

**STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE  
999 ASYLUM AVENUE, HARTFORD, CONNECTICUT 06105**



**Sarah Healy Eagan  
Child Advocate**

**TESTIMONY OF THE OFFICE OF THE CHILD ADVOCATE FOR  
THE STATE OF CONNECTICUT**

**IN SUPPORT OF THE FOLLOWING BILLS:**

H.B. No. 5146 AN ACT ESTABLISHING A YOUTH SUICIDE PREVENTION PILOT  
PROGRAM

**COMMITTEE ON CHILDREN  
TUESDAY, FEBRUARY 18, 2020**

Senator Moore, Representative Linehan, Senator Kelly, Representative Green, and all other distinguished members of the Committee on Children:

This testimony is being submitted on behalf of the Office of the Child Advocate (“OCA”) in support or in response to the above referenced Bill.

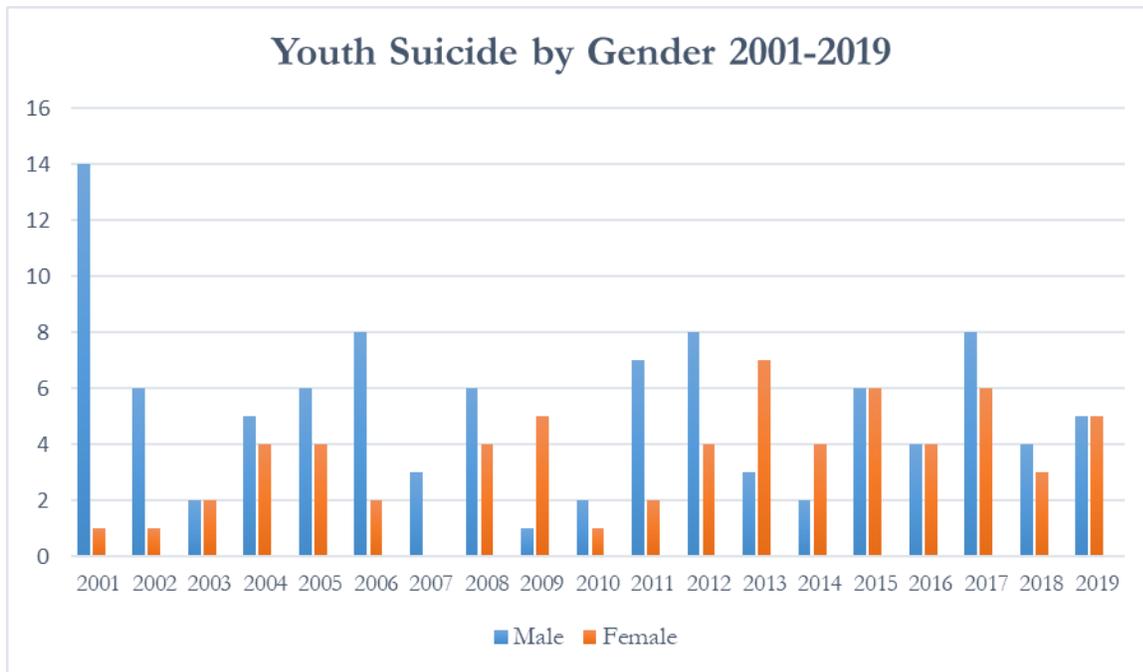
The obligations of the OCA are to review, investigate, and make public recommendations regarding how our state-funded systems meet the needs of vulnerable children.

OCA supports the goals of House Bill 5146 which seeks to train and inform community members regarding suicide prevention efforts. Such training is essential to combat the growing numbers of children who seek to end their own lives. OCA looks forward to partnering with this Committee and other necessary stakeholders, in particular our colleagues at the Department of Mental Health and Addiction Services and the Department of Children and Families—the current co-chairs of the State’s Suicide Advisory Board—to ensure this legislation is well positioned to build on existing initiatives regarding suicide prevention training.

*Suicidality and despair are a real phenomenon among children*

Between January 2001 and December 2019, Connecticut has lost 165 children to suicide. Boys accounted for 61% of those suicide deaths and girls accounted for 39%. For the past 8 years, girls have been dying at a similar rate as boys. Although the numbers are small relative to the total population. Youth suicide has a devastating impact to the youth’s family, school, and community, and

the ripple effect of each tragedy cannot be overstated. A death from suicide is a death like no other, it carries shame, stigma, and concerns for contagion.



