

IN THE COURT OF APPEALS

STATE OF GEORGIA

K. M. D.,
Appellant

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Appeal No. A15A0434

v.

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M. S. D.,
Appellee

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BRIEF OF AMICI CURIAE

Amici consist of Georgia organizations working with and representing adult and child victims of abuse in the family, as well as two national organizations with expertise in domestic violence, child abuse, and custody litigation. Various *Amici* have in-depth experience with child sexual abuse and the common misunderstandings of how it manifests by professionals and others in court. We write in support of Appellant's Motion for Reconsideration.¹

STATEMENT OF FACTS

Amici highlight here key record facts that indicate the court's decision was an abuse of discretion. *Almost none of the evidence of sexual abuse was even mentioned in the trial court's opinion.*

¹ Although the Georgia Court of Appeals rules are silent on amicus briefs submitted in support of a Motion for Reconsideration, the Supreme Court of Georgia expressly allows briefs to be submitted in support of such a motion. Supreme Court of Georgia Rule 23.

Expert Opinions and Information that Sexual Abuse Likely or Possible

1. Dr. Green was B.D.'s therapist² from ages 6-9 (2009-2011); she was qualified at trial as an expert in child sexual abuse and trauma. T. 455. Dr. Fox examined B.D. in 2011 to assess her for child sexual abuse; she was qualified as an expert in child psychology and in psychosexual evaluations. T. 788-792.

Constance Wallace was qualified as an expert in forensic examinations of child sexual abuse victims. T. 728. All three received specific and disturbing descriptions of sexual abuse from B.D.³

2. In 2009, Dr. Green expressly concluded that B.D. had been sexually abused, (T. 507), and diagnosed her with post-traumatic stress disorder ("PTSD"). T. 479-480. Dr. Fox, after an extensive interview with B.D. in 2009, also diagnosed B.D. with PTSD and noted her "advanced knowledge and terminology around sexual material" and the "possibility that this child could have been abused." T. 814.⁴ Dr. Fox recommended cognitive behavioral therapy for child sexual abuse. T. 495.

² Appellant brought E.D. to therapy in 2009, at the age of 6, because of bed-wetting, sensory fears such as having her hair brushed, disconnected states, and inappropriate sexual behaviors, among other things. T. 457, 930-33.

³ Among other things, E.D. told Dr. Green that she "didn't feel safe" at her father's house, that "stuff happens ...that involved touching" and "she was confused because sometimes it felt good." T. 462-63. E.D. told her that "keeping the secret . . . made her stomach hurt and made her head hurt." T. 465. Subsequently E.D. told Dr. Green about "her father touching her vagina" and "her father putting his penis inside her vagina." T. 466. When asked to "[d]raw something you feel guilty about," E.D. wrote "I had a hard time telling the truth when my dad was doing bad things to me!!!" and added "I tell the truth now." T. 472-473

⁴ Dr. Fox said E.D. "reported penetration both with his penis and his fingers. She stated that there were things he had her do with her mouth. She would not elaborate on that . . . She also reported that at one time he would stick his finger down her throat and choke her." T. 807.

3. Dr. Fox testified that E.D. had visions of herself or her mother being killed, and said her father made these threats during his sexual acts. T. 808. She recommended that the protective order against the father remain in place. T. 815-816.

4. Similarly, Ms. Wallace, after interviewing E.D.,⁵ recommended that she have no contact with her father, and receive counseling. T. 735, 785.

5. During the 2 years when she was seeing Dr. Green, and not seeing her father, E.D. consistently re-affirmed her disclosures to Dr. Green.⁶

6. By the spring of 2011, Dr. Green felt she had "finished therapy" with E.D., and "somebody independent needed to take a look." T. 484-485. Although Dr. Levy was reluctant due to her lack of expertise in dissociation (T. 494), Dr. Levy began seeing E.D. in 2011 to conduct cognitive behavioral therapy for child sexual abuse. Dr. Levy testified that eventually "E.D. gave some very specific details that had not been reported previously. As a mandated reporter, yes, I felt that was my duty to make a report." T. 123.⁷

⁵ Ms. Wallace asked E.D. whether she knew why she was at the interview; she said her dad had been touching her in a way that he shouldn't be and that there was a secret she had been keeping from her mom that her dad wanted her to keep. T. 749.

⁶ T. 478. Dr. Green explained that E.D. would "make general statements about wishing it didn't happen, wanting it to go away." T. 478. E.D. consistently indicated that "what she reported was the truth, that she had not lied about it, and that she wanted to see her dad but that she would not be safe doing it alone." T. 479.

⁷ Dr. Levy described E.D.'s telling her that "one time was in Colorado, but everything happened more than once..." T. 96. "She said that he laid her -laid her on top of him and moved her around in circles and then put her back to sleep without her clothes on . . . she didn't tell [her step-mother] because she didn't know what she would say." T. 97. When Dr. Levy prodded her, E.D. admitted that "he put his

7. The court stated it found Dr. Levy to be the "most compelling witness in this case." (Opinion at 6). Yet its opinion fundamentally mis-stated her testimony, as follows: "Dr. Levy testified that she does not believe the minor child is a victim of child sexual abuse." Opinion at 5. Although she questioned E.D.'s veracity to some degree,⁸ Dr. Levy testified that "I wouldn't say that I have the opinion that she is not telling the truth about sexual abuse." T.121.

Nonverbal Indications of Sexual Abuse

8. In addition to her express disclosures, E.D. provided sensory descriptions, e.g., telling Dr. Levy that her father's "private part was slimy." T. 123

9. E.D. experienced headaches and stomach aches, along with pain in her genital area. In a worksheet that asked E.D. about the impact of keeping her feelings inside, E.D. colored the top half of her head, her stomach, and genital area to indicate where she felt pain. T. 474-475 (R131).

10. E.D. acted out sexually with other children. In 2009, it was reported that E.D. asked "to see other children's genitals or to rub them or asking one boy, reportedly, to put his penis in an orange cone on the field." T. 460. Some parents reported E.D.'s sexual acts toward their children to the police. T. 133.

private in her mouth, took it out, held her mouth shut and told her to swallow it and threatened to choke her." T. 97. Dr. Levy added that E.D. noted that "his private part was slimy." T. 123.

⁸ Dr. Levy explained that "[t]here have been some consistencies and there have been a lot of inconsistencies." T. 99- 100.

