Testimony of Hazel Flores – April 1st, 2015

Bill #HB2317

House Judiciary Committee

Chair (Representative) Barker

Vice-Chairs, (Representative) Olson and (Representative) Williamson

Mr. Chairman and members of the committee:

My name is Hazel Flores and I am here to show my support for House Bill 2314. I would like to thank the committee members for providing me the opportunity to speak on the behalf of these bills.

As an undergraduate at Reed College and Sarah Lawrence College I have conducted literature research on the biological elements of trauma. I have also attended workshops provided by the YWCA in Portland and translation services for Raphael House, an organization dedicated to helping women escape domestic violence and other potentially traumatizing and dangerous situations.

House Bill 2314 will allow the Oregon statute of limitations for reporting rape to extend from six years to twenty years.

Based on the research I have encountered over the last few years, I find the underlying issues of trauma, from biological changes, greatly impact the wellbeing of sexual assault victims, often times beyond six years. For that matter, I am in favor of extending the statute of limitations to better suit the needs of victims as well as the overall safety of the community.

In discussing "trauma" individuals can either suffer from Post-Traumatic Stress Disorder (PTSD), or they may suffer from some, but not all, of the symptoms, still rendering them traumatized to an extent. PTSD is the most common form of long-lasting trauma, and is defined as exposure to an event threatening harm, death, or sexual violence (3). Symptoms include flashbacks and nightmares, emotional numbing and repression, as well as physical ailments (5,6). One of the largest psychological symptoms of sexual assault is the loss of control and the feeling of helplessness (1).

By forcing a timeline, we render individuals even more helpless, when all effective therapies instead aim to increase the feeling of control in victims. For some individuals who are severely traumatize re-exposing them to questions triggers these memories. Memory encoding works differently in instances of PTSD because connections between systems differ (2,3,6). Not only does the brain's chemistry change, possibly affecting serotonin and dopamine levels (7) but the biology is rewired as well. The limbic system and the HPA axis are completely affected, and subject to change structures, such such as shrinking the hippocampus (5,8).

The stress response with traumatized individuals, aside from causing physical ailments such as decreased immune function and somatic pains, differs for non-traumatized individuals. Trauma victims develop emotional deregulations and are sensitized to stress, causing them to stay in a hyper-aroused state (1). Their body views stress as far more dangerous threats then they may actually be in reality. In fact, they may even respond to harmless stimuli as if it were the trauma trigger, and biologically respond as though they have been re-exposed to the trauma (1). Directly forcing them to revisit a topic that has flashback memories may only further traumatize them as they may react as though being exposed to the original stressor several times again.

There may be a higher activation of the right cerebral hemisphere in these individuals, with non-verbal and more affective, emotional-memory recall occurring. That is, claims about the difficulty in explaining the event are supported by the evidence that there is a cognitive impairment for PTSD victims (4, 7).

As it stands, neuroscience is advancing quickly in identifying the regions and structure of the brain involved in creating and prolonging trauma, but given other variables such as genetic predisposition; it is impossible to identify PTSD or lower levels of trauma by a one-size-fits-all box. Certain individual shows resilience and never develop PTSD, while others report its effect several years later. PTSD can also wax and wane in its symptomology across time, lessening for a time before reemerging strongly once (8).

In consideration to these points, I believe victims of sexual assault would benefit from a longer statute of limitations. In doing so, this extension of limitations would benefit the overall community by maintaining the safety and security of its members.

Links for Further Information

1. Van der Kolk, B. (1989). The compulsion to repeat the trauma. *Psychiatric Clinics of North America, 12*(2), 389-411.

2. *Diagnostic and statistical manual of mental disorders: DSM-5*. (5th ed.). (2013). Washington, D.C.: American Psychiatric Association.

3. Etkin, A., & Wager, T. (2007). Functional neuroimaging of anxiety: A meta-analysis of emotional processing In PTSD, Social Anxiety Disorder, and Specific Phobia. *American Journal of Psychiatry, 164*(10), 1476-1488.

4. Hull, A.M. (2002) Neuroimaging findings in post-traumatic stress disorder. *British Journal of Psychiatry, 181*, 102-110.

5. Mahan, A., & Ressler, K. (2012). Fear conditioning, synaptic plasticity and the amygdala: Implications for posttraumatic stress disorder. *Trends in Neurosciences, 35*(1), 24-35.

6 Pitman, R., Rasmusson, A., Koenen, K., Shin, L., Orr, S., Gilbertson, M., . . . Liberzon, I. (2012). Biological studies of post-traumatic stress disorder. *Nature Reviews Neuroscience, 13*, 769-787.

7. Pitman, R., Rasmussan, A., Koenen, K., Shin, L., Orr, S., Gilbertson, M., . . . Liberzon, I. (2007). PTSD and stress sensitisation: A tale of brain and body Part 1: Human studies. *Neuroscience and Biobehavioral Reviews, 31*, 530-557.

8 Ursano, R., Zhang, L., Johnson, L., Carlton, J., Fullerton, C., & Benedek, D. (2009). PTSD and traumatic stress From gene to community and bench to bedside. *Brain Research, 293*, 2-12.