



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of SCR 136, SD1
ENCOURAGING THE DEPARTMENT OF EDUCATION, DEPARTMENT OF
HEALTH, DEPARTMENT OF HUMAN SERVICES, DEPARTMENT OF THE
ATTORNEY GENERAL, AND JUDICIARY TO INCORPORATE RESEARCH AND
STRATEGIES REGARDING ADVERSE CHILDHOOD EXPERIENCES INTO
THEIR WORK WITH CHILDREN SUFFERING FROM TRAUMA**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE DEE MORIKAWA, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES

Hearing Date: April 13, 2017, 10:30 AM Room Number: 329

1 **Fiscal Implications:** None for the Department of Health.

2 **Department Testimony:** The Department of Health supports the development of programs,
3 policies and systems that are trauma-informed. For over a decade, the Department has provided
4 evidence-based treatment to children suffering from trauma and adverse childhood experiences.

5 The Department of Health has been utilizing a Trauma-Informed Care (TIC) approach in our
6 work for many years and has trained, and continues to train, staff, contracted providers, and
7 workers in the larger child-serving system, focusing on helping them understand the impact of
8 traumatic life experiences on children. These trainings and briefings have included Family Court
9 judges, probation officers, correctional officers at the Detention Home and Hawaii Youth
10 Correctional Facility, Department of Human Services Child Welfare Services staff, Department
11 of Education School-Based Behavioral Health Staff, and non-profit agency staff.

12 As the results of the original Adverse Childhood Experiences (ACE) study have become more
13 well-known, the Department has progressively integrated more of this information into our
14 routine practice. Most recently, the Child & Adolescent Mental Health Division (CAMHD)

1 adopted a new template for initial mental health evaluations that includes asking about these
2 experiences and calculating an ACE score on each child admitted to services.

3 In 2006, the Department used a federal grant to develop specialized direct services for girls ages
4 11-21 who experienced significant trauma in their lives. The treatment services included
5 Trauma-Focused Cognitive-Behavioral Therapy, Girls Circle and Trauma-Informed Care, which
6 are designed to help these girls remain at home, in school, out of trouble, and leading balanced,
7 connected and responsible lives in the community. All services were trauma-informed and
8 gender-specific. The federal grant also allowed the Department to sponsor two year-long
9 Learning Collaboratives on “Trauma-Focused Cognitive Behavior Therapy.” The Collaboratives
10 included state and non-profit organization staff and each Collaborative trained at least 30
11 therapists in this well-validated treatment approach.

12 The Child and Adolescent Mental Health Division standards for Mental Health Evaluations
13 include a requirement that every initial assessment must include a trauma screening instrument
14 such as the UCLA PTSD Index. This standard applies to all contracted evaluations and to those
15 performed by CAMHD psychologists.

16 The Child and Adolescent Mental Health Division instituted a policy regarding seclusion and
17 restraint that is based on the principles of trauma-informed care. The Department conducted
18 extensive trainings extensively on this topic. Safety planning regarding a person’s triggers,
19 warning signs, preferred ways of calming down, etc. is a regular part of the Department’s
20 treatment planning process.

21 The Department annually co-sponsors the IVAT (Institute on Violence, Abuse and Trauma)
22 “Hawaii Conference on the Prevention, Assessment and Treatment of Trauma” – a three day
23 event with a variety of offerings for providers at all levels of expertise.

24 Thank you for the opportunity to provide testimony.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

LATE

KATHRYN S. MATAYOSHI
SUPERINTENDENT

Date: 04/13/2017
Time: 10:30 AM
Location: 329
Committee: House Health
House Human Services

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Resolution: SCR 136, SD1 ENCOURAGING THE DEPARTMENT OF EDUCATION, DEPARTMENT OF HEALTH, DEPARTMENT OF HUMAN SERVICES, DEPARTMENT OF THE ATTORNEY GENERAL, AND JUDICIARY TO INCORPORATE RESEARCH AND STRATEGIES REGARDING ADVERSE CHILDHOOD EXPERIENCES INTO THEIR WORK WITH CHILDREN SUFFERING FROM TRAUMA.

**Purpose of
Resolution:**

Department's Position:

The Department of Education (Department) recognizes the intent SCR 136 SD1 and defers to the Office of the Attorney General regarding the submittal of the legislative report.

