Supplement

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eTable 1. Search strategy from Ovid MEDLINE		
#	**Searches**[a]	**Results**
1	Adverse Childhood Experiences/	3,739
2	(adverse adj2 child* adj2 (experience* or event*)).mp.	7,715
3	aces.mp.	3,317
4	or/1-3	8,391
5	4 and (2023* or 2024*).ed,dt,ez,da.	1,751[b]

[a]Asterisks in searches indicates that words were truncated to instruct the database to capture all variant endings and spellings of the search terms.
[b]The search period ranged from January 1, 1998 to February 19, 2024. Date restrictions and results reported on line #5 are for the search conducted on February 19, 2024 to retrieve articles published between January 1, 2023 and February 19, 2024.

eTable 2. Search strategy from Embase		
#	**Searches**[a]	**Results**
1	childhood adversity/	5,089
2	(adverse adj2 child* adj2 (experience* or event*)).mp.	6,748
3	aces.mp.	4,130
4	or/1-3	9,658
5	limit 4 to yr=2023 -Current"	2,037[b]
6	Limit 4 to dc=20230101-20240219	2,242[b]
7	5 or 6	2,285[b]

[a]Asterisks in searches indicates that words were truncated to instruct the database to capture all variant endings and spellings of the search terms.
[b]The search period ranged from January 1, 1998 to February 19, 2024. Date restrictions and results reported on lines #5-#7 are for the search conducted on February 19, 2024 to retrieve articles published between January 1, 2023 and February 19, 2024.

eTable 3. Search strategy from PsycINFO		
#	**Searches**[a]	**Results**
1	childhood adversity/	5,508
2	(adverse adj2 child* adj2 (experience* or event*)).mp.	5,936
3	aces.mp.	2,664
4	or/1-3	8,450
5	limit 4 to up=20230101-20240219	1,681[b]
6	limit 4 to yr="2023 -Current"	1,368[b]
7	5 or 6	1,847[b]

[a]Asterisks in searches indicates that words were truncated to instruct the database to capture all variant endings and spellings of the search terms.
[b]The search period ranged from January 1, 1998 to February 19, 2024. Date restrictions and results reported on lines #5-#7 are for the search conducted on February 19, 2024 to retrieve articles published between January 1, 2023 and February 19, 2024.

eTable 4. Search strategy from CINAHL		
#	**Searches**[a]	**Results**
1	TX (adverse N2 child* N2(experience* or event*))	7,186
2	MH Adverse Childhood Experiences	2,813
3	S1 or S2	7,186
4	S1 or S2 (limiters – published date: 20230101-20240231)	1,156[b]
5	(S1 OR S2) AND EM 202301-	1,120[b]
6	S4 or S5	1,278[b]

[a]Asterisks in searches indicates that words were truncated to instruct the database to capture all variant endings and spellings of the search terms.
[b]The search period ranged from January 1, 1998 to February 19, 2024. Date restrictions and results reported on lines #4-#6 are for the search conducted on February 19, 2024 to retrieve articles published between January 1, 2023 and February 19, 2024.

eTable 5. Quality assessment criteria	
Criterion[a]	**Question**[b]
1	Was the research question or objective in this paper clearly stated?
2	Was the study population clearly specified and defined?
3	Was the participation rate of eligible persons at least 50%?
4	Was the sample recruited from the same population with uniform eligibility criteria? a. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? b. Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?
5	Was a sample size justification, power description, or variance and effect estimates provided?
6	For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?
7	Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?
8	For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?
9	Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
10	Was the exposure measure assessed more than once over time?
11	Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
12	Were the outcome assessors blinded to the exposure status of participants?
13	Was loss to follow-up after baseline 20% or less?
14	Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?’

[a]For each criterion, studies were given a score of 0 (criterion unmet) or 1 (criteria met). When data was not reported in a study to score a criterion, it was marked as 0 (i.e., criterion unmet).
[b]Study quality was evaluated using an adapted version of the National Institutes of Health Quality Assessment Tool for Observational Cohort and Cross-sectional studies.[1]

