



2023 Community Assessment Report

A summary of statewide data measures related to child
abuse and maltreatment prevalence

Acknowledgements

We would like to thank the [Minnesota Children's Alliance](#) for providing technical assistance, learning sessions, and research support as we developed the Community Assessment Process.

We would also like to thank the [Midwest Regional Children's Advocacy Center](#) for providing initial funding and support for the Community Assessment Learning Cohort project that allowed us to develop these reports over time.

Purpose

The Child Advocacy Center (CAC) multidisciplinary approach maximizes the strength of all disciplines involved in child sexual abuse investigations and minimizes the trauma to child victims. ONCAC is committed to building on existing resources to benefit multidisciplinary efforts across Ohio and to providing services tailored to the needs of each community we serve.

We envision a future where all children and families in Ohio have access to the full array of high-quality CAC services. To achieve this vision, we execute our mission: to promote the establishment and success of Multidisciplinary Teams (MDTs) and Children's Advocacy Centers by providing support, education, and networking opportunities to enhance Ohio's response to child abuse. We are a movement made up of 26 Children's Advocacy Centers, 3 satellites, 3 accredited developing centers, and 5 developing multidisciplinary teams serving children throughout Ohio and the local professionals investigating and treating child sexual abuse.

The 2023 Community Assessment Report exists to provide a benchmark regarding the evolving landscape of the communities which CACs serve. By compiling and evaluating publicly available data as well as Ohio center's data, we aim to provide transparent insight into how Ohio's CACs are providing healing to Ohio's children and families, as well as lighting the path ahead.

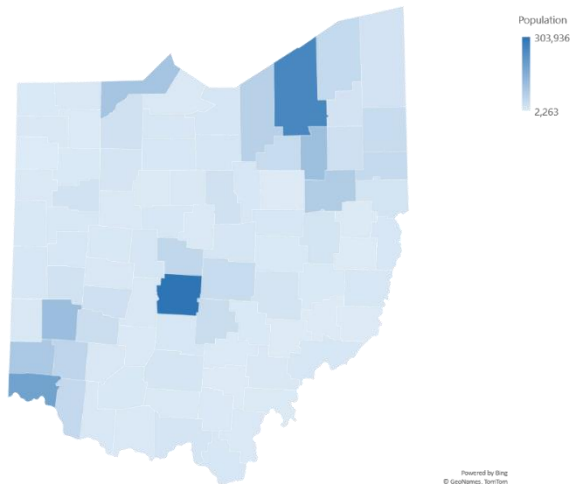
Disclosures

The data in this report comes from secondary data sources and local center data reported to NCA and ONCAC. The source and time frame of the data presented is reported and/or referenced as it is presented in the report due to varying intervals that data sources utilize. Because this assessment is largely based upon secondary data, it should be considered a starting point to developing a more comprehensive understanding of community conditions, where the perspectives of residents, stakeholders, and organizations will provide critical context and insight into actual experiences and needs out in the field, at the ground level.