Adverse childhood experiences can harm students' ability to learn and negatively impact their academic achievement.

The Department is actively developing plans and exploring ways to incorporate research-based strategies and trauma-informed practices to address adverse childhood experiences into its approach to educating students.

Thank you for the opportunity to provide testimony on SCR 136 SD1.



Memorandum of Support SCR 136

Melanie Blow
Chief Operations Officer
Stop Abuse Campaign
Melanie.Blow@stopabusecampaign.org
(585) 315-6480

The Stop Abuse Campaign is dedicated to preventing Adverse Childhood Experiences, and we urge the Senate to pass SCR 136.

The Adverse Childhood Experiences study is often hailed as the most significant public health study of the late 20th century. It helps answer significant questions about the origins of poverty, mental illness, disease and disability. The biggest reason it has not lived up to its promise of reducing these issues is because it is poorly known by policy makers. Making this research understood by policy makers is the first step towards changing that, and this is why we urge you to support **SCR 136**.

The Adverse Childhood Experience study demonstrates that if we drastically change the way Child Protective Services, Family Courts, public schools, and other institutions operate, we can reap massive rewards from a society with less illness, crime, poverty, misery and lost potential. This resolution can pave the way for vital pieces of legislation like the Safe Child Act. Resolutions acknowledging this body of research are an important first step, and that is why supporting **SCR 136** is crucial to Hawaii's future.



kobayashi1- Oshiro

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 13, 2017 4:03 AM
To: HLTtestimony
Cc: smorse@blueprintforchange.org
Subject: Submitted testimony for SCR136 on Apr 13, 2017 10:30AM

SCR136

Submitted on: 4/13/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Morse	Blueprint for Change	Support	No

Comments: Blueprint for Change is a non-profit, charitable organization whose overall mission is to prevent child abuse and neglect in Hawaii. We strongly support this resolution.

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kobayashi1- Oshiro

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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 12, 2017 9:52 PM
To: HLTtestimony
Cc: trisha@mentalhealthhawaii.org
Subject: Submitted testimony for SCR136 on Apr 13, 2017 10:30AM

SCR136

Submitted on: 4/12/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Trisha Kajimura	Mental Health America of Hawaii	Support	No

Comments: Mental Health America of Hawaii supports SCR 136 and the incorporation of the Adverse Childhood Experiences scale in services related to children and trauma. ACEs should be taken into consideration when working with children and families and fits in well with the Ohana Nui approach of working with complete family units. We believe that heightened awareness and consideration of ACES can enhance mental health in Hawaii. Thank you for your consideration of this resolution.

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LATE



46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Executive Director

**TESTIMONY FOR SENATE CONCURRENT RESOLUTION 136, SD 1,
ENCOURAGING THE DEPARTMENT OF EDUCATION, DEPARTMENT OF
HEALTH, DEPARTMENT OF HUMAN SERVICES, DEPARTMENT OF THE
ATTORNEY GENERAL, AND JUDICIARY TO INCORPORATE RESEARCH
AND STRATEGIES REGARDING ADVERSE CHILDHOOD EXPERIENCES
INTO THEIR WORK WITH CHILDREN SUFFERING FROM TRAUMA**

**House Committee on Health
Hon. Della Au Belatti, Chair
Hon. Bertrand Kobayashi, Vice Chair**

**House Committee on Human Services
Hon. Dee Morikawa, Chair
Hon. Chris Todd, Vice Chair**

**Thursday, April 13, 2017, 10:30 AM
State Capitol, Conference Room 329**

Honorable Chair Belatti, Chair Morikawa, and committee members:

I am Kris Coffield, representing IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 350 members. On behalf of our members, we offer this testimony in support of SCR 136, SD 1, encouraging the Department of Education, Department of Health, Department of Human Services, Department of the Attorney General, and Judiciary to incorporate research and strategies regarding adverse childhood experiences into their work with children suffering from trauma.

