



Health Policy Fact Sheet

The impact of the COVID-19 pandemic on Adverse Childhood Experiences (ACEs)

The COVID-19 pandemic has resulted in unprecedented health, social and economic challenges for all Ohioans. These challenges are far-reaching, including loss of loved ones, unemployment, business closures, disruption to K-12 education and increased stress and social isolation. The full extent of the impacts of the pandemic on children and youth will take years to discern. However, early indicators of childhood adversity signal that the pandemic will have substantial impacts on Ohio's health, well-being and economic vitality for years to come.

How has the pandemic impacted exposure to ACEs in Ohio?

The full impact of the COVID-19 pandemic on ACEs (see figure 1) will not be known for several years, due to both lags in data collection and because the pandemic is still ongoing. However, early data indicate troubling trends on the horizon for childhood adversity. Figure 2 provides examples of the impact of COVID-19 on specific ACEs.

3 key findings for policymakers

- **Exposure to specific ACEs may increase as a result of the COVID-19 pandemic.** Early data suggests that exposure to certain ACEs may increase mental illness and substance use in the household, intimate partner violence and child maltreatment.
- **The pandemic has increased exposure to risk factors for ACEs.** The economic downturn and social distancing measures implemented in response to the pandemic have increased the prevalence of risk factors for ACEs, such as economic hardship and social isolation.
- **Existing disparities in ACEs exposure are likely to be exacerbated by the pandemic.** Ohioans of color, with low incomes, with disabilities and who are residents of urban or Appalachian counties are more likely to be exposed to ACEs as a result of the pandemic.





ACEs are potentially traumatic events that occur during childhood (ages 0-17).¹ As seen in Figure 1, ACEs can generally be grouped into three categories: abuse, household challenges and neglect.

Figure 1. What is considered an ACE?

Abuse	Household challenges	Neglect
<ul style="list-style-type: none"> • Emotional abuse • Physical abuse • Sexual abuse 	<ul style="list-style-type: none"> • Intimate partner violence • Substance use in the household • Mental illness in the household • Parental separation or divorce • Incarcerated member of the household 	<ul style="list-style-type: none"> • Emotional neglect • Physical neglect

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

Figure 2. **Potential Impacts of COVID-19 on ACEs**

Adverse Childhood Experience	COVID-19 impact
 <p>Mental illness in the household</p>	<ul style="list-style-type: none"> • The U.S. Census Bureau Household Pulse survey found almost 4 in 10 Ohio adults have reported symptoms of anxiety or depression since the beginning of the COVID-19 pandemic, compared to only one in ten adults between January and July 2019.² • Stressors stemming directly from the COVID-19 pandemic, such as lack of supports (e.g., childcare) and difficulty balancing remote work while caring for children, have contributed to a higher incidence of anxiety and depression.³ • Unemployment, lost wages, loss of health coverage, eviction and housing insecurity stemming from the economic downturn caused by COVID-19 are also likely to increase stressors that negatively impact mental health.⁴
 <p>Substance use in the household</p>	<ul style="list-style-type: none"> • Preliminary data from 2020 show that the drug overdose death rate has increased by 15% in Ohio compared to 2019, reversing a recent downward trend in the overdose death rate.⁵ • Alcohol sales by gallon spiked in Ohio during the COVID-19 pandemic, growing by 9.8% from 2019 to 2020.⁶ • Rates of substance use and opioid use disorder are likely to increase as a result of the COVID-19 pandemic, although the magnitude of this impact is not yet known.⁷
 <p>Intimate partner violence</p>	<p>From FY 2019 to FY 2020, reported fatalities from domestic violence grew by 35% in Ohio, from 81 deaths to 109. The youngest child reported fatality was two years old.⁸</p>
 <p>Child abuse and neglect</p>	<p>The actual impact of the COVID-19 pandemic on child abuse and neglect is unclear at this time.⁹ However, from March to August 2020, reports of child maltreatment in Ohio declined nearly 50%, a troubling trend in reporting attributable to the pandemic.¹⁰ The downward trend in reported cases of child abuse and neglect is suspected to be a result of reduced contact between children and mandated reporters of child abuse and neglect (e.g., teachers, childcare workers and healthcare providers) during the pandemic.¹¹</p>

How does the pandemic affect risk factors for ACEs in Ohio?



The health, economic and social challenges resulting from the pandemic have increased the prevalence of risk factors associated with exposure to ACEs. In particular, economic hardship (such as experiencing housing instability or being unemployed) and social isolation are two risk factors for ACEs that have been exacerbated by the COVID-19 pandemic.¹²

For example, HPIO **analysis** found that Ohioans with low incomes are more likely to report exposure to two or more ACEs. The percent of Ohioans who

have annual household incomes below \$15,000 who reported exposure to multiple ACEs is 1.7 times higher than Ohioans with annual household incomes at or above \$50,000.¹³

In addition, social isolation is linked to stress, depression, anxiety and other adverse outcomes, which can lead to poor mental health.¹⁴ Exposure to mental illness in the household is an ACE.¹⁵ Specific examples of how the COVID-19 pandemic has impacted economic hardship and social isolation are highlighted in figure 3.

