

A-Engrossed
House Concurrent Resolution 33

Ordered by the House May 3
Including House Amendments dated May 3

Sponsored by Representative HUFFMAN

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Encourages state officers, agencies and employees to become informed regarding impacts of trauma and to *[implement]* **become aware of** evidence-based **and evidence-informed** trauma-informed care practices and interventions.

CONCURRENT RESOLUTION

1
2 Whereas research over the past two decades has resulted in a significantly increased under-
3 standing of how emotional neglect and exposure to trauma and toxic stress affect the way children
4 perceive and interact with their world during childhood; and

5 Whereas these patterns of perception and interaction persist into adulthood and are passed on
6 to subsequent generations; and

7 Whereas post-traumatic stress disorder and trauma-related symptoms expressed by children and
8 adults can be caused both by exposure to a single traumatic incident and by exposure to a cumula-
9 tive series of traumatic events and toxic stress; and

10 Whereas such traumatic incidents and events include emotional or physical neglect and phys-
11 ical, emotional or sexual abuse, as well as other traumatic and nonnurturing experiences and envi-
12 ronments, including structural violence such as racism, poverty, housing insecurity and food
13 insecurity; and

14 Whereas additionally, such traumatic incidents and events may involve household dysfunction,
15 including domestic violence, the substance abuse, untreated mental illness or incarceration of a
16 household member or separation from or loss of a parent; and

17 Whereas abuse, neglect and traumatic events compose part of what has been described in the
18 medical literature as adverse childhood experiences (ACEs), and the cumulative potential impact to
19 a child who has a significant history of exposure to neglect and trauma can be calculated using what
20 is called an ACE score; and

21 Whereas strong, frequent or prolonged stress caused by adverse childhood experiences can be-
22 come toxic stress, impacting the development of a child's fundamental brain architecture and stress
23 response systems, which can result in a substantially impaired ability to absorb new information,
24 develop healthy coping skills and adapt to life's challenges, as the child becomes prone to triggering
25 events and entering a "fight-flight-or-freeze" mode, which becomes the child's, and future adult's,
26 default approach when interacting with the world; and

27 Whereas children and adults whose brains have been negatively affected by exposure to severe
28 or repeated trauma and toxic stress often experience persistent and sometimes overwhelming emo-

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 tions of fear, anxiety, depression, hopelessness and anger and may exhibit socially inappropriate
2 labile and aggressive behaviors or may exhibit socially inappropriate emotional detachment and
3 avoidance behaviors; and

4 Whereas these negative coping behaviors and emotions limit a person’s capacity to form healthy
5 and stable relationships, foster social capital, learn from experiences and mistakes, set and achieve
6 short-term and long-term goals and succeed in educational and vocational pursuits; and

7 Whereas in addition to these negative outcomes, children and adults are more likely to attempt
8 to self medicate trauma-related “fight-flight-or-freeze” anxiety and emotional dysfunction by using
9 available substances such as tobacco, alcohol, cannabis, prescription medications and street drugs,
10 including heroin, methamphetamine and cocaine; and

11 Whereas because of the cumulative adverse effects of the negative outcomes on their physical
12 health and emotional and cognitive capabilities, children and adults affected by severe traumatic
13 events, despite their sincere and best efforts to succeed in life, are at a higher risk of:

14 (1) Performing poorly in school and other academic pursuits;

15 (2) Struggling with work performance and sustainable employment;

16 (3) Becoming chronically unemployed as adults, resulting in financial stress, reduced quality of
17 life and increased risk of experiencing long-term disability, homelessness and other personal and
18 family traumatic experiences;

19 (4) Becoming dependent on and addicted to tobacco, alcohol, prescription medications, illicit
20 drugs and other substances;

21 (5) Becoming directly engaged with law enforcement and the criminal justice system;

22 (6) Suffering from significant mental illness, including depression, psychosis and severe anxiety,
23 leading to suicides and attempted suicides that otherwise would not have occurred;

24 (7) Suffering from serious physical health problems with poor long-term outcomes that otherwise
25 would not have occurred;

