

Chair Carruthers, Vice Chair Pavliga, Ranking member Boyd, and members of the house behavioral health and recovery supports committee, I want to first extend gratitude to the Ohio House Behavioral Health and Recovery Supports Committee and Representative Pavliga for having me today. I am here in support of House Bill No. 428 and the establishment of the Adverse Childhood Experience's Study Commission. My name is NiCole Thomas and I serve as Director of Trauma Services and The Family Center at Children's Advantage in Portage County, a behavioral health agency serving children and families. I began my work in the field at 21 years old serving adolescents who were struggling with alcohol and drug addiction, moved onto research and study of evidenced based practices that were new and innovative, spent time as a family intervention specialist under the child protective service sector and through all of the various experiences, the one thing that remained clear to me was if there was going to be true healing of those I served, it would have to be through efforts to assist in healing the trauma that had impacted their lives, their worldview, and their ability to thrive. Trauma is an experience, not an event. It is something that happens to us, not something that is wrong with us. According to the National Child Traumatic Stress Network there are three types of trauma; Acute, Chronic, and Complex. Acute trauma is from a single incident, chronic is prolonged and repeated, and complex is exposure to varied, multiple experiences that are often invasive and interpersonal in nature. We now know that when we experience a traumatic event, much like those outlined in the ACEs study, it can have substantial impact on our physical, mental, emotional, and spiritual parts of self. When a child experiences neglect and abuse during pre-verbal stages, the child has learned very early on that the world is unsafe and certain defenses will need to be put into place for survival, their little bodies become dysregulated, and they begin interpreting their world as unsafe and unpredictable. Those little people then grow into big people and as we have unfortunately learned, hurt people then hurt people. Children who experience several ACEs in their little lives are more likely to engage in high risk behaviors such as self-injurious behaviors, struggle with suicidal ideation, use drugs and alcohol, have difficulties with pro-social and emotional interactions and interpersonal relationships, and have little academic success. Untreated trauma is likely to lead to youth involvement in the legal system and impact their ability to maintain in the community. Trauma impacts the physical well-being of a person. According to Bessel Van Der Kolk who wrote *The Body Keeps the Score*, we store our traumatic experiences in our bodies that will often manifest in prolonged health conditions and symptoms that continue a cycle of being unwell and not living to our best selves potential. We have three responses to trauma that our bodies allow us to utilize often referred to as fight, flight, or freeze. The blessing is our bodies try to protect us, the burden is that even through attempting to protect us from perceived danger, we still endure pain of trauma and still have an experience. In knowing this and serving survivors of trauma, House Bill No. 428 is innovative and forward thinking in the fight to heal communities from trauma, prevent further traumatization of our children and take victims to survivors to thrivers. As a licensed professional clinical counselor, director of trauma services, supporter of recovery, and community member in the state of Ohio, I have experienced both the devastation of trauma on youth, their families, and their communities, as well as hope restored by healing of trauma. I have been blessed to be on the side of healing and am here today to share with you my experience working with survivors of trauma and to offer insight to how we can both heal our communities and prevent experiences that result in trauma response in community members, specifically children. We know that trauma can be healed. It can be healed through modalities such as EMDR, Structured Sensory Intervention for Traumatized Children and Parents, Trauma Focused Cognitive Behavioral Therapy, and linkage to community resources to restore basic needs after crisis. We have learned what survivors need through

ACEs and utilizing its findings to create trauma informed care, interventions, and overall practice and consideration when working with people in society. ACEs is vital in knowing how a community is impacted by trauma. It helps provide indicators of health crisis and the needs of specific populations in specific demographics. It allows better policies to be written and put into practice to protect survivors and help educational systems know how to establish learning practices that are trauma informed. ACEs aides in bringing healing to communities. By utilizing ACEs and learning about the needs of a community my agency took a stand to respond to the growing needs of our community through the development of The Family Center and Family Center Model of Care. ACEs had been administered at our agency as a standard assessment practice and through its utilization we came to find that our community of Portage County was being substantially impacted by the drug epidemic. Its impact on children and families was devastating. Our trauma clinic was inundated with serving children and their families who were struggling with traumatic grief. Children were losing parents. Grandparents were losing children and now raising grandchildren. In our efforts to heal our community The Family Center has been in operation for a year now and we are seeing the impact of having ACEs data and support of trauma interventions in our community. We are serving whole families who once were bound by intergenerational trauma. Cycles are being broken, whole families are healing. By utilizing ACEs we are able to assess both the impact to children and families and create comprehensive service plans that meet the needs of the whole family. Our goal as professionals, politicians, community members, neighbors, as people doing life with one another should always be to look out for one another. To love one another as we are loved. And to create a safe and nurturing community where children can thrive, families can heal, and our society can be better. I firmly believe that looking at ACEs, increasing efforts towards resilient communities, and healing trauma that may come to us all inevitably, has the potential to bring hope. And starting with our most vulnerable yet most resilient, strategizing for how to prevent traumatic impact for children, its invaluable. C.S Lewis said it best when he said "Children are not a distraction from more important work, they are the most important work". My hope is that House Bill No 428 will promote resilient children, prevent experiences that steal their youth, and children in our communities will grow to be light in this world.