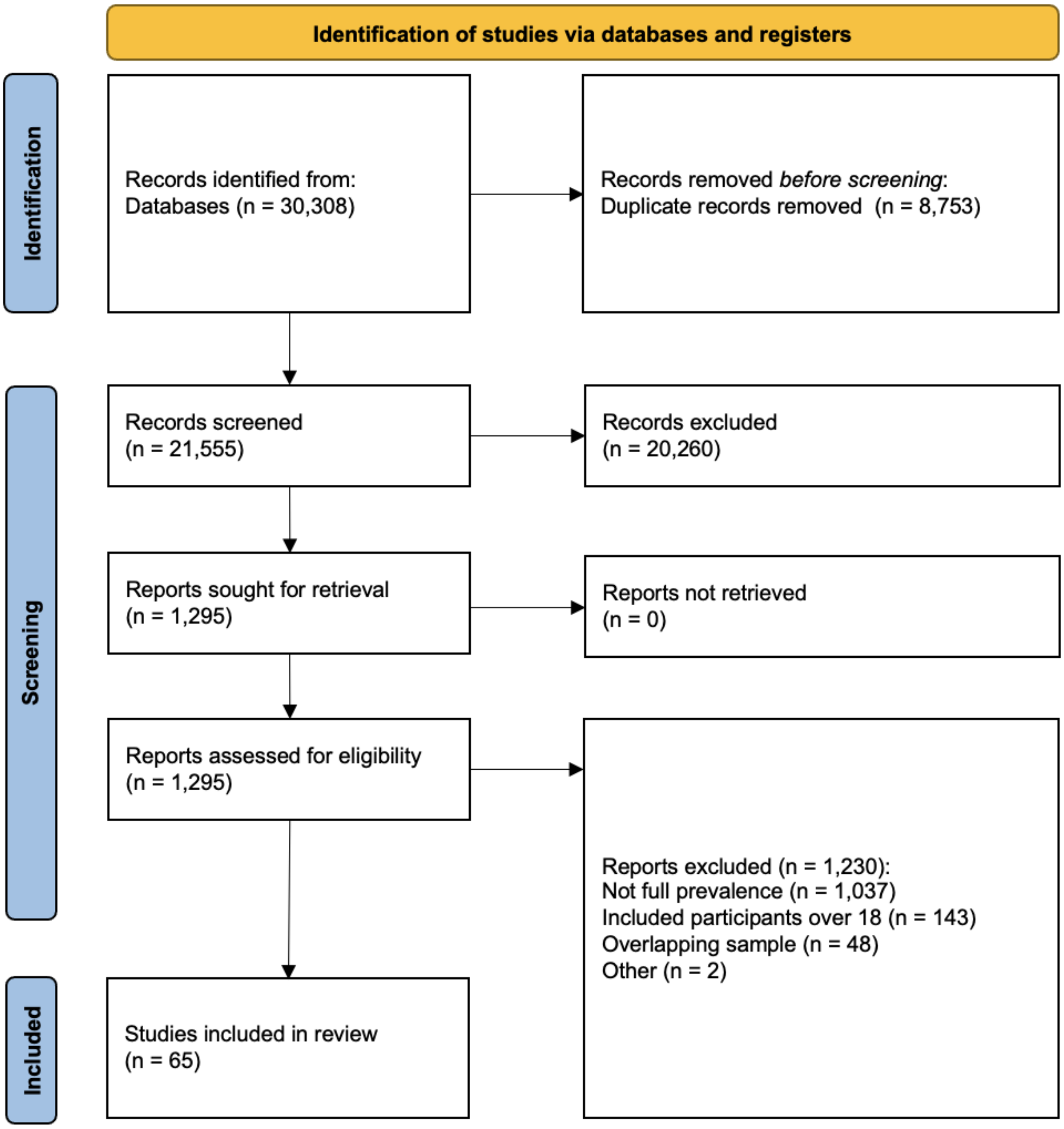
Assessment of sampling uncertainty and interpretation of the level of evidence

The probabilities for a given magnitude were evaluated and interpreted using the thresholds[2] in eTable 6 below.

eTable 6. Thresholds for assessment of sampling uncertainty and interpretation of level of evidence

Threshold	Likelihood	Level of evidence
$P \leq .005$	most unlikely	strong evidence against
$P = .005$ to $.05$	very unlikely	very good evidence against
$P = .05$ to $.25$	unlikely	weak evidence for
$P = .25$ to $.75$	possible	some or modest evidence for
$P = .75$ to $.95$	likely	good evidence for
$P = .95$ to $.995$	very likely	very good evidence for
$P \geq .995$	most likely	strong evidence for