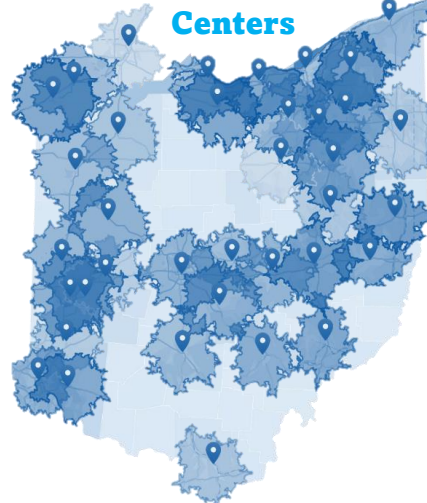
Ohio's Children

Population

Child Population by County



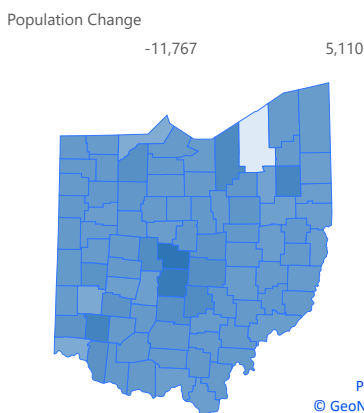
30 min Travel Radius to Centers



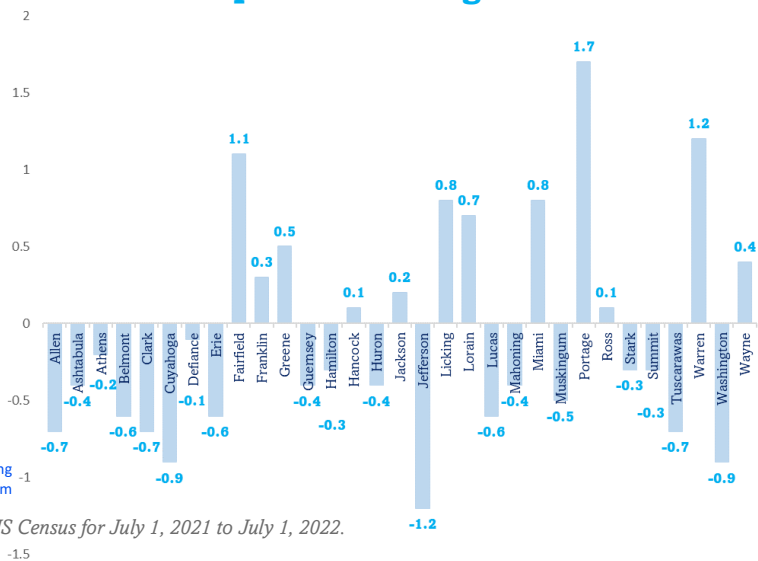
Note: These maps were made using the [Children's Defense Fund Ohio Database](#) and [Smappen](#).

Of Ohio's 11,756,058 (July 2022 estimate, [US Census](#)) 21.8% or 2,593,988 ([Children's Defense Fund Ohio](#)) are children. We can see where the highest concentration of children are and where future expansion may be focused going forward by comparing this map with the locations of current CACs to increase access and minimize drive times for children and families. It is the aim of ONCAC to work towards access for all children despite where they live. From these maps we can identify that the Seneca, Wyandot, Crawford, Richland, Marion, Highland, Adams, Brown, Pike, Gallia, and Meigs among other counties may have gaps in long-term service care as research has shown that families engage in services more often when they are within a 30 minute range (**citation**) especially for families that do not have a vehicle at home. The US Census (2022) reported that in Ohio 7.5% of households had no vehicle at home, 33.1% had one vehicle, and 37.8% had two vehicles available. Additionally, as Richland is a darker color, it indicates it has a higher population and may indicate that this should be an area of focus.

Population Change in Ohio Across Counties



Population Change in CACs



Note: These maps were made using information from the US Census for July 1, 2021 to July 1, 2022.

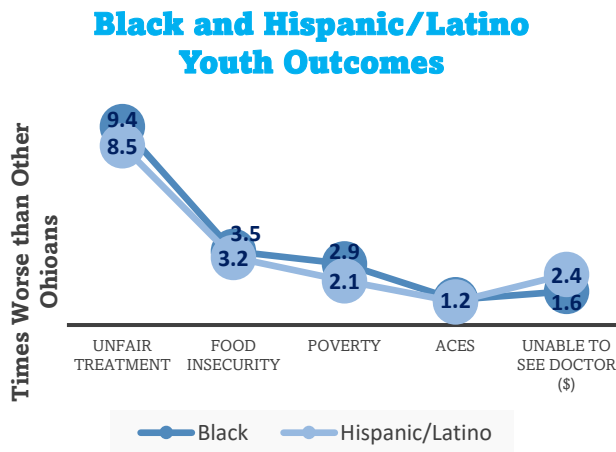
In addition to identifying the need for additional services, understanding shifting needs in communities can help us to identify centers that may benefit from expansion of services, the establishment of satellite locations, or additional funding to better meet the needs of the child populations in their communities and those surrounding them. From 2021-2022 Ohio as a state experienced a -0.1 (-8,284) change in population. From this trend, Portage, Fairfield, and Warren Counties have seen over a 1% uptake in their child population and may benefit from expanding services or funding to meet increased population needs. Additionally, Union county has seen a 2.7% increase and

Delaware county has seen a 2.3% increase. Neither of these counties currently have a Child Advocacy Center or satellite, but could be areas for consideration given their large population.

