

Preliminary Analysis of Adverse Childhood Experiences (ACEs) Among Columbus Sex Buyers

Disclaimer:

This report presents preliminary findings that are currently in preparation for peer-reviewed publication. These results represent an early but reliable analysis of the data and are provided to inform practice, policy, and future research.

Abstract

This preliminary report presents findings from an analysis of Adverse Childhood Experiences (ACEs) among 101 individuals arrested for solicitation in Columbus, Ohio. The study was **funded through a grant from the Ohio Attorney General's Office**, conducted **in partnership with She Has A Name**, a local anti-human trafficking nonprofit, and the **Columbus Solicitor Education Program**. Data collection and analysis were led by **She Has A Name's Graduate Research Fellow**, under the **oversight and advisory of Tiffin University faculty and its Institutional Review Board (IRB)**.

Participants completed the standard 10-item ACE Questionnaire, a validated tool for assessing childhood adversity. Results show that 83% of participants reported at least one ACE, and 44% reported four or more, placing them in a high-risk category for negative health, behavioral, and social outcomes. Emotional abuse (47.5%), household substance abuse (39.6%), incarceration of a household member (36.6%), and domestic violence (35.6%) were the most prevalent ACEs. These findings underscore the importance of trauma-informed diversion and intervention programming for individuals engaged in sex-buying behavior.

Introduction

Adverse Childhood Experiences (ACEs) are traumatic events occurring before the age of 18, encompassing abuse, neglect, and household dysfunction. A large body of research has demonstrated the long-term effects of ACEs on physical health, mental health, substance use, and involvement in the criminal justice system. Individuals with four or more ACEs are particularly vulnerable, exhibiting significantly higher risks for chronic disease, risky behaviors, and social instability.

While much ACE research has focused on sex workers and survivors, less attention has been directed toward sex buyers. Understanding the prevalence and distribution of ACEs among individuals arrested for solicitation is critical to shaping effective intervention strategies. This analysis examines ACE prevalence, patterns, and implications within a sample of 101 men arrested for solicitation in Columbus, Ohio.

Methods

Participants

The dataset includes 101 participants who were court-mandated to attend a diversion program following solicitation arrests in Columbus, Ohio.

Instrument

The 10-item ACE Questionnaire was administered, capturing self-reported experiences of abuse (physical, emotional, sexual), neglect (emotional, physical), and household dysfunction (e.g., parental loss, substance abuse, domestic violence, mental illness, incarceration).

Data Analysis

Responses were coded dichotomously (0 = no, 1 = yes). Each participant's ACE score was calculated as the sum of endorsed items (range 0-10). Analyses included frequency distributions for each ACE category, descriptive statistics for ACE scores, and score distribution visualizations.

Results

Summary Statistics

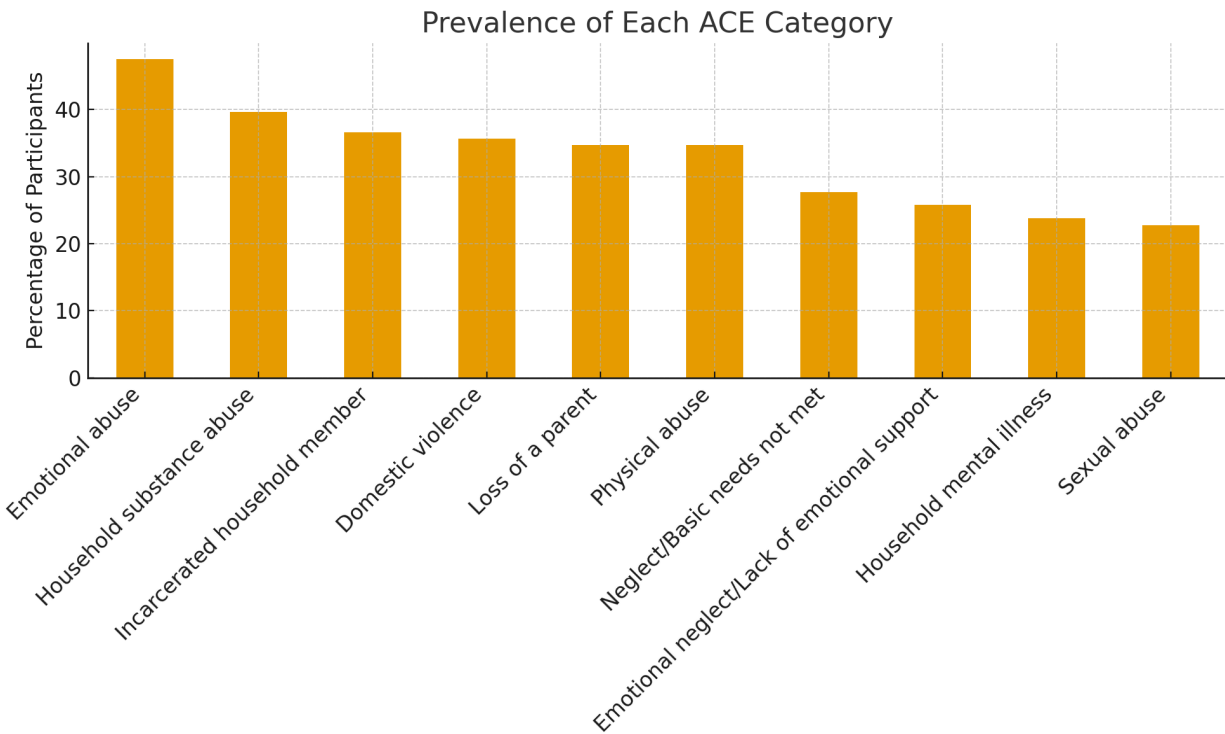
- **Total participants:** 101
- **At least 1 ACE:** 83.2% (84 participants)
- **Four or more ACEs:** 43.6% (44 participants)
- **Average ACE score:** 3.29
- **Median ACE score:** 3
- **Maximum ACE score:** 10

