



Health Policy Fact Sheet

Exposure to Adverse Childhood Experiences (ACEs) in Ohio

How many people are exposed to ACEs in Ohio?

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood (ages 0-17).¹ There is variation among researchers in what is considered an ACE. However, ACEs can generally be grouped into three categories: abuse, household challenges and neglect.

In 2015, nearly two-thirds of Ohio adults (61%) reported exposure to ACEs, with 25% reporting exposure to one ACE and an additional 36% reporting exposure to two or more ACEs (see figure 1).

Prevalence by type of ACE

Among Ohioans who reported exposure to at least one ACE, the most common type of ACE reported was emotional abuse (57%), followed by substance use by a household member (41%) and divorce (36%). Figure 2 displays prevalence estimates for exposure to all ACEs included in the 2015 Behavioral Risk Factor Surveillance System (BRFSS) ACEs module.

Figure 2. Prevalence of specific ACEs among adults who report at least one ACE, by type, Ohio, 2015

Abuse

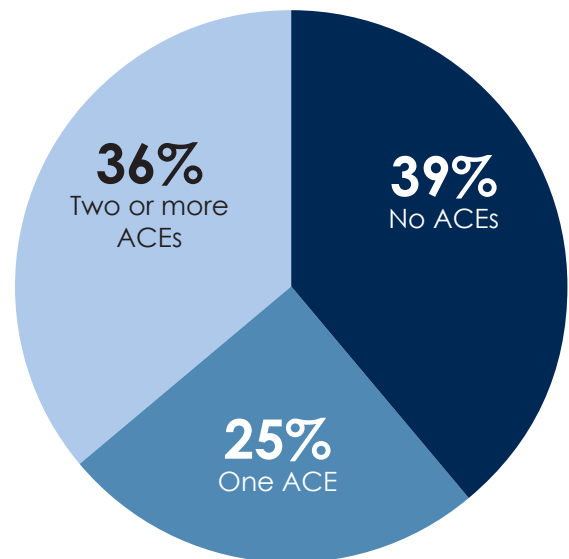
Emotional abuse	57%
Physical abuse	26%
Sexual abuse	18%

Household problems

Substance abuse by a household member	41%
Divorce/separation of parents	36%
Domestic violence	26%
Mental illness of a household member	25%
Incarcerated household member	14%

Source: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness.

Figure 1. Prevalence of ACEs, by number of ACEs, Ohio, 2015



Source: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness.

Which Ohioans are most at risk for experiencing ACEs?

Ohioans of color, with low incomes, with disabilities and who are residents of urban or Appalachian counties were more likely to report exposure to two or more ACEs.

Ohioans of color

Black Ohioans (44%) and Ohioans who are a race other than white or Black (48%) were more likely to report being exposed to two or more ACEs than white, non-Hispanic Ohioans (34%) (see figure 3).

Although not captured in the BRFSS, racism and other forms of discrimination are also ACEs. The 2017-2018 National Survey of Children's Health (NSCH) includes parental reporting of a child's experience of racism as an ACE. According to NSCH data, in Ohio, the percent of Black, non-Hispanic

and Hispanic children who experience two or more ACEs is about twice as high as the percent of white, non-Hispanic children who experience multiple ACEs.²

