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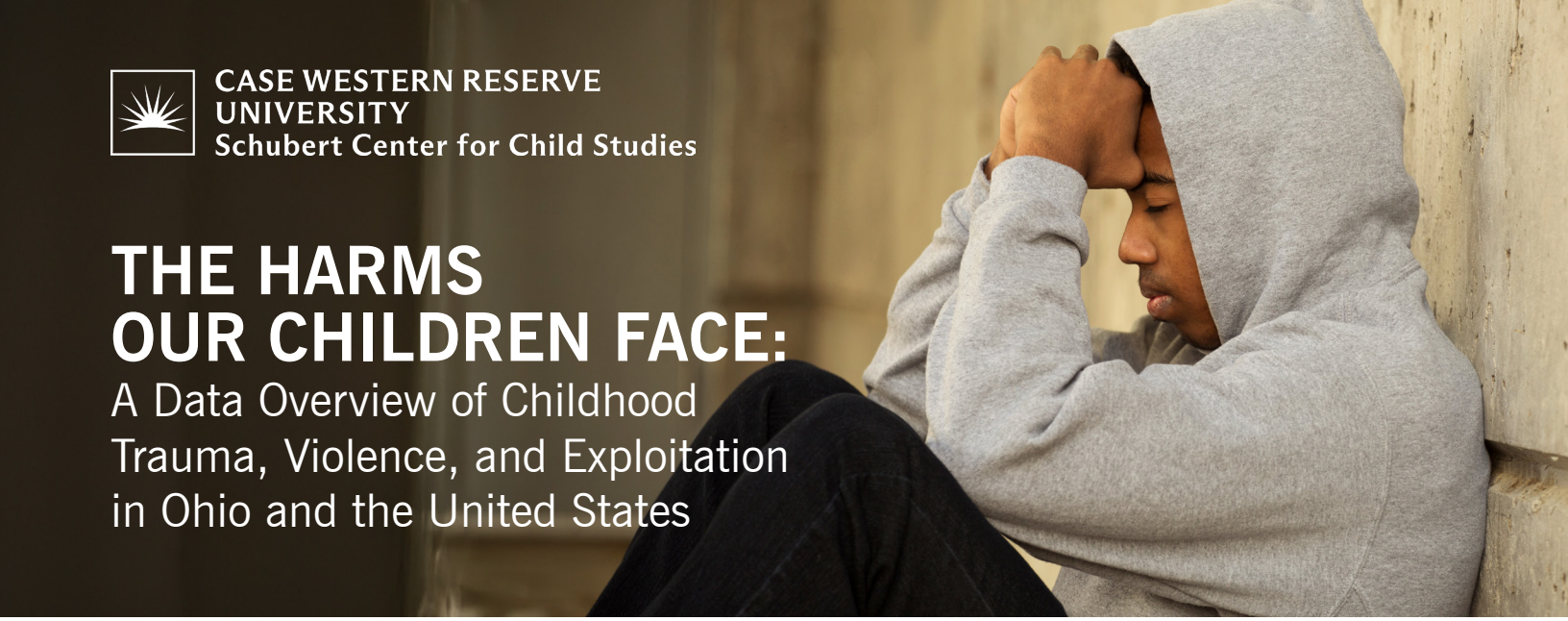


THE HARMS OUR CHILDREN FACE:

A Data Overview of Childhood Trauma, Violence, and Exploitation in Ohio and the United States

INTRODUCTION

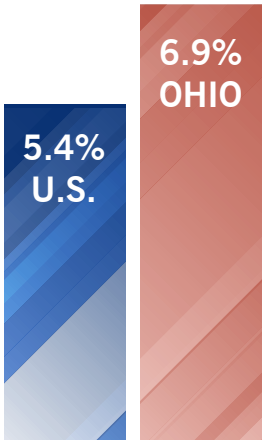
Childhood trauma is pervasive in Ohio and nationally and demands our collective attention. Whether witnessing violence or experiencing physical neglect or various forms of abuse or exploitation, too many children are victimized during early childhood and adolescence. Much of the media and policy attention surrounding children and crime has focused on children and teenagers as perpetrators,[1] with comparatively less attention devoted to understanding contributing causes of youth offending behaviors, including child and adolescent experiences as victims of adverse childhood experiences and survivors of crime, violence, abuse, and neglect. This report presents national and Ohio state-level data on children as victims and survivors, highlighting the need for enhanced public attention and policy priorities to prevent and mitigate these traumatic childhood experiences.

PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES (ACES) & RISK OF COMPOUNDED HARM

Nationally, three in four children (76.1%) aged 17 and younger have experienced at least one ACE, and nearly one in five (18.5%) have experienced four or more (CDC MMWR - Morbidity and Mortality Weekly Report).[2] These ACEs include emotional, physical, and sexual abuse; physical neglect; witnessing intimate partner violence; household substance use or poor mental health; or having a parent or guardian who was incarcerated or detained. The most recent data on Ohio high school students show a similar overall prevalence, with 74% having experienced at least one ACE; however, a substantially higher proportion (33%) reported experiencing four (4) or more ACEs in their lifetime (Ohio Youth Risk Behavior Survey, 2021).[3]

Witnessing domestic violence is another ACE impacting childhood well-being with potential long-lasting harms persisting throughout life. According to the National Survey of Children's Health, more than an estimated 171,000 Ohio children witnessed domestic violence in their home in 2020. As noted in Figure 1, the percentage of Ohio children who witnessed domestic violence is 28% higher than the national average.[4]

Children age 0-17 years who witnessed domestic violence, 2020



The percentage of Ohio children who have witnessed domestic violence is

28% higher

than the national average

Note: Percentages and population estimates are weighted to represent child population in U.S.
Data Source: 2019-2020 National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

Figure 1: Sources from Health Policy Institute of Ohio Graphic of the Week

The CDC MMWR study shows a clear dose–response relationship between cumulative ACEs and both risk behaviors and adverse mental health outcomes. That is, as ACE counts increase, associated risks rise sharply. For example, prescription opioid misuse among teens rose from more than twice as likely (with one ACE) to nearly nine (9) times as likely (with four or more ACEs). Mental health outcomes followed a similar pattern. Persistent sadness or hopelessness, suicidal ideation, and suicide attempts

increased substantially with higher ACE exposure, reaching a four- to twelve-fold (4-12) higher prevalence among children with four or more ACEs. Other studies, such as Malvaso (2022),[5] have found that justice-involved youth are over 12 times as likely as their non–justice-involved peers to have experienced an ACE.

