

**THE HUMAN RIGHTS OF FOSTER CHILDREN**

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**HEARING**  
BEFORE THE  
SUBCOMMITTEE ON HUMAN RIGHTS AND THE LAW  
OF THE  
COMMITTEE ON THE JUDICIARY  
UNITED STATES SENATE  
ONE HUNDRED EIGHTEENTH CONGRESS  
FIRST SESSION

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OCTOBER 25, 2023

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# THE HUMAN RIGHTS OF FOSTER CHILDREN

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WEDNESDAY, OCTOBER 25, 2023

UNITED STATES SENATE,  
SUBCOMMITTEE ON HUMAN RIGHTS AND THE LAW,  
COMMITTEE ON THE JUDICIARY,  
*Washington, DC.*

The Subcommittee met, pursuant to notice, at 2:38 p.m., in Room 226, Dirksen Senate Office Building, Hon. Jon Ossoff, Chair of the Subcommittee, presiding.

Present: Senators Ossoff [presiding], Blumenthal, Welch, Butler, Blackburn, and Hawley.

## OPENING STATEMENT OF HON. JON OSSOFF, A U.S. SENATOR FROM THE STATE OF GEORGIA

Chair OSSOFF. The Subcommittee on Human Rights and the Law will come to order.

Eight months ago, as Senator Blackburn and I discussed the highest purposes to which we could apply this Subcommittee, we agreed that protecting our Nation's most vulnerable children was a shared priority and a moral imperative.

We then opened together this bipartisan inquiry into the welfare of children in foster care.

To date, the Subcommittee has interviewed over 100 witnesses and sources and has reviewed thousands of pages of records, and this work continues today with our first public hearing on, "The Human Rights of Foster Children" in the United States.

I thank you, Ranking Member Blackburn, for your participation and your ongoing contributions to this bipartisan effort, which demonstrate to the Nation that elected officials in Washington can put the interests of children above partisan politics.

Naturally, representing the State of Georgia, I've taken a particular interest in the health, safety, and treatment of children in my State.

In recent years, multiple independent oversight bodies in Georgia have raised the alarm about serious failures to protect children from abuse and neglect.

In 2021, according to Georgia's Office of the Child Advocate, or OCA, Georgia DFCS received reports directly from several local child advocacy centers and from the statewide child advocacy centers of Georgia of failures which OCA characterized as evidence of, quote, "Systemic threats to children who are victims of physical and sexual abuse."

The following year in 2022, OCA issued a report outlining 15 breakdowns within Georgia DFCS, which OCA described as, quote,

“systemic,” and reported that in all cases they reviewed to produce this report, quote, “DFCS failed to take adequate steps to respond to allegations of physical and sexual abuse,” and that OCA itself encountered those same systemic failures, quote, “consistently throughout the State through OCA’s day-to-day investigative work.”

In response to this OCA investigation, Georgia DFCS vehemently denied OCA’s findings.

But OCA stood by its report.

Last year, Georgia DFCS received many millions of dollars of Federal funding, and as part of our inquiry, the Subcommittee has reviewed in detail DFCS’ own audits of its compliance with Federal safety standards to protect children in their care.

And here’s what we found. DFCS does initiate timely investigations in almost 90 percent of the abuse and neglect reports that were audited, but DFCS systematically fails to actually address the risks and safety concerns associated with these children.

According to DFCS’ own internal assessment, DFCS fails in 84 percent of cases to, quote, “make concerted efforts to assess and address risks and safety concerns to children in their own homes or in foster care,” which is a Federal child protection benchmark.

According to HHS documentation, failing to assess risk and manage safety includes failing to report or formally assess and investigate maltreatment allegations about a family, failing to substantiate those allegations despite evidence that would support substantiation, and closing cases before safety concerns are adequately addressed.

But this is not ultimately an investigation about statistics and bureaucratic terminology.

This is an investigation about children, the most vulnerable children in our Nation: orphaned children, children who have faced the most extreme forms of abuse and neglect imaginable, children who have been abandoned, children who rely upon State agencies and Federal policy which oversees those State agencies as their last hope for safety.

Two years ago, I became a parent, and what we have learned is happening to children in the State’s care and in the care of State agencies across the country is heartbreaking. Instead of safety, too many children have experienced neglect, abuse, apathy, humiliation, denied and delayed healthcare, human trafficking.

I want to emphasize that this is an active and ongoing inquiry. Today, we will hear firsthand testimony from children and parents who have suffered from systemic failures to protect vulnerable children.

We’ll also hear from expert witnesses who will explain that these stories we hear today illustrate broader and long-standing failures to protect the most vulnerable children in Georgia and across the Nation.

I, again, thank Ranking Member Blackburn for her support and for her invaluable contributions to this bipartisan effort. I know, having worked closely with Senator Blackburn over the last year, how deeply she cares about the welfare of children.

I have seen her passion displayed time and time again as an advocate for vulnerable children, and it is imperative that this work

spur the long-overdue reforms, necessary both at the State level and in Federal policy, to protect America's most vulnerable children.

I thank you, all, for your presence today and yield to Ranking Member Blackburn for her opening remarks.

**OPENING STATEMENT OF HON. MARSHA BLACKBURN,  
A U.S. SENATOR FROM THE STATE OF TENNESSEE**

Senator BLACKBURN. Thank you, Mr. Chairman, and I want to begin by welcoming Senator Butler. We're delighted to have you as a part of our Subcommittee and the Judiciary Committee, so welcome. We look forward to your participation.

And I want to thank you, all, for being here, each of our witnesses today. You've been open, you have testimony that we appreciate having, and we look forward to having your response to our questions as we move through today.

I do thank Senator Ossoff and his team for the consistent work that they have done on this issue. Now, he mentioned that several months ago, he started the investigation into what was happening with Georgia.

And likewise, we looked at what was happening in Tennessee. That's important to do. These are the States that we represent, and looking at what of—is happening there is paramount to having an understanding of what is happening all across the country.

And when we look at the foster care system, we know that the children that are there are not there because of something they have done. They are there because of situations or because of adults who have let them down or a circumstance that has occurred in the life of a family.

So what we have to do is make certain that these children—as Senator Ossoff said—the most vulnerable children, are not going to be let down by the system.

And as our work here on the Human Rights Subcommittee, what we're doing is bringing this issue home and saying how does—let's start right here with where we are and look at the situations that are out there with children that are in our communities and in our States.

And it is our duty to make certain that these children are going to be safe and that they are going to be protected from predators, they're going to be protected from traffickers, and that they know that they are surrounded by people who honestly care about them and care about their well-being.

In February, I sent a letter over to the Tennessee Department of Children's Services expressing concern about several items. There was a 2022 finding and report regarding the agency's performance in protecting children that were in their care.

In that letter, I expressed a commitment to work together with the State of Tennessee to better protect the children that are in the custody of DCS.

Since that time, under the leadership of Commissioner Margie Quin, the Department of Children's Services has undergone a complete and total overhaul. Commissioner Quin, who, by the way, has done a phenomenal job in our State working on issues of children being trafficked, making certain that children are being protected.

Here are some of the things that she has done, and, Mr. Chairman, I think, these are so instructive to us and to how we solve this problem of protecting children in the States' custody.

Commissioner Quin has cut State manager—case manager vacancies in half, causing the caseloads to drop dramatically. And as of March 2023, not a single child was being housed in DCS offices, another big benchmark.

Now, in Tennessee, the faith-based community had stepped up to really fill the gap to house children immediately when they enter State custody. And 48 more beds in a clinical and secure setting will be opened by the end of the calendar year.

Of course, there's always more to be done to protect these vulnerable children, and Commissioner Quin has put in the work that is necessary to get this department on the proper footing. And I believe her response to my letter highlights a lot of that good work.

And Mr. Chairman, I do want to enter that for the record.

Senator OSSOFF. Without objection.

[The information appears as a submission for the record.]

Senator BLACKBURN. And I think that what we will see is what they have done when they were presented with this situation is to move forward with corrective action that can help so many other States, and it will be a model for States that have these persistent problems.

Now, we can't talk about protecting our foster care children without talking about the individuals who make a profit off exploiting our children.

Human traffickers target those who they perceive to be the most vulnerable among us. So it should be no surprise that children in the foster care system are disproportionately targeted for sex and labor trafficking.

I look forward to hearing from our experts today on how we can close that pipeline, which we have to close that pipeline between the foster care system and human trafficking. Because until we put an end to child trafficking, we cannot truly fulfill our commitment and our goal of making certain that these boys and girls that are in our care are going to be protected.

Thank you so much, and thank you for your leadership.

Senator OSSOFF. Thank you, Ranking Member Blackburn, for your opening statement.

And before we hear from those witnesses in our—excuse me, from those experts in our second panel, we're going to hear from two courageous witnesses in our first panel who have firsthand experiences interacting with the foster care system, Ranking Member Blackburn, in my home State of Georgia.

Rachel Aldridge is the mother of Brooklynn Aldridge, who died in DFCS' custody in 2018 when Brooklynn was just 2 years old.

Mon'a Houston is a 19-year-old from Savannah, who recently signed out of DFCS custody. Ms. Houston spent 5 years in 18 different placements, and only two of those placements were foster homes. The rest were group homes, institutions, or hotels.

Before opening statements, it's the practice of the Subcommittee to swear in witnesses. If you two, please, would kindly rise and raise your right hand.

[Witnesses are sworn in.]

Senator OSSOFF. Please be seated, and, Ms. Aldridge, it's now your turn to offer your opening statement. Please remember to hit that button to activate your microphone when you're ready. Thank you.

**STATEMENT OF RACHEL ALDRIDGE, GEORGIA PARENT,  
WRAY, GEORGIA**

Ms. ALDRIDGE. Chairman Ossoff, Ranking Member Blackburn, and Members of the Subcommittee, my name is Rachel Aldridge. I'm only here today because of a broken system that led to the murder of my 2-year-old daughter, Brooklynn.

In 2018, the Georgia Division of Family & Children Services, better known as DFCS, utterly failed to honor its responsibility to me and my daughter. My life will never be the same.

Nothing can bring back my beautiful, sweet, and innocent Brooklynn, but I hope that my testimony can save another child's life and prevent families from having to go through what I experienced. That is why I took the first plane trip my life to address the Subcommittee.

DFCS is supposed to protect children like Brooklynn. Instead, they violated my rights as her mother. They placed her in an unsafe home against my wishes, setting off a chain of events that led to her murder. The woman who killed my daughter is now serving a life sentence without parole.

[Pause.]

Ms. ALDRIDGE. It took years to expose the problems that led to the preventable death of my child.

Here's how the system failed Brooklynn and me.

Before DFCS got involved, I had sole uncontested custody of Brooklynn. On January the 14th, 2018, Brooklynn was removed from my care. That happened when I was wrongfully arrested and detained in jail for a week. The police called DFCS to the scene of arrest. DFCS was supposed to make sure Brooklynn was in a safe home while I was in jail.

[Pause.]

Senator OSSOFF. Take your time, Ms. Aldridge.

Ms. ALDRIDGE. I promised myself I wasn't going to cry. Okay.

I had already arranged for my sister, a registered nurse, and brother-in-law, a Federal law enforcement agent, to take Brooklynn on the day of my arrest. They knew Brooklynn and are very close family members. She adored them. They are also—they were also certified foster parents.

DFCS refused to honor my wishes and rejected them as responsible caregivers for Brooklynn. Instead, DFCS placed—DFCS placed her in the home of her father. He was not actively involved in her life. He was not legally recognized as her father and is not a certified foster care parent. More importantly, he did not have custody of Brooklynn.

I was released from jail days later, and my first stop was to Brooklynn's father's home to pick up my daughter. I was so worried about her because she had never spent the night away from me.

Brooklynn was very excited to see me, and I expected to take her home. But I didn't.

Her father told me “no” and showed me paperwork that I later learned was a forged DFCS safety plan. The forgery said that if I took Brooklynn, he had to call law enforcement.

I felt I had no choice and left Brooklynn at his home. I was distraught when I left her that night.

Brooklyn’s father had a live-in girlfriend who cared for Brooklynn while he was at work. I was very worried about that because I believed his girlfriend was using methamphetamine. I saw her messages to drug dealers.

Since Brooklynn’s father often worked overtime shifts, I was very concerned about leaving her alone with his girlfriend.

The next day, I spoke to a DFCS supervisor. She told me Brooklynn’s father had temporary custody of her. I shared my concerns with a supervisor about his live-in girlfriend caring for my daughter and the signs of meth use in the home.

I begged the DFCS supervisor to move Brooklynn to my sister and—my sister and brother-in-law’s house where she would be safe. The supervisor ignored my pleas.

Brooklynn stayed at her father’s house for another agonizing 6 weeks, and there was nothing I could do about it. Brooklynn died on March 6th, 2018. The cause of death was blunt force trauma to the back of the head, and the girlfriend was convicted of murdering Brooklynn.

[Pause.]

Ms. ALDRIDGE. I filed a wrongful death lawsuit against DFCS caseworkers, and my complaint alleged, “DFCS did not—did not take immediate action after I repeatedly told them about my concerns about Amanda Coleman’s suspected drug use.”

The system meant to protect children failed Brooklynn at every level. From management down to the caseworker, repeatedly they failed to follow the policies meant to keep my child safe and violated our rights.

Brooklyn’s death cannot be in vain. I am here today to seek change. The child welfare system is supposed to protect families, not destroy them.

Brooklynn would still be alive if anyone at DFCS had just been willing to listen to me, her own mother. We need better oversight of the system to ensure the safety of all Georgia families.

I am grateful for the support I’ve received. I’m grateful to my attorney, Brent Savage, for all the work he has done.

Senators, you can stop this from happening again. You have the power to change the system. Please remember Brooklynn. Thank you.

[The prepared statement of Ms. Aldridge appears as a submission for the record.]

Senator OSSOFF. Ms. Aldridge, thank you on behalf of the whole Subcommittee for your courageous testimony and for sharing your story with us.

And, Ms. Houston, when you’re ready, it’s your turn now to deliver your opening statement.

**STATEMENT OF MON'A HOUSTON, FORMER FOSTER YOUTH,  
SAVANNAH, GEORGIA**

Ms. HOUSTON. Chairman Ossoff, Ranking Member Blackburn, and Members of the Subcommittee, my name is Mon'a Houston. I'm 19 years old, and I'm here today to share my experience as a former foster youth in DFCS system in Georgia.

I was in care from 2017 to 2022. During that time, I had 18 placements. Only two were foster homes. The rest were group homes, institutions, or hotels.

I had three case managers. Only one regularly visited me and answered my phone calls. I would often go more than 6 months without seeing my caseworker.

I felt alone.

One of the worst parts about being in care is that I was over-medicated. DFCS kept telling my doctors to open to—I'm sorry. DFCS kept telling my doctors to up my dosage because I was not behaving. I was overmedicated to the point of feeling overtired and sluggish. It hurt to walk. But I had trauma and no one to talk about it with.

The only time I regularly saw a therapist was when I was in Devereux Advanced Behavioral Health for 10 months. Devereux was a maximum security residential treatment program. I was in a behavioral part—I was in a behavioral program similar to a group home, but with more security.

It was a lockdown facility. It had barbed—two barbed wire fences. You never left the campus, not for school, outings, or food. I only left for doctor's appointments.

During this time, I was often physically restrained. They slammed me into walls and put my arms into locks. They would wrap their legs around me so I couldn't move.

At three different times, I was put into isolation for more than 5 days. The isolation room was similar to a jail cell, and I was treated as an inmate. You had to request access to the bathroom. I wasn't allowed to shower. Even when my menstrual cycle came, I couldn't wash or change for 3 days. This was the darkest time in a placement.

Education was challenging while I was in care. Because I was moving placements so much, the only education I would get would be online. I asked my case managers and my placements for a tutor because I struggled with understanding, but no one would listen.

Eventually, I just gave up. I still haven't completed my GED.

My most traumatic experience was when I was arrested at 17. The group home showed the police a video that didn't include me getting attacked first. Staff didn't de-escalate the situation. On September 7th, I was taken to jail from September 7th to November 8th in Americus, Georgia.

When I was in jail, I was scared and alone, and I didn't know anything about what was going to happen. My caseworker never called me. This was my first time ever getting in trouble. No one from DFCS brought me any medications that I was on, which resulted in significant depression. I'm sorry.

After a month in jail, the sheriff was trying to help me get out for my 18th birthday, which is October 26th. They said I could be released on a \$200 bail.

DFCS refused to pay my bail. I could only be released to DFCS custody. I was at DFCS' mercy, and they left me there for another month.

The sheriff finally offered a PR bond, and at—on November 8th, I was released to DFCS custody. They picked me up and put me in a hotel for 2 weeks. The hotel was my last placement.

I thought my case manager was finally coming to see me, but she sent somebody else instead—like always. This person told me to sign a bunch of papers. I was so angry that my caseworker didn't show up, that I just signed the papers. I was furious.

If I knew what the papers said, I would've never signed them.

The person—the person said to me, "You just signed yourself out of care. You need to be checked out of the hotel by 11 a.m., and we are not responsible to help you get back to Savannah once you sign out."

My attorney in CASA was not present. They were unaware of the papers being presented to me.

They left me at the hotel in Columbus, Georgia. If it wasn't for one kind behavioral aide, I would've never knew how I would get back to Savannah.

I'm doing this so other youth know that they can come out on the other side. I was 17 when I was finally assigned a Court Appointed Special Advocate, CASA. Ms. Page was the first adult who listened to me. She would regularly fight with DFCS to get me what I needed.

I had one good case manager who showed she cared about me and listened to me, and now I'm connected with Brightside Advocacy, which supports me and provides me with hope.

[The prepared statement of Ms. Houston appears as a submission for the record.]

Senator BLACKBURN. Ms. Houston?

Ms. HOUSTON. Yes, ma'am.

Senator BLACKBURN. Did you say your birthday is tomorrow?

Ms. HOUSTON. Yes, ma'am.

[Laughter.]

Senator BLACKBURN. Well, I think that calls for a big "Happy Birthday."

[Laughter.]

Senator BLACKBURN. Everybody in.

[Committee Members and attendees sing "Happy Birthday."]

Ms. HOUSTON. Oh, my God.

[Committee Members and attendees cheer and applaud.]

Ms. HOUSTON. Thank you.

Senator OSSOFF. Bet you didn't know that was coming.

[Laughter.]

Senator OSSOFF. Thank you, both, for your powerful personal testimonies and for sharing these stories with the Senate and with the public to help the public understand that we're talking about human beings. We're talking about real families. We're talking about real youth who move through the system.

Ms. Aldridge, my daughter is about to turn 2 in December, the same age as Brooklynn when she was murdered.