eFigure 1. Study profile

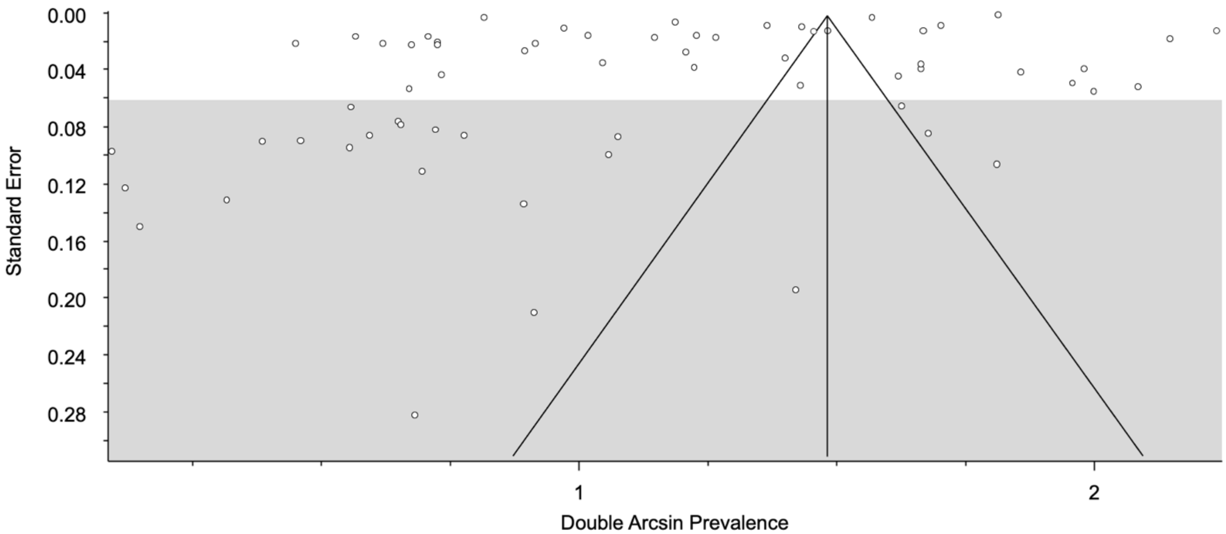


eTable 7. Quality assessment scores of included studies															
	Criterion														**Total**
Source	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**(0-14)**
Ali (2016)[2]	1	1	0	0	0	0	0	1	1	0	1	0	0	0	5
Andrzejewski et al (2023)[3]	1	0	0	0	0	0	0	1	1	0	1	0	0	1	5
Anthony et al (2019)[4]	1	1	1	1	0	1	0	1	0	0	1	0	1	1	9
Anyigbo et al (2024)[5]	1	1	0	1	0	0	0	1	1	0	0	0	0	1	6
Barrios-Acosta et al (2017)[6]	1	1	0	1	0	0	0	1	1	0	1	0	0	0	6
Bisset (2023)[7]	1	1	0	0	0	0	0	1	0	0	0	0	0	0	3
Boccio et al (2022)[8]	1	1	1	1	0	0	0	1	0	0	0	0	0	1	6
Brinkerhoff (2018)[9]	1	0	1	0	0	0	0	1	0	0	1	0	0	1	5
Brumley et al (2021)[10]	1	1	0	1	1	0	0	1	1	0	0	0	0	0	6
Chapple et al (2021)[11]	1	1	1	1	0	1	0	1	0	1	1	0	1	1	10
Clarke (2018)[12]	1	1	0	1	1	0	0	1	1	0	0	0	0	1	7
Clements-Nolle et al (2022)[13]	1	1	1	1	0	0	0	1	0	0	0	0	0	1	6
Cohen & Choi (2022)[14]	1	1	1	1	0	0	0	1	0	0	1	0	0	0	6
Cortes Hidalgo et al (2022)[15]	0	1	0	0	0	1	0	1	0	1	0	0	0	1	5
Cortright (2021)[16]	1	0	0	0	0	0	0	1	1	0	1	0	0	1	5
Craig et al (2020)[17]	1	1	1	0	0	0	0	1	1	0	1	0	0	0	6
Derck et al (2023)[18]	1	1	1	1	0	0	0	1	0	0	0	0	0	0	5
DiGangi & Negriff (2020)[19]	1	0	0	0	0	0	0	0	1	0	1	0	0	1	4
Garduno (2022)[20]	1	1	0	1	0	0	0	1	0	1	0	0	1	1	7
Garrido et al (2018)[21]	1	1	1	0	0	0	0	1	1	0	0	0	0	1	6
Gayle Smith (2023)[22]	1	1	0	1	1	0	0	1	0	0	0	0	0	0	5
Gordon et al (2022)[23]	1	1	0	0	0	0	0	1	0	0	1	0	0	1	5
Hall et al (2018)[24]	1	1	1	0	0	0	0	1	1	0	1	0	0	1	7
Hanc et al (2022)[25]	1	1	0	1	0	0	0	1	0	0	0	0	0	1	5
Helton et al (2022)[26]	1	1	0	0	0	1	0	1	0	1	0	0	1	1	7
Iob et al (2022)[27]	1	1	0	1	0	0	1	1	0	1	1	0	0	1	8
Keesler et al (2021)[28]	1	1	1	0	0	0	0	1	1	0	1	0	0	1	7
Koball et al (2021)[29]	1	1	0	1	0	1	0	1	1	0	1	0	1	1	9
Kovacs-Toth et al (2023)[30]	1	1	1	0	0	0	0	1	1	0	1	0	0	1	7
Kuhlman et al (2023)[31]	1	0	0	1	0	1	0	1	0	0	1	0	0	1	6
Leban & Gibson (2020)[32]	1	1	0	0	0	1	0	1	0	0	0	0	1	1	6
Lee et al (2020)[33]	1	1	1	0	0	0	0	1	1	0	1	0	0	0	6
Lin & Chiao (2022)[34]	0	1	1	0	0	1	0	1	0	0	1	0	0	1	6
Liu et al (2021)[35]	1	1	0	1	0	0	0	0	1	0	0	0	0	1	5
Loomis et al (2019)[36]	1	1	1	0	0	0	0	1	0	0	1	0	0	0	5
Lugo-Candelas et al (2020)[37]	1	1	1	0	0	0	0	1	1	0	1	0	1	1	8
Malvaso et al (2019)[38]	1	1	1	0	0	0	0	1	1	0	1	0	0	1	7
Manning (2022)[39]	1	1	1	0	0	0	0	0	0	0	0	0	0	1	4
Marryat & Frank (2019)[40]	1	1	1	1	0	0	0	1	0	1	0	0	0	1	7
Matsuura et al (2013)[41]	1	1	1	1	0	0	0	1	1	0	1	0	0	1	8
McKelvey et al (2019)[42]	1	1	0	0	0	1	0	1	1	1	1	0	1	1	9
Mercera et al (2024)[43]	1	1	1	0	0	0	0	1	0	0	1	0	0	0	5
Myat Zaw et al (2022)[44]	1	1	1	0	0	0	0	1	0	0	0	0	0	1	5

