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HOUSE RESOLUTION

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WHEREAS, Research over the last two decades in the evolving fields of neuroscience, brain science, molecular biology, public health, genomics, and epigenetics reveals that experiences in the first few years of life build changes into the biology of the human body, including the architecture of the brain; and

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WHEREAS, Brain growth occurs rapidly in the first three years of a child's life and accelerates over the next ten years, slowing during the early twenties; a child's brain and body development can be impaired by certain environmental conditions, influencing the person's physical and mental health and social outcomes over their life span; and

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WHEREAS, Adverse childhood experiences, or ACEs, are traumatic experiences occurring during childhood that have been found to have a profound effect on a child's developing brain structure and body and may result in poor health during the person's adulthood; ACEs can be physical, emotional, or sexual abuse, neglect, household dysfunction, including caregiver substance abuse, untreated mental illness or incarceration, domestic violence, or separation or divorce involving household members; and

1 WHEREAS, Experiencing ACEs as well as experiencing intense
2 and prolonged stress, like community violence, without
3 positive influences or nurturing relationships during
4 childhood can become known as toxic stress, which can further
5 affect a child's brain development and function and lead to
6 long-term cognitive and health impairments; and

7 WHEREAS, ACEs studies have also found a strong correlation
8 between the number of ACEs and a person's risk for disease and
9 negative health behaviors, including suicide, depression,
10 cancer, stroke, ischemic heart disease, diabetes, autoimmune
11 disease, smoking, substance abuse, interpersonal violence,
12 obesity, unplanned pregnancies, lower educational achievement,
13 workplace absenteeism, and lower wages; and

14 WHEREAS, Findings from the Illinois 2013 Behavioral Risk
15 Factor Surveillance Survey (BRFSS) supported by the Illinois
16 ACEs Response Collaborative found that almost 60% of
17 non-institutionalized adult Illinoisans reported having at
18 least one ACE; this number equates to almost 5 million
19 Illinois residents; 14.2% of Illinois adults reported four or
20 more ACEs; and

21 WHEREAS, BRFSS data also showed that approximately 20% of
22 African American and Hispanic adults in Illinois reported four
23 or more ACEs, compared to 13% of non-Hispanic whites; and

1 WHEREAS, The Illinois 2013 BRFSS also found that 43% of
2 women and 48% of men reported having one to three ACEs; 15% of
3 women and 13% men reported experiencing four or more ACEs; and

4 WHEREAS, BRFSS data showed that individuals with between 1
5 and 3 ACEs reported their physical health was not good 12% more
6 often and their mental health was not good 44% more often than
7 individuals with no ACEs; individuals with more than 4 ACEs
8 reported their physical health was not good 65% more often and
9 their mental health was not good 176% more often than
10 individuals with no ACEs; and

11 WHEREAS, Individuals with six or more ACEs were found, on
12 average, to live 20 years less than those individuals with
13 zero ACEs; and

14 WHEREAS, Among those who misuse opioids, the individuals
15 most likely to experience problems with addiction are those
16 who suffered ACEs; general population surveys have estimated
17 that 75% of individuals with substance use disorders have
18 experienced trauma early in their lives; rates are even higher
19 among populations seeking treatment for opioid addiction; and

20 WHEREAS, ACEs appear to be a root cause of many of our most
21 challenging health and social problems and, without adequate

1 family intervention and support, appear to be transmitted from
2 one generation to the next, further exacerbating the poor
3 outcomes from ACEs and toxic stress; and

4 WHEREAS, It is less disruptive to well-being, less costly,
5 and more effective to positively influence the development of
6 a child's brain than to intervene and correct negative
7 experiences and outcomes later in life; and

8 WHEREAS, Trauma-informed care is an approach that can
9 bring greater understanding and more effective ways to
10 prevent, identify, and support and serve children, adults,
11 families, and communities affected by ACEs, trauma, adversity,
12 and toxic stress; and

13 WHEREAS, Trauma-informed care is not a therapy or an
14 intervention; it is a principle-based, culture change process
15 aimed at recognizing strengths and resiliency and helping
16 people who have experienced trauma to overcome those issues in
17 order to achieve personal and economic well-being; and

18 WHEREAS, The Substance Abuse and Mental Health Services
19 Administration and many other agencies and organizations
20 provide substantial resources to better engage individuals,
21 community-based organizations, and communities across the
22 United States in order to implement trauma-informed care; and

1 WHEREAS, A trauma-informed Illinois enhances the ability
2 of children and adults to adapt, cope, and thrive despite
3 difficult experiences and supports the mental well-being of
4 everyone in our state; therefore, be it

5 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
6 HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
7 we acknowledge that toxic stress and adverse childhood
8 experiences can have significantly negative short-term,
9 long-term, and generational impacts, and that early
10 interventions through trauma-informed care is the most
11 efficient and cost effective way to combat these impacts; and
12 be it further

13 RESOLVED, That the Illinois General Assembly is urged to
14 seek out opportunities to enhance legislation through the
15 science of resiliency and a trauma informed lens and funding
16 around early intervention services for children and families
17 that centers the principles of brain development, the intimate
18 connection between mental and physical health, and the
19 concepts of toxic stress and adverse childhood experiences;
20 and be it further

21 RESOLVED, That suitable copies of this resolution be
22 delivered to the Governor, the House Speaker, the Senate

1 President, the House Majority Leader, the House Minority
2 Leader, the Senate Majority Leader, the Senate Minority
3 Leader, and the Illinois Interagency Council on Early
4 Intervention.