

Member Organizations

The Umbrella Center for Domestic Violence Services
Ansonia, CT

The Center for Family Justice
Bridgeport, CT

Women's Center
Danbury, CT

Domestic Violence Program United Services
Dayville, CT

Network Against Domestic Abuse
Enfield, CT

Domestic Abuse Services Greenwich YWCA
Greenwich, CT

Interval House
Hartford, CT

Meriden-Wallingford Chrysalis
Meriden, CT

New Horizons
Middletown, CT

Prudence Crandall Center
New Britain, CT

The Umbrella Center for Domestic Violence Services
New Haven, CT

Safe Futures
New London, CT

Domestic Violence Crisis Center
Norwalk, CT

Women's Support Services
Sharon, CT

Domestic Violence Crisis Center
Stamford, CT

Susan B. Anthony Project
Torrington, CT

Safe Haven
Waterbury, CT

Domestic Violence Program United Services
Willimantic, CT

Testimony in Opposition of

HB 5505, AAC Family Court Proceedings

Judiciary Committee
March 11, 2015

Good morning Senator Coleman, Representative Tong and members of the committee. CT Coalition Against Domestic Violence (CCADV) is the state's leading voice for victims of domestic violence and our 18 member organizations that serve them. Our members provide essential services to nearly 50,000 victims of domestic violence each year. Services provided include 24-hour crisis response, emergency shelter, safety planning, counseling, support groups and court advocacy.

We urge your opposition to HB 5505. We have serious concerns about the impact that this bill could have on victims of domestic violence who are involved in child custody issues.

Section 1 of this bill creates four scenarios under which the court could allow supervised visitation of minor children. This seemingly disallows all other possible reasons to order supervised visitation outside of the four included scenarios and limits the courts discretion in ensuring that the best interests of the child are upheld when considering supervised visitation. For a variety of reasons victims of domestic violence do not always call the police when they are experiencing abuse. They may feel that calling the police will result in their abuser becoming more violent or that the Department of Children & Families (DCF) will take their children away. So while there may not be a substantiated abuse case by DCF or a criminal complaint to the police, victims may very well be able to outline a history of abusive behavior that not only impacts them, but their children as well. Not allowing judges discretion to consider such a history when determining visitation could jeopardize the best interest of the child.

Also of concern in this section is the inclusion of "severe mental disability," which is not defined. Domestic violence victims suffer severe trauma and individuals without expertise in domestic violence may question some of their decisions and behavior following such trauma. Victims are sometimes perceived as or characterized as having mental illness based on behavior that, when not considered in the context of the abuse they have experienced, seems concerning. In reality, the behavior may be a coping mechanism or behavior intended to keep them safe. Such broad language may put victims at risk.

This same concern extends to Section 3 of the bill which appears to exclude psychologists from the list of healthcare professionals that can make evaluations in these matters. Psychologists should be included and, in cases involving domestic violence, the language should also clearly require that the evaluator have expertise in domestic violence. Additionally, it is critical that any report submitted as part of an evaluation under this section remain sealed, available only to either party or their counsel, until offered into evidence.

Section 2 of this bill proposes that any person aggrieved by the action of a guardian ad litem (GAL) or attorney for a minor child (AMC) be able to bring a civil action seeking appropriate relief. In all likelihood very few individuals will seek to serve as a GAL or AMC if language such as this passed because it is rare that at least one

party does not feel aggrieved following a child custody case. Instead, we strongly urge the committee to consider mandating increased trauma-informed training for GALs and AMCs related to the dynamics of domestic violence. It is typically contentious custody cases where GALs and AMCs are assigned, and often there is a history of domestic violence preceding the custody dispute. Increased training will strengthen the ability of GALs and AMCs to clearly identify and respond to the needs of children who are experiencing domestic violence in their home.

Section 4 of the bill limits GAL and AMC testimony related to the child's medical condition. This is particularly concerning for cases involving domestic violence in which children are receiving ongoing therapy. We are concerned that in cases of self-represented victims of domestic violence, there will not be an easy way to enter this information into evidence, perhaps resulting in the victim having to subpoena and pay for the healthcare professional to testify as to the child's medical condition. Meanwhile, the GAL and AMC may have the reports from the healthcare provider and otherwise would be able to simply submit them as part of their testimony. This creates an increased financial burden on a victim of domestic violence who is often the custodial parent and may potentially result in critical information about the child's medical condition being excluded from the case.

Again, we urge your opposition to this bill as it will have an extremely negative impact on victims of domestic violence seeking to protect their children. Please do not hesitate to contact me with any questions or concerns.

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