

Disparate Burden of Adverse Childhood Experiences in Connecticut

PACE: D2A - 2022

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*With the support from the State Epidemiological Outcomes Workgroup – Adverse Childhood
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Table of Contents

INTRODUCTION	2
Background	3
The Report	4
<i>Purpose</i>	4
<i>Structure</i>	5
<i>Data sources and Indicators</i>	5
Section 1: Household and Community Challenges-Related ACEs	8
Prevalence of ACEs Related to Household and Community Challenges Experienced by CT Children ..	8
Cumulative Household and Community Challenges-Related ACEs on Children	10
Cumulative burden of ACEs related to Household and Community Challenges in Boys and Girls	10
Cumulative Burden of Household and Community Challenges-Related ACEs in Black, Hispanic and White Children	12
Cumulative Burden of Household and Community Challenges-Related ACEs and Poverty	15
Section 2: Child Abuse and Neglect	18
Substantiations of child abuse or neglect by DCF	18
Rates of Child Abuse and Neglect Substantiation in Connecticut by DCF Region and Town	20
Section 3: ACEs in School/Peer Settings	25
Cumulative School and Peer Settings-related ACEs in Female and Male Youth	27
Cumulative School and Peer Settings-related ACEs by Race/Ethnicity	28
Cumulative School and Peer Settings-related ACEs in Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth	30
Section 4: Risk and Protective Factors of ACEs	32
ACE Risk Factors in Men and Women	34
ACE Risk Factors in Black, Hispanic, and White Adults	35
ACE Risk Factors by Types of Communities in Connecticut	35
Protective Factors in Male and Female Youth	36
Protective Factors in Black, Hispanic, and White Youth	37
Protective Factors in Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth	39
Discussion	40
Gaps and Limitations	43
References	45

Disparate Burden of Adverse Childhood Experiences in Connecticut- 2022

INTRODUCTION

The Disparate Burden of Adverse Childhood Experiences (ACEs) in Connecticut children was developed by research staff in the UConn Health Department of Public Health Sciences, with support from the DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health, and with significant input from the SEOW ACE Workgroup, a subcommittee of Connecticut's Statewide Epidemiological Outcomes Workgroup (SEOW). Like the 2021 ACE State Profile and Trend Report and the Surveillance Capacity Assessment, the 2022 Disparate Burden Report is a foundational activity of Connecticut's Preventing Adverse Childhood Experiences – Data to Action (PACE-D2A) initiative, funded by the Centers for Disease Control (CDC). This profile takes into account data that is available to date and will be updated annually or as significant new data become available. Data presented in this report will also provide the content base for Connecticut's ACE surveillance system, the ACE Data Portal, within the [SEOW Prevention Data Portal](#).

The identification of the ACE/PCE indicators described in this report is the result of a collaborative review process conducted by UConn Health and the SEOW ACE Workgroup. Each indicator was assessed using the data quality criteria historically utilized by the SEOW and described in the PACE: D2A Data Management Plan (DMP) and the Adverse and Positive Childhood Experiences (ACE/PCE) Surveillance Capacity Assessment Technical Report. Contact Mayte Restrepo, Ph.D. (restreporuiz@uchc.edu) for questions about this report.

Background

Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood. Adverse childhood experiences include physical, sexual, and emotional abuse, neglect, and experiencing or witnessing domestic violence. ACEs may also include aspects of children's family environments that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance misuse, mental health problems, or family instability due to parental separation or incarceration of a parent/caregiver. In addition, other conditions outside the family environment can adversely affect children's wellbeing, such as experiencing or witnessing school or community violence, being victims of bullying and racial/ethnic discrimination, and being victimized by dating violence.

However, not all children experience ACEs equally. Recent research has shown that children and youth of different races, ethnicities and sexual identities experience ACEs at differential rates. A study using the 2016 National Survey of Children's Health (NSCH) found that 61% of Black children and 51% of Hispanic children have experienced at least one ACEs, compared with 40% of White children and only 23% of Asian children (Sacks & Murphey, 2018). Another study found that White children had lower exposure to specific ACEs and the total number of ACEs compared to Black and Hispanic children (Maguire-Jack et al., 2019). Overall, these studies suggest the presence of racial disparities relevant to exposure to ACEs.

Differences in the number of ACEs in terms of sex, gender, and sexual identity have also been found. A study showed that females were significantly more likely than males to report a range of ACEs and mental health, social, and emotional difficulties in adulthood and indicated that growing up in a dysfunctional home environment was a significant risk factor for adverse social outcomes in adulthood among females (Haahr-Pedersen et al., 2020). Research indicates that among individuals with substance use problems, women reported experiencing more ACEs than men, with women more likely to have

experienced sexual abuse (25.9%) compared to male clients (8.2%) before age 18 (Winstanley et al., 2020). These studies suggest the presence of sex differences between males and females in terms of ACEs exposure.

Similarly, studies have found the prevalence of ACEs is higher among lesbian, gay, and bisexual (LGB) populations (Andersen & Blosnich, 2013; Austin et al., 2016; Craig et al., 2020). Austin et al's (2016) study found that 73.2% of LGB individuals reported at least one ACE compared to 59.6% of heterosexuals, and 69.5% of LGB individuals reported four or more ACEs Schnarrs et al's (2019) study found there was a significant difference on three ACE items between transgender and gender nonconforming (TGN) respondents and cisgender LGB respondents; TGN respondents were more likely to report emotional, emotional neglect, and physical neglect compared to cisgender respondents. Cumulatively, these research findings suggest that those who have minority status are more likely to experience ACEs.

Preventing ACEs for all children promotes lifelong physical and mental health and wellbeing and increases educational and occupational attainment. Consequently, preventing ACEs is critical to improving health and socio-economic outcomes throughout the lifespan. Understanding the scope and breadth of ACEs in Connecticut is the first critical step in preventing ACEs for state's children.

The Report

Purpose

This report aims to examine the prevalence of each ACE and the cumulative number of ACEs in boys and girls, children and youth of African-American, Hispanic, and White backgrounds, and heterosexual, LGB, and not declared youth in Connecticut. This report supplements the State Profile and Trend Report presented in 2021 and provides a deeper analysis of ACEs in Connecticut to identify child populations at higher risk of ACEs. These two reports, and the surveillance system that will be built upon these indicators, will help stakeholders in Connecticut to understand the scope of the ACE problem,

where and when ACEs are most likely to occur, and who is at greatest risk for ACEs and ACE-related health and social impacts. Data in the CT ACE profile and the disparate burden reports collectively support and inform agency decision-making, policy briefs, legislative and advocacy work, and allocation and expansion of ACE prevention services in Connecticut.

Structure

This report contains four sections that present data for selected ACE indicators in Connecticut as well as risk and protective factors by available demographic and geographic information. Section 1 presents data on eight ACEs related to Household and Community Challenges that were collected by the 2018 and 2019 National Survey of Child Health (NSCH) and their prevalence in boys and girls and children from different racial and ethnic backgrounds and economic statuses.

Section 2 examines the child abuse and neglect (CAN) substantiation rates per 1,000 children by age, sex, race, and ethnicity. We also present the CAN substantiation rates by DCF region and town.

Section 3 examines School and Peer Setting-related ACEs reported by youth in high school. Three central categories of ACEs are examined in this section including school violence, bullying (in school and electronically), and physical, emotional, and sexual dating violence. These six ACEs and total number of ACEs experienced by youth are examined by gender, race/ethnicity (African-American, Hispanic and White) and sexual identity (heterosexual, LGB, and undeclared youth).

Section 4 is dedicated to examining risk and protective factors for ACEs in youth in terms of gender, race and ethnicity, sexual identity, and community type, as data allow.

The final portion of this report presents a discussion of the findings and limitations.

Data sources and Indicators

Indicators selected for discussion in this report were chosen with the goal of constructing a comprehensive and understandable profile of ACEs indicators in Connecticut's children as permitted by data availability. Both administrative data and survey data were used. Table 1 lists the data indicators and socio-demographic factors included in this report and data sources used. As noted above, data from the

2018 and 2019 NSCH combined into a single dataset (CAHMI, 2021) was used for the analysis of Household and Community Challenges. The NSCH is the most often used survey to report ACEs at the national level. However, given that the responses are based on parental report, underreporting bias is expected and this potential bias should be considered when interpreting the findings.

The analysis in Section 2 is based on DCF administrative data included in the 2020 Child Maltreatment Report (U.S. Department of Health & Human Services, 2022) as well as DCF maltreatment data accessed through the CT Open Data Portal for the 2020 fiscal year. The data in this section shows the cases substantiated by DCF and as such they should be considered an underestimate of the CAN experiences of children in Connecticut, rather than a comprehensive rate of child maltreatment and neglect in the state.

The 2018 and 2019 Connecticut School Health Survey/Youth Risk Behavioral Survey (DPH, 2019) data was used for the analysis of Youth ACEs in Section 3 and for the analysis of Protective Factors in Section 4. The 2021 Community Wellbeing Survey (CWS) (DataHaven, 2021) was the basis for the analysis of ACE Risk Factors.

It is important to note that the findings presented in this report are exclusively descriptive and no inferential analyses were conducted.

Table 1. ACEs, Risk & Protective Factors Included and Data Sources Used in the Disparate Burden of ACEs Report

ACEs Categories	ACEs, Risk & Protective Factors Included	Demographic Factor	Data Source	Type of Data	Data Years
Household and Community Challenges	<ul style="list-style-type: none"> Exposure to physical domestic violence Growing up in a household with mental health problems Growing up in a household with substance use problems Divorce or separation Incarceration of a parent/caregiver Death of a parent/caregiver Racial or ethnic discrimination Community violence 	Sex Race/Ethnicity Economic Status	National Survey on Child Health (NSCH)	Survey data (Parent Report)	2018 & 2019 combined
Child Maltreatment	<ul style="list-style-type: none"> Child Abuse and Neglect 	Age Sex Race/Ethnicity	National Child Abuse and Neglect Data System (NCANDS) & CT Open Data Portal	Administrative data	2020
ACEs in School/Peer Settings	<ul style="list-style-type: none"> Bullying School violence Teen dating violence 	Gender Race/Ethnicity Sexual Identity	CT School Health Survey (CSHS) National YRBS	Survey data (Youth Report)	2019
Risk and Protective Factors of ACEs	<ul style="list-style-type: none"> Financial insecurity Food insecurity 	Gender Race/Ethnicity Community Type	Community Wellbeing Survey (CWS)	Survey data (Adult Report)	2021
	<ul style="list-style-type: none"> Presence of a caring adult Agency/Self-efficacy Community involvement 	Gender Race/Ethnicity Sexual Identity	CT School Health Survey (CSHS)	Survey data (Youth Report)	2019

Section 1: Household and Community Challenges-Related ACEs

Long-established Household Challenge-related ACEs collected by the NSCH include exposure to physical domestic violence, parental divorce or separation, living with someone suffering from mental illness, severe depression or suicidality, living with someone with a substance use problem, and having a parent or caregiver incarcerated. The NSCH provides data on three additional Household and Community Challenges, including the death of a parent/caregiver, a child's experiences of discrimination because of his/her race or ethnicity, and a child's exposure to community violence.

The NSCH is funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) and provides information on children ages 0-17 years in the US. The NSCH is a mail and web-based survey conducted with a national representative sample every year by the Census Bureau in all 50 states and the District of Columbia. For the survey, participants are randomly sampled by address and selected if there are one or more children between 0 and 17 years of age living in the household. One child per household is randomly chosen to be the subject of the questionnaire, which is administered to the parent/caregiver. Thus, all information about the child's experience is reported by the adult parent/caregiver. Report of household and community challenges by the parent/caregiver potentially involves underreporting biases due to stigma, fear of disclosure, or lack of acknowledgment of the existence of a particular challenge.

Questions on ACE Household and Community Challenges reflect the child's exposure at any time in her/his life. The 2018- 2019-combined sample for Connecticut consisted of 1,116 children for whom the caregiver provided information. The survey is weighted to be representative of the US population of non-institutionalized children ages 0-17.

Prevalence of ACEs Related to Household and Community Challenges Experienced by CT Children

Figure 1. Prevalence of ACEs Related to Household and Community Challenges in CT Children as Reported by the Parent/caregiver | Data Source: NSCH 2018 and 2019 combined

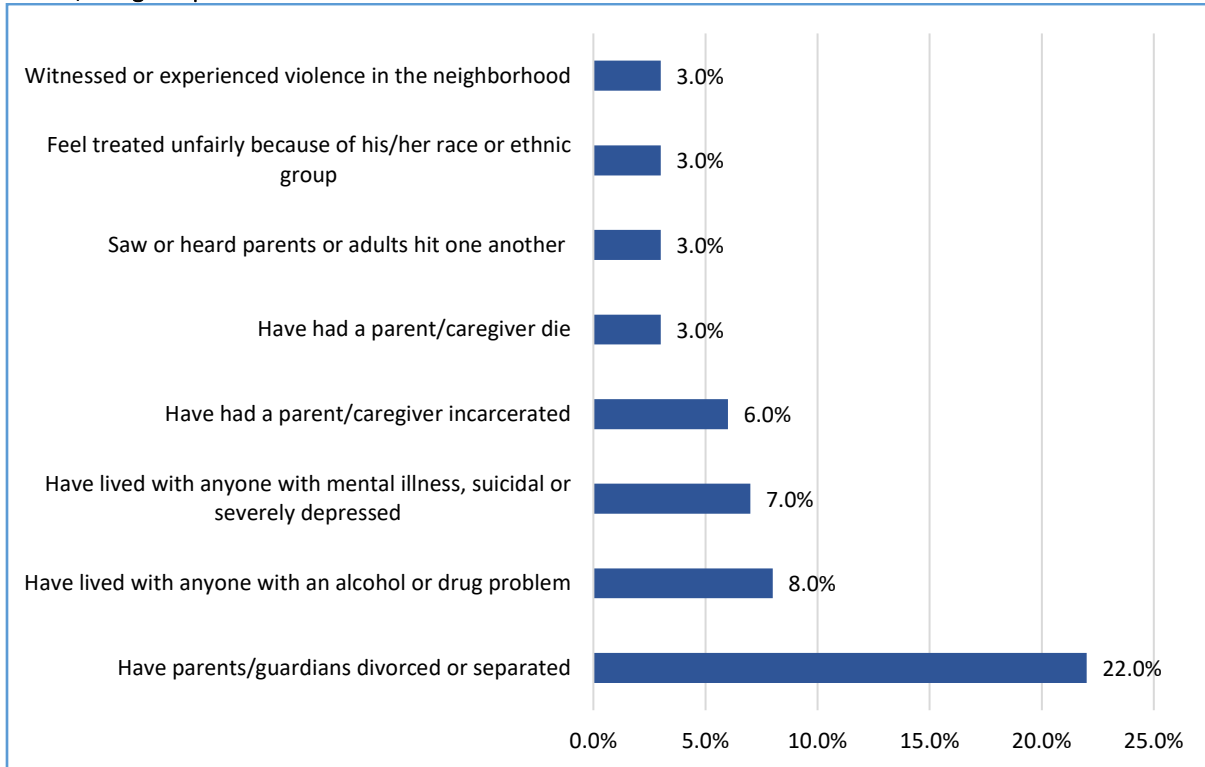


Figure 1 shows the prevalence in Connecticut of each of the ACEs related to Household and Community Challenges as reported by the parent/caregiver in 2018-2019. The data shows that parents' divorce is the most prevalent ACE related to Household Challenges for children in Connecticut (22%). The next most prevalent ACEs are having lived with someone with an alcohol or drug problem (8%), living with someone with mental illness, suicidality, or severe depression (7%), and having a parent/caregiver incarcerated (6%). The remaining Household and Community-related ACEs – having been exposed to neighborhood violence, being discriminated against because of race or ethnicity, having witnessed physical violence between their parents/caregivers and having a parent or caregiver die – were reported for three percent each.

Cumulative Household and Community Challenges-Related ACEs on Children

Figure 2. Cumulative Household Challenge-Related ACEs in CT Children as Reported by Parents/Caregivers

Data Source: NSCH 2018-2019 combined.

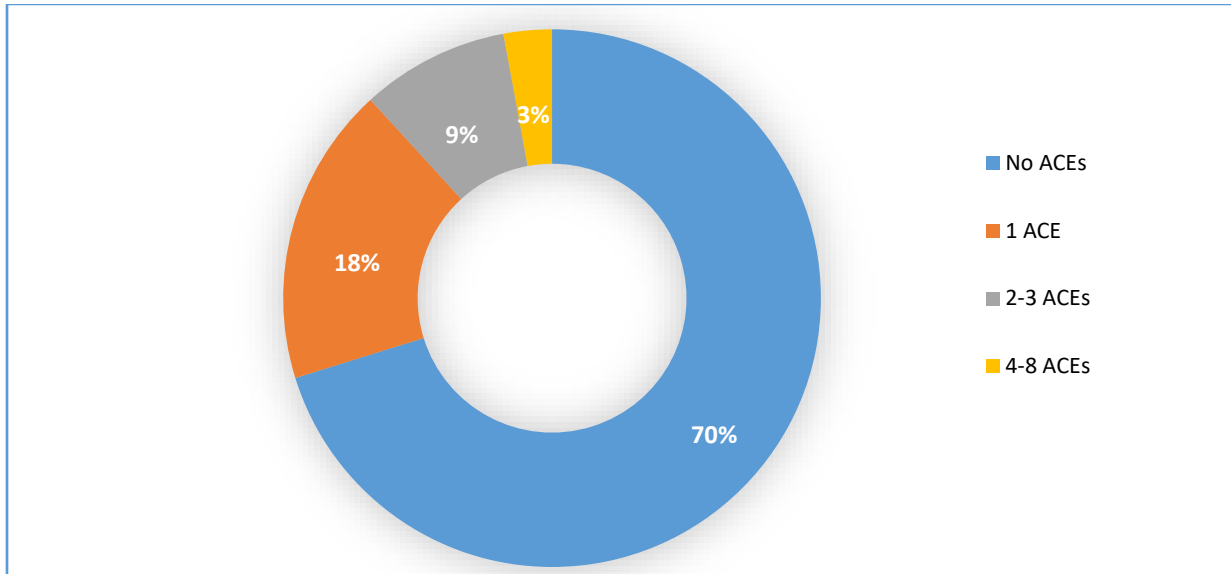


Figure 2 shows the cumulative number of ACEs related to Household and Community Challenges that parents/caregivers reported. According to the adult, 70% of children in Connecticut did not experience any Household or Community Challenges-related ACE, while 18% experienced one ACE and 12% experienced two or more ACEs.