IMUAlliance is one of the state's largest victim service providers for survivors of sex trafficking. Sex traffickers prey on our state's school children, often hovering around public school campuses to target our children. Traffickers are experts in observing and selecting their victims, and often infiltrate public schools by using students to recruit their peers. One of the largest child sex trafficking rings discovered on Hawai'i's shores was unearthed in 2014. It included 16 students, most whom were students at Mililani High School and Moanalua High School, two of our

state's top performing schools. Currently, IMUAlliance is involved in investigations at seven schools facing trafficking problems, all of which were initiated this year.

Over the past 10 years, we have provided comprehensive direct intervention services to 130 victims, successfully emancipating them from slavery and assisting in their restoration, while providing a range of targeted services to over 1,000 victims in total. We are also a leading provider of anti-sexual-exploitation education, teaching over 10,000 students each year about the perils of sex trafficking and the commercial sex trade. When we provide anti-trafficking instruction in the Department of Education schools, students report that themselves or someone they know are being or at risk of being trafficking at a 2:1 ratio—two victims for every class we teach. Teachers, in turn, frequently request information and assistance in meeting the needs of traumatized students and preventing their children from being ensnared by our state's prolific slave trade. Each of the victims we have assisted has suffered from complex and overlapping trauma, including post-traumatic stress disorder, depression and anxiety, dissociation, parasuicidal behavior, and substance abuse. Trafficking-related trauma can lead to a complete loss of identity. A victim we cared for in 2016, for example, had become so heavily bonded to her pimp that while under his grasp, she couldn't remember her own name.

Sex trafficking is a profoundly violent crime. The Average age of entry into commercial sexual exploitation is 13-years-old, with 60 percent of sex trafficked children being under the age of 16. Approximately 150 high-risk sex trafficking establishments are operational in Hawai'i. An estimated 1,500-2,500 women and children are victimized by sex traffickers in our state annually. Over 110,000 advertisements for Hawai'i-based prostitution are posted online each year, a number that has *not* decreased with the recent shuttering of Backpage.com's "adult services" section. More than 80 percent of runaway youth report being approached for sexual exploitation while on the run, over 30 percent of whom are targeted within the first 48 hours of leaving home.

With regard to mental health, sex trafficking victims are twice as likely to suffer from PTSD as a soldier in a war zone. Greater than 80 percent of victims report being repeatedly raped and 95 percent of report being physically assaulted, numbers that are underreported, according to the United States Department of State and numerous trauma specialists, because of the inability of many victims to recognize sexual violence as such. As one underage victim—now a survivor—told IMUAlliance prior to being rescued, "I can't be raped. Only good girls can be raped. I'm a bad girl. If I *want* to be raped, I have to *earn* it."

To stop slavery in Hawai'i, we must incorporate evidence-based, trauma-informed practices and training into all agencies that work with at-risk or victimized children. Mahalo for the opportunity to testify in support of this resolution.

Sincerely,
Kris Coffield
Executive Director
IMUAlliance

COMMITTEE ON HEALTH

Chair Belatti

Vice Chair Kobayashi

COMMITTEE ON HUMAN SERVICES

Chair Morikawa

Vice Chair Todd

Chelsea Kinimaka

750 Alewa Drive

Honolulu, HI 96817

(808)392-4812

Hearing Date: 4/13/2017 (Thursday)

Testifying in favor of SCR136 SD1

Aloha Chair Belatti, Vice Chair Morikawa of the Committee on Health; and Chair Morikawa, and Vice Chair Todd from the Committee on Human Services. My name is Chelsea Kinimaka and I am testifying in favor of Senate Concurrent Resolution 136 SD1. I am a University of Hawaii Manoa student from the Myron B. Thompson School of Social Work, pursuing my Masters degree in Social Work. My testimony is fueled by my past experience as an intern for the Department of Education as a school-based social worker, and current experience interning for Salvation Army Family Treatment Services working with women in recovery and their children; and further reinforced by my educational background regarding the effects of childhood trauma.

SCR136 SD1 already provides research on the prevalence of childhood trauma, as well as the spectrum of effects that result from childhood trauma in regards of behavior, mental and physical health, learning, and academic achievement. Being that this is provided, my testimony seeks to provide evidence of protective factors that increase a child's ability to build resiliency in face of dealing with childhood trauma. In a longitudinal study done on Kauai (Werner, 2005), a team of mental health workers, pediatricians, public health nurses, and social workers, monitored

the development of 698 children born in 1955 on Kauai from infancy to adulthood (from age 1-40). Of the 698 children, 30 percent had experienced risk factors such as poverty, pre or perinatal complications, divorce, or reared by mothers with less than 8th grade education. The majority had developed issues with learning, behavior, or had delinquency records by the age of 18. Interestingly, 1 out of 3 of these children had grown to become competent, confident, caring adults. The research asserts that there were individual, familial, and community factors that increased chances for resiliency.

