

## HOUSE AMENDMENTS TO HOUSE CONCURRENT RESOLUTION 33

By COMMITTEE ON RULES

May 3

1 On page 1 of the printed concurrent resolution, delete lines 2 through 31 and delete page 2.

2 On page 3, delete lines 1 through 12 and insert:

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

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

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

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

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

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

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

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

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

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

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

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

9 “(2) Struggling with work performance and sustainable employment;

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

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

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

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

18 “(7) Suffering from serious physical health problems with poor long-term outcomes that other-  
19 wise would not have occurred;

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

23 “(9) Experiencing significant problems and failures in marriage and other intimate partner re-  
24 lationships;

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

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

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

31 “Whereas with an increase in understanding about the impacts of trauma has come the devel-  
32 opment of evidence-based and evidence-informed trauma-informed care practices that foster envi-  
33 ronments of safety for both the workforce and those accessing services and that promote healing  
34 and resiliency; and

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

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

40 “Whereas the emerging science and research on toxic stress and adverse childhood experiences  
41 provide evidence of a growing public health crisis for this state, with implications for Oregon’s ed-  
42 ucational, juvenile justice, criminal justice and public health systems; and

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

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

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

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

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

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

16 “Whereas in order to effectively implement trauma-informed care practices, it is imperative that  
17 employees of the State of Oregon and other individuals who interface directly with children and  
18 adults become informed regarding the effects of adverse childhood experiences, toxic stress and  
19 structural violence and become aware of practices, tools and interventions that promote healing and  
20 resiliency in children, adults and communities; now, therefore,”.

21 Delete lines 14 through 28 and insert:

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

33 “Resolved, That a copy of this resolution be sent to the State Board of Education, to the At-  
34 torney General and to the directors of the Department of Human Services, the Oregon Health Au-  
35 thority, the Oregon Youth Authority, the Office of Community Colleges and Workforce Development  
36 and the Department of Corrections.”.

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