### Connecticut Suicide Data 2018: Seven Youth Suicides (7)

- *Suicide has risen to be the second leading cause of death nationwide for children age 10 and above.*
- *Historically, most children who died from suicide were white, but children of color are increasingly represented in this child fatality group.*
- *The age of children attempting and dying from suicide has been trending younger and younger over the last 15 years.*
- *All of the children who died from suicide in 2018 were between the ages of 11-17, with a median age of 16; 4 children were boys and 3 were girls. Six of the children died from asphyxia by hanging.*

### Centers for Disease Control’s Youth Risky Behavior Survey—Connecticut Data

According to the Department of Public Health, the Connecticut School Health Survey (CSHS) is a school-based survey of students in grades 9 - 12, with randomly chosen classrooms within selected schools, and is anonymous and confidential. It is also nationally known as the Youth Risk Behavior Survey (YRBS). The health survey previously had two components, the Youth Behavior Component (YBC), and Youth Tobacco Component (YTC), and has been successfully administered in Connecticut since 2005. Below are excerpts from one of the state’s recent reports.

**18.4 % -- The percentage of youth in grades 9 through 12 who responded yes to the question of whether they had done something to purposely hurt themselves without wanting to die. Hispanic youth now lead this category with affirmative responses.**

**26.9% -- The percentage of youth who responded that they had felt sad or hopeless for more than two weeks during the previous year. More than 1/3 of girls participating in this survey**

answered “yes” to this question. Of those answering yes to this question, only a quarter of those youth stated that they got the help that they needed, a decrease of 14 percentage points since 2005.

**13.5% -- The percentage of youth who responded that they had seriously contemplated attempting suicide in the previous 12 months. Girls of color now lead this category.**

**8.1% -- The percentage of youth who responded that yes, they had tried to attempted suicide in the previous 12 months. Black youth recently led in this category.**

The above-referenced data tells us we have much work to do to ensure that children are growing up healthy, safe, and strong. They are telling us what they need. We must listen. No child should feel they have to resort to self-harm, and communities supporting and interacting with youth must be informed and empowered to assist.

#### *Connecticut Suicide Advisory Board (CTSAB)*

DCF and DMHAS co-chair this volunteer body composed of state officials, community-based providers and advocates, and suicide attempt and loss survivors. The CTSAB examines and promotes evidence-based suicide prevention curriculums. The mission of the CTSAB is described here: <https://www.preventsuicidect.org/resources/training/>, and is embodied in its 1 Word, 1 Voice, 1 Life campaign. The collaborative emphasizes the following on its website:

In order to prevent suicide, it is imperative that lay-persons up through professionals gain the knowledge and practice to become competent in identifying individuals at risk of suicide and connecting them to help, just as with First Aid

Through the efforts of the CTSAB, Connecticut has various curricula for suicide prevention already utilized throughout the state, including **Question Persuade Refer (QPR)**, **Signs of Suicide (SOS)**, **Applied Suicide Intervention Skills Training (ASSIST)** and others. These curricula are designed for various target populations. **QPR** is the most popular and relevant of the trainings, since it is for the general population and can be completed in less than a half a day. It is known as the "CPR" of behavioral health. Over the years, DCF, the Child Advocate’s Office, and the CTSAB has funded or performed numerous prevention trainings and several **QPR** train-the-trainer programs.

The CTSAB authored the state’s Strategic Plan for Suicide Prevention, which emphasizes the need for community-based training to promote youth wellness and reduce youth suicide risk.

#### *No state appropriation for suicide prevention work*

Despite the critical nature of the collaborative’s mission, the work of the CTSAB is entirely supported by federal grant dollars and volunteer time. This work receives *no specific state line item*. It may be worth considering that similar work going on in the neighboring state of Massachusetts receives a 4 million

dollar line item appropriation.<sup>1</sup> Funding would go a long way to helping state and local leaders scale up suicide prevention programs and training.