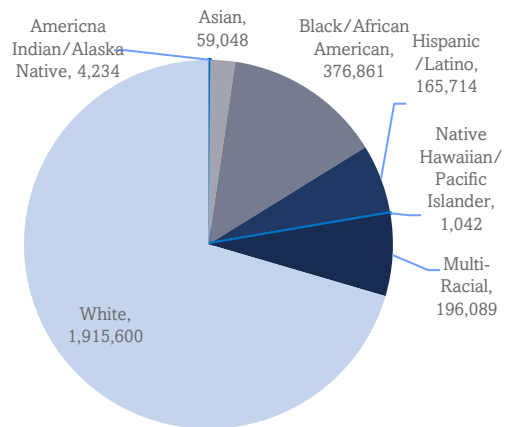
Vulnerable Populations

Race and Ethnicity

Race and Ethnicity have empirically been shown to impact quality of care, socio-economic factors, and healthcare access. Not only can these factors impact access to care for services and quality of life, but they can also increase vulnerability in youth for child abuse and neglect. Additionally, these factors could become social and cultural barriers in providing ongoing support and services following child abuse due to historical, systemic, and generational factors.



Child Population Race and Ethnicity



Note: This chart was made with data from the [Health Policy Institute of Ohio 2023 Dashboard](#). All data points were regarding children except for the data point on inability to see a doctor due to cost.

Note: Data source is [Children's Defense Fund Ohio](#)

Language and Disability

Each family and child is unique and has unique needs following an event of abuse or neglect. Understanding family dynamics and child demographics are essential to providing quality services. Children who speak other languages or have disabilities often require additional support or accommodations that can include but are not limited to accommodations for physical accessibility, sensory accommodations, specially trained staff, or interpreters. However, communication and access to services may be limited by a lack of accommodations for these children and families. This information is useful to centers to highlight the need to funders and executive staff for these supportive services.

Children with disabilities are more 2.1 times more likely to have food insecurity, 2.1 times more likely to have an Adverse Childhood Experience, 1.6 times more likely to experience poverty, and 2.9 times more likely to have difficulty seeing a doctor due to cost (Health Policy Institute, 2023). In Ohio, approximately 14% of the population have a disability and there are 275,000 students in Ohio that receive Individuals with Disabilities Education Act services. From a service perspective, this tells us that families of children with disabilities may have barriers to

146,881 Bilingual Ohioans

110 Languages Spoken

7.3%

Ohioans speak a language other than English at home

2.5%

Speak English less than very well

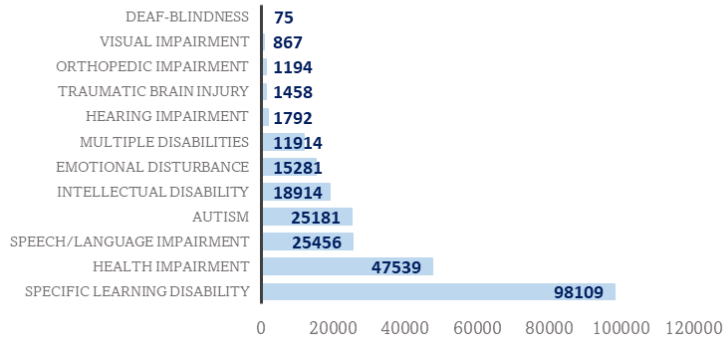
2.3%

Speak Spanish at home

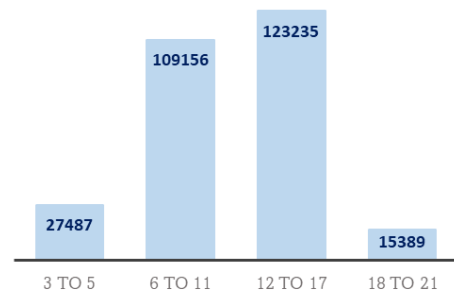
Note: Data source is [2020 ACS](#)

receiving services that we as service providers must overcome. Additionally, from a needs perspective, children and families need to have their basic needs such as food, shelter, and security met before they will be able to engage in services such as counseling and we must be prepared to either provide these services or connect families with community organizations that do provide these services.