Cumulative burden of ACEs related to Household and Community Challenges in Boys and Girls

Figure 3 shows that slightly more boys than girls experienced ACEs (31% vs. 29%). While nine percent of girls experienced two or more ACEs, 15% of boys did. Based on the adult report, a higher proportion of boys experienced each type of Household and Community Challenges-related ACE compared to girls with the exception of parent/caregiver incarceration and domestic violence (Figure 4).

Figure 3. Household and Community Challenges-Related ACEs in Boys and Girls

Data Source: 2018 and 2019 NSCH combined.

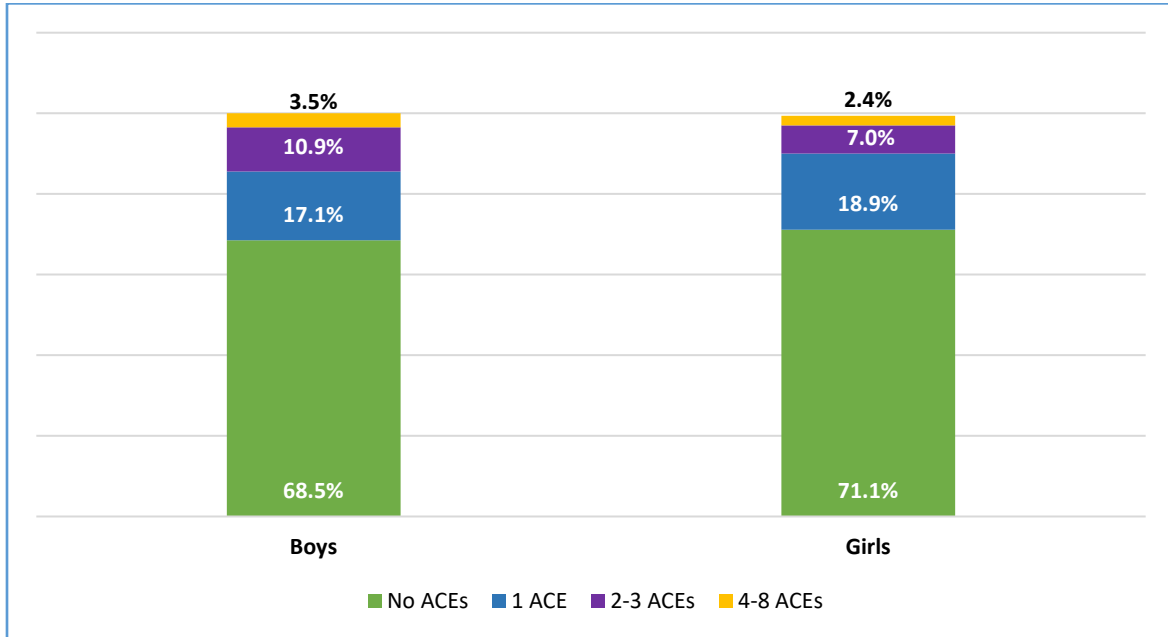
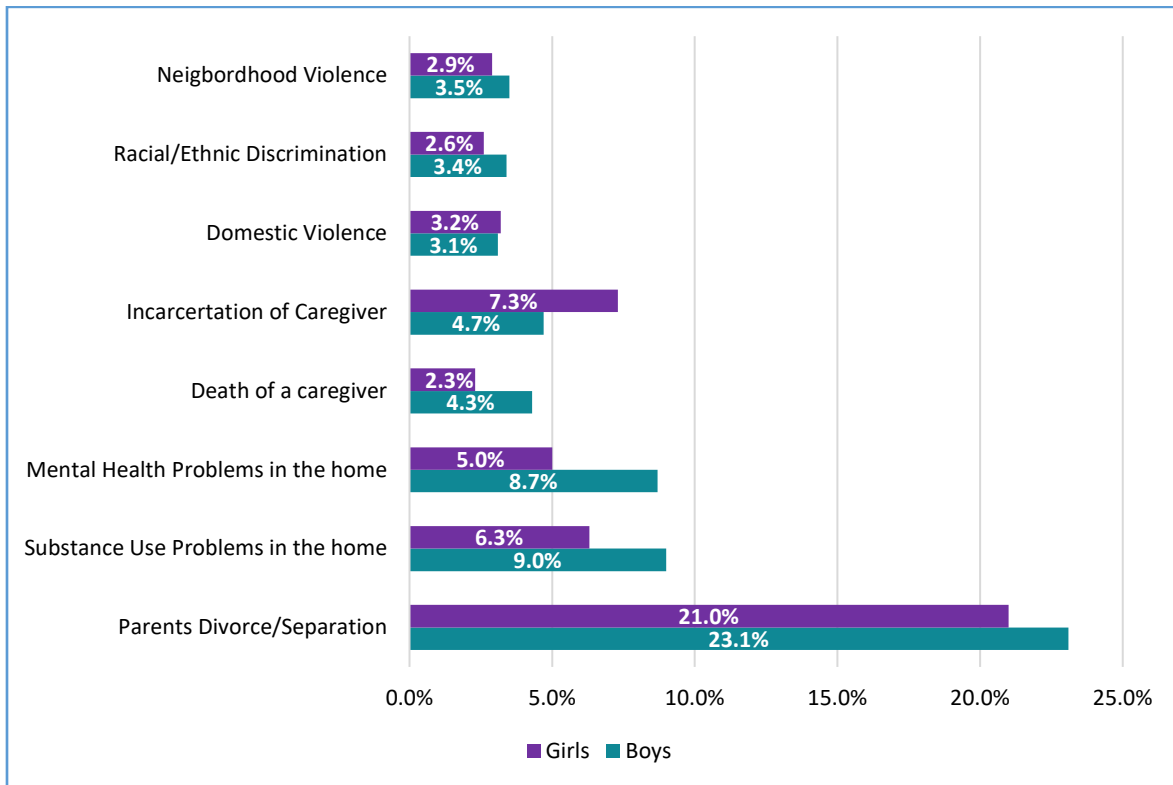


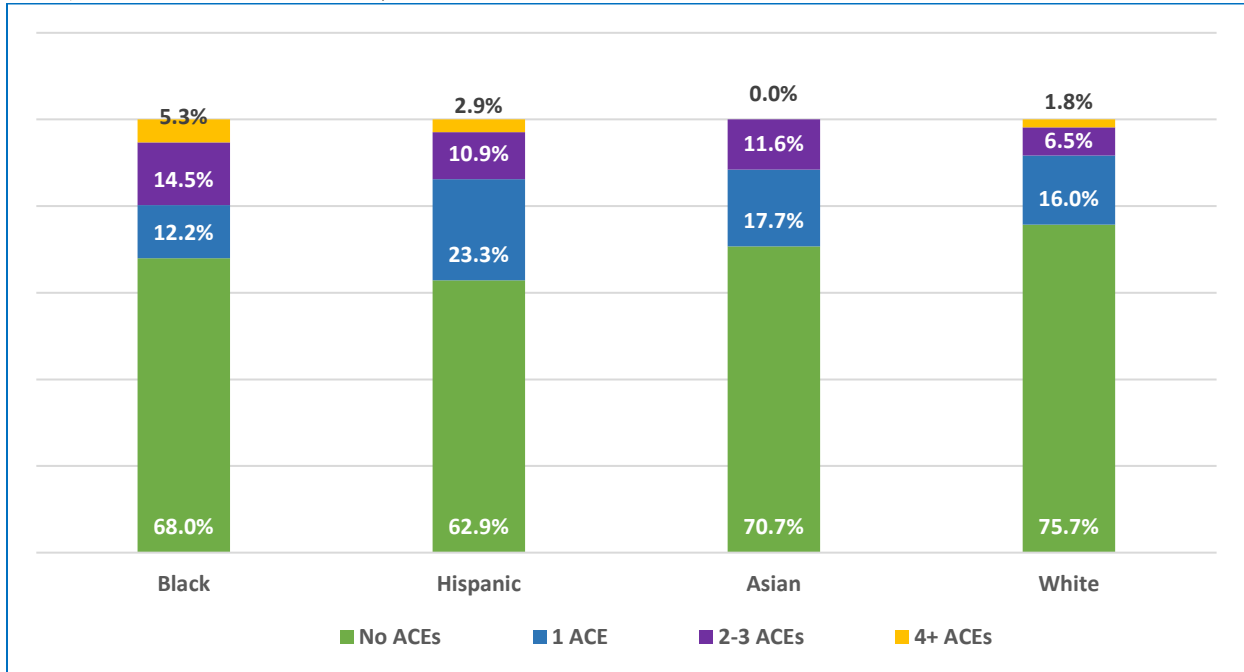
Figure 4. Household and Community Challenges-Related ACEs in Boys and Girls in CT

Data Source: 2018-2019 NSCH combined



Cumulative Burden of Household and Community Challenges-Related ACEs in Black, Hispanic and White Children

Figure 5. Cumulative Burden of Household and Community Challenges-Related ACEs in Black, Hispanic, Asian, and White Children in CT | Data Source: 2018-2019 NSCH combined



When considering the cumulative burden of ACEs by the racial and ethnic background of the child, data shows that a higher percentage (37%) of Hispanic children experienced one or more ACEs related to Household and Community Challenges compared to children in other racial/ethnic groups (Figure 5). Fourteen percent of Hispanic children had experienced two or more ACEs. Black children, 32% of which experienced ACEs, appeared to carry a higher cumulative burden of ACEs than any other group, with 20% experiencing two or more ACEs. Twenty-nine percent and 24% of Asian and White children experienced ACEs respectively, with nearly 12% of Asian and 8% of White children experiencing two or more ACEs.

Figures 6-8 present the prevalence of each ACE related to Household and Community Challenges for the four racial/ethnic groups. As Figure 6 shows, a larger proportion of Black children lived with family members who had substance use and/or mental health problems and in households affected by parental

domestic violence compared to Hispanic, Asian and White children. Figure 7 shows indicators of parental absence due to divorce or separation, caregiver's incarceration or death. Although parental divorce/separation is relatively high in all groups, 34% of Hispanic children in Connecticut had parents that had divorced or separated and 23% of Black children did. Nine percent of Hispanic children and eight percent of Black children had had a parent incarcerated. The death of a parent/caregiver was the most prevalent ACE for Asian children (14%), almost five times the prevalence found in other racial/ethnic groups. Regarding Community Challenges-related ACEs (Figure 8), one in ten Asian parents reported that their children had experienced racial/ethnic discrimination compared to six percent of Black children, two percent of Hispanic children, and less than one percent of White children. This is stunning considering that these data were collected before the Covid-19 pandemic, which has been used in the last two years as an alleged reason to discriminate against Asian individuals. Six percent of Black and five percent of Hispanic children had been exposed to violence in their neighborhoods.

Figure 6. Percentage of Black, Hispanic, Asian, and White Children in CT exposed to household challenges.

Data Source: 2018 and 2019 NSCH combined.

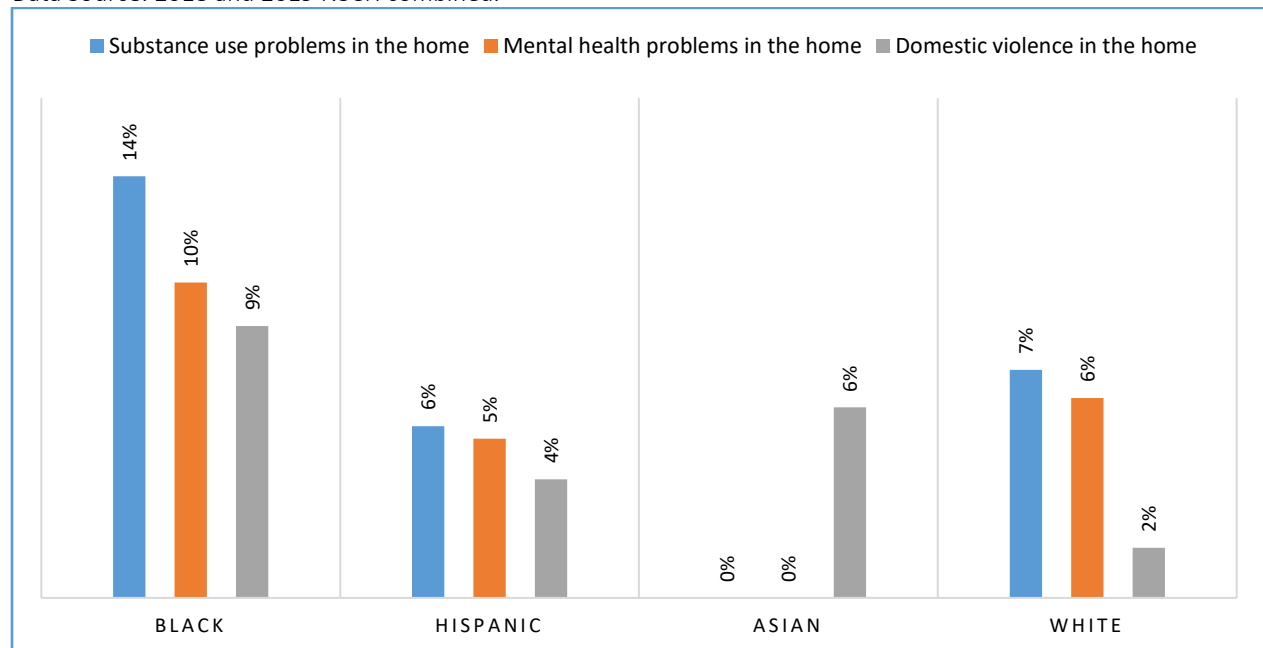


Figure 7. Percentage of Black, Hispanic, Asian, and White Children in Connecticut separated from a parent/caregiver due to parental divorce/separation, incarceration, or death.

Data Source: 2018 and 2019 NSCH combined.

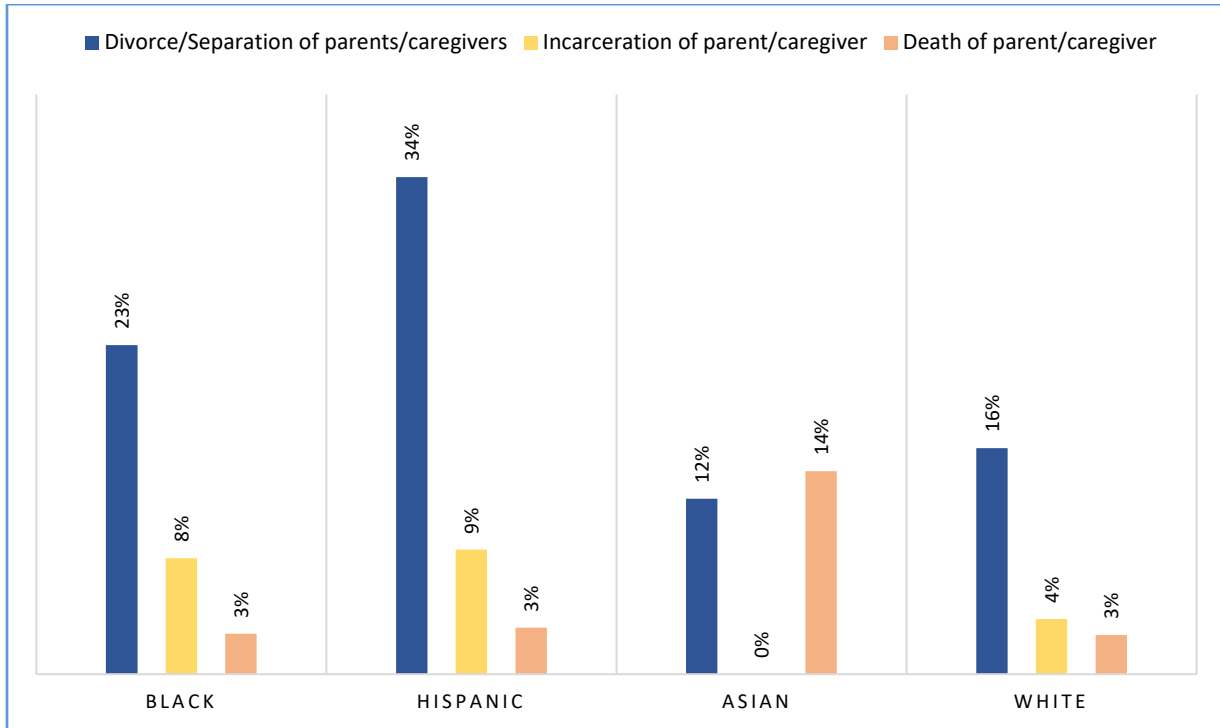
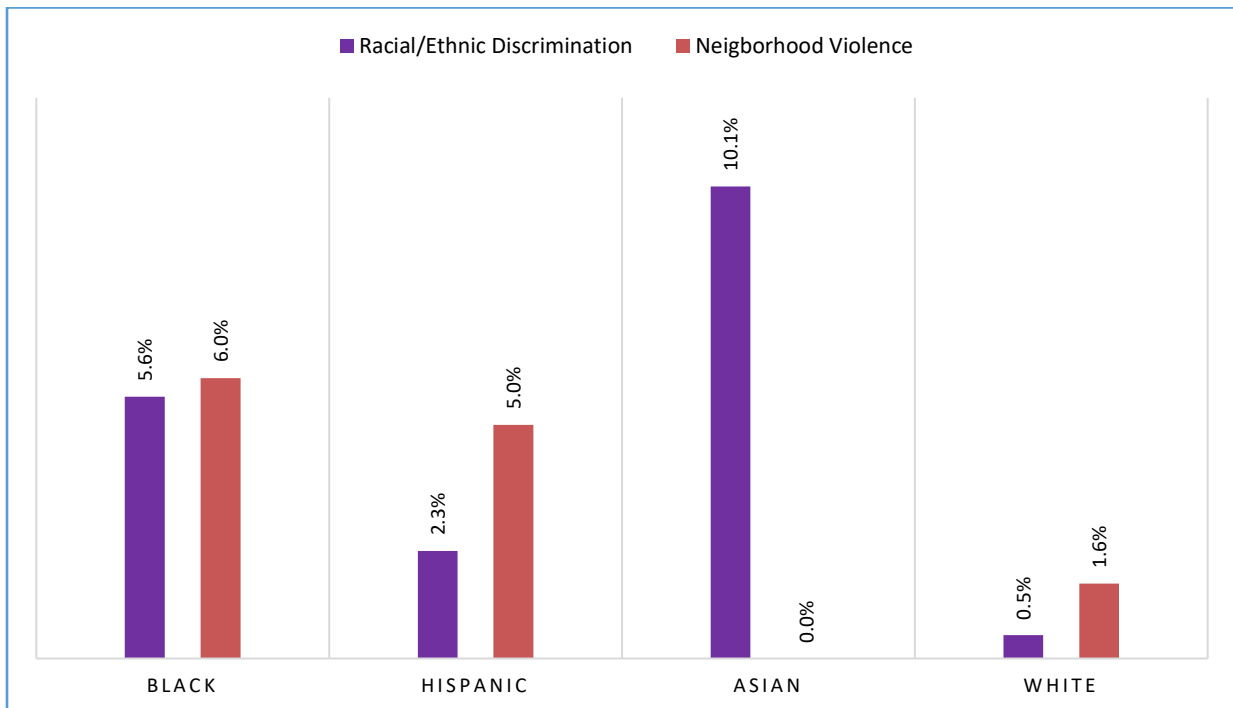