eTable 7. Quality assessment scores of included studies

	Criterion														**Total**
Source	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**(0-14)**
Myran et al (2023)[45]	1	1	1	1	0	0	0	1	0	0	0	0	0	1	6
Nunez et al (2024)[46]	1	1	1	1	0	0	0	1	0	0	0	0	0	1	6
Olah et al (2023)[47]	1	1	1	1	0	0	0	1	1	0	1	0	0	1	8
Pammenter et al (2022)[48]	1	1	1	0	0	0	0	1	0	0	0	0	0	0	4
Peh et al (2022)[49]	1	1	1	1	0	0	0	0	1	0	1	0	0	0	6
Reuben et al (2016)[50]	1	1	1	1	0	1	1	1	0	1	0	0	1	1	10
Robles et al (2019)[51]	1	1	0	1	0	0	0	1	1	0	0	0	0	1	6
Roque-Lopez et al (2021)[52]	1	1	0	0	0	1	0	0	1	0	0	0	1	1	6
Saadi et al (2023)[53]	1	1	1	1	0	0	0	1	0	0	1	0	1	1	8
Santoro et al (2016)[54]	1	1	0	1	0	0	0	0	1	0	1	0	0	1	6
Schilling et al (2019)[55]	1	1	1	1	0	0	0	0	1	0	0	0	0	0	5
Sherry et al (2020)[56]	1	1	1	1	0	0	1	1	1	0	1	0	0	0	8
Siego et al (2021)[57]	1	1	1	1	0	0	0	1	0	0	1	0	0	1	7
Spratt et al (2018)[58]	1	1	0	0	0	0	0	1	0	0	0	0	0	0	3
Steinke et al (2018)[59]	1	1	0	0	0	0	0	1	1	0	1	0	0	1	6
Swedo et al (2020)[60]	1	1	1	0	0	0	0	1	1	0	1	0	0	1	7
Thompson (2023)[61]	1	0	0	1	0	0	0	1	1	0	1	0	0	0	5
Vervoort-Schel et al (2021)[62]	1	1	1	0	0	0	0	1	0	0	1	0	0	0	5
Vink et al (2019)[63]	1	1	1	0	1	0	0	1	1	0	1	0	0	1	8
Walsh et al (2019)[64]	1	1	1	0	0	0	0	1	1	0	0	0	1	1	7
Warren (2024)[65]	1	1	0	1	0	1	0	1	1	1	1	0	0	1	9
Whiteside-Mansell et al (2019)[66]	1	1	1	0	0	0	0	1	1	0	1	0	0	1	7

