



## New York State Trauma-Informed Legislature Initiative Toolkit

### Background

In Spring 2019, Prevent Child Abuse New York (PCANY) embarked on an initiative to create a Trauma-Informed Legislature. Over the next year, staff met with every one of the State's more than 200 legislative offices to educate policymakers about Adverse Childhood Experiences (ACEs), Protective Factors (PF) and resilience. By ACEs Awareness Day—April 30, 2020—PCANY will have shared information with the entire New York State Legislature.

According to the National Conference of State Legislators' (NCSL) Children and Families Program, the most *important avenues of support* for legislators are to **legislate, fund, convene, and raise public awareness** about:

- Healthy Beginnings
  - Access to prenatal care
  - Breastfeeding; needs and supports of parents
  - Public awareness about healthy pregnancies
- Family Supports
  - Parent training and education
    - Home visiting
  - Family economic supports
  - Streamlined services and resources
- Early Learning, Development, and Care
  - High-quality early care and learning system
  - Early care and education professionals
  - Developmental screenings and interventions

PCANY believes that a Trauma-Informed Legislature will be better positioned to take action and affect change on these issue areas and others. Starting with the first plane of engagement, PCANY aimed to educate legislators. Once the entire Legislature was trauma-informed, some members were cultivated as champions and actively engaged in policy change and advocacy efforts.

## **Objective**

Organize and complete meetings (in person or via phone call) with legislators/legislative staff (preferably the Chief of Staff or Legislative Director) with the intention of explaining childhood trauma, particularly ACEs and mitigation of ACEs with PF. Possessing more information about the long-term impacts of ACEs will assist legislators with making positive policy decisions and exercising “trauma-informed practice”.

**Trauma-Informed: I know.**

**Trauma-Sensitive: I care.**

**Trauma-Responsive: I act.**

**Trauma-Specific: I engage a model practice.**

## **What “trauma-informed practice” means to PCANY**

Being “trauma-informed” entails possessing a proper understanding about the impact childhood trauma has upon an individual, particularly the influence of ACEs and Toxic Stress, the prolonged exposure to ACEs with the absence of PFs. As found in a study by the Centers for Disease Control and Prevention (CDC), ACEs include experiencing forms of abuse and neglect, witnessing domestic violence, experiencing divorce in the family, or the incarceration of a parent. Multiple ACEs in childhood increase the risk for poor health outcomes and increase the likelihood of social/emotional developmental disturbance. A comprehensive understanding of these impacts is important to drafting, sponsoring, and supporting effective legislation. Using consistent language (terms and definitions) ensures that everyone is on the same page, sharing the same message.

## **Process**

PCANY understands that this process may vary from state to state, but thought it would be helpful to share how we undertook this initiative.

### **Scheduling Meetings**

- A spreadsheet was assembled that detailed: name of member; job title of staff contact; office room number; office phone number; and the outcome of the scheduling, as well as when/where the meeting will occur (or when the meeting was completed).
  - PCANY color-coded the meetings
    - Green: denotes meeting scheduled
    - Yellow: denotes action is required
    - Orange: denotes multiple correspondence has occurred
  - Once meetings were completed, text was crossed off.
  - Rows where contact was never received were left white, with detail on the last correspondence (ex. VOICEMAIL, WILL CALL BACK, EMAILED).
- When corresponding with the scheduler, specify that the meeting is for *educational purposes*. (In New York State, this meant that these meetings were not considered to be lobbying.)
- The intention/subject matter to be discussed during the meeting is exercising “trauma-informed practice”.
- Be prepared with an “ask” or request (if any) or useful resources and materials that relate to the discussion.
  - For PCANY purposes, there was no formal budget or policy ask. If legislation was discussed, PCANY noted it on lobbying reports.

### ***Other helpful tips when working with schedulers***

- Schedulers often do not respond when first contacted. Be patient.
  - Keep a record of how many times you have contacted the office. Follow up with additional emails or phone calls.
    - PCANY made a notation in the “master list” Excel spreadsheet how many times the office had been contacted with colors (pink denoted the office had been called twice).
- During a particularly busy legislative session, schedulers may prioritize scheduling meetings that are not educational in nature. In this circumstance, PCANY forwarded materials regarding ACEs and emphasized the importance of a 15-minute educational meeting to the overall legislative work.
- Always remind the scheduler that you look forward to the meeting. Confirm the date, time, and location in advance (a meeting may have been scheduled by pulling the legislator off the floor instead of in the office - confirm this).
- Provide day of contact information and contact information for the person scheduling the meeting.