Students Receiving Services Under IDEA by Disability Category



Ages of Students Served Under IDEA



Note: Data source [OOD \(2021\)](#).

Identity

LGBTQ+ youth are more vulnerable to child abuse as they experience discrimination and isolation both socially and legally. The Health Policy Institute of Ohio (2023) found that LGBTQ+ youth were 4.8 times more likely to consider suicide, 4.3 times more likely to commit suicide, 2.6 times more likely to experience mental health concerns, 1.8 times more likely to use tobacco, and 1.2 times more likely to binge drink.

72,000 LGBTQ+ Youth

5,900 Transgender Youth

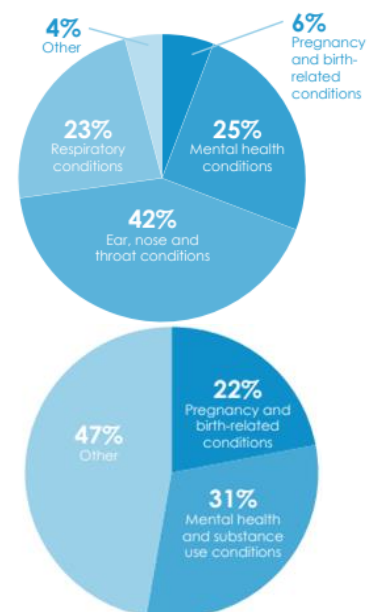
Note: These data points are estimates from the [William Institute UCLA School of Law for Ohio in 2020](#).

Child Health Services

In 2018 Ohio was ranked 25th by KidsCount in Overall Child Wellbeing, placing Ohio in the second quartile ([HPIO, 2018](#)). However, across various child health metrics, Ohio ranks in the bottom half of states and has had generally declining rankings in healthcare expenditures per capita and infant mortality rates while rates of major depressive episodes in adolescents has increased ([HPIO, 2018](#)). Access to care (a modifiable factor that can influence health in clinical care) has worsened in Ohio, ranking 45th out of 50 in 2018 ([HPIO](#)). However, Ohio does excel in care coordination, an integral aspect of the CAC model, ranking 11th ([HPIO](#)).

Ohio currently has 3 Level 1 pediatric trauma centers and 5 level 2 pediatric trauma centers ([ODPS, 2017](#)) primarily located in Hamilton, Dayton, Franklin, Summit, Cuyahoga, and Lucas counties. This leaves a large gap in trauma services for youth in southeast Ohio. Additionally, the [Ohio Mental Health and Addictive Services](#), currently has listed 19 providers in Ohio that serve specific counties or regions with child and family-focused interventions.

When it comes to mental health, mental health and substance use conditions are the highest cost conditions for youth and young adults ([HPIO, 2018](#)). In youth ages 6-11 this accounts for 30% of inpatient treatment in Ohio hospitals and from ages 12-17 this accounts for 87%. In outpatient settings this accounts for 26% of treatment in 2-5 year olds, 18% in 6-11 year olds, and 7% of 12-17 year olds. Additionally, mental health conditions and substance use are among the top of inpatient diagnoses. Ohio ranks 29th across the nation in mental health care placing Ohio in the third quartile ([HPIO, 2018](#)).



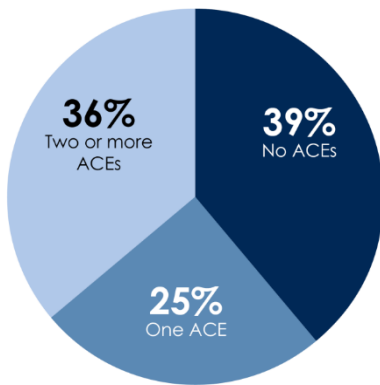
Note: Graphics from [HPIO \(2018\)](#). Top graphic is the highest cost conditions for children ages 0-17 in Medicaid and the bottom is the highest cost conditions for young adults ages 18-25 in Medicaid.

