Adverse Childhood Experiences in Connecticut

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. 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.

Characteristics of At Least One ACE in Connecticut

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.](chart.png)

**Number of ACEs and Health Outcomes/Risk Behaviors**

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
- Offer trauma-informed interventions to reduce adult risk behaviors and poor health outcomes
- Emphasize trauma-focused perinatal care to improve pregnancy & birth outcomes

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**

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