Evidence of Child Pornography

11. During the divorce litigation in 2007, an expert report ("Moulton Report") identified the imprint of the following websites on Appellee's computer: teenietarts.com; schoolbuschicks.com; delicatepussies.com; nubileones.com; feableminds.com; herfirstbigcock.com; herfrstasstomouth.com; secretfriends.com; cuteteenvideo.com; bustyamateurfriends.com; and her firstkisses.com (T. 550-555; T. 912-913). Appellee admitted that that computer was the one he used to do all of his porn searching (T. 549). He also responded "I don't know" when questioned about whether he was searching the above-referenced websites, such as schoolbusgirls.com. (T. 549). He later denied that any of the pornography was child or child-like pornography. T. 550. Appellee stated he did not know if the websites were sent to him by e-mail or whether they were "pop-ups." (T. 549-551). Although the court excluded the Moulton Report, the fact that the above referenced sites were found on Appellee's hard drive was admitted. T. 554.

12. During trial, Mr. Kressell, a forensic examiner, re-examined the computer. Mr. Kressell found at least one thumbnail image that in his professional opinion appeared to be child pornography. (T. 721).

Professionals' Mistrust of E.D.'s Allegations

13. Dr. Levy questioned B.D.'s and Appellant's veracity because she felt B.D. and her mother had "something to gain" (T. 138) by alleging child sexual abuse.⁹

14. Dr. Levy suggested that Appellant was the source of the sexual abuse allegations and B.D.'s behavioral issues because her identity was "wrapped around [E.D.] being a victim of sexual abuse." T. 90.

15. One reason for Dr. Levy's mistrust was that in October 2013, after custody changed to Appellee, B.D. experienced enormous distress, exclaiming that she "wants to die," and "no other kids are forced to live with someone after having not seen them for so long." T. 102. After Dr. Levy prodded her, B.D. told her that she hadn't really meant some of the things she said in the video. Dr. Levy asked B.D. to agree to "find some way to deal with that ... other than bringing up [her] dad." T. 103.¹⁰

16. Another incident Dr. Levy pointed to was B.D.'s apparent discomfort in a session with her mother and Dr. Levy, where B.D. had trouble explaining why she reported positive visits with her dad, yet continued to have behavioral and physical

⁹ "What I would say is that there are a lot of things that [E.D.] does and says, and there are a lot of things that [Appellant] has said and done throughout ... that lead me to question a lot of the allegations." T. 121. "[T]aken in totality, the entire case and the evasiveness and the inconsistencies and the difficulties [E.D.] has had in providing, aside from those details that she provided to me, which, to me, were the only time that they were reasonable detailed sexual information, I believe that most of the rest of it has been inconsistent and evasive and confusing and that there was something to gain." T. 138

¹⁰ Dr. Levy found the following explanation plausible: "She said it because her friend left her out at her birthday party, and she was just saying it to get her friend to feel sorry for her, and that it worked." T. 103.

challenges at her mother's house. T. 84-85. Dr. Levy interpreted her contrasting behavior at both parents' houses as "enmeshment" where "the child feels like they can't have their own identity. Every opinion, attitude, feeling and belief is from the parent." T. 86. She did not cite any scientific authority for this purported phenomenon.

17. Mr. Holmes, the Guardian Ad Litem (GAL), was not qualified as an expert and admitted to having no experience in child sexual abuse. Mr. Holmes nonetheless believed that it was "incredible or uncredible that a child two or three or maybe even four may remember anything like that." T. 284. He asserted that E.D. "in lot of ways, is not credible." T. 284. Regarding sexual abuse, Holmes testified: "I just didn't go there." T. 308. He explained this as follows (T. 307):

One, it was not part of my job description to determine that. Two, it had not been able to be determined by two different jurisdictions ... I did not think I needed to make that decision to make my ruling [sic] and, quite frankly, that was contrary to what others wanted me to do. I refused to do it. I'm not a psychologist. I was advised not to do it, and I feel comfortable not doing it.

18. Dr. Drutman, the custody evaluator, had no child abuse, child sexual abuse or dissociation expertise. T. 1138- 1139. Dr. Drutman praised the Appellee for his "positive reinforcement" and found, with no clinical explanation or basis, Appellant's "negative reinforcement" and enmeshment with her daughter to be the cause of E.D.'s continued symptoms. T. 178- 179. He posited that Appellant's influence did not allow E.D. to have her own independent thoughts because mother

and child were "enmeshed." T. 1141. Dr. Drutman stated that *even if there was a finding of sexual abuse, he would still recommend giving the father some custody.*

T. 186.

Bizarre Behaviors - Dissociation

19. E.D.'s dissociative behavior was first raised by Dr. Green, who found that E.D. sometimes experienced a "disconnect from reality." T. 481. E.D.

communicated that "she felt at times that she was on another planet, like she wasn't here in this world." T. 481.¹¹ Moreover, "mom was reporting a lot of trance-like states ...and she would actually have to clap in her face to get her to kind of come and pay attention to what was going on in the room." T. 481

20. Dr. Silberg described one video of E.D. as a prime example of dissociative behavior: "There was a videotape of her seeing -looking like she sees her father, and she is saying, get him away. Get him away. Her mother says, who is it? She says, it is daddy. He is coming. He is going to kill me. Let him kill me so he doesn't kill you. I'm scared, she continues. Her mother says, no, he is not there. She continues to say, yes, he is still there." T. 583.

21. When she received the referral, Dr. Levy was reluctant to take E.D. as a client because she did not have dissociation experience and "was not comfortable taking the case." T. 494.

¹¹ Another example of E.D.'s bizarre and possibly dissociative behavior was when she "just jumped up on the couch and started talking about - pretend playing an air guitar and talking about her father doing bad things." T. 571.

22. Mr. Holmes stated unequivocally that he had no experience in dissociation and was "not smart enough" to recognize or assess it. T. 286. He continued:

I'm not a dissociative expert...There are, I think, 30 references to dissociation in Dr. Green's notes. Dr. Green's notes is that big notebook sitting over there. It's always been there. Some people describe E.D. as a drama queen. Some people describe E.D. as histrionic. Some people describe E.D. as, in fact, being dissociative. I'm not smart enough to know." T. 263.

Despite having reviewed "a lot of episodes that mom's described to me as dissociative," in addition to numerous references in Dr. Green's notes (T. 286), Mr. Holmes flatly stated, "no, I did not go out and try to find an expert in dissociation. If that was my mistake, I made it." T. 291.

23. Dr. Drutman, who had no expertise in child sexual abuse or dissociation, nonetheless stated that E.D.'s dissociative episodes were a "strategy. That's how this child connects," (T. 1122) and "in most cases, E.D. is very aware of what she is doing." T. 173. He plainly rejected Dr. Silberg's expert testimony. T. 1121.

Dr. Silberg's Expert Testimony

24. The only individual at trial with expertise in dissociation was Dr. Joyanna Silberg. Dr. Silberg, an author of two books on child trauma and dissociation, and globally recognized expert on child sexual abuse,¹² was admitted as an expert in

¹² Dr. Silberg authored the books, *The Child Survivor: Healing Developmental Trauma and Dissociation* (2013) and *The Dissociative Child* (1998). She has co-authored or published chapters in multiple other publications including *Misinformation Concerning Child Sexual Abuse and Adult Survivors* (2003). She is the recipient of the 1992 Walter P. Klopfer Award for her research, 1997 Cornelia Wilbur Award for

the area of child trauma, clinical psychology, custody, psychological testing, child sexual abuse, and child dissociation. T. 564, 566.