Figure 8. Percentage of Black, Hispanic, Asian, and White Children in Connecticut experiencing Community Challenges

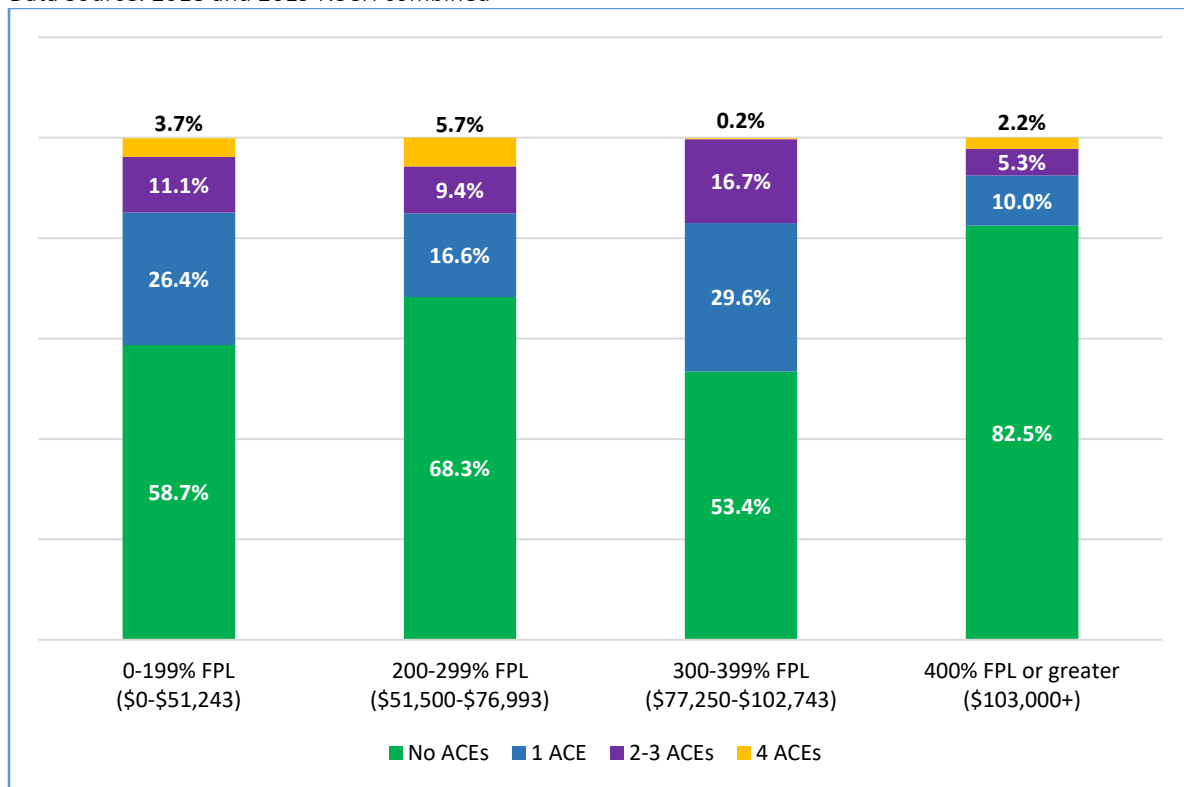
Data Source: 2018 and 2019 NSCH combined.



Cumulative Burden of Household and Community Challenges-Related ACEs and Poverty

Figure 9 shows the cumulative burden of ACEs connected with Household and Community Challenges according to the family’s annual income. The amounts provided in the figure are based on a yearly income for a family of four in 2019. The data shows that almost half of children (46.6%) in middle-class families in Connecticut whose incomes range between 300% and 399% of the Federal Poverty Line (FPL) experienced ACEs. In comparison, only 17.5% of children in families with an annual income higher than \$103,000 experienced at least one ACE related to Household and Community Challenges. For children in the lower income bracket, the data show that 41.3% of them experienced at least one ACE, 14.8% experienced two or more ACEs.

Figure 9. Cumulative Burden of Household and Community Challenges-Related ACEs by income bracket
 Data Source: 2018 and 2019 NSCH combined



Regarding the type of Household Challenges experienced, a larger percentage of children living in families living with less than \$76,993 annually (first and second FPL brackets) were exposed to household

members' mental health problems than children in higher FPL brackets. A larger proportion of children in families with annual incomes between \$51,500 and \$102,743 were exposed to substance use among family members. Domestic violence was more likely to be reported by parent/caregivers in this income bracket, as well. Figures 11 and 12 show that a larger percentage of children in the lowest income bracket have experienced a caregiver's incarceration (10%) and community violence (6.4%) compared to children in higher income brackets. Children in households earning between \$77,250 and \$102,743 were more likely to experience racial/ethnic discrimination (5.8%) compared to children in the other brackets.

Figure 10. Percentage of children in Connecticut exposed to Household Challenges by income bracket

Data Source: 2018 and 2019 NSCH combined

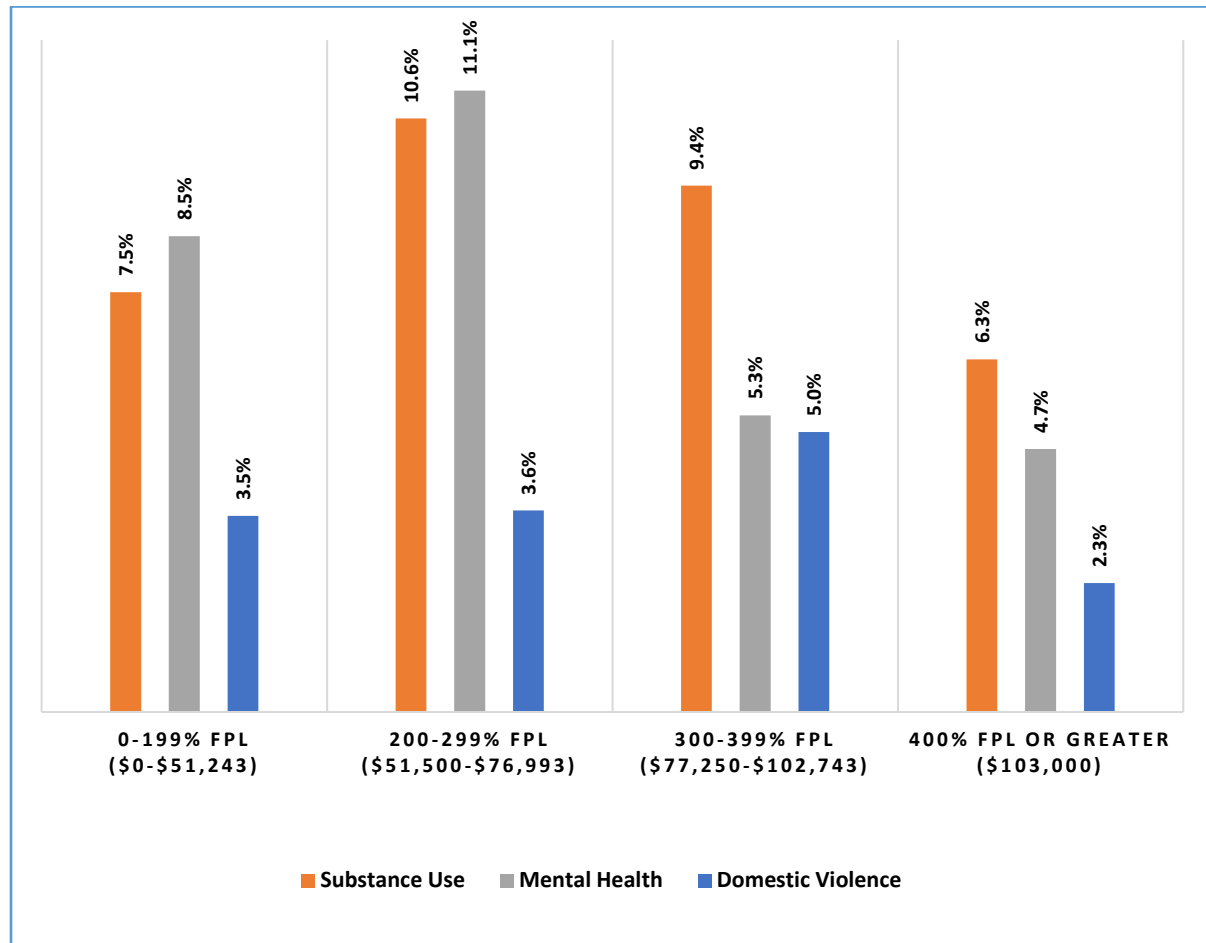


Figure 11. Percentage of children in Connecticut separated from a parent due to parental divorce or separation, caregiver’s incarceration, or death by income bracket.

Data Source: 2018 and 2019 NSCH combined

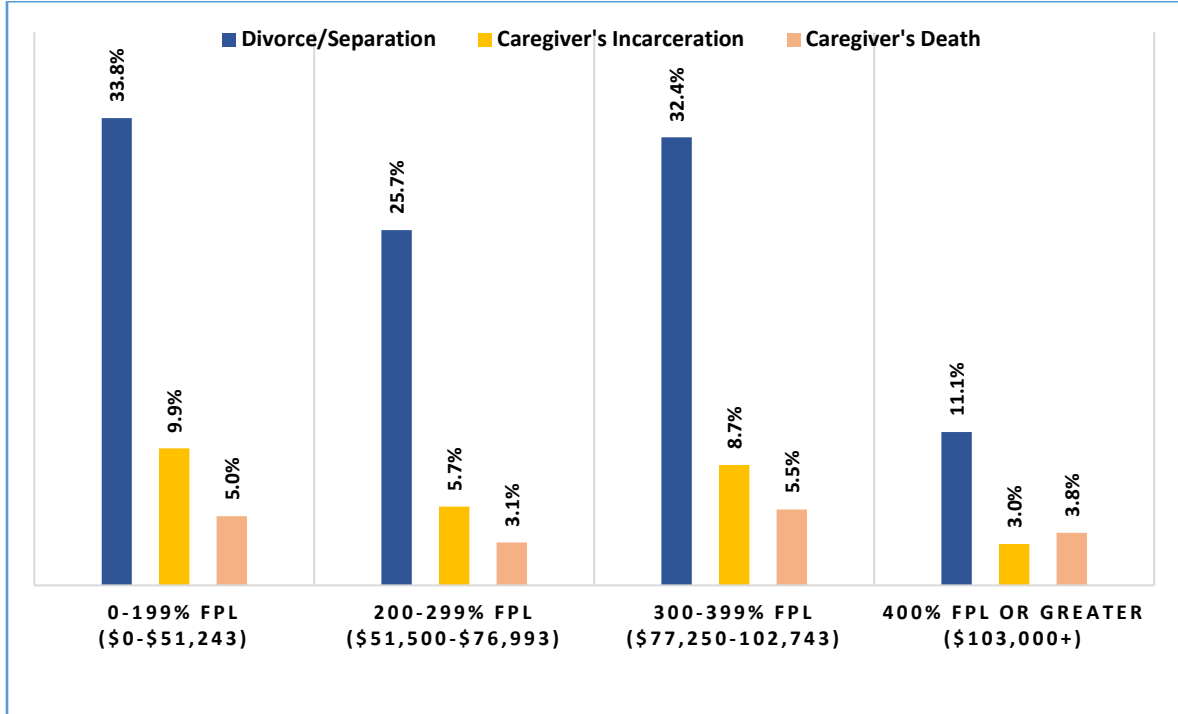
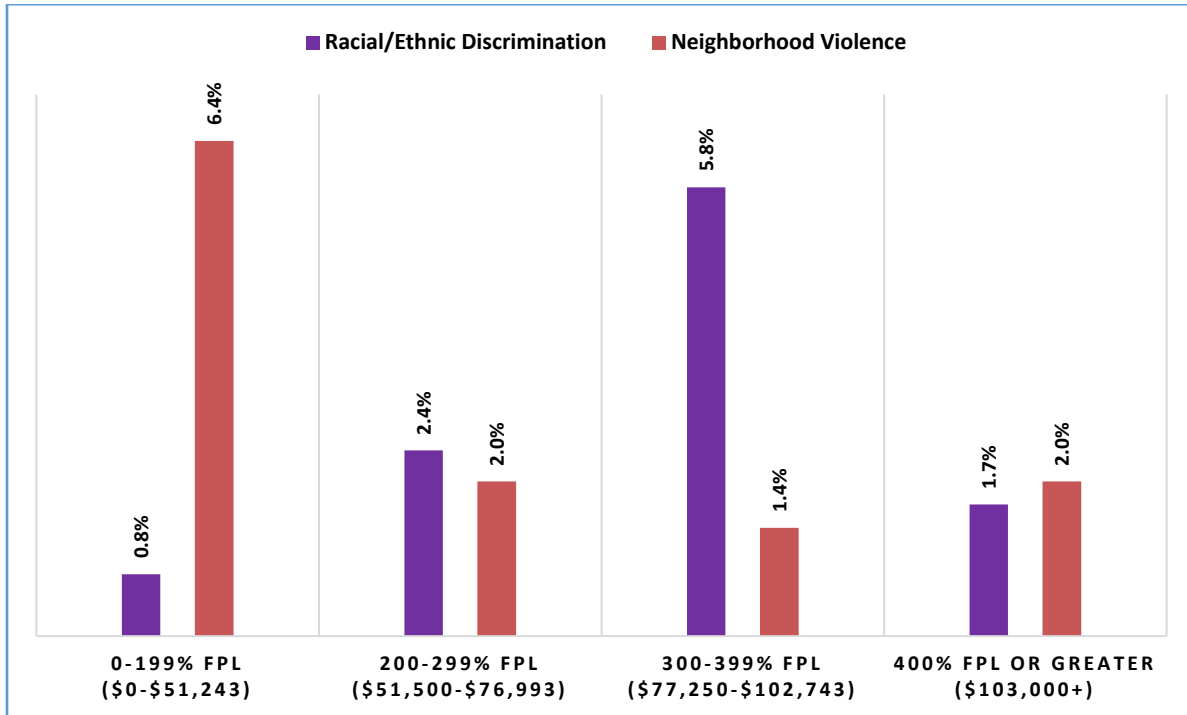


Figure 12. Percentage of children in Connecticut who experienced Community Challenges by income bracket.

Data Source: 2018 and 2019 NSCH combined



Section 2: Child Abuse and Neglect

Administrative data on child abuse and neglect originating from the Department of Children and Families (DCF) were used for this section. DCF child abuse and neglect data are publicly available and were obtained from the National Child Abuse and Neglect Data System (NCANDS), into which DCF reports annually. In addition, data on town-level CAN reports were obtained from the CT Open Data Portal.

The NCANDS reporting year is based on the Federal Fiscal Year (FFY), October 1 through September 30. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a Child Protective Services (CPS) response. Each state's file only includes completed reports with a disposition (or finding) as an outcome of the CPS response during the reporting year.

Substantiations of child abuse or neglect by DCF

There were 6,346 children for whom DCF substantiated cases of child abuse and neglect (CAN) in 2020 or 8.8 children per 1,000 children in the state. This rate represents a decrease from previous years. In 2019, for instance, DCF substantiated cases of abuse and neglect for 11.1 children per 1,000 children in Connecticut. However, this decline in CAN needs to be considered in the context of the Covid-19 pandemic. By April 2020, schools and many daycare centers in the state closed permanently for several months, treatment services were provided through telehealth, and families stayed home with limited in-person contact with others outside of the household unless adults were essential workers. This factor may have affected the number of reports DCF received between April and September 2020 and, consequently, the number of cases substantiated in that period.

Data shows that in terms of age, CAN substantiation is more prevalent in children younger than one-year-old (Figure 13). For FFY 2020, 951 cases of children younger than one-year-old were substantiated by DCF, representing 27.8 children per 1,000 children. The next highest rate (11.4) was for children one year of age. Thereafter the rates tended to taper off, except for a slight uptick at age 5 when

children entered school, to 3.8 per 1,000 children for 17 year olds. The FFY 2020 substantiation rate for girls was 9.1 per 1,000 girls in the population, which is higher than boys at 8.5 per 1,000 boys in the population (see Figure 14).