This is not surprising given that these traumatic experiences can have profound effects on neurobiological development, particularly when exposure to adverse experiences occurs early and repeatedly. These traumatic stressors activate the hypothalamic-pituitary-adrenal (HPA) axis, leading to alterations in brain structures such as the amygdala, hippocampus, and prefrontal cortex that are involved in emotion regulation, decision-making, and impulse control.[6,7,8] Chronic activation of this stress response system can result in neurodevelopmental alterations that increase vulnerability to emotional dysregulation and maladaptive behaviors, including delinquency.[9] It is important to note that even though children may be hurt by or experience a traumatic incident, this does not necessarily lead to future problematic behaviors or misconduct; however, the chances of this happening significantly increase with repeated exposure to victimization and adverse experiences in childhood. In other words, **while children may experience isolated adversity without developing severe problems, it is persistent and cumulative exposure without mitigating trauma-responsive interventions that dramatically increases the likelihood of serious behavioral and mental health consequences.**

CHILDREN & YOUTH AS VICTIMS AND SURVIVORS OF TRAUMA & ADVERSITY

This report highlights the following five areas of key data points concerning childhood trauma and victimization, with "child" referring to all children under 18 years of age:

1. Child Abuse and Neglect and Fatalities Due to Maltreatment
2. Child Trafficking
3. Child and Adolescent Injuries and Fatalities
4. Violent Victimization and Suicide in Childhood and Adolescence
5. Cyber Risks, AI and Online Exploitation of Children and Teens

CHILD ABUSE, NEGLECT AND FATALITIES DUE TO MALTREATMENT

In 2023, there were 546,159 victims of child abuse and neglect nationally (National Child Abuse and Neglect Data System [NCANDS] 2023 Report on Child Maltreatment).[10]

Despite a 19.3% decrease in 2023 compared to 2019 victims (677,099 in 2019) of child abuse and neglect, the numbers remain concerning. Of the over half a million child victims, 70% were first-time victims. Babies and toddlers are the most vulnerable to maltreatment. More than one-quarter (26.6%) of victims were under 2 years old. Infant victims younger than 1 year represented 14.2% of all victims. The victimization rate is highest for infant victims younger than 1 year at 21.0 per 1,000 children in the population of the same age.

In Ohio, 20,598 children were reported as victims of child abuse and neglect in 2023, down from 25,470 in 2019, but Ohio was consistently above the national average during this same period. In 2023, the national average was 8 child victims of maltreatment per 1,000 children, compared to a rate of 9.9 children per 1,000 in Ohio. Ohio's high child victimization rate stands out among peer states across the country. For comparison in terms of population size, California (5.7), Pennsylvania (1.7), and Florida (5.2) all

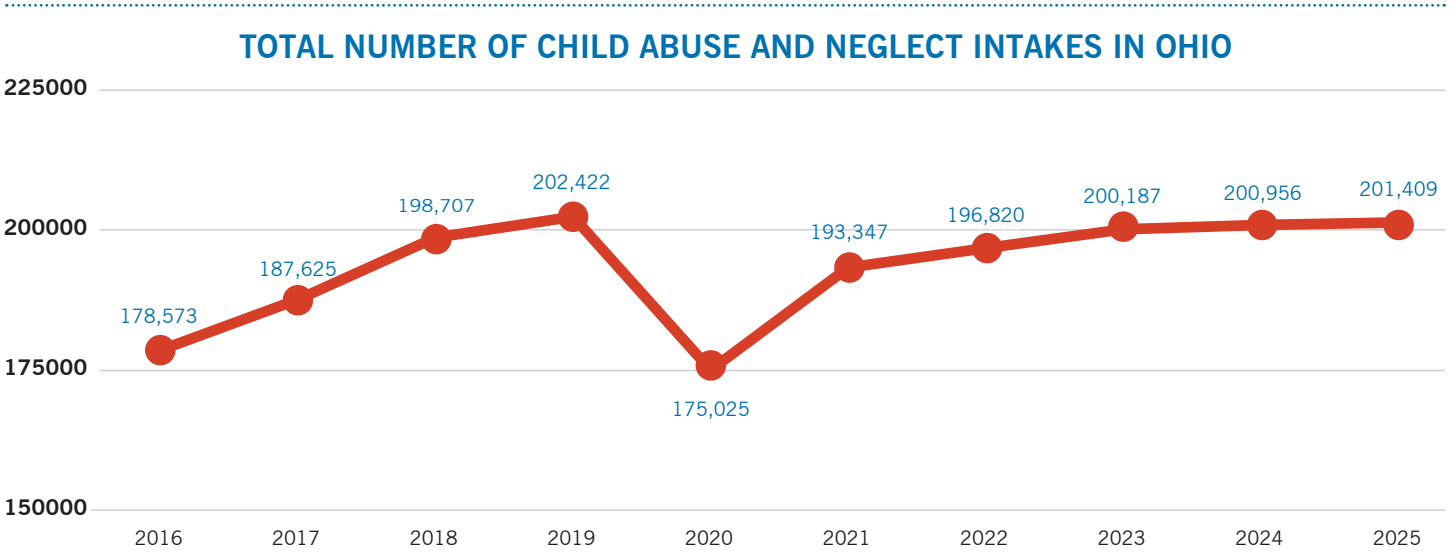


Figure 2: Total number of child abuse and neglect intakes in Ohio. Data source: Bureau of Data Analytics and Surveillance, Ohio Department of Children and Youth

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reported child abuse and neglect victim rates well below the national average and Ohio. Importantly, these states have consistently remained below the national average since 2019. Notably, although victims of child abuse and neglect have trended downwards in Ohio, the number of child abuse and neglect intakes that alert child protective services to suspicions or allegations of abuse or neglect has trended upward over the last 10 years, following a noticeable dip during COVID in 2020 (see Fig. 2).

Potential re-traumatization by child-caring systems, even inadvertently, is another way vulnerable children experience compounded victimization. For example, a related consequence of child maltreatment and neglect is the removal of children from their homes and placement into foster care or other residential care facilities, which can be a traumatic childhood experience in itself.[11,12] According to the latest AFCARS data, there were 328,963 children in foster care at a rate of 4.2 per 1000 in September 2024; in Ohio, the rate was 5.4, with 14,364 children in foster care.[13] According to the same data, child abuse and neglect accounted for 83% of the 170,411 children who entered foster care in 2024, while unfavorable family circumstances such as parental/caretaker substance use, domestic violence, homelessness, and inadequate housing accounted for 79% of cases. In Ohio, these figures stood at 62% and 71%, respectively, for the 9,062 kids who entered foster care in the same year. And despite the goal to provide safety and stability, residential and other out-of-home care itself can lead to further traumatization and harm to children in its care.[14,15,16]

According to a Children's Defense Fund (2023) report,[17] Ohio lags behind much of the country in outcomes for young people who were in foster care as teens. **By age 21, Ohioans are less likely than their peers nationwide to have earned a high school diploma or GED (60% vs. 70%), to be employed (46% vs. 57%), or to be enrolled in school (12% vs. 28%), and they are far more likely to have experienced incarceration (37% vs. 19%). These measures place Ohio in the bottom 10% nationally on key indicators from the National Youth in Transition Survey.**

On additional measures where the state falls in the bottom 20%, Ohio's youth are also more likely to have experienced homelessness (37% vs. 29%) and slightly less likely to report having a supportive adult connection (81% vs. 87%). Investigative reporting in Ohio has revealed a strained child welfare system, where shortages of adequate placements have forced some children to sleep in agency offices for multiple nights, alongside documented cases of severe physical and sexual abuse in certain placements.[18,19,20]

Child fatalities represent the most severe consequence of maltreatment. While reported child maltreatment has gone down overall in 2023, child fatalities from victimization have gone up nationally and even more significantly in Ohio.