25. Dr. Silberg offered a general description of indicators of child sexual abuse. She testified that "children who have been traumatized with sexual abuse generally have sexualized behaviors." T. 572. Dr. Silberg also testified that child sexual abuse victims experience sexual enuresis or bed-wetting (T. 572), sometimes lie (T. 574), have unusual imaginary friends (T. 575),¹³ multiple fears or phobias (T. 580)⁴ and have hallucinations (T. 583). She testified without contradiction that dissociation is "pretty common" with sexually abused children and described dissociation as a "mental process whereby people find a way to disconnect from the world around them . . . when traumatic circumstances are so overwhelming the mind has nowhere to go." T. 566.

26. Dr. Silberg reviewed Dr. Drutman's report, Mr. Holmes report, Dr. Fox's assessment of child sexual abuse and the underlying raw data, all of Dr. Levy's treatment notes, Dr. Green's deposition testimony, affidavits regarding E.D.'s sexual acting out, as well as police reports detailing E.D.'s sexual acts at school. T.

clinical excellence, and the 2011 William Friedrich Award for work on Child Sexual Abuse. *See* <http://www.thechildsurvivor.com/about/c4nz>.

¹³ T. 575 (stating "what [E.D.] describes are several different imaginary entities that talk to her and tell her things to do, which would be consistent with the pathological form of it which I described, which is a dissociative sign").

¹⁴ These phobias are "often of things that to them are associated with the abuse that may not be obvious to anybody else why they are associated with the abuse." T. 580.

568. In addition, Dr. Silberg reviewed several video and audio tapes of E.D., especially in her disconnected or dissociative states. T. 569.

27. She described E.D.'s symptoms from the record, including her sadness, loneliness, difficulty with peers, bedwetting and loss of urine control. The records indicated that E.D. had "extreme" knowledge of sexual activity.¹⁵ She further explained that abuse reports are credible when children describe things that are "hard to invent" including "provocative" words "like slimy," or "pain or discomfort they were feeling." T. 573.

28. Dr. Silberg identified several of the episodes in the record as dissociative including the incident where she "saw" her father coming to kill her (when he was not there). T. 571, 583, 696. She further noted that E.D's "compliance" at her father's house and "having issues" only at her mother's home was "exactly typical of what you see with a dissociative child."¹⁶

Reunification

29. Due to the child sexual abuse criminal investigation of Appellee, E.D. saw her father once between April 2009 and October 2012. T. 226. Beginning in July

¹⁵ When E.D. described something like ejaculation in her mouth that her father forced her to swallow, Dr. Silberg noted "[t]hat's the kind of information a child doesn't just come up with on their own." T. 572.

¹⁶ T. 591-592. "So, they disconnect from the reality of their experience. They try to forget it as much as they can. They try to go along with the way things are. But, when they are in a different environment, all of the feelings that they have been submerging and pushing down come out and they are overwhelmed with overwhelming feelings." T. 591-592.

2012, she began to see him for "reunification" based on the recommendation of Mr. Holmes, Dr. Drutman and Dr. Levy.

30. Initially when E.D. started seeing Appellee while still living with her mother, B.D.'s behavior regressed.¹⁷ For example, the visions of her father coming to kill her took place during this period. T. 999.

31. However, Dr. Levy testified that during reunification in December 2012, E.D. experienced "[p]ositive progress, very positive." T. 100. After Appellee received temporary custody on an "emergency" basis, the positive reports increased. T. 110.¹⁸ Dr. Levy noted that it was unusual to have an "extreme transformation" in such a short period of time. T. 119.

32. Dr. Silberg explained E.D.'s seemingly positive adjustment to her father's care as follows: "[W]hen her therapist is reinforcing the dissociation by encouraging her to not express that other side of the equation, a child can go along for quite a long time . . . particularly a child with a facility for dissociation because they have mastered the art of dissociation. That's what dissociation is ...From everything I have read in this record, [E.D.]'s symptomatology as portrayed in the record." T. 593-594.

¹⁷ She was bedwetting, experiencing a "clustering" of dissociative episodes, and had "extreme anxiety at night." T. 999.

¹⁸ Throughout the sessions with Dr. Levy, E.D. completed behavioral assessments to indicate the issues or problem areas she was struggling with. On August 29, 2013, shortly after custody was switched, E.D. did not check off any problem area, compared to 15 or more in previous sessions. T. 101.

33. Dr. Silberg emphasized that E.D. "disclose[d] that there were pretty significant threats that ...if she told, her mother would be killed. So, if you have those kinds of threats and you are being forced to kind of live a lie because you are terrified about the threats, then what will happen is, the lies may come out in other contexts." T. 574.

34. The trial court "did not find the allegations of child sexual abuse by Petitioner to have been supported by the evidence presented at trial." Opinion at 8.

S YOFARGUMENT

Amici submit this brief in support of Appellant's Motion for Reconsideration based on serious concern for E.D. *Amici* recognize the extremely difficult nature of these cases for trial judges and all professionals. The idea of an adult doing unspeakable things to a child, let alone a father doing such things to his own daughter, is excruciating to entertain. Many people, professionals and judges included, find alternative explanations tempting, no matter how lacking in scientific basis or true expertise. However, our court system owes it to the children whose lives are in its hands to ensure that the decisions are made based on an objective assessment of risk, not the desire to avoid horrific realities.

In this case, E.D.'s vivid disclosures, descriptions, and dissociative episodes over many years, with multiple therapists and experts, several of whom found her disclosures as indicative of sexual abuse, diagnosed her with post-traumatic stress

disorder, and opined that she was or may have been abused, present a staggering amount of evidence suggesting serious cause for concern. However, the trial court, presented with all of this evidence, simply ignored or excluded it or its clear implications. The court's systematic rejection of all the evidence and expert validation of child sexual abuse renders its opinion an abdication of its responsibility to prioritize this child's best interests (i.e., protecting her from cognizable and serious risk) and is an abuse of discretion.¹⁹

The court's decision to award custody to Appellee should be reversed for the following reasons: First, the court's opinion *entirely fails to mention the extraordinary evidence of sexual abuse* or to even wrestle with the issues. While neither *Amici* nor anyone other than E.D. and Appellee know for certain what happened between them, this is always the situation when private abuse is at issue. Yet, it cannot be in a child's best interests for the court to wait until it has absolute certainty before protecting her from known *risks*, which in this case were multiply identified and warned of by four different experts.