Table 1. Summary Statistics of ACE Scores (N = 101)

Metric	Value
Total Participants	101
Percent with ≥ 1 ACE	83.2%
Percent with ≥ 4 ACEs	43.6%
Average ACE Score	3.29
Median ACE Score	3
Maximum ACE Score	10

Prevalence of Individual ACEs

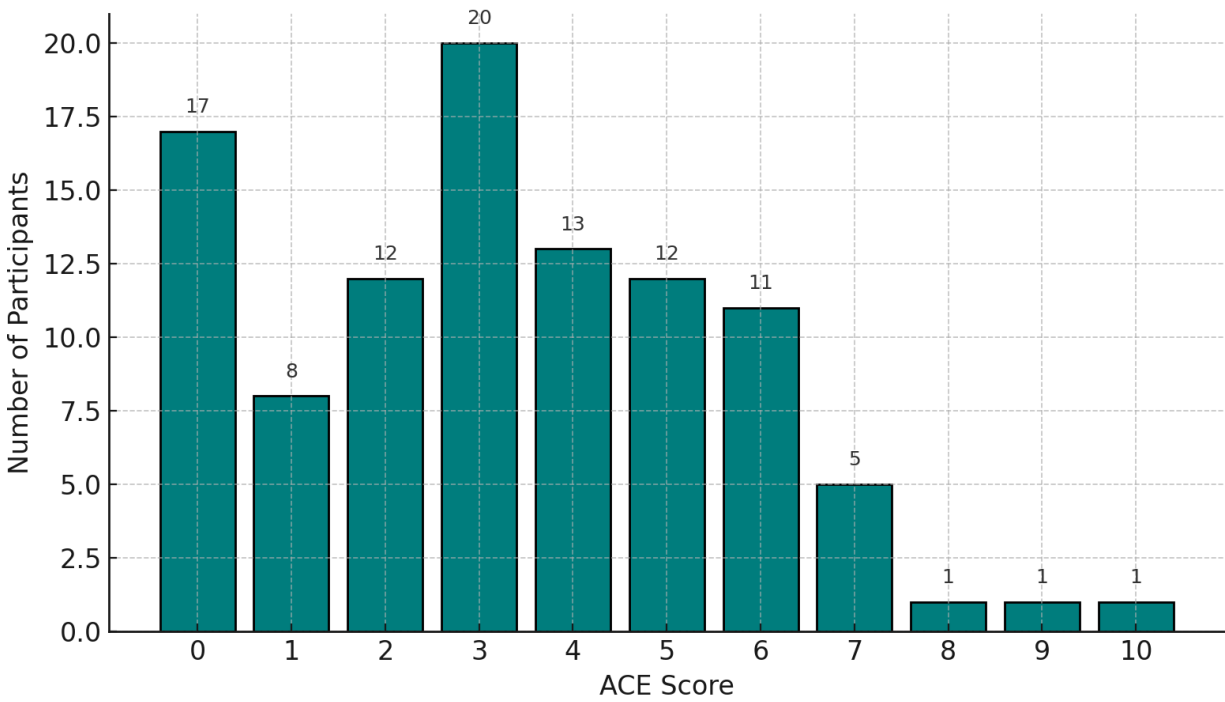
- Emotional abuse: 47.5%
- Household substance abuse: 39.6%
- Incarcerated household member: 36.6%
- Domestic violence: 35.6%
- Loss of a parent: 34.7%
- Physical abuse: 34.7%
- Neglect / basic needs unmet: 27.7%
- Emotional neglect / lack of support: 25.7%
- Household mental illness: 23.8%
- Sexual abuse: 22.8%



