Adverse Childhood Experiences in Connecticut

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Health Statistics and Surveillance Section
State of Connecticut, Department of Public Health

Definitions & Data Source

Adverse Childhood Experiences (ACEs) are experiences typically reported among adults when they were children less than 18 years of age. There are a total of eight ACEs grouped into two types: Abuse, which includes verbal, physical, and sexual abuse; and Household Dysfunction, which is witnessed as a child and includes mental illness, incarceration, substance abuse, parental separation/divorce, and domestic violence.

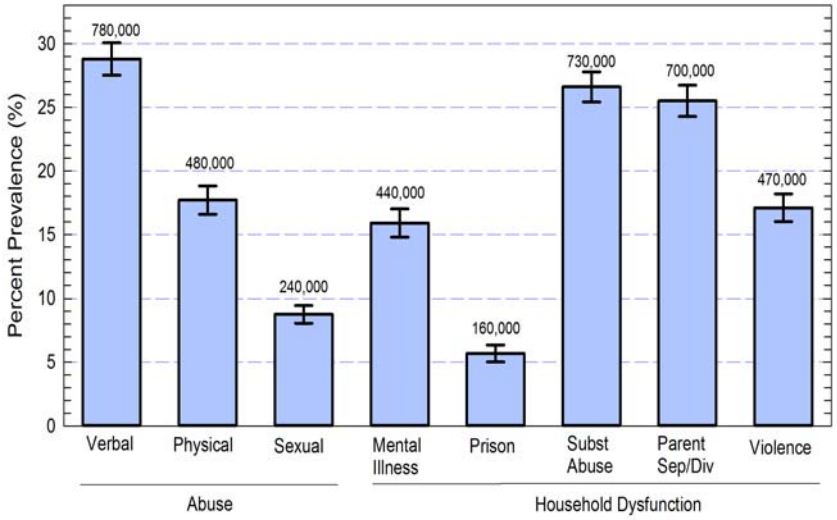
Estimates of ACEs in Connecticut were obtained from questions in the Connecticut Behavioral Risk Factor Surveillance System (CT-BRFSS), the state's health survey, from September through December, 2012, using previously published methods.[1] A total of 2,481 responses were recorded to the ACEs questions. The CT-BRFSS is a CDC-sponsored voluntary landline/cell phone population-based survey of randomly selected adults in the state that monitors the health and well-being of its residents.

Types of ACEs in Connecticut

The percent prevalence of the most commonly reported ACEs are:

- Verbal abuse (28.8%) affecting 780,000 residents;
- Substance abuse in the household (26.6%), affecting 730,000 residents;
- Parental separation/divorce (25.5%), affecting 700,000 residents; and
- Physical abuse (17.7%), affecting 480,000 residents.

The percent prevalence of household dysfunction during childhood is 52.6%, affecting 1.4 million adult residents. The percent prevalence of abuse during childhood is 36.6%, affecting nearly one million adult residents.



Weighted frequency of each type of ACE in the population of adult Connecticut residents is shown above the bars, assuming a statewide adult population of 2.8 million.

Characteristics of At Least One ACE in Connecticut

Characteristic	Percent Prevalence (%)	95% Confidence Interval
Housing Arrangement		
Own	56.9	53.7-60.1
Rent	73.2	68.3-78.2
Education		
Less than High School Degree	72.1	62.7-81.6
High School Degree	60.5	54.9-66.1
More than High School	59.6	56.4-62.8

Characteristic	Percent Prevalence (%)	95% Confidence Interval
Sex		
Male	63.0	58.8-67.1
Female	59.3	55.8-62.7
Race/Ethnicity		
non-Hispanic White/Caucasian	58.8	55.9-61.7
non-Hisp Black/Afr Am/Other/Multi	72.3	62.1-82.5
Hispanic/Latino	74.8	66.0-83.7

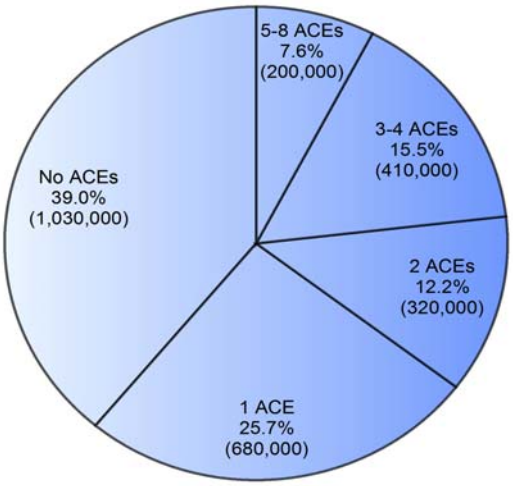
Characteristic	Percent Prevalence (%)	95% Confidence Interval
Age group		
18-24 years old	61.8	49.3-74.4
25-34 years old	72.0	64.4-79.5
35-54 years old	67.3	63.2-71.4
55+ years old	51.6	48.1-55.0

Among adults in Connecticut with at least one ACE, the percent prevalence is significantly higher ($p < 0.05$) among those who: 1) Live in rental housing or other housing situations, compared to those who own their own homes; 2) Are 25-34 years of age, compared to those who are at least 55 years of age; and 3) Are of minority race/ethnicity, compared to those who are non-Hispanic White/Caucasian.