And so, as a father, I want to thank you for sharing Brooklynn's story with us today. And I know there are no words that can de-

scribe the pain, and I'm so sorry for everything that you and Brooklynn have been through.

Ms. ALDRIDGE. Thank you.

Senator OSSOFF. I am entering into the record a motion for pre-trial summary judgment that was filed in Ms. Aldridge's wrongful death lawsuit against the DFCS caseworkers who handled Brooklynn's case.

[The information appears as a submission for the record.]

Senator OSSOFF. Now, Ms. Aldridge, DFCS placed your daughter in the care of her father, Mr. Lott, and his girlfriend, Ms. Coleman.

But you were still Brooklynn's custodial parent, and you had the right to object to that placement. Did DFCS ever tell you that?

Ms. ALDRIDGE. No, sir.

Senator OSSOFF. If you had known that DFCS needed your consent, would you have agreed to let Brooklynn stay with Mr. Lott and Ms. Coleman?

Ms. ALDRIDGE. Definitely not. I would've—I would've took my daughter home. She had never been away from me before—ever—never.

Senator OSSOFF. And you knew that—or suspected that Ms. Coleman was dangerous. Is that correct?

Ms. ALDRIDGE. Yes, sir.

Senator OSSOFF. DFCS had a policy requiring it to run background checks—

Ms. ALDRIDGE. Right.

Senator OSSOFF [continuing]. On people who take care of children.

But DFCS didn't run that background check. Did they?

Ms. ALDRIDGE. No, sir.

Senator OSSOFF. And if they had run a background check, they would've found that Ms. Coleman had a criminal history and that DFCS had previously pursued a child neglect case against her. Correct?

Ms. ALDRIDGE. Yes, sir.

Senator OSSOFF. Ms. Aldridge, court records show that when you visited Brooklynn, you noticed there was a bruise on her leg. Did you report that bruise to DFCS?

Ms. ALDRIDGE. I did.

Senator OSSOFF. But even after you reported that bruise, DFCS kept Brooklynn with Ms. Coleman. Is that correct?

Ms. ALDRIDGE. Yes, sir.

Senator OSSOFF. How did that make you feel?

Ms. ALDRIDGE. Helpless. All I wanted to do was take my daughter home, and I couldn't. That's it. I just wanted my baby.

Senator OSSOFF. And, Ms. Aldridge, your daughter, Brooklynn, was then killed from blunt force trauma to her head, and Ms. Coleman was convicted of her murder. Correct?

Ms. ALDRIDGE. Yes, sir.

Senator OSSOFF. Court records show that after Brooklynn was murdered, you received a Facebook message from Brooklynn's caseworker, Ms. Beaumier, who wrote to you, quote, "You did not fail her. DFCS did."

How did you feel when you received that message?

Ms. ALDRIDGE. Like it was too late. I mean, my daughter was already dead. There was nothing. I just felt helpless—like the system that was put in place to protect my daughter failed her.

Senator OSSOFF. If DFCS had followed its own policies, had sought your consent for this placement, had run the background check that they were required to run—

Ms. ALDRIDGE. Mm-hmm.

Senator OSSOFF [continuing]. Had listened to you when you reported that you had seen bruising on your daughter's body, do you believe Brooklynn would still be alive today?

Ms. ALDRIDGE. Yes, sir.

Senator OSSOFF. Ms. Aldridge, you've been through every parent's absolute worst nightmare.

And I'm sorry. And I think all of us are grateful that you've taken the time and summoned the courage to relive this and to share it with the public and the Senate. Why have you chosen today to take that step?

Ms. ALDRIDGE. So what happened to Brooklynn doesn't happen to anybody else.

Senator OSSOFF. Thank you, Ms. Aldridge. I'll yield to Ranking Member Blackburn for her questions.

Ms. ALDRIDGE. Thank you.

Senator BLACKBURN. Yes. Thank you so much.

Mon'a, I want to come to you. When we look at having caseworkers that are appropriate for the job—

Ms. HOUSTON. Yes, ma'am.

Senator BLACKBURN [continuing]. And that are going to have that duty of care to the children that they're responsible for, what I'd love to have from you for the record is—talk to me about what a caseworker should do.

If you had had a perfect caseworker, how would they have worked with you, encouraged you, listened to you, helped provide and protect you?

Ms. HOUSTON. Well, nobody's perfect. But they didn't do their job.

They were supposed to see me every month in person. They never saw me every month in person. Maybe if she would've come to my group home where I was at and saw me in person, she could've thought about moving me, but she never come—she never came to see me. They're supposed to let me go to my court.

Senator BLACKBURN. Let me pop in right there.

Ms. HOUSTON. Mm-hmm.

Senator BLACKBURN. Now, this was over how many years?

Ms. HOUSTON. Five.

Senator BLACKBURN. Over 5 years. Okay. So for—she should've seen you once a month for 5 years, and you said in your testimony about once every 6 months you would hear from them.

Ms. HOUSTON. She's supposed to see us in person every month.

Senator BLACKBURN. Right. Okay. Okay.

Ms. HOUSTON. And I had three caseworkers. Only one of them actually did their job. She came all the way 5 hours away to the lockdown facility to see me.

Nobody's perfect, but they didn't listen, and when I acted out was the only time that they would ever answer their phone.

If I was in—like, when I had gotten into an accident, they did not answer their phone. But when it was time for me to leave that placement, that's when they would answer. They didn't answer at the times that they should, only when it was time to move my placement.

Senator BLACKBURN. So if you were talking to Children's Services and you were writing the job description for somebody that is going to be a caseworker, what would you put in that job description to meet young girls like you? What should—what would you want to see them do on a daily, weekly, monthly, yearly basis?

Ms. HOUSTON. Well, listen to the children.

Senator BLACKBURN. Okay.

Ms. HOUSTON. I need them to check in with them, as they should every month. Make sure that their placement is comfortable for them. Don't just stick them somewhere and not answer the phone for them no more. Don't just tell them the only reason you're on meds is because you don't behave.

Like, make them feel loved. Make them feel like they have a family in care, at least.

Senator BLACKBURN. Excellent. Thank you for that.

Ms. Aldridge—

Ms. ALDRIDGE. Ma'am?

Senator BLACKBURN [continuing]. As I read your testimony, I thought about parental rights and parents having rights, and as you have been through such a terrible ordeal, and I know it's something that your heart grieves every single day.

And you said that you were doing this because you don't want other—other moms to have to live through what you've lived through. So now looking back on your ordeal, what would be the steps you would encourage other women who find themselves in the situation where you were, what would you say here's a way to preserve your parental rights?

Ms. ALDRIDGE. Get an attorney. I would definitely say an attorney is—know your rights. I guess study about it. I don't—I don't have no idea. I would definitely say have an attorney. Having an attorney would—I don't know—you would've understood what your rights were. I mean, you can go with your gut, but just have an attorney. That's a big thing, I think, having an attorney.

Senator BLACKBURN. All right. Thank you. Thank you, Mr. Chairman.

Senator OSSOFF. Thank you, Senator Blackburn. Senator Welch.

Senator WELCH. Well, thank you. By the way, not that I've been in the Senate that long, but that was the best "Happy Birthday." ever. Thank you.

[Laughter.]

Senator BLACKBURN. Absolutely.

Senator WELCH. She's from Nashville. You can tell.

[Laughter.]

Senator WELCH. But first of all, it's really moving for all of us to be here with you and to have you tell us what you've been through. So I want to thank you, and we all do, and it really matters.

You know, so much of our time here is spent on things that seem a little bit abstract. To have two people who've experienced a very

searing situation come in and share it has a powerful impact, and I know the Chairman, and the Ranking Member, and Senator Butler and I want to do all we can to help improve the situation.

You know, my questions have been asked largely because you—I'll just give you each a chance to just describe what you think would improve the situation.

I mean, you said, Ms. Aldridge, having a lawyer would really make a difference. I know that's true. I was a public defender, and I was involved in many cases involving parental rights. And the State of Vermont made certain that everyone was represented, the parents and the child, and it forced people to take things very seriously and not just wave it off. So I think that's a really, really good recommendation. I thank you for that.

And, Ms. Houston, thank you. You seem to be doing pretty good.

Ms. HOUSTON. Now that Ms. Page is here.

Senator WELCH. Well, that's great, but it's amazing what you said earlier—is you're here so that other people who went through what you did can see that they can get to the other side, and I think you're really demonstrating that.

You know, when you were asked about a good system, what I heard you saying, basically, is, the people who were supposed to be, like, your caseworkers have to take the situation and the relationship seriously, that you were isolated and alone, and not just when you were put in isolation, but the whole time.

Whatever it is you were going through, you had nobody to help you along the way. Is that more or less a correct assessment?

Ms. HOUSTON. Yes, sir.

Senator WELCH. Yes. And by the way, you know, all of us need a little help along the way. Especially when we're in a situation that's totally alien—but you tell me, you had 19 placements in foster—

Ms. HOUSTON. Eighteen.

Senator WELCH. Eighteen in foster care? So how long would you be there before you had—you were gone somewhere else?

Ms. HOUSTON. Four months.

Senator WELCH. So minimal sustained relationships with a parental figure or even with friends, I imagine.

Ms. HOUSTON. I never had friends.

Senator WELCH. Right. So you were bouncing from school to school and never had an opportunity to have your feet solidly on the ground. Yes, I mean, that's just really, really shocking—that you have no chance with that.

Ms. HOUSTON. It got to a point where I would self-harm because I didn't know nobody to talk to.

Senator WELCH. Right. Well, it's really shocking, it's inexcusable, and I think all of us are very, very sad that that was so much a part of your life so far. But I think it's inspiring to see you here being strong.

And, Ms. Aldridge, the same thing. I guess, you know, we're parents, and you suffered the loss that all of us fear the most, and thank you for being here to try to help other people out. Mr. Chairman, I yield back.

Senator OSSOFF. Thank you, Senator Welch. Senator Butler.

Senator BUTLER. Thank you, Mr. Chairman, for your leadership on this issue, the—having a conversation with such courageous women like Ms. Aldridge and Ms. Houston really is an honor for us.

And we owe you a debt of gratitude for organizing such a thoughtful hearing, and set of witnesses and conversation.

I have a 9-year-old daughter who is adopted. My family and I went through the certification process in California, in Los Angeles County, to become certified foster parents.

That wound up not being our final path, but I experienced the other side of the system and the deficiencies that exist: the gaps, the imperfect but hardworking people in most instances who try their best to get it right.

Ms. Houston, I'd like to start with you, if it's okay. I just want to—I appreciate so much you coming and sharing your story. And I couldn't help but notice you being so moved by Ms. Aldridge's story. And that level of empathy and human connection I just wanted to recognize for the record. The world would tell us that we are all so different. And—

Ms. HOUSTON. That's me all the time.

Senator BUTLER. Right. And to see you—to see your heart be pained by another human's tragedy, I think, is just an example and a reminder that there is more that binds us even in the painful times than the—than that that divides us.

It was interesting to hear you talk about your treatment as care. You talked about the care that you received as had been—has been sort of interrogated or questioned a little bit by my colleagues. I think the fact that you refer to as care says so much about who you are.

Here's my question to you. There was a moment in your testimony when you referred to an individual whose intervention seemed as if it has had a positive impact on you.

And I want to give some breath and offer you the opportunity to give a little bit about that CASA worker who was assigned to you, who made your soul smile. And talk to us about that experience and how that helped to support you to get to this moment.

Ms. HOUSTON. Okay. Right before I went to jail, like, maybe 3 months before, I met Ms. Page. Ms. Caton assigned her to me. And when she came all the way from Savannah to see me, I did not want to talk to her, like, I was shooing her away. I was like, just go away. Like, just go back to Savannah. I'm okay.

And she would not give up on me. Like, she kept prying her way in until she got in.

And then eventually I got out of care because of the situation. I signed the papers on accident, and she still was there for me. She did not let me sleep outside.

Like, she reached out to CASA, the program, and she worked, like, hard with them to get me somewhere to be like—they even got me back in care, and the foster system did not want me back, and they still made it happen.

So I just want to thank Ms. Page, and she's still here in my life. She's texting my phone, cheering me on right now. I thank her a lot.

Senator BUTLER. I think we all thank Ms. Page.

[Laughter.]

Senator BUTLER. There are lots of Ms. Pages in the world, as many as there are who let you down. There are some Ms. Pages out there, and we're grateful for it. You were going to offer something additional?

Ms. HOUSTON. Yes. It's just, it's crazy because a lot of people that I tried to push away, they actually leave, but she didn't.

Senator BUTLER. Yes. Yes. There are a lot of Ms. Pages. In my life, her name was Ms. Pearl. So we all have a Ms. Page or a Ms. Pearl.

Just quickly before I run out of time. Ms. Aldridge, as a parent, I couldn't imagine the pains of what you went through. I remember—I remember when my daughter turned 2, and she just turned 9, and thinking about her life being cut short, I just could not imagine it.

So I want to appreciate your courage for sharing your story, for not swallowing what others would have us to believe as personal shame, but for giving voice to young Brooklynn.

I would just ask you—you said a lot about, like, the reason you being here is to prevent this kind of harm and tragedy for other Brooklynn's that might be in the system. And, I think, for other Ms. Aldridges who might be in the system, as well.

Do you think that there's something unique about your experience in Georgia, or are there other parents and/or children that you know?

Are there—is there something that we should be paying attention to that families might have in common where we can think across the system and across the States to try to answer the call that you put before this Subcommittee to act and save—save other families?

Ms. ALDRIDGE. I don't know. I have no idea. Can you like—

Senator BUTLER. Yes. I guess, without knowing any details and only hearing your testimony and reading your written testimony, I guess I wonder, are there other people that you might know in the—in the Georgia system that had similar negative experiences?

Ms. ALDRIDGE. I mean, personally, I don't know anyone else.

Senator BUTLER. Yes.

Ms. ALDRIDGE. No, ma'am.

Senator BUTLER. Well, thank you for that. I appreciate it, and most of all, I appreciate you being here and giving voice to parents and to young people. Thank you, so much. Thank you, Mr. Chair.

Senator OSSOFF. Thank you, Senator Butler.

And before we move to the next panel, Ms. Houston, I'm just going to ask you a few more questions just to make sure the record reflects what you've experienced and what you need the public to understand about what you've experienced based upon your opening statement. You described being overmedicated while in a maximum security facility. Tell us what that means. How did it feel?

Ms. HOUSTON. I was overmedicated the whole time, the whole 5 years. I felt, like, sluggish, like, I couldn't move, and it started affecting my physical—I started eating a lot.

And one time I went to court and my judge even said she's on too many meds. Somebody has to take her off some of these meds or lower the dosages.

The next day after court, I went back to my psychiatrist, and they upped my dosages. So—and I feel like it made me worse rather than better because they only put me on the medicines to make me behave.

Instead of putting me on meds to help my mental health, they just wanted me to sit down and behave for them. And they never talked to me about what was wrong. They never asked me any questions. They just said, “She doesn’t behave and she needs meds.”

So I felt—and also, as I kept eating, it gave me high cholesterol. I was pre-diabetic. And I kept telling my psychiatrist, like, is there any meds that does not have this hunger effect, this appetite effect? And they did not take me off of the meds. My DFCS caseworker was telling my psychiatrist that I needed those meds, that I don’t behave, that I need those meds to behave.

Senator OSSOFF. So it sounds like the impression you got, and indeed what they may have said at the time, despite what a judge had said, was that this wasn’t about your mental health. It was about controlling your behavior.

Ms. HOUSTON. Yes, sir.

Senator OSSOFF. Did I hear correctly that at one of your placements you were slammed against the floor or the wall?

Ms. HOUSTON. Yes, at the lockdown facility.

Senator OSSOFF. And placed in solitary confinement for up to 5 days at a time?

Ms. HOUSTON. Yes, sir.

Senator OSSOFF. And were you threatened with solitary confinement as a punishment?

Ms. HOUSTON. Yes.

Senator OSSOFF. You mentioned this in your opening remarks and your exchange with Senator Blackburn, that DFCS has a policy requiring your caseworker to visit you monthly, and that at one time you were in jail while you were in foster care. Correct?

Ms. HOUSTON. Yes, sir.

Senator OSSOFF. And you were kept there for about 2 months?

Ms. HOUSTON. Yes, sir.

Senator OSSOFF. And after 1 month, you were cleared to be released. Is that right?

Ms. HOUSTON. Yes, sir.

Senator OSSOFF. And why weren’t you released at that point?

Ms. HOUSTON. Because DFCS told me that they didn’t want to be responsible for me getting back to court or—because when you sign a bond, you’re responsible for that person. Like, if I don’t show up to court, they could get in trouble, so they didn’t want to be responsible for that.

Senator OSSOFF. So the jail was prepared to release you, but DFCS wouldn’t come pick you up.

Ms. HOUSTON. Basically.

Senator OSSOFF. Ms. Houston, I want to echo what Senator Butler said and thank you for your courage and also for your spirit.

I can tell you, you know, we do—we hold a lot of these hearings. We speak to a lot of folks. And the warmth, and compassion, and kindness that you radiate, I think, has lifted all of us up, particu-

larly in light of the tremendously difficult circumstances that you're describing.

And to see you here, not just persevering and surviving, but, in fact, using your voice to fight for other youth who are going through the same thing and to make a difference has inspired all of us. So thank you, Ms. Houston.

Ms. HOUSTON. Thank you.

Senator OSSOFF. Thank you, Ms. Aldridge, for your courageous testimony.

We are going to now take a brief recess so that Members can go and vote. We have a vote on the floor. We will then return and reconvene with Panel Two, and so the Subcommittee stands in recess.

[Whereupon the hearing was recessed and reconvened.]

Senator OSSOFF. The Subcommittee will return to order.

I will now introduce our second panel of witnesses. Thank you, again, for joining us today.

Professor Melissa Carter is the executive director of the Barton Child Law and Policy Center at Emory Law School. Professor Carter and her clinic promote and protect the legal rights and interests of abused, neglected, and court-involved children in Georgia.

She also serves in a variety of capacities across the State as a member of the First Lady's Children's Cabinet, vice chair of the Juvenile Justice State Advisory Group, and co-chair of the Children's Justice Act Task Force, a congressionally mandated oversight panel.

Professor Emma Hetherington is the director of the Wilbanks Child Endangerment and Sexual Exploitation Clinic at the University of Georgia School of Law. Professor Hetherington and her clinic represent children in foster care who survive sexual abuse, exploitation, and trafficking.

She also serves on several statewide task forces and multidisciplinary teams, including the Supreme Court of Georgia's Committee on Justice for Children.