26 (8) Engaging in high-risk sexual behaviors as adolescents and adults, including onset of sexual
27 activity at an early age and multiple sexual partners, resulting in increased risks of adolescent
28 pregnancy and paternity, other unintended pregnancies and sexually transmitted diseases;

29 (9) Experiencing significant problems and failures in marriage and other intimate partner re-
30 lationships;

31 (10) Becoming victims or perpetrators of intimate partner violence as adults;

32 (11) Struggling, despite their sincere efforts, to provide a stable and nurturing environment for
33 their current and future children, resulting in increased likelihood of intergenerational trauma and
34 intergenerational poverty; and

35 (12) Facing a life expectancy shortened by as many as 20 years when compared to average life
36 expectancy for adults who did not experience severe trauma as children; and

37 Whereas with an increase in understanding about the impacts of trauma has come the develop-
38 ment of evidence-based and evidence-informed trauma-informed care practices that foster environ-
39 ments of safety for both the workforce and those accessing services and that promote healing and
40 resiliency; and

41 Whereas early childhood offers an important window of elevated opportunity to prevent, treat
42 and heal the impacts of adverse childhood experiences and toxic stress on a child’s brain and body;
43 and

44 Whereas a child’s brain continues to develop through adolescence and into early adulthood; and

45 Whereas the emerging science and research on toxic stress and adverse childhood experiences

1 provide evidence of a growing public health crisis for this state, with implications for Oregon's ed-
2 ucational, juvenile justice, criminal justice and public health systems; and

3 Whereas a critical factor in buffering a child from the negative effects of adverse childhood
4 experiences and toxic stress is the existence of at least one stable, supportive relationship between
5 the child and a nurturing adult; and

6 Whereas with the increase in scientific understanding and ability to prevent and identify symp-
7 toms and to intervene to reduce symptoms and promote post-trauma growth, there is great hope for
8 thousands of children and adults in Oregon to begin healing from the negative effects of adverse
9 childhood experiences, develop resiliency and have brighter, more productive futures than was pre-
10 viously possible; and

11 Whereas positively influencing the architecture of a child's developing brain is more effective
12 and less costly than attempting to correct poor learning, health and behaviors later in life; and

13 Whereas reducing adversity and promoting resiliency requires interventions with individuals,
14 families, organizations, systems and communities; and

15 Whereas in order to support positive outcomes, intervention strategies need to be culturally
16 responsive, linguistically appropriate, gender relevant and informed by the voices of those with lived
17 experiences; and

18 Whereas applying a trauma-informed care approach to services is to consider knowledge about
19 neurobiology, epigenetics, adverse childhood experiences and resiliency when developing inter-
20 ventions, programs and policies that impact families, the workforce and communities; and

21 Whereas in order to effectively implement trauma-informed care practices, it is imperative that
22 employees of the State of Oregon and other individuals who interface directly with children and
23 adults become informed regarding the effects of adverse childhood experiences, toxic stress and
24 structural violence and become aware of practices, tools and interventions that promote healing and
25 resiliency in children, adults and communities; now, therefore,

26 **Be It Resolved by the Legislative Assembly of the State of Oregon:**

27 That we, the members of the Seventy-ninth Legislative Assembly, encourage all officers, agen-
28 cies and employees of the State of Oregon whose responsibilities impact children and adults, in-
29 cluding the State Board of Education, the Department of Human Services, the Oregon Health
30 Authority, the Oregon Youth Authority, the Office of Community Colleges and Workforce Develop-
31 ment, the Department of Justice and the Department of Corrections, to become informed regarding
32 well-documented short-term, long-term and generational impacts of adverse childhood experiences,
33 toxic stress and structural violence on children, adults and communities and to become aware of
34 evidence-based and evidence-informed trauma-informed care practices, tools and interventions that
35 promote healing and resiliency in children, adults and communities so that people, systems and
36 communities can function at their full capacity and potential in school, in the workplace and in
37 community, family and interpersonal relationships; and be it further

38 Resolved, That a copy of this resolution be sent to the State Board of Education, to the Attorney
39 General and to the directors of the Department of Human Services, the Oregon Health Authority,
40 the Oregon Youth Authority, the Office of Community Colleges and Workforce Development and the
41 Department of Corrections.

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