Instead, the court relied on two individuals with a conceded lack of expertise, knowledge, or willingness to directly assess the sexual abuse (Mr. Holmes and Dr. Drutman). The court's reliance on a Guardian Ad Litem opinion which *expressly*

¹⁹ The trial court's determination that there has been a material change in condition should be reviewed for abuse of discretion. *Vines v. Vines*, 292 Ga. 550, 739 S.E.2d 374 (2013). In addition to the trial court misstating or misapplying the law, "[a]n abuse of discretion also can occur if the trial court 'clearly errs in a material factual finding.'" *Blue v. Hemmans*, 353 Ga. App. 353, 759 S.E.2d 72 (2014) (citing *State v. Pickett*, 288 Ga. 674, 679(2)(d), 706 S.E.2d 561 (2011)).

refused to even engage the sole critical issue -whether E.D. was being abused- is an abuse of discretion. The third witness the court relied upon, Dr. Levy, contrary to the court's assertion, never concluded that E.D. was not sexually abused. The court's error on this material fact is also an abuse of discretion.

Moreover, the court refused to consider or excluded two key experts: one (Dr. Silberg) with in-depth child sexual abuse and dissociation expertise, and the other (Mr. Kressel) who would have testified that at least one of the pornographic photos found on Appellee's computer portrayed a child victim. The court also excluded the pornographic photographs themselves. The court's refusal to consider and weigh any of Dr. Silberg's testimony when she was the only true expert with regard to the contested facts here- was another abuse of discretion. *Amici* urge this Court to reverse the trial court for its abuse of discretion and failure to engage in an objective assessment of E.D.'s best interests.

ARGUMENT

- I. THE QUANTITY AND TYPES OF UNDISPUTED EVIDENCE OF SEXUAL ABUSE IN TIDS CASE ARE SUBSTANTIAL.
 - A. There is no dispute about E.D.'s many specific descriptions to multiple therapists and examiners, her sexualized behavior, her non-verbal indication, or her expressed fear of her father killing her or her mother.

The reports of child sexual abuse in this record are overwhelming. None of the skeptics dispute that, for over four years, E.D. repeatedly disclosed sexual

abuse to her therapist Dr. Green (T. 462-463), forensic evaluators Constance Wallace (T. 749) and Dr. Fox (T. 807), and even to Dr. Levy (T. 97). These disclosures included direct verbal disclosures (e.g., describing her father forcing his penis in her mouth and telling her to swallow after) (T. 97)); indirect written disclosures in response to open questions (drawing a time she was disappointed because her father was not nice to her body (T. 478)); describing how she felt about her father (saying she would not be safe there alone (T. 462 -463)); describing physical symptoms (keeping the secret made her stomach and head hurt (T. 465)); abnormal and non-calculated behaviors such as bed-wetting (T. 930), sexualized behavior against her peers (T. 133); displaying advanced sexualized knowledge (T. 123); and dissociative states such as screaming that her father was coming to kill her and her mother even though he was not there (T. 808); her mental health diagnoses (PTSD, anxiety, depression); and multiple recommendations that she receive counseling for child sexual abuse (Dr. Fox, Dr. Green).

Each one of these factors alone indicates a high probability of sexual abuse. Leading researchers of child sexual abuse have identified the following factors seen in this record as "high probability indicators" of prior abuse:

- Disclosing prior sexual abuse. In fact, "[f]alse allegations by children represent between 1 and 5 percent of reports."²⁰
- Advanced sexual knowledge and behavior in children 10 years old and under Faller at 26; *See* T. 460 (describing advanced sexual acts); William N. Friedrich et al., Child Sexual Behavior Inventory: Normative, Psychiatric, and Sexual Abuse Comparisons, *CHILDMALTREATMENT*, Vol. 6 No.1 Feb. 2001, 37-49; William N. Friedrich, et al., Dissociative and Sexual Behaviours in Children and Adolescents with Sexual Abuse and Psychiatric Histories, *J. INTERPERSONAL VIOLENCE*, Vol. 12 No.2 Apr. 1997, 155-171 (significantly uncommon in nonabused children).
- Sexual aggression toward other children. Faller at 27. *See* T. 460, 133 (describing B.D.'s sexual aggression at school which resulted in her being reported to the police); Friedrich et al., page 43 (extremely uncommon in populations of nonabused children).
- Description of intimate sensory details, such as taste, touch, and feeling. Faller at 27. *See* T. 123, T. 97 (E.D. described her father's penis as "slimy").

Forensic evaluators skilled in the assessment of child sexual abuse typically look for at least one other form of corroboration besides a child's convincing

²⁰ Kathleen Faller, *CHILD SEXUAL ABUSE: INTERVENTION AND TREATMENT ISSUES* (U.S. Dep't. Health and Human Svcs, Administration for Children and Families, National Center on Child Abuse and Neglect, 1993) at 28 (hereinafter "Faller").

statement. Faller, *supra* at 57. Here, the cumulative evidence in this case far surpasses the evidence seen in many *founded* cases of child sexual abuse.²¹ Even if any one of the above indicators of sexual abuse is not credible or unreliable, the combination of three or more independent signs of sexual abuse leads to a high level of probability that a given case is a real case of abuse.²² In this case, the combination of multiple disclosures, multiple sexualized behaviors observed by a variety of people and psychiatric symptoms of PTSD and dissociation increases the probability exponentially.

B. There is no other reasonable explanation for E.D.'s statements and behaviors

The professionals who doubted the abuse allegations- Mr. Holmes, Dr. Levy and Dr. Drutman- did not provide any credible alternative explanations for all of the disclosures and associated behaviors. Mr. Holmes and Dr. Drutman both admittedly lacked any expertise in child sexual abuse. Mr. Holmes appeared to believe it was outside his "job description" to ascertain whether the allegations were plausible and whether the father presented a risk to E.D. T. 307. Nonetheless,

²¹ See Seth Goldstein, *THE SEXUAL EXPLOITATION OF CHILDREN: A PRACTICAL GUIDE TO ASSESSMENT, INVESTIGATION AND INTERVENTION*. (CRC Press 1998) pp. 54-91; *INVESTIGATION AND PROSECUTION OF CHILD ABUSE*, 3rd Edition, American Prosecutor's Research Institute (Sage, 2004), pp 17 - 36; Faller at 21-29

²² See Mark D. Everson, *Base Rates, Multiple Indicators, and Comprehensive Forensic Evaluations: Why Sexualized Behavior Still Counts in Assessments of Child Sexual Abuse Allegations*, 21 *J. CHILD. SEXUAL ABUSE*, 45 (2012).

both offered their inexpert opinions that E.D.'s allegations were not credible, (T. 284, Holmes) and that she was not dissociating (T. 1121).