Once again, it is the practice of the Subcommittee to swear in our witnesses. If you will both please rise and raise your right hand.

[Witnesses are sworn in.]

Senator OSSOFF. Please take your seats. Professor Carter, when you are ready, we will begin with your opening statement. Thank you.

**STATEMENT OF MELISSA CARTER, EXECUTIVE DIRECTOR,  
EMORY LAW BARTON CHILD LAW AND POLICY CENTER, DE-  
CATUR, GEORGIA**

Professor CARTER. Good afternoon, Chairman Ossoff, Ranking Member Blackburn, and Members of the Subcommittee.

My name is Melissa Carter. I'm a clinical professor of law at Emory Law School in Atlanta, Georgia.

Thank you for inviting me here to talk about this important topic today. I'm doing so in my personal capacity. The views I express are my own and do not necessarily represent my employer or any board, commission, task force, or other body on which I serve.

My comments do, however, represent more than 20 years as a child welfare professional in Georgia, serving in direct representation and system improvement roles.

At Emory Law School, for the past 13 years, I have led the Barton Child Law and Policy Center. The Barton Center is where law students and other graduate students come to learn how to protect children's rights through litigation and policy advocacy strategies.

Today, I'm going to talk about Georgia's child welfare system to try to provide some context for what we've heard today.

First, I want to start with some hard data to paint a picture of the basic hydraulics of the system, and then, I want to highlight just two systemic conditions that perpetuate the status quo in Georgia. And to be clear, the status quo is unacceptable.

First, let me start with some basic facts and figures. As we sit here today, approximately 11,000 children are in foster care in Georgia, and that number is trending up.

Our removal rate is relatively low. Children in Georgia enter foster care at the rate of 1.9 per 1,000 compared with the national entry rate, which hovers closer to 3 to 4 per 1,000.

Foster care is meant to be temporary. What that means in Georgia is that children spend, on average, 19 months separated from their families once they are in foster care.

That's longer than the Nation's median length of stay, which has increased over the last decade and is now around 17½ months. This profile makes Georgia seem somewhat unremarkable from a data perspective, but this data doesn't tell the whole story.

Behind those numbers are real whole people, as you all have recognized. The data doesn't give us that up-close understanding of how the system impacts their lives, like the heartbreaking testimonials we've heard today.

Those stories are difficult to take in, but they are not outliers. The child welfare system is complex. There are multiple failure points. All jurisdictions confront similar challenges to a greater or lesser extent, but local context matters.

A lot of this, as we've heard already today—it can be summed up quickly in thinking about two aspects of our system that we could improve. One, we don't give case managers the tools that they need, and two, we don't listen well enough to children and families.

But I also want to highlight two systemic conditions that illustrate how we also don't manage our system well.

One affects safety. Georgia cannot reliably measure or monitor child victimization. Whether a child is subjected to maltreatment is determined by the substantiation of alleged maltreatment. That's the practice of looking at all of the evidence gathered during an investigation and determining whether that evidence suggests that it is more likely than not that the abuse or neglect occurred.

We've lost our bottom-line metric for success in our primary mission, child safety, because we don't reliably make that determination. And without it, we have less confidence in conclusions about how effective the agency is when it intervenes in families.

The other condition at the system level is one that affects family integrity. Georgia has not sufficiently invested in prevention, nor have Federal funds been well spent. For instance, as you know, one

goal of the Federal Temporary Assistance for Needy Families block grant is to provide assistance to low-income families so that children can be cared for in their own homes. It gives Georgia certain discretion how to do that.

Georgia could spend the money in direct support to families and prevent children from entering foster care. But instead, Georgia is content to withhold the money from families and use it to pay for services only after a child suffers harm.

These spending choices may keep us compliant with Federal requirements, but they impede our ability to transform our child welfare system into one that promotes children's healthy development through prevention and family strengthening.

This is not about individual shortcomings. There are many dedicated case managers, supervisors, and others at the frontline working tirelessly to solve problems for families.

This is about systemic failures. Georgia lacks the operational capacity, policy infrastructure, and practice tools to support effective case management and to offer meaningful and sustainable solutions for children, youth, and families.

I hope this provides you with some context for deeper understanding of the system realities as they relate to the outcomes we seek. I welcome your questions. Thank you.

[The prepared statement of Professor Carter appears as a submission for the record.]

Senator OSSOFF. Thank you, Professor Carter. Professor Hetherington, it's now your turn for your opening statement.

**STATEMENT OF EMMA HETHERINGTON, DIRECTOR, THE WILBANKS CHILD ENDANGERMENT AND SEXUAL EXPLOITATION CLINIC, ATHENS, GEORGIA**

Professor HETHERINGTON. Chairman Ossoff, Ranking Member Blackburn, Members of the Senate Subcommittee, thank you for the opportunity to testify today.

My name is Emma Hetherington, and I'm a clinical associate professor at the University of Georgia School of Law and director of the Wilbanks CEASE Clinic, as mentioned by Senator Ossoff.

Like Professor Carter, the views I express today are my own and do not represent the views of the University of Georgia, the School of Law, or the various Subcommittees and task forces on which I have the privilege to serve.

Rather, today I'm testifying in my personal capacity as an attorney, expert in child welfare law, and advocate for children in foster care who have been sexually abused, exploited, and trafficked.

Over the past 12 years working in this field, I have witnessed a system that fails on a daily basis to protect the well-being, health, and safety of children, and instead violates their civil and human rights.

The foster care system in Georgia has always struggled with systemic challenges and barriers. But I have never seen it as dismal as it is today.

Here's a snapshot of 35 of our clients and their experiences in foster care in counties across Georgia.

One hundred percent of our clients experienced early childhood maltreatment.

Seventy-four percent of our clients have made credible allegations of abuse or neglect at the hands of their foster care placement caregivers.

Only 17 percent of our clients are on track to graduate from high school with their peers.

Only 5 percent of our clients who have exited foster care are now better off than when they entered.

Zero percent of our clients have received adequate, timely, and consistent medical, dental, and mental and behavioral healthcare while they've been in the custody of Georgia DFCS.

As Professor Carter mentioned, I, as well, would like to be clear that my statement is not meant to disparage the individual case managers and other professionals working for Georgia DFCS who are protecting children in Georgia.

However, DFCS' overarching structure, internal policies, and administrative barriers obstruct their good work, and when this happens, our clients experience extreme harm.

The following are examples of some of the abuse and neglect that my clients have experienced while in DFCS' legal custody. In listening to Ms. Houston's testimony, they sound very similar.

Being placed in solitary confinement with no therapeutic oversight after a suicide attempt.

Being handcuffed during an intravaginal ultrasound to confirm pregnancy after being trafficked.

Having chronic urinary tract infections and leftover pieces of placenta after childbirth—which can be deadly—but not being provided access to postpartum medical care.

Being prohibited from going to school in person by a placement—that was approved by DFCS specifically for trafficking victims—in order to protect other students and school employees from their promiscuity.

Having their pants forcibly pulled down and being administered a sedative in their buttocks because they talked back to staff.

Calling DFCS case managers during emergencies and not receiving any response, leading to acute psychiatric hospitalizations and, at times, sexual exploitation.

While my clients may not have suffered these acts of abuse and neglect at the hands of DFCS employees, DFCS knew about this treatment, and they did nothing to stop it or remedy it.

Instead, they have blamed my clients for their fear, anger, and victimization. Here's some words that we have seen in internal and external DFCS documents and heard in conversations with DFCS employees about our clients: "They're promiscuous, hypersexualized." "They're a sex addict." "They're a prostitute."

Let me make it clear: There is no such thing as a child prostitute.

In conclusion, I would like to share some words with you from one of my clients who gave me permission to share some of her experiences with you today.

"I'm a victim of Georgia DFCS. Children go into the system to be in a safer environment, to grow, and to learn.

"However, the way my case has been handled these past 3 years has caused me further pain and trauma and worse off than before

I entered care. I've experienced a lot, from abuse, to neglect, to commercial and sexual exploitation.

"I've put my life in jeopardy and placed myself in dangerous situations in an attempt to leave DFCS' care, the care that has failed to provide me with adequate or any medical, dental, or mental healthcare.

"In my mind, getting out of DFCS has always been the goal. And at times, I didn't care if I ended up dead trying to leave."

Thank you, and I welcome any questions the Committee may have.

[The prepared statement of Professor Hetherington appears as a submission for the record.]

Senator OSSOFF. Professors Hetherington and Carter, thank you for your powerful opening statements.

And Professor Hetherington, I'd like to begin with some questions for you to elaborate on the alarming and shocking testimony that you just presented. How many children have you worked with over the years, Professor Hetherington, who have been sexually abused, exploited, or trafficked?

Professor HETHERINGTON. It's essentially impossible to really know. We know that children are not highly likely to disclose abuse, especially when they are in situations where they do not feel safe, which includes in the custody of Georgia DFCS.

I have represented hundreds of children over the last 12 years, most of whom are—have been older youth, ages 14 and up, and many of whom have been sexually abused and trafficked.

Currently at the CEASE clinic, all of our clients, every single one of them, have been sexually abused or trafficked, most of the time since an early age.

So I wish I had a number for you—an exact number for you, but unless we listen to children when they disclose acts of abuse or indicate red flags that would demonstrate abuse—sexual abuse and exploitation, we'll—we will never know how many there actually are.

Senator OSSOFF. You described an incident in your testimony, Professor Hetherington, where one of your clients was handcuffed while receiving a transvaginal ultrasound after having been trafficked. What is the effect of that kind of treatment on someone who is in care—or any human being?

Professor HETHERINGTON. Well, first of all, for that client, it was a clear violation of her human rights, her dignity, her personhood. She was 16 years old. It's obviously re-traumatizing. I can never know the full effect.

My clients are the experts on their own experiences, but the effect of her life today is that that particular client is currently homeless. That child, her—the child she had was taken out of her care, is thankfully being cared for by relatives. And she is, to my knowledge, still being trafficked now as an adult. And that—those are the consequences that we see on a daily basis in our cases.

Senator OSSOFF. You described an incident, Professor Hetherington, in which a client struggled to get postpartum medical care, leading to infections.

Do your clients—and by the way, we're using the term "clients"—and these are your clients, but I just want to remind everybody

that we're talking about children, youth, minors. We're talking about children.

We're talking about children being subjected to degrading and abusive medical procedures.

We're talking about children being denied postpartum medical care.

Professor Hetherington, do your clients receive healthcare? Your clients, these children, do they receive healthcare from DFCS?

Professor HETHERINGTON. They receive some healthcare, is probably the easiest answer. But first, I just want to say thank you for recognizing that when I say "clients" it's because I'm used to it as an attorney.

But my clients are children, and that is something that we are constantly fighting to remind DFCS of. They're treated—they're adultified. They are treated as if they traumatized themselves. And so thank you for that acknowledgement.

Senator OSSOFF. Yes, let's unpick that a little bit because I think that's a powerful thing that you just said.

Is there a recognition within this bureaucracy that we're talking about the most vulnerable children in our society? I mean, describe what you mean by "adultified."

Professor HETHERINGTON. Sure. So often, children in foster care, particularly black and brown girls, and LGBTQ youth, are treated more like adults.

They are not treated as children. They are treated as if they're responsible.

I'll give you an example. I represented a child who is 15 years old. She was a mother. DFCS removed her child from her care. That happens very often when children are in foster care. And one of the reasons that DFCS listed for why the child was in foster care was because my client did not have stable housing.

My child—my child client was 15. She didn't have stable housing because her parents abandoned her because she had been sexually abused since a young age. She was effectively homeless, and she was being held responsible for that homelessness and not having that stable housing—but she was 15. And that is an example of how they would adultify a child.

Senator OSSOFF. You mentioned that one of your clients, again, a child, had been prohibited from attending school in person. And if I heard you correctly, and I did a double take when you said this, I think what you said is that your child was forbidden from—your child client was forbidden from attending school because the State deemed that child sexually promiscuous. Is that what you said?

Professor HETHERINGTON. Yes. In that case, and in many instances, children who are victims of commercial and sexual exploitation are deemed to be either a run risk or too promiscuous. They're going to cause too many problems in school, and that—there are some group homes in Georgia that will not allow children who have been trafficked to go to school off campus.

And it is a denial of the recognition that every child is unique and different, and that we have a Federal mandate that children be placed in the most family-like, least-restrictive setting.

And not every child who's been trafficked needs to be in lockdown. And, in fact, they feel very unsafe in lockdown, quite

often. But yes, that is exactly what I said. They were worried that they would prey on other—on other people.

Senator OSSOFF. I will come back with some additional questions. I want to be respectful of Senator Blackburn's time. So Ranking Member Blackburn, over to you.

Senator BLACKBURN. Thank you so much.

Professor Carter, what is the process that the State of Georgia uses to vet the sponsors and the foster parents?

Professor CARTER. So with respect to foster parents—

Senator OSSOFF. You'll need to turn on your microphone.

Senator BLACKBURN. Yes.

Professor CARTER. Forgive me. Thank you. So with respect to foster parents, there is a process. In most States, it's a licensure process.

In Georgia, it's an approval process, but that process still follows the same steps. That involves a background check, it involves requirements for training, and then you are then able to—to select for the State—to identify for the State which children you want to open your home to.

So if you think that you might be best equipped to take teenagers, if you think you might be best equipped to take large sibling groups, you think you might be best equipped to take an infant, you can make those preferences known. And then it's a matter of waiting for the State to need your home as a placement for a child who's entered foster care.

Senator BLACKBURN. Okay. And we've heard a lot about the adverse experiences in Georgia. So what percentage of children in the system have an adverse experience?

Professor CARTER. I think you're referring to the adverse childhood experiences context where we really think about this sort of broad array of experiences that we may all have as children that then manifest later as adults in ways that stunt our development and that cause us even physical health conditions as we age.

I'm not aware of a study that's looked at Georgia specifically to know that. We know, generally speaking, that children in foster care, as you might expect, have suffered much greater adversity in their young lives, and that children in foster care very often have four or more ACEs, adverse childhood experiences, and, therefore, will—would expect to have much greater challenges across their life.

Senator BLACKBURN. Yes, I am sure of that. Tennessee has been successful in a program with the ACEs, and Children's Services has a Building Strong Brains initiative that they have launched.

And recently, I introduced the National ACERT Grant Program Authorization Act. This is something Senator Shaheen and I are doing to nationalize this and to make certain that every State has the tools that they need.

So, Ms. Hetherington, I want to come to you on this. If you could speak for a moment about the importance of having that early childhood intervention for children that have had this trauma.

Professor HETHERINGTON. Sure, and Senator Blackburn, I just wanted to—wanted to thank you for highlighting the issue of trafficking.

And when you mentioned the pipeline between foster care and sex trafficking, there is an abuse-to-prison pipeline that we see, often referred to as foster care-to-prison pipeline or the sexual abuse-to-prison pipeline.

Early childhood maltreatment alters a child's neurological, biological, developmental health, their growth.

A wonderful resource on that, if you haven't read it, I highly recommend you read the book, "The Body Keeps the Score." And one thing that is—that we know from research is that when a child or when a person experiences extreme traumas, often we're stuck in that trauma.

I'm not a neurologist, I'm not a neurobiologist, but I do know from the research that I've done and the work that I've done with children, and anecdotally that it's true that children will become stuck at the age, right, where they were abused and neglected. So if a child is—

Senator BLACKBURN. Okay.

Professor HETHERINGTON [continuing]. Sexually abused at age—

Senator BLACKBURN. Let's clarify that for the record.

Professor HETHERINGTON. Sure.

Senator BLACKBURN. Their maturity stops—

Professor HETHERINGTON. Yes. Yes.

Senator BLACKBURN. You want to—yes.

Professor HETHERINGTON. A lot of the social, emotional development.

Senator BLACKBURN. Right.

Professor HETHERINGTON. Yes. Thank you. Absolutely.

And so I always think of it as most of my clients—not all of my clients, but many of my clients, they may be 16, and you have a 16-year-old standing in front of you, but socially, emotionally, they're still 6 years old.

Senator BLACKBURN. Yes.

Professor HETHERINGTON. That's the age when they were first sexually abused, and it sends them on a straight path toward eventual behavioral issues, health issues. Mon'a mentioned pre-diabetes. Pre-diabetes is a terrible side effect, for lack of a better way of putting it, of early childhood maltreatment.

If you think about it, they are having this constant rush of cortisol through their bodies. They're in constant fight, flight, or freeze mode. And so if we do not provide that early childhood intervention and care, then we are sending children down that pipeline.

Senator BLACKBURN. You know, we had a hearing on unaccompanied alien children in Judiciary Committee, a Full Committee hearing earlier this morning, and a lot of it centered on the 85,000 children that HHS and the Office of Refugee Resettlement cannot find.

And they are children that have come into the country. They've been placed in foster care or with sponsors. The 3—1-month follow-up call was given, they couldn't find the sponsor, and they don't know the condition of these children.

And the fear is, and what we have learned from some New York Times reporting and other things, is that these children are in labor gangs and crews, and some of them are being trafficked.

And I—it just is heartbreaking to me, absolutely heartbreaking that we have a Federal agency that has so failed these children and for what they're being exposed to because, as you're saying, this is something that many of them never get over.

Professor HETHERINGTON. Yes, absolutely, and this is something that we see often.

Our office has represented several undocumented youth. Some have been victims of labor trafficking.

And, as I was mentioning before, when it comes to Georgia DFCS, what we—what we will often see is maybe there was a phone call. This child's not in school. Why is this 15-year-old working full time? This 10-year-old is working on a farm? What is going on here? There's an allegation of sexual abuse.

We don't know if they—we don't know what's happened to them. We don't know what's going on. Oh, but they want to work, right, and all of a sudden they're adultified.

Maybe they are in a situation where they're arrested trying to defend themselves against traffickers, against—and sometimes we've seen that some sponsors have been involved in that trafficking.

And the system, though, the Georgia DFCS, the child welfare system responds punitively. They do not always see those children as dependent, as having been abused or neglected. And I would imagine there are several in their care that are not getting what they need.

One thing I think that is also very important to note is the importance of the training for caseworkers and other professionals at DFCS to understand Special Immigrant Juvenile Status, to understand when you need to refer children for potential immigration relief. Maybe they are eligible for a U visa or a T visa, specifically for trafficking victims, and they can get that relief.

And we've also seen recently a lot of issues in—with Georgia DFCS, where undocumented youth who are in their care, who do not have permanent status by the time they reach the age of 18, even if they've been in foster care for at least 6 months after the age of 14, they're kicked out the door and left homeless and told they cannot stay in care post-18, even though that is available to all other children under similar circumstances.

Senator BLACKBURN. Thank you. Thank you, Mr. Chairman.