Distribution of ACE Scores

- 0 ACEs: 17 (16.8%)
- 1–3 ACEs: 40 (39.6%)
- 4–6 ACEs: 36 (35.6%)
- 7–10 ACEs: 8 (7.9%)

Figure 2. Distribution of ACE Scores (N = 101)



Discussion

The findings reveal a strikingly high prevalence of childhood adversity among sex buyers in Columbus. Over 80% reported at least one ACE, and nearly half reported four or more. These rates are substantially higher than national population norms, where only about 16% typically report four or more ACEs.

Several key patterns emerge. **Emotional abuse** was the most common ACE, suggesting that many participants grew up in environments marked by hostility, shame, and relational degradation. Household dysfunction - including **substance abuse, incarceration, and domestic violence** - was also pervasive, pointing to instability and conflict as defining features of many participants' formative years. These adversities rarely occurred in isolation; instead, they clustered, compounding their negative impact and reinforcing cycles of trauma that persist into adulthood.

Implications

1. Trauma-Informed Diversion Programs

Diversion programs must move beyond deterrence models and incorporate trauma-informed approaches that actively address the root causes of sex-buying behavior. This includes integrating evidence-based strategies - such as cognitive-behavioral interventions, group processing, and psychoeducation - that help participants confront unresolved trauma and build healthier coping mechanisms. Curricula should be designed to directly engage with the distorted beliefs about sex, power, masculinity, and relationships that often stem from adverse childhood experiences.

2. Curriculum Evolution to Address Criminogenic Needs

Findings highlight the need to continuously evolve diversion curricula so that they align with the eight criminogenic needs (e.g., antisocial cognition, antisocial personality traits, family/marital problems, substance abuse, employment, education, leisure, and antisocial associates). Embedding these domains into programming ensures that participants receive comprehensive intervention tailored to their risks and needs, increasing the likelihood of reducing recidivism and promoting behavioral change.

3. Policy and Legislative Reform

There is an opportunity for courts and probation systems to more fully recognize the role of trauma in sex-buying behavior and to move toward prioritizing rehabilitative approaches alongside accountability. Legislative support could strengthen trauma-informed diversion programs by providing sustainable funding

for therapy, group work, and longitudinal follow-up. Incorporating ACEs screening into diversion program intake may help ensure that interventions are more individualized and evidence-based, enhancing their effectiveness over time..

4. **Therapeutic and Community-Based Responses**

Addressing sex-buying behavior requires collaboration with community mental health providers, survivor advocacy groups, and addiction treatment specialists. By building multi-disciplinary partnerships, diversion programs can create pathways for long-term recovery that address not only immediate criminal behavior but also the deeper trauma and distorted cognitions that fuel demand.

5. **Prevention and Early Intervention**

Broader public health and prevention efforts should focus on early interventions for at-risk youth, particularly those exposed to substance abuse, domestic violence, incarceration, or neglect. Schools, youth programs, and community organizations should be resourced to build resilience, teach emotional regulation, and provide supportive relationships that disrupt cycles of trauma before they manifest as harmful adult behaviors.

Conclusion

This preliminary analysis provides strong evidence that sex buyers frequently report high levels of adverse childhood experiences, particularly emotional abuse and family dysfunction. These findings underscore the need for trauma-informed strategies within diversion programs, as well as broader legislative and therapeutic responses to address the root causes of sex-buying behavior.

Importantly, the results point to the necessity of **continuously evolving and improving diversion program curricula** so that they do more than provide education or deterrence. Programs must directly address the **underlying trauma, criminogenic needs, and maladaptive thinking patterns** that fuel sex-buying behavior. This includes challenging and reshaping distorted beliefs about sex, power, masculinity, and relationships that often emerge from unresolved childhood adversity.

By framing sex buying through a trauma-informed lens, this study highlights an opportunity to shift demand-reduction efforts toward **holistic rehabilitation and systemic prevention**, integrating therapeutic interventions with accountability. Future peer-reviewed publication will further validate these results and help guide the development of **evidence-based curricula, policies, and practices** that not only reduce recidivism but also promote long-term personal transformation and community safety.