Dr. Drutman and Mr. Holmes implied that all of E.D.'s reports, emotions, behaviors, and symptoms described above were a product of Appellant's "enmeshment" with E.D. and/or somehow derived from the fact that Appellant's identity was "wrapped around E.D. being a victim of sexual abuse." T. 90.²³

Amici seek to emphasize this point: *There is absolutely no scientific basis for these speculations.* There is no scientific research to support the idea that mothers derive their "identity" from the idea of their child being abused, nor that even such mothers fabricate such allegations out of whole cloth, nor that even a disordered mother can cause children to emote, describe, feel, fear, and act out, sexual abuse that has not occurred²⁴

²³*Amici* note that any mother whose child is reporting and acting out sexual abuse by the other parent, while professionals are not believing and protecting the child, might well become intense, angry, and/or single-minded about proving the abuse in order to protect their child. Joan Meier, *Getting Real about Abuse and Alienation: A Critique of Drozd and Olesen's Decision Tree*, 7 J. CHILD CUSTODY, 219, 234-35 (2010). It is not clear from this record whether Appellant's behaviors in some way demonstrated that the abuse claims were false, or whether they were driven by an understandable anxiety and frustration that her child was not being believed and was being subjected to ongoing abuse by the court's processes.

²⁴The inventor of the now widely discredited concept of "parental alienation syndrome (PAS)," Richard Gardner, did sometimes suggest that children will make false allegations of abuse to "please" the mother who is hostile toward the father. Kathleen Faller, *The Parental Alienation Syndrome: What Is It and What Data Support It?* 5 CHILD MALTREATMENT 100, 102 (1998). The scientific and psychological communities have virtually unanimously rejected the theory of PAS and its associated notions.

The other primary basis for rejecting the abuse reports was due to E.D.'s purported manipulateness and inconsistencies.²⁵ While it is understandable that such behaviors are undesirable and generate distrust, such behaviors are neither inconsistent with being abused, nor can they negate all of the evidence of abuse in this record.

Rather, these unpleasant aspects of E.D.'s personality are entirely consistent with having been traumatized by child sexual abuse. As Dr. Silberg testified, children who are subjected to traumatic sexual offenses, and then forced to keeping it secret, by a parent who presents a false persona to the world, are learning firsthand about lying and manipulation.²⁶ Moreover, when children's honest reports are disbelieved and not responded to protectively, children can learn that truth is not valued, that direct expression of needs is ineffective, and they become more desperate -which naturally leads to more extreme and/or manipulative behaviors.

Finally, even if E.D.'s purported lies and manipulateness were part of her personality for some other reason, it is not possible for even a liar or manipulator

²⁵ Dr. Drutman treated E.D.'s behaviors as a simple matter of parenting styles and positive or negative enforcement. T. 178 - 179. He continued to portray E.D. as a manipulative or spoiled child who "is very aware of what she is doing." T. 173.

²⁶ Dr. Silberg explained that "if you have those kinds of threats and you are being forced to kind of live a lie because you are terrified about the threats, then what will happen is, the lies may come out in other contexts." T. 574.

to fabricate all of B.D.'s behaviors, night terrors, sexual acting out, dissociative episodes, and to know about a "slimy" penis, as *B.D.* did.

C. Dr. Levy's position was mixed, but actually validated E.D.'s sexual abuse report.

The court's opinion stated that "Dr. Levy testified that she does not believe that *B.D.* is a victim of child sexual abuse." (Opinion at 5) The record, however, shows otherwise. While she questioned B.D.'s overall veracity, T. 99-100, when asked directly, Dr. Levy expressly *refused* to take the position attributed to her by the court: "I wouldn't say that I have the opinion that she is not telling the truth about sexual abuse." T. 121. Further, after B.D.'s detailed narrative on January 17, 2012/⁷ she filed a sexual abuse report with the child protection agency. T. 123. Dr. Levy explained that "B.D. gave some very specific details" and acknowledged that it "was [her] duty to make a report." T. 123. Based on Dr. Levy's own words and actions, the court's characterization of her opinion "clearly errs in material factual finding" Blue v. Hemmans, 327 Ga. App. 353, 759 S.B.2d 72 (2014)- and it is fundamental to the decision. Given that the court expressly identifies Dr. Levy as the professional he relies on the most, (Opinion at 5-6) and that he attributes to her the opposite of her position, the court has committed reversible error.²⁸

²⁷ "[E.D. told me] he put his private in her mouth, took it out, held her mouth shut and told her to swallow it and threatened to choke her." T. 97. She also described it as "slimy." T. 123.

²⁸ Dr. Levy's admitted lack of expertise in dissociation also helps explain why her opinion was so mixed; like any non-expert would, she found E.D.'s apparently happy behaviors with her father and her periodic reversals in her verbal statements non-trustworthy. Dissociation, however, casts a very different light on

II. The Court's Decision to Ignore the Entirety of Dr. Silberg's Testimony was an Abuse of Discretion.

A. Dr. Silberg's expertise was critical to understanding these facts

Dr. Silberg is an expert in child sexual abuse and is a world renowned expert in childhood traumatic dissociation?⁹ In fact, Dr. Silberg was the *only* expert at trial who possessed this expertise.

Dr. Silberg's testimony regarding dissociation was critical to understanding E.D.'s complex behaviors and symptoms, as no other expert was able to account for the bizarre episodes which Dr. Silberg recognized to be dissociative.³⁰ For the two years leading up to the trial, E.D.'s bizarre and agitated behaviors were captured on videotape, audiotape, and reported by her mother to various professionals- totaling 35 voice recordings, videos, and images (T. 130).³¹ None of the three professionals on whom the court relied (Dr. Levy, Dr. Drutman and Mr.

these counter-intuitive behaviors, and indicates that they could reflect instead that E.D. was traumatized, not believed, and accommodated by disconnecting enough to appear to enjoy being with him. Her recantations and flip-flopping statements are also evidence of both trying to please not only her father, but her therapist, and other authority figures who rejected her claims. At root, while words can be untrustworthy, non-verbal expressions cannot be manipulated. As described at pp. 1-13, *supra*, and as child sexual abuse experts emphasize, E.D.'s sexualized behaviors, her terror, and her tactile memory of the slimy penis speak louder than any words.

²⁹ See para. 24 in the facts above.

³⁰ Although Dr. Drutman dismissed these episodes because "[E.D.] knows what she is doing," this was pure speculation by someone who admittedly knows nothing about dissociation. Nor is it inconsistent with dissociation. Dissociation does not mean the person does not "know what [they are] doing"; it means the person has episodes of altered consciousness where their behavior is determined by traumatic experiences. Individuals displaying dissociative behaviors have varying levels of awareness (Silberg, 2013).