Senator OSSOFF. Senator Blumenthal.

Senator BLUMENTHAL. Thank you very much, Mr. Chairman and Ranking Member, for focusing on this issue, which is so deeply troubling.

Human trafficking is a scourge everywhere, not only in the States where you work, but in Connecticut and elsewhere around the country. The Trafficking Victims Protection Act and its Reauthorization really brought the full power of the Federal Government to bear. But it also established civil remedies.

My understanding is that, on average, only about 30 civil cases are filed in Federal courts every year. My question is, why aren't there more? Is it a lack of representation? Is it fear or shame on the part of the trafficked victims? They are victims or survivors? What is your analysis?

Professor HETHERINGTON. Sure. So we at the Wilbanks CEASE Clinic, our original mission was to represent survivors in civil lawsuits against perpetrators individually.

I think one of the major issues that we see is that in our American tort system, and I know this is not a hearing on American torts, but is that, typically, lawyers will go after deep pockets. So an individual trafficker might not have those deep pockets. That would be one answer.

Another is the lack of survivors coming forward. When we have—when we see survivors, particularly of adult sex trafficking, the estimates are that between 70 and 90 percent of them have been sexually abused at a younger age or trafficked at a younger age. And the majority of them had some sort of child welfare system involvement, and that is absolutely consistent with what we see.

At the CEASE Clinic, we also do some post-conviction relief work for victims of—adult victims of trafficking. They were all sexually abused or trafficked as minors, and we hear from every single one of them they were either in DFCS custody or had child welfare involvement in another State.

When that happens and children are maltreated in care and the system that is supposed to protect them and help them and give them voice instead silences them, they're not—they're not going to come forward. They don't trust the system. They don't trust anyone to believe them when they say I'm a victim of this. So I think there are a number of different reasons for it, but I—

Senator BLUMENTHAL. Thank you—

Professor HETHERINGTON [continuing]. Think those are some of the main ones.

Senator BLUMENTHAL. Thank you, very much. Thanks, Mr. Chairman.

Senator OSSOFF. Professor Carter, in your opening statement, you talked about systemic failures in Georgia DFCS and Georgia's child welfare system. Can you elaborate on what that means for children in Georgia who are at risk of abuse or neglect?

Professor CARTER. I'll get this button right eventually. You know, I think, you know, really to take your lead, to follow your lead and always ground our observations in the realities of the children and families and youth who are impacted, I think when we talk about systemic failings, we're looking at these conditions, right, these broad, removed, structural, and organizational features of our system. But the truth is, we don't know about those things. They're sort of invisible and hidden until there's an impact that we can identify and point to. And those impacts come in the experiences of children and youth.

So I would echo some of the examples that Professor Hetherington and even our earlier speakers provided. The kinds of themes that we are seeing that are indicative of systemic failures at the experience—at the level of experience of children and youth involved, for example, undocumented youth, youth with Special Immigrant Juvenile Status who have been left with their abusers because the department is unwilling to take them into custody and serve them through foster care, or children who become, at the age of 18, eligible for what we would refer to as extended youth support services.

This is the continuation of support for children, now young adults beyond the age of majority, so that we are extending that safety net of support. And we see and hear regularly and routinely that these young adults now are denied the right to send to sign themselves back into care.

Or, like Ms. Houston was describing in her own experience, they are encouraged, if not pushed, out of those support services because they might be “difficult to serve.” And “difficult to serve” often means expensive to serve.

We hear about, pretty consistently and routinely, about children who have open child—families who have open Child Protective Services cases, and we’re seeing what seems to be increasing number of reported fatalities of infants, despite having the open Child Protective case.

We have all—many persistent and historical challenges with youth who have been institutionalized in high-end residential settings, or in juvenile detention facilities, or adult jails, and not been picked up upon their release, or conversely, children who are threatened with being committed to psychiatric treatment facilities or arrested for noncompliance with services.

We have, locally, observations and reports around the department’s outright disregard for court orders to prevent children from—that they’re disregarding an order that children not enter care or threats that are made to parents that they’ll be charged with abandonment.

We also have a lot of local departments just, you know, looking at the courts and at the judges and saying, you know, “This isn’t us. Right? Make this someone else’s responsibility. Choose a different agency. Characterize what’s going on with this family in a different way.”

We also have consistent and persistent problems that really speak to a lack of support for caregivers, particularly relatives or what we refer to as fictive kin, people who aren’t related by blood or legal relationship but take children in when they’re known to those children, and a real, you know, lack of support once those folks step forward and take in children.

We also have increasingly reports about children being placed out of county. So children who are taken into foster care, but not—there’s—because of a lack of placement resources, not kept in their home county, which, of course, impedes the ability to—for that child to have ongoing relationships and contact with their families, to be stable in school, to be—have some stability with their healthcare providers, et cetera. All of that is disrupted when children are relocated.

Senator OSSOFF. And I want to thank you, Professor, for giving us that kind of clarity and specificity about the kinds of cases you are seeing.

As you know, this is an active and ongoing inquiry, and you have pointed us in the direction of additional areas of necessary investigation.

Now, I want—I want you to walk the Subcommittee and the public through this internal audit process. So the U.S. Department of Health and Human Services reviews how well State foster care systems are performing, including Georgia’s, as part of the Child and

Family Services Review. Can you please just briefly describe the case review process that HHS undertakes as part of that process?

Professor CARTER. Yes, sure. So thank you for the question. As you describe it, the Child and Family Services Review is a periodic kind of Federal audit of State foster care and family preservation programs. Every State undergoes this audit at different cycles.

The review assesses the outcome of services by looking at some individual case review, as you describe it, along the—along, essentially, seven defined outcome areas.

And then, each of those outcome areas is further defined by measurements that are referred to as items. So you'll see items under outcomes, and the outcomes are meant to reflect the State's performance in these broad areas of safety, permanency, and well-being, and those three domains really define the outcomes that we are seeking from this system.

As you describe it, the process in its entirety involves a lot of data collection. The State also undergoes its own self-assessment.

But I think key to your question is the—are these case record reviews where a sample of cases—when the Federal Government conducts it, it's 65 cases—which are a mix of both foster care and family preservation cases, those are cases where children are still at home with their parents but the family's receiving mandated services.

And through those 65 cases, again, the reviewers are looking across these seven outcome areas for evidence to support these measurements to—in order to have an ultimate understanding of how the system is faring with respect to those outcomes of safety, permanency, and well-being.

Senator OSSOFF. Thank you, and the Subcommittee has obtained Georgia's DFCS' assessment of its performance on those same Federal standards for a period of March to June of 2023.

I'd like to go through DFCS' assessment with you. Please turn to Tab 3 or Slide 3, and —excuse me—please turn to Exhibit 2. This is Spring 2023 DFCS Audit, and I'm introducing this document into the record.

[The information appears as a submission for the record.]

Senator OSSOFF. And if we turn to Slide 3 in the bottom row of the chart under Item 3—

Professor CARTER. Mm-hmm.

Senator OSSOFF [continuing]. We see that according to this internal Georgia DFCS audit of its own performance, DFCS found that it met risk assessment and safety management obligations only 16 percent of the time.

So in other words, Georgia DFCS, according to this self-audit, failed 84 percent of the time on risk assessment and safety management. Can you translate that for the public to understand what that means for children in Georgia?

Professor CARTER. I think it's important first to think about what we refer to as safety assessment. To think about here what's happening is that the State is intervening with family. Right?

We're—as parents, we're allowed to direct our daily lives of our children without the government telling us how to do that.

The threshold for government intervention is really a question of harm or risk of harm to the child. That's what invokes the State's

responsibility, its duty to protect children. Once it does intervene in families, every decision, every action thereafter is calibrated around this assessment of the child's safety.

So as a matter both of policy, like in every State, but certainly true here for Georgia DFCS, and a matter of best practice, there is an initial safety assessment that happens, and then there's an expectation that safety is assessed on an ongoing basis. And safety assessment is both an art and, I suppose, a technique. It's a formal skill. There are both formal and informal ways that safety assessment can happen.

And so what we're looking at here in Item 3, which is, again, in one of these broad domain areas of safety, is really looking at the adequacy of the response.

So a report has been made to the department that says a child has been abused or neglected. The department then makes a response and conducts a safety assessment.

And then throughout the continuing life of that case, the continuing involvement of the State in that family, the caseworkers are, on an ongoing basis, trying to collect information and make a determination about the existence of a danger to that child, a threat to the child, and how the ability of the parents, the competency—the parenting competencies and resources can mitigate against that threat.

And this determines things like the track assignment. How much is DFCS going to be involved? Are you going to be investigated, or are you going to have some other level of lower concern response? Whether a child is going to be removed, whether a child will be returned home at some point, what is the appropriateness of any placement?

So, honestly, I can't think of a much better example than the one that we heard this morning with Ms. Aldridge. The idea of what's happened there is that a report would have been called in on the basis of her reported incarceration and unavailability as a parent, the department would approach that circumstance and investigate it. Easy enough to verify.

And then the department is going to, at that point because there was no available parent, going to, as it did in that case, create what's called an out-of-home safety plan to figure out where that child is going to live and who's going to take care of her during the time that her parent is unavailable.

And so they would have then—should have better assessed the options that were available for a substitute caregiver. And through—the course of that assessment would be to check backgrounds, as you mentioned earlier, to get some additional information about the suitability of that alternate substitute caregiver.

And then once the child is placed there, that there's this ongoing responsibility to be checking in, to just make contact with that child, with those caregivers, to continue to take in information to adjust the—sort of, on the basis of changing circumstances. Is there someone new in the home, right, at this case? Does the father have a girlfriend that might be inappropriate? What has changed in the composition of the household? Where might there be a critical incident that needs a different response, et cetera?

Senator OSSOFF. And, Professor Carter, to that point, in terms of conveying to the public, okay, what does it mean if, according to this DFCS audit, there's an 84-percent failure rate to properly assess and respond to risk and safety issues?

What we also heard from Ms. Aldridge is that she reported observed bruising on the body of her then-still living child to Georgia DFCS, but because no proper action was taken, the child remained in a dangerous living environment and was subsequently killed.

There are a few statistics on this chart, Professor Carter, and one assesses whether DFCS timely initiates an investigation. And on that measure, the number is pretty good.

But on risk assessment and safety management, it's an 84-percent failure rate. We heard today from Ms. Aldridge firsthand what that can mean for a child and for a family. Can you explain why the timely initiation of investigation is inadequate if the risk assessment and safety response are improperly undertaken?

Professor CARTER. Right. So thank you. So these are, again, 2 of the 3 items that are designed to measure safety and how well the agency—how effectively the agency is responding to a report of abuse or neglect.

And the first item, as you describe it, is just the capture of the activity of responding. So once a call has come in, does then someone from DFCS go and make face-to-face contact with the child victim—the alleged child victim within the prescribed timeframes.

And in Georgia, there are three different levels of response, depending on the severity of the allegation: immediately; within 24 hours; or within 72 hours. A DFCS worker needs to make face-to-face contact with the child and conduct or initiate this initial safety assessment, again, gathering the information to determine, under the circumstances as they were known, whether that child is safe or unsafe.

The other item, Item 3, which we've been discussing, is really, again, about the adequacy of the response. So what were the type of activities that were undertaken—not just the dispatching of a person to make contact, but the actual then use of clinical and other skills to make a judgment about what's going on and fashion a plan and services.

And really, just to be sort of—to put it kind of directly and simply, you ask what the implication of this is for children. The implication of poor performance on risk assessment and safety management is that children are unsafe, or at least that we can't be certain about their safety.

And that being the primary mission of this agency, of this system, of the—you know, and consistent with the duty of the State, shows a pretty complete failure.

Senator OSSOFF. And Professor Carter, you had mentioned that you serve—I believe, co-chair one of the three congressionally mandated citizen review panels whose purpose is to oversee Georgia DFCS.

And without objection, I want to enter into the record Exhibit 3, which is the 2021 Citizen Review Panel Annual Report.

[The information appears as a submission for the record.]

Senator OSSOFF. What we find on page 15, Professor Carter, of this 2021 report is that this panel of outside experts mandated by

Congress to oversee Georgia DFCS activities was writing at this time in 2021 about “ongoing concern on the lack of significant progress.” That’s a direct quote on this exact item—risk assessment and safety management.

So here we have early 2023, an 84-percent failure rate to assess risk and respond to safety hazards for children.

Again, this sounds like a lot of bureaucratic jargon. What it means is, is Brooklynn—when it is reported that there’s bruising on her body—protected from the adult who is harming her?

That’s what’s at stake here. And we see in the work of this citizen review panel, back to at least 2021, explicitly raising concerns about Georgia’s performance on risk assessment and safety management. Correct?

Professor CARTER. That’s correct. These oversight bodies were thought by Congress as a way to help bring in a community of, you know, perspective on the work and really help to illuminate these kinds of systemic deficiencies.

So here, this body, which is impaneled by people who know the work, these are members of our broader child welfare community and Georgia stakeholders of the system, who know what—how the system is supposed to work, and who are also in the business of serving children and families who are in our foster care system. And so they lifted up this issue and brought it to light to the department.

Senator OSSOFF. And without objection, I’ll enter Exhibit 3 into the record.

[The information appears as a submission for the record.]

Senator OSSOFF. And finally, I want to turn your attention to Exhibit 4, which I will likewise enter into the record.

[The information appears as a submission for the record.]

Senator OSSOFF. This is a July 2022 letter from the Office of the Child Advocate in Georgia.

In this letter, the Office of the Child Advocate, or OCA, writes to DFCS regarding, quote, “systemic issues identified by Child Advocacy Centers of Georgia and other CICs, finding that”—this is OCA’s finding, “in all cases reviewed”—as part of this investigation—“in all cases reviewed, DFCS failed to take adequate steps to respond to allegations of physical and sexual abuse.”

And as I mentioned in my opening statement in this same document, OCA continues to state that they encounter these same issues, quote, “consistently throughout the State through OCA’s day-to-day investigative work.”

So in 2021, we have a citizen review panel who is sounding the alarm on continued failure on risk assessment and safety response.

In 2022, we have the Office of the Child Advocate identifying systemic issues to respond to allegations of physical and sexual abuse.

Again, what does that mean? It means the bruising on Brooklynn’s body and OCA saying that, by the way, they encounter these same issues, quote, “consistently throughout the State in OCA’s day-to-day investigative work.”

This is another independent watchdog.

Citizen review panels are one independent watchdog. OCA is another independent watchdog.

According to the Atlanta Journal-Constitution, DHS in Georgia, which runs DFCS, quote, “vehemently denied OCA’s finding that there were systemic issues impacting child safety.”

Here we have an internal document from DFCS itself finding, as you described it to us, the same 84-percent failure rate earlier this year on risk assessment and safety management. Correct?

Professor CARTER. Correct.

Senator OSSOFF. Are you aware of—let me ask you the question this way. Based upon everything that you are seeing, do you believe that this agency is accepting, owning, taking responsibility for, and doing everything that they can, faced with multiple independent oversight bodies warning them for years of these issues and their own internal audits confirming these issues, to fix them as fast as possible? Is that what you’re seeing on the ground in Georgia?

Professor CARTER. No.

Senator OSSOFF. I want to thank you, both, for lending your expertise to this effort.

And I want to emphasize a couple of things in closing.

The first is, that this is an ongoing inquiry, and so for members of the public who have information that we should be aware of, stories they want to share with the Senate, please reach out to the Subcommittee. We’d love to hear from you.

Second, I want to reemphasize something that we’ve touched on time and time again throughout this session, and it’s not possible to say it enough. We’re talking about children.

We’re talking about the most vulnerable children in the country. We’re talking about the structures that exist for the purpose of providing a sanctuary to the most vulnerable children in the country who have been through, in many cases, the most shocking and appalling forms of abuse.

And so I want to, again, thank Ranking Member Blackburn for working together with me to shine a light on these issues, to empower experts, to offer suggestions for where we go from here.

And let’s all commit—everybody in Georgia, everybody in the Senate, everybody across the country, from this moment, let’s commit to working together, being clear-eyed and honest with ourselves about the issues that we face in saving the lives and opportunities that too many innocent children right now are being denied.

Thank you for your testimony. Thank you, all, for attending.

The record will remain open until November 15th for additional submissions. And with that, the Subcommittee is adjourned.

[Whereupon, at 4:40 p.m., the hearing was adjourned.]

[Additional material submitted for the record follows.]

**Senate Judiciary Committee  
Subcommittee on Human Rights and the Law  
Hearing on The Human Rights of Foster Children  
October 25, 2023**

**Written Testimony of Rachel Aldridge**

Chairman Ossoff, Ranking Member Blackburn and members of the Subcommittee.

My name is Rachel Aldridge. I am only here today because of a broken system that led to the murder of my 2-year-old daughter, Brooklynn.



In 2018, the Georgia Division of Family and Children Services, better known as DFCS, utterly failed to honor its responsibility to me and my daughter. My life will never be the same. Nothing can bring back my beautiful, sweet, and innocent Brooklynn. But I hope that my testimony can save another child's life and prevent families from having to go through what I experienced. That is why I took the first plane trip of my life to address this Subcommittee.

DFCS is supposed to protect children like Brooklynn. Instead, they violated my rights as her mother. They placed her—against my wishes—in a home with plainly unsuitable caregivers, setting off a chain of events that led to her murder.

The woman who killed my daughter is now serving a life sentence without parole. It took years to expose the systemic failures that led to the preventable death of my child.

Here's how the system failed Brooklyn and me.

Before DFCS got involved, I had sole uncontested custody of Brooklynn.

On January 14<sup>th</sup>, 2018, Brooklyn was removed from my care. That happened when I was wrongfully arrested and detained in jail for a week. The police called DFCS to the scene of the arrest. DFCS was supposed to make sure Brooklynn was in a safe home while I was in jail. I had already arranged for my sister (a registered nurse) and brother-in-law (a federal law enforcement agent) to take Brooklynn on the day of my arrest. They knew Brooklynn and are close family members. She adored them. They also are certified foster parents.

Yet DFCS refused to honor my wishes and rejected them as responsible caregivers for Brooklynn. Instead, DFCS placed Brooklynn in the home of her father. He was not actively involved in her life. He is not a certified foster care parent. More importantly, he did not have custody of Brooklynn. The DFCS case worker wrote a Child Safety Plan for Brooklynn without my agreement.

I was released from jail days later. My first stop was Brooklynn's father's home to pick up my daughter. I was so worried about her because she had never spent a night away from me. Brooklynn was very excited to see me. I expected to take her home.

But her father said no. He said DFCS had awarded Brooklynn's temporary care to him. He showed me the paperwork and said I had signed it. However, that document was completely different than the one I signed. The DFCS Safety Plan, he showed me, said that if I took Brooklynn, he had to call law enforcement.

