

Connecticut General Assembly Judiciary Committee
Testimony

HB 5812 : An Act Concerning the Registration and Supervision of Sexual Offenders
(Megan's Law Enhancements)

Frederick B. Berrien, MD
Director, Aetna Foundation Children's Center
Saint Francis Hospital and Medical Center, Hartford

Children who have been sexually abused experience physical and emotional trauma which they carry throughout their lives often negatively affecting the way they view themselves and their trust and relationships with others. However, being able to bring the perpetrators of these crimes to justice can mitigate these negative effects. Megan's Law is one part of the criminal justice system which shows to children that perpetrators are held accountable and gives them a sense that society wants to protect both themselves and other children from future abuse.

Initiating the criminal justice system for child victims of sexual crimes is a challenge. The Children's Advocacy Centers (CAC) and the Multidisciplinary Teams (MDT) are national models designed specifically to assist children to speak up for themselves regarding these horrific crimes. These crimes are premeditated to occur in secrecy, without witnesses and with children who often have limited ability to convincingly communicate to adults what has happened to them. Both CAC's and MDT's are models where child protection services and law enforcement collaborate in the investigation of these crimes in a manner which provides maximum information with minimal trauma for the child victim.

The MDT, which includes social support services, physical and mental health, in addition to DCF and police, provides oversight to the investigation and longer term management of cases. The first stages of the investigation usually occur at a CAC with an interview and medical evaluation. The interview is conducted by a person experienced in using prescribed guidelines which permit the child to describe the events in their own words. The CAC is designed to permit concurrent observation of the interview by police and DCF so that all of their investigation needs are addressed in a single interview. This interview information is then used for guiding mental health and medical evaluations. Each CAC has medical providers who are trained to examine children who have experienced serious trauma and are able to accurately interpret and treat physical findings associated with sexual trauma. The information elicited at the CAC is available, according to state statute, for use by the MDT to plan further investigation and develop treatment management for the child and family.

The Aetna Foundation Children's Center, the CAC at Saint Francis Hospital where I have been the director for the past 10 years, is a child and family friendly facility which provides comprehensive services in compliance with the standards set forth by the National Children's Alliance, our certifying agency. In Connecticut there are 7 accredited CAC's all working in collaboration with one or more MDT's in their geographic area. MDT's were established by state statute in 1997 with one or more in each judicial district. As a member of the Governor's Task Force on Justice for Abused Children, the monitoring agency for MDT's, we know that most of the MDT's are functioning very well. Although comprehensive data is not complete, we know from anecdotal experience that these systems are effective. In Hartford in 2003, there was a 75% arrest rate for cases which went through the CAC/MDT system.

I encourage the Judiciary Committee to recommend financial support for MDT's and CAC's in order that these systems continue to maximize the convictions in sexual crimes against children and enhance the potential impact of Megan's Law.