According to the child maltreatment report, a national estimate of 2,000 children died from abuse and neglect in 2023 at a rate of 2.73 deaths per 100,000 children. This is a 9.6% increase from the 2019 number of child fatalities at 1,825. **In Ohio, the child fatality rate from abuse and neglect in 2023 is almost double the U.S. average, with a total of 140 child fatalities at a rate of 5.43 deaths per 100,000 children. This represents a 77.2% increase from 79 fatalities in 2019.** Ohio is third in the country in both the total number of child fatalities (only Texas (187) and California (150) had higher numbers of deaths) and in the rate of child fatalities, just behind Maryland (6.09) with Mississippi as an extreme outlier (11.18).

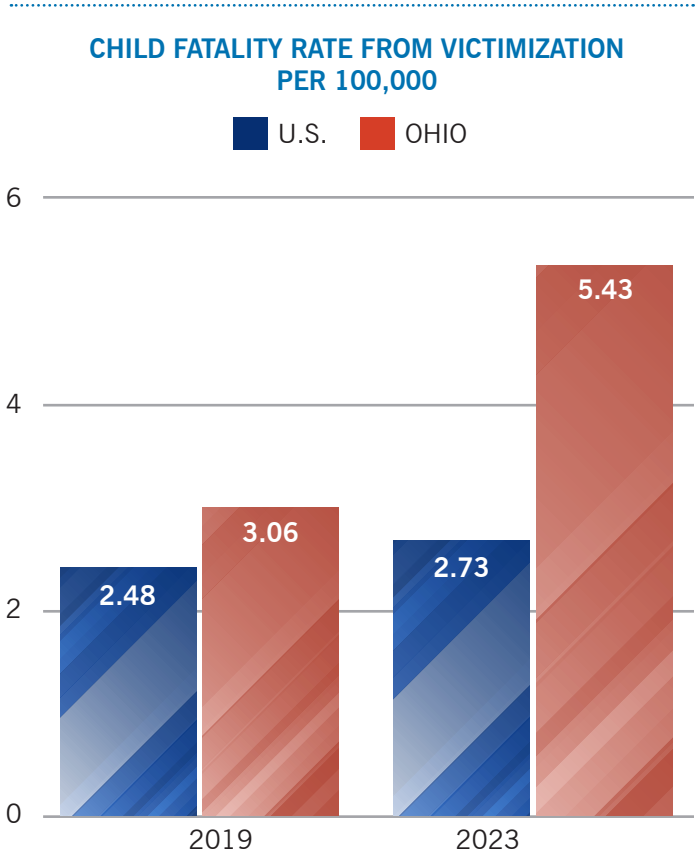

Figure 3: Child Fatalities from Victimization. Data source: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2025). Child Maltreatment 2023 Report.

CHILD TRAFFICKING

Child trafficking remains a concerning problem in Ohio and nationally. Children are uniquely vulnerable to human trafficking, particularly as they are developing their own identity and rely on adults to care and provide for them. Child trafficking is a grave and complex crime where children are exploited through various means, including sexual exploitation and forced labor across sectors such as agriculture, domestic work, and criminal activities.[21] Contrary to popular beliefs, traffickers are often people children know and trust, such as family members, friends, or romantic partners, with familial trafficking cases being particularly prevalent. According to a 2023 study,[22] parents were the perpetrators in 66.7% of child trafficking cases, while family members such as uncles, aunts, grandparents, and siblings accounted for 25.7% of cases. The recruitment process for trafficking typically involves grooming, manipulation, and exploitation of vulnerabilities, including unmet psychological, physical, and relational needs. Children subjected to trafficking face severe and long-lasting harms, including trauma, mental health conditions like post-traumatic stress disorder, depression, anxiety, and difficulties forming secure attachments. And despite some resilience, the trauma of trafficking can impair a child's emotional, social, and developmental growth, often requiring specialized, trauma-informed support for recovery.[21]

Children make up 1 in 5 of the reported trafficking victims in Ohio. While underreporting is significant due to the underground nature of trafficking, according to data collected by the National Human Trafficking Hotline, in 2024, 2,666 cases (a case could involve multiple victims and survivors) of trafficking involving minors were reported nationally, up by 5.3% compared to 2023.[23] In Ohio, 63 cases were reported in 2024, up by 14.5% compared to 2023.

CHILD AND ADOLESCENT INJURIES AND FATALITIES

Post-pandemic homicide rates have been concerning and are on average much higher than pre-pandemic rates locally and statewide (see Figure 4). Firearms play an outsized role for children exposed to violence. In Cuyahoga County, for example, homicide is the leading cause of death in children ages 1 to 17, with gunshot wounds accounting for 76% of those deaths in 2024 (up from 56% in 2023).[24,25] The pre-pandemic firearm death rate (2016-2019) among children ages 17 and below in Ohio was 2.7 per 100,000. The post-pandemic rate (2020-2023) went up to 4.3 per 100,000, **representing a 59% increase in the firearm death rate, placing Ohio as the 15th state with the highest percent change of 44 calculated states.**[26] For the fifth consecutive year, in 2024, firearms were the leading cause of death overall for U.S. children 1 to 17 years.[27]

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A 2025 study found that states like Ohio with the most permissive firearm laws experienced more firearm deaths in children and adolescents compared to states with less permissive laws.[28] These increasing mortality rates contribute to a loop that can trap youth, as research shows that young people carry guns primarily out of fear and a desire for personal safety, rather than criminal intent.[29,30]