Brooklynn's father had a live-in girlfriend. She was caring for Brooklynn while he was at work. I was very worried about that because I believed his girlfriend was using methamphetamine. I saw her messages with drug dealers. Since Brooklynn's father often worked overtime shifts, I was very concerned about leaving her alone with his girlfriend.

I felt I had no choice and left Brooklynn at his home. I was distraught when I left her that night.

The next day I spoke to a DFCS supervisor. She told me Brooklynn's father had temporary custody of her. I shared my concerns with the supervisor about his live-in girlfriend caring for my daughter and the signs of meth use in the home. I begged the DFCS supervisor to move Brooklynn to my sister and brother-in-law's home where she would be safe.

The supervisor ignored my pleas.

Brooklyn died on March 6, 2018. The cause of death was blunt force trauma to the back of the head. The girlfriend was convicted of murdering Brooklynn.

I filed a wrongful death lawsuit against the DFCS case workers. My complaint alleged:

- The Child Safety Plan provided to Brooklyn's father was not discussed with me. I did not agree with it. I also was not given a Child Safety Brochure to explain my rights as the custodial parent. If that had happened, I would have asserted my rights and taken Brooklynn home that night.

- DFCS did not check the criminal history of Brooklynn's father or investigate his live-in girlfriend who was a secondary caregiver in the home. If DFCS had done that, they would have discovered that DFCS *itself* had pursued a child neglect case against the girlfriend.
- DFCS did not take immediate action after I repeatedly told them my concerns about the live-in girlfriend's suspected drug use.
- DFCS should have drug tested the girlfriend and they did not. She later admitted to using meth the entire time Brooklyn lived with them. The system meant to protect children failed Brooklynn at every level. From management down to the case worker - repeatedly - they failed to follow the policies in place meant to keep my child safe and they violated our rights.

Brooklynn's death cannot be in vain. Nothing will bring her back. I'm here today to seek change. We need better oversight and training of the system. If someone had just listened to me and checked out my allegations, Brooklynn would still be alive.

I am grateful for the support I've received. I'm grateful to my attorney Brent Savage for all of the work he has done.

Senators, you can stop this from happening again. You have the power to change the system. Please remember Brooklynn. Thank you.

Melissa D. Carter, J.D.  
Testimony before the U.S. Senate  
Subcommittee on Human Rights  
“The Human Rights of Foster Children”  
October 25, 2023

Good afternoon, Chairman Ossoff, Ranking Member Blackburn, and members of the U.S. Senate Subcommittee on Human Rights. My name is Melissa Carter. I am a Clinical Professor of Law at Emory Law School in Atlanta, Georgia. Thank you for inviting me here today. I am testifying today in my personal capacity; the views I express are my own and do not necessarily represent my employer.

My comments do, however, reflect more than 20 years as a child welfare professional in Georgia serving in direct representation and system improvement roles. In that time, I have had the privilege to work closely with the state’s dedicated juvenile court bench in support of a range of court improvement initiatives, to form families as an adoption lawyer and advocate for the well-being of children impacted by the dependency and delinquency systems, and to investigate complaints about administrative actions of our child-serving agencies as the state Child Advocate.

For the past 13 years, it has been my privilege to lead the Barton Child Law and Policy Center, a multidisciplinary child law program founded to address the need in Georgia to bring about systemic policy and process changes in the child welfare system and promote the legal rights and interests of children involved with the child welfare, youth justice, and related state systems. The Center’s work is directed by Emory Law faculty and performed by law and other graduate students enrolled in the Center’s four legal clinics. Students impact outcomes for children, youth, and families through research, systems advocacy, public education, and trial and appellate representation.

As Director, I am responsible for all aspects of program administration, including maintaining the Center’s reputation as an expert informant, capacity builder, and honest broker. My days are largely spent advising state leaders of child welfare systems, serving as a policy advocate to elected officials, and educating students and stakeholders about child and family law and policy advocacy. In addition to my faculty position, I serve in a variety of capacities in Georgia’s child welfare system, including as a member of the First Lady’s Children’s Cabinet, Vice-Chair of the State Juvenile Justice State Advisory Group, and co-chair of the Children’s Justice Act Taskforce, which has historically functioned as one of the state’s citizen review panels required by the Child Abuse Prevention and Treatment Act.

I work in close partnership with judges, lawyers, service and placement providers, policymakers, advocates, agency leaders, and of course, students and the youth and families we serve. I do not claim to speak directly for any of them, but I will do my best to honor what I have learned from them. I'll start by thanking the subcommittee for your interest in the experiences of children and families impacted by Georgia's child welfare system. I hope to provide you some context for deeper understanding of system realities as they relate to the outcomes we seek. I welcome your questions and refer you to my written statement which is more comprehensive.

*Georgia's Utility as a Case Study*

In this work, it is often said that "if you've seen one child welfare system, you've seen one child welfare system." State variation in the design, operation, and outcomes of state child protection and foster care programs is considerable. And no one jurisdiction is "doing it right." But, as a starting point, I would characterize Georgia's child welfare system as typical in some key respects:

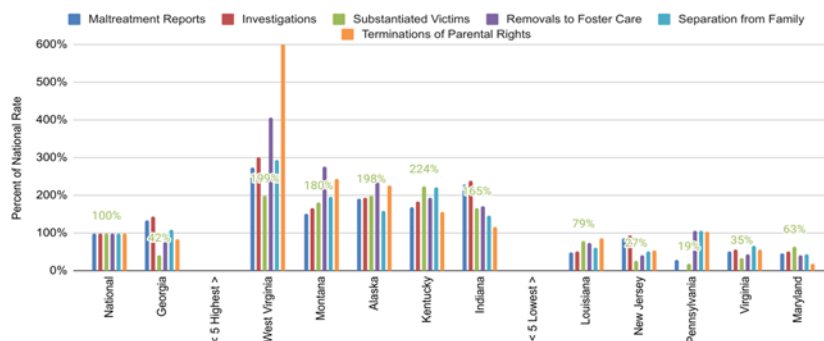
- 1) We are oriented around the federal policy aims of child safety, permanency, and well-being. As a result of collective policy efforts, the state's legal and regulatory framework remains compliant with requirements imposed by the dozens of federal child welfare laws enacted by Congress over the decades. Accordingly, visibility into outcomes is possible through systematically collected and reported child welfare administrative data, particularly the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). Moreover, accountability exercises that use those and similar data sets, like the Child and Family Services Review (CFSR) provide useful insight into system performance as context for improvement.

Those data help us describe the state in terms of the basic hydraulics of the system and allow us to situate Georgia in a national context:

- Approximately 10,700 children and youth are in the state's foster care system today.<sup>i</sup> At that census, Georgia has the 12<sup>th</sup> largest foster care program in the country.
- Georgia's rate of entry into foster care is relatively low, at 1.9 per 1,000 children in the population, placing it within the lowest 20% of states.<sup>ii</sup>
- Children who enter foster care in Georgia stay longer, on average, than children in foster care in other states. The median length of stay in foster care in Georgia is the 7<sup>th</sup> longest; children who enter foster care remain separated from their families for an average of nearly 19 months.<sup>iii</sup>

The chart below illustrates the significant variation across states in some common descriptive metrics, including maltreatment reports, investigations, substantiated victims, removals to foster care, and family separation. As you can see, Georgia lands squarely in the middle (except for substantiations, discussed below), near national rates. As such, the state can serve as a useful case study.

Maltreatment Reports, Investigations, Substantiated Victims, Removals to Foster Care, Separation from Family...



2) We have blinders. Outcome data has rich and standardized information about child, family, and case characteristics, but it does not provide qualitative insight into the experiences of those who are impacted by our system. For that, we must listen to children, youth, and families and the judges, lawyers, social workers, and service providers who are the internal stakeholders of this system. Their accounts tell us about the impact of routine failures in our system of care rooted in resource constraints, workforce issues, overburdened legal systems, barriers to healthcare access, inadequate mental and behavioral health services, lack of coordination and communication, outdated and inefficient data systems and technology supports, and complex policy and regulatory schemes.

These complex and entrenched problems can't be solved by gathering additional data, defining issues more narrowly, or other transactional approaches. For that reason, the nation's child welfare system is being called to fundamentally transform. The state's responsibilities for child protection are being reconceptualized with a focus on promoting children's healthy development through approaches that emphasize prevention and family strengthening. Meaningful collaboration is key to this paradigm shift. Collaborative quality improvement -- the idea of bringing multiple stakeholders together to share information, identify gaps, and develop solutions to improve the quality of practice -- has existed in child welfare culture for decades.<sup>iv</sup>

Such an approach fundamentally relies on -- and fosters -- transparency and trust, which allows the system to adapt and improve more readily.

Research exploring the organizational structure of public child welfare agencies highlights the importance of practice based on family needs and cross-professional collaboration.<sup>v</sup> Using these as criteria, Georgia's child welfare system appears to be lacking what is needed to meet the challenge of accomplishing key outcomes. Our system structure does not reflect what works for child welfare staff or for vulnerable and at-risk families.<sup>vi</sup> The culture of collaboration that has been built over years has eroded, and routine engagement and communication has become more unusual, giving rise to institutional distrust. In Georgia, the evidence points to systemic failures.

It is important to note that this critique is not directed at, nor a reflection of, the many dedicated case managers, supervisors, and others at the front line working tirelessly to solve problems for families. Child welfare systems generally may not be designed to fulfill the myriad mandates imposed on them. Inherent system challenges are more intractable in Georgia, however, because we lack the operational capacity, policy infrastructure, and practice tools to make case management tasks feasible. As a result, we are continuously unable to offer meaningful and sustainable solutions to the children, youth, and families we serve.

I will focus on two primary system conditions that are holding problems in place:

- 1) The inability of Georgia's child welfare system to reliably assess, measure, and monitor child safety; and
- 2) Policy decisions that reinforce the institutional interests and the status quo rather than center the needs of Georgia's children and families

#### Georgia Does Not Have a Sound Approach to Ensuring Child Safety

Georgia's child welfare system performance largely mirrors national trends in rates of reporting, intake, and investigation. Georgia DFCS receives upward of 120,000 reports of suspected child maltreatment each year.<sup>vii</sup> About half of those reports are screened out.<sup>viii</sup> For accepted reports of maltreatment, continued state intervention in the family is calibrated according to ongoing assessments of child safety.

States take different approaches to child safety assessment and decision-making. Georgia uses a combination of informal and structured approaches throughout the life of a case. At the outset, an Initial Safety Assessment (ISA) is used to determine whether an accepted report will be assigned for investigation or alternative response.<sup>ix</sup> In Georgia, approximately 34,000 accepted reports are investigated annually.<sup>x</sup> An investigation involves meeting with the child, parents, and other household members; observing the physical home environment; obtaining and reviewing reports and records; conducting checks of child welfare and criminal history; and

interviewing collateral contacts to gather information about the family.<sup>xi</sup> It concludes with two administrative determinations: (1) whether to substantiate the maltreatment and (2) whether the child is safe or unsafe.<sup>xii</sup>

*Georgia cannot reliably measure or monitor child victimization.*

Substantiation is an investigative conclusion as to the validity of maltreatment allegations. Maltreatment will be substantiated when the balance of evidence collected during the investigation indicates that it is more likely than not that the alleged abuse or neglect occurred.<sup>xiii</sup> This indicator has long been used as the basis for measuring child safety. In NCANDS, a victim is defined as “a child for whom the state determined at least one maltreatment was substantiated or indicated; and a disposition of substantiated or indicated was assigned for a child in a report.”<sup>xiv</sup> Thus, safety is evaluated in the CFSR by recurrence of maltreatment, measured as a percentage of victims of substantiated maltreatment who were substantiated as victims in a subsequent report within 12 months.<sup>xv</sup>

In Georgia, this metric has lost its efficacy. In July 2016, child welfare investigatory practice in Georgia changed dramatically. Substantiations suddenly dropped by 50% on July 1 of that year. As explanation, DFCS case managers point to the implementation of the state’s child abuse registry, which imposed punitive consequences on parents and caregivers in direct contravention of the problem-solving ethos of social workers and the tenets of the practice model.<sup>xvi</sup>

GA CY2015-2022: Investigations by Disposition Month



To be clear, Georgia DFCS still receives and investigates the same average number of maltreatment reports. How the agency disposes of those reports is what has changed. Instead of being guided by substantiation, the investigative conclusion and subsequent case management activities heavily turn on the determination as to whether the child is safe or unsafe.

Safety assessment and decision-making informs whether an in-home or out-of-home safety plan is warranted, which service referrals should be made, and the conditions under which the child will return home.<sup>xvii</sup> The implication of this practice shift is that DFCS is now routinely intervening in families – including seeking court authorization to place children in foster care and mandating services for parents – without a formal determination based on investigative evidence that establishes that it was more likely than not the alleged maltreatment occurred. Without a formal substantiation, no metric exists for the safe/unsafe determination. Thus, without substantiation, we have less ability to precisely calibrate and monitor safety and the effectiveness of protective interventions. We have lost our best proxy measure for child victimization and our bottom-line metric for success in our primary mission: child safety.

*Workforce conditions undermine sound casework.*

Decisions about child safety are made under pressures of limited time, resources, and information, and the weight of uncertainty. The stakes are high. Decision-making errors in either direction can result in harm to a child. Unsurprisingly, research has shown that workers can assess the same case characteristics and reach widely varied decisions in identical cases.<sup>xviii</sup>

To counter ad-hoc approaches, states have long sought effective safety assessment instruments. Indeed, interest in risk and safety assessment tools has recently been renewed in Georgia.<sup>xix</sup> Yet even valid and reliable assessment tools cannot and should not replace sound clinical judgment. In Georgia, historically high rates of turnover mean that new, inexperienced, and sometimes temporary contract workers are making critical safety decisions. Problematically, stakeholders often report that case managers are not properly trained or adequately supervised. Lacking these supports, case managers default to emotion, fear, or gut instinct as the foundation for their clinical decisions about families. Those decisions then become norms that are institutionalized and perpetuated as local practice.

Policy Decisions Do Not Prioritize Family Needs

Strengthening families requires addressing risk and vulnerability before they lead to crises and embracing models that integrate public assistance, childcare, healthcare, and other forms of support that provide and enhance family stability. Georgia's fragmented social safety net works against this objective and impedes the child welfare system's potential for progress.

By providing critical support to families during times of economic hardship, safety net programs can eliminate the need for child welfare involvement and the risk of unnecessary family separation. For that reason, alongside its responsibilities for child protection, DFCS is authorized by law to administer public assistance programs. Unfortunately, DFCS has made resource investment and policy choices that are institutionally self-interested and leave families more vulnerable.

When economic hardship impacts a family, caregivers become overloaded and destabilized. Families seeking help in Georgia encounter a fragmented human services system. Their unmet service and support needs appear outwardly as a reason for making a report to DFCS.<sup>xx</sup> In the state's most recent AFCARS submission, DFCS reported 42% of children who entered foster care were removed for reasons of neglect.<sup>xxi</sup> Neglect includes a broad range of parental conduct and failures, including inability to provide a child with adequate food, clothing or shelter needed for the child's well-being.<sup>xxii</sup> Research suggests that child welfare involvement can be avoided by increasing access to economic and concrete supports,<sup>xxiii</sup> yet the financing of Georgia's child welfare system restricts access to these programs and constrains options for case managers and families.

*Georgia invests in intervention, not prevention.*

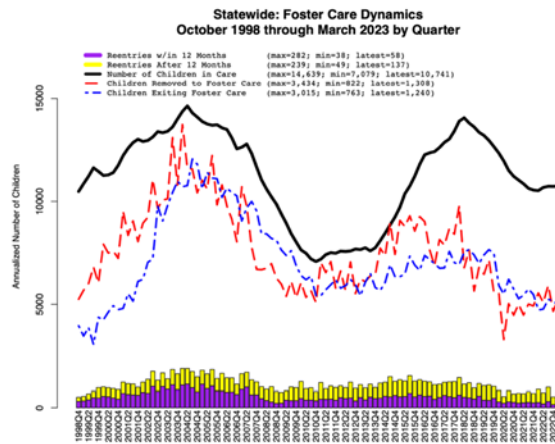
One stark example is how the state has chosen to use its Temporary Assistance to Needy Families (TANF) block grant. One of the express goals of TANF is to provide assistance to low-income families so that children can be cared for in their own homes, yet Georgia makes little of the funding available in the form of economic and concrete support directly provided to families. In FY2021, Georgia spent 21% of TANF on basic assistance, including cash assistance to families.<sup>xxiv</sup> Because Georgia's TANF benefit level has remained unchanged for 30 years, at just \$280 per month for a family of three, this investment results in only five families for every 100 in poverty being helped.<sup>xxv</sup>

Most of Georgia's TANF funding is spent on child welfare services, which includes child protective services and services offered by community providers. In total, spending in this category made up 59% of spending in FY2021 -- \$265 million of the total \$450 million grant.<sup>xxvi</sup> The national share of U.S. TANF spending on child welfare was just 9%.<sup>xxvii</sup> In this way, policymakers and leaders in Georgia have chosen to use public funds to support the system of intervention rather than to support families in poverty. Moreover, none of the TANF grant historically has been used to help families afford the cost of childcare, and the state's spend on work programs has declined considerably in the last decade-plus, now amounting to only \$7 million.<sup>xxviii</sup> Georgia's sparing investments in families has resulted in the state accumulating more than \$159 million in unspent TANF block grant funds.<sup>xxix</sup> Ironically, DFCS is worsening the challenges of the child welfare system by choosing not to invest in building capacity within families to meet their own needs.<sup>xxx</sup>

*More frequent and meaningful collaboration is needed to inform policy decisions*

Policy decisions like this impact the robustness of our child welfare system. DFCS, like its sister agencies in other states, enjoys considerable discretion in making policy decisions aimed at the substantive goals of child safety, permanency, and well-being. Indeed, accountability itself is a choice to be made. The oversight frameworks established in child welfare induce compliance in Georgia but do not offer powerful enough incentives to drive systemic improvements. For example, when funding limitations on group home placements imposed by the Family First Prevention Services Act (FFPSA) took effect,

DFCS leadership simply substituted state funding to continue funding group home placements for children in foster care, perpetuating the status quo. These group home placements do not meet the criteria for Qualified Residential Treatment Programs, but often are the placement to where children and youth who have been “hoteled” are discharged.<sup>xxxxi</sup> Moreover, it appears that despite having an approved prevention plan for more than a year, DFCS has yet to contract for or initiate FFPSA prevention services. As with this example, outcome driven policy decisions in Georgia’s child welfare system reflect the choice of the decision maker. Leadership transitions are a structural change that create noticeable volatility as can be seen from the graph of the state’s foster care population over time. Georgia’s foster care population peaked at nearly 15,000 children in care in 2005 following a series of policy decisions that increased the agency’s presence in the community and mandated investigation of all reports by mandated reporters. It was then cut in half over the next five years, primarily because of the development of an alternative response pathway. Over the next seven years, the foster care population returned to nearly 15,000 children following a directive to the new agency leader to reverse course.