### Recommendations

*Prevention efforts should capitalize on existing evidence-based trainings such as QPR and work to scale up training efforts in local communities.*

*The State should provide a specific appropriation for this work to support critical community training efforts.*

### S.B. 91 AN ACT CONCERNING A PROGRAM TO PROVIDE FREE SWIMMING LESSONS TO INDIVIDUALS UNDER THE AGE OF EIGHTEEN.

The OCA strongly supports efforts to increase access to affordable and free swimming lessons for children in Connecticut. From a recent publication issued by the Office of the Child Advocate and the state's Child Fatality Review Panel:

Drowning is a leading cause of death for all children. According to the U.S. Centers for Disease Control, for every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries. Children 1 to 4 years old have the highest drowning rates and are most at-risk, though teens are often at risk as well. Teens are at risk for drowning because they may not wear a life jacket while boating, they may not be aware of risks and safety measures in bodies of water, may not be able to judge water conditions, overestimate their own swimming ability (particularly when with friends), may use alcohol or drugs while on or in the water, or have not learned how to swim.<sup>2</sup>

Over a recent 7 year period of time in Connecticut 39 children died from drowning. 12 of these children were ages 1 to 3, and 12 of these children were age 13 to 17. Black and Hispanic children are disproportionately affected by drowning. Nearly 65% of children who drowned in CT were Black or Hispanic. Research also tells us that children with certain disabilities are at significantly greater risk of drowning. For example, children with autism are 160 times more likely to die from drowning than their peers.<sup>3</sup>

Among the very top strategies to reduce drowning emergencies and fatalities are 1) ensuring adequate supervision for all children in the water; 2) ensuring water safety education for all children; and 3) helping children *learn to swim*.

Swimming lessons are not accessible to all children and many children never learn to swim. Swimming is a life skill and protection from accidental and untimely death. The state should take steps to ensure

---

<sup>1</sup> [https://budget.digital.mass.gov/bb/h1/fy19h1/brec\\_19/act\\_19/h45131026.htm](https://budget.digital.mass.gov/bb/h1/fy19h1/brec_19/act_19/h45131026.htm). 2019 saw a MA line item of 4.01 million dollars for the state's Suicide Prevention and Intervention Program, including the provision of statewide and community-based suicide prevention, intervention, post-intervention and surveillance activities.

<sup>2</sup> Unintentional Drowning Deaths of Children in Connecticut January 1, 2011- December 31, 2018. [https://www.ct.gov/oca/lib/oca/OCA\\_Final\\_Drowning\\_Prevention\\_and\\_Data\\_2019.pdf](https://www.ct.gov/oca/lib/oca/OCA_Final_Drowning_Prevention_and_Data_2019.pdf).

<sup>3</sup> Columbia University's Mailman School of Public Health.

that all children, regardless of race, gender, disability, and family income level have access to this critical help.

S.B. 87 AN ACT CONCERNING ELIGIBILITY FOR THE OFFICE OF EARLY  
CHILDHOOD'S CHILD CARE SUBSIDY PROGRAM FOR VICTIMS OF DOMESTIC  
VIOLENCE

OCA supports all efforts to increase access to affordable and high quality licensed child care for young children, particularly children who have experienced adverse childhood experiences including witnessing or being otherwise victimized by family violence. In households with domestic violence, 50% are households with children. Most are children under the age of five and most have had multiple incidents of violence.

According to the Attorney General's National Task Force on Children Exposed to Violence, exposure to violence in any forms harms children, and different forms of violence have different negative impacts. In that regard, intimate partner violence within families puts children at high risk for severe and potentially lifelong problems with physical health, mental health, and school and peer relationships as well as disruptive behavior. Witnessing or living with domestic or intimate partner violence often burdens children with a sense of loss or profound guilt and shame because of their mistaken assumption that they should have intervened or prevented the violence or, tragically, that they caused the violence.<sup>4</sup>

Access to reliable and affordable child care is an important support and service for young children and their families, particularly families struggling with trauma, treatment and service needs.

Sincerely,

*Sarah Healy Eagan*

Sarah Healy Eagan, Esq.

Child Advocate

State of Connecticut

---

<sup>4</sup> Connecticut Improving Outcomes for Children & Youth Exposed to Family Violence Workgroup, co-chaired by the Connecticut Coalition Against Domestic Violence and the Office of the Child Advocate (Jan. 2015), report found on the web: [https://www.ct.gov/oca/lib/oca/improving\\_outcomes.pdf](https://www.ct.gov/oca/lib/oca/improving_outcomes.pdf).