

# House Concurrent Resolution 33

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 **as introduced**.

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

## CONCURRENT RESOLUTION

1  
2       Whereas there have been recent significant advances in neuroscience with increased under-  
3 standing of how emotional neglect and exposure to serious trauma affect the way children perceive  
4 and interact with their world, both during childhood and into adulthood; and

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

8       Whereas such traumatic incidents and events include emotional and physical abuse and neglect,  
9 sexual abuse, separation from or loss of a parent due to divorce or other reasons, serious injury or  
10 death of a parent, exposure to family discord, domestic violence, untreated parental mental illness,  
11 substance abuse, criminal activity in the home and other traumatic and nonnurturing experiences  
12 and environments, including racism; and

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

17       Whereas it is now understood that significant exposure to severe traumatic events and toxic  
18 stress can negatively affect the neurobiology and anatomy of a child's developing brain and result  
19 in a substantially impaired ability to absorb new information, develop healthy coping skills and  
20 adapt to life's challenges, as the child becomes prone to triggering events and entering a "fight-  
21 flight-or-freeze" mode, which becomes the child's, and future adult's, default approach when inter-  
22 acting with the world around them; and

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

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

31       Whereas in addition to these negative outcomes, children and adults are more likely to attempt

**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 to self medicate trauma-related “fight-flight-or-freeze” anxiety and emotional dysfunction by using  
2 available substances such as tobacco, alcohol, cannabis, prescription medications and street drugs,  
3 including heroin, methamphetamine and cocaine; and

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

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

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

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

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

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

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

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

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

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

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

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

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

30 Whereas with an increase in understanding about the impacts of trauma has come the develop-  
31 ment of evidence-based trauma-informed care practices that foster environments of safety for both  
32 services staff and clients and promote healing and resiliency; and

33 Whereas with an increase in understanding about the impacts of trauma has come the develop-  
34 ment of evidence-based questionnaires that identify behaviors and health-related disorders in chil-  
35 dren and adults that can be indicative of possible trauma-related exposures; and

36 Whereas using these questionnaires in the appropriate services setting can provide the oppor-  
37 tunity to identify and refer a child or adult for appropriate additional evaluation and treatment; and

38 Whereas the mental health profession can effectively diagnose and treat trauma-related disor-  
39 ders following evidence-based approaches that have been proven to be successful; and

40 Whereas one example of a well-studied, highly effective and widely available therapy is  
41 trauma-focused cognitive behavior therapy; and

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

45 Whereas a critical factor in buffering a child from the negative effects of adverse childhood

1 experiences and toxic stress is the existence of at least one stable, supportive relationship between  
2 the child and a nurturing adult; and

3 Whereas with the increase in scientific understanding and ability to identify, prevent and treat  
4 trauma-related disorders, there is great hope for thousands of children and adults in Oregon to begin  
5 healing from the negative effects of adverse childhood experiences, develop resiliency, and have  
6 brighter, more productive futures than was previously possible; and

7 Whereas in order to maximize the potential for positive outcomes of evidence-based inter-  
8 ventions in the treatment of severe trauma, it is imperative that employees of the State of Oregon  
9 and other individuals who interface directly with vulnerable children and adults become informed  
10 regarding the effects of trauma on the human brain and available screening and assessment tools  
11 and treatment interventions that lead to increased resiliency in children and adults who struggle in  
12 life as the result of trauma-related disorders; now, therefore,

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

14 That we, the members of the Seventy-ninth Legislative Assembly, encourage all officers, agen-  
15 cies and employees of the State of Oregon whose responsibilities include working with vulnerable  
16 children and adults, including the State Board of Education, the Department of Human Services, the  
17 Oregon Health Authority, the Oregon Youth Authority, the Office of Community Colleges and  
18 Workforce Development, the Department of Justice and the Department of Corrections, to become  
19 informed regarding well-documented detrimental short-term and long-term impacts on children and  
20 adults from serious traumatic childhood experiences and toxic stress and to implement evidence-  
21 based trauma-informed care practices and interventions that are proven to be successful in devel-  
22 oping resiliency in children and adults currently suffering from trauma-related disorders to help  
23 them recover from their trauma and function at their full capacity and potential in school, the  
24 workplace and community, family and interpersonal relationships; and be it further

25 Resolved, That a copy of this resolution be sent to the State Board of Education, to the De-  
26 partment of Justice and to the directors of the Department of Human Services, the Oregon Health  
27 Authority, the Oregon Youth Authority, the Office of Community Colleges and Workforce Develop-  
28 ment and the Department of Corrections.

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