While all jurisdictions confront similar challenges to a greater or lesser extent, this is the local context that impedes or accelerates system transformation.

### Conclusion

Georgia’s system is changing, but data and testimonies from those with professional and lived expertise indicate that change is not necessarily leading to meaningful and sustainable improvements in conditions of well-being for children, youth, and families. As this subcommittee continues its work, I ask that you:

- 1) Continue to work with experts in the child welfare field who can offer research-informed guidance;

- 2) Consider how policies might be refined to improve transparency and accountability in the system; and
- 3) Engage stakeholders for the myriad perspectives, deep expertise, and vast experience that will help shape a better and shared path forward for Georgia's children, youth, and families and the system professionals that serve them.

<sup>i</sup> CHILD.'S BUREAU, U.S. DEPT. OF HEALTH & HUM. SERVICES, ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM (AFCARS) FOSTER CARE FILES, FFY2021. Unless otherwise noted, data referenced were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, New York. Data from the AFCARS Foster Care File are originally collected by state child welfare agencies pursuant to federal reporting requirements. The author and collaborators at Fostering Court Improvement have analyzed the data and analyses are on file with them. Neither the collection of the original data, the Archive, Cornell University, or its agents or employees bear any responsibility for the analyses or interpretations presented here.

<sup>ii</sup> CHILD.'S BUREAU, U.S. DEPT. OF HEALTH & HUM. SERVICES, NATIONAL CHILD ABUSE AND NEGLECT DATA SYSTEM (NCANDS) CHILD FILE, FFY 2012, *see supra note 1*.

<sup>iii</sup> FFY2021 AFCARS DATASET.

<sup>iv</sup> The Pew Commission on Children in Foster Care was one of the first influential policy initiatives to call for meaningful strategies to promote collaboration in the child welfare system. *See* The Pew Comm'n on Children in Foster Care, *Fostering the Future: Safety, Permanence and Well-Being for Children*, at 36, *available at* [https://www.pewtrusts.org/media/legacy/uploadedfiles/phg/content\\_level\\_pages/reports/0012pdf](https://www.pewtrusts.org/media/legacy/uploadedfiles/phg/content_level_pages/reports/0012pdf) (calling for "incentives and requirements for collaboration between courts and child welfare agencies on behalf of children in foster care"). Several federal child welfare laws have since codified this expectation, including the Child Abuse Prevention and Treatment Act, Pub. L. 93-247, and the Child and Family Services Improvement and Innovation Act, Pub. L. 112-34.

<sup>v</sup> Blome, Wendy Whiting & Steib, Sue D., 2014. "The organizational structure of child welfare: Staff are working hard, but it is hardly working." *Children and Youth Services Review*, Elsevier, vol. 44(C), pages 181-188.

<sup>vi</sup> Atlanta Journal Constitution, *For Family & Children Services caseworkers in Georgia, 'It's like being in an emergency room.'*

<sup>vii</sup> Georgia Department of Human Services, Division of Family and Children Services Office of Child Welfare, presentation to the Board of the Department of Human Services, August 2023, <https://dhs.georgia.gov/august-2023>.

<sup>viii</sup> FFY2021 NCANDS DATASET.

<sup>ix</sup> Georgia Division of Family and Children Services Child Welfare Policy Manual Policy 4.0, Introduction to Initial Safety Assessment (Dec. 2020).

<sup>x</sup> FFY101' NCANDS DATASET; *see also* DHS Board presentation, *supra* note 8.

<sup>xi</sup> Georgia Division of Family and Children Services Child Welfare Policy Manual Policy 5.1, Conducting an Investigation (Dec. 2020).

<sup>xii</sup> Georgia Division of Family and Children Services Child Welfare Policy Manual Policy 5.3, Making an Investigation Determination (Jan. 2022).

<sup>xiii</sup> *See id.*, defining "substantiated" to mean "the allegations of child abuse, as defined by Georgia statute, is supported by a preponderance of the evidence."

<sup>xiv</sup> *See* U.S. Department of Health & Human Services, Administration for Children and Families, Children's Bureau, *Child Maltreatment 2021* at 20, <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>.

<sup>xv</sup> Capacity Building Center for the States, Recurrence of Maltreatment, [https://capacity.childwelfare.gov/sites/default/files/media\\_pdf/Recurrence-of-Maltreatment-508.pdf](https://capacity.childwelfare.gov/sites/default/files/media_pdf/Recurrence-of-Maltreatment-508.pdf).

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- <sup>xvi</sup> See Atlanta Journal Constitution, *Georgia ends child abuse registry, saying database undermined intent*.
- <sup>xvii</sup> Georgia Division of Family and Children Services Child Welfare Policy Manual Policy 19.11, Safety Assessment (Mar. 2023).
- <sup>xviii</sup> Rossi, P. H., Schuerman, J., & Budde, S. (1999). Understanding decisions about child maltreatment. *Evaluation Review*, 23(6), 579–598. <https://doi.org/10.1177/0193841X9902300601>
- <sup>xix</sup> Testimony of Jerry Bruce, Georgia Office of the Child Advocate, at a hearing of the Senate Foster Care and Adoption Study Committee, Georgia General Assembly, Atlanta, GA, August 9, 2023.
- <sup>xx</sup> See e.g., In re V.G., 352 Ga.App. 404 (Ga. Ct. App. 2019), 834 S.E.2d 901.
- <sup>xxi</sup> FFY2021 AFCARS DATASET.
- <sup>xxii</sup> Georgia Maltreatment Codes, linked from Georgia Division of Family and Children Services Child Welfare Policy Manual Policy 5.3, Making an Investigation Determination (Jan. 2022).
- <sup>xxiii</sup> Dana Weiner, Clare Anderson, and Krista Thomas, Addressing Economic Hardship Key to Preventing Child Welfare System Involvement, Chapin Hall, 2021, <https://www.chapinhall.org/research/economic-supports-child-welfare/>.
- <sup>xxiv</sup> Center on Budget and Policy Priorities, *Georgia TANF Spending*, [https://www.cbpp.org/sites/default/files/atoms/files/tanf\\_spending\\_ga.pdf](https://www.cbpp.org/sites/default/files/atoms/files/tanf_spending_ga.pdf).
- <sup>xxv</sup> Alex Camardelle, *Modernizing Cash Aid for Thousands of Georgia Children in Deep Poverty*, Georgia Budget and Policy Institute, <https://gbpi.org/modernizing-cash-aid-for-thousands-of-georgia-children-in-deep-poverty/>.
- <sup>xxvi</sup> Center on Budget and Policy Priorities, TANF Cash Assistance Should Reach Many More Families in Georgia to Lessen Hardship, [https://www.cbpp.org/sites/default/files/atoms/files/tanf\\_trends\\_ga.pdf](https://www.cbpp.org/sites/default/files/atoms/files/tanf_trends_ga.pdf).
- <sup>xxvii</sup> CBPP, supra note 24.
- <sup>xxviii</sup> *Id.*
- <sup>xxix</sup> *Id.*
- <sup>xxx</sup> Ginther, Donna K., & Johnson-Motoyama, Michelle. (2022). Associations between state TANF policies, child protective services involvement, and foster care placement, *Health Affairs*, 41(12), 1744-1753. <https://doi.org/10.1377/hlthaff.2022.00743> (finding that increases in TANF caseloads were associated with significant reductions in numbers of neglect victims and foster care placements).
- <sup>xxxi</sup> Accountability Agent and Monitoring and Technical Assistance Team, Period 34 Monitoring Report (June 2023), 35-38, <https://cslf.gsu.edu/files/2023/08/Kennv-A-V.-Kemp-thirty-fourth-report-July-1-2022-to-December-31-2022.pdf>.

**Senate Judiciary Committee**  
**Subcommittee on Human Rights and the Law**  
*Hearing on The Human Rights of Foster Children*  
**October 25, 2023**  
**Written Testimony of Emma M. Hetherington, J.D.**

Chairman Ossoff, Ranking Member Blackburn, and members of the Senate Judiciary Subcommittee on Human Rights and the Law, thank you for the opportunity to testify. My name is Emma Hetherington and I am a Clinical Associate Professor and Director of the Wilbanks Child Endangerment and Sexual Exploitation, or CEASE Clinic at the University of Georgia School of Law.<sup>1</sup> Prior to joining the faculty at Georgia Law I served as a Senior Child Advocate Attorney in DeKalb County, Georgia, practicing under the Kenny A. settlement decree. In that role I represented children from birth through age 21 in foster care dependency proceedings, with a specialized focus in representing older youth in care, many of whom had been sexually abused earlier in their childhoods and who would eventually become victims of commercial and sexual exploitation, also referred to as domestic minor sex trafficking. I have also had the honor of representing adult clients as a Managing Attorney at the Georgia Law Center for the Homeless. I do not have the exact statistics on how many of my clients at the Law Center had previously been in foster care, but I can confidently say that a substantial portion, if not a majority of my clients at the Law Center had a history of child welfare system involvement, and nearly all had experienced early childhood and adolescent maltreatment.

In addition to serving on Georgia Law's faculty and overseeing the work of the Wilbanks CEASE Clinic, I am a certified a Child Welfare Law Specialist (CWLS) and expert in trauma-responsive and quality legal representation for children and survivors of sexual violence. I currently serve on several statewide task forces and multidisciplinary teams (MDT), including Georgia's Statewide Human Trafficking Task Force; the State Expert Committee on Sexual Assault, Child Abuse, and Human Trafficking; and the Statewide Commercial and Sexual Exploitation of Children (CSEC) MDT. Most recently, I was appointed to the Supreme Court of Georgia's Committee on Justice for Children.<sup>2</sup> Needless to say, over the past 12 years I have dedicated my career to improving the quality of legal representation for children in foster care, particularly those who are survivors of child sexual abuse, exploitation, and trafficking.

The views I express in this statement are my own and do not represent the University of Georgia or any of the statewide committees, multidisciplinary teams, or task forces on which I serve. Rather, I am testifying today in my personal capacity as an attorney, advocate and expert on the child welfare legal system, trauma-responsive legal representation, child sexual abuse, and CSEC.

## INTRODUCTION

*When the State by the affirmative exercise of its power so restrains an individual's liberty that it renders him unable to care for himself, and at the same time fails to provide for his basic human needs—e.g., food, clothing, shelter, medical care, and reasonable safety—it transgresses the substantive limits on state action set by the Eighth Amendment and the Due Process Clause.<sup>3</sup>*

### -CHIEF JUSTICE WILLIAM REHNQUIST

Chief Justice William Rehnquist wrote these words not in a case involving adult prisoners or children facing juvenile delinquency charges, but in a case involving the abuse and neglect of a child.

We should be able to safely assume that if a State has taken such drastic measures as to disrupt the integrity of a family unit, that a child will be better off in the State's care than at home. However, over the past 12 years, I have witnessed a system that fails to protect the well-being, health, and safety of children. To be clear, my statement is not meant to disparage the individual case managers and other professionals working tirelessly at DFCS to protect children and ensure the provision of necessary services. I have worked with countless individuals over the years who have gone above and beyond the call of duty, and who at times have been forced to disobey agency directives to protect the children in their care. I applaud their work and dedication to child protection and want to assure them that I see and appreciate their work.

However, the overarching structure, internal policies, and administrative directives within DFCS obstruct and undermine the good work being done across Georgia. The testimonials and case data included in my statement do not describe one or two outliers. Rather, those experiences describe what we see on a daily basis in our work at the CEASE Clinic, throughout the State of Georgia, and across the United States.

## CEASE CLINIC CLIENTS

Approximately half of CEASE's legal work involves client-directed legal representation for survivors of child sexual abuse (CSA) and/or CSEC in foster care proceedings. While CEASE serves survivors statewide, our current dependency caseload is concentrated in 4 counties that are representative Georgia's diverse populations and regions.<sup>4</sup> In addition to direct legal representation, CEASE provides pro bono consulting to attorneys, advocates, and other professionals work with children in foster care.

**CEASE Clients  
comparison chart**

	CEASE Clients	Georgia	United States
Average age at time of foster care entry in years	14	6.8	6.7
Average time in foster care in months	25.5	24.0	21.7
Children with more than 2 placements during most recent time in foster care	88%	36%	35%
"Child behavior" identified as one of the reasons for removal	59%	10%	6%
"Sexual abuse" identified as one of the reasons for removal	6%	3%	5%

As a teaching, training, and research center, CEASE engages in research and policy analysis regarding State and National child welfare trends. At first glance CEASE clients do not appear to be representative of the "average" child in foster care.

A look beyond the numbers and into our clients' actual experiences and circumstances reveals that our clients are in fact representative of the foster care population.

**History of Early Childhood Maltreatment**

**100%**

of CEASE clients experienced early childhood maltreatment

**97%**

of CEASE clients have previous child welfare agency involvement

"Early life maltreatment is a significant predictor of emotional dysregulation, internalizing and externalizing behaviors, social maladjustment, and academic difficulties."<sup>6</sup> If left untreated, those behaviors are likely to grow in severity and frequency, leading not only to future child welfare, but also juvenile justice and criminal systems involvement. Like other children with previous child welfare system involvement our clients are "significantly older than those who enter for the first time... with the most common reasons being neglect, parental drug abuse, caretaker inability to cope, and child behavior problems."<sup>7</sup>

To state more plainly, CEASE's clients are representative of children who have experienced early childhood maltreatment and either did not receive adequate services at the time of state intervention and/or did not receive ongoing support to maintain stability and prevent future removal.

### **CORRELATION BETWEEN FOSTER CARE AND CSEC VICTIMIZATION**

Another characteristic of CEASE’s clients that may appear to set their experiences apart from most children in foster care is that they are all survivors of CSA and/or CSEC. But like most children in foster care, they were abused and/or neglected beginning at an early age, had multiple encounters with state child welfare agencies, and became more vulnerable to additional abuse and neglect when the system failed to provide meaningful and individualized prevention and intervention services designed to address underlying maltreatment. And like all children in foster care, CEASE clients are at a heightened risk for becoming victims of sexual violence and trafficking.

“Although no study has conclusively found that trafficking victimization is more likely to cause entry into the child abuse and neglect legal system, or vice versa, multiple studies indicate a strong correlation between the two.”<sup>8</sup> In the United States, the average age of entry into child trafficking is estimated to be between the ages of 11 and 14.<sup>9</sup> Foster care entry creates additional vulnerabilities that increase the likelihood of trafficking victimization, such as multiple placement changes, abuse and neglect in out-of-home placements, low self-esteem, and minimal social support, and lack of education.<sup>10</sup>

### **QUALITY LEGAL REPRESENTATION: A MEANS TO HOLD STATE AGENCIES ACCOUNTABLE**

In most of our foster care dependency cases, CEASE attorneys serve as the client-directed attorney for children rather than as a Guardian ad Litem, or “best interest” attorney. CEASE prioritizes cases where its attorneys can serve in the client-directed role for children.

*High-quality legal representation of children promotes widespread improvement of the child protection system. Children’s attorneys play a vital role in holding state actors accountable for their duties to serve children and families fairly. They facilitate the recognition and protection of the civil rights of children and youth involved with the child protection system.*<sup>11</sup>

### **-NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN**

Given the trends that CEASE has seen over the past several years, holding state child welfare agencies accountable for failing to care for children in its custody is one of our highest priorities. The following are some of the patterns and practices that we have seen across 35 of our foster care cases:

- **100%** of our clients were neglected and/or abused by caregivers, often due to poverty or lack of family preservation services catered to the specific needs of our clients and their families.
- **100%** of our clients were first sexually abused prior to adolescence.
- **100%** of our clients reported experiencing abuse and/or neglect while in the legal and physical custody of Georgia DFCS, including children placed in therapeutic foster homes, psychiatric residential treatment facilities, and CSEC-specific placements.<sup>12</sup>
- **0%** of our clients have received consistent and adequate preventative pediatric health care as recommended by the American Academy of Pediatrics while in DFCS's custody.<sup>13</sup>
- **0%** of our clients have received consistent and adequate pediatric gynecological care as recommended by the American Academy of Pediatrics while in DFCS's custody.<sup>14</sup>
- **20%** of our clients are on track to graduate high school on time.
- **0%** of our clients have received consistent and adequate mental health services.
- **80%** of our clients have been detained for status offenses, delinquency matters, or on adult criminal charges.
- **89%** of client detentions occurred after the client had run away from a placement.
- **82%** of client detentions occurred as a result of, or in conjunction with the client being sexually abused or trafficked.
- **5%** of our clients have left foster care safer or better cared for than when they entered.

#### **BLAME, SHAME, AND REVICTIMIZATION: FOSTER CARE AS AN ACCELERATOR ON THE SEXUAL ABUSE-TO-PRISON PIPELINE**

The blame, shame, and revictimization of children in the foster care system documented by CEASE is not just a Georgia problem. Rather, the problem is national in scope. The signs of victimization often go unnoticed or are mistaken for “delinquent” behaviors by child welfare agencies and other professionals.<sup>15</sup> Survivors of CSEC, particularly girls, are more likely to have trauma responses that are seen as “criminal,” leading to arrest and prosecution rather than the provision of appropriate therapeutic and medical services.<sup>16</sup> When survivors are not properly identified, their “abusers are shielded from accountability, and the trauma that is the underlying

cause of the behavior is not addressed. The choice to punish instead of support sets in motion a cycle of abuse, family separation, and even incarceration or detention that has harmful consequences for some of the our most vulnerable children.”<sup>17</sup>

Child survivors of sexual abuse and CSEC may be “pushed into the legal system in three main ways as a direct result” of their trauma:

- 1) *Through blame and criminalization for being sex trafficked;*
- 2) *For acting in self-defense against abusers; and*
- 3) *Through punishment and criminalization for reporting abuse.*<sup>18</sup>

**- GEORGETOWN’S LAW CENTER ON GENDER JUSTICE & OPPORTUNITY AND RIGHTS4GIRLS**

Child welfare professionals “continue to point to common misconceptions that further exacerbate barriers to identification” of child victims.<sup>19</sup> Lack of identification increases the likelihood that a child survivor will be treated like a juvenile delinquent, a criminal, and even a prostitute. Rather than providing trauma-responsive care to the child, the system punishes the child. As a result, the State hits the accelerator on the child’s path on what is known as the sexual abuse-to-prison pipeline.

