

SCREENING FOR ADVERSE CHILDHOOD EXPERIENCES IN CHILDREN. A SYSTEMATIC REVIEW

BACKGROUND

Adverse childhood experiences (ACEs) are associated with increased risk of poor mental and physical health outcomes.

While there has been growing interest in screening for ACEs as part of an early identification and intervention response, it is not known whether screening actually improves outcomes for children.



AIMS OF STUDY

To systematically review whether screening for ACEs in children leads to an increase in:

- identification of ACEs;
- referrals to services;
- increased uptake of services; and
- improved mental health outcomes for children and parents.

METHODS

This systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines.

The following electronic databases were searched between 2009 to 2011:

- OVID MEDLINE;
- PsycINFO;
- CINAHL; and
- Cochrane Controlled Register of Trials.

Studies were included if they screened for current ACEs in children aged 0-12 years and had a control comparison.

Information was extracted including study characteristics, sample demographics, screening tool characteristics, referral rates to services, uptake rates, and mental health outcomes.

KEY FINDINGS

In total, **5816** articles were screened by title and abstract. Of these:

- **45** articles were identified for full text review.
- **4** articles were included in analysis (3 articles met inclusion criteria and an additional article was identified through hand searching references).

KEY RESULTS

- Screening for ACEs increases identification of adversity.
- Screening may increase referrals to services but there is limited data about whether this leads to an increase in referral uptake by families.
- There are no reported data addressing mental health outcomes for children or parents.
- There are no reported data addressing potential harm of ACEs screening.

CONCLUSIONS

There is limited evidence of moderate quality, all arising from the USA, that screening for ACEs improves identification of childhood adversity and may improve referrals to community services. However, there are no reported data supporting improvements in mental health outcomes for children or parents.

NEXT STEPS...

Further randomized control trials are needed that measure both harms and benefits of screening. Understanding the barriers to referrals and how best to support families to take up referrals to community services once ACEs are identified is essential if we are to realise the potential benefits of ACEs screening on child and parent mental health.

CITATION

Loveday S, Hall T, Constable L, et al. Screening for Adverse Childhood Experiences in Children: A Systematic Review. *Pediatrics*. 2022;149(2):e2021051884