³¹ The record contains repeated references to these dissociative episodes by multiple witnesses including Dr. Green and Dr. Levy. In her testimony, Dr. Green indicated that "dissociative states are hard to determine," (T. 481) and she "could not rule it out." T. 494. In fact, due to her concerns that E.D. may be dissociative, Dr. Green asked Dr. Levy about her experience with dissociation. T. 494.

Holmes) was actually able to explain these episodes or rule out a meaningful probability that they were a symptom of child sexual abuse.

Dr. Silberg testified that based on her review of all of these materials as well as her review of treatment notes, reports and police reports, E.D.'s symptoms, behaviors and reports were consistent with a child's severe, long-term trauma from sexual abuse. T. 680. Most importantly, Dr. Silberg reconciled E.D.'s positive reports of visits with Appellee and the subsequent regressions she would experience when back in Appellant's custody. Dr. Silberg explained that traumatized children, with a facility for dissociation, "try to go along with the way things are. But, when they are in a different [i.e., safe] environment, all of the feelings that they have been submerging and pushing down come out and they are overwhelmed." T. 591-592.

B. The court abused its discretion in rejecting all of Dr. Silberg's expertise because she did not interview the child.

The trial court accepted Dr. Drutman's critique of Dr. Silberg based on the erroneous assertion that she was not permitted under the American Psychological Association (APA) ethics rules³² to give an opinion about a child without interviewing the child. Opinion at 7; cf. Drutman testimony at T. 1119. Stating that she "stepped outside the acceptable parameters for an expert doing a record

³² See American Psychological Association Ethical Principles of Psychologists and Code of Conduct.

review" the court dismissed all of her testimony as "not credible." Opinion at 7.

This determination was an abuse of discretion.

1. Ethics Rules and Expert Practice Permit Opinions Based on Record Review

Contrary to Dr. Drutman's claim, the APA ethics rules permit opinions to be proffered without an interview of the subject Dr. Drutman quoted part of Rule 9.01(b) into the record. The relevant paragraph presented to the court opens with

Except as noted in 9.01c, psychologists provide opinions about the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions (emphasis added).

However, not only does the remainder of paragraph 9.01(b) acknowledge that opinions may sometimes be provided without an interview,³³ the referenced paragraph 9.01(c) reads:

When psychologists conduct a record review or provide consultation ... and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.³⁴

In short, these rules make clear that, provided that the records reviewed contain "sufficient information or data to form an adequate foundation for those opinions,"

³³ The rest of Rule 9.01(b) which was not recited by Dr. Drutman reads: "When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions and recommendations." See also American Psychological Association, Specialty Guidelines for Forensic Psychology, 9.03, "Opinions Regarding Persons Not Examined," <https://www.apa.org/practice/guidelines/forensic-&psychology.aspx> (identical language).

APA Ethical Principles 9.01(c), available at <http://www.apa.org/ethics/code/>.

Specialty Guidelines for Forensic Psychology, 9.03, an expert may come to a conclusion or diagnosis without personally examining the individual. Such expert diagnoses or opinions based solely on a record review are widely admitted in numerous contexts, including homicide prosecutions,³⁵ litigation concerning injuries/⁶ and particularly in litigation concerning interpersonal violence such as child maltreatment, intimate partner violence, etc.³⁷

In this case, before Dr. Silberg was involved, E.D. was already subjected to multiple forensic interviews by psychologists and years of therapy for sexual abuse. Numerous interviews, even when conducted by specialists in child sexual abuse, can be harmful to both the child and the search for truth. It would not have been in E.D.'s best interests to undergo yet another evaluation, where there was already a strong record developed.³⁸ Dr. Silberg's opinion about E.D. thus was well within

³⁵ Monique C.M. Leahy, *Trials Involving Autopsy Evidence*, 107 AM. JUR. TRIALS 411, 413 (2008) (autopsy reports "can be the most illuminating medical record available").

³⁶ *Testimony of Physician Based on Information from Third Persons Regarding Physical Condition or Symptoms of Person in Question*, 175 A.L.R. 274 (1948).

³⁷ See, e.g., John E. B. Myers et al., *Expert Testimony in Child Sexual Abuse Litigation*, 68 NEB. L. REV. 1, 8 (1989) (an "expert might base [their] opinion on study of videotaped interviews of the child and reports prepared by other professionals"); John E.B. Myers, Myers on Evidence of Interpersonal Violence: Child Maltreatment, Intimate Partner Violence, Rape, Stalking, and Elder Abuse 274-76 (5th ed. 2011) ("[f]irsthand knowledge is not always required . . . an expert may base an opinion on review of medical and other pertinent records."); *Jones v. Rodzewicz*, 165 Ga. App. 635, 636, 302 S.E.2d 402, 404 (1983) ("[E]xpert opinion testimony is not objectionable merely because it is not based on facts within the personal knowledge of the witness"); *State v. Moyer*, 151 Ariz. 253, 256, 727 P.2d 31, 34 (Ct. App. 1986) ("[The court] find[s] no requirement and do[es] not consider it imperative that the doctor actually examine the child. [The doctor] was an expert, he understood the syndrome and he knew what factors to look for. He had sufficient evidence before him from which he could formulate his expert opinion").

³⁸ See National Judicial Education Program, *Unit II: Evaluating the Evaluators: Assessing Experts' Qualifications and Evaluations of Child Sexual Abuse – Psychological and Medical Criteria*, Adjudicating Allegations of Child Sexual Abuse When Custody is in Dispute 9-11 (1996); John E.B. Myers, *Expert Testimony in Child Sexual Abuse Litigation: Consensus and Confusion*, 14 U.C. DAVIS J.

forensic psychological practices and expert views of how to assess child sexual abuse.

2. The court offered no basis for ignoring Dr. Silberg's general education about child sexual abuse and dissociation

Even if the court were within its discretion in rejecting Dr. Silberg's specific opinion about E.D., it had no basis to reject the entirety of Dr. Silberg's testimony. The first part of her testimony provided a general background about child sexual abuse, how victims sometimes react, recant, hallucinate, lie, and dissociate, as E.D. did. T. 572-583. This type of "general" expert testimony about sexual abuse has been widely recognized as essential to explain seemingly inconsistent or counter-intuitive victim behaviors and to rebut erroneous inferences of false allegations based on misunderstandings of such behavior.³⁹ Such expert testimony is understood as essential to refute common misconceptions about child sexual abuse and its victims.

JIN. L. & POL'Y 1, 50-52 (2010) ("[T]he number of interviews [conducted with the child] should be minimized.... The concern about multiple interviews is ... [primarily about] the deleterious impact of repeated suggestive questioning").

