as law enforcement, order maintenance and public safety, while most social workers view their role as providing services to individuals experiencing social problems, and that such views can be a barrier to effective collaboration. The division of labor that occurred between social workers and police officers providing the disaster response permitted police officers to fulfill their order maintenance roles and functions while social workers provided mental health and other services. These dual roles effectively complemented each other and were a benefit of the collaboration.

The literature is mixed regarding whether police-social work collaborations are feasible. Whereas Holdaway (1986) asserts that once the barriers to police-social work collaboration are resolved, such collaborations can be an effective means for meeting the social service needs of communities, Bar-On (1995) asserts that the cultural and structural differences between police officers and social workers make such collaborations unfeasible. The experiences of the police mental health response team following the World Trade Center terrorist attacks suggest that such collaborations are feasible in response to disasters and that the benefits outweigh the barriers, which were overcome at the scene.

**Lessons Learned from the World Trade Center Attacks**

According to Toft and Reynolds (1994) the lessons learned from disasters emerge at three levels: first, organization-specific learning occurs when organizations each learn separately from the disaster.
Second, isomorphic learning, which is the most useful for organizations, refers to learning from hindsight and provides opportunities for organizations to prepare for future disasters, and finally, iconic learning occurs when simply knowing that an organization has failed during a disaster response is learning in itself.

The following lessons that were learned from the World Trade Center terrorist attacks are used to illustrate isomorphic learning, referring to what was learned from this collaboration to enhance future effectiveness and to plan a future disaster response:

- Having established relationships with law enforcement personnel is a necessity to be selected to provide a mental health disaster response in collaboration with law enforcement.
- Collaborating with law enforcement involves working closely with a paramilitary organization. Law enforcement agencies have features similar to the military. As Tierney, Lindell, and Perry (2001) observe, such organizations are more likely to view disasters as chaotic events, characterized by widespread social disorganization that is best managed through centralized, command-and-control strategies emphasizing a top-down authoritarian structure.
- The ability to function effectively within a law enforcement setting, establish and maintain good working relationships with police officers is a necessity.
- Individuals providing a disaster response often apply their previous experiences learned from routine emergencies, and nonspecialists tend to overestimate or underestimate what is required to manage a disaster (Tierney, Lindell, & Perry, 2001).
- Because of the large numbers of victims’ families, social workers and mental health professionals had to quickly adapt their response to one that was more appropriate for this situation.
- The need for a law enforcement mental health disaster response was immediate and an immediate response was provided by the social workers and mental health professionals.
- Social workers and mental health professionals collaborating with law enforcement will have access to the same information that law enforcement personnel have due to working closely together. Most of this information must be kept confidential. An appropriate law enforcement official will release certain information when appropriate.
- The site of the disaster or location where the disaster response is provided can be chaotic, with conflicting orders coming from law enforcement as decisions change and the response develops.
- Some law enforcement personnel may not be informed about the collaboration and may not want civilians in certain locations.
- Survivors and their families may wish to know what agency social workers are affiliated with if providing a collaborative, volunteer response with law enforcement.
- Whereas law enforcement personnel may be working more than an 8-hour shift, such as 12 hours or more, social workers need to determine how long they will provide a disaster response.
- Law enforcement personnel may exchange assignments or posts, and social workers should be able to manage these transitions.
- Regaining access to a secure site should be considered when social workers leave for a break, or arrive for the day to provide a disaster response.

Building Capacity for Collaboration with Law Enforcement in Response to Disasters

The roles that social workers perform are applicable when forming a standing disaster team, such as the one described in this paper, or when forming an ad hoc disaster team with law enforcement. The following examples, while not exhaustive, illustrate how social work roles can be applied in a disaster response.

Public Speaking

Zastrow (1995) suggests that the public speaking role is useful for interacting with police officers. Performing this role may involve informing police officers of disaster services that are presently available or advocating for new disaster services. This role can be also be useful when social workers visit precinct roll calls (periods at the beginning of a shift when officers receive information and assignments) to inform officers about the collaboration and services that can be provided during a disaster response. In this way police officers are made aware of the collaboration, its services and are provided with an opportunity to interact with social workers and mental health professionals comprising the collaboration team.

Advocate

Social workers use the advocate role when advocating for the various human and social needs of individuals and families. For instance,
social workers might meet with law enforcement officials and advocate for forming a collaboration to provide a disaster response or advocate that an existing police-social work collaboration team be adapted to provide a disaster response.

Broker

The broker role in social work practice involves connecting individuals and families with community resources, such as social service agencies that can provide a wide variety of needed services. Such a role, when used in response to disasters, might involve connecting individuals and families to victim service agencies for emergency funds, clothing, food, and shelter, or mental health clinics to provide in-depth assessment and treatment. Social workers who are familiar with the community resources within a particular community are well prepared to engage in this role.

Educator

The educator role involves providing information to individuals and families. In response to disasters, information provided to individuals might include stress management techniques, coping skills, techniques to negotiate the various agencies necessary to cope in the aftermath of a disaster, and disaster planning. Moreover, social workers and other mental health professionals should be invited to participate in disaster planning with law enforcement officials so that they can make contributions related to individual and family victims needs, and provide information regarding how the collaboration functions.

Coordinator

Performing this role involves coordinating several agencies simultaneously. For instance, numerous social service agencies may work together to provide a disaster response. This role is particularly important to use to avoid duplication of services and objectives that may be conflicting or competing. For example, following the World Trade Center terrorist attacks social workers determined where certain services were being provided, the nature of these services, and were quickly able to coordinate a wide range of agencies and services for law enforcement.
Conclusions

This paper described collaboration between police officers, social workers, and other mental health professionals in which the social workers were volunteers and represented a diversity of organizations. The implications drawn from this paper are that the lessons learned can be applied to social service agencies to develop and implement collaborations such as ad hoc or standing disaster teams with law enforcement in response to disasters.

Several benefits can be derived from establishing and maintaining police-social work collaboration with law enforcement agencies to provide a disaster response.

First, police officers and social workers have established a working relationship. Second, social workers are familiar with the law enforcement agency’s procedures and politics. Third, social workers have knowledge and expertise within a particular community and are already familiar with the resources, municipal offices, and local politics. Finally, based on established relationships with law enforcement personnel, knowledge of the politics and procedures of the police department, community resources, and crisis intervention skills collaborations formed with law enforcement can provide a comprehensive disaster response, thereby assisting law enforcement agencies with both their community service and community policing functions.

Current planning efforts related to the police-social work collaboration include training social work and mental health professionals in disaster preparedness, holding disaster drills, rehearsals, and simulations, among other efforts suggested by Quarantelli (1984). Future projects include conducting research on the police-social collaboration to evaluate the efficacy, benefits and barriers to collaboration, and specifically for law enforcement what comprises a disaster (Quarantelli, 1998), or a disaster and a crisis (Shafuf, Ahmadun, & Said, 2003).

References


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