

ASSEMBLY, No. 4427

STATE OF NEW JERSEY

221st LEGISLATURE

INTRODUCED MAY 20, 2024

Sponsored by:

Assemblywoman JESSICA RAMIREZ

District 32 (Hudson)

SYNOPSIS

Promotes trauma-informed care in State to mitigate negative effects of adverse childhood experiences and toxic stress.

CURRENT VERSION OF TEXT

As introduced.



1 AN ACT concerning adverse childhood experiences and
2 supplementing Title 9 of the Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. The Legislature finds and declares:

8 a. The Kaiser Permanente Adverse Childhood Experiences
9 (ACEs) study identified that childhood exposure to traumatic
10 experiences increases the likelihood of physical and psychological
11 illness later in life. Those traumatic experiences include: physical,
12 emotional, or sexual abuse; physical or emotional neglect;
13 household dysfunction, including substance use disorder, untreated
14 mental illness, or incarceration of a household member; domestic
15 violence; and separation and divorce involving household members.

16 b. Witnessing abuse to animals and even the loss of a pet can
17 potentially cause a child to experience toxic stress, which stress
18 can be prolonged, severe, and chronic.

19 c. According to the federal Centers for Disease Control and
20 Prevention, 63.9 percent of U.S. adults reported experiencing at
21 least one ACE in their lifetime and 17.3 percent reported
22 experiencing four or more ACEs in their lifetime.

23 d. In New Jersey, more than 40 percent of children have
24 experienced at least one ACE and 18 percent have experienced at
25 least two and these children are 5 times more likely to be reported
26 in fair or poor health.

27 e. Overcoming the challenges of preventing ACEs requires
28 strong partnerships across sectors, State agencies, community
29 members, and non-profit organizations.

30 f. A study by the federal Centers for Disease Control and
31 Prevention found that the average lifetime cost for each victim of
32 abuse and neglect was \$210,012, including child and adult
33 healthcare costs and productivity losses, and the total lifetime costs
34 associated with just one year of confirmed cases of child
35 maltreatment was approximately \$124 billion.

36 g. Research has shown that the prevention of prolonged
37 exposure to toxic stress, early intervention, trauma-specific
38 treatment, and building resilience of children and families, which
39 can be promoted through trauma-responsive care, can mitigate the
40 impact of ACEs and produce better health, educational, and
41 community outcomes.

42 h. A core component of resilience is promoting healthy social-
43 emotional development in children and families.

44 i. Creating trauma-responsive communities, organizations, and
45 schools will help New Jersey become a healthier state, which may
46 help reduce healthcare costs and emergency room visits.

1 2. As used in this act:

2 “Adverse childhood experiences” means severe childhood
3 stressors that, when experienced during the prenatal to age three
4 period, affect brain development and which are proven to be
5 powerful determinants of physical, mental, social, and behavioral
6 health across a lifespan. Adverse childhood experiences may
7 include, but are not limited to, child physical or sexual abuse, child
8 emotional abuse, child physical or emotional neglect, substance use
9 disorder in the home, mental illness or suicidal behaviors in the
10 home, incarceration of a family member, exposure to violence in the
11 home or community, and parental divorce or separation.

12 “Toxic stress” means a condition in which an individual is in a
13 chronically stressful situation that causes a prolonged stress
14 response.

15 “Trauma-informed care” means a strength-based approach to
16 service delivery that: considers treating a person’s past trauma and
17 resulting coping mechanism; is grounded in an understanding of,
18 and the responsiveness to, the impact of trauma; emphasizes
19 physical, psychological, and emotional safety for both service
20 providers and survivors of trauma; and creates opportunities for
21 trauma survivors to rebuild a sense of control and empowerment.

22

23 3. The Department of Children and Families shall develop and
24 implement a program to promote trauma-informed care in order to
25 mitigate the negative effects of adverse childhood experiences and
26 toxic stress in this State. In implementing the program, the
27 department shall, at a minimum:

28 a. develop a trauma-informed care toolkit of resources that
29 provide trauma awareness and self-care education for State
30 employees, increase recognition of signs of adverse child
31 experience exposure, and offer effective interventions to mitigate
32 trauma and build resilience, which toolkit is to be shared across all
33 State agencies and organizations for use at service delivery access
34 points;

35 b. promote a Trauma Awareness Month in New Jersey with
36 appropriate events to be held across the State;

37 c. share information with State employees and community
38 partners on educational and professional development opportunities
39 related to adverse childhood experiences and building resilience;

40 d. create a recognition program for individuals who work in the
41 prevention and early intervention-treatment continuum, which may
42 include individuals, divisions within an agency, and community
43 partners, such as schools and school districts;

44 e. identify gaps in available services or service capacity along
45 the prevention and early intervention-treatment continuum for
46 children and their caregivers Statewide;

47 f. develop a comprehensive plan focused on early intervention
48 for children and their caregivers exposed to adverse childhood

1 experiences in order to help prevent, and remedy the impact of,
2 abuse and neglect; and

3 g. coordinate the collection, evaluation, and reporting of adverse
4 childhood experience data in the State.

5

6 4. Each State agency that provides services for children and
7 adults shall implement best practices for providing trauma-informed
8 care, which shall include, but not be limited to:

9 a. offering regularly scheduled training to staff to increase their
10 knowledge about the impact of adverse childhood experiences and
11 toxic stress on short-term and long-term health outcomes;

12 b. promoting strategies to enhance staff resilience and self-care;

13 c. using trauma-specific language in requests for proposals and
14 in service contracts with providers, when appropriate; and

15 d. implementing evidence-informed services to prevent and
16 respond to toxic stress and build resilience in children, adults, and
17 communities.

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19 5. This act shall take effect immediately.

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22 STATEMENT

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