# A Scoping Review of the Literature on Adverse Childhood Experiences, Mental Health and Social Functioning

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## Abstract

Negative Childhood Experiences (ACEs) have an adverse effect on a person's physical, mental, and social functioning. To our knowledge, no study has looked at the literature on ACEs, mental health, and social functioning outcomes. Research literature focuses on the effect of ACEs on physical and mental health. to map the ways in which ACEs, mental health, and social functioning outcomes have been defined, evaluated, and studied in the empirical literature and to spot any gaps in the existing body of knowledge that require additional research. Implementation of a five-step framework-based scoping review methodology. The CINAHL, Ovid (Medline, Embase), and Psyc Info databases were all searched. According to the framework, the analysis included both a numerical and a narrative synthesis.

**Keywords:** Cities • Inequalities Interdisciplinarity • Mental health • Scoping review • Social model Social theory • Youth

## Introduction

Adverse Childhood Experiences (ACEs) are traumatic incidents that kids and teenagers under 18 have gone through. A wide range of traumatic events are included under the umbrella term "ACEs," including physical and emotional neglect, physical, sexual, and emotional abuse, exposure to domestic violence, mental health issues, family incarceration, separation, and substance abuse. A child's likelihood of experiencing ACEs can be influenced by a number of individual, family, and societal factors, such as living in unstable housing, having parents who have, and growing up in areas with high levels of social and environmental dysfunction [1-3].

Worldwide, ACEs affect millions of children each year, according to epidemiological research. More than half of the adults surveyed in a World Health Organization (WHO) study of 51,945 adults reported having multiple ACEs, and the study found that ACEs were significantly linked to an increased risk of DSM-IV disorders in all countries.

It has long been known from research that ACEs and poor mental health outcomes are related. People who have experienced ACEs are more likely to struggle with a variety of mental health issues, including depression, bipolar disorder, suicide, and substance abuse. According to research, ACEs and changes in adverse childhood experiences are linked to adjustments in biological systems. Children exposed to maltreatment showed smaller volume of the prefrontal cortex, greater activation of the hypothalamic-pituitary-adrenal (HPA) axis, and elevation in inflammation levels, while adults with a history of maltreatment showed smaller volume of the prefron-tal cortex and hippocampus, greater activation of the HPA axis, and elevation in inflammation levels compared to non-maltreated individuals.

Another important factor in the connection between ACEs and poor mental health outcomes has been found to be social functioning. A meta-analysis of social measures has established two dimensions of social relationships: objective (i.e.,the structure and function of relationships) and subjective (i.e., involvement in relationships, perceived availability, perceived adequacy, feelings/emotions).

Due to a lack of trust, poor emotional regulation skills, and maladaptive coping mechanisms, people who have experienced ACEs are more likely than their peers to have trouble forming healthy relationships. As a result, ACEs are linked to higher levels of loneliness and social isolation in later life (both of which are subjectively perceived gaps between desired and actual social contact). These two social functioning factors have been identified as mediators in the development of adult psychiatric morbidity for people with ACE. As evidenced by research, social isolation and loneliness can make recovering from mental illness more difficult [4].

For those who work in the mental health field, these concepts are especially clinically relevant. To ensure effective mental health care delivery, a trauma-informed approach to clinical care considers the necessity of ACE assessment as well as the significance of the psychosocial aspects of recovery. To that end, future mental health care services will give top priority to developing and implementing trauma-informed care, according to mental health policies (such as the UK NHS Mental Health Implementation Plan 2019/20-2023/24). Reviews that have recently been published have concentrated on examining the relationships between ACEs and health as well as ACE measures and methods in a wider context. For instance, (2017) conducted a thorough analysis of the effects of multiple ACEs on health and discovered links between ACEs and a number of health outcomes, such as mental illness and substance abuse. A correlation between ACEs exposure, functional health, and mental health issues was discovered by Liu et al. in their systematic review and meta-analysis of the lifetime prevalence of ACEs in homeless people published in 2021. In order to ascertain the direction of recent research, (2022) recently conducted a scoping review of the ACEs literature. They discovered that studies had primarily concentrated on the effects of ACEs rather than their causes or ways to prevent them from happening [5-7].

However, none of these reviews specifically addressed ACEs in individuals with mental health issues over the course of their lives or the role that social functioning outcomes, like loneliness and social isolation, play in this population. As a result, there is currently a lack of consensus regarding the types of mental health issues and social functioning outcomes that are most frequently studied in ACEs research, as well as a limited understanding of how ACEs are defined in the mental health literature. The breadth and potential heterogeneity of the ACEs research may make it difficult to conduct a meta-analytic review in this field, even though the literature has not yet undergone a thorough review. Given this, a preliminary scoping review was thought to be the best way to map research on ACEs, social functioning outcomes, and mental health. Both objective and subjective components of social functioning outcomes were measured in studies. Emotional loneliness, harmony among family and friends, and the perception of others' fondness for oneself are just a few examples of the subjective factors that make up loneliness. A variety of objective factors like financial support, neighborhood cohesion, and family resources were also included in the study of social isolation. Four additional studies looked at indicators of social relationships, including annual income and transitions and changes.

## Conclusion

This study mapped the evidence in relation to the definitions and operationalization of ACEs and the outcomes of current research on mental health and social functioning. It called attention to the scant research on populations with a range of racial and ethnic backgrounds, gender identities, and minority groups. Given that there is evidence linking particular types of mental health disorders to particular types of childhood adversities, the focus must now shift to looking at ACEs clusters and attributing relationships at the cluster level. Similar to this, it is necessary to establish the mechanisms of social predictors in mental health in order to compare outcomes. It is crucial to consider the validity, reliability, and creation of accepted metrics for evaluating ACEs and social outcomes. We will then be in a better position to examine the connections between the concepts with greater effectiveness and to pinpoint important mechanisms and pathways that will enable comparisons between studies and guide future research and interventions.

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