Child Abuse in Ohio

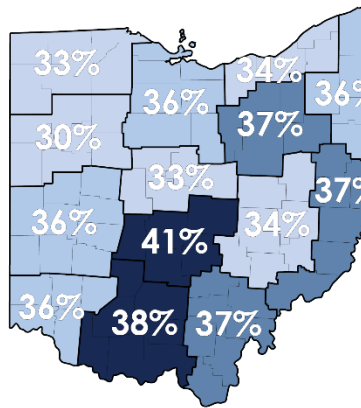
Adverse Childhood Experiences

Adverse childhood experiences (including emotional abuse, physical abuse, sexual abuse, intimate partner violence, substance use exposure, mental illness exposure, parental separation/divorce, incarcerated household members, emotional neglect, and physical neglect; HPIO, 2022) have a lifelong impact. In 2015, the Health Policy Institute of Ohio estimated the lifetime cost of nonfatal child maltreatment to be \$830,928. Sexual abuse represents 18% of reported ACEs in Ohio Adults and physical abuse represents 26%. Racial and ethnic minorities are seen to have higher prevalence rates of 2 or more ACEs: 44% Black, non-Hispanic, 34% White, 48% Other Race/Ethnicity.

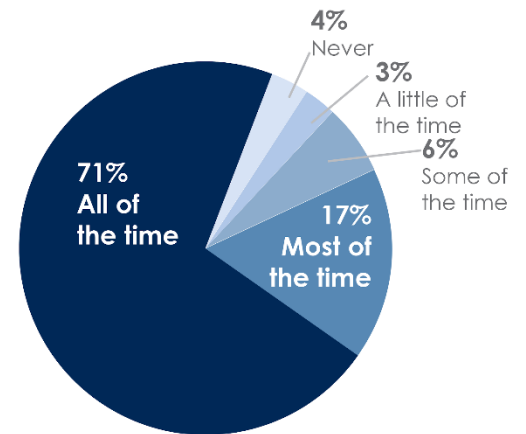
Prevalence of ACEs in Ohio Adults



Prevalence of 2 or more ACEs



Percent of Ohio Adults Reporting Safe Adult in Household During Childhood



Note: These graphs are from [HPIO \(2022\)](#)

18.6% **26.9%** **20.6%**

of children in Ohio are living in poverty

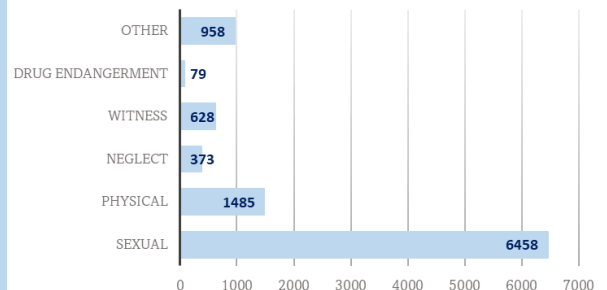
of children in Ohio are living in a single parent household

of children in Ohio are living in a smoking household

"Poverty is a strong reinforcing factor in the accumulation of adverse childhood experiences (ACEs) and subsequent toxic stress correlated with unfavorable health outcomes in adulthood," (Hughes & Tucker, 2018). Not only has it been indicated to be comorbid with ACEs but some have even asserted that poverty could be an ACE in itself and often times the predicating factor of ACEs for children. Almost 20% of Ohio's children are in poverty, leaving a large percentage of Ohio youth vulnerable to further ACE exposure which can include experiences of abuse.

