

HCR 33-1
(LC 4404)
4/12/17 (DJ/eaw/ps)

Requested by Representative HUFFMAN

**PROPOSED AMENDMENTS TO
HOUSE CONCURRENT RESOLUTION 33**

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

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

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

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

10 “Whereas post-traumatic stress disorder and trauma-related symptoms ex-
11 pressed by children and adults can be caused both by exposure to a single
12 traumatic incident and by exposure to a cumulative series of traumatic
13 events and toxic stress; and

14 “Whereas such traumatic incidents and events include emotional or
15 physical neglect and physical, emotional or sexual abuse, as well as other
16 traumatic and nonnurturing experiences and environments, including struc-
17 tural violence such as racism, poverty, housing insecurity and food insecu-
18 rity; and

19 “Whereas additionally, such traumatic incidents and events may involve
20 household dysfunction, including domestic violence, the substance abuse,
21 untreated mental illness or incarceration of a household member or sepa-

1 ration from or loss of a parent; and

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

7 “Whereas strong, frequent or prolonged stress caused by adverse child-
8 hood experiences can become toxic stress, impacting the development of a
9 child’s fundamental brain architecture and stress response systems, which
10 can result in a substantially impaired ability to absorb new information,
11 develop healthy coping skills and adapt to life’s challenges, as the child be-
12 comes prone to triggering events and entering a ‘fight-flight-or-freeze’ mode,
13 which becomes the child’s, and future adult’s, default approach when inter-
14 acting with the world; and

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

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

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

30 “Whereas because of the cumulative adverse effects of the negative out-

1 comes on their physical health and emotional and cognitive capabilities,
2 children and adults affected by severe traumatic events, despite their sincere
3 and best efforts to succeed in life, are at a higher risk of:

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

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

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

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

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

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

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

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

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

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

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

30 “(12) Facing a life expectancy shortened by as many as 20 years when

1 compared to average life expectancy for adults who did not experience severe
2 trauma as children; and

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

8 “Whereas early childhood offers an important window of elevated oppor-
9 tunity to prevent, treat and heal the impacts of adverse childhood experi-
10 ences and toxic stress on a child’s brain and body; and

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

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

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

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

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

30 “Whereas reducing adversity and promoting resiliency requires inter-

1 ventions with individuals, families, organizations, systems and communities;
2 and

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

6 “Whereas applying a trauma-informed care approach to services is to
7 consider knowledge about neurobiology, epigenetics, adverse childhood ex-
8 periences and resiliency when developing interventions, programs and poli-
9 cies that impact families, the workforce and communities; and

10 “Whereas in order to effectively implement trauma-informed care prac-
11 tices, it is imperative that employees of the State of Oregon and other indi-
12 viduals who interface directly with children and adults become informed
13 regarding the effects of adverse childhood experiences, toxic stress and
14 structural violence and become aware of practices, tools and interventions
15 that promote healing and resiliency in children, adults and communities;
16 now, therefore,”.

17 Delete lines 14 through 28 and insert:

18 “That we, the members of the Seventy-ninth Legislative Assembly, en-
19 courage all officers, agencies and employees of the State of Oregon whose
20 responsibilities impact children and adults, including the State Board of
21 Education, the Department of Human Services, the Oregon Health Authority,
22 the Oregon Youth Authority, the Office of Community Colleges and
23 Workforce Development, the Department of Justice and the Department of
24 Corrections, to become informed regarding well-documented short-term,
25 long-term and generational impacts of adverse childhood experiences, toxic
26 stress and structural violence on children, adults and communities and to
27 become aware of evidence-based and evidence-informed trauma-informed care
28 practices, tools and interventions that promote healing and resiliency in
29 children, adults and communities so that people, systems and communities
30 can function at their full capacity and potential in school, in the workplace

1 and in community, family and interpersonal relationships; and be it further
2 “Resolved, That a copy of this resolution be sent to the State Board of
3 Education, to the Attorney General and to the directors of the Department
4 of Human Services, the Oregon Health Authority, the Oregon Youth Au-
5 thority, the Office of Community Colleges and Workforce Development and
6 the Department of Corrections.”.

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