



616 H Street, NW · Suite 300  
Washington, DC 20001  
T 202.467.4900 · F 202.467.4949  
[www.childrenslawcenter.org](http://www.childrenslawcenter.org)

**Testimony before the District of Columbia Council  
Committee on Human Services  
April 30, 2014**

**Agency Budget Oversight Hearing:  
Department of Human Services**

**Judith Sandalow  
Executive Director  
Children's Law Center**

Good morning Chairman Graham and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center<sup>1</sup> (CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only devoted to a full spectrum of children's issues. Last year, we provided services to more than 5,000 low-income children and families, with a focus on abused and neglected children and on those with special health and educational needs.

I appreciate the opportunity to testify on the proposed FY15 budget for the Department of Human Services (DHS). I will focus my testimony on family and youth homelessness and the Temporary Assistance for Needy Families (TANF) program.

### **Family and Youth Homelessness**

Children's Law Center's area of expertise is children. Many of our colleagues and allied organizations with more knowledge and expertise about policies to end homelessness are testifying here today, and we have joined a coalition of organizations to support a Roadmap to an Improved Family Homelessness System. I want to focus on what we are expert at and see every day in our cases -- the high cost of failing to address the crisis of family homelessness. Homelessness is, at a minimum, extremely traumatic for children. It is often devastating.

When children become homeless they experience a life-altering disruption. Their family relationships are disrupted, they lose community connections, they may be pulled from their regular school or miss many days in their classroom, and familiar daily routines are gone. In addition to the trauma of becoming homeless, a large and growing body of research also tells us that, by and large, homeless families enter shelters with life histories filled with trauma. For

example, studies of homeless mothers have found that two-thirds have been victims of domestic violence and many lost their housing as they escaped abuse.<sup>2</sup> Significant percentages of homeless mothers are survivors of childhood physical or sexual abuse; as many as two-thirds are victims of physical abuse and 40% or more have reported past sexual abuse by family members.<sup>3</sup> Homeless children go hungry twice as often as other children.<sup>4</sup> And studies show that many families seeking shelter have been victims of or witnessed violent crime over the course of their lives.<sup>5</sup>

Furthermore, a family's trauma doesn't end when they become homeless. The shelter experience often makes things worse. As the National Child Traumatic Stress Network points out: "Children, mothers, and families who live in shelters need to make significant adjustments to shelter living and are confronted by other problems, such as needing to reestablish a home, interpersonal difficulties, mental and physical health problems, and child-related difficulties such as illness."<sup>6</sup> Simply put, many traumatized children are re-traumatized when they become homeless.

All of this is important because research also tells us that experiencing trauma – particularly trauma during childhood – has a serious and deleterious long-term effect. When a child experiences trauma, it greatly increases her risk of developing chronic disease later in life.<sup>7</sup> Numerous studies also document the relationship between childhood trauma and mental illness. Children with significant histories of trauma are twice as likely to suffer from depression later in life, six times more likely to have memory disturbances, and five times more likely to later experience hallucinations.<sup>8</sup> Children who have experienced trauma also tend to

exhibit behavioral problems and struggle with attention, symptoms which make it much harder for them to do well in school.<sup>9</sup>

What this means is that when children and their families become homeless, they are often struggling with much more than a search for housing – they are working to cope with significant histories of adversity that, if left unaddressed, will continue to impact their lives. Parents are coping with the effects of traumatic childhoods, while their children are struggling to grow and develop against the headwind of their own childhood experiences.

The current DHS budget does not address these complex needs or provide sufficient resources for these families. Equally important, these supports are lacking from the Mayor's proposed budget for other health and humans services agencies. Homelessness is more than a housing issue – it is a behavioral health issue, a child welfare issue, an education issue - all the agencies working with children should be working together to serve and stabilize our most vulnerable families.

Currently it appears that the almost exclusive plan for moving families out of homelessness is rapid re-housing. While for some families this is a good path to housing, for many families it is simply not realistic that they will be able to afford market rent without a supplement. As recently reported in the Washington Post, a worker earning the current minimum wage would need to work 137 hours a week for a modest two bedroom home, or a working a 40 hour week would need to make \$28.25 an hour.<sup>10</sup> This is simply not realistic for many of our families. For homeless families to transition from shelter to sustainable housing there needs to be housing that is actually affordable based on the income that these families will

realistically earn. DC must create affordable housing now and in the future that meets families' needs.

Another smaller, but important, population is homeless children who are not in families. Currently, there is local funding for six (6) crisis beds for homeless youth younger than 18.<sup>11</sup> However, six months into the fiscal year, the beds have yet to be procured, although we have been advised they will be available in the next several weeks. Homeless minors are particularly at risk for exploitation.<sup>12</sup> DHS must move immediately to provide these shelter beds for homeless youth. Without the possibility of shelter beds, homeless youth don't reach out for help and we cannot assess their needs, provide them services or even determine how many youth need our help.

#### **Temporary Assistance for Needy Families**

Another DHS program that is vital to our vulnerable families is the Temporary Assistance for Needy Families (TANF) program. Currently, children in families whose only source of income is TANF live at a devastating level of poverty.<sup>13</sup> Research shows that children living in extreme poverty fare more poorly than their wealthier peers in almost every indicator of well-being, from health to future earnings.<sup>14</sup>

DC's TANF rates have not been regularly increased to reflect changes to the cost of living, the actual financial benefit DC families receive from TANF today has declined almost 30% since 1996.<sup>15</sup> This means families receive 30% less financial support than similarly situated families just 18 years ago, while also facing new, strict five year timelines. Adjusting for inflation and raising the payment level will help stabilize those families relying on TANF.