eFigure 2. Assessment of publication bias in the prevalence estimate of 0 ACEs



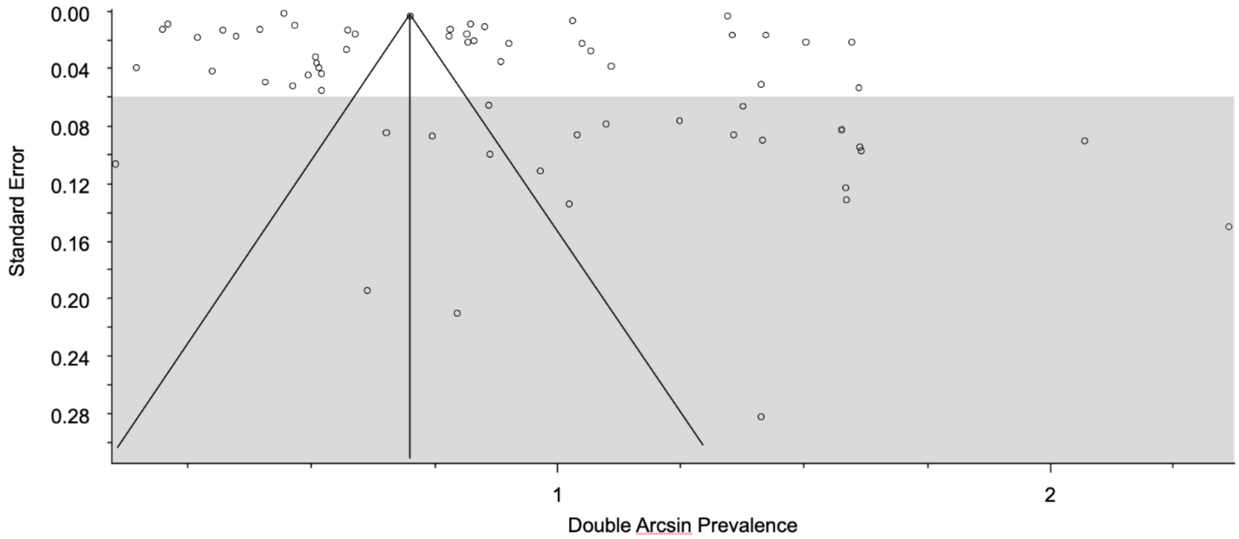
Legend: The under-representation of study estimates within the right-hand side of the grey shaded area in the plot is consistent with negative publication bias. This implies that smaller studies may have a bias towards reporting lower prevalence estimates of 0 ACEs.
Abbreviation: ACE, adverse childhood experience.

Sensitivity analysis to assess publication bias in the prevalence estimate of 0 ACEs

The removal of 23 study estimates, identified as potentially contributing to publication bias in the prevalence estimate of 0 ACEs, did not substantially alter the magnitude or uncertainty (i.e., its 95% confidence interval [CI]) of the prevalence estimate of 0 ACEs, as shown in eTable 8 below.

eTable 8. Prevalence of 0 ACEs before and after removing 23 study estimates potentially contributing to publication bias	
Prevalence (95%CI)	
Before (k=65)	**After (k=42)**
43.7 (25.6 to 58.6)	45.7 (28.1 to 56.6)
Abbreviations: ACEs, adverse childhood experiences; CI, confidence interval; k, number of study estimates used to estimate the given prevalence.	

eFigure 3. Assessment of publication bias in the prevalence estimate of 4+ ACEs



Legend: The under-representation of study estimates within the lower left-hand side of the grey shaded area in the plot is consistent with positive publication bias. This implies that smaller studies may have a bias towards reporting larger prevalence estimates of 4+ ACEs).
Abbreviation: ACE, adverse childhood experience.

Sensitivity analysis to assess publication bias in the prevalence estimate of 4+ ACEs

The removal of 23 study estimates, identified as potentially contributing to publication bias in the prevalence estimate of 4+ ACEs, did not alter the magnitude or uncertainty (i.e., its 95%CI) of the prevalence estimate of 4+ ACEs, as shown in eTable 9 below.

eTable 9. Prevalence of 4+ ACEs before and after removing 23 study estimates potentially contributing to publication bias	
Prevalence (95%CI)	
Before (k=65)	**After (k=57)**
14.8 (5.1 to 24.8)	12.3 (3.5 to 22.3)
Abbreviations: ACEs, adverse childhood experiences; CI, confidence interval; k, number of study estimates used to estimate the given prevalence.	

