Adverse Childhood Experiences screenings provide an incomplete picture of childhood trauma

As state officials across the United States consider expanding the use of screening to identify and respond to childhood trauma in individual children, a new brief from Child Trends warns against over-reliance on these screenings and recommends an alternative approach. In ***"Childhood adversity screenings are just one part of an effective policy response to childhood trauma,"*** childhood trauma experts Jessica Dym Bartlett and David Murphey recommend a comprehensive approach that prioritizes a strengths-based, trauma-informed perspective and helps children build resilience, rather than simply identifying those children who have had adverse experiences. Bartlett and Murphey propose five policy recommendations to achieve this:

1. Train family and child service providers in trauma-informed care.
2. Promote adversity screening only as one component of a comprehensive, trauma-informed, strengths-based approach to addressing childhood adversity.
3. Support research to develop more sensitive tools that assess young children's exposure to adversity.
4. Increase the availability and accessibility of evidence-based therapies.
5. Expand preventive strategies that reduce the likelihood of children experiencing early adversity and its harmful effects.

"Policymakers and service providers can support children's development and well-being by integrating a trauma-informed lens into interventions that we already know work, such as high-quality early care and education and home visiting programs," said Bartlett, a child trauma expert and co-director of early childhood research at Child Trends. "Resources in the United States for infant and early childhood mental health are already limited and should not be used to promote screening tools with serious limitations, such as the original ACEs index."

Screening tools often rely on a limited definition of childhood adversity that excludes experiences outside of the family. For example, the measure developed for the original study of adverse childhood experiences (ACEs) is limited to physical, sexual, and emotional abuse; having a mother who was treated violently; living with someone who was mentally ill; living with someone who abused alcohol or drugs; and experiencing the incarceration of a member of the household. This list of adversities fails to account for hardships that emerge from economic, social, and cultural inequities (e.g., extreme poverty, discrimination, community violence, forced separation from a parent).

Using ACEs-based screening to identify children who have experienced trauma also:

- Risks retraumatizing families by asking children and parents to recall potentially traumatic events

- Does not account for the full context of a child's development and behavior, including their strengths and resources, or for individual reactions to specific adversities
- Fails to provide information on the child's reactions to, or symptoms of, trauma
- Risks labeling a child as "traumatized" based on a limited adversity score, which may cause more harm than good; there are already disturbing signs that various measures of risk (including ACEs scores) are being used by health insurers and providers to shape their policies and procedures in ways that do not benefit children and families affected by trauma (e.g., higher costs of care)

"In addition to helping children who have already experienced trauma, it's important for states and communities to work to reduce children's exposure to adversity in the first place," said Murphey, a research fellow at Child Trends. "What will benefit children the most is a preventive approach that focuses on investing in programs and initiatives that reduce sources of widespread adversities such as poverty and abuse and neglect."

We are grateful to the Alliance for Early Success for supporting this work.