



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

10           WHEREAS, Experiencing ACEs as well as experiencing intense  
11 and prolonged stress, like community violence, without  
12 positive influences or nurturing relationships during  
13 childhood can become known as toxic stress, which can further  
14 affect a child's brain development and function and lead to  
15 long-term cognitive and health impairments; and

16           WHEREAS, ACEs studies have also found a strong correlation  
17 between the number of ACEs and a person's risk for disease and  
18 negative health behaviors, including suicide, depression,  
19 cancer, stroke, ischemic heart disease, diabetes, autoimmune  
20 disease, smoking, substance abuse, interpersonal violence,  
21 obesity, unplanned pregnancies, lower educational achievement,  
22 workplace absenteeism, and lower wages; and

23           WHEREAS, Findings from the Illinois 2013 Behavioral Risk

1 Factor Surveillance Survey (BRFSS) supported by the Illinois  
2 ACEs Response Collaborative found that almost 60% of  
3 non-institutionalized adult Illinoisans reported having at  
4 least one ACE; this number equates to almost 5 million Illinois  
5 residents; 14.2% of Illinois adults reported four or more ACEs;  
6 and

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

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

13 WHEREAS, BRFSS data showed that individuals with between 1  
14 and 3 ACEs reported their physical health was not good 12% more  
15 often and their mental health was not good 44% more often than  
16 individuals with no ACEs; individuals with more than 4 ACEs  
17 reported their physical health was not good 65% more often and  
18 their mental health was not good 176% more often than  
19 individuals with no ACEs; and

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

1           WHEREAS, Among those who misuse opioids, the individuals  
2 most likely to experience problems with addiction are those who  
3 suffered ACEs; general population surveys have estimated that  
4 75% of individuals with substance use disorders have  
5 experienced trauma early in their lives; rates are even higher  
6 among populations seeking treatment for opioid addiction; and

7           WHEREAS, ACEs appear to be a root cause of many of our most  
8 challenging health and social problems and, without adequate  
9 family intervention and support, appear to be transmitted from  
10 one generation to the next, further exacerbating the poor  
11 outcomes from ACEs and toxic stress; and

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

16           WHEREAS, Trauma-informed care is an approach that can bring  
17 greater understanding and more effective ways to prevent,  
18 identify, and support and serve children, adults, families, and  
19 communities affected by ACEs, trauma, adversity, and toxic  
20 stress; and

21           WHEREAS, Trauma-informed care is not a therapy or an

1 intervention; it is a principle-based, culture change process  
2 aimed at recognizing strengths and resiliency and helping  
3 people who have experienced trauma to overcome those issues in  
4 order to achieve personal and economic well-being; and

5 WHEREAS, The Substance Abuse and Mental Health Services  
6 Administration and many other agencies and organizations  
7 provide substantial resources to better engage individuals,  
8 community-based organizations, and communities across the  
9 United States in order to implement trauma-informed care; and

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

14 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE  
15 HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that  
16 we acknowledge that toxic stress and adverse childhood  
17 experiences can have significantly negative short-term,  
18 long-term, and generational impacts, and that early  
19 interventions through trauma-informed care is the most  
20 efficient and cost effective way to combat these impacts; and  
21 be it further

22 RESOLVED, That the Illinois General Assembly is urged to

1 seek out opportunities to enhance legislation through the  
2 science of resiliency and a trauma informed lens and funding  
3 around early intervention services for children and families  
4 that centers the principles of brain development, the intimate  
5 connection between mental and physical health, and the concepts  
6 of toxic stress and adverse childhood experiences; and be it  
7 further

8 RESOLVED, That suitable copies of this resolution be  
9 delivered to the Governor, the House Speaker, the Senate  
10 President, the House Majority Leader, the House Minority  
11 Leader, the Senate Majority Leader, the Senate Minority Leader,  
12 and the Illinois Interagency Council on Early Intervention."