



State of Connecticut
DIVISION OF CRIMINAL JUSTICE

TESTIMONY OF THE CHIEF STATE'S ATTORNEY CHRISTOPHER L MORANO

IN SUPPORT OF:
H.B. NO. 5812 (RAISED) AN ACT CONCERNING
THE REGISTRATION AND SUPERVISION OF SEXUAL OFFENDERS

PRESENTED BY:
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JOINT COMMITTEE ON JUDICIARY
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My name is Stephen J. Sedensky, III. I am a Senior Assistant State's Attorney for the Judicial District of Danbury and Chief State's Attorney Morano's Designee to the Governor's Task Force on Justice for Abused Children.

Chief State's Attorney Morano, together with Department of Children and Families Commissioner Darlene Dunbar, are the official chairpersons of the Governor's Task Force on Justice for Abused Children. I am co-chairperson of the Task Force's Executive Committee, co-chairperson of the Task Force's Multidisciplinary Team Evaluation Committee, Chairman of the Task Force's Finding Words Committee and a member of Danbury's Multidisciplinary Team (MDT).

The following comments are offered in support of Raised Bill 5812 - AN ACT CONCERNING THE REGISTRATION AND SUPERVISION OF SEXUAL OFFENDERS as it relates to section 15 concerning the funding of multidisciplinary teams and children's advocacy centers.

I have been a prosecutor for more than twenty years, a good portion of which I have spent prosecuting those who sexually and physically abuse children. I have been a member of multidisciplinary teams in Bridgeport and Danbury as well as working with children's advocacy centers there.

I remember the days when I first prosecuted child abuse cases and there was no multidisciplinary team or MDT as they are often called. It was usual for there to be multiple investigations AND multiple interviews of child abuse victims by many agencies, all who had a job to do and did so with the best intentions. Unfortunately, that system was injurious to the children we were trying to help and to the resulting criminal prosecutions.

In 1996 Connecticut passed legislation that statutorily provided for the voluntary creation of multidisciplinary teams for the investigation of child abuse. That legislation was codified in C.G.S. §17a-106a. It was a huge step in bringing together social service workers, law enforcement, prosecutors and others who had responsibilities for these cases. It was recognition on the state level that there was a better way to handle these cases and provided state support for a team system.

In the time since the passage of the MDT statute our investigations and prosecutions of child abuse cases have improved light years. More importantly, the children involved are being treated with more of the care they deserve. The majority of the state is now served by some form of MDT.

We still have a long way to go in our treatment of abused children and our handling of these investigations. The original legislation and amendments that now make up C.G.S. §17a-106a did not fund the teams. Our state teams are largely made up of volunteers from state and local agencies from within and outside of government. They meet on a regular basis not because they are mandated by law to do so, but because those involved believe it is the best way to effectively handle child abuse cases for the child and for the system.

For example, I know in the Windham Judicial District, State's Attorney Patricia Froehlich has been involved in running road races designed to raise money for MDT training. I know that State's Attorney Froehlich, as well as many other state's attorneys are supporters of MDTs and this important legislation.

Raised bill 5812 moves that original landmark legislation forward with sorely needed funding. I am sure that every MDT that will benefit from this legislation already knows where the money will be going.

Finally, I note that the bill does not define children's advocacy centers. The phrase can be a term of art, specifically referring to those entities which have been specifically accredited by the National Children's Alliance. While this is a worthy goal for any organization, I hope that the intent is that it be a broad reference to any organization or program that houses a state authorized multidisciplinary team created under C.G.S. §17a-106a.