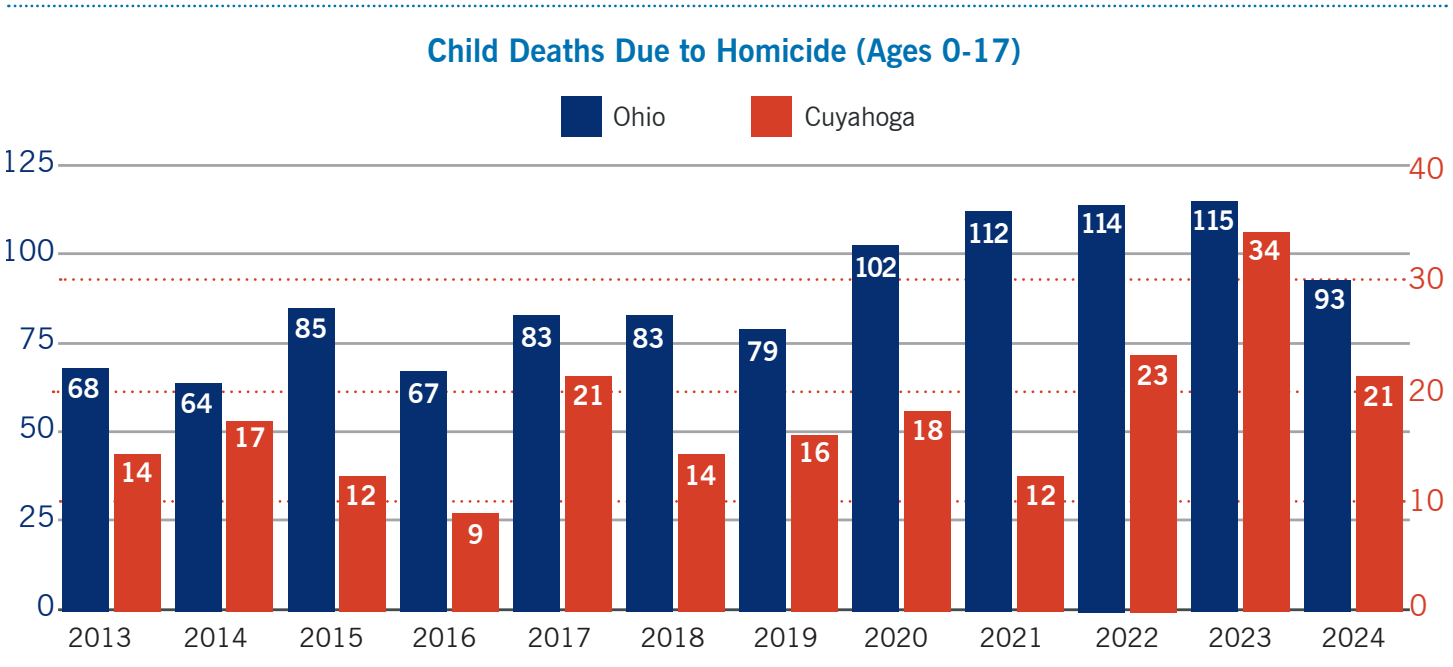

Figure 4: Child Deaths due to Homicide in Ohio and Cuyahoga. Sources: 1. Bureau of Vital Statistics, Ohio Department of Health (2025). Mortality Dashboard. DataOhio 2. Cuyahoga County Board of Health (2024). Child Fatality Review Data Dashboard.

Ohio is also trending above the national average for overall violence-related fatal injury, with the 2024 rates coming in at 5.44 per 100,000 children age 17 or less compared to the national average of 4.82 per 100,000 (see Figure 5). Compared to 2010, Ohio was below the national rate of violence-related fatal injuries at 3.15 per 100,000, while the national rate stood at 3.63.

Nationwide trends indicate an increasing post-COVID rate of nonfatal injuries that are specifically violence-related (see Figure 6).

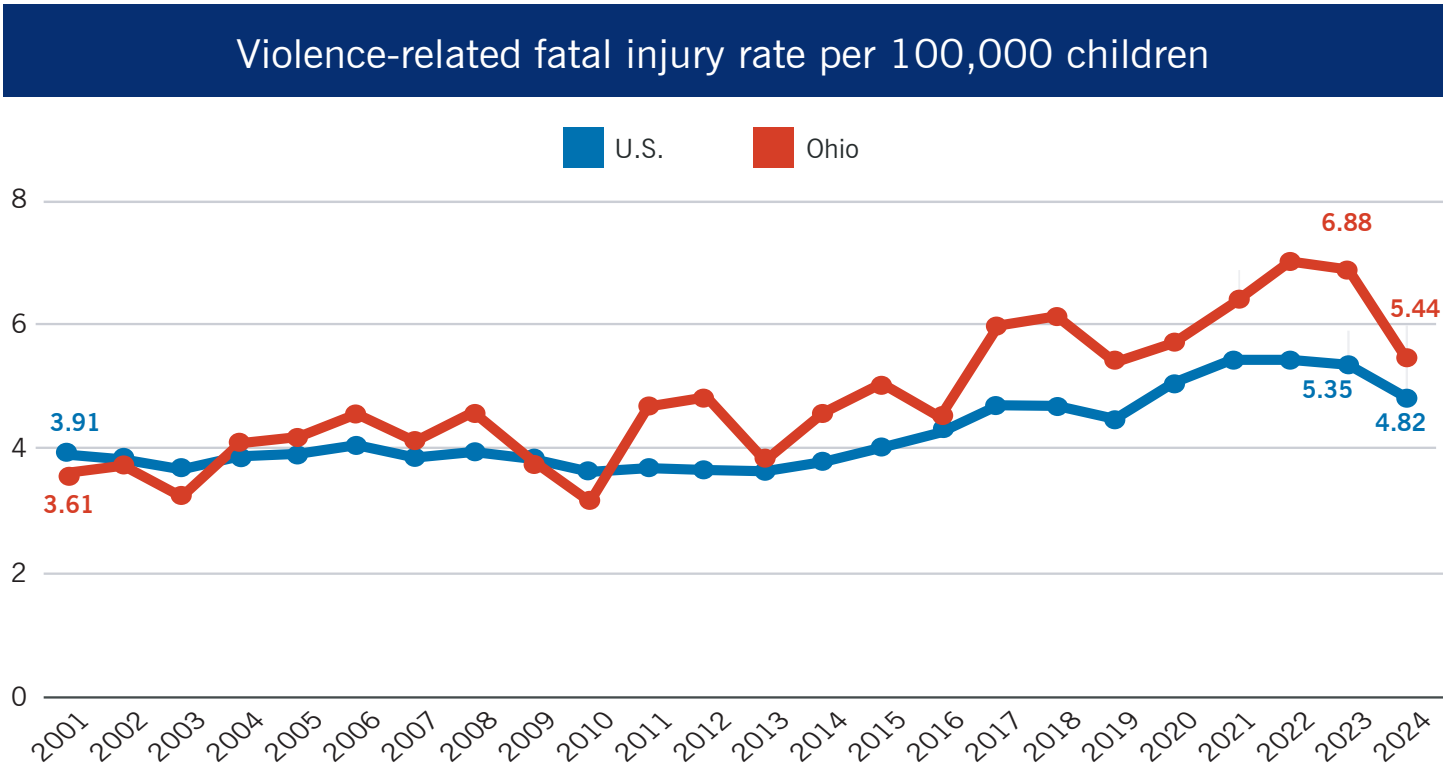

Figure 5: Violence-related fatal injury rate per 100,000 children. Data source: National Center for Injury Prevention and Control, CDC.