Sensitivity analysis to identify influential cases in the prevalence estimate of 0 ACEs

Presented in eTable 10 below are the outcomes of a ‘leave-one-out’ analysis conducted to identify potential influential cases in the prevalence estimate of 0 ACES. The prevalence estimate listed in each row reflects the revised meta-analyzed effect after the removal of the study indicated in that row. No influential cases were identified.

eTable 10. Results of a ‘leave-one-out’ analysis conducted to identify potential influential cases in the prevalence estimate of 0 ACEs

Source	Prevalence (95%CI)
Ali (2016)[2]	42.5 (25.4 to 52.9)
Andrzejewski et al (2023)[3]	42.2 (25.2 to 52.6)
Anthony et al (2019)[4]	42.2 (25.1 to 52.6)
Anyigbo et al (2024)[5]	33.9 (22.6 to 41.0)
Barrios-Acosta et al (2017)[6]	42.4 (25.3 to 52.8)
Bisset (2023)[7]	42.4 (25.4 to 52.9)
Boccio et al (2022)[8]	42.9 (24.8 to 54.0)
Brinkerhoff (2018)[9]	42.1 (25.1 to 52.5)
Brumley et al (2021)[10]	42.4 (25.3 to 52.8)
Chapple et al (2021)[11]	42.9 (25.9 to 53.2)
Clarke (2018)[12]	42.5 (25.4 to 52.9)
Clements-Nolle et al (2022)[13]	42.3 (25.0 to 52.9)
Cohen & Choi (2022)[14]	42.4 (24.8 to 53.2)
Cortes Hidalgo et al (2022)[15]	42.4 (25.2 to 52.9)
Cortright (2021)[16]	45.7 (29.6 to 55.3)
Craig et al (2020)[17]	42.6 (25.6 to 53.0)
Derck et al (2023)[18]	42.1 (25.1 to 52.5)
DiGangi & Negriff (2020)[19]	41.9 (25.0 to 52.4)
Garduno (2022)[20]	42.1 (25.0 to 52.5)
Garrido et al (2018)[21]	42.5 (25.4 to 52.9)
Gayle Smith (2023)[22]	42.5 (25.5 to 53.0)
Gordon et al (2022)[23]	42.6 (25.5 to 53.0)
Hall et al (2018)[24]	42.6 (25.5 to 53.0)
Hanc et al (2022)[25]	42.2 (25.1 to 52.7)
Helton et al (2022)[26]	42.6 (25.5 to 53.0)
Iob et al (2022)[27]	42.6 (25.3 to 53.0)
Keesler et al (2021)[28]	42.3 (25.2 to 52.8)
Koball et al (2021)[29]	42.4 (25.2 to 52.8)
Kovacs-Toth et al (2023)[30]	42.1 (25.1 to 52.6)
Kuhlman et al (2023)[31]	42.5 (25.4 to 52.9)
Leban & Gibson (2020)[32]	42.6 (25.5 to 53.0)
Lee et al (2020)[33]	41.9 (24.9 to 52.4)
Lin & Chiao (2022)[34]	42.6 (25.5 to 53.0)
Liu et al (2021)[35]	42.5 (25.4 to 52.9)
Loomis et al (2019)[36]	42.3 (25.2 to 52.7)

eTable 10. Results of a 'leave-one-out' analysis conducted to identify potential influential cases in the prevalence estimate of 0 ACEs	
Lugo-Candelas et al (2020)[37]	42.5 (25.4 to 53.0)
Malvaso et al (2019)[38]	42.7 (25.7 to 53.1)
Manning (2022)[39]	42.4 (25.4 to 52.8)
Marryat & Frank (2019)[40]	42.4 (25.1 to 52.9)
Matsuura et al (2013)[41]	41.9 (24.9 to 52.4)
McKelvey et al (2019)[42]	42.5 (25.4 to 53.0)
Mercera et al (2024)[43]	42.5 (25.4 to 52.9)
Myat Zaw et al (2022)[44]	42.2 (24.9 to 52.9)
Myran et al (2023)[45]	42.3 (24.9 to 52.9)
Nunez et al (2024)[46]	42.7 (25.3 to 53.2)
Olah et al (2023)[47]	42.6 (25.5 to 53.0)
Pammenter et al (2022)[48]	42.4 (25.4 to 52.9)
Peh et al (2022)[49]	42.6 (25.6 to 53.1)
Reuben et al (2016)[50]	42.2 (25.1 to 52.7)
Robles et al (2019)[51]	42.5 (21.9 to 55.4)
Roque-Lopez et al (2021)[52]	42.6 (25.6 to 53.1)
Saadi et al (2023)[53]	41.8 (24.4 to 52.7)
Santoro et al (2016)[54]	42.2 (25.1 to 52.6)
Schilling et al (2019)[55]	42.1 (25.1 to 52.6)
Sherry et al (2020)[56]	41.9 (24.9 to 52.4)
Siego et al (2021)[57]	42.4 (25.3 to 52.8)
Spratt et al (2018)[58]	42.4 (25.3 to 52.8)
Steinke et al (2018)[59]	42.5 (25.4 to 52.9)
Swedo et al (2020)[60]	42.5 (24.8 to 53.2)
Thompson (2023)[61]	42.4 (25.3 to 52.8)
Vervoort-Schel et al (2021)[62]	42.4 (25.4 to 52.8)
Vink et al (2019)[63]	42.1 (25.0 to 52.6)
Walsh et al (2019)[64]	42.2 (24.9 to 52.9)
Warren (2024)[65]	42.6 (25.5 to 53.0)
Whiteside-Mansell et al (2019)[66]	42.4 (25.1 to 52.9)
Abbreviations: ACEs, adverse childhood experiences; CI, confidence interval.	

