



May 14, 2025

To: Representative Bowman, Chair, and House Committee on Rules

From: Oregon Developmental Disabilities Coalition

RE: House Bill 3825A with -A5 Amendment (Oppose)

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To Chair Bowman, Vice-Chairs Drazan and Pham, and Members of the Committee:

The Oregon Developmental Disabilities Coalition (DD Coalition) is a group of approximately 30 organizations across Oregon that promote quality services, equity, and community integration for Oregonians with intellectual and developmental disabilities (I/DD) and their families. Our members include the Oregon Self-Advocacy Coalition (a statewide coalition of people with I/DD or “self-advocates”), peer-based family support organizations, support services brokerages, advocacy organizations, and developmental disability providers and the DD Act Network Partners.

Oregon’s children with intellectual and developmental disabilities deserve safety, security and freedom from harmful seclusion and restraint. HB 3835A-5 weakens abuse prevention laws putting children with I/DD at risk. For example, the definition of what is “abuse of a child in care” under Section 10 of the Dash 5A amendment is fraught with problems. It effectively permits inappropriate seclusion and restraint. Examples of conduct not considered abuse:

1. Excessive, repeated, or prolonged use of restraint or seclusion that does not result in intentional injury.
2. Improper restraint techniques that restrict breathing or circulation, without causing observable injury--particularly prone restraints and pressure on the neck.
3. Using restraint and seclusion disproportionately, including on specific populations like children of color and children with disabilities.



4. Seclusion in unsafe or inappropriate environments, including leaving a child soiled without access to a bathroom or placing a child in a dark or closet-like room which induces panic, confusion, and fear.
5. Coercing children into compliance using threats of restraint as a means of control or manipulation.

None of these necessarily lead to physical injuries; therefore, under HB 3835 they would not constitute “abuse” that triggers reporting and investigation. Requiring intention or that a physical injury be “nonaccidental” as a prerequisite for child abuse reporting or investigation is problematic because it overlooks the impact of reckless behavior that can still cause significant harm, even if not intentional. Emotional harm, which may not involve physical injury, is often just as damaging and is not reflected as “abuse of a child in care” under HB 3835A-5. That will lead to the dismissal of legitimate incidents of abuse.

These types of abuse that lead to trauma for children with I/DD have been repeated in stories from individuals with disabilities and their families. Andrea Leoncavallo who provided verbal testimony in opposition to the -A5 amendment shares a story of her daughter with I/DD who has been secluded repeatedly. In one such incident, staff restricted her in a room without contact with her mother despite that being the safety plan to contact her. Her daughter defecated in the room as staff attempted to “ride it out.” Sara Schultz described experiences with excessive and repeated restraint noting that, in the first two weeks of school one year, her child was restrained 30 times. Alicia Riddle related a story of the repeated cycle of restraint and seclusion of her child, who is a person of color. The pattern of restraint and seclusion caused escalations in her child’s behavior that ultimately led to unnecessary placement in more restrictive environments.

There are other problems with the law, including the prospect of out-of-state placement of children in institutions with poor oversight, as well as placement in adult settings that are inappropriate for a minor and negatively impact the adults already living there. The Committee must carefully consider the multitude of parents and individuals with disabilities who have added their stories in opposition to this bill. The DD Coalition strongly opposes HB 3835 alongside those parents and individuals with I/DD.