## Meeting Script

- Preface the conversation with the goal of the initiative (“We are conducting meetings with every legislative office about childhood trauma and the importance of trauma-informed policy ...”)
  - This demonstrates commitment and explains the undertaking in more detail.
- Ask about the level of staff/member familiarity with ACEs.
  - *Utilize the response to drive the conversation.*
  - **Little to no familiarity:** Explain the CDC ACEs study, physiological/biological implications of ACEs, distinguish the difference between Toxic Stress and ACEs, and explain the role of PF in the mitigation of ACEs. (Are there existing policies?)
    - Ex. Trauma training for educators to increase the number of nurturing, well-informed adults in the school environment.
  - **Some familiarity:** Attempt to connect ACEs and the handouts to the existing knowledge that the individual possesses. Ensure that misinformation or confusion is clarified.
  - **Very familiar/shared personal experience:** Perhaps the staffer has expressed that their parents are divorced. Share how this experience can be traumatic, and exemplify how this emotional toll could affect a child. This can be expanded to how other ACEs could impact a child.
- Utilize statistics, research, and stories to sharpen the meeting points.
  - For example, to explain the reason behind the CDC ACEs study findings, PCANY transitioned the conversation to biology and an explanation about the nervous system. Specifically, the divisions of the nervous system were explained (somatic vs. autonomic/parasympathetic vs. sympathetic) and how the body is physically impacted when the “fight or flight” response is disrupted. Translate complicated research findings and technical terms into relevant, understandable language.
    - “Fight or flight” response (arousal of the sympathetic nervous system)
      - Stress hormone: Initiates the release of cortisol
      - Adrenaline and nonadrenaline: Releases epinephrine and norepinephrine
      - Raises heart rate
      - Increases blood pressure
      - Heavier breathing: Induces respiratory response
      - Stops digestion and all functions the body deems inessential
    - Toxic stress occurs when there is a consistent, prolonged arousal of the sympathetic nervous system
    - Over time, this could:
      - Cause disturbance in prefrontal cortex development

- Executive functioning
  - Emotional maturity
  - Planning/higher-level functioning
- Disrupt physical condition of the body
  - Heart problems
  - Respiratory problems
  - Poor eating habits, obesity
- Psychologically/emotionally exhaust the child
  - Mistrust
  - Behavioral problems
  - Hyperactivity
- Highlight the importance of PF to mitigate these effects.
  - A PF could be a nurturing, caring adult.
  - A PF could be a structured routine.
  - A PF could be a safe location or space that is available for the child, such as the local library that they can visit to complete homework after school.
    - This may lead to social connections with staff or regular attendees at the library, sources of emotional support and education for the child.
- PF increase the resilience of the child! Emphasize the importance of building resilient families/strengthening families to mitigate ACEs.
- Conclude with the importance of *always* using correct terms.
- Ensure the staffer/legislator understands the organization is available to serve as a resource. This includes:
  - Answering questions
  - Reviewing drafted legislation
  - Collaborating on legislation
- Inquire if the individual has questions about the material.
- Ensure that the staffer will pass the information to the legislator with the notes that were taken during the meeting.
- Provide final information (where applicable)
  - Bill numbers can be provided (communicated via email or verbally).
  - Or, the meeting could be used as a brainstorming session with the staffer or legislator about potential avenues.
    - For example, staffers referred to the work the legislator was doing in their respective county and asked how an ACEs training could be incorporated.
- Always ask for the business card/contact information of the person present during the meeting. Provide the organization's information or personal business cards in exchange.
- Send follow-up correspondence.
  - PCANY sent general "thank you for the meeting" emails following the encounter. These emails are also an appropriate place to follow-up on specifics of the

conversation. For example, if the staffer requested bill numbers, these could be provided here.

- Example: During one conversation, the Legislative Director suggested a piece of legislation that the member was working on that PCANY might be interested in. Within the follow-up email, PCANY requested the bill information and the bill number.

### **Materials (included as appendices)**

- One-pager on ACEs/One-pager on PF
  - List of terms and definitions
    - ACEs graphic

### **Outcomes**

PCANY's experience in creating a Trauma-Informed Legislature was overwhelmingly positive. As expected, some legislative offices showed more interest than others, but all were receptive to the information. Some outcomes are as follows:

- PCANY screened the documentary film *Resilience* for legislative staff and made the film available to key legislators
- PCANY connected legislators to each other (sometimes across the political aisle) when they expressed similar interests
- Legislators began using consistent terminology
- Legislators included trauma-informed practice in discussions about issues such as the opioid crisis and afterschool programs
- Legislators signed on to co-sponsor trauma-informed legislation
- Legislators requested PCANY input on policy ideas/legislation

This Toolkit was created by Margaret Dickson, PCANY Policy Assistant, with input from Jenn O'Connor, PCANY's Director of Policy and Advocacy.



### **Adverse Childhood Experiences (ACEs)**

A person's ACE score is measured by the number of traumatic events they experienced as a child. There are ten commonly referred to ACEs, although a variety of experiences can cause toxic stress and trauma:

- Emotional abuse/Emotional neglect
- Physical abuse/Physical neglect
  - Sexual abuse
- Substance abuse of a family member
- Mental illness of a family member
- Loss of a parent through death or divorce
  - Incarceration of a parent
  - Domestic violence

Research shows that ACEs impact a person's health and overall well-being in adulthood. ACEs are also two-generational, impacting or passed down from parent to child, and deserve (if possible) a two-generation response. Chronic disease, addiction, failure to hold a job or succeed in school—these often stem from ACEs. Reducing exposure to childhood trauma and making sure families and professionals in communities are equipped to mitigate trauma is critical to ensuring strong outcomes for all children.

