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Testimony Before the District of Columbia Council  
Committee of the Whole  
October 13, 2015

Hearing: Bill 21-352, Advancing Year Round Access to Shelter Policy and Prevention of  
Homelessness Amendment Act of 2015

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Good afternoon Chairman Mendelson and members of the Committee of the Whole. My name is Judith Sandalow. I am the Executive Director of Children's Law Center<sup>1</sup> and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 8 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Children's Law Center works with an increasing number of children living in unstable situations on the verge of homelessness, children who are still reeling from the trauma of having been homeless, and children whose health, and particularly their asthma, is compromised by the unhealthy living conditions of the DC General Shelter.

On behalf of the children with whom we work and the thousands like them, I want to celebrate Mayor Bowser's commitment to make homelessness brief, rare and non-recurring. I also applaud Mayor Bowser for taking concrete steps to close the DC General shelter and you, Chairman Mendelson, for moving quickly on this legislation. Replacing the chaotic, crumbling facility that is DC General Shelter is an important first step to protecting the safety and well-being of homeless children while successfully transitioning families to more permanent housing.

I am testifying today about the Advancing Year Round Access to Shelter Policy and Prevention of Homelessness Amendment Act of 2015. This legislation makes

changes to District laws that govern the types of new shelter facilities the Mayor can build, as well as how eligibility determinations for shelter may be made. There are some amendments necessary to the Act's interim eligibility processes. However, it is our understanding that after discussions with Washington Legal Clinic for the Homeless, DHS will be proposing amendments that resolve our concerns. I am therefore going to focus my testimony on the shelter design component of the bill.

The question of shelter design does not stand alone. It is one of many interlocking decisions that the District must make in closing DC General. The limited availability of appropriate buildings and accessible locations, the political realities of working with residents who live near the proposed shelter sites, the success of programs to build affordable housing, and price are just a few. To complicate matters, these factors are not static. They change over time.

How to change the current law to achieve the goal is complicated. On the one hand, the administration will need flexibility to manage the many, complex decisions it will have to make in order to close DC General. On the other hand, the proposed legislation gives the administration maximum ability to design the shelters, including design elements that I believe would repeat some of the mistakes made at the DC General shelter.

To ameliorate the risk that the new shelters will repeat mistakes made in the past, I urge the Mayor to continue seeking community feedback on shelter design

throughout the entire process. I have been a part of the Interagency Council on Homelessness' working group on shelter design, which was created by Mayoral Order on September 25, 2015 to provide input to the administration. What has become clear to me in the two short weeks that the working group has met is that the experiences of homeless families, as shared by homeless individuals themselves and through their advocates, provide critical information that should have a profound impact on shelter design. The groups report will be issued later this month. The Council should review the concerns outlined in the report and the solutions for addressing them prior to marking up the bill. The Council and the Mayor should work together to ensure that the designs for the new shelters address these concerns.

To provide some context for these issues, I will provide: (1) a brief description of families who seek shelter; (2) what we know and what we don't know about creating safe, healthy shelters for families; and (3) our perspective on the trade-offs that the District should consider.

### **Families Entering Shelter Are Not Just Homeless – They Are in Crisis**

Many, even most, families who enter shelter are not suffering only from a failure to find housing. They are coping with a range of challenges that co-occur with and often pre-date their homelessness – challenges that have a fundamental impact on their daily lives and how they interact with others.

Studies of homeless mothers have found that roughly two-thirds have been victims of domestic violence, and many have lost their housing as they escaped abuse.<sup>2</sup> As many as two-thirds of homeless mothers are survivors of childhood physical abuse, while 43% were sexually molested as children.<sup>3</sup> The National Center on Family Homelessness reports that, all told, “[o]ver 92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime.”<sup>4</sup>

Homelessness children have a high rate of exposure to traumatic incidents and their health and well-being is significantly impaired by homelessness. By age 12, 83% of homeless children have been exposed to at least one serious violent event and roughly a quarter of homeless children have witnessed violence within their own families.<sup>5</sup> Homeless children go hungry twice as often as other children,<sup>6</sup> and are sick four times more often.<sup>7</sup>

What is the mental health impact of these traumatic experiences? Homeless mothers are three times more likely to suffer from PTSD as non-homeless mothers – more than one-third of homeless mothers in one study were found to be struggling with this condition.<sup>8</sup> Homeless children experience emotional or behavioral problems, including depression and anxiety, at triple the rate of non-homeless children – one study revealed rates of anxiety, depression, and social withdrawal to affect almost half of homeless children studied.<sup>9</sup> And whether or not any particular child has mental health diagnosis, data suggest that between exposure to violence, uncertainty over food

and health, and witnessing the struggles of their parents and primary caregivers, homeless children entering shelter do so with a generalized fear regarding their futures – fear that would inevitably impact how they interact with others in a shelter facility. According to NCFH, while homeless, three-quarters of children worry that they will have no place to live, 58% worry they will have no place to sleep, and 87% “worry that something bad will happen to their family.”<sup>10</sup>

### **What Makes a Shelter Safe and Healthy?**

There is little research or “best practices” literature that can guide decision-making on how to ensure that shelters are safe and healthy. What little research does exist on shelter design emphasizes that we must design both physical spaces and program rules to recognize the trauma that families bring with them when they enter homeless shelters. So, for example, experts note that, because many shelter residents have histories of physical or sexual abuse – abuse which has often taken place in private areas like bathrooms, it is important to design shelter bathrooms in a way that gives individuals as much privacy and control over that space as possible.<sup>11</sup>

This research on shelter design is admittedly quite thin. Thus, the DC Council and the administration must also rely on experience and common sense, extrapolating principles from what we know about trauma and homelessness.