Sensitivity analysis to identify influential cases in the prevalence estimate of 4+ ACEs

Presented in Table 11 below are the outcomes of a 'leave-one-out' analysis conducted to identify potential influential cases in the prevalence estimate of 4+ ACES. The prevalence estimate listed in each row reflects the revised meta-analyzed effect after the removal of the study indicated in that row. No influential cases were identified.

eTable 11. Results of a 'leave-one-out' analysis conducted to identify potential influential cases in the prevalence estimate of 4+ ACEs

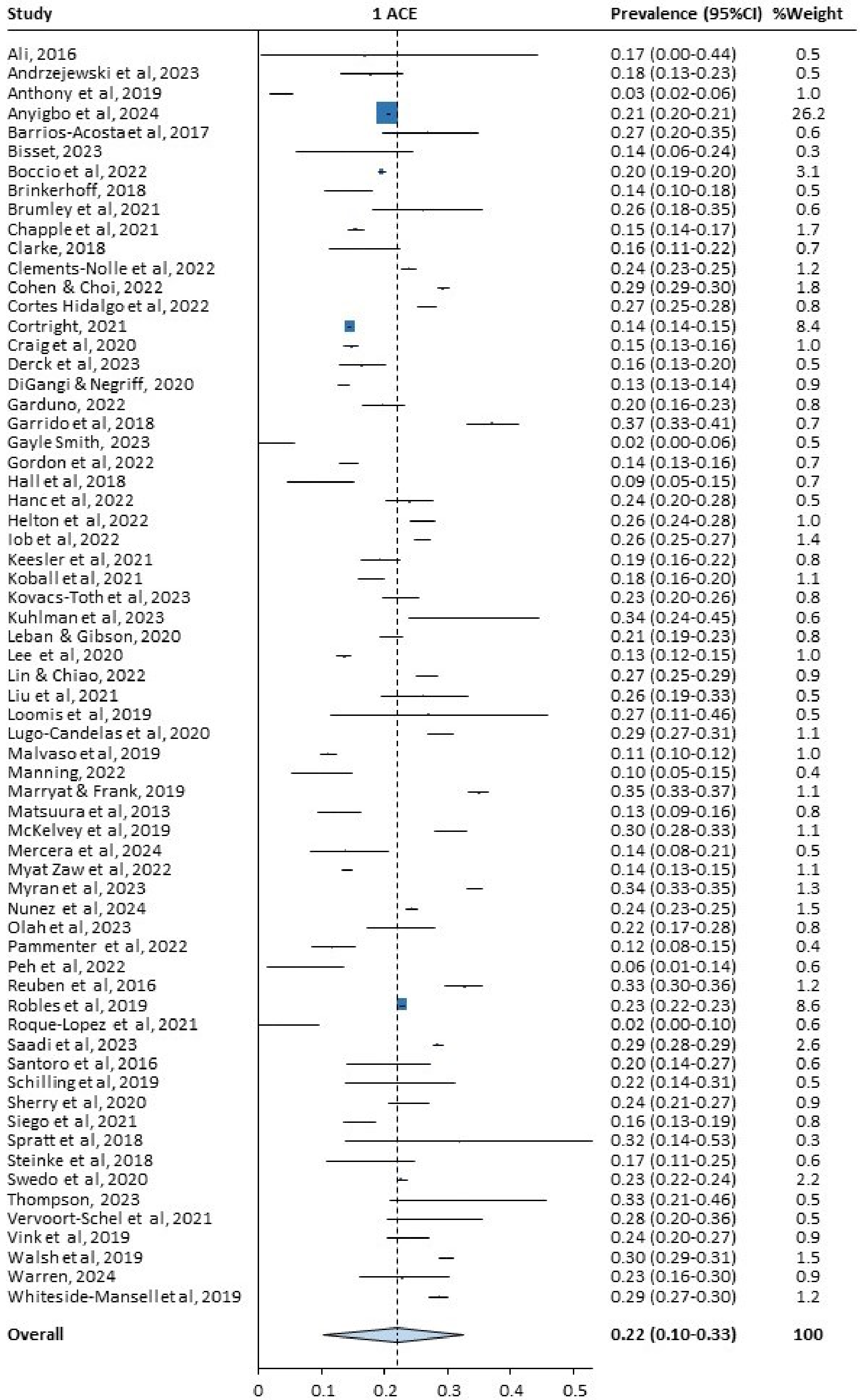
Source	Prevalence (95%CI)
Ali (2016)[2]	14.7 (5.0 to 24.6)
Andrzejewski et al (2023)[3]	14.8 (5.1 to 24.8)
Anthony et al (2019)[4]	14.6 (5.0 to 24.5)
Anyigbo et al (2024)[5]	19.3 (10.9 to 26.2)
Barrios-Acosta et al (2017)[6]	14.9 (5.1 to 24.8)
Bisset (2023)[7]	14.7 (5.1 to 24.7)
Boccio et al (2022)[8]	14.4 (4.4 to 25.0)
Brinkerhoff (2018)[9]	14.9 (5.1 to 24.8)
Brumley et al (2021)[10]	14.8 (5.1 to 24.8)
Chapple et al (2021)[11]	14.5 (4.9 to 24.3)
Clarke (2018)[12]	14.7 (5.0 to 24.6)
Clements-Nolle et al (2022)[13]	14.9 (5.0 to 25.1)
Cohen & Choi (2022)[14]	15.0 (4.9 to 25.4)
Cortes Hidalgo et al (2022)[15]	14.8 (5.0 to 24.9)
Cortright (2021)[16]	12.2 (4.1 to 21.0)
Craig et al (2020)[17]	14.6 (5.0 to 24.5)
Derck et al (2023)[18]	14.9 (5.2 to 24.9)
DiGangi & Negriff (2020)[19]	15.0 (5.2 to 25.0)
Garduno (2022)[20]	15.0 (5.2 to 25.0)
Garrido et al (2018)[21]	14.9 (5.2 to 24.9)
Gayle Smith (2023)[22]	14.6 (5.0 to 24.6)
Gordon et al (2022)[23]	14.6 (5.0 to 24.5)
Hall et al (2018)[24]	14.5 (4.9 to 24.4)
Hanc et al (2022)[25]	14.9 (5.1 to 24.9)
Helton et al (2022)[26]	14.8 (5.1 to 24.7)
Iob et al (2022)[27]	14.8 (5.0 to 24.9)
Keesler et al (2021)[28]	14.8 (5.0 to 24.7)
Koball et al (2021)[29]	14.7 (5.0 to 24.7)
Kovacs-Toth et al (2023)[30]	14.9 (5.1 to 24.9)
Kuhlman et al (2023)[31]	14.8 (5.1 to 24.7)
Leban & Gibson (2020)[32]	14.7 (5.1 to 24.7)
Lee et al (2020)[33]	15.0 (5.2 to 25.0)
Lin & Chiao (2022)[34]	14.8 (5.1 to 24.8)
Liu et al (2021)[35]	14.8 (5.1 to 24.7)