The child population in Connecticut is mainly White (53%), while Hispanic children represent 26% and Black children represent 12%. However, non-white children are overrepresented in the DCF system, with 33.4% of the children being Hispanic and 22.1% being Black. White children in the DCF system represent 35%. Among these three groups of children, Black children have the highest CAN substantiation rate at 16.8 per 1,000 children, followed by Hispanic children at 11.4 and 5.9 for White children (see Figure 15).

Figure 13. Rates of substantiated CAN cases per 1,000 children by age in 2020 in Connecticut

Data Source: HHS et al. Child Maltreatment, 2020

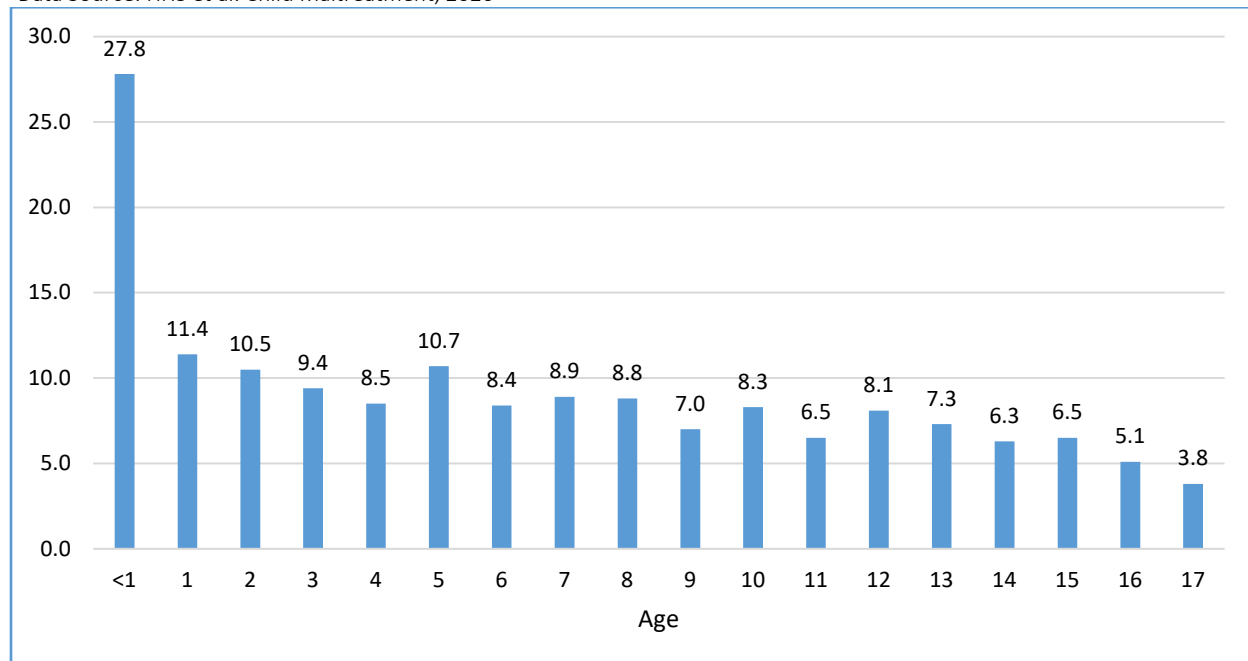
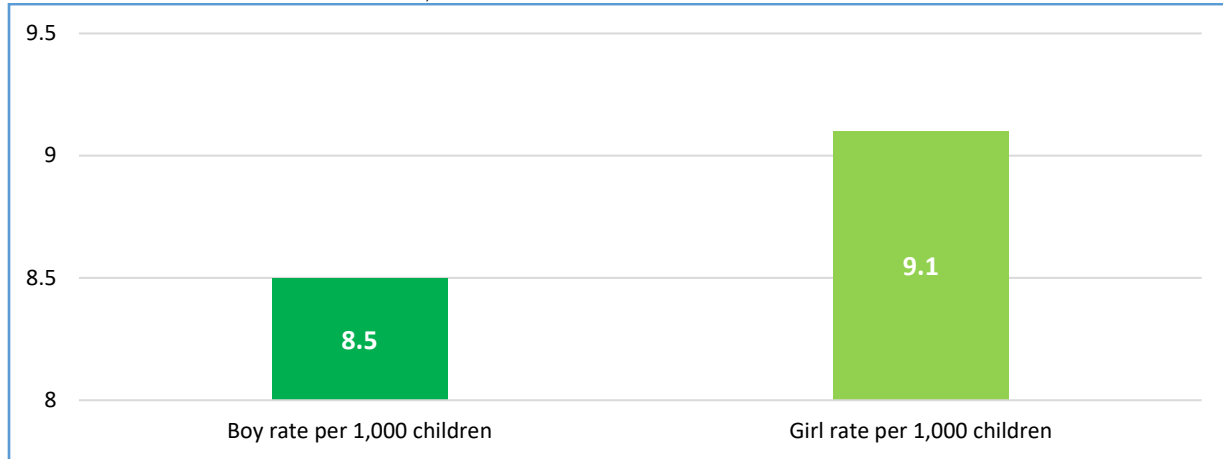
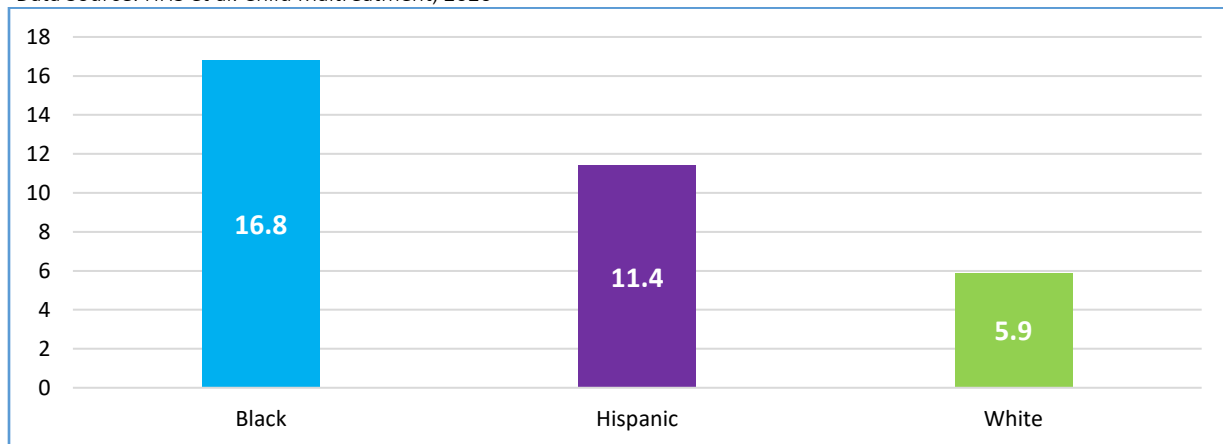


Figure 14. Rates of substantiated CAN cases for boys and girls per 1,000 children in Connecticut

Data Source: HHS et al. Child Maltreatment, 2020

**Figure 15. Rates of substantiated CAN cases for Black, Hispanic, and White children per 1,000 children in Connecticut**

Data Source: HHS et al. Child Maltreatment, 2020



Rates of Child Abuse and Neglect Substantiation in Connecticut by DCF Region and Town

Town CAN Rates were calculated by dividing the unique counts of substantiated cases in each town by the child population in each town and multiplying by 1,000. The number of substantiated cases was taken from the CT DCF Abuse and Neglect Reports and Allegations (FY 2020) available on the Connecticut Open Data Portal. The number of children per town was obtained from the Census 2020 Redistricting Data available on the CT Data website. Data for towns with less than ten substantiation counts were suppressed. More than half of towns in all DCF regions, except for Region 5, have a CAN

substantiation rate lower than the state average of 8.8 per 1,000 children. Figures 16-21 show the CAN substantiation rates per town in each DCF region.

Figure 16. Rate of Substantiated CAN per 1,000 children in DCF Region 1 (FY 2020).

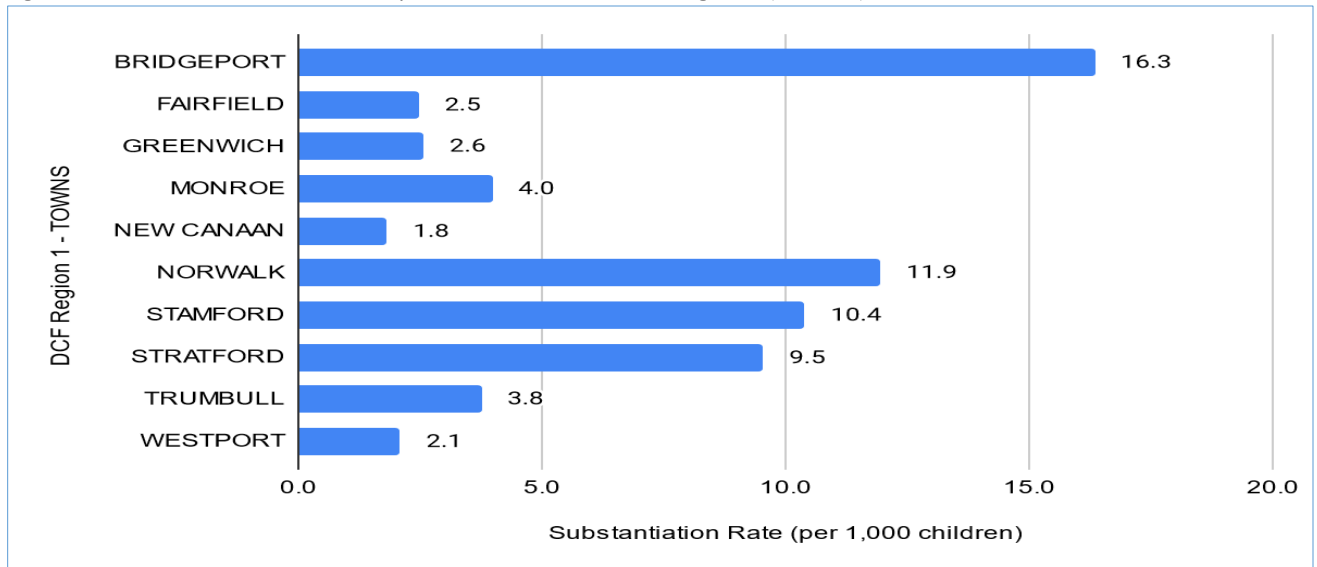


Figure 17. Rate of Substantiated CAN per 1,000 children in DCF Region 2 (FY 2020).

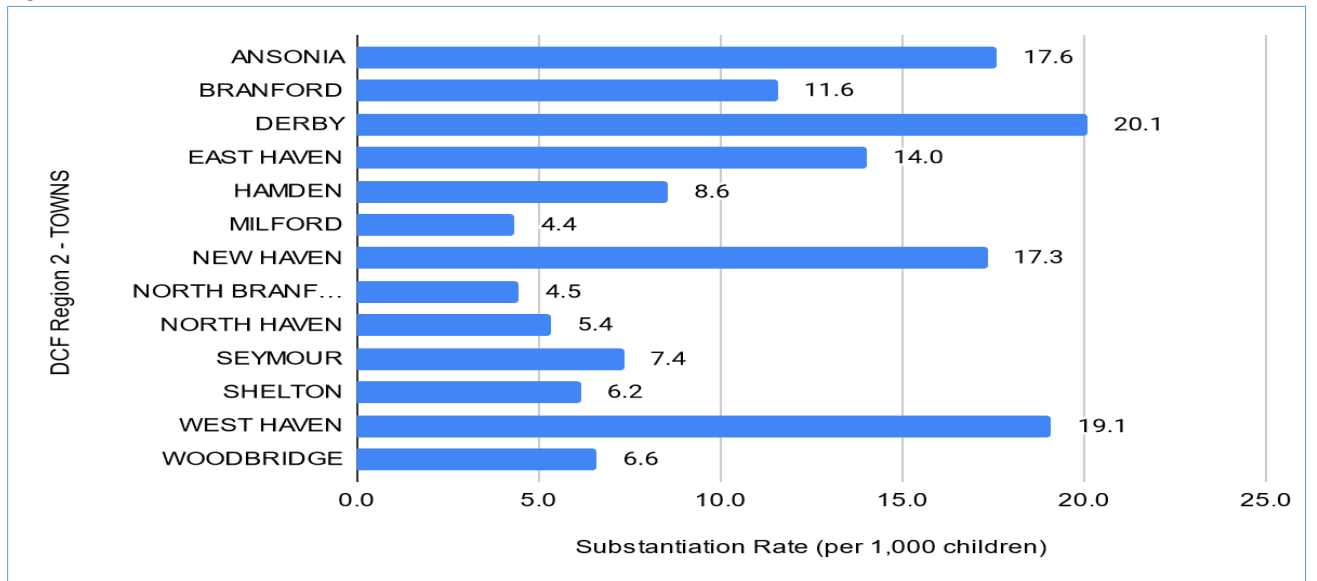


Figure 18. Rate of Substantiated CAN per 1,000 children in DCF Region 3 (FY 2020).

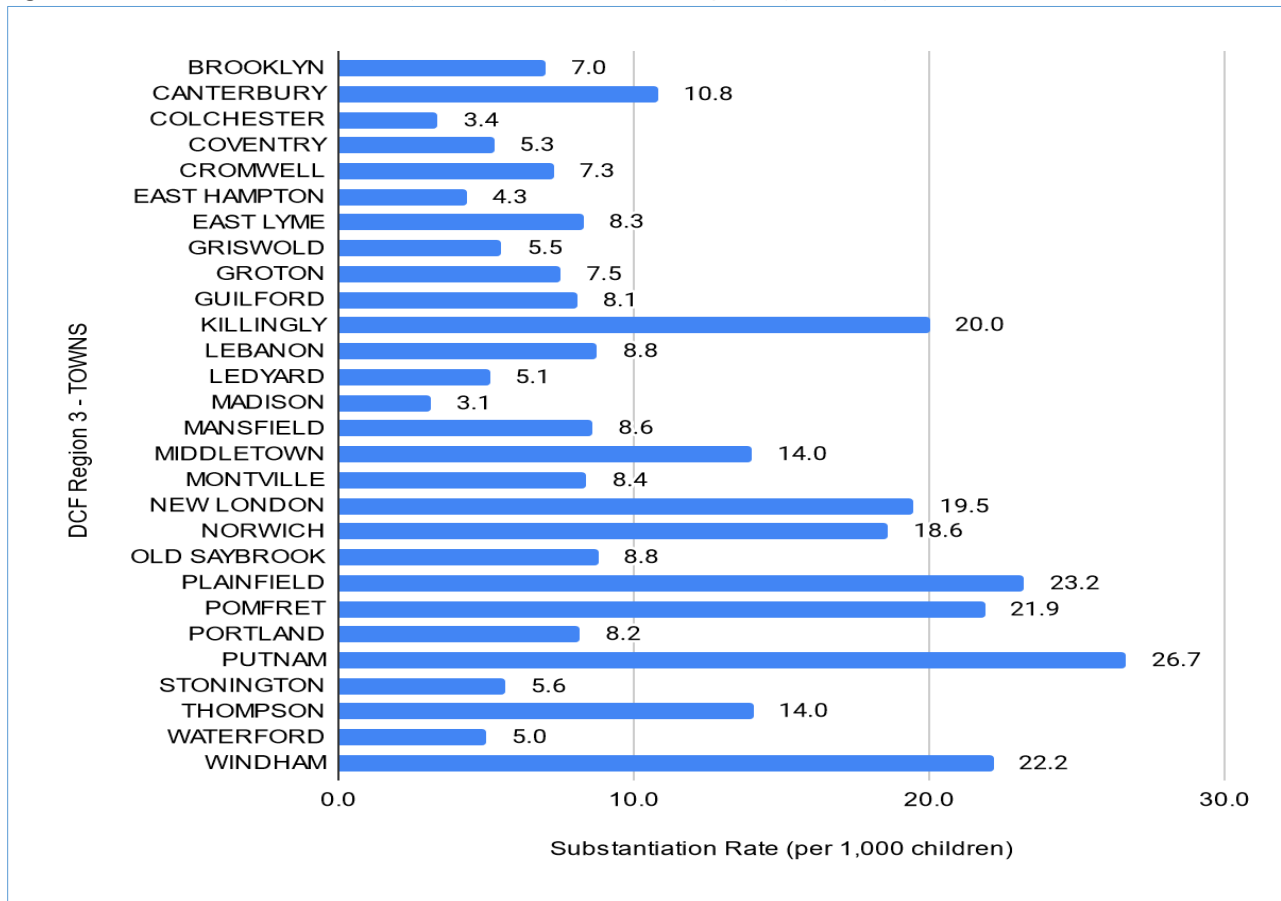


Figure 19. Rate of Substantiated CAN per 1,000 children in DCF Region 4 (FY 2020).