The following are words and phrases CEASE has seen DFCS uses to describe our clients in both internal and external documents and communications:

- PROMISCUOUS
- HYPERSEXUALIZED
- SEX ADDICT
- MANIPULATIVE
- SEEKING THE ATTENTION OF OLDER MEN
- ENGAGING IN RISKY BEHAVIORS
- NONCOMPLIANT
- PROSTITUTE

The following are examples of statements blaming child victims of sexual abuse and trafficking made by DFCS in internal and external documentation and communications:

- *Accusing clients as young as 13 years old of “grooming” other children in their placements when they are engaging in healthy relationship building, such as helping another child do their hair.*

- *Failing to file police reports after children as young as 12 years old have been sexually assaulted or trafficked because of DFCS's belief that the child was the instigator and the adult was a blameless victim of the child's promiscuity.*
- *Blaming children as young as 12 years old for being raped or molested because they have exhibited "promiscuous" or "hypersexualized" behavior.*

As our clients travel down the sexual abuse-to-prison pipeline, their behavioral responses to the trauma they have experienced worsens, and in turn so do the responses to their trauma. The following are examples of the abuse and neglect CEASE's clients have experienced while in foster care in Georgia:

- *Being placed in solitary confinement with no therapeutic oversight while placed in a psychiatric residential treatment facility.*
- *Being handcuffed while obtaining medical care, including invasive procedures such as intravaginal ultrasounds, because they are deemed a flight risk.*
- *Having chronic urinary tract infections and reporting other medical issues related to pregnancy, but not being provided access to postpartum medical care.*
- *Being encouraged to fight other girls in a group home for the entertainment of staff.*
- *Calling DFCS case managers during times of crisis after business hours and on weekends, not receiving any response, and then later being told they need to call DFCS's child abuse reporting line, 855-GACHILD if they need assistance after hours.*

#### **SHADOW FOSTER CARE IN GEORGIA: CHINS DEPENDENCY**

One of the most concerning trends that the CEASE Clinic has witnessed over the past several years is one of Georgia's shadow foster care systems, often referred to as "CHINS Dependencies."

Georgia's code section on Children in Need of Services (CHINS) was added as part of Georgia's Juvenile Code "rewrite" in 2014 as a means to separate children who are alleged to have committed status offenses such as running away or being "unruly" from those who are alleged to have committed a delinquency offense.<sup>20</sup> In theory, the CHINS code could be used to better identify children whose behaviors and actions are direct results of abuse and neglect, including those who have been sexually abused and/or trafficked, thereby allowing DFCS to investigate claims of maltreatment, provide meaningful family preservation services, and seek legal custody of children who are in need of the State's protection. However, one significant and unintended result of the CHINS framework has been a means by which DFCS can find justification in

blaming a child for behavioral responses stemming from trauma, and instead send children further down the abuse-to-prison pipeline.

*Simply put, when a court places a child in DFCS's legal custody through a CHINS case, DFCS often views the child not as "dependent," but as responsible for their own court-involvement and placement in foster care.*

Even more concerning is the fact that the protections afforded to children under Article 3 of Georgia's Juvenile Code, the section that governs typical dependency matters, have not been consistently followed once a child enters DFCS's legal custody pursuant to a CHINS case, including the appointment of client-directed attorneys with expertise in child welfare law, and other Due Process protections afforded to those taken into the State's custody against their own will.

In 2023, DFCS, through Georgia's Department for Human Services, introduced legislation meant to remedy the confusion brought by Georgia's CHINS provisions that purportedly "clarif[ie]d] procedures in custody hearings, and work[ed] to ensure that all agencies involved in juvenile court cases [were] making efforts to avoid children coming into their care unnecessarily, by granting the right services."<sup>21</sup> In many ways, the proposed legislation reinforced DFCS's federal and state obligation to make reasonable efforts to prevent the removal of children from their homes.<sup>22</sup> In making reasonable efforts in non-emergency circumstances, DFCS must investigate the allegations of maltreatment, assess for safety issues in the home, and provide services to prevent children from entering foster care. This mandate comports with well-established principles concerning the fundamental constitutional right to family integrity and the severe harm and trauma caused by family separation.<sup>23</sup> Children should remain in their homes, except under the most compelling of circumstances.

However, DFCS claims that by placing children in their legal custody through a CHINS case fails to give the agency adequate time to investigate allegations of maltreatment and to meet reasonable efforts mandates. CEASE has found have found that in most CHINS cases, DFCS had previously received maltreatment reports, investigated those reports, and often provided family preservation services for a period of at least several months, and in some case, years. In most cases, DFCS has had ample time to investigate and provide reasonable efforts to prevent removal. The problem is not time, but rather DFCS's conclusion that these children have not been abused or neglected.

*CEASE's review of child protective services records reveals clear instances of abuse, neglect, exploitation, and other forms of maltreatment that our clients have suffered since early childhood at the hands of multiple caregivers and family members. Even where CEASE has discovered ample evidence of past and current maltreatment, DFCS remains adamant that those children are not "dependent" and are in DFCS's legal custody because of the child's behavior.*

CHINS dependency cases are demonstrative of DFCS's response to an unknown number of children in their legal custody who are not receiving meaningful, timely, or adequate prevention services. Georgia's Annual Progress and Services Report (APSR) for fiscal year 2023, which provides an annual update on the progress made toward accomplishing the goals and objectives in the state's Child and Family Services Plan pursuant to federal regulations, found that Georgia is not adequately maintaining children safely "in their homes whenever possible and appropriate".<sup>24</sup>

*The report finds that DFCS fails to implement services in a timely manner and makes vague service referrals that miss pertinent information. The report also found inadequate prevention services due to families minimizing their needs, resulting in a lack of service recommendations; an inadequate number of service providers, leading to delays in services; and DFCS waiting for recommendations from assessments before referring families to services. "Additionally, when services are implemented, there is not consistent follow up with those providing the services to ensure it is appropriately mitigating the safety concern."*<sup>25</sup>

**- GEORGIA'S CHILD AND FAMILY SERVICES PLAN AND ANNUAL PROGRESS AND SERVICES REPORT**

Notably absent in the FY2023 APSR is any finding that as a result of courts forcing DFCS to take legal custody of children through either CHINS or dependency cases, DFCS has not been provided the chance to investigate claims of maltreatment and make reasonable efforts to prevent the removal of children from their homes. Rather, the report is replete with examples of delays caused by DFCS in the provision of not only safety assessments and family preservation services, but also reports of delays in the referral or provision of post-removal services necessary to achieve timely permanency; delays in referrals for formal assessments; delays in renewing service authorizations for services already in place, resulting in unnecessary gaps in services; and court delays due to DFCS's inability to present sufficient evidence to support statutorily required findings.

Delay after delay and excuse after excuse cause children to be subjected to ongoing abuse and neglect, and increasingly vulnerable to future harm. To clarify, I am in no way advocating for more children to be brought into foster care. In many cases, removal is more traumatizing for children than remaining in a home where they continue to experience maltreatment.<sup>26</sup> Rather, I am voicing concern in cases where a child has clearly been neglected, abandoned, abused, and/or exploited, and the child is not safe at home after the provision of evidence-based interventions. In such instances a child is legally dependent, but unless the State views that child as a victim of abuse, neglect, and/or exploitation, the child is expected to fend for themselves, at times experiencing homelessness. When a child's basic needs—e.g. food, shelter, clothing, and secure relationships—are not met, they become more vulnerable to the predation of those who will meet their needs through commercial and sexual exploitation.

## FOSTER CARE AS A RESTRICTION OF A CHILD'S LIBERTY

*Though children involved in the child protection system are often subjected to similar restrictions of liberty as children accused of delinquent acts (including a limited right to association with family, temporary placement in hotels, CPS administrative offices, group homes, institutions, or locked psychiatric facilities, and, at times, even physical confinement) the Supreme Court has not yet considered whether they too have a right to legal counsel. Given the similar liberty interests at stake, the Gault<sup>27</sup> analysis should apply equally to children in custody of the government and subject to child protection proceedings.<sup>28</sup>*

### -NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN

The following are examples of the consequences of the unchecked restriction on a child's liberty interests when the State removes them from their home and places them in foster care:

#### Placement

*Being in foster care can be a very traumatic experience, therefore when a child is initially placed or re-enter[s] foster care, making an appropriate placement selection can minimize trauma to the child.<sup>29</sup>*

### -GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES POLICY NO. 10.4

- **80%** of CEASE's child-clients have been placed in group homes at some point during their time in care.
- **54%** of CEASE clients have had more than 5 placements.
- **40%** of CEASE clients have had more than 10 placements.
- **9.7:** Average number of placements CEASE clients have been in while in DFCS custody.
- **74%** of CEASE clients have reported on at least one occasion incidents of abuse and/or neglect by a foster care provider.
- **64.24 miles:** Average distance between our clients' foster care placements and the homes from which they were removed.

As reported by the Annie E. Casey Foundation, "[t]oo often, placement changes are blamed on youth and, specifically, behavioral challenges, when in reality such changes are often due to systemic factors such as inadequate, inaccessible, and fragmented services and supports."<sup>30</sup>

The following are examples of statements and indicators marked on DFCS Universal Applications that are used to locate placements for CEASE clients, and that result in CEASE clients being more likely to be placed in congregate care settings, and often prevent acceptance by any placement resource:

- SEXUALLY PROMISCUOUS
- CHILD RAN AWAY TO BE WITH BOYFRIEND
- CHILD IS SEXUALLY ACTIVE
- CHILD IS NOT A VICTIM
- CHILD HAS HAD AN STD
- CHILD DATES OLDER MEN
- CHILD IS A SEX ADDICT
- CHILD DOES NOT KEEP HERSELF SAFE WHEN HAVING SEX
- CHILD HAS SEXUAL PROBLEMS
- A FOSTER HOME IS NOT AN OPTION FOR THIS CHILD DUE TO HER CSEC HISTORY

#### Education

*Children and youth in foster care, like all other children and youth, need and deserve a positive school experience. It not only enhances their well-being, but also helps with their successful transition to adulthood. [ . . . ] In addition to the trauma of being removed from their homes, many of these children/youth experience frequent placement and school moves. Placement changes impact the child/youth's school stability and increases their risk of falling further behind academically. To avoid this result, DFCS is committed to reducing school changes, which can be as traumatic as foster care placement.<sup>31</sup>*

#### **-GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES POLICY NO. 10.13**

- **17%** of CEASE clients are on track to graduate high school with peers their age.
- DFCS often delays enrolling CEASE clients in school, at times up to periods of 2 to 3 months. Examples of reasons for delayed enrollment include placement changes (both past and anticipated) and failing to provide schools with necessary information to allow for expedited enrollment.
- Several CEASE clients have been placed in congregate care settings with in-house educational programs that are not accredited in Georgia. As a result, even when they are engaged in coursework, academic credits will not count towards state graduation requirements.

Medical, Dental, and Disability-Related Care

*The Division of Family and Children Services (DFCS) shall: Arrange appropriate and timely medical and dental care for each child in foster care...*<sup>32</sup>

**-GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES  
POLICY NO. 10.11**

- *CEASE clients regularly experience delays in both preventative and acute medical and dental care.*
- *Several CEASE clients have required urgent or emergency medical or dental care due to DFCS's failure to timely obtain preventative and acute care.*
- *CEASE clients are at heightened risk for teen pregnancy and sexually transmitted infections, but are not provided with "free access to evidence-based teen pregnancy prevention programs..."*<sup>33</sup>

Mental and Behavioral Health

*When a child enters foster care, it is extremely important to assess the child's psychological and behavioral health needs.*<sup>34</sup>

**-GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES POLICY NO.  
10.12**

- **100%** *of CEASE clients have been diagnosed with at least one mental and/or behavioral health disorder.*
- **34%** *of CEASE clients have either been placed in a psychiatric residential treatment facility or have been hospitalized for an acute mental health crisis, such as suicidal ideations.*
- *DFCS does not prioritize contracting with qualified and experienced mental health providers, resulting in CEASE clients rarely receiving evidence-based services from an appropriately licensed clinician.*
- *Several CEASE clients have experienced unnecessary delays in receiving mental and behavioral health services due to DFCS's failure to make referrals for services.*

Independent Living and Transition Out of Foster Care

*Adolescence is a time of preparation for the future. Many adolescents leaving foster care have significant difficulty making a successful transition to adulthood. Congressional*

*findings indicate “children aging out of foster care show high rates of homelessness, non-marital childbearing, poverty, and delinquent or criminal behavior. They are also frequently the target of crime and physical assaults. The John H. Chafee Foster Care Independent Living Program (ILP) was created to support youth that are vulnerable to these conditions.”<sup>35</sup>*

**-GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES  
POLICY NO. 13.0**

- *Most, if not all, of CEASE clients have experienced delays in having family team meetings and/or transitional roundtables designed to assist children in successfully transitioning out of foster care and into independent living.<sup>36</sup>*
- *Several CEASE clients have reported feeling ill-equipped to leave foster care, including concerns with access to transportation, confusion over what benefits they may or may not continue to receive, lack of job readiness, and health insurance concerns.*

Missing and Exploited Children

*Missing children/youth are at great risk of victimization and exploitation. They usually do not perceive the inherent risks or see themselves as potential victims. Because of the potential dangers to the child, the [Social Services Case Manager] is to consider a runaway/missing child episode a major event that requires intensive intervention and safety planning.<sup>37</sup>*

**-GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES  
POLICY NO. 19.22**

- *DFCS often fails to follow its own policies on missing and exploited children, including failing to timely file missing persons reports, failing to contact the National Center for Missing and Exploited Children (NCMEC) within 24 hours of a child's disappearance, and failing to make ongoing efforts to try to locate a missing child.*
- *DFCS often fails to report suspected CSEC to the Children's Advocacy Centers of Georgia's CSEC Response Team, Georgia's “victim assistance organization, as certified by the Criminal Justice Coordinating Council pursuant to Code Section 15-21-132, which provides comprehensive trauma-informed services designed to alleviate the adverse effects of trafficking victimization and to aid in the child's healing...”<sup>38</sup>*
- *Several of CEASE's clients have attempted to contact DFCS when they have run away from foster placements and have not received responses in a timely manner, resulting in the child being missing from care for a long period of time and increasing the likelihood of sexual assault and/or trafficking victimization.*

### THE CYCLE CONTINUES, BUT IT DOESN'T HAVE TO

Children in Georgia's foster care system are often neglected, abused, and further traumatized once they enter the State's custody and care, finding their health, safety, well-being, and liberty at risk. Every state must provide children in foster care who have reached the age of 14 with a copy of "the rights of the child with respect to education, health, visitation, and court participation... and the right to stay safe and avoid exploitation," a document which must be signed by the child with an acknowledgement that they have "been provided with a copy of the document and that the rights contained in the document have been explained to the child in an age-appropriate way."<sup>39</sup>

The document describing the rights of children in foster care in Georgia that should be provided to children ages 14 and older are essentially a list of human rights and include:<sup>40</sup>

- **THE RIGHT** to fair and equitable treatment by DFCS, foster parents, and other partners in the care of children in foster care.
- **THE RIGHT** to information regarding their heritage and cultural background.
- **THE RIGHT** to be safe from abuse, neglect and exploitation.
- **THE RIGHT** to know why they are in the child welfare system.
- **THE RIGHT** to have their educational needs met.
- **THE RIGHT** to have their health needs met.
- **THE RIGHT** to have intensive, ongoing efforts made to reunify them with their birth family (i.e. parents or relatives) or to secure a safe, permanent home.
- **THE RIGHT** to participate in the development of the case plan and to review, sign, and receive a copy of the case plan. One member of the case planning team may be designated to be the youth's advisor/advocate, with respect to the application of the reasonable and prudent parent standard to the youth.
- **THE RIGHT** to choose up to two members of the case planning team who are neither their foster parent nor caseworker.
- **THE RIGHT** to participate in Juvenile court proceedings regarding their family.
- **THE RIGHT** to receive the services needed to help them transition to adulthood.

Nonetheless, Georgia DFCS continues to violate the rights of children in their care.

State DFCS serves as the gatekeeper for resources that can help solve the problems presented to this Subcommittee. Federal funding that flows through State child welfare agencies is disproportionately allocated to state agencies and its own attorneys, who consistently fight to deny children not only services, but also respect, dignity, and basic liberty. The federal government can provide oversight to ensure that federal funding is allocated to quality attorneys like those at the CEASE Clinic to represent children, not just in Georgia, but across the United States.

In order to improve Georgia's and our nation's child welfare system, the following 3 responses need to be prioritized:

- 1) **Quality Legal Representation for Children:** *Children in foster care should not only be guaranteed the right to legal counsel, but to effective, quality legal representation. As noted by Judge Marvin Shoob in Kenny A. v. Perdue, effective counsel must be in the form of a client-directed attorney in order to protect a child's due process rights in dependency proceedings, and requires more than simply showing up to court.<sup>41</sup>*
- 2) **Trauma-Responsive Training, Implementation, and Care:** *Georgia's foster care system must be trauma-informed and culturally-responsive to ensure that the needs of each child and their family are met. Shifting how the state cares for children, however, cannot be done by training alone. Oversight and program evaluation are necessary to ensure proper implementation of evidence-based or promising practices and interventions.*
- 3) **Youth Empowerment, Voice, & Choice:** *We must amplify the voices of children in Georgia's foster care system. We cannot know how we are doing if we do not hear from those the system is meant to protect. We cannot know if our children's needs are being met, or if they are being subjected to further harm unless we listen, believe, and empower them to come forward and tell us what they need and how we can do better. Evaluations and surveys can be conducted to help measure the quality of legal representation and determine whether trauma-informed and culturally-responsive care are actually being provided to children in foster care.*

## CONCLUSION

Rather than continue to describe what I have witnessed as an attorney and advocate for children in foster care, I would like to share the words of another one of my clients, who gave me permission to share her story.