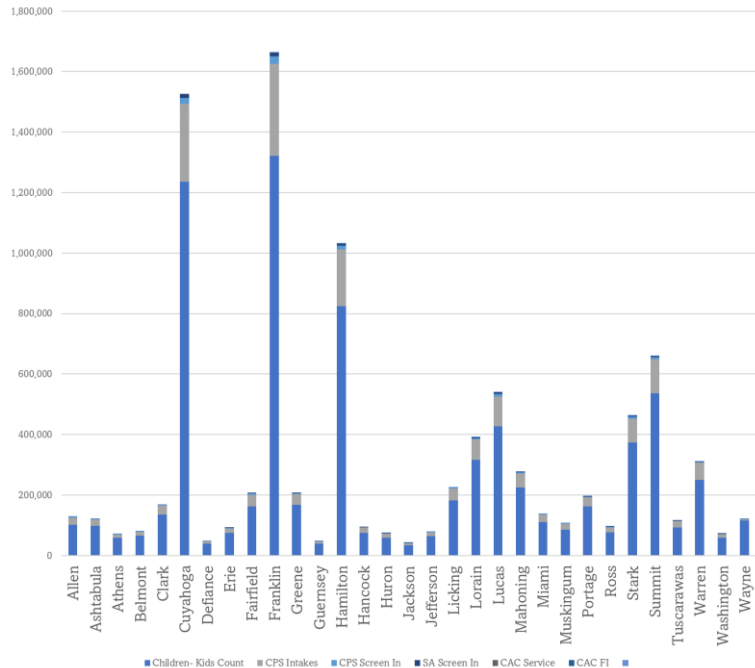
CACs provide direct service to children who have had adverse childhood experiences including sexual abuse, severe physical abuse, neglect, witnessing violence/homicide, drug endangerment, and more. CACs in Ohio most commonly see sexual abuse concerns but have been expanding their scope of service to encompass other forms of abuse so that more children can have access to trauma-informed services and multidisciplinary team coordination.

Abuse Seen in Ohio CACs



In Ohio 21.2% of children have experienced two or more Adverse Childhood Experiences (Health Policy Institute, 2023). In 2022 Ohio Children Services agencies received 196,814 intakes for child abuse and neglect (ODJFS, 2022), 75,709 of which were screened in, and 34,312 of which were for physical abuse and sexual abuse concerns. The graph to the right displays the counties in Ohio with a CAC located within them showing: the number of children in their county, the number of CPS intakes, the number of screened in intakes, the number of intakes for SA, the number of children who received CAC services, and the number of children who received a forensic interview. From this graph, and the data reported above, we can see that there is a larger population of abused children that are in need of services. The graph in Appendix A shows this data for all counties in Ohio and shows that most counties with the highest child population and CPS screen ins are covered by a CAC. Our records indicate the next highest that do not have a CAC in their county do have formal or informal services from a nearby CAC. Counties with high populations that do not have a CAC that may be areas of focus are: Butler, Richland, Lake, and Delaware counties.

Child Sexual Abuse Coverage in Counties with CACs

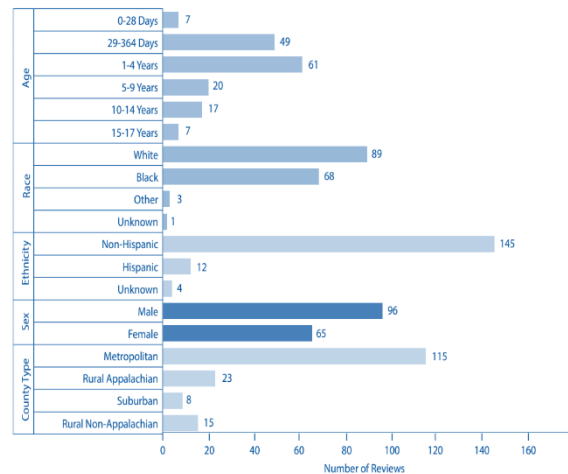
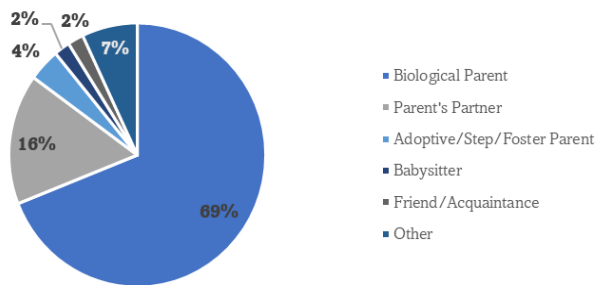


Note: This graph was made with data from [Ohio KIDS COUNT 2022 Data Profiles](#), [ODJFS Data Portal](#), and reported statistics of CACs in Ohio to ONCAC.