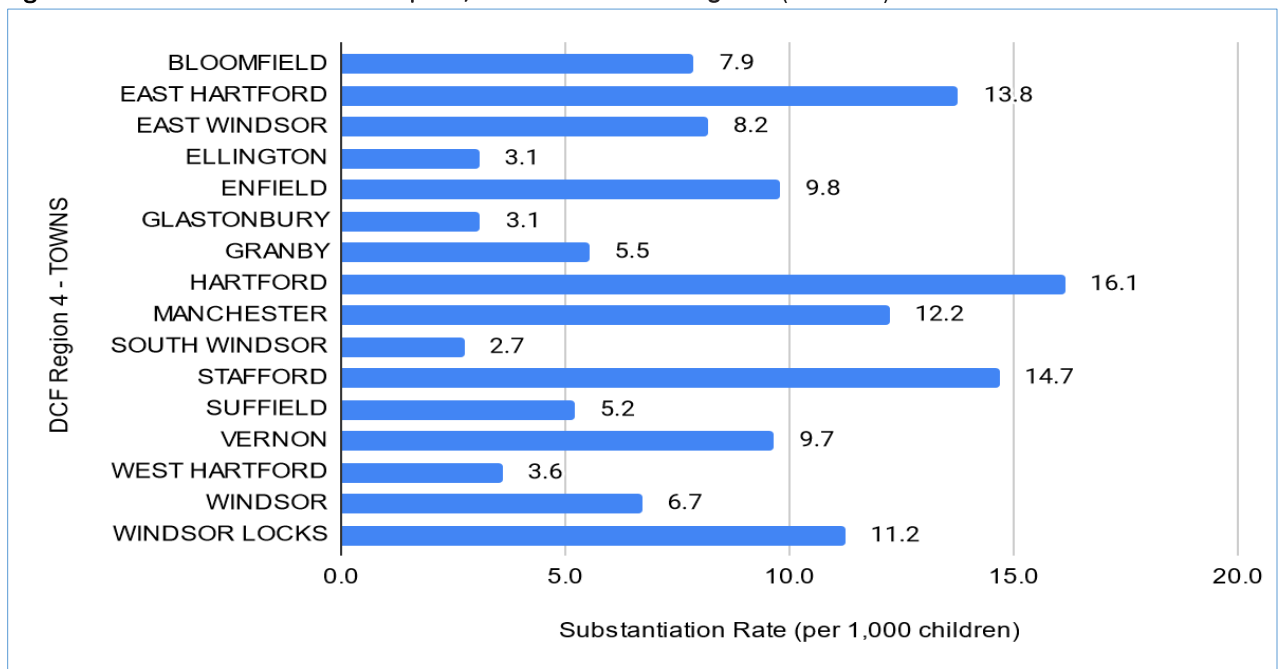


Figure 20. Rate of Substantiated CAN per 1,000 children in DCF Region 5 (FY 2020).

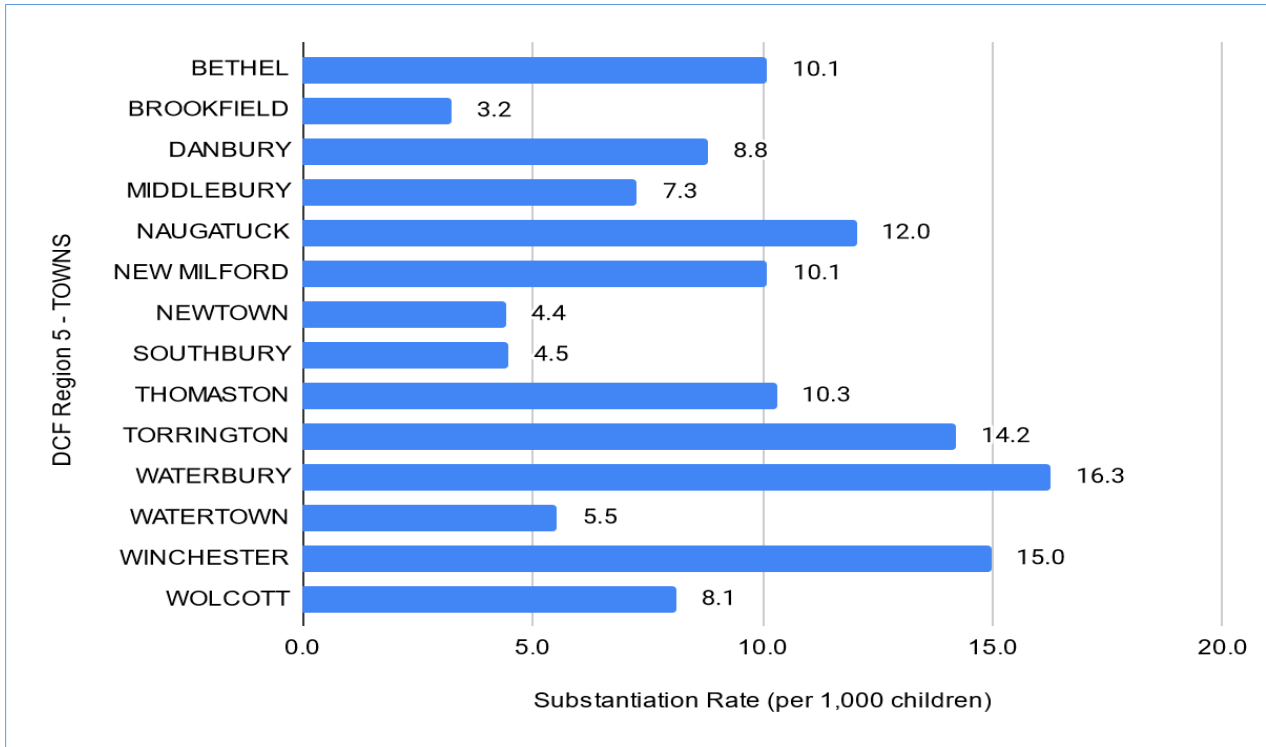
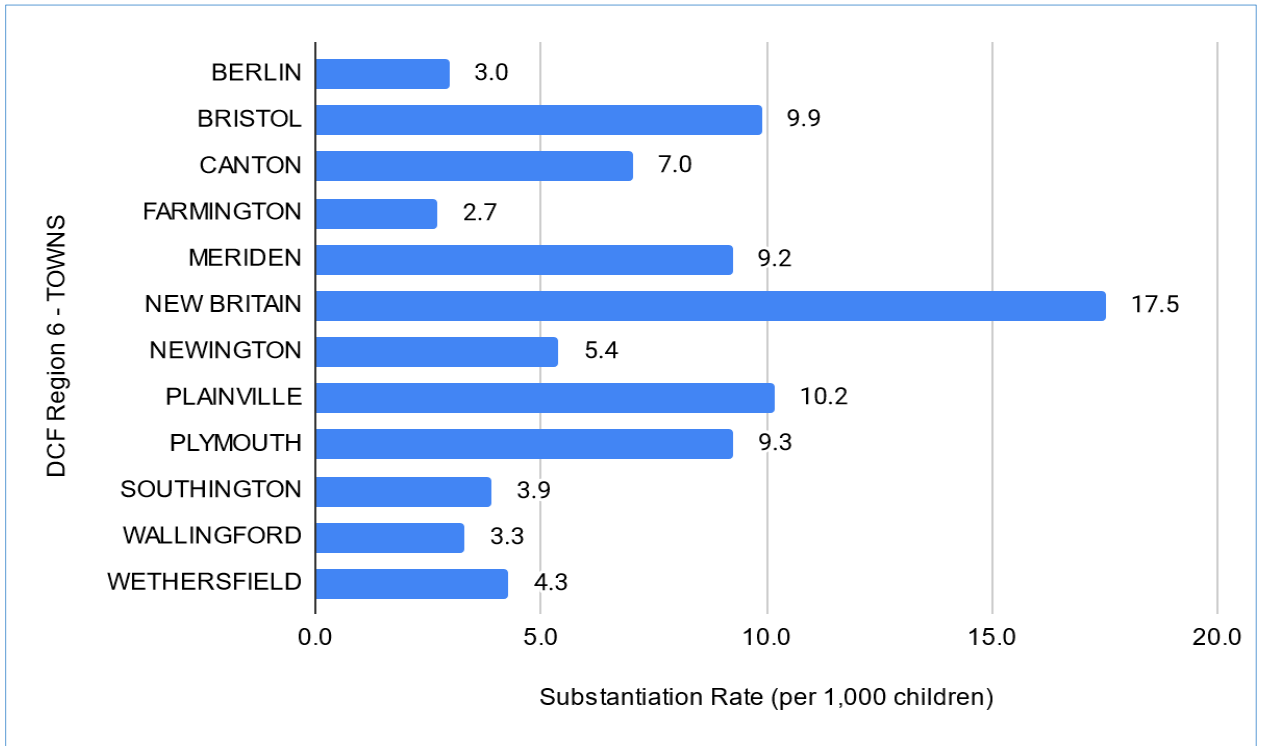


Figure 21. Rate of Substantiated CAN per 1,000 children in DCF Region 6 (FY 2020)



A descriptive analysis of the CAN substantiation rates of those towns with data that has not been suppressed (42) have a CAN substantiation rate above the state average of 8.8 per 1,000 children. Among those, DCF Region 3 has proportionally more towns with a CAN substantiation rate above state average (29%), followed by Region 5 and Region 4, with 19% and 17%, respectively. In Regions 2, 6, and 1 have a lower percentage of towns with CAN substantiation above state average (14%, 12%, and 10%, respectively). Among these 42 towns, 26 towns have a CAN substantiation rate between 8.8 and 14.9 per 1,000 children and 16 towns have a very high CAN substantiation rate of 15 per 1,000 children or higher. These towns are listed below in Table 2.

Table 2. Connecticut Towns with High and Very High CAN Substantiation Rates

DCF Region	CAN Substantiation Rate	
	High (8.8-14.9 per 1,000 children)	Very High (15 per 1,000 children or above)
1	Norwalk, Stamford, Stratford	Bridgeport
2	Branford, East Haven	Ansonia, Derby, New Haven, West Haven,
3	Canterbury, Lebanon, Middletown, Old Saybrook, Thompson	Killingly, New London, Norwich, Plainfield, Pomfret, Putnam, Windham
4	East Hartford, Enfield, Manchester, Stafford, Vernon, Windsor Locks	Hartford
5	Bethel, Danbury, Naugatuck, New Milford, Thomaston, Torrington	Waterbury, Winchester
6	Bristol, Meriden, Plainville, Plymouth	New Britain

Families living in poverty are more likely to be reported to the child welfare system for neglect (Yang, 2015). Among the towns with a high CAN substantiation rate (8.8-14.9 per 1,000 children), the large majority, 23 towns, have a poverty rate of 10%. For the 16 towns with very high CAN substantiation

rates, only three have poverty rates of 10% or less, six towns have poverty rates between 11% and 19%, and the remaining seven towns experience poverty rates of 20% or more. All of the 51 towns with a CAN Substantiation rate lower than the state average, with the exception of one have a poverty rate of 10% or below.

Towns were also categorized by community type using the Five Connecticut designations (Levy and Villemez, 2004). This analysis showed that the six cities (100%) categorized as Urban Core have a very high CAN substantiation rate (15 per 1,000 children) compared to 17% of Urban Periphery communities. Fifty percent of Rural communities have a high or very high CAN substantiation rate. These results are described in Table 3.

Table 3. Percentage of towns with low, high, and very high CAN Substantiation rates by community type based on the Five Connecticut system.

Community Type	Lower than state average	High (8.8 and lower than 15 per 1,000 children)	Very High (15 per 1,000 children or higher)
Rural	50.0%	29.2%	20.8%
Suburban	93.3%	6.7%	0.0%
Urban core	0.0%	0.0%	100.0%
Urban periphery	24.1%	58.6%	17.2%
Wealthy	100.0%	0.0%	0.0%

Section 3: ACEs in School/Peer Settings

In 2020, the Connecticut Department of Public Health (DPH), which manages the Connecticut School Health Survey (CSHS), also known as the Youth Risk Behavioral Survey (YRBS), was awarded funding from the CDC to include an ACE module in the 2021 administration of the CSHS, including items on abuse, neglect, and household/family challenges. The 2021 CSHS will be a key surveillance tool for ACEs and an essential source of data on positive childhood experiences and resilience factors that can serve to mitigate the effects of ACEs. Student reports will reflect their experiences in the last 12 months. While these data are not yet available, the 2019 CSHS and prior administrations of the survey, have

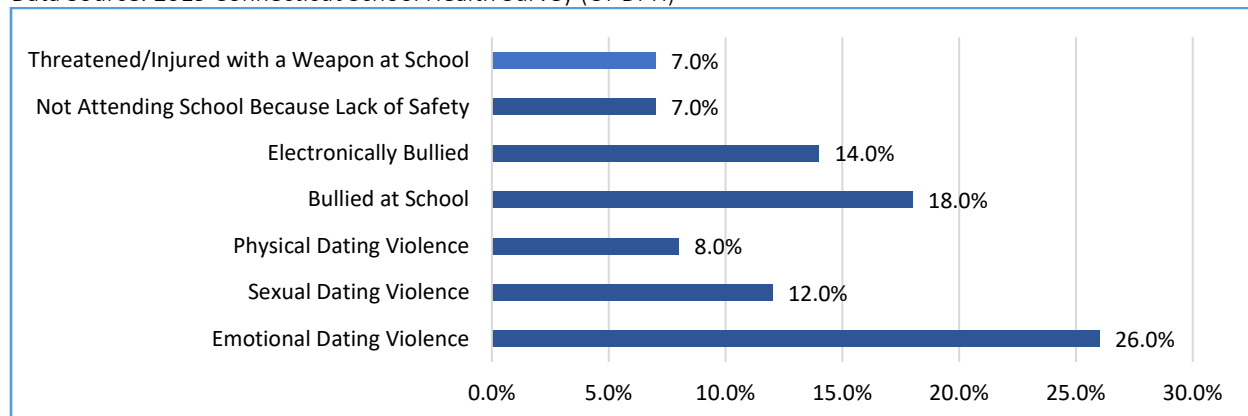
captured data on bullying, school violence, and teen dating violence, which have been identified as additional ACEs that occur outside the family environment, in school, and peer settings.

The CSHS is a weighted, representative school-based survey of students in grades 9 – 12 in the state, based on randomly chosen classrooms within selected schools, and is anonymous and confidential. As a YRBS administered every two years, it is one component of the Youth Risk Behavior Surveillance System (YRBSS) developed by the CDC in collaboration with representatives from state and local departments of education and health, other federal agencies, and national education and health organizations. The YRBS measures behaviors among youth related to the leading causes of mortality and morbidity to assess how these risk behaviors change over time. Comparative data are available from the national YRBS.

As Figure 22 shows, the most prevalent ACE reported by Connecticut youth in the 2019 administration of this survey was being emotionally hurt or controlled by a dating partner, reported by 26% of high school students. Being bullied at school and electronically were ACEs reported next most often.

Figure 22. Percentage of High School Students reporting ACEs connected with School and Peer Settings in the Last Year

Data Source: 2019 Connecticut School Health Survey (CT DPH)



Cumulative School and Peer Settings-related ACEs in Female and Male Youth

As the 2017-2019 combined CSHS data shows (Figure 23), a higher percentage of female youth experienced at least one ACE compared to male youth (41.5% vs. 30.9%). A higher percentage of female youth also experienced four to six School and Peer Settings-related ACEs (21.6% vs. 13.6%). As the data in Figures 24 and 25 show, a larger percentage of female youth than male youth experienced bullying at school and cyberbullying. One in five female youth experienced bullying at school while one in six experienced bullying electronically. In addition, one in three female youth reported emotional dating violence or controlling behaviors by their dating partner, and one in six reported sexual dating violence. On the other hand, teenage boys were more likely to report that they had been threatened or injured in school violence incidents (see Figure 24).

Figure 23. Cumulative School and Peer Settings-Related ACEs in Male and Female Youth in Connecticut
 Data Source: 2017-2019 Connecticut School Health Survey (CT DPH)

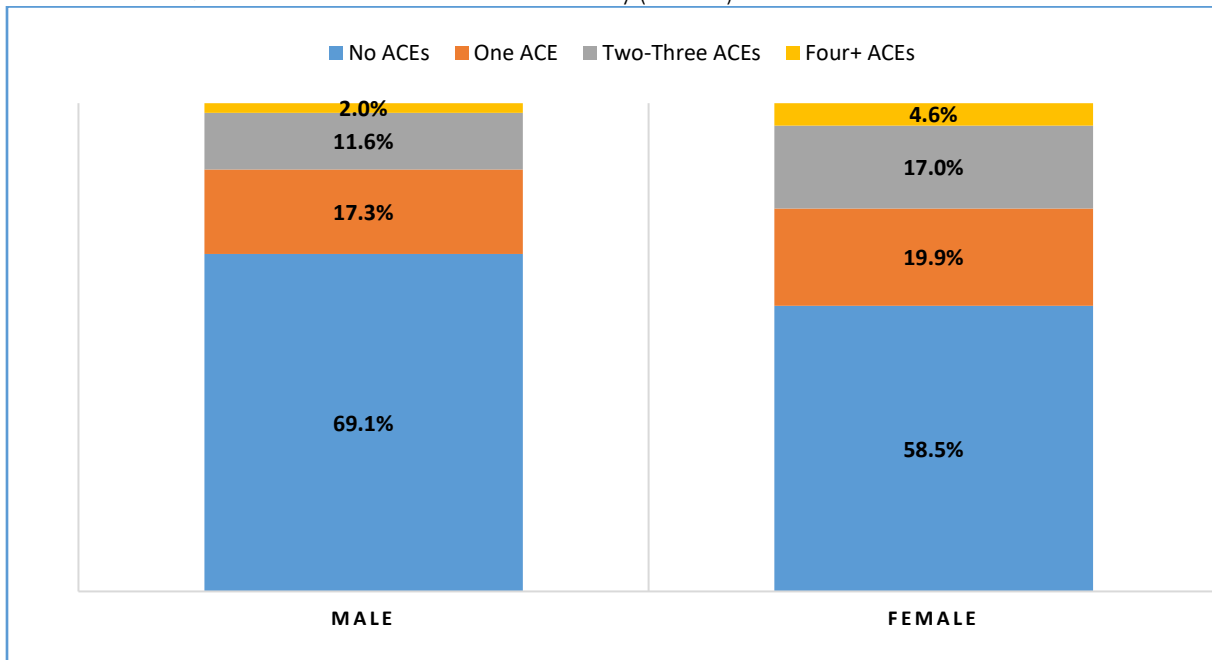


Figure 24. Percentage of Female and Male Youth who Experience School Violence and Bullying

Data Source: 2017-2019 Connecticut School Health Survey

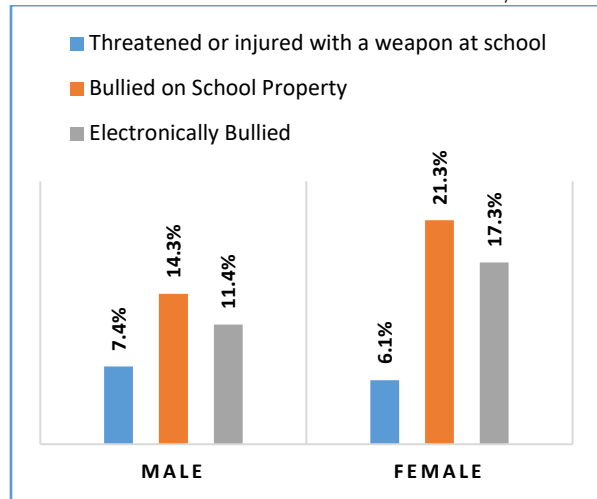
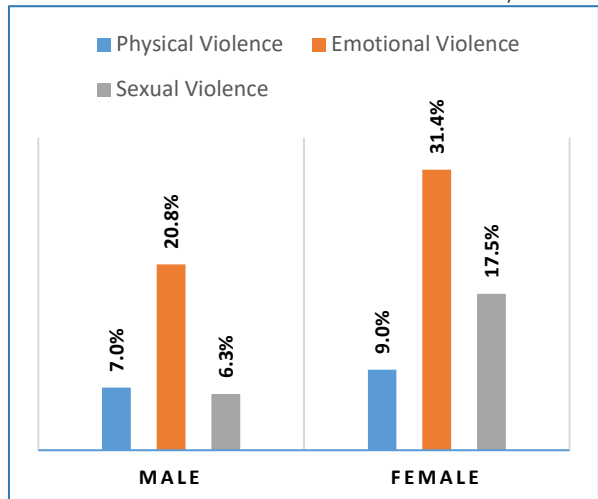


Figure 25. Percentage of Female and Male Youth who Experience Dating Violence

Data Source: 2017-2019 Connecticut School Health Survey



Cumulative School and Peer Settings-related ACEs by Race/Ethnicity

The 2017-2019 combined CSHS data shows that a slightly larger percentage of White adolescents (37.9%) reported experiencing at least one ACE related to school/peer settings, compared to Hispanic (34.8%), African-American (33.2%), and Asian (27.5%) adolescents. (Figure 26). A slightly higher percentage of White adolescents (18.7%) also reported experiencing two or more ACEs connected to School and Peer Setting than youth from other racial/ethnic backgrounds.