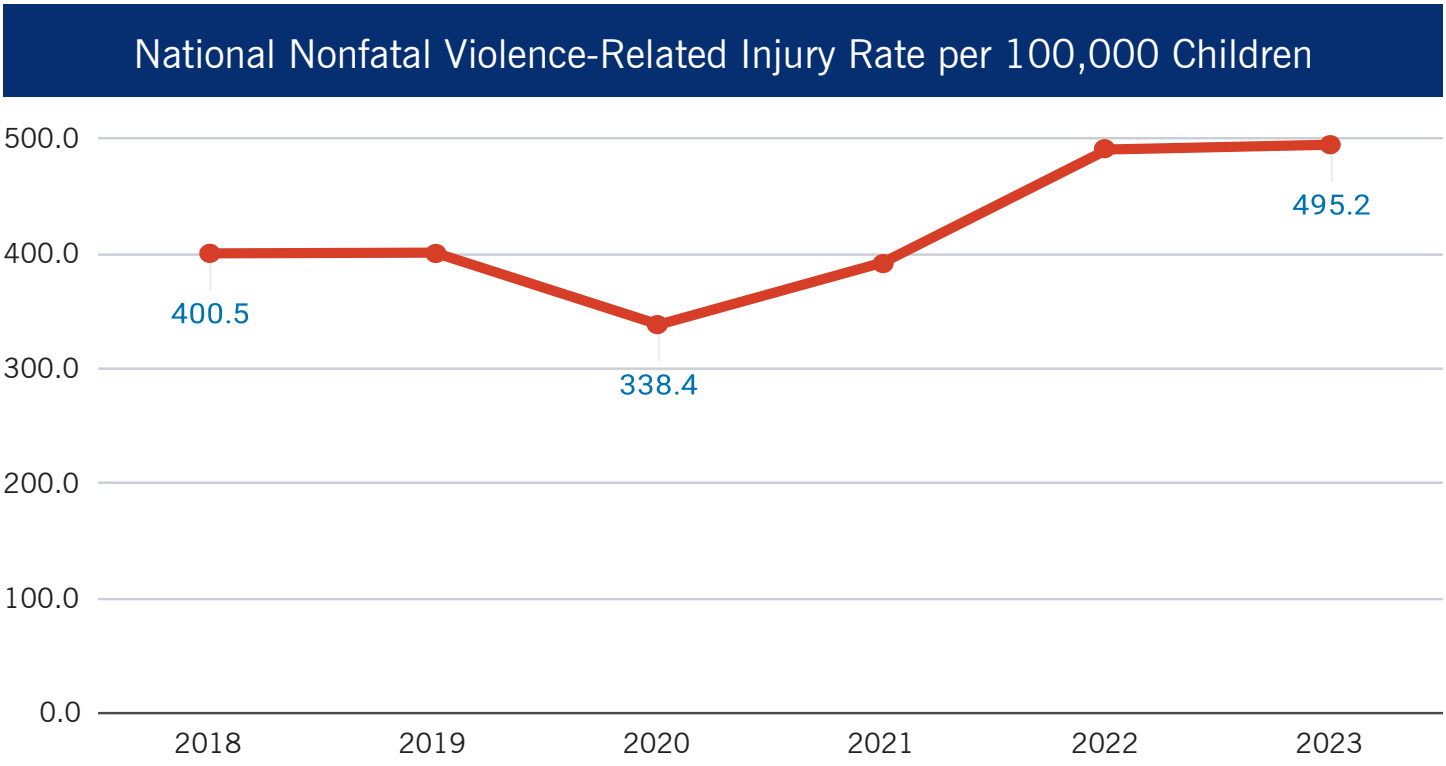

Figure 6: National nonfatal violence-related injury rate per 100,000 children. Data source: National Center for Injury Prevention and Control, CDC.

VIOLENT VICTIMIZATION AND SUICIDE IN CHILDHOOD AND ADOLESCENCE

As shown in Figure 7, children between the ages of 12 and 17 and young adults (18-24) have consistently been more likely to be victims of violent victimization compared to adults 25 and above. Violent victimization includes the following offenses: murder, rape/sexual assault, aggravated assault, simple assault, and robbery. These national data do not include young children ages 11 and younger.

Significantly, adolescents are most likely to be violently harmed by a family member or someone they know (93% of the total violent victimizations). 40% of victims 12-17 were victimized by a family member compared to 28% of adults 18 and older, but the proportions vary by offense as indicated in Figure 8. Only in instances of robbery are children more likely to be harmed by a stranger (54%) versus an acquaintance.[31]

In Ohio, 13% of high school students self-reported that a parent or other adult in their home "hit, beat, kicked, or physically hurt them in any way one or more times" in the last year.[32] They also reported concerning levels of sexual violence and dating violence. For example, 8.2% of high school students reported experiencing sexual violence, and 3.7% reported sexual dating violence.[33] While these represent a decrease in reported sexual violence compared to the previous YRBS in 2021, reported physical dating violence almost doubled, from 5.2% in 2021 to 9% in 2023, suggesting a persistent level of violent victimization among teens in dating relationships.[33]

Trends in youth mental well-being are also concerning. For instance, **over a period of ten years (2013 to 2023), U.S. high school students reporting persistent feelings of sadness or hopelessness increased from 30% to 40%.**[34] This may be manifesting in the number of Ohio child deaths due to suicide (see Figure 9). It is even more concerning given that in Ohio, unfinalized projections for 2025 from the Bureau of Vital Statistics estimate suicide deaths to increase to 71.

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In the US, one in five students seriously considered attempting suicide, and nearly one in ten attempted suicide in 2023. In Ohio, 18.1% of high school students reported seriously considering suicide, 16.5% made a suicide plan, and 9% attempted suicide. Additionally, 23.4% reported intentionally hurting themselves without wanting to die.

Nationally, the crude rate for self-harm has more than doubled in 2023 compared to 2010 (see Figure 10). Despite these critical mental health needs, only 22.8% of students reported receiving the help they needed most or all of the time.[35] Nationally, 58.1% of teens report that they always or usually received social and emotional support.[36]