For the purposes of this testimony, I will only be discussing the community factors that provide resiliency, as SCR136 SD1 calls for macro-level changes within the community to help children with childhood trauma to succeed. Werner states, that resilient children tended to rely on elders and peers within their community for emotional support. Adults that fit the category of being a community elder includes teachers, school staff, caring neighbors, parents of boyfriend/girlfriend, youth leaders, ministers, and community members. With that being said, changes that can be made within our state could include: trauma-informed teachers and school staff, trauma-informed trainings for staff working with youth such as within Parks and Recreation, and even providing education to students for where they can seek such services.

It has been my personal experience, as a DOE intern, that not all teachers and staff are expected to be trauma-informed. Systemic issues within the education system reinforce teachers to neglect the social and emotional needs of students, because they are trying to keep up with the expected pace. As said in SCR136 SD1, childhood trauma is common amongst families, but is typically unrecognized. Our society is not structured for the success of youth that do not have the individual or familial protective factors, therefore our community should be providing protective factors that will increase chances of success. Once again, I am testifying in support of

SCR136 SD1, as I have witnessed the effects of childhood trauma with my clients, and because I believe that protective factors in the community can provide better chances and rates of success for the upcoming generation.

Thank you for your time,

Chelsea Kinimaka, BSW.

Access Kauai Longitudinal study here: <https://www.pathwaysrtc.pdx.edu/pdf/fpS0504.pdf>

kobayashi1- Oshiro

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 12, 2017 8:42 AM
To: HLTtestimony
Cc: kaulanad@gmail.com
Subject: *Submitted testimony for SCR136 on Apr 13, 2017 10:30AM*

SCR136

Submitted on: 4/12/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kaulana Dameg	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
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To: HLTtestimony
Cc: tika_bean@hotmail.com
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SCR136

Submitted on: 4/12/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Erica Scott	Individual	Support	No

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kobayashi1- Oshiro

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 12, 2017 12:15 PM
To: HLTtestimony
Cc: mendezj@hawaii.edu
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SCR136

Submitted on: 4/12/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 13, 2017 12:38 AM
To: HLTtestimony
Cc: leeannw@hawaii.edu
Subject: Submitted testimony for SCR136 on Apr 13, 2017 10:30AM

LATE

SCR136

Submitted on: 4/13/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lee-Ann Wheelden	Individual	Support	No

Comments: Aloha and thank you for this opportunity to provide testimony is STRONG SUPPORT of SCR136. The finding from the ACEs study done by Centers for Disease Control and Kaiser Permanente are considered by Dr. Robert Block, the current President of the American Academy of Pediatrics as "the single most unaddressed public health threat facing our nation today" The advances our nation has made with tobacco, lead poisoning, and HIV/AIDS speaks volumes about our ability to respond to public health threats. Adverse childhood experiences have a dose-response relationship with health implications and are not specific to any population, culture, gender or age range. Continued marginalization of the issue because it applies to other is unrealistic and detrimental to society. As a survivor of child abuse as well as a current graduate school student studying social work at the University of Hawaii at Manoa, it is my ethical responsibility to educate myself and others about significant findings such as those from the ACEs study . I urge your support and recognition that this issue affects us all and far more should be done to address the impacts.

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LATE

Barry Goldstein
Domestic Violence Author, Speaker and Advocate
831 Queen Anne Road
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(914) 643-3142
Barryg78@aol.com
www.Barrygoldstein.net

April 14, 2017

Testimony in Support of SCR 136

I am the Director of Research for the Stop Abuse Campaign and have written some of the leading books concerning domestic violence and custody. I worked directly with Dr. Vincent Felitti who was the lead author of the original ACE (Adverse Childhood Experiences) Study in preparing an ACE chapter for my book *The Quincy Solution: Stop Domestic Violence and Save \$500 Billion*. We came to Hawaii in September to speak to legislators and stakeholders about the Safe Child Act which would solve the problem concerning domestic violence custody cases. The proposal is based on important research like the ACE Studies so the resolution you are considering is a good first step towards making Hawaii's children safer and healthier.

