FORENSIC WITNESS TESTIMONY | VICTIM IMPACT STATEMENT

THE FORENSIC WITNESS: SURVIVING THE STATUTORY CATCH-22 FROM CRISIS TO CAGE

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My name is Rosa DeGout. I share this story as both a mother and a Master's-level Mental Health Clinician with a focus in forensic psychology—and as someone who has lived through a tragedy that should never have happened. What occurred in my family was not random or unforeseeable. It was the predictable outcome of a system that failed to respond to clear warning signs and repeated pleas for help. I am not sharing this to excuse what happened, but to help others understand how and why it happened.

This is the story of my son—who he was before illness took hold, how severe mental illness changed the course of his life, and what our family experienced as we tried, unsuccessfully, to get him the care he needed.

Across the country, families are forced to navigate a system that requires tragedy before intervention. What happened to my son is not an isolated failure—it reflects a broader national crisis. Families are routinely met with the same barriers: intervention is denied until individuals meet narrow "dangerousness" standards, even when they are clearly experiencing psychosis and deteriorating.

Laws intended to protect civil liberties are, in practice, preventing timely medical care for those who are too ill to recognize their need for treatment. As a result, individuals with severe mental illness are too often funneled into emergency rooms, homelessness, or the criminal legal system instead of receiving early, appropriate care.

This delay creates a predictable and devastating cycle—decompensation, crisis, and criminalization—that continues to repeat itself in communities across the country.

I. DEVELOPMENTAL HISTORY AND BASELINE CHARACTER

I was only sixteen years old when I gave birth to Sebastian in 1986. That day, my life changed forever. I remember looking into his eyes and promising to love and protect him, not realizing I was just a child raising a child. Through every trial and every ounce of suffering I have endured since, he had never left my side.

Growing up, Sebastian was a comedian, a gifted dancer, and a sharp dresser. He was the light of every party and was adored by his siblings. People constantly complimented me on how caring and respectful he was. Everyone knew when he entered the room because of his wonderful energy and his constant smile. Like any boy, he was mischievous, but while he might have been the class clown, he never had

fights with his classmates. I never once had to visit the school because he was disrespectful or skipping class.

Throughout his youth, I raised him to learn accountability and responsibility. Acting as both mother and father, I never excused his mistakes. I held him strictly accountable to try and save him from himself. I was the one who identified him to police after a school bomb scare, marched him to the police station after a car accident, and reported his probation violations. I believed that facing small consequences then would prevent life-altering ones later.

II. CLINICAL ONSET AND THE EROSION OF REALITY

Everything shifted during his senior year. At seventeen, Sebastian began to pull away, becoming isolated and fixed on strange ideas. He claimed he was a vampire and insisted his eyes changed color at night. I didn’t pay much attention at first; Sebastian had always been a jokester who loved a good prank. But one night, when he was twenty, I found him on the balcony howling at the sky for hours. That was the moment reality hit: something was deeply wrong. Shortly after, he received his first diagnosis: Bipolar I disorder with a major depressive episode.

Despite his desire to work and study, the illness eventually took over, transforming a social young man into a paranoid loner. He began wandering aimlessly, often leaving home at dawn. I would drive through the streets searching for him, only to find him sitting on the sidewalk, terrified that our home was demonized. Other times, he would board a bus to New York City with no memory of how he got there.

Eventually, transit workers began to recognize him. They would call me to say he was safe but disoriented. At least four times during his twenties, I traveled to NYC to bring him home, only for him to disappear again minutes later. During this time, his condition progressed into a complex diagnosis of bipolar I disorder and schizoaffective disorder.

III. DIFFERENTIAL DIAGNOSIS: PSYCHIATRIC CRISIS VS. SUBSTANCE USE

For a long time, family members believed his behavior was driven by substance use. However, during an acute crisis at Lawrence General Hospital, a negative toxicology report proved his symptoms were primary psychiatric manifestations rather than drug induced. While the tests showed an absence of illicit substances at the time, I am aware that substances like marijuana can significantly exacerbate the symptoms of a psychotic disorder.

While Sebastian did self-medicate with marijuana in his later years, a common attempt by those with untreated mental illness to quiet the "noise" in their heads, it is a medical fact that his psychosis exists independently of any substance use. The marijuana likely intensified the baseline psychiatric instability he was already struggling to manage, but it was the underlying disease, not the substance, that drove his break from reality.

