

# Connecticut

## ACEs Initiatives and Actions

As knowledge about the science of adverse childhood experiences (ACEs) spreads, ACEs initiatives have launched in all 50 U.S. states and the District of Columbia. Hundreds of cross-sector collaboratives are educating and engaging organizations and policymakers about ACEs science. In turn, these organizations are implementing trauma-informed and resilience-building practices and policies based on ACEs science; many legislatures are passing resolutions and/or bills.

### Highlights

Although no statewide initiative was identified, there are several programs operating in Connecticut that provide ACEs science information and support trauma-informed programs. **Clifford Beers**, a mental health clinic serving children and families in the Greater New Haven area, focuses on working with children who have experienced trauma—such as abuse, neglect, witnessing community violence, and loss of a loved one. It offers trauma-sensitive services and programs designed to help children and families who have suffered trauma. Through the **New Haven Trauma Coalition**, Clifford Beers provides services to children and their families and works with school staff and faculty to understand and address the impact of trauma on their students in New Haven Public Schools, the City of New Haven, United Way BOOST! and Clifford Beers Clinic.

The **Traumatic Stress Institute (TSI)** of Klingberg Family Centers promotes excellence in trauma-informed services and offers training in trauma-informed care to organizations around Connecticut. Child First, using a two-generation approach, helps families build strong, nurturing relationships that heal and protect young children from the devastating impact of trauma and chronic stress.

### State Initiative

No state initiative was identified.

### Local Initiatives

Many school districts throughout the state are creating trauma-informed school climates. Some of these efforts involve participation of the entire school community in creating a climate conducive to recognizing the impact of trauma, the need to provide treatment as needed and the inclusion of the whole school environment.

### Legislation

**HB 6742** — Establishes a task force to identify evidence-based solutions to reduce children's exposure to adverse childhood experiences.

Find links and add your updates to all initiatives and legislation at [www.bit.ly/ACEsInitiatives](http://www.bit.ly/ACEsInitiatives)

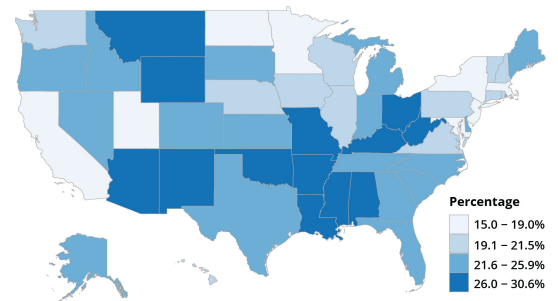


19.4%  
CT\*

21.7%  
USA

## Percent of children with 2 or more ACEs

CT ranks 11th in the US for lowest percentage of children with ACEs scores of 2 or more.



CAHMI (Child & Adolescent Health Measurement Initiative) surveys parents or guardians about their children ages 0-17.

Percentage of children aged 0-17 yrs. who experienced two or more of the following:

- Hard to get by on income (somewhat or very often)
- Saw or heard violence in the home
- Victim/witness of neighborhood violence
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with alcohol or drug problem
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Often treated or judged unfairly due to race/ethnicity

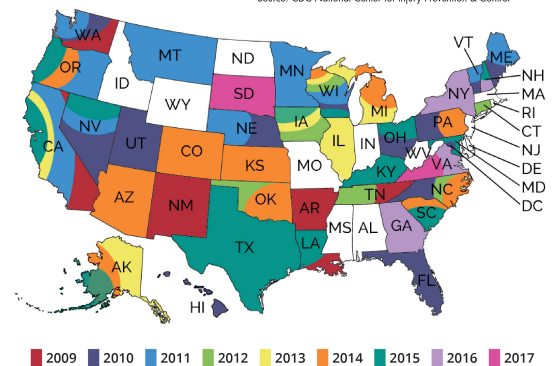
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[www.cahmi.org/projects/Adverse-childhood-experiences-aces](http://www.cahmi.org/projects/Adverse-childhood-experiences-aces)

\* State Range: 15.0% - 30.6%

## States Collecting ACEs Data 2009 - 2017

Source: CDC National Center for Injury Prevention & Control



The ACEs module of Behavioral Risk Factor Surveillance Survey (BRFSS) data comes from interviews with adults about their experiences to age 18. BRFSS is sponsored by the CDC and other federal agencies.