We often compare the ACE Research to the Surgeon General's 1964 Study that linked cancer and smoking. Both studies could be depressing when you consider the enormous harm caused by tolerating smoking, domestic violence and child abuse, but it also provides a wonderful opportunity. Society used the Surgeon General's Report to change a variety of laws and practices and provide education in order to discourage smoking. This has saved millions of lives and trillions of dollars. Hawaii, and the nation as a whole are happier, healthier and wealthier because of the efforts to implement the scientific and medical findings in the Surgeon General's Report.

When you consider the full history of mankind, until very recently, behavior that we now would consider domestic violence and child abuse was both acceptable and legal. You may remember that some of the athletes who recently got in trouble for domestic violence and child abuse claimed surprise that they did anything wrong as they were only repeating the actions they witnessed and experienced as children.

The fundamental findings of the ACE Research is that children exposed to domestic violence, child abuse and other trauma will live shorter lives and have a lifetime of health and social problems. As a society, we have tended to focus almost exclusively on physical assaults and the resultant physical injuries, but 99% of the harm is caused from living with the fear which causes the worst kind of stress. The courts in Hawaii, like the courts in every other state and virtually every country are not focusing on protecting the children from the non-physical wounds and therefore can do nothing to save the children. A new study from the National Institute of Justice led by Professor Joan Meier will be released in December. It confirms the courts are getting most abuse cases wrong and contrary to defensive protestations proves the problem is harming children in Hawaii just like every other state.

Dr. Felitti emphasized that the best use of his research is prevention. The present level of cancer, heart disease, diabetes, mental illness, crime, substance abuse, suicide and many other health and social problems is based on our present level of domestic violence and child abuse. Just like with our response to the link between smoking and cancer, the ACE Research provides an exciting opportunity to make Hawaii healthier, wealthier, safer and happier and the benefits will be even greater than

in 1964 because ACE covers a wider array of health and social problems. This resolution will promote these wonderful benefits.

As part of my research for the Quincy book I had a chance to interview medical professionals working with the ACE Research. I asked them the question that I believe should be most important in custody cases. When a child has been exposed to one or more ACEs, is there anything we can do now to save the child from the horrific consequences?

The answer is yes, but requires two responses. The first is that the children need therapy and treatment for any problems they are having and also to reduce the stress. This means the safe parent must be able to make all medical decisions because an abuser doesn't want the children in therapy where they might reveal his abuse. The second response requires children to be protected from abusers because they cannot heal if they continue to live in fear.

I appreciate that court officials would like to believe they are doing everything right, but the discussions based on the ACE Research are not happening in domestic violence custody cases. The outcomes routinely take away the children's last chance for a full and successful life. I must tell you my heart breaks every day when I hear these horrific stories in Hawaii and every other state.

The ACE Research provides an enormous opportunity for our children and for society. Thank you for doing the research and work to bring this opportunity to Hawaii. Only good things can come from integrating the ACE Research into standard practices.

Sincerely

Barry Goldstein

kobayashi1- Oshiro

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 12, 2017 7:46 PM
To: HLTtestimony
Cc: circeyee@yahoo.com
Subject: *Submitted testimony for SCR136 on Apr 13, 2017 10:30AM*

SCR136

Submitted on: 4/12/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Circe Carr	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 13, 2017 5:25 AM
To: HLTtestimony
Cc: mothertomothers@gmail.com
Subject: Submitted testimony for SCR136 on Apr 13, 2017 10:30AM

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SCR136

Submitted on: 4/13/2017

Testimony for HLT/HUS on Apr 13, 2017 10:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
melissa barnett	Individual	Support	No