Inspired by our family’s journey, I earned a master’s degree as a trained Mental Health Clinician. I chose this path to understand my son and to be a lifeline for families facing these same agonizing struggles. For years, we have carried the heavy reality of his diagnosis. It has been a long and painful struggle that led some family members to walk away for their own sanity. But that is something a mother can never do.

"I was forced to watch my son drown because the 'lifeguards'—our legal and medical systems—are barred from jumping in until the person is already underwater."

IV. DIAGNOSTIC PROFILE AND THE BARRIER OF ANOSOGNOSIA

While I am not privy to the findings of the recent psychiatric evaluation conducted by the District Attorney's office, the symptoms of Sebastian's history remain clear. Sebastian was diagnosed in late adolescence with both bipolar disorder and schizoaffective disorder. Sebastian lives in a devastating cycle of "manic" episodes mixed with profound hallucinations and delusions. These are the result of neurochemical dysregulation and structural abnormalities in the brain that impair his ability to process reality.

Furthermore, Sebastian suffers from anosognosia, a biological lack of insight. Because his brain's "self-monitoring" system is damaged by the disease, he cannot perceive that he is sick. To Sebastian, the medication isn't a cure; it is a toxin being forced upon a "healthy" person. Ultimately, his actions are the product of an untreated mind. His current placement at Bridgewater State Hospital, rather than within the general population at the Billerica House of Correction, underscores the critical reality that Sebastian requires clinical supervision over standard incarceration.

V. DOCUMENTED SYSTEMIC FAILURE: THE NYC SECTION 9.41 FILING

The darkest chapter of our lives began on 5/20/24, when I pleaded with the NYC court system under Section 9.41 to intervene. I desperately tried to make the court understand that Sebastian was profoundly ill. In my affidavit, I wrote that Sebastian was presenting symptoms of paranoia and psychosis, and that I feared he was a danger to himself and others.

At that time, Sebastian was living in his car, neither eating nor sleeping. I received haunting photos of his physical decay and heard reports of him hopping across rooftops in NYC. Everyone had a tragedy to report, yet no one intervened or offered real help except for my sister, Daisy. She was the only one who stood by me and acted. I spent a week staying "incognito" at my mother's watching my son through a window, waiting for help from the NYC Sheriff's Department that never came.

When Sebastian was finally apprehended three weeks later following my filing, he was brought before a judge. Despite our explicit warnings, the court merely gave him a "pep talk" and released him without a psychiatric evaluation. This systemic failure in New York set a tragic domino effect in motion. By failing to mandate clinical stabilization then, the court essentially guaranteed that Sebastian would remain in a state of escalating untreated psychosis until a crisis occurred.

VI. THE STATUTORY "CATCH-22": LIMITATIONS OF M.G.L. C. 123, § 12

On February 21, 2025, Sebastian asked to come home and of course I said yes. My son was homeless and malnourished, and though I felt a flicker of hope, it vanished by March 4th as he spiraled into delusions about "ancient worlds" and spirits. People ask why I didn't call 911 then.

The truth is, under Massachusetts law (M.G.L. Chapter 123, Section 12), being "out of touch with reality" isn't enough for involuntary help. The law requires a "likelihood of serious harm," which

demands evidence of a "substantial risk of physical harm" to himself or others. Under these rigid criteria, simply experiencing delusions or hallucinations does not qualify for a Section 12 commitment. Even if he was gesturing to strike out of frustration or acting erratically, without a clear, demonstrable threat of immediate violence, the system views his state as a protected liberty rather than a medical emergency. My hands were tied by a law that waits for a tragedy to happen before it allows for a rescue. I was told by the NYC courts in May 2024 that I essentially had to wait for a disaster to occur before the law would let me help him. On March 15, 2025, that disaster arrived.

VII. ACKNOWLEDGMENT OF THE HORRIFIC REALITY OF THE ASSAULT

March 15, 2025, was a normal day. I did laundry, cleaning, and shopping. Sebastian was watching cartoons. My sister Daisy then called, and I sat on the couch to talk to her. Suddenly, Sebastian jumped across the room and began striking me. I thought he was horsing around at first, something that we sometimes did, but then I saw he had a knife in his hands. He was unresponsive to my voice. I realized the gravity of the situation when I lost my own voice.