*I am a victim of the Georgia Division of Family and Children Services. I entered care when I was 15 years old. My 18<sup>th</sup> birthday is less than a month away. I have yet to have a transitional roundtable to ensure a smooth and successful exit from care, but that is not*

*the only issue. Over the past 3 years I have been from placement to placement without welfare checks from DFCS. I have had to remind my case workers about my appointments, visitation with family, and upcoming court dates. There are many children in DFCS custody who have not received proper care or the love and nourishment that they need and deserve. Children go into the system to be in a safer environment, to grow, and to learn. The State doesn't pay attention to these children. I understand that case workers have many cases, but at the end of the day it is their job to make sure that every child in their care is safe and protected. DFCS has made decisions about my life that I was unaware of. The way my case has been handled these past three years has caused me further pain and trauma and worse off than before I entered care. The school I attended in one placement wasn't accredited, so even if I had completed a course, I had to retake it in order to receive credit towards graduation. My education, mentality, and experience with the system is the most traumatic thing I have experienced. And I've experienced a lot, from abuse to neglect to commercial and sexual exploitation. Being so young and vulnerable, even teenagers, we deserve love, not just to be dropped off with people you don't know or who don't care about you. I knew that I wasn't heard within these last three years. I've had to manage on my own and build my own strength. Constantly disobeying my caseworker was what I did if I wanted to have my voice heard. I've put my life jeopardy and placed myself in dangerous situations in attempts to leave DFCS's care—the care that has failed to provide me with adequate, or any medical, dental, or mental health care. In my mind leaving DFCS has always been the goal, and at times I didn't care if I ended up dead trying to leave. I am grateful to make a statement, and to finally be heard, and to help get justice for all of the children and young adults in DFCS's custody.*

Thank you for the opportunity to speak and to listen to the voices of those most affected by Georgia's foster care system. I welcome any questions the subcommittee may have regarding my testimony and written statement.

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#### ENDNOTES

<sup>1</sup>The Wilbanks Child Endangerment and Sexual Exploitation (CEASE) Clinic is the first of its kind in the nation, providing free, quality, and trauma-responsive legal and social work services to survivors of child sexual abuse, exploitation, and trafficking in juvenile court dependency proceedings, civil lawsuits, and post-conviction relief matters. The clinic not only provides direct representation to survivors, but also serves as a teaching, training, policy, and research center as part of the University of Georgia School of Law. Since opening its doors in 2016, CEASE has served more than 200 survivors and expanded its services to assist survivors across the sexual abuse-to-prison pipeline. Among the core goals of CEASE's mission is to educate and prepare future lawyers and social workers to be effective advocates for survivors and to provide guidance on policies and practices to ensure that all survivors have access to justice that is culturally-responsive and trauma-informed. CEASE employs three full-time attorneys, a social worker, and a legal administrative specialist. Each semester clinic staff supervise law and social work students in all phases of litigation, policy advocacy, and community outreach and education. For more on the CEASE Clinic, visit their website at <https://cease.law.uga.edu/>.

<sup>2</sup> “The mission of the [Statewide Human Trafficking] Task Force is to protect the citizens of Georgia from perpetrators and systems of exploitation while concurrently working to support recovery of adults and victims of all forms of exploitation to ensure that they are ready for college, work, and a successful future.” <https://cjcc.georgia.gov/human-trafficking-task-force>; “The [Sexual Assault, Child Abuse and Human Trafficking State Expert] Committee [SEC] is an initiative of the Georgia SART [Sexual Assault Response Team] Project. The SEC promotes a statewide, comprehensive and unified response to combat sexual assault, child abuse and human trafficking through a combination of trainings, reviews of sexual assault and child advocacy centers, publishing of the SART Guide, coordination of the SEC, and other initiatives. Members meet quarterly to work on projects such as protocol development, training initiatives and legislative topics.” <https://svrga.org/state-expert-committee/>; The Statewide Commercial and Sexual Exploitation of Children (CSEC) Multidisciplinary Team (MDT) is organized by the Children’s Advocacy Centers of Georgia’s (CACGA) CSEC Response Team to ensure a more coordinated and effective system response to commercial sexual exploitation. <https://www.cacga.org/csec-response-team/>; “The Supreme Court’s Committee on Justice for Children (J4C) has administered the Court Improvement Project to develop and implement a data-driven plan for continuous improvement in juvenile dependency cases... [J4C’s] broadened assignment requires [is] to (1) assist in the implementation of nationally recognized best practices in Georgia’s juvenile courts; (2) provide child safety, permanency, and judicial process measures for juvenile courts; (3) work toward ensuring placement stability and decreasing time to permanency for children in foster care; (4) work to improve outcomes for children with delinquency and status - offense cases; (5) advocate for improvements in juvenile law and policy; and (6) ensure technical compliance with federal grant requirements.” <https://georgiacourts.gov/j4c/>.

<sup>3</sup> DeShaney v. Winnebago Cnty. Dept. Soc. Servs., 489 U.S. 189, 200 (1989).

<sup>4</sup> Counties in which CEASE currently provides legal representation include counties in Northeast Georgia, South Georgia, and Metro-Atlanta, and represent both urban and rural communities.

<sup>5</sup> ADOPTION AND FOSTER CARE ANALYSIS AND REPORTING SYSTEM (AFCARS) FY 2021 DATA, *The AFCARS Report: Georgia*, U.S. DEP’T OF HEALTH AND HUM. SERVS., ADMIN. FOR CHILD. AND FAM., ADMIN. ON CHILD., YOUTH AND FAMS., CHILD.’S BUREAU (Jun. 2022), <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-tar-ga-2021.pdf> (last visited October 23, 2023); AFCARS FY 2021 DATA, *The AFCARS Report #29*, U.S. DEP’T OF HEALTH AND HUM. SERVS., ADMIN. FOR CHILD. AND FAM., ADMIN. ON CHILD., YOUTH AND FAMS., CHILD.’S BUREAU (Jun. 2022), <https://www.acf.hhs.gov/cb/report/afcars-report-29> (last visited October 23, 2023); ANNIE E. CASEY FOUNDATION KIDS COUNT DATA CENTER, *Children in foster care with more than two placements in the United States* (April 2023), <https://datacenter.acf.org/data/tables/8822-children-in-foster-care-with-more-than-two-placements#detailed/1/any/false/2048,574,1729,37,871,870,573,869,36,868/any/17680,17681> (last visited October 23, 2023); ANNIE E. CASEY FOUNDATION KIDS COUNT DATA CENTER, *Children entering foster care by age group in the United States* (April 2023), <https://datacenter.acf.org/data/tables/6270-children-entering-foster-care-by-age-group#detailed/1/any/false/2048,574,1729,37,871,870,573,869,36,868/1889,2616,2617,2618,2619,122/13037,13038> (last visited October 23, 2023).

<sup>6</sup> HEATHER P. FINSTER & KATE E. NORWALK, *Characteristics, experiences, and mental health of children who re-enter foster care*, CHILD. AND YOUTH SERVS. REV. 129 (2021).

<sup>7</sup> *Id.*

<sup>8</sup> BRIAN ATKINSON & EMMA HETHERINGTON, *Child Trafficking*, CHILD WELFARE LAW AND PRACTICE: REPRESENTING CHILDREN, PARENTS, AND AGENCIES IN NEGLECT, ABUSE, AND DEPENDENCY CASES, at 527 (Josh Gupta-Kagan et al. eds., 4th ed. 2023).

<sup>9</sup> KIMBERLY KOTRLA, *Domestic Minor Sex Trafficking in the United States*, 55 SOC. WORK 181, 182 (2010).

<sup>10</sup> *Supra* note 8.

<sup>11</sup> NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN, *Seen, Heard, and Represented: A Policymaker’s Guide to Counsel for Kids* at 15 (2023), <https://counselforkids.org/wp-content/uploads/2023/04/C4K-PolicyPaper-FINAL-DIGITAL-2.pdf> (last visited October 22, 2023).

<sup>12</sup> “Abuse” defined as: (A) Any nonaccidental physical injury or physical injury which is inconsistent with the explanation given for it suffered by a child as the result of the acts or omissions of a person responsible for the care of a child; (B) Emotional abuse; (C) Sexual abuse or sexual exploitation; (D) Prenatal abuse; or (E) The commission of an act of family violence as defined in Code Section 19-13-1 in the presence of a child. O.C.G.A. § 15-11-2(2).

“Emotional abuse” defined as “acts or omissions by a person responsible for the care of a child that cause any mental injury to such child’s intellectual or psychological capacity as evidenced by an observable and significant impairment in such child’s ability to function within a child’s normal range of performance and behavior or that create a substantial risk of impairment, if the impairment or substantial risk of impairment is diagnosed and confirmed by a licensed mental health professional or physician qualified to render such diagnosis.” O.C.G.A. § 15-11-2(30). “Neglect” defined as: (A) The failure to provide proper parental care or control, subsistence, education as required by law, or other care or control necessary for a child’s physical, mental, or emotional health or morals; (B) The failure to provide a child with adequate supervision necessary for such child’s well-being; or (C) The abandonment of a child by his or her parent, guardian, or legal custodian. O.C.G.A. § 15-11-2(48).

<sup>13</sup> AMERICAN ACADEMY OF PEDIATRICS AND BRIGHT FUTURES, *Recommendations for Preventive Pediatric Health Care* (Apr. 2023), [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf) (last visited October 19, 2023).

<sup>14</sup> AMERICAN ACADEMY OF PEDIATRICS, *Adolescent Sexual Health AAP Policy Statements* (Feb. 3, 2022), <https://www.aap.org/en/patient-care/adolescent-sexual-health/adolescent-sexual-health-aap-policy-statements/> (last visited October 18, 2023).

<sup>15</sup> MALIKA SAADA SAAR, ET AL., *THE SEXUAL ABUSE TO PRISON PIPELINE: THE GIRLS’ STORY* (2015), <https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf> (last visited October 23, 2023).

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*, at 12.

<sup>18</sup> YASMIN VAFA & REBECCA EPSTEIN, *Criminalized Survivors: Today’s Abuse to Prison Pipeline for Girls*, RIGHTS4GIRLS AND GEORGETOWN LAW’S CENTER ON GENDER JUSTICE & OPPORTUNITY (2023), [https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2023/04/Criminalized-Survivors\\_Georgetown-Gender-Justice.pdf](https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2023/04/Criminalized-Survivors_Georgetown-Gender-Justice.pdf) (last visited October 19, 2023).

<sup>19</sup> *Supra* note 8 at 6.

<sup>20</sup> KIRSTEN WIDNER, *Children in Need of Services: A Guide to Cases Under Article 5 of Georgia’s New Juvenile Code*, JUST GEORGIA (2013), <https://www.law.uga.edu/sites/default/files/Guide%20to%20Children%20In%20Need%20of%20Services%20Procedures%20in%20Georgia%20New%20Juvenile%20Code.pdf> (last visited October 19, 2023).

<sup>21</sup> Katherine Landergan, *Lawmakers mull changes to reduce the number of foster kids in hotels*, THE ATLANTA JOURNAL-CONSTITUTION, March 8, 2023, <https://www.ajc.com/news/atlanta-news/lawmakers-mull-changes-to-reduce-the-number-of-foster-kids-in-hotels/5366Y74CXBBXPLMDJD6NLZUL2Y/> (last visited October 23, 2023).

<sup>22</sup> 42 U.S.C. § 671(a)(15) (providing that in order for a State to be eligible for foster care and payments under Title IV-E of the Social Security Act, it must make reasonable efforts “to preserve and reunify families (i) prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child’s home; and (ii) to make it possible for a child to safely return to the child’s home”); O.C.G.A. § 15-11-202.

<sup>23</sup> Vivek Sankaran, Christopher Church & Monique Mitchell, *A Cure Worse Than the Disease: The Impact of Removal on Children and Their Families*, 102 MARQ. L. REV. 1161, 1167 (2019).

<sup>24</sup> GA. DIV. OF FAM. AND CHILD. SERVS., *FY 2023 Annual Progress and Services Report* (Jun. 30, 2022), <https://dfcs.georgia.gov/document/document/2022-annual-progress-and-services-report/download> (last visited October 23, 2023).

<sup>25</sup> *Id.* at 42.

<sup>26</sup> “Research, policy, and practice indicate that child removal and entry into foster care evokes emotional and psychological trauma and is the most drastic safety intervention utilized by a child welfare agency. The harm that can occur as a result of removal results in a ‘monsoon of stress hormones ... flood[ing] the brain and body.’ Even brief separations can cause the release of higher levels of cortisol-stress hormones-that begin to damage brain cells. And, unlike other areas of the body, research suggests that ‘most cells in the brain cannot renew or repair themselves.’ The evidence about the harm of involuntarily separating children from their parents is so overwhelming that Dr. Charles Nelson, professor of Pediatrics at Harvard Medical School, concluded: ‘There’s so much research

on this that if people paid attention at all to the science, they would never do this. In the context of foster care cases, perhaps not never, but certainly less.” *Supra* note 23 at 1167.

<sup>27</sup> *In re Gault*, 385 U.S. 1 (1967) (finding that juvenile criminal defendants are entitled to Due Process protection under the Fourteenth Amendment of the U.S. Constitution).

<sup>28</sup> *Supra* note 11 at 4.

<sup>29</sup> GA. DIV. OF FAM. AND CHILD. SERVS., “Selecting a Placement Resource”, *Child Welfare Policy Manual*, Policy No. 10.4 (March 2023).

<sup>30</sup> CASEY FAMILY PROGRAMS, *Strong Families: What impacts placement* at 2 (May 2023), <https://www.casey.org/media/23.07-QFF-SF-Placement-Stability-Impacts.pdf> (last visited October 21, 2023).

<sup>31</sup> GA. DIV. OF FAM. AND CHILD. SERVS., “Educational Needs”, *Child Welfare Policy Manual*, Policy No. 10.13 (March 2022).

<sup>32</sup> GA. DIV. OF FAM. AND CHILD. SERVS., “Medical, Dental, and Developmental Needs”, *Child Welfare Policy Manual*, Policy No. 10.11 (April 2020).

<sup>33</sup> *Id.* At 8.

<sup>34</sup> GA. DIV. OF FAM. AND CHILD. SERVS., “Psychological and Behavioral Health Needs”, *Child Welfare Policy Manual*, Policy No. 10.12 (April 2020).

<sup>35</sup> GA. DIV. OF FAM. AND CHILD. SERVS., “Introduction to the Independent Living Program”, *Child Welfare Policy Manual*, Policy No. 13.0 (December 2014).

<sup>36</sup> Both state and federal law require transition planning and services that are “personalized at the direction of the child, includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and work force supports and employment services, and is as detailed as the child may elect.” Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351; O.C.G.A. § 15-11-201; John H. Chafee Foster Care Independence Program (Foster Care Independence Act of 1999 (P.L. 106-169); Title IV-E of the Social Security Act §§ 475(1)(D) and 475A(b); Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183).

<sup>37</sup> GA. DIV. OF FAM. AND CHILD. SERVS., “Missing Children”, *Child Welfare Policy Manual*, Policy No. 19.22 (December 2020).

<sup>38</sup> O.C.G.A. § 15-11-130.1.

<sup>39</sup> 42 U.S.C.A. § 675a(b).

<sup>40</sup> GA. DIV. OF FAM. AND CHILD. SERVS., “Youth Rights and Responsibilities”, *Child Welfare Policy Manual*, Policy No. 13.7 (October 2015).

<sup>41</sup> *Kenny A. ex rel. Winn v. Perdue*, 356 F.Supp.2d 1353 (N.D. Ga. 2005).

**Senate Judiciary Committee**  
**Subcommittee on Human Rights and the Law**  
**Hearing on The Human Rights of Foster Children**  
**October 25, 2023**

**Written Testimony of Mon'a Houston**

Chairman Ossoff, Ranking Member Blackburn and members of the Subcommittee.

My name is Mon'a Houston. I am 19 years old, and I am here today to share my experience as a former foster youth in the DFCS system in Georgia.

I was in care from 2017 to 2022. During that time, I had 18 placements--only two were foster homes. The rest were group homes, institutions, or hotels. I had three case managers, and only one regularly visited me or answered my phone calls. I would often go more than six months without seeing my case manager. I felt alone.

One of the worst parts about being in care was that I was overmedicated. DFCS kept telling my doctors to up my dosage because I was not behaving. I was overmedicated to the point of always feeling overtired and sluggish. It hurt to walk. But I had a lot of trauma and no one to talk about it with. The only time I regularly saw a therapist was when I was in Devereux Advanced Behavioral Health for ten months. Devereux was a maximum security residential treatment program. I was in the behavioral program, similar to a group home but with more security. It was a lockdown facility. It was behind two barbed wire fences, and you never left the campus- not for school, outings, or food. I only left for doctor appointments. During this time, I was often physically restrained. They slammed me into the walls and put my arms in locks. They would wrap their legs around me so I couldn't move. At three different times, I was put into isolation for five days. The isolation room was similar to a jail cell, and I was treated as an inmate. You had to request access to the bathroom. I wasn't allowed to shower. Even when on my menstrual cycle, I couldn't wash or change for three days. This was the darkest time in a placement.

Education was challenging while in care. Because I was moving placements so much, the only education I would get would be online. I asked my case manager and my placements for a tutor because I struggled with understanding the school work. But no one would listen. Eventually, I just gave up on school. I still have not completed my GED.

My most traumatic experience was when I was arrested at a group home when I was 17. The group home showed police a video that did not include me being attacked first. Staff didn't de-escalate the situation, and on September 7, I was taken to a jail in Americus, Georgia.

When I was in jail, I was scared and alone and didn't know anything about what was going to happen. My case manager never called me. This was my first time ever getting in trouble. No one from DFCS brought me any of the medications that I was on – which resulted in significant depression and not eating. After a month in jail, the sheriff was trying to help me get out for my 18<sup>th</sup> birthday, which is October 26<sup>th</sup>. They said I could be released on a \$200 bail. DFCS refused to pay my bail, and I could only be released to DFCS custody. I was at DFCS' mercy, and they left me there for another month. The sheriff finally offered an OR bond, and on November 8<sup>th</sup>, I was released to DFCS custody. They picked me up and put me in a hotel for two weeks.

The hotel was my last placement. I thought my case manager was finally coming to visit me, but she just sent someone else instead. This person told me to sign a bunch of papers. I was so angry that my case manager didn't show up that I did what she told me to do, and I signed those papers. I was furious; if I knew what those papers said, I never would have signed them.

The person said to me "You just signed yourself out of care. You need to be checked out of the hotel by 11am and we are not responsible for helping you get back to Savannah." My attorney and CASA were not present and were unaware of these papers being presented to me. They left me at the hotel in Columbus, Georgia. If it wasn't for one kind behavioral aide, I never would have gotten home to Savannah.

I am doing this so other youth know they can come out the other side. I was 17 when I was finally assigned a Court Appointed Special Advocate (CASA). Ms. Page was the first adult who listened to me. She would regularly fight with DFCS to get me what I needed. I had one good case manager who showed she cared about me and listened to me. And now, I'm connected with Brightside Advocacy, which supports me and provides me with hope.



## APPENDIX

**The following submissions are available at:**

<https://www.govinfo.gov/content/pkg/CHRG-118shrg59957/pdf/CHRG-118shrg59957-add1.pdf>

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