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Testimony before the District of Columbia Council
Committee on Human Services
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Public Oversight Roundtable On
Safety Procedures at DC General Family Shelter

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Good morning Chairman Graham and members of the Committee on Human Services. My name is Judith Sandalow. I am the Executive Director of Children's Law Center and a long-time resident of the District. Children's Law Center is the largest non-profit legal services organization in the District, helping thousands of DC's most vulnerable families and their children each year, including children who are abused and neglected and children with special education and health needs. Last year alone, we helped 1 out of every 8 poor children living in Wards 7 and 8. The children we help face a range of challenges that threaten their long-term stability – from the effects of abuse and neglect to family instability to complex mental health needs. In recent years, we have helped many homeless children and families, including numerous families at the DC General shelter and hotels in the area.

INTRODUCTION

Thank you, Chairman Graham, for the opportunity to testify this morning. Like everyone here today, I am hoping for Relisha Rudd's safe return and urge the District to continue its focus on finding her.

While we are not here to talk about Relisha and her family, I know we are all alarmed by the tragic events that have been unfolding in recent days and that Relisha is in all of our thoughts. Her ordeal, however, also force us to confront a grim reality: there are hundreds of District children at DC General and shelters throughout the region who are as vulnerable as Relisha. As a District, we are failing these children, leaving them susceptible to exploitation and ongoing danger. We are here today because we do not want to see another child in Relisha's shoes.

Chairman Graham, you have convened this Roundtable to investigate the safety and security of children at DC General. You are right to inquire about safety procedures and protocols, including staff training and background checks. Keeping children safe, however, will require more than this. Let's all acknowledge that being homeless is, by itself, unsafe. In our experience, homeless children and their families at DC General and across our shelter system need more than just assistance in finding housing. If we are really going to address their safety, we need to better understand these children, their traumatic histories, and have a frank discussion of how we meet their needs in a more comprehensive way.

I will discuss these needs momentarily, but more immediately, there are children who knew Relisha and her family and are now struggling to cope with her disappearance. I hope that the Department of Human Services (DHS) has ensured that counseling is available for children at the shelter, so that they do not have to navigate the trauma of the last week on their own.

A HISTORY OF TRAUMA

When children become homeless and enter DC General or another shelter with their families, 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.[1] 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.[2] Homeless children go hungry twice as often as other children.[3] And studies show that many families seeking shelter have been victims of or witnessed violent crime over the course of their lives.[4]

Furthermore, a family's trauma doesn't end when they enter a shelter: 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."[5] This is true of even the best maintained shelters. In the case of DC General, the frequent rodent and pest infestations, intermittent hot water, and unsafe housing conditions can trigger medical problems and anxiety in children. Simply put, many traumatized children are re-traumatized when they enter shelters, DC General included.

All of this is important because research also tells us that experiencing trauma – particularly trauma during childhood – has a long-term effect. When a child experiences trauma, it greatly increases her risk of developing chronic disease later in life.[6] 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.[7] 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.[8]

What this means is that when children and their families enter DC General and other shelters, 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.

WHAT DO WE OFFER FAMILIES AT DC GENERAL?

It is precisely because of the extensive traumatic histories of homeless children and the long-term dangers of unaddressed trauma that services for homeless families must go beyond helping them find housing. The District must not only help children and families find permanent, safe housing, but we must also offer families support to address the effects of their trauma and to help them stabilize.

Our understanding of DC General's case management services is that, while they are designed to assist families move into affordable housing as quickly as possible, they fall far short of providing the comprehensive assistance needed to help these fragile children and their families.

We know from our clients that DC General and many of the other temporary shelters are, at best, chaotic environments and, at worst, unsafe for children. In addition, there are very few services that are specifically designed to support and help children while they are living at these shelters. For example, we have had numerous clients with children report infestations of rats, mice, bedbugs and roaches – all of which are scary and present numerous health hazards for their kids. Another frequent issue we have heard about is the lack of safe care for children while their parents are attempting to locate permanent housing or employment. The current

daycare at DC General has long waiting lists and families are often left without a reliably safe space for their kids. The lack of transportation at the shelter means that families who have children with special needs are not able to get them to needed therapy, and the chaotic environment within the shelter means that therapy cannot appropriately be provided within DC General – leading to children with further delays in their speech, physical and cognitive development.