Number of ACEs in Connecticut

The percent prevalence of at least one ACE during childhood among adults in Connecticut, whether abuse or household dysfunction, is 61%, affecting 1.6 million residents.

Among adults in Connecticut, 7.6% had at least five of eight ACEs during childhood, affecting 200,000 adult residents.



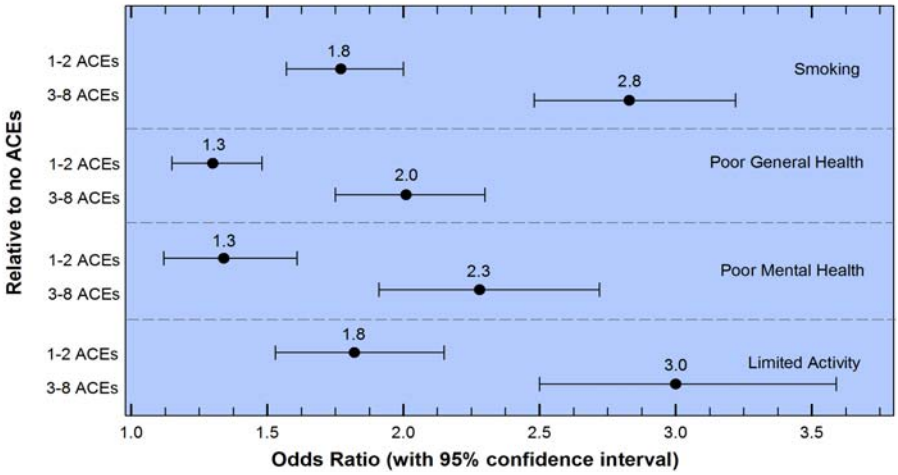
Weighted frequency estimates among adults in Connecticut are shown in parentheses.

Adults in Connecticut who during childhood experienced verbal abuse are more likely to have also experienced:

- Substance abuse in the household (13.5%);
- Physical abuse (13.4%);
- Household domestic violence (11.0%);
- Divorce/separation in the household (10.3%);
- Mental illness in the household (10.0%).

The percent prevalence of adults in Connecticut who experienced 5-8 ACEs in childhood is highest among those who experienced incarceration (40.2%) or domestic violence (35.0%) in the household, or who experienced sexual abuse (34.8%).

Number of ACEs and Health Outcomes/Risk Behaviors[2]



Compared to no ACEs, adults with 3-8 ACEs in Connecticut and five other states combined are:

- 3.0 (95% CI: 2.5, 3.6) times more likely to report limited activity, such as self-care, work, or recreation, due to poor health;
- 2.8 (95% CI: 2.5, 3.2) times more likely to smoke;
- 2.3 (95% CI: 1.9, 2.7) times more likely to report poor mental health; and
- 2.0 (95% CI: 1.7, 2.3) times more likely to report poor general health.

These risks for adults with 3-8 ACES are also significantly higher compared to adults with 1-2 ACEs ($p < 0.05$).

Promising Practices in Connecticut

- Educate clinical and social service providers about childhood trauma & trauma-focused care
- Screen for childhood trauma in clinic practices and programs that serve adults[3]
- Offer trauma-informed interventions to reduce adult risk behaviors and poor health outcomes[2]
- Emphasize trauma-focused perinatal care to improve pregnancy & birth outcomes[4]

For more information about ACES and trauma-focused practices, please see: ACEs Connecticut (*http://acesconnection.com/*); National Council for Community Behavioral Healthcare (*http://www.thenationalcouncil.org/topics/trauma-informed-care/*).

References

[1] Bynum, L, Griffin, T, Ridings, DL, Wynkoop, KS, Anda, RF, Edwards, VJ, Strine, RW, Liu, Y, McKnight-Eily, LR, Croft, JB (2010) Adverse childhood experiences reported by adults—Five states, 2009, *Morbidity and Mortality Weekly Report 59(49):1609-1613*.

[2] Stone, C (2013) Association between number of adverse events in childhood and adult risk behaviors and poor health outcomes, Connecticut Department of Public Health, Hartford, Connecticut. (*http://www.ct.gov/dph/brfss*).

[3] Maternal, Infant, and Early Childhood Home Visiting Program, Connecticut Department of Public Health.

[4] Smith, MV, Gotman, N, Yonkers, K, Early childhood adversity and pregnancy outcomes, *manuscript pending review*.

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This factsheet can be viewed at: *http://www.ct.gov/dph/brfss*