Figure 3. Impacts of the COVID-19 pandemic on risk factors for ACEs

Risk factor for Adverse Childhood Experiences	COVID-19-impact
 <p data-bbox="159 436 289 525">Economic stress or hardship</p>	<ul data-bbox="376 367 1421 619" style="list-style-type: none"> • The 2021 Ohio Housing Needs Assessment stated that the COVID-19 pandemic has exacerbated housing insecurity. Since the beginning of the COVID-19 pandemic, defaults on mortgage payments have risen in Ohio, showing potential for increased foreclosure rates and evictions throughout the state.¹⁶ • Despite a recent decline in jobless claims compared to the beginning of the pandemic, many households are still experiencing economic fallout as a result of the pandemic.¹⁷ Ohio's unemployment rate increased from 4.5% in January 2020 to 5.2% in January 2021.¹⁸
 <p data-bbox="159 724 354 751">Social isolation</p>	<ul data-bbox="376 640 1388 882" style="list-style-type: none"> • Necessary public health measures implemented to mitigate and prevent the spread of COVID-19, including stay-at-home orders, online and distance learning, telework, quarantine and social distancing guidelines, have contributed to existing social isolation.¹⁹ • An October 2020 survey found that 66% of adults in the U.S. reported experiencing social isolation since the beginning of the COVID-19 pandemic, identifying social distancing measures as intensifying existing feelings of loneliness.²⁰

How does the pandemic impact disparities in exposure to ACEs?

Analysis in HPIO's brief, **Adverse Childhood Experiences (ACEs): Health Impacts of ACEs in Ohio**, found that Ohioans of color, with low incomes, with disabilities and who are residents of urban or Appalachian counties are more likely to be exposed to ACEs.²¹ The disparate impact of the COVID-19 pandemic on these groups is likely to exacerbate existing disparities in ACEs.

For example, frontline or essential workers are disproportionately Ohioans with low incomes and Ohioans of color.²² Ohioans working essential jobs have a heightened risk for stressors that can compromise their physical and mental health, putting their children at higher risk of exposure to ACEs.²³ Stressors of working an essential job, especially a lower-wage job, during the pandemic include trouble accessing and paying for child care, increased risk of exposure to COVID-19 and managing distance learning for children, among others.²⁴

National and state data also demonstrate the increased economic stressors faced by these groups. For example, in the U.S., eviction filings since the beginning of the COVID-19 pandemic in March 2020 have predominantly taken place in low-income neighborhoods and communities of color.²⁵

In addition, Black Ohioans were unemployed at a rate three times (12%) that of white Ohioans (4%), as of November 2020.²⁶

The pandemic has also increased disparities in education, affecting children's ability to access health and social services in the face of adversity and trauma.²⁷ In Ohio, up to 84,000 disadvantaged students — predominantly from low-income households and communities of color — are estimated to have "gone missing" from schools since the beginning of the COVID-19 pandemic, meaning that they have not attended school (virtual or in-person) since March 2020.²⁸ As a result, these children are unable to access support services such as school-based social workers and mental health services, which can mitigate the impact of ACEs.²⁹

Notably, these data provide only a surface-level view of the systemic obstacles to health and well-being that these groups of Ohioans face. For communities of color, the research evidence is clear that racism is a primary driver of disparities and inequities.³⁰ To eliminate disparities in ACEs and associated risk factors, it is critical to dismantle racism and other forms of discrimination in Ohio. For more information, see HPIO's policy brief **Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity**.

How can Ohio take action going forward?

State and local policymakers have many options to address the impacts of the COVID-19 pandemic on childhood adversity. Recommendations from the following reports provide evidence-informed policies that can be implemented in Ohio to prevent and mitigate the impacts of ACEs and eliminate disparities:



State Health Improvement Plan
Strategies to improve health outcomes and community conditions, as well as address inequities



Addiction Evidence Project
Strategies addressing prevention, treatment, recovery and other issues faced by families and children, including poor mental health and child abuse



Connections Between Education and Health
Examination of how Ohio schools are providing health services and specific evidence-based policies and programs that have demonstrated both health and education benefits



COVID-19 Ohio Minority Health Strike Force Blueprint
35 recommendations to eliminate racial and ethnic disparities in health outcomes and improve overall well-being for communities of color



Connections Between Racism and Health
Framework for taking action to dismantle racism and other forms of discrimination

Ohio ACEs Impact Project

The Health Policy Institute of Ohio has published two policy briefs, **Adverse Childhood Experiences (ACEs): Health Impact of ACEs in Ohio** and **Adverse Childhood Experiences (ACEs): Economic Impact of ACEs in Ohio**, and an accompanying **online resource page** as part of the Ohio ACEs Impact Project, which builds on and amplifies current efforts to address ACEs in Ohio. Additionally, HPIO is developing a third policy brief focused on evidence-informed and cost-effective strategies to prevent and mitigate the impact of ACEs exposure.

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