Figure 26. Cumulative Burden of School and Peer Settings-related ACEs in Black, Hispanic and White Youth in Connecticut. | Data Source: 2017-2019 Connecticut School Health Survey (CT DPH)

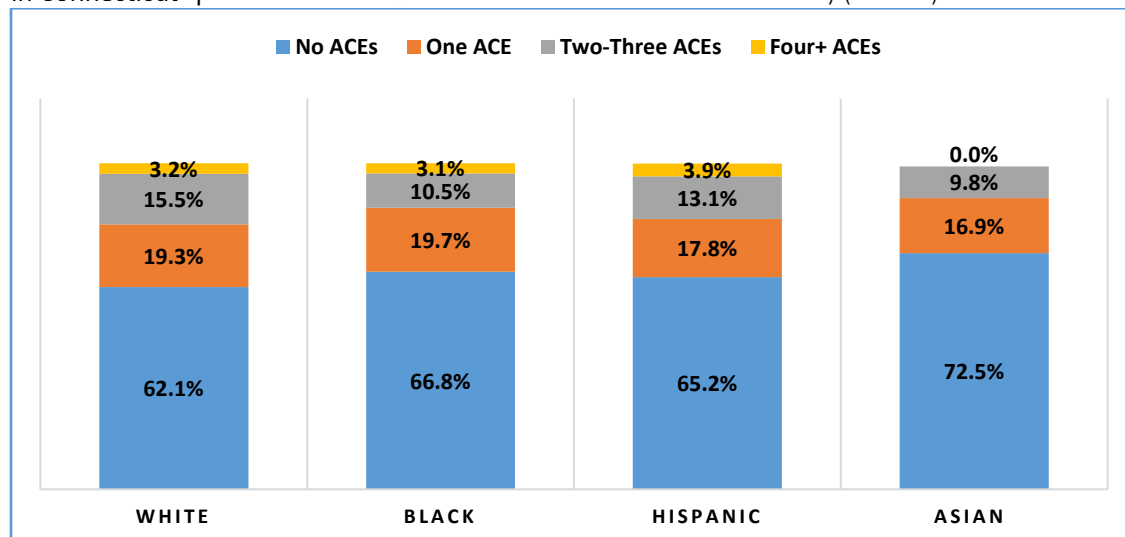


Figure 27 shows that youth who identified as White reported higher rates of bullying experiences – both (at school and electronically – compared with Black and Hispanic youth. Hispanic youth reported higher rates of being threatened or injured with a weapon at school and slightly lower rates of bullying than White youth. One in four adolescents of any racial/ethnic background said they had experienced emotional abuse by their dating partner in the last year (See Figure 28). Eleven percent of Hispanic adolescents reported experiencing physical abuse by their dating partner compared to seven percent and six percent of White and Black youth respectively, while 13% of White, 12% of Hispanic and nine percent of Black youth reported experiencing sexual dating violence.

Figure 27. Percentage of White, Black, and Hispanic Youth Experiencing School Violence and Bullying
 Data Source: 2017-2019 Connecticut School Health Survey (CT DPH)

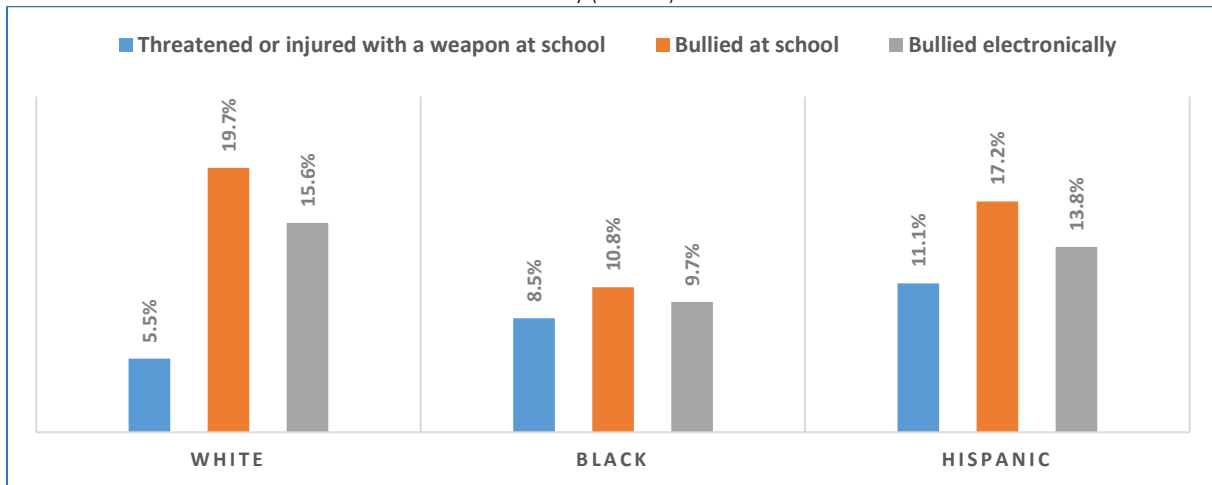
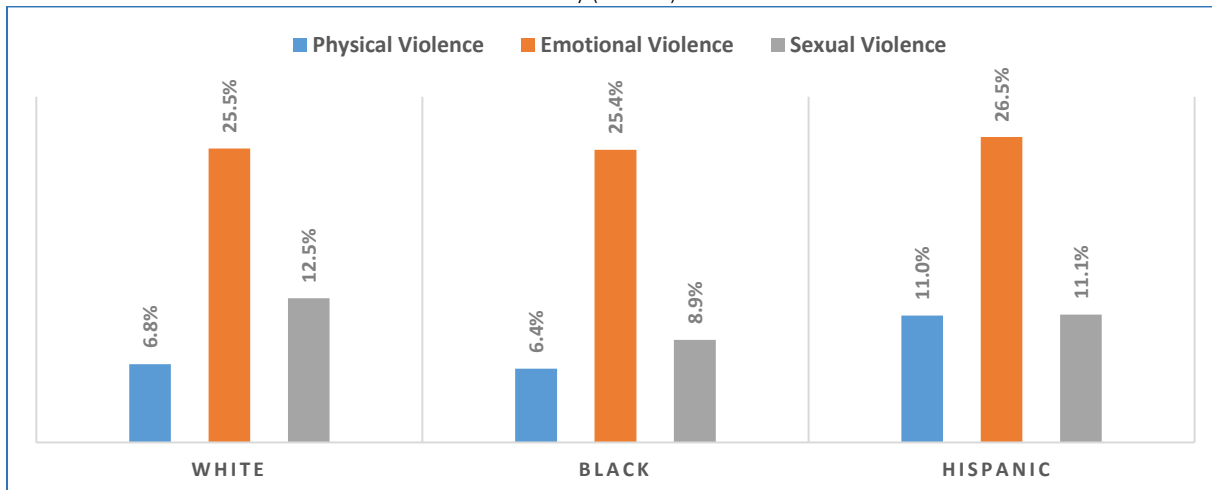


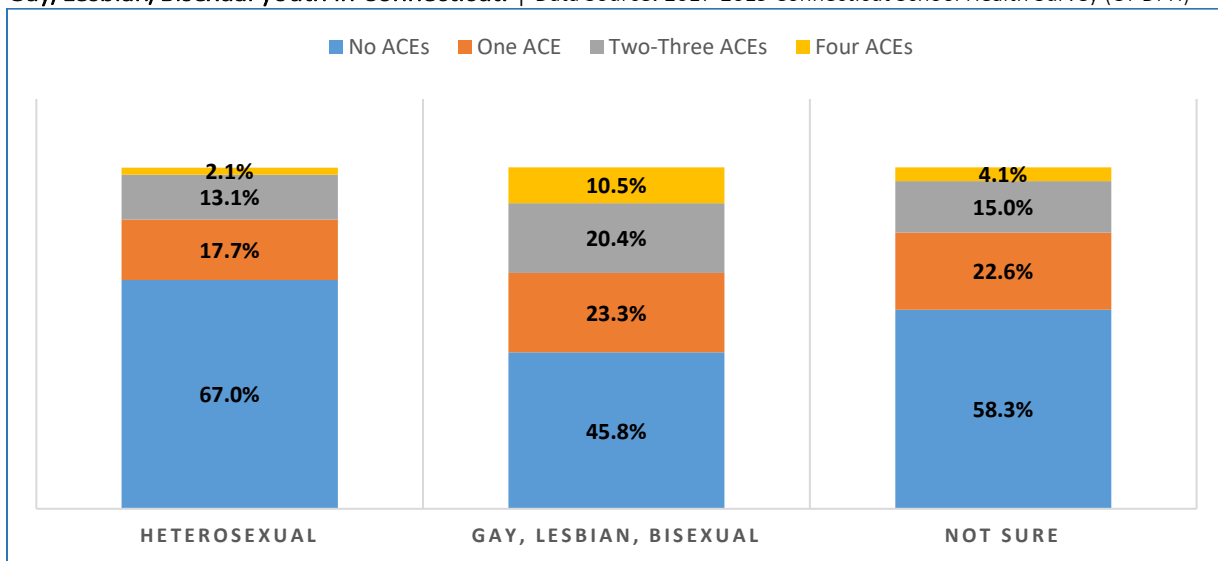
Figure 28. Percentage of White, Black, and Hispanic Youth Experiencing Dating Violence
 Data Source: 2017-2019 Connecticut School Health Survey (CT DPH)



Cumulative School and Peer Settings-related ACEs in Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth

While 33% of heterosexual youth experienced at least one School and Peer Settings-related ACE, 54.2% of youth who identified as gay, lesbian or bisexual and 41.7% of youth who said they were unsure about their sexual identity did. Almost one-third of gay/lesbian/bisexual youth reported two or more ACEs related to school violence, bullying, and dating violence. In comparison, 14% and 19% of heterosexual and unsure youth experienced two or more ACEs in these categories (Figure 29).

Figure 29. Cumulative Burden of ACEs related to School and Peer Settings in Heterosexual and Gay/Lesbian/Bisexual youth in Connecticut. | Data Source: 2017-2019 Connecticut School Health Survey (CT DPH)



Gay/lesbian/bisexual youth and those uncertain about their sexual identity were more likely to report having being hurt or threatened with a weapon at school and bullying than heterosexual youth (Figure 30). Two times more gay, lesbian, and bisexual youth reported experiencing bullying at school, which represents compared to heterosexual youth (32% vs. 16%). Figure 31 shows that 39% of youth who identified as gay, lesbian, bisexual and 33.7% of unsure youth experienced emotional abuse by a dating partner in the last year while one in four were forced to kiss, touch, or have sexual intercourse.

Figure 30. Percentage of Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth Experiencing School Violence and Bullying | Data Source: 2017-2019 Connecticut School Health Survey (CT DPH)

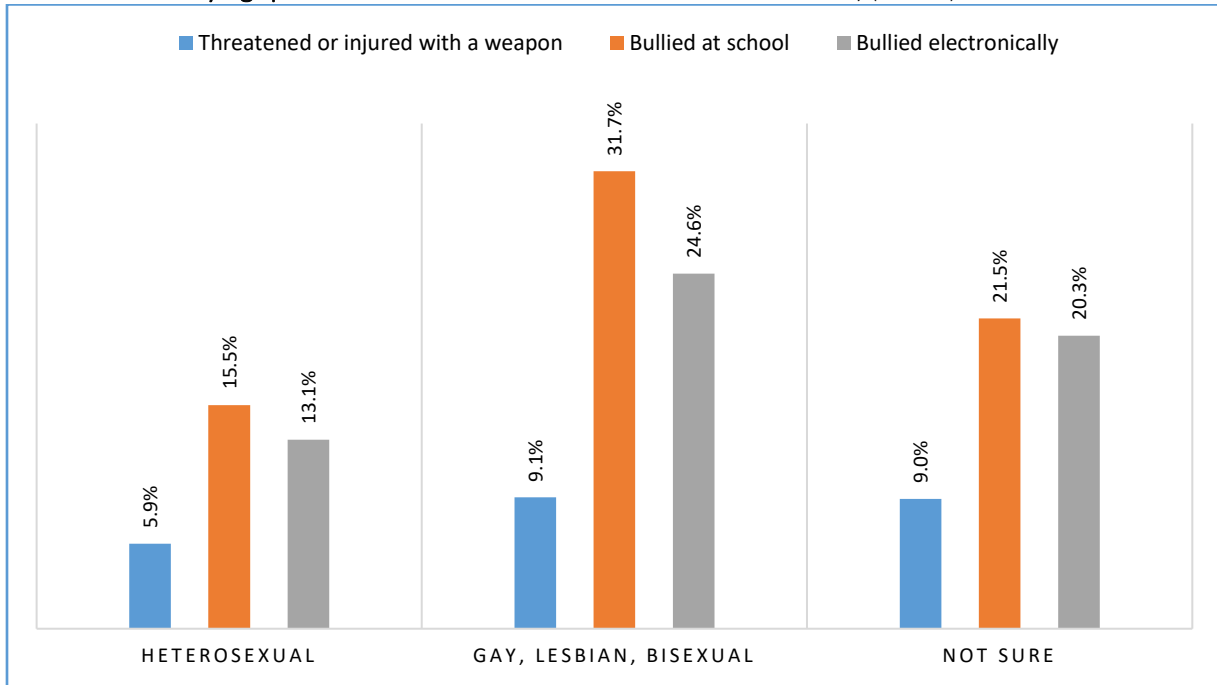
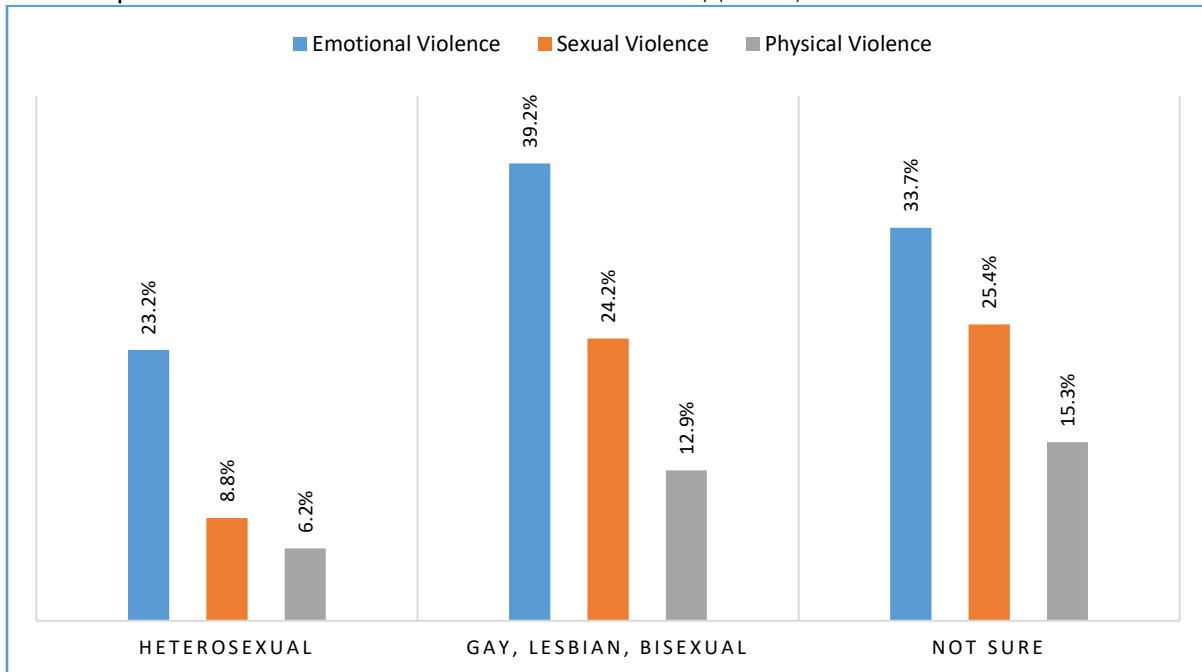


Figure 31. Percentage of Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth Experiencing Dating Violence | Data Source: 2017-2019 Connecticut School Health Survey (CT DPH)



Section 4: Risk and Protective Factors of ACEs

Research has identified several ACE risk factors, including living in poverty, financial challenges and housing instability, as well as ACE protective factors such as having adult figures involved in the child's life and being connected with community activities. Poverty and financial stress are strongly associated with childhood adversities. A recent systematic review found 29 studies that reported strong associations between poverty and child maltreatment (Hunter and Flores, 2020). In addition, families living in poverty are more likely to be reported to the child welfare system for neglect (Yang, 2015). Poverty and financial challenges are also linked to parental divorce/separation, maternal mental health problems, and sexual abuse. Lacey et al. (2020) explain that financial hardship places tremendous stress on parental relationships and increases the risk for conflict, violence, and separation, while poverty has also been identified as a risk factor for maternal mental health problems. Additional studies have found that individuals living in poverty or experiencing great financial stress tend to report higher ACE scores (Liming, 2018; Metzler et al., 2017; Steele et al., 2016). A systematic review identified 11 studies that reported associations between housing instability and child maltreatment and one study that linked food insecurity to increased rates of parental aggression (Hunter and Flores, 2020). Thus, reducing poverty and improving the economic wellbeing of families is critical for the prevention of ACEs. Economic and social measures that help families break the poverty cycle, such as supplemental income and housing interventions, have shown effective in reducing ACEs, particularly child maltreatment and parental substance use (Courtin et al., 2019). explained that financial hardship places great stress on parental relationships and increases the risk for conflict, violence and separation, while poverty has also been identified as a risk factor for maternal mental health problems. Additional studies have found that individuals living in poverty conditions or experiencing great financial stress are more likely to report higher prevalence of ACEs (Liming, 2018; Metzler et al., 2017; Steele et al., 2016). Hunter and Flores (2020) identified 11 studies that reported associations between housing instability and child

maltreatment and one study that linked food insecurity to increased rates of parental aggression. Thus, reduction in poverty and increasing economic wellbeing of families are critical for the prevention of ACEs. Economic and social measures that help families break the poverty cycle such as supplemental income and housing interventions have shown to be effective in reducing ACEs, in particular child maltreatment and parental substance use (Courtin et al., 2019).