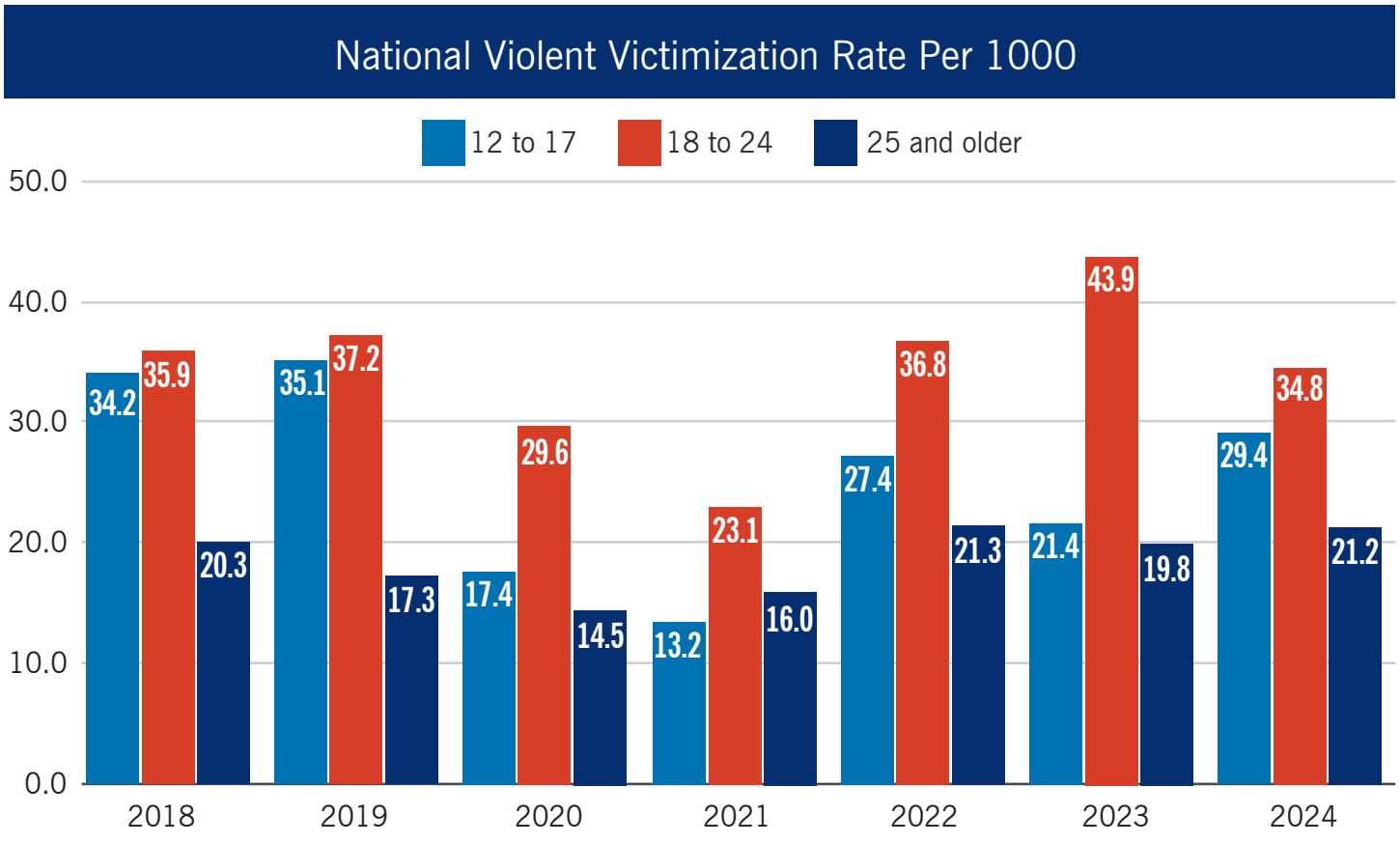

Figure 7: National violent victimization rate. Data source: Bureau of Justice Statistics, National Crime Victimization Survey, 2018-2024.

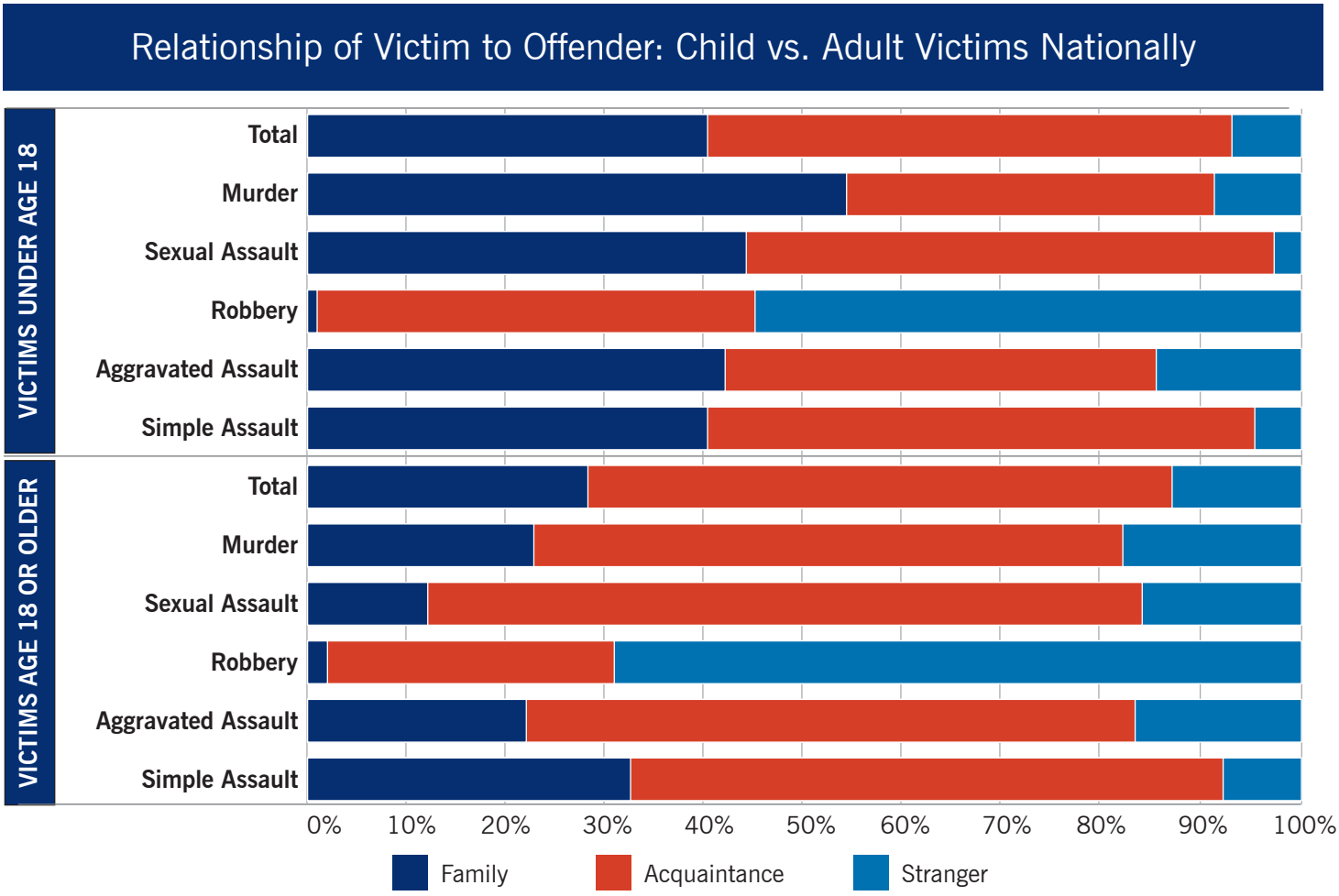

Figure 8: Distribution of violent crime victims by offender category, victim category, and victim relationship to offender. Data Source: OJJDP Statistical Briefing Book (2022)[30]