Comments: IN SUPPORT for SCR136 (ACES research) ENCOURAGING THE DEPARTMENT OF EDUCATION, DEPARTMENT OF HEALTH, DEPARTMENT OF HUMAN SERVICES, DEPARTMENT OF THE ATTORNEY GENERAL, AND JUDICIARY TO INCORPORATE RESEARCH AND STRATEGIES REGARDING ADVERSE CHILDHOOD EXPERIENCES INTO THEIR WORK WITH CHILDREN SUFFERING FROM TRAUMA. Report Title: Adverse Childhood Experiences The foundation for our health and welfare is established in early childhood, including our social and emotional connections that set the stage for a lifetime of interactions and relationships both good and bad. We believe that our children are worthy of love and careful support and protection. All efforts should be made whenever establishing public policy as it pertains to the growth and development of our children. It is in everyone's best interest in doing so. The health of a nation is represented by the health of its young, health includes all nurturing aspects, including education, housing, home life, and issues related to custody when the state participates in either establishing new family ties through divorce, guardianship, or foster-care. The current systems fails to provide safety and security for young and older children such failures to protect have become a public health hazard. A nurtured childhood should be of highest priority, with ACE's to establish the need for such care our children will be assured the protection necessary for a healthy future. Melissa Barnett Mothers of Lost Children Safe Child Advocate

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LATE

TO: Representative Au Belatti, Chair
Representative Kobayashi, Vice Chair
House Health Committee Members

Representative Morikawa, Chair
Representative Todd, Vice Chair
Human Services Committee Members

FROM: Dara Carlin, M.A.
Domestic Violence Survivor Advocate
881 Akiu Place
Kailua, HI 96734
(808) 262-5223

DATE: April 13, 2017

RE: STRONG SUPPORT for SCR136 SD1

Good Morning Committee Chairs, Vice Chairs and Members.

“Those who don't know history are doomed to repeat it.” — **Edmund Burke**

Edmund Burke's words could not be more relevant than when applied to the burden of childhood trauma. Thankfully the *Centers for Disease Control* recognized the correlation between Adverse Childhood Experiences (ACEs) and the less-than-desirable impact they have enough to conduct a longitudinal study, the results of which have opened a door to not only understanding but rectifying the often lifelong and debilitating effects and consequences of childhood trauma.

Although **The Safe Child Act, HB697** (previously HB1701 in the 2016 legislative session) which puts the ACEs research into immediate, usable and workable form was resubmitted for consideration this 2017 legislative session, it missed hearing date assignment and time for introduction so to see the precursor of the Safe Child Act be introduced as SCR136 SD1 is not only heartening but reconfirms and reaffirms the promise this valuable research holds, the effects of which will simultaneously save our state both lives and money!

This past September, the author of The Safe Child Act - *Barry Goldstein* - and CEO of the Stop Abuse Campaign - *Andrew Willis* - traveled to Hawaii to meet and speak with as many local community stakeholders and legislators as they could about the exciting prospects of the ACEs research in the form of The Safe Child Act. The most exciting part of the meetings was watching people's faces light up and seeing the enthusiasm generated when the potential of the research and The Safe Child Act was realized.

As a survivor of both child abuse and domestic violence, let me assure you that my pursuit towards ending both has been a lifelong commitment (and between the two, the consequences of the violence and abuse I experienced as a child far outweigh and exceed the repercussions of violence and abuse I experienced as a wife and mother).

As a professional, whose entire career has been dedicated towards the study, correction, and eradication of abuse, what the ACEs Study provides us is what I consider "the gold standard".

Failure to implement and to not take advantage of the gathered and cumulative wisdom that the ACEs Study puts forth would not only be short-sighted but dooms future generations (to include those not directly affected by ACEs) to repeat a painful, costly, unnecessary, preventable and correctable legacy. For this consideration and for all the reasons spelled out in SCR136 SD1, I humbly urge you to support and pass this measure - it's a decision you'll never regret.

Thank you for the opportunity to provide testimony in **STRONG SUPPORT** of SCR136 SD1 and my sincerest apologies for not being here in-person today to deliver this testimony.

Respectfully,

Dara Carlin, M.A.

Domestic Violence Survivor Advocate

kobayashi1- Oshiro

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 12, 2017 7:27 PM
To: HLTtestimony
Cc: gyats1@yahoo.com
Subject: Submitted testimony for SCR136 on Apr 13, 2017 10:30AM

SCR136

Submitted on: 4/12/2017

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Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Guy Yatsushiro	Individual	Support	No

Comments: Please support the implementation of this best practices research. Mahalo

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