We strongly support the requested change in the District of Columbia Public Assistance Act of 1982 to provide annual adjustments tied to the rate of inflation. We also support the general increase in payment levels to help address years of stagnant rates. In fact, we urge that the payment level adjustment begin in the FY15 budget, rather than wait for the FY17 budget, so that children are benefitted immediately.

Thank you again for the opportunity to testify. I am happy to answer any questions.

---

<sup>1</sup> Children’s Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children’s comprehensive needs. Our 90-person staff partners with local pro bono attorneys to serve more than 5,000 at-risk children and their families each year. We use this expertise to advocate for changes in the District’s laws, policies and programs. Learn more at [www.childrenslawcenter.org](http://www.childrenslawcenter.org).

<sup>2</sup> Rog, Debra & Buckner, John. *Homeless Families and Children*. 2007 National Symposium on Homelessness Research (2007), pp. 5-7 – 5-8.

<sup>3</sup> *Id.*

<sup>4</sup> Bassuk, Ellen & Friedman, Steven. *Facts on Trauma and Homeless Children*. National Child Traumatic Stress Network (2005), p. 2.

<sup>5</sup> Rog & Buckner, *supra*, note 1, p. 5-7.

<sup>6</sup> Bassuk & Friedman, *supra*, note 3, p. 1.

<sup>7</sup> Studies have found that the risk of developing ischemic heart diseases such as heart attacks and cardiac chest pain were more than three times higher in adults with significant exposure to adverse experiences (ACEs) in childhood compared to adults without such exposures. Dong, M, et al. *Insights Into Causal Pathways for Ischemic Heart Disease: Adverse Childhood Experiences Study*. *Circulation* (September 28, 2004); 110: pp. 1761-1766.

The lifetime risk of developing liver disease increases by more than twofold in adults with ACEs compared to those without such exposure. Dong, M, et al. *Adverse Childhood Experiences and Self-Reported Liver Disease: New Insights Into a Causal Pathway*. *Archives of Internal Medicine* (2003) 163: pp. 1949-1956.

Children with significant exposure to ACEs have more than double the risk of developing significant headaches in adulthood. Anda, R, et al. *Adverse Childhood Experiences and Frequent Headaches in Adults*. *Headache* (October, 2010) 50(9): pp. 1473-1481.

---

Adults with moderate exposure to ACEs in childhood even have a 70% increased risk of developing autoimmune diseases such as rheumatoid arthritis, lupus, autoimmune myocarditis, and autoimmune hemolytic anemia. Dube, SR, et al. *Cumulative Childhood Stress and Autoimmune Disease*. *Psychom Med* (2009) 71, pp. 243-250.

<sup>8</sup> For memory disturbance, see, Brown, DW, et al. *Self-reported information and pharmacy claims were comparable for lipid-lowering medication exposure*. *J Clin Epidemiol* (2007) 60(5): pp. 525–529.

For hallucinations, see, Whitfield, CL, et al. *Adverse childhood experiences and hallucinations*. *Child Abuse and Neglect* (2005) 29(7): pp. 797–810.

For depressive disorders, see, Chapman, DP, et al. *Adverse childhood experiences and the risk of depressive disorders in adulthood*. *Journal of Affective Disorders* (2004) 82: pp. 217–225.

<sup>9</sup> Klain, Eva & White, Amanda. *Implementing Trauma-Informed Practices in Child Welfare*. ABA Center on Children and the Law (November, 2013), p.1.

<sup>10</sup> Emily Badger, *\$28.25: the minimum wage D.C. would need to support a modest 2-bedroom*, *Washington Post* March 25, 2014.

<sup>11</sup> DHS Budget Briefing April 22, 2014.

<sup>12</sup> Some estimate that fully 60% of all children at risk for sexual exploitation are homeless either because they affirmatively left their home or because their family members forced them to leave. See, Estes, R. J., & Weiner, N. A., (Revised 2/20/2002). *Commercial Sexual Exploitation of Children in the U. S., Canada, and Mexico*. University of Pennsylvania p.11 or at [http://www.sp2.upenn.edu/restes/CSEC\\_Files/Exec\\_Sum\\_020220.pdf](http://www.sp2.upenn.edu/restes/CSEC_Files/Exec_Sum_020220.pdf).

<sup>13</sup> A family of three receiving full TANF benefits will receive \$428 per month, or \$5,136 a year.

<sup>14</sup> See *CHILDREN IN POVERTY: TRENDS, CONSEQUENCES, AND POLICY OPTIONS*

By Kristin Anderson Moore, Ph.D., Zakia Redd, M.P.P., Mary Burkhauser, M.A., Kassim Mbwana, M.P.P, and Ashleigh Collins, M.A., Child Trends Research Brief available at:

<http://www.childtrends.org/wp-content/uploads/2013/11/2009-11ChildreninPoverty.pdf>

<sup>15</sup> See, Finch, I. & Schott, L., *The Value of TANF Cash Benefits*, Center of Budget and Policy Priorities, (March 28, 2013) p. 10. <http://www.cbpp.org/files/3-28-13tanf.pdf>.