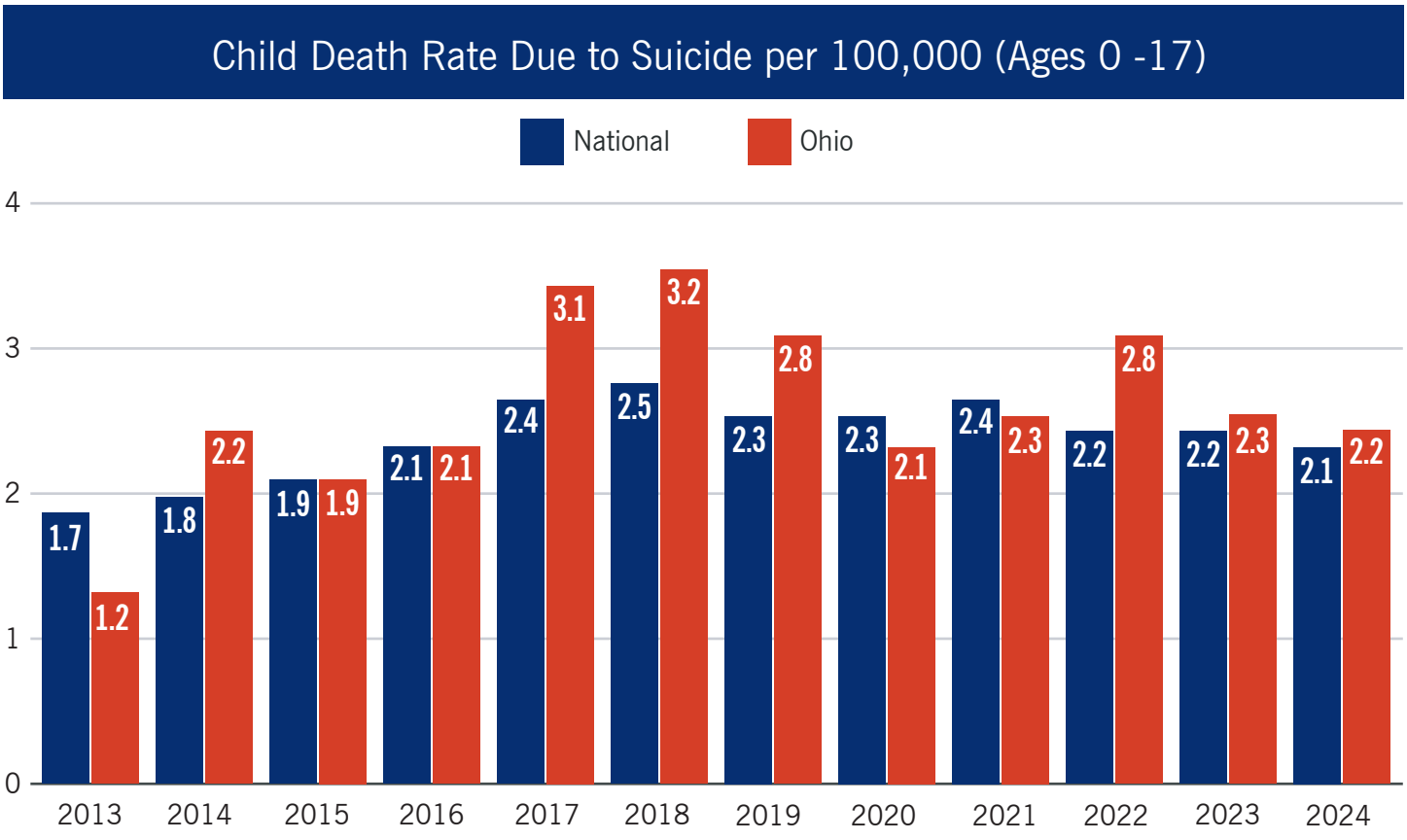

Figure 9: Child Deaths Due to Suicide. Data Source: Bureau of Vital Statistics, Ohio Department of Health. Mortality Dashboard (2025). DataOhio

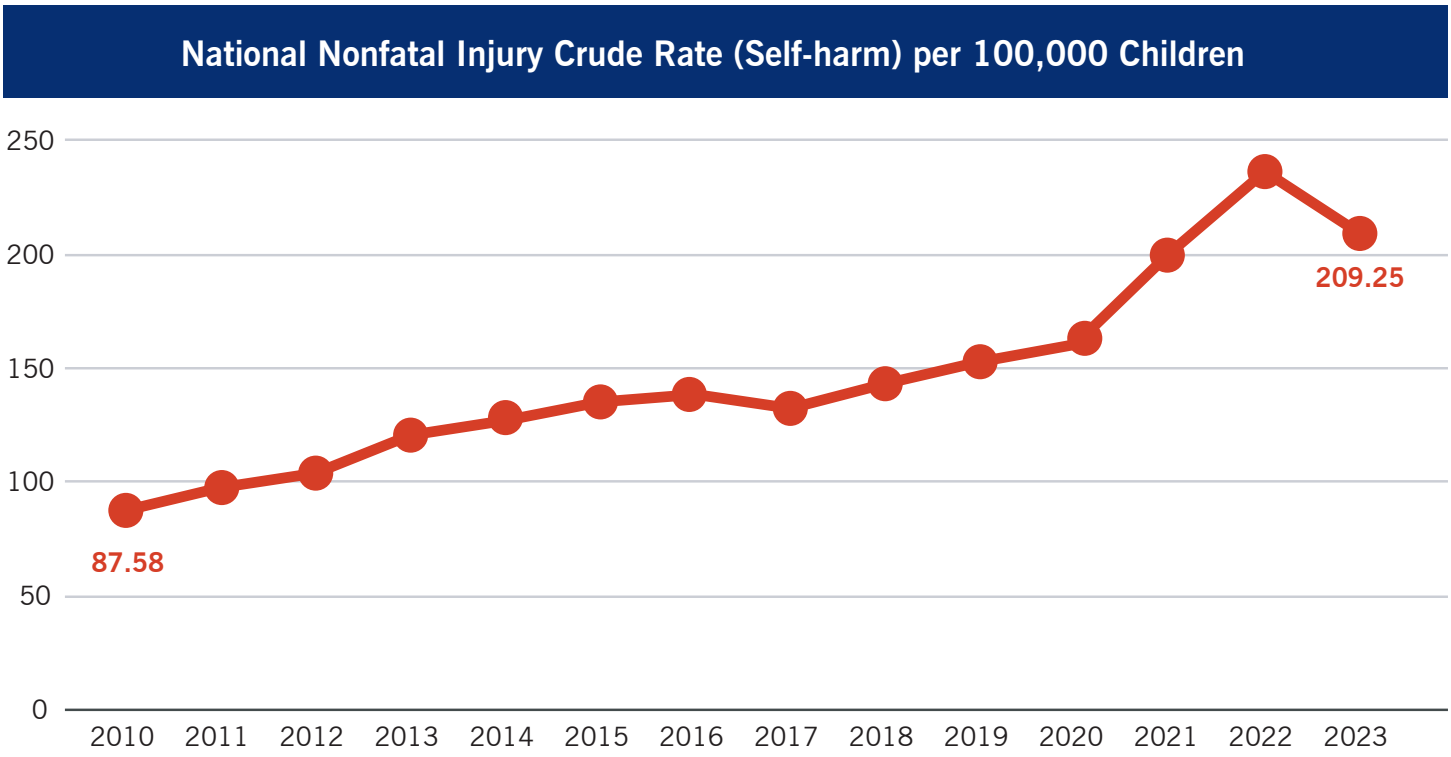

Figure 10: National nonfatal self-harm related injury rate per 100,000 children. Data Source: National Center for Injury Prevention and Control, CDC.

CYBER RISKS, AI AND ONLINE EXPLOITATION OF CHILDREN AND YOUTH

Ohio was ranked the 5th worst state for children's online safety overall, according to a 2024 study by Cloudwards.[37] Among 51 states, the study ranked Ohio as the 13th worst state for online crimes and threats against children, 9th worst for cyberbullying rates, 18th worst for laws protecting kids online, and 7th worst for access to youth mental health support.