I stand before you with no illusions about the horror of that event. I am not here to minimize the violence or the terror of that evening. This incident has caused a deep and painful division within my family, opening wounds that may never fully heal. While I have forgiven my son, I recognize the immense trauma inflicted on my loved ones. My plea for a forensic disposition is not an attempt to brush aside the severity of Sebastian’s actions, but to ensure such a catastrophe never happens again.

VIII. EVIDENCE OF LACK OF CRIMINAL INTENT (MENS REA)

The charge of attempted murder that Sebastian faced is, in reality, the clinical manifestation of a biological break from reality; a tragic outcome that belongs to the illness, not the son I raised. While his actions were violent, my physical injuries cannot compare to the emotional heartbreak of this ordeal. I forgave my son immediately, because I know the person who attacked me was a stranger created by psychosis; Sebastian’s actions were a symptom, not a choice.

My commitment to him never wavered, even in the moments following the attack. When the paramedics arrived, I refused to let them treat my own injuries until I was certain that Sebastian was safe and secure. My own life was secondary to his needs. When I finally woke from a four-day medically induced coma, my first words were: “Where’s Sebastian? Is he okay?” I am not asking to ignore what happened, but to weigh intent against illness. Standard incarceration is medically inappropriate; it is a place where the mind will only further decay and the cycle of crisis will continue.

IX. WHEN SYSTEMS FAIL: THE NEED FOR FORENSIC CLINICAL CARE

When early intervention fails and individuals with severe mental illness enter the criminal legal system, the response must shift from punishment to treatment. In these cases, public safety and long-term stability are best achieved through a clinical approach that addresses the underlying illness driving the behavior. A forensic psychiatric model provides a structured, evidence-based pathway that prioritizes stabilization, treatment adherence, and continuity of care.

This approach includes placement within a secure forensic psychiatric setting under the oversight of the Department of Mental Health. This path prioritizes public safety through a rigorous "Step-Down" model,

beginning with intensive forensic stabilization that mandates secure inpatient treatment and strict medication compliance via Long-Acting Injectables. Unlike standard sentencing, progress is dictated by clinical milestones where transitions are determined by the assessments of forensic experts and proven psychiatric stability rather than a fixed calendar date. Ultimately, any reintegration would be governed by a robust conditional release plan, requiring strictly monitored outpatient care, frequent toxicology screens, and immediate re-hospitalization protocols at the first sign of clinical decompensation.

Our family has been shattered, and I believe the only way to truly honor the pain we have all suffered is to ensure Sebastian is placed where he can be successfully treated rather than just punished. When under proper care, Sebastian returns to the loving brother, uncle, nephew, grandson, friend, and son he truly is. I lost my voice on March 15th, but I found it in speaking out to ensure that the system hears to a mother's pleas and not repeat what it ignored in the past.

X. SOLUTIONS

There are solutions, and they are within reach. We must begin by recognizing psychosis as the medical emergency it is and intervening earlier—before tragedy occurs. This includes expanding standards for care to incorporate risk of deterioration, increasing access to long-term and step-down treatment options, and strengthening the use of assisted outpatient treatment and forensic clinical pathways that prioritize stabilization and continuity of care. Education across all systems—law enforcement, clinicians, courts, and peer programs—is essential to ensure psychotic illnesses are properly understood and treated. Most importantly, families must be recognized as critical partners in care, not sidelined until a crisis unfolds.

Massachusetts has an opportunity—and a responsibility—to act. Forty-eight states have already adopted Assisted Outpatient Treatment laws, yet Massachusetts continues to fall behind. S.2973, An Act to Provide Continuum of Care Services for Severe Mental Illness, now sits in the hands of our legislators. Families across the Commonwealth are counting on them to take action—before more lives are lost and more families are forced to endure preventable tragedy.

A system grounded in early intervention, clinical accountability, and collaboration can break the cycle—improving outcomes, enhancing public safety, and restoring dignity to those living with severe mental illness. I share my story in the hope that it will lead to meaningful change and inspire others to join a movement that ensures no family has to endure this kind of preventable tragedy again.

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