³⁹ See, e.g., *Bostic v. State*, 772 P.2d 1089 (Alaska Ct. App. 1989); *State v. Moran*, 728 P.2d 248 (Ariz. 1986); *People v. Leon*, 263 Cal. Rptr. 77 (Cal. Ct. App. 1989); *State v. Spigarolo*, 556 A.2d 112 (Conn. 1989); *Wheat v. State*, 527 A.2d 269 (Del. 1987); *Allison v. State*, 353 S.E.2d 805 (Ga. 1987); *People v. Server*, 499 N.E.2d 1019 (Ill. App. Ct. 1986); *State v. Tonn*, 441 N.W.2d 403 (Iowa Ct. App. 1989); *State v. Black*, 537 A.2d 1154 (Me. 1988); *People v. Beckley*, 456 N.W.2d 391 (Mich. 1990); *State v. Garden*, 404 N.W.2d 912 (Minn. Ct. App. 1987); *Smith v. State*, 688 P.2d 326 (Nev. 1984); *State v. Bailey*, 365 S.E.2d 651 (N.C. Ct. App. 1988); *People v. Benjamin R.*, 481 N.Y.S.2d 827 (2d Dep't. 1984); *State v. Middleton*, 657 P.2d 1215 (Or. 1983); *Duckett v. State*, 797 S.W.2d 906 (Tex. Crim. App. 1990); *State v. Hicks*, 535 A.2d 776 (Vt. 1987); *State v. Madison*, 770 P.2d 662 (Wash. Ct. App. 1989); *State v. Jensen*, 415 N.W.2d 519 (Wis. Ct. App. 1987); *Griego v. State*, 761 P.2d 973 (Wyo. 1988). For a further list of cases, see *State v. J.Q.*, 599 A.2d 172 (N.J. Super. Ct. App. Div. 1991). *But see* *Brown v. Commonwealth*, 812 S.W.2d 502 (Ky. 1991); *Dunnington v. State*, 740 S.W.2d 896 (Tex. Ct. App. 1987).

Dr. Silberg's general background testimony served this vital purpose at trial, providing information that was required for an objective fact-finder to understand B.D.'s behaviors. Among other things, Dr. Silberg testified that dissociation is "pretty common" with sexually abused children and also that "children who have been traumatized with sexual abuse generally have sexualized behaviors." T. 572. Dr. Silberg also identified other behaviors of child sexual abuse victims such as lying (T. 574), acting in a regressive way (T. 575), and having hallucinations. T. 583.

Thus, even if the court was permitted in its discretion to reject Dr. Silberg's expert opinion about E.D., this should not have extended to her background expert testimony. This background was essential for the fact-finder to attempt to understand B.D.'s behaviors and statements. The trial court's decision to refuse to consider anything she said, however, indicates a troubling refusal to objectively engage in an informed assessment of the facts.

III. THE COURT'S RELIANCE ON MR. HOLMES AND DR. DRUTMAN WAS AN ABUSE OF DISCRETION BECAUSE EACH REFUSED TO ASSESS THE RISK OF ABUSE AND WAS UNQUALIFIED TO DO SO.

- A. Mr. Holmes declined to focus on the risk of sexual abuse of E.D. by her father, violating the core obligation of his role, and rendering his opinion and recommendation incompetent.

Mr. Holmes was not an expert, and admitted that he lacked experience in child sexual abuse {T.306}. Moreover, he expressly refused to engage the issue,⁴⁰ stating that assessing the abuse was "not my job." T. 301; T. 307 ("I did not think I needed to make that decision to make my ruling and, quite frankly, that was contrary to what others wanted me to do.") After listening to Dr. Silberg testify, he said, "[q]uite frankly, a lot of it is above my paygrade and [I] can't go there." {T. 258-259) He continued, "I will listen to Dr. Silberg, but it is a hard concept for me to wrap my small brain around." {T. 268)

Mr. Holmes' forthright admission that he simply could not- and would not -try to figure out whether E.D. was at risk from her father rendered his opinion inadequate and a fundamental violation of his responsibility as the GAL. The national consensus is clear that "a child's safety is paramount and that attorneys 'must' take the minimum steps necessary to protect the child from harm."⁴¹ Indeed, "[i]f the conduct of either of the parents endangers the child's physical or emotional well-being, the [GAL]'s *main task* is to protect the child by using all

⁴⁰ "I believe I said in my report, there is both evidence to support it and evidence not to support it, and I didn't detail it. I think I said in my report that I had listed a long chart of pros and cons that I chose not to put into the report. It just didn't go there." T. 308.

¹ National Conference of Commissioners on Uniform State Laws ("NCCUSL"), *Uniform Representation of Children in Abuse, Neglect, and Custody Proceedings Act*, 42 FAM. L.Q. 1, 41 (2008) (construing the Uniform Act in the light of ABA Standards of Practice for Lawyers Representing Children in Custody Cases and the ABA Standards of Practice for Lawyers Representing a Child in Abuse and Neglect Cases); see also Allen M. Bailey, *Prioritizing Child Safety As the Prime Best-Interest Factor*, 47 FAM. L.Q. 35, 54 (2013) (discussing the consensus in the U.S. legal system that the safety of children outweighs all other potential "best interest" factors). Although the language of the ABA standards themselves use the word "may," the commentary specifically emphasizes that GALs "must" take steps to keep the child safe. NCCUSL at 41 (emphasis added).

means possible." Linda D. Elrod, *Child Custody Prac. & Proc.* § 12:7 (June 2015) (emphasis added).⁴²

Georgia law is consistent with national standards. *See* Ga. Super. Ct. Rule 24.9(3), (7)(treating GAL as court's "expert witness" on child's best interests); Dan E. McConaughy, *Ga. Divorce, Alimony, & Child Custody* § 33:14 (Nov. 2014)(same). Georgia even requires appointed GALs to undergo training in child abuse. Ga. Super. Ct. Rule 24.9(2) (requiring training in "family dynamics and dysfunction, domestic violence and substance abuse; recognition of issues of child abuse"). Thus, Mr. Holmes' express refusal to attempt to determine B.D.'s risks and safety was a profound abdication of his role, rendering him unfit for this appointment, and his opinion and recommendation entirely incompetent. For the same reasons, the court's reliance on this opinion was an abuse of discretion which abdicated the question of risk faced by E.D., and thus abdicated its responsibility to determine her best interests.

IV. ABSOLUTE CERTAINTY ABOUT ABUSE IS NOT REQUIRED BEFORE A CIDLD'S BEST INTERESTS REQUIRE PROTECTIVE MEASURES.

⁴² Where there are serious allegations of a parent presenting a danger to the child in question, the GAL "should err on the side of investigating too much" rather than too little. *Id.* The more severe and substantiated the allegations, the more care the GAL should take in investigating to determine the child's best interests. *See* Charles T. Cromley, Jr., *[A]s Guardian Ad Litem I'm in a Rather Difficult Position.*, 24 OHIO N.U. L. REV. 567, 579 (1998). The GAL must also "evaluate all professional reports for errors and weaknesses ... look for impartiality or neutrality of the expert, the competence of the expert, the comprehensiveness of the evaluation, the adequacy of the procedures used, and the scope of any recommendations," in order to serve the court with the most informed opinion of the child's best interest. *Child Custody Prac. & Proc.* § 12:7.