Child Mortality

Child abuse and neglect is a severe ACE that can result in fatal outcomes. From 2016-2020, 161 (2%) of child deaths were due to abuse or neglect, 54% indicated that abuse caused or contributed to death, 46% indicated that neglect caused or contributed to death, 73% of deaths were children under 5, 40% had a history of maltreatment, and 35% indicated that there was a history of child maltreatment with the caregiver (ODH, 2021). Of the abuse reviews 89% were reported to be likely preventable and 91% of neglect reviews were likely preventable (ODH, 2021). Causes of death included assault, poisoning/overdose/intoxication, asphyxia, drowning, fire, burn, electrocution, vehicles, and more as well as medical causes.

Child Abuse and Neglect Deaths by Person Responsible

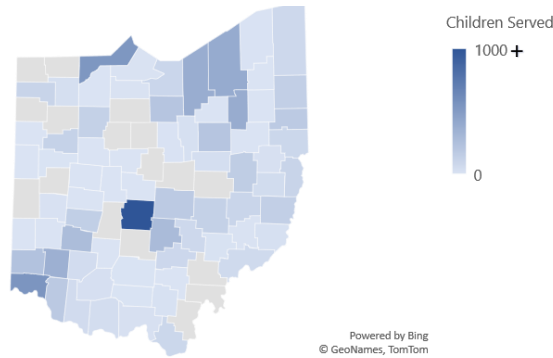


Note: These figures are from the Ohio Department of Health 2021 21st Childhood Fatality Review.

Additionally, the ODH (2021) report found that 275 child deaths were suicide, and of those, 9 children completed suicide due to the circumstance of being raped or sexually abused.

2022 CAC Services in Ohio

Children Served by County in Ohio in 2022

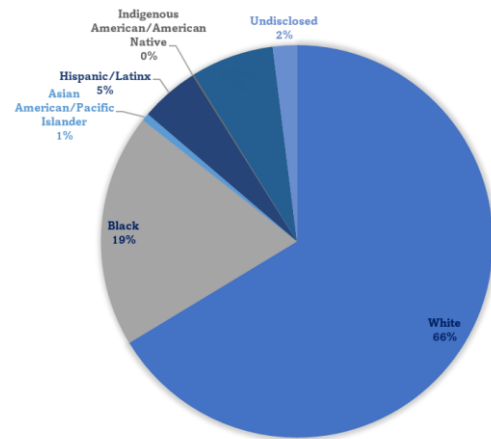


In 2022, CACs served 11,237 children, 8,353 of which received forensic interviews. While there are CACs located in 35 counties in Ohio, in 2022 CACs served children from 71 out of the 88 counties in Ohio. This approximately 80% of the counties in Ohio. Additionally, several CACs provided services to the same counties that do not have a CAC which could suggest a need for CAC development such as in Harrison county which was served by 4 CACs in 2022.

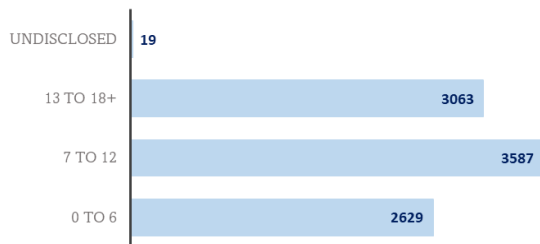
Demographics of the individuals served by CACs in Ohio in 2022 are below:



Children Served by Race/Ethnicity in 2022

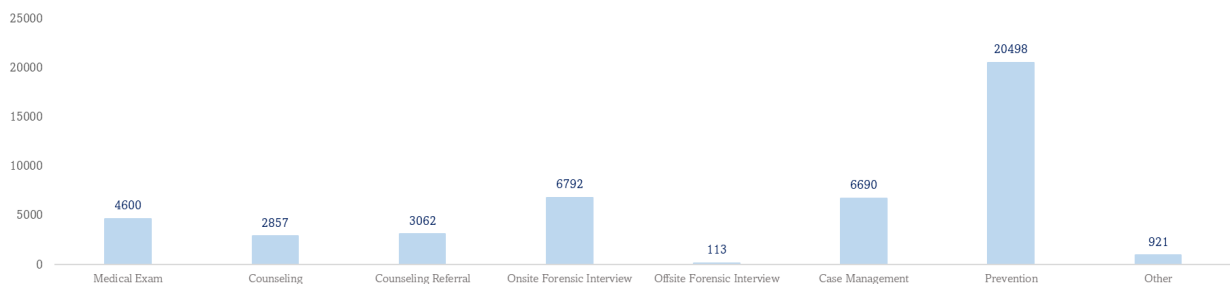


Children Served by Age in 2022



CACs in Ohio provide a variety of services including evidence-based, trauma-informed forensic interviews, victim advocacy, medical treatment, mental health treatment, case coordination/management, and other case services/referrals. In 2022, CACs in Ohio provided the following services to children in Ohio:

Children Receiving Services from CACs in Ohio in 2022



References

- Children's Defense Fund Ohio. (n.d.). *Ohio kids count 2022 data profiles*.
<https://cdfohio.org/policy/resources/kids-count/kids-count-county-profiles/>
- ODH. (2021). *Ohio child fatality review 21st annual report*. Ohio Department of Health.
https://odh.ohio.gov/wps/wcm/connect/gov/824cb0f3-6852-48c5-9d6a-cf12c48695fd/Ohio+Childhood+Fatality+Review+21st+Annual+Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-824cb0f3-6852-48c5-9d6a-cf12c48695fd-ofhEzcY
- ODJFS. (n.d.). *Child abuse and neglect referrals and outcomes*. Ohio Department of Job and Family Services.
<https://data.jfs.ohio.gov/dashboards/foster-care-and-adult-protective-services/child-abuse-and-neglect-referrals-and-outcomes>
- ODMHAS. (n.d.). *Whole child matter map*. Ohio Department of Mental health and Addiction Services.
<https://mha.ohio.gov/community-partners/early-childhood-children-and-youth/early-childhood-mental-health/whole-child-matters-map>
- ODPS. (2017). Ohio Department of Public Safety.
https://publicsafety.ohio.gov/static/ems_trauma_center_map.pdf
- HPIO. (2018). *Assessment of child health and health care in Ohio*. Health Policy Institute of Ohio.
https://www.healthpolicyohio.org/wp-content/uploads/2019/01/ChildAssessment_FullReport.pdf
- HPIO. (2022). *Adverse childhood experiences (ACEs) health impact of ACEs in Ohio: Data from the behavioral risk factor surveillance system, centers for disease control and prevention*. Health Policy Institute of Ohio.
- HPIO. (2023). *Health value dashboard*. Health Policy Institute of Ohio. https://www.healthpolicyohio.org/wp-content/uploads/2023/04/2023HealthValueDashboard_Final.pdf
- Hughes, M., & Tucker, W. (2018). Poverty as an adverse childhood experience. *North Carolina Institute of Medicine and the Duke Endowment*.
- OOD. (2021). *Comprehensive statewide needs assessment*. Opportunities for Ohioans with Disabilities.
https://ood.ohio.gov/wps/wcm/connect/gov/2d53024b-e1fa-4107-bbe1-8f2b9b08b89d/2021+OOD+VR+Comprehensive+Statewide+Needs+Assessment.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-2d53024b-e1fa-4107-bbe1-8f2b9b08b89d-o0q8yt7
- Conron, K.J.. (2020). *LGBT youth population in the United States*. UCLA School of Law Williams Institute.
<https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Youth-US-Pop-Sep-2020.pdf>
- United States Census Bureau. (2023). *American community survey 5-year data (2009-2022)*.
<https://www.census.gov/data/developers/data-sets/acs-5year.html>
- United States Census Bureau. (2023). *Quick Facts Ohio*.
<https://www.census.gov/quickfacts/fact/table/OH/AGE295222>

Appendix A

Child Population, CPS Reports, and CAC Services in Ohio