We have heard from numerous other children and their families who have been housed in some of DC's apartment-style shelters and in local motels. These families have also experienced terrible housing conditions, safety concerns and lack of adequate services. One of our clients was assaulted, while another family faced threats and intimidation from other residents.

In the face of this, we believe that case managers at DC General should be highly skilled and focused on comprehensive needs. Instead, DHS's recent Performance Oversight Responses indicate that the agency has "changed DC General *[sic]* case management model from a general Case Manager function to one that is highly focused on two key goals: 1) continuing to support the customer's connection with their TANF service provider; and 2) taking the customer through the steps to identify the appropriate housing assistance, and then getting them housed."[9] Other data provided in Oversight are consistent with the agency's reported narrower approach. For example, so far in in FY 14, DHS has placed 216 families in DC General.[10] Of these 216 families, only 74 individuals have been referred by case managers for mental health services and about half of them (35 individuals) had "difficulty connecting to their designated

core services agency."[11] Given what we know about the challenges that homeless families face, this is nowhere near an acceptable level of access to mental health services.

While we do not discount the importance of moving families into housing quickly, if we are concerned about the safety and well-being of homeless children, our focus cannot be so narrow. The ability of our homeless children to function, and their parents to protect them, depends on our recognizing that they are people, with full life histories and a range of needs. Our most vulnerable children and families must be supported, not simply moved.

RECOMMENDATIONS

Fortunately, research on homeless families and trauma provides evidence on what we can offer these families to address their trauma. We need to have onsite staff at DC General who is readily available to help connect children to educational and behavioral health supports,[12] which can be difficult for transitional families to access on their own. Further, children and their parents in shelter must be offered mental health screening and services, both onsite and in the community, to identify and address the effects of their prior (and in many cases, ongoing) traumatic experiences.[13] All staff who come into contact with children and families need to be well-trained on the effects of trauma, so that their interactions with families are supportive and not detrimental to parents.[14] Finally, case managers who work with families need to be prepared to work closely with other District agencies that serve children, and leaders of these agencies need to improve coordination with one another so that families who have contact with multiple agencies do not fall through the cracks.

Additionally, I would like to note that beyond services targeted toward addressing trauma, there are a variety of day-to-day services and support that families need in order to

stabilize their lives. I hope that, as DHS looks at what it could do differently, it listens to homeless families about how it can better meet their needs.

Thank you for the opportunity to testify and I welcome any questions.

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[1] Rog, Debra & Buckner, John. *Homeless Families and Children*. 2007 National Symposium on Homelessness Research (2007), pp. 5-7 – 5-8.
[2] *Id.*
[3] Bassuk, Ellen & Friedman, Steven. *Facts on Trauma and Homeless Children.* National Child Traumatic Stress Network (2005), p. 2.
[4]Rog & Buckner, *supra*, note 1, p. 5-7.
[5] Bassuk & Friedman, *supra*, note 3, p. 1.
[6] 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.
[7] 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.
[8] Klain, Eva & White, Amanda. *Implementing Trauma-Informed Practices in Child Welfare.* ABA Center on Children and the Law (November, 2013), p.1.
[9] DHS FY 13 Responses to the Humane Services Committee's Oversight Questions, Q19. *See*, *also*, DHS's response to Q28.
[10] DHS FY 13 Responses to the Humane Services Committee's Oversight Questions, Q17.
[11] DHS FY 13 Responses to the Humane Services Committee's Oversight Questions, Q35.
[12] For recommendations regarding services for traumatized homeless families, *see*, Bassuk & Friedman, *supra*, note 3, p. 3.
[13] *Id.*
[14] *Id.*