A consideration of a child's best interests forms the core of any custody determination⁴³ and the child's safety is at the heart of such an inquiry.⁴⁴ Certainty about child abuse is almost never possible (Everson, *supra*), but a child's best interests require protection from real *risk*: An "experiment" with a child's safety is never in her best interest.⁴⁵ If this record and these facts do not raise a serious concern for this child's safety and the possibility of continued abuse, it is hard to conceive of a record that would. For all the reasons described above, the court's finding that it was in B.D.'s best interests to be removed from her mother and put in full-time custody of the father she had repeatedly, over years, indicated had sexually molested and emotionally terrorized her, is an abuse of discretion.

CONCLUSION

This Court should grant the Motion to Reconsider and reverse the trial court's decision, not only to protect B.D.'s physical, sexual and emotional safety, but also to guide future trial courts regarding the meaning of the "best interests of a child" where substantial evidence of past sexual abuse has been found. This Court should instruct that where the possibility of past abuse is substantial, safety must be the priority.

⁴³ See, e.g., Lynne Marie Kohm, *Tracing the Foundations of the Best Interests of the Child Standard in American Jurisprudence*, 10 J.L. FAM. & STUD. 337, 338 (2008).

⁴⁴ See Allen Bailey, *supra* note 42.

⁴⁵ Child abuse allegations in custody litigation are sometimes seen as inflammatory and subjected to a more demanding level of proof to protect the accused. Meredith Sherman Fahn, *Allegations of Child Sexual Abuse in Custody Disputes: Getting to the Truth of the Matter*, 14 WOMEN'S RTS. L. REP. 123, 130-31 (1992) ("the alleging parent's standard of proof [in a civil custody suit], realistically, is more akin to that of a criminal case").

Dated: July 3rd, 2015

Respectfully Submitted,

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APPENDIX I

STATEMENTS OF INTEREST

GEORGIA NETWORK TO END SEXUAL ASSAULT

The Georgia Network to End Sexual Assault (GNESA), the federally-recognized state sexual violence coalition for Georgia, is a non-profit organization incorporated in the state of Georgia representing local-level sexual assault centers throughout the state. GNESA builds statewide capacity to end sexual violence by raising awareness and creating social change. Our ultimate vision is "To lead Georgia to a society free from sexual violence".

GNESA envisions a Georgia free of sexual violence. We empower survivors and the programs that serve them, we educate the public, and we advocate for responsive public policy. Our strength is in numbers, as we collaborate throughout Georgia to stop sexual violence. As the State's leading advocates on sexual violence we often see state family courts fail to protect sexually abused children, which we fear may have occurred here.

GNESA supports a system wide approach to supporting survivors of sexual violence and holding accountable the perpetrators and our systems to ensure that victims' voices are heard and survivors are not further traumatized.

VOICE TODAY

VOICE Today, Inc., a non-profit organization that was founded in 2008 by one of the nation's leading child advocates, Angela Williams. The mission of VOICE Today is to break the silence and cycle of child sexual abuse and exploitation. Child sexual abuse and exploitation is an epidemic in our society with 1 in 4 girls and 1 in 6 boys sexually abused before age 18; only 1 in 10 tell and the median age is 9 years old. There are 42,000,000 reported victims of child sexual abuse and approximately 300,000 are commercially sexually exploited in America alone. VOICE Today advocates and provides local support and national awareness to bring justice to child victims and child sexual abuse survivors.

GEORGIA COALITION AGAINST DOMESTIC VIOLENCE

The Georgia Coalition Against Domestic Violence (GCADV), the federally-recognized state domestic violence coalition for Georgia, is a non-profit organization incorporated in the state of Georgia representing 53 local-level domestic violence shelters and non-residential programs throughout the state. Tracing our roots back to 1980, GCADV envisions a Georgia free of domestic violence. We empower survivors and the programs that serve them, we educate the public, and we advocate for responsive public policy. Our strength is in numbers, as we collaborate throughout Georgia to stop domestic violence. As the leading State domestic violence organization, we routinely hear from victims of

domestic violence whose abusive partners also victimize their children - who are then put at risk by unsafe family court decisions, as may have happened here.

GCADV supports its mission by fostering quality services for victims by increasing capacity of members and service providers, mobilizing a statewide voice to increase public policy development that helps victims and prevents DV, and educating the public to take action and prevent domestic violence.

DOMESTIC VIOLENCE LEGAL EMPOWERMENT AND APPEALS PROJECT

(DVLEAP)

The Domestic Violence Legal Empowerment and Appeals Project (DV LEAP) was founded in 2003 by one of the nation's leading domestic violence lawyers and scholars. DV LEAP provides a stronger voice for justice by helping overturn unjust trial court outcomes, advancing legal protections for victims and their children through expert appellate advocacy, training lawyers, psychologists and judges on best practices, and spearheading domestic violence litigation in the Supreme Court. DV LEAP works to ensure that federal and state courts understand the realities of domestic violence and the law when deciding cases with significant implications for domestic violence litigants. DV LEAP has co-authored amicus briefs in numerous state courts and in the United States Supreme Court, on domestic violence, child custody and many related issues. DV LEAP is a

partnership of the George Washington University Law School and a network of participating law firms.

DV LEAP specializes in custody and abuse litigation, and has partnered with the U.S. Department of Justice to provide trainings and technical assistance to judges, lawyers, advocates, and litigants, on custody and abuse to seek to reverse the growing trend toward awards of custody to abusive parents.

CHILD JUSTICE

Child Justice is a national organization that advocates for the safety, dignity and self-hood of abused, neglected and at-risk children. The mission of Child Justice, Inc. is to protect and serve the rights of children in cases where child sexual, physical abuse or domestic violence is present. It works with local, state and national advocates, legal and mental health professionals, and child welfare experts to defend the interests of affected children. It provides public policy recommendations, community service referrals, court watching services, research and education. Child Justice also serves important public interests by securing pro bono representation for protective parents in financial distress and by seeking appropriate judicial solutions to the threats facing abused, neglected and at-risk children.

IN THE COURT OF APPEALS
FOR THE STATE OF GEORGIA

K. M. D.,)
Appellant)
) Appeal No. A15A0434
v.)
)
M. S. D.,)
Appellee)

-----)
CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Brief of Amici Curiae was served via electronic mail on July 3rd, 2015 on the parties below. Due to the Federal Holiday, additional courtesy copies will also be sent via Federal Express on Monday, July 6th to the parties at:

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