Identifying ACEs is only a first step. The work at hand is helping the public, policymakers, and those who come into contact with children every day to understand, acknowledge, and put in place systems that preempt these challenges and improve the odds that children and their parents will have better outcomes. ACEs are preventable. In those already impacted by ACEs, building their resiliency and Protective Factors is critical.

### **Resiliency**

Resilience is defined as adaptation in the face of adversity, trauma, tragedy, threats or stress. A person can build resiliency through use of Protective Factors. Communities and people who come into contact with families on a regular basis can help strengthen that resiliency.



### **Five Protective Factors**

As defined by the Center for the Study of Social Policy, there are five Protective Factors that reduce the risk of child abuse and neglect. They are:

- **Parental Resilience:** finding ways to solve problems, building and sustaining trusted relationships, knowing how to ask for help
- **Social Connections:** creating networks that lend emotional support, parenting advice, and problem solving assistance
- **Concrete Support in Time of Need:** knowing how to access food, clothing, housing, and other supports when in crisis
- **Knowledge of Parenting and Child Development:** ability to access and understand accurate information
- **Social and Emotional Competencies of Children:** ability to understand where a child is emotionally, how to mitigate challenging behaviors, and whom to ask for appropriate assistance

Families should be aware of their own Protective Factors and work to strengthen them. Community members who come into regular contact with families—such as law enforcement, school personnel, and child care providers—should help build Protective Factors where they don't exist and should refer families to support services when appropriate.





## Definitions of Terms

**Adverse Childhood Experiences (ACEs):** Various physical, emotional, and sexual abuse; neglect; household disruption (including divorce, domestic violence, substance abuse, and incarceration of a parent).

**Child traumatic stress:** Physical and emotional responses as a result of exposure to one or more traumas during the course of the child's life; reactions persist and affect daily life after the traumatic events have ended. (Center for the Study of Social Policy)

**Chronic environmental stressors:** A constant background level of threat based in the environmental physical and social structure (ex: racism). (Center for the Study of Social Policy)

**Complex trauma:** Exposure to multiple traumatic events and the impact of this exposure on immediate and long-term development. (Center for the Study of Social Policy)

**Executive function and self-regulation:** The mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully. (Center on the Developing Child, Harvard)

**Normative stressors:** Unpleasant events or experiences that typically occur in the parenting role (ex: having to enroll a child in child care). (Center for the Study of Social Policy)

### Protective Factors:

- 📖 **Parental Resilience:** Managing stress and functioning well when faced with challenges, adversity and trauma
- 📖 **Social Connections:** Positive relationships that provide emotional, informational, instrumental and spiritual support
- 📖 **Concrete Support in Time of Need:** Access to financial and material support and services that address a family's needs and help minimize stress caused by challenges
- 📖 **Knowledge of Parenting and Child Development:** Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development
- 📖 **Social and Emotional Competence of Children:** Family and social interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships (Center for the Study of Social Policy)

**Resilience:** The ability to overcome serious hardship. Resilience is the result of a combination of protective factors. (Center on the Developing Child, Harvard)

**Toxic Stress:** A condition that results from strong, frequent, prolonged exposure to adverse experiences with an absence of protective, emotionally supportive relationships. (Center on the Developing Child, Harvard)

**Trauma:** An experience of serious adversity or terror—or the emotional or psychological *response* to that experience. (Center on the Developing Child, Harvard)

**Trauma-informed care:** Organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. (Substance Abuse and Mental Health Services Administration)

# THE TRUTH ABOUT ACEs

## WHAT ARE THEY?

ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

The three types of ACEs include

### ABUSE



Physical



Emotional



Sexual

### NEGLECT



Physical



Emotional

### HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

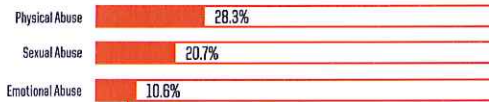


Divorce

## HOW PREVALENT ARE ACEs?

The ACE study\* revealed the following estimates:

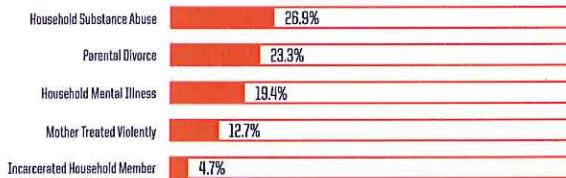
### ABUSE



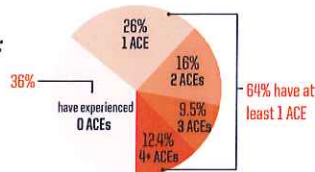
### NEGLECT



### HOUSEHOLD DYSFUNCTION

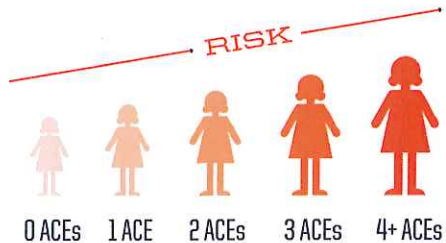


Of 17,000 ACE study participants:



## WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:

### BEHAVIOR



### PHYSICAL & MENTAL HEALTH