It is important to acknowledge that few of the policymakers responsible for making the key decisions related to shelter design have personal experience living in a

homeless shelter. Instead, the only congregate living situations that most people who have never been homeless might have experienced are college dorms and summer camps. These are not experiences that should be relied up to inform decisions about shelter design.

First, college dorms are not filled with people who have suffered significant trauma – but homeless shelters are. Research makes clear that trauma and PTSD change the way in which traumatized individuals react to everyday situations. Events that seem innocuous to those who have not been traumatized may trigger a person with PTSD into “fight or flight” mode and into actions that may seem incomprehensible even to him or herself. A woman, for example, who was sexually abused as a child during bath time, may go into “flight mode,” incapable of doing simple tasks when she smells the brand of shampoo or soap that was used when she was a child. When, at a shelter, this woman is paralyzed with anxiety, unable to work on finding permanent housing or attend to her children’s emotional needs, even she may not know why. The District is designing living spaces for families with trauma like the woman I just described, and must take into account that, among homeless families, trauma histories that include violence and abuse are not a rarity, but all too common.

The second reason why the experience of college dorms or summer camps is inapplicable is that they are the experiences of individuals without the responsibility to care for children – and the experiences of young adults who have not lived with the

level of instability that most homeless children have experienced. Here are two hypothetical, yet common, situations which illustrate this point and should impact shelter design:

A mother of a four-year-old son and a six-year-old daughter awakens in the middle of the night and needs to go to the bathroom. Does she wake her children to go with her, knowing that they will then be awake for hours, or does she leave them alone in the room? Whether she has a bathroom in her room, just across the hall or fifty feet away might change your answer.

A sixth grader asks if she can go to the computer room to do her homework, leaving her mother and two-year-old brother in their room. Whether the computer room requires parental supervision, whether it has a glass wall that allows her mother to watch her while also letting her toddler play, whether shelter staff is on-site, and whether it is on the same floor as their sleeping space may impact how you view the situation.

Given what we know about the destabilizing effects of congregate shelter facilities and the well-documented safety issues we have seen at DC General, it is important that, as we replace DC General with smaller facilities, we acknowledge the impact that trauma has on the children and families in these shelters. To do so is to ensure that families have as much control as possible over daily living by giving them enough privacy and space to themselves to allow them to conduct daily activities away from the crowd of fellow residents.

### **Trade-Offs**

In my introduction I addressed many of the trade-offs that will have to be balanced. I would be remiss if I did not specifically address the issue of the increased cost of incorporating certain basic protections for families. While we have not seen up-



to-date cost projections, we recognize that these costs, and questions of where additional funds would have to come from, are real ones. At the moment, discussions around costs are being framed entirely as a trade-off between funding for shelters to replace DC General and spending on either affordable housing or services for other homeless populations (for example, single adults or youth). We hope that in considering the appropriate structure and design of DC General replacement shelters, the Council will commit to a different trade off – that, working with the Administration, it will identify additional funding from outside the homeless services system to support the small but necessary modifications to make replacement shelters more appropriate for families.

### **Conclusion**

I look forward to continuing to work with the Mayor and the DC Council to close DC General Shelter, build replacement shelters that are safe and healthy for children and families, and create a continuum of housing and services so that homelessness truly becomes rare, brief and non-recurring.

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

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<sup>1</sup> Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to be the voice for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

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<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> Bassuk, Ellen, et. al. *America's Youngest Outcasts: A Report Card on Child Homelessness*. National Center on Family Homelessness (November, 2014), p. 80.

<http://www.homelesschildrenamerica.org/mediadocs/282.pdf>

<sup>4</sup> National Center on Family Homelessness. *The Characteristics and Needs of Families Experiencing Homelessness* (factsheet) (December, 2011), p. 3. <http://www.familyhomelessness.org/media/306.pdf>

<sup>5</sup> *Id.* at p. 4.

<sup>6</sup> Bassuk, Ellen & Friedman, Steven. *Facts on Trauma and Homeless Children*. National Child Traumatic Stress Network (2005), p. 2.

<sup>7</sup> *See, supra*, note 3, at p. 4.

<sup>8</sup> *See, supra*, note 3, at p. 4.

<sup>9</sup> *See, supra*, note 3, at p. 5.

<sup>10</sup> *See, supra*, note 3, at p. 6.

<sup>11</sup> *See*, Prescott, L., Soares, P., Konnath, K., and Bassuk, E. *A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; and the Daniels Fund; National Child Traumatic Stress Network; and the W.K. Kellogg Foundation (2008), pp. 15, 17.

<http://homeless.samhsa.gov/ResourceFiles/ALongJourneyHome.pdf>;

*See also*, National Center on Family Homelessness. *Basic Principles of Care for Families and Children Experiencing Homelessness*, (discussing, among other things, the importance of building bathrooms with doors that can be locked). <http://www.familyhomelessness.org/media/86.pdf>