

Enrolled
House Concurrent Resolution 33

Sponsored by Representative HUFFMAN, Senators STEINER HAYWARD, TAYLOR

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

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

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

Whereas such traumatic incidents and events include emotional or physical neglect and physical, emotional or sexual abuse, as well as other traumatic and nonnurturing experiences and environments, including structural violence such as racism, poverty, housing insecurity and food insecurity; and

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

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

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

Whereas children and adults whose brains have been negatively affected by exposure to severe or repeated trauma and toxic stress often experience persistent and sometimes overwhelming emotions of fear, anxiety, depression, hopelessness and anger and may exhibit socially inappropriate labile and aggressive behaviors or may exhibit socially inappropriate emotional detachment and avoidance behaviors; and

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

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

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

- (1) Performing poorly in school and other academic pursuits;
- (2) Struggling with work performance and sustainable employment;

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

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

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

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

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

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

(9) Experiencing significant problems and failures in marriage and other intimate partner relationships;

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

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

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

Whereas with an increase in understanding about the impacts of trauma has come the development of evidence-based and evidence-informed trauma-informed care practices that foster environments of safety for both the workforce and those accessing services and that promote healing and resiliency; and

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

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

Whereas the emerging science and research on toxic stress and adverse childhood experiences provide evidence of a growing public health crisis for this state, with implications for Oregon's educational, juvenile justice, criminal justice and public health systems; and

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

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

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

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

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

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

Whereas in order to effectively implement trauma-informed care practices, it is imperative that employees of the State of Oregon and other individuals who interface directly with children and

adults become informed regarding the effects of adverse childhood experiences, toxic stress and structural violence and become aware of practices, tools and interventions that promote healing and resiliency in children, adults and communities; now, therefore,

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

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

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

Adopted by House May 8, 2017

Timothy G. Sekerak, Chief Clerk of House

Tina Kotek, Speaker of House

Adopted by Senate May 31, 2017

Peter Courtney, President of Senate