It has been pointed out that some children who have experienced adversity and trauma avoid adverse outcomes more readily than others, in large part due to the presence of protective factors (Brodowski, et al., 2014). At the individual level, studies have found that educational attainment serves as a protective factor for children's wellbeing into adulthood while those who drop out of school are more likely to experience health problems later in life (Egerter et al., 2011; Crouch et al., 2021). The reliable presence of a sensitive, nurturing, and responsive adult in the life of a child has been confirmed as one of the strongest factors linked with resilience against ACEs (Bartlett & Steber, 2019). Outside of the family household, caring adults in school settings were found to serve as resilience factors in terms of protecting and promoting good outcomes for students facing adversities (Liebenberg et al., 2013).

Community support has been associated with increased positive health-related quality of life (Banyard et al., 2017). It has been argued that efforts should be made to build programs revolving around community support, which can help reduce the incidence of ACEs (Blodgett, 2003; Pinderhughes et al., 2015).

For this report, we examined indicators of risk and protective factors through the lenses of race/ethnicity, gender, and sexual identity as the data allow. For the risk factors analysis, we have utilized data from the 2021 DataHaven's Community Wellbeing Survey (CWS), a telephone survey of a representative sample of households in Connecticut that gathers information on community wellbeing, quality of life, and equity in the state's diverse communities. This tri-annual survey provides unique data

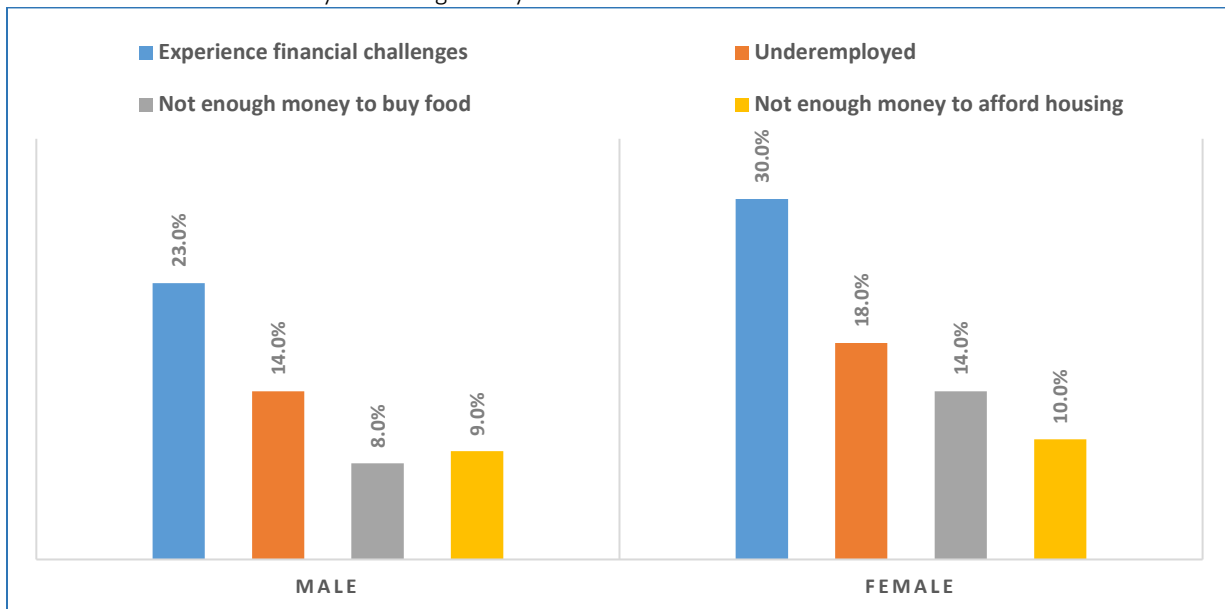
on the quality of life in Connecticut communities, including neighborhood safety, community support, perceived discrimination, substance use, health status, and access to health care. Data from the 2019 CSCH was used to examine protective factors.

ACE Risk Factors in Men and Women

CWS data suggest that more women experience economic hardship than men based on selected indicators (Figure 32). The 30% of women who reported financial challenges include 19% who answered ‘just getting by,’ six percent who answered ‘finding it difficult’, and five percent who said it was ‘very difficult’ to the question “How are you managing financially these days?” The percentage of men answering the same question is 15%, five percent and three percent, respectively. More women than men reported being underemployed and experiencing food and housing insecurity. It should be noted that the publicly available CWS data did not allow calculation of the percentage of men and women with children in the home nor does it provide the marital status of respondents.

Figure 32. Economic Hardship Indicators in Men and Women in Connecticut.

Data Source: 2021 Community Wellbeing Survey – DataHaven

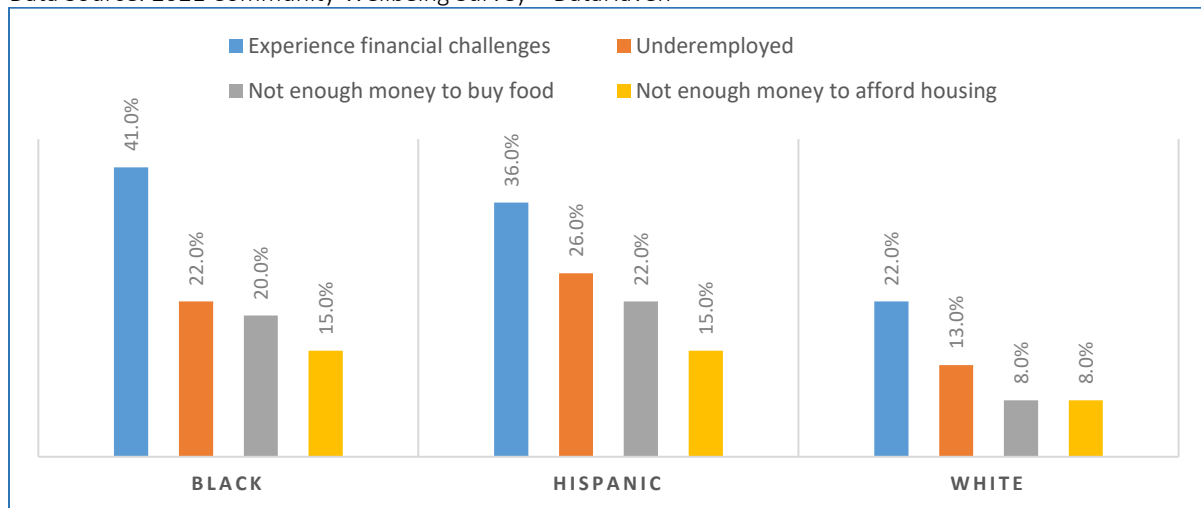


ACE Risk Factors in Black, Hispanic, and White Adults

Data from the CWS indicates that a larger percentage of Black and Hispanic adults in 2021 reported facing economic hardship compared to Whites (Figure 33). Of the 41% of Black and 36% of Hispanic adults who reported economic hardship, 14% and 15% respectively found it difficult and very difficult to manage financially, while 27% of Black adults and 21% of Hispanic individuals reported just getting by. More than one quarter of Hispanic adults were underemployed, which was double the rate of underemployed adults of White background. One in five Black adults experienced food insecurity in the previous year, which was even higher than adults of Hispanic origin. One in six of Black and Hispanic adults experienced housing insecurity compared to one in 12 White adults reported experiencing housing and food insecurity.

Figure 33. Economic Hardship Indicators in Black, Hispanic and White Adults in Connecticut.

Data Source: 2021 Community Wellbeing Survey – DataHaven



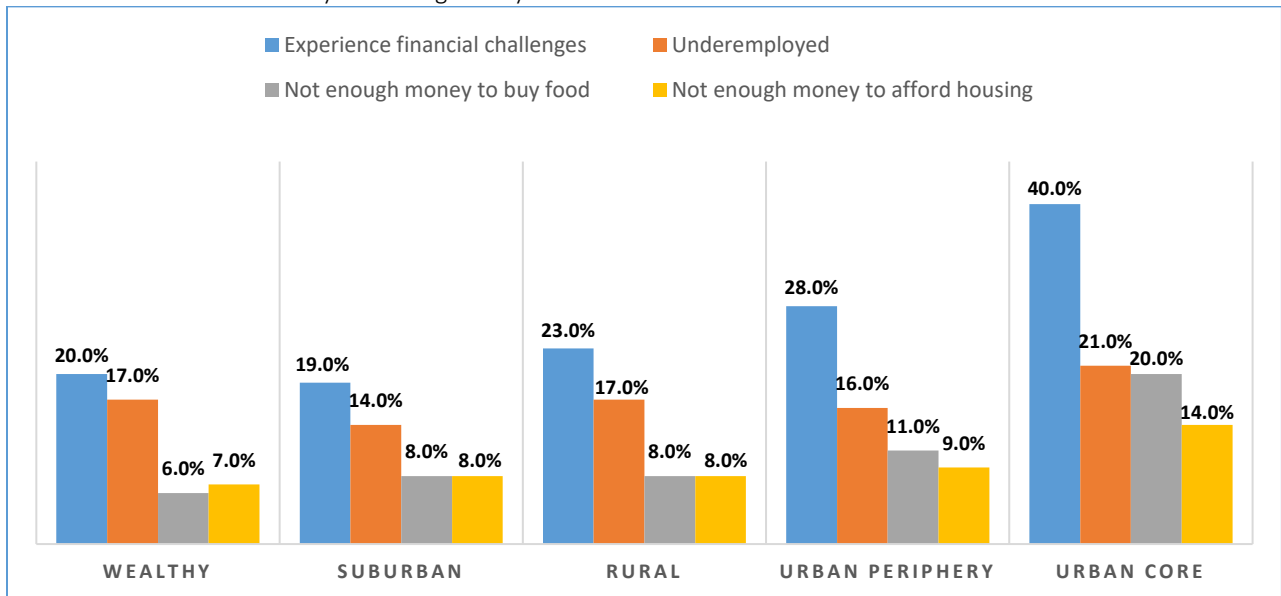
ACE Risk Factors by Types of Communities in Connecticut

In order to look at community differences, we utilized the Five Connecticut typology, a system developed to classify towns in one of five categories based on the median household income, population density, and poverty rate using the 2010 Census (Levy, Don and DataHaven, 2015). The categories include Wealthy, Suburban, Rural, Urban Periphery, and Urban Core. Using the community type lens to examine

economic hardship revealed that a larger percentage of people living in urban centers and urban periphery communities experienced financial challenges, underemployment, and food and housing insecurity compared to people in wealthy, suburban and rural communities. In the urban cores, more than one out of five adults reported not having enough money to pay for food for themselves and their families, and 14% of urban core residents reported not being able to find adequate housing, double the rate than in wealthy communities (Figure 34).

Figure 34. Economic Hardship Indicators by Types of Communities in CT.

Data Source: 2021 Community Wellbeing Survey – DataHaven

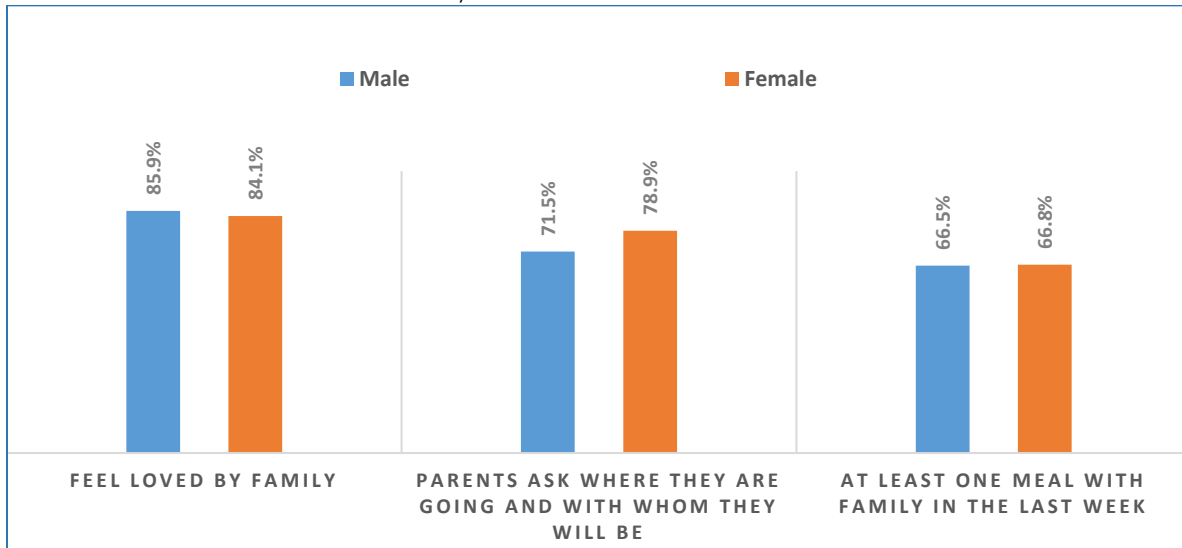


Protective Factors in Male and Female Youth

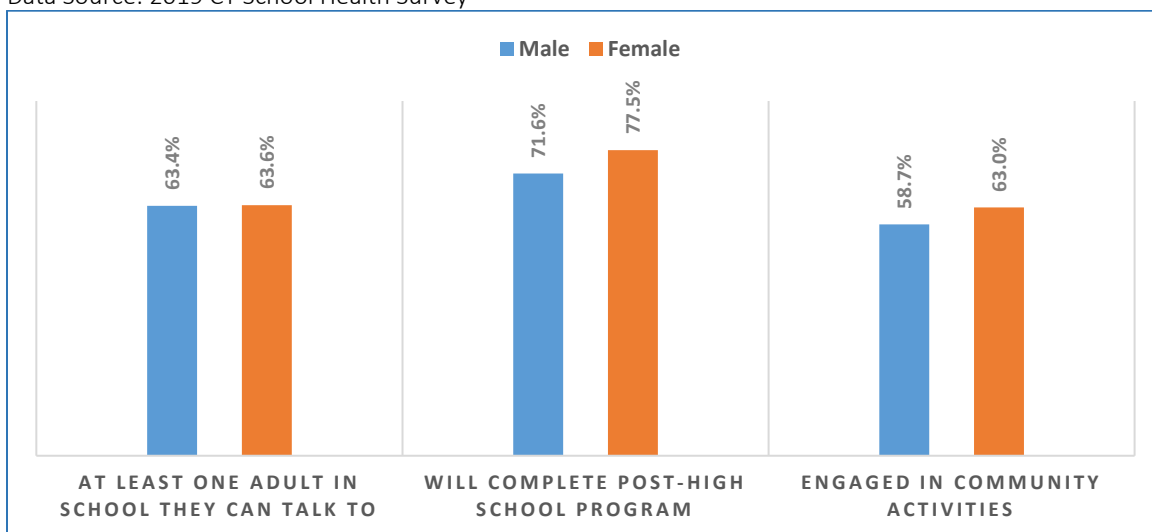
Figures 35 and 36 show the percentages of male and female high school students who reported protective factor indicators for ACEs. The CSHS data did not reveal meaningful by gender with regard to family-related protective factors; large majorities of both male and female youth reported these protective factors. Girls were more likely than boys to report taking part in organized activities outside the school setting (63% vs 59%), and planning to complete post-high school program (78% vs, 72%).