Increasingly, children are targeted by media advertisements online, exposing them to addictive content and products, including vaping, tobacco, alcohol, drugs, gambling, and pornography. For example, the marketing of flavored e-cigarettes has contributed to sustained tobacco product use among children.[38] Exposure to alcohol promotion is also linked to an increased likelihood of underage alcohol consumption.[39] A 2018 study by RAND revealed that children between the ages of 11 and 14 were seeing three alcohol ads on average per day.[40] This number could be far higher, especially in recent times, if one were to consider the proliferation of advertisements through online platforms that allow the targeting of youth in new ways.[41] Radesky et al. (2020) note that digital marketing has evolved far beyond traditional banner ads into more immersive and data-driven forms such as sponsored content, influencer partnerships, extensive user data collection, persuasive design features, and machine-learning–powered personalized behavioral marketing.

On user-created content platforms like TikTok and YouTube, commercial content is frequently embedded within posts and videos. This raises concerns about increased exposure of children to marketing for alcohol, marijuana edibles, tobacco/e-cigarettes, and high-calorie, low-nutrient foods and beverages.[42] Further, advertising that normalizes the association between sporting events and betting, in-game activities that allow kids to win rare prizes through chance-based loot boxes purchased with real money, and porous verification processes that, despite laws prohibiting gambling under age 21, allow children to create online betting accounts, are recognized pathways drawing children into the addictive world of gambling.[43]

Social media has also been implicated in the rising prevalence of mental health disorders among youth. Content-based ranking systems and algorithms designed to prioritize virality and increase engagement are linked to increased attention deficits, anxiety, body dysmorphic disorders, reduced sleep length and quality, and lower self-esteem.[44] Poor security measures and moderation on these platforms also facilitate cyberbullying and increased exposure to and normalization of risky behaviors such as substance use. The combination of these online risks makes children and youth more vulnerable overall to various forms of victimization and harm. Specifically, **intentionally addictive social media platforms' use of algorithms targeting vulnerable young people and prioritizing sensational or harmful content has been linked to suicide, self-harm and the general mental health crisis among children and youth.**[45]

Social media platforms and other applications should be required to strengthen and integrate ethical considerations into their content-ranking systems and algorithms to reduce exposure to harmful advertisements and reduce the

likelihood that content promoting harmful trends or risks will go viral. This will necessitate legislation and public policy reforms, as discussed further below.

Advances in technology and artificial intelligence (AI), and the deployment of chatbots across multiple settings and industries, while potentially useful, have also led to dire consequences for kids who turn to these bots for companionship and emotional support. Multiple reports and lawsuits have shown kids forming emotional bonds with chatbots to the point of having sexual interactions and confiding in them about their mental health struggles and suicidal thoughts.[46,47,48] The weak guardrails for these chatbots sometimes encourage these interactions to the tragic demise of our children.

As AI use becomes more widespread, children are also increasingly vulnerable to exploitation through apps that make it easy to create deepfakes and manipulated voices, resulting in harmful — including sexualized — and false content about children.[49] Ohio leaders are only beginning to seriously tackle some of these AI concerns with the introduction of recent legislation to protect children in this increasingly complex cyberspace.[50] In addition, Ohio traditional public school districts, community schools, and STEM schools are now required to adopt a formal policy on the use of AI.[51] These policies are intended to improve AI literacy, which contributes to safe use among children, and also to prohibit the use of AI tools for bullying, harassment, and any form of intimidation ; however, reforms targeting industry level changes are critically needed.

PUBLIC POLICY, PRACTICE AND MEDIA CONSIDERATIONS

Children are far more likely to be the victims and survivors of crime, violence, abuse, neglect, and exploitation than they are to be the perpetrators. Despite this reality, except in the most extreme cases, news coverage of youth crime and violence tends to overshadow media attention on youth and children as victims and survivors of repeated exposure to adversity. This sensationalized focus on children as perpetrators rather than victims and survivors can influence public opinion and create misguided public pressure on leaders for how they should prioritize public resources and programming.

Prevention of harm is a shared civic goal, but too often public calls for punitive responses after children and teenagers engage in problematic behaviors drown out the need for more effective, early intervention and prevention investments. Media coverage of youth offending and other misbehaviors should be measured and context-based. This requires restraint to avoid over-reporting of teen misbehaviors to minimize the inaccurate perception that teens are disproportionately responsible for crime. **Journalists should highlight, where appropriate, a young person's history of adverse childhood experiences and other forms of victimization, as well as contributing environmental factors, to better inform the public of these connections and the value of evidence-based interventions.**

Policies, resources, and preventative efforts should be directed toward maximizing opportunity and wellness in childhood and reducing their exposure to trauma. Where harmful exposure has already occurred, urgent resources and interventions should be deployed to prevent further damage that can entrench problematic behaviors among children and teenagers.

Public policy and programming should prioritize fortifying positive childhood experiences through individual, relational, community-based and institutional protective factors. These domains include parent-child relationships, access to health care, safe and stable housing, economic benefits for families, supportive school climate and peer relationships, and neighborhood safety and opportunity to mitigate adverse experiences and bolster overall wellness. This necessitates policies holding industries and systems responsible for child consumer safety to protect children and youth from harmful products, including environmental protections, industry standards, and balanced legal safeguards like age-appropriate protections from addictive and harmful online content.

While this report is not intended to provide a comprehensive listing of the well-documented best practices that foster positive childhood experiences, the Health Policy Institute of Ohio recently released a brief that lays out a useful research-informed framework and set of recommended policies, strategies, and interventions to help reduce adverse childhood experiences.[52] Some of the HPIO recommendations include promoting public investments and policies that:

- Expand economic and basic supports for families;
- Adopt family-friendly workplace policies;
- Increase early childhood and home visiting programs;
- Strengthen parenting skills and family functioning;
- Fund community-based violence prevention and mentoring initiatives; and
- Expand trauma-informed and behavioral health services

Finally, **efforts to prevent or reduce adverse experiences should engage children and young people as stakeholders and integrate their insights into the design and implementation of programs and interventions**. Raising public awareness to effectively advance these policy and practice recommendations would help to build strong foundations for child and adolescent well-being, reduce their exposure to trauma, and improve long-term neighborhood safety and community vitality.

USEFUL OHIO DATA RESOURCES ON CHILD VICTIMIZATION, ABUSE AND NEGLECT DATA

1. **Child Abuse and Neglect Referrals and Outcomes** - Ohio Department of Children and Youth: https://data.ohio.gov/wps/portal/gov/data/view/interactive-children-services-dashb oard?visualize=true
2. **Child Abuse and Neglect in Ohio** - Annie E. Casey Foundation and the Children's Defense Fund-Ohio: https://datacenter.aecf.org/data/tables/6482-children-abused-and-neglected?loc=37&loct= 5#detailed/5/5178-5265/false/2048,574,1729,37,871,870,573,869,36,868/any/15657
3. **Child Fatality Review** - Ohio Department of Health: https://odh.ohio.gov/know-our-programs/child-fatality-review/resources/cfr-reports
4. **Child Maltreatment Reports** - National Child Abuse and Neglect Data System (NCANDS): https://acf.gov/cb/data-research/ncands
5. **Child Welfare Outcomes Report Data** - Children's Bureau, US Department of Health and Human Services: https://cwoutcomes.acf.hhs.gov/cwodatasite/childrenReports/index/
6. **Fatal Injury Data Visualization** - CDC Web based Injury Statistics Query and Reporting System (WISQARS): https://wisqars.cdc.gov/

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