

Child Sexual Abuse Response Team of Lower Fairfield County

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Child Guidance Center
of Southern Connecticut

Department of
Children & Families

Family Services Unit,
Superior Court

Office of Attorney
General

Office of Victim
Services

Police Departments of
Darien, Greenwich,
New Canaan and
Stamford

Sexual Assault Crisis
Center

Stamford Hospital,
Department of
Pediatrics

State's Attorney's
Office

Members of the Judiciary Committee:

My name is Ellie Hartog. I am writing in support of HB 5812. I am the Coordinator of the Child Sexual Abuse Response Team of Lower Fairfield County (SART) and the Chair of the Connecticut Children's Alliance (CCA). I have been Coordinator of the SART Multidisciplinary Team since 1991. During these 15 years, our team has handled many different types of cases. I will highlight three in this testimony.

~A young girl was sexually assaulted by a stranger in the bathroom of a public building. Friends and family members were alerted to the incident and held the offender until the police arrived. The child's statement had some "problems" a not uncommon situation for many child sexual abuse cases, when children's recall and consistency are not as strong as most investigators and prosecutors would prefer. The prosecutor in this case had limited experience in trying child sexual abuse cases, and pled the offense down to a Breach of Peace. In this case, the Multidisciplinary Team, as part of its case tracking practice, discussed this situation and a team member representing adult probation was able to convince the judge to add sex offender treatment as a condition of his probation.

~A young boy was violated by an older cousin, who was sent to a residential treatment program as a condition of his sentence. During his stay, his family moved to a residence next to that of the victim. Again, adult probation, through careful monitoring, learned of the impending move and informed the family that this proximity would violate the conditions of the offender's probation.

~An adolescent fondled several young children and was found guilty of a misdemeanor, and received a light sentence with no probation. Several years later, his supervising caseworker took a leave of absence, and he molested three young children.

These cases illustrate the need for increased supervision of sexual offenders. They also highlight the value of the collaborative work of the Multidisciplinary Teams.

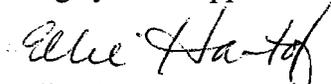
Children's Advocacy Centers (CAC) and Multidisciplinary Teams (MDT) are community resources that work to minimize trauma to child victims of sexual assault, provide support to their families and improve information gathered for prosecution. These teams are public/private partnerships comprised, at a

minimum, of Law Enforcement, Protective Services, Prosecution, Mental Health, Victim Advocacy, and Medical that provide a coordinated response to allegations of child abuse. They work together to ensure the prompt investigation of allegations of abuse, provide protection to victims, offer treatment and support to victims and their families and prosecute offenders. Fifteen Multidisciplinary Teams currently exist throughout Connecticut. Through CGS 17a-106, these multidisciplinary teams have been mandated to cooperate and coordinate the investigation of cases of child abuse and neglect. To date, the State has not provided any funding to comply with this mandate. Teams have had to rely on inadequate and unstable Federal funds to comply with the law.

HB5812 includes funding for the 15 Multidisciplinary Teams and 8 Children's Advocacy Centers in Connecticut. Children's Advocacy Centers include multidisciplinary teams; they adhere to ten standards of Best Practice and are accredited by the National Children's Alliance. The scope of a CAC's services is broader than that of an MDT with regard to victim support, treatment and advocacy as well as case supervision through prosecution. In many cases, the prosecutor consults with team members as their case advances in the judicial system. As noted above, the full case review and tracking at the CAC level enables the teams to make certain that named offenders receive the requisite monitoring, that juvenile offenders will receive appropriate treatment, and that child victims will be protected from further abuse.

Research on sexual offenders, especially offenders against children, demonstrates that offenders typically abuse many, many children before they are "caught" and that levels of recidivism are high. Providing strong safeguards for the monitoring and supervision of offenders will increase the level of protection to the public. In addition this bill will finally provide the requisite funds for Multidisciplinary Teams and Children's Advocacy Centers to continue the vital work they are currently providing. Please help us ensure that children who have suffered the horrible trauma of sexual abuse will not be further traumatized by the systems designed to protect them.

I urge you to support this bill.



Ellie Hartog, LCSW

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