Figure 35. Family-related Protective Factors in Male and Female Youth in Connecticut

Data Source: 2019 CT School Health Survey

**Figure 36. School-related Protective Factors in Male and Female Youth in Connecticut**

Data Source: 2019 CT School Health Survey



Protective Factors in Black, Hispanic, and White Youth

The 2019 CSHS data shows that a smaller percentage of adolescents of Black and Hispanic background reported ACE protective factors compared to White adolescents (Figures 37 and 38). In particular, Black youth (64%) were least likely to report that their parents/caregivers ask about their whereabouts and having a meal with their family in the last week. While more than two thirds of White youth reported having an adult in school they can talk to if they have a problem, less than half of Black

youth did. Similarly, 65% of White youth said they participate in organized activities outside the school, compared to 52% of Black youth. Just 66% of Black and Hispanic students reported that they will complete a post-high school program compared to 79% of White students.

Figure 37. Family-Related Protective Factors in Black, Hispanic, and White Youth in Connecticut

Data Source: 2019 CT School Health Survey

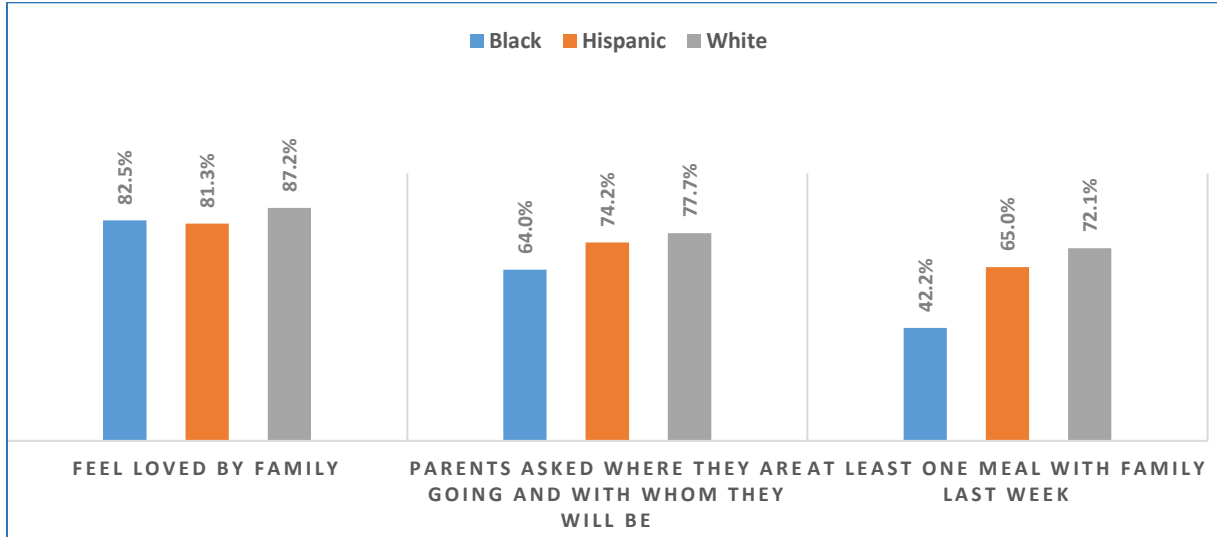
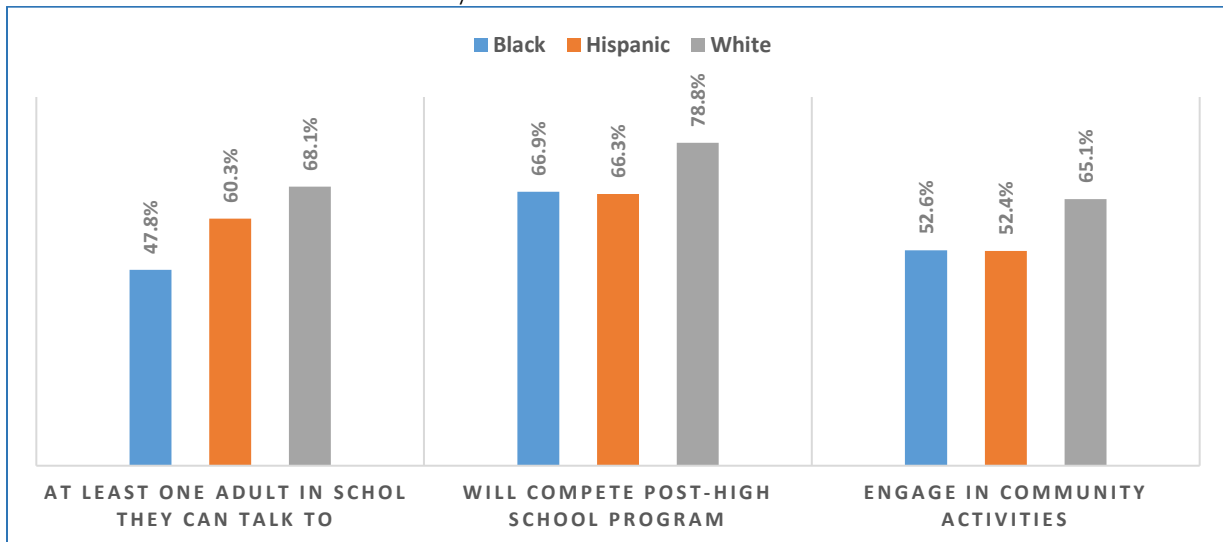


Figure 38. School-Related Protective Factors in Black, Hispanic, and White Youth in Connecticut

Data Source: 2019 CT School Health Survey



Protective Factors in Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth

Data from the 2019 CSHS shows that a smaller percentage of youth who identified as gay, lesbian and bisexual (LGB) reported ACE protective factors compared to youth who identified as heterosexual (Figures 39 and 40). While 89% of heterosexual adolescents reported feeling loved and supported by their families, only 64% of gay, lesbian and bisexual adolescents did. Fewer non-heterosexual youth also reported having emotional support from adults in school. While 55% of unsure and 59% of gay/lesbian/bisexual youth said they have an adult person in school they can talk to if they have a problem, 65% of heterosexual youth reported a caring adult in school.

Figure 39. Family-Related Protective Factors in Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth in Connecticut | Data Source: 2019 CT School Health Survey

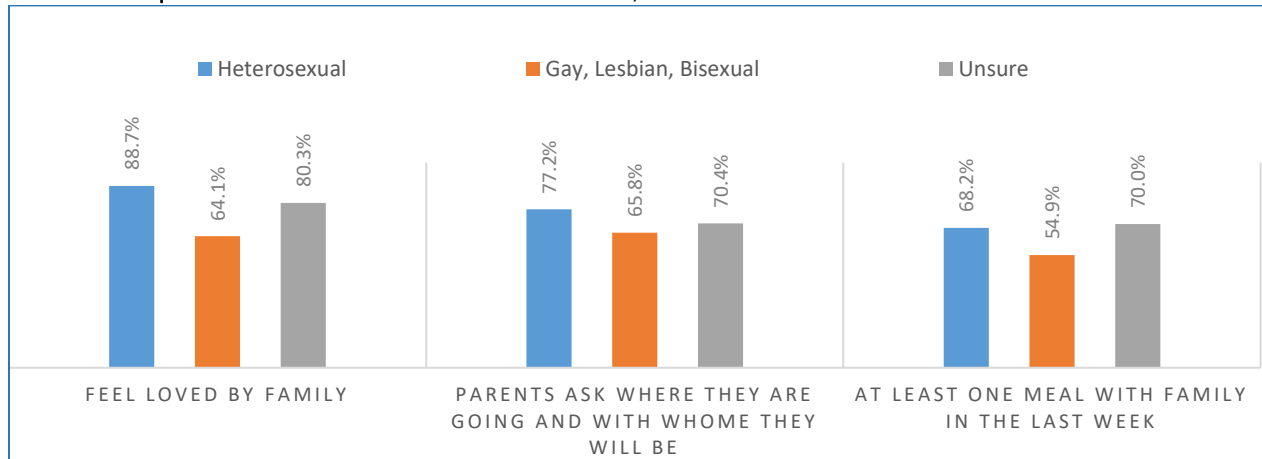
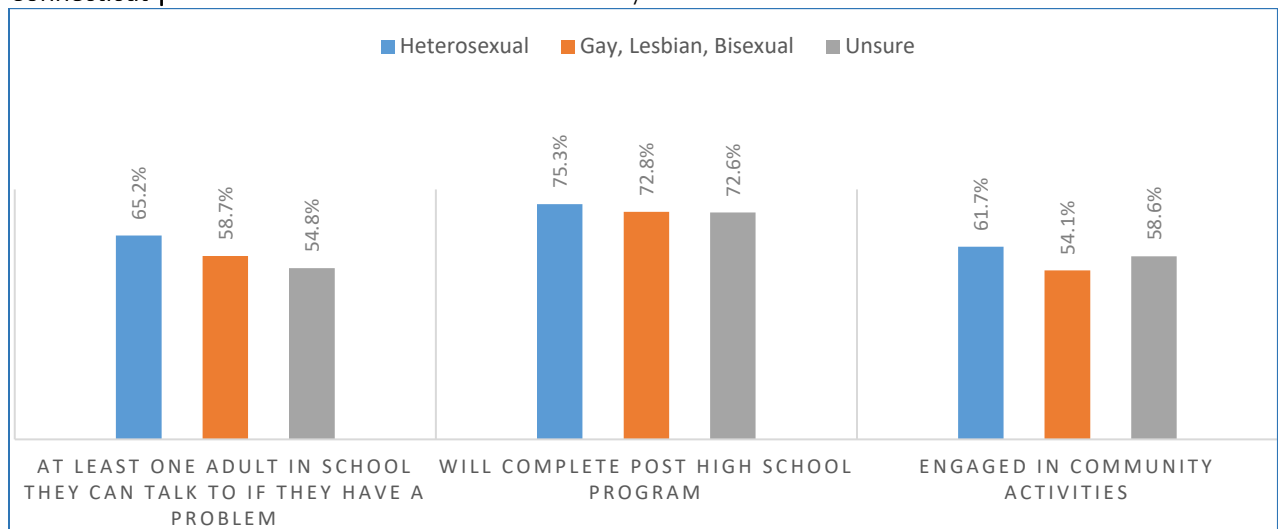


Figure 40. School-Related Protective Factors in Heterosexual, Gay/Lesbian/Bisexual, and Unsure Youth in Connecticut | Data Source: 2019 CT School Health Survey



Discussion

This report aimed at examining data indicators to identify potential child and youth population groups that are at higher risk of ACEs in Connecticut. In this section of the report, we summarize and discuss the most relevant findings from the previous descriptive analyses to make sense of the large amount of information provided through the lenses of demographic factors such as age, gender, sexual identity, and race and ethnicity. As stated in the ACE State Profile, Individual ACE indicators are captured through a variety of different sources, each with their own limitations. These limitations present challenges in interpretation and integration of the data to form a complete, cohesive picture of the diversity of ACE burden in Connecticut. Results from the 2021 CT School Health Survey (YRBS) in the coming months will contribute to development of a more complete picture of the state of ACEs in Connecticut, and the disparate ACE burden of specific groups.

Age. There is no a single instrument or source that collects data in real time on all ACEs that occur throughout the first 17 years of life. Focusing on child abuse and neglect, DCF administrative data showed that the group with the highest substantiation rate is children younger than 12 months old, due to the extreme vulnerability of infants and babies in households with abuse/neglect allegations. This rate progressively declines with increase in the age of children in the households. It is important to emphasize here that CAN substantiation rates are a likely underestimation of the incidence of child abuse and neglect, since those rates only include those cases that come to the attention to DCF. For the overall child population, the NSCH data indicates that older children experience a higher burden of ACEs, which is understandable, since as children get older, they will be exposed to more experiences in and out of the home, which increases opportunities to experience adversity.

Gender. Findings from the NSCH showed that a slightly higher percentage of boys experienced ACEs related to Household and Community Challenges, and they experienced a slightly higher cumulative

burden as well. However, we caution drawing conclusions from these gender differences. Although the NSCH uses a weighted representative sample, we have presented descriptive data without testing for statistical significance of these differences. Tests for significance of the most relevant results will be included in future reports.

With regard to gender differences, the CT School Health Survey showed that a higher proportion of girls reported experiencing School and Peer Settings-related ACEs compared to boys, as well as a higher cumulative ACE burden in these areas as well. Data showed that male youth reported more school violence, while female youth reported more bullying and dating violence.

Sexual Identity. The CT School Health Survey is the only data source that provides data on ACEs for youth based on their sexual identity. This survey showed that more than half of non-heterosexual youth in Connecticut reported ACEs at school or by their peers, while a third of heterosexual youth do. Likewise, youth who identified as gay, lesbian or bisexual were twice as likely to experience bullying at school compared to youth who identify as heterosexual (32% vs. 16%, respectively). A larger percentage of youth who identified as non-heterosexual had experienced all School and Peer-Settings-related ACEs indicators compared to those who identify as heterosexual. On the other hand, a smaller percentage of gay, lesbian, and bisexual youth reported experiencing protective factors compared to heterosexual youth, such as feeling loved and supported by their family (64% vs 89%, respectively) and having an adult at school to talk (59% vs. 65%).

Race and Ethnicity. The data show that there are racial and ethnic differences in ACE burden in Connecticut. The NSCH data indicate that a larger number of non-White children experience ACEs categorized as household and community challenges. For instance, , according to parental report, a high percentage of African-American children have been exposed to substance use and mental health problems in the home while a higher percentage of Hispanic children are growing in families divided by

divorce and separation. It is also noteworthy that the NSCH data indicate that Asian children are more likely to experience racial discrimination compared to other groups.

Data from the CT School Health Survey (YRBS), however, showed that slightly more White youth (38%) reported experiencing ACEs that occur in the school setting or by peers compared to their African-American, Hispanic and Asian counterparts. More specifically, White youth were most likely to report being threatened or injured with a weapon at school and being bullied, both in-person and electronically. Hispanic youth were most likely to report dating violence. One-in-four students in all groups reported emotional violence by a dating partner.

Although, more than four out of five youth from all racial and ethnic backgrounds reported feeling loved and supported by their families, Hispanic and Black youth were less likely than White youth to report protective factors of ACEs. For example, Black youth were least likely to report having parents/caregivers who ask about their whereabouts and friends, having a meal with their family in the last week, and having at least one adult in school that they feel they can talk to. Compared to White youth, fewer Hispanic and Black youth reported being engaged in community activities and planning on post-high school education.

Data from the CWS showed that a larger percentage of Black and Hispanic families experienced high levels of economic distress including financial hardships, underemployment, and food and housing insecurity. Hispanic individuals were two times more likely than White adults to report being underemployed. Hispanic and Black adults were also twice as likely as White adults to report experiencing housing insecurity. Additionally, Hispanic individuals reported the highest percentage of food insecurity, followed by Black adults. In addition, the CWS showed that the highest percentage of individuals experiencing economic distress resided in urban core settings.

Data from the NSCH shows that a family's annual income may influence their likelihood of experiencing ACEs. For example, children of families earning the highest income levels were least likely to experience ACEs, while those in poor families earning 200 to 299 percent of the federal poverty level were most likely to have experienced one or more ACEs. More specifically, this latter income group was most likely to have persons with substance use or mental health problems in their household. Children living in households with annual incomes below \$51,500 were most likely to experience neighborhood violence, as well as the highest rates of parental divorce or separation and incarceration of a parent. Those in middle class households earning between \$77,250 and \$102,743 were most likely to be exposed to racial or ethnic discrimination. This economic group also experienced elevated rates of divorce/separation and parental incarceration.

Regarding town classifications as specified by the Five Connecticut typology, families living in Urban Core communities were most likely to report experiencing financial challenges, being underemployed, and experiencing housing and food insecurity. Poverty has been associated with a higher risk of experiencing ACEs, and not surprisingly, the highest rates of neglect and abuse substantiation were found in the Urban Core communities.

Gaps and Limitations

Limitations of individual data sources in this report have been amply explored in both the Data Capacity Assessment and the 2021 ACE State Report. Additionally, some caveats and limitations are woven into the Discussion section of this report, so there is no need to revisit those here.

The diversity of data sources utilized in this report are both an asset and a limitation of this considered approach. The mix of youth self-report, parental report on children, adult self-report, and administrative data, each with their own focus and context, provide a rich and varied exploration of the elements of ACE burden, risk and protective factors, and the social determinants and demographic factors that contribute to the disparate burden of ACEs in Connecticut.

Given the diversity of data sources, caution should be used when interpreting the findings and synthesizing them to form conclusions about the disparate burden of ACEs. Each data source provides a piece of the puzzle, one slice of the ACE narrative, highlighting disparate burden for a specific risk group or domain. Even then, there are gaps in the data. For example, not all ACEs are assessed by any one source, and there are ACEs that are not assessed at all across any of the data sources.

Additionally, the absence of town-level (or lower) data on ACEs, risk and protective factors is a major gap. The absence of smaller geographic breakdowns for ACE prevalence and risk factor data prohibits examination of the geographic ACE burden below region or community type. These breakdowns, this level of detail, is crucial to inform ACE prevention planning at the local level.

Another limitation is the timeliness of the data presented here. This base assessment of the ACE experience of demographic and economic subgroups is a point in time assessment, not a real time one. The data presented are not surveillance data, they are publicly available data primarily collected for uses beyond ACE assessment. Access to more timely ACE data will be necessary to inform the allocation of ACE prevention resources, and the direction of data to action efforts moving forward.

Finally, it is important to note that no single answer exists to the question of who, which group, carries the weight of the ACE burden in Connecticut, or elsewhere. As this report demonstrates, the answer differs based on the types of ACE, risk or protective factor grouping being assessed, which is also dependent on the service focus of planning efforts for which the data are being used.

The explorations presented in this report, using various lenses, illuminate the experience of groups at increased risk for various elements of the overall experience of ACEs. Continued analysis and synthesis of the data sources presented in this report, and inclusion of the 2021 CSHS and 211 service request data, will build on this report's foundation in order to shed additional light on the disparate burden of ACEs in Connecticut.

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