Annual household income

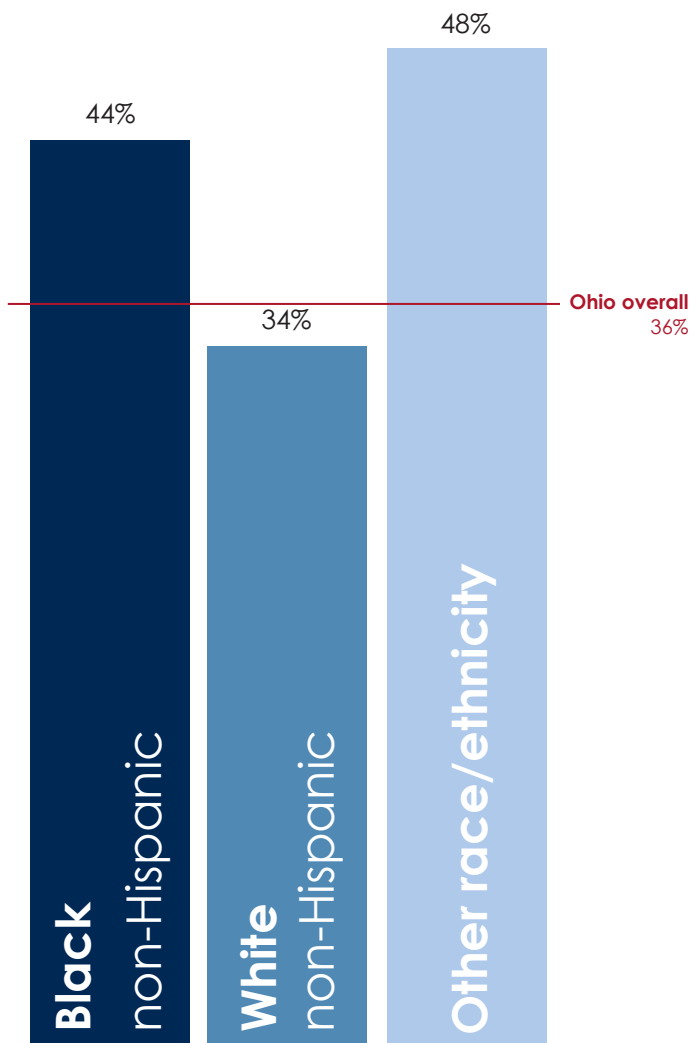
Ohioans with low incomes were more likely to report exposure to two or more ACEs. In 2015, the percent of Ohioans with annual household incomes below \$15,000 who reported experiencing two or more ACEs (53%) was about 1.7 times higher than Ohioans with annual incomes of \$50,000 or more (32%).

The impacts of ACEs can persist across generations, affecting outcomes such as educational attainment and poverty. For more information on the generational impacts of ACEs, see [Adverse Childhood Experiences \(ACEs\): Health Impact of ACEs in Ohio](#).

Disability status

Adult Ohioans with disabilities were more likely to report exposure to two or more ACEs than Ohioans without disabilities. The percent of adult Ohioans with disabilities who reported two or more ACEs (49%) was more than 1.5 times higher than Ohioans without disabilities (32%).

Figure 3. **Prevalence of two or more ACEs, by race and ethnicity, Ohio, 2015**



Source: Data from the 2015 Behavioral Risk Factor Surveillance System was provided by the Ohio Department of Health's Division of Health Improvement and Wellness.

Notes

- Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; see also Chang, Xuening et al. "Associations between adverse childhood experiences and health outcomes in adults aged 18–59 years." *PloS One* 14, no. 2 (2019): e0211850. doi: 10.1371/journal.pone.0211850; see also "ADVERSE CHILDHOOD EXPERIENCES (ACEs): What Are ACEs?" Child Welfare Information Gateway website, The Children's Bureau, within the U.S. Department of Health and Human Services. Accessed March 4, 2020. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>; see also "Preventing Child Abuse & Neglect | Violence Prevention | Injury Center | CDC." Centers for Disease Control and Prevention, February 26, 2019. <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- Data from the National Survey of Children's Health via the Data Resource Center for Child and Adolescent Health. Accessed August 27, 2020. <https://www.childhealthdata.org/browse/survey/results?q=7205&r=37&g=720>. According to the data source estimates for black, non-Hispanic and Hispanic children should be interpreted with caution.

HPIO contracted with researchers from the Ohio University Voinovich School for Leadership and Public Affairs to analyze the most-recently available BRFSS ACEs module data for Ohio (from 2015).

This fact sheet is an excerpt from the HPIO publication

Adverse Childhood Experiences (ACEs) Health impact of ACEs in Ohio



View the complete report at

www.hpio.net/adverse-childhood-experiences-aces-health-impact-of-aces-in-ohio

More ACEs resources page are available at:

www.hpio.net/resource-page-ohio-adverse-childhood-experiences-aces-impact-project