eTable 11. Results of a 'leave-one-out' analysis conducted to identify potential influential cases in the prevalence estimate of 4+ ACEs

Loomis et al (2019)[36]	14.9 (5.1 to 24.8)
Lugo-Candelas et al (2020)[37]	14.8 (5.1 to 24.8)
Malvaso et al (2019)[38]	14.5 (5.0 to 24.4)
Manning (2022)[39]	14.7 (5.0 to 24.6)
Marryat & Frank (2019)[40]	15.0 (5.1 to 25.1)
Matsuura et al (2013)[41]	15.0 (5.2 to 24.9)
McKelvey et al (2019)[42]	15.0 (5.2 to 24.9)
Mercera et al (2024)[43]	14.7 (5.0 to 24.6)
Myat Zaw et al (2022)[44]	14.8 (4.9 to 25.0)
Myran et al (2023)[45]	15.0 (5.1 to 25.2)
Nunez et al (2024)[46]	14.8 (5.0 to 24.9)
Olah et al (2023)[47]	14.7 (5.0 to 24.6)
Pammenter et al (2022)[48]	14.7 (5.0 to 24.6)
Peh et al (2022)[49]	14.6 (5.0 to 24.6)
Reuben et al (2016)[50]	15.0 (5.2 to 25.0)
Robles et al (2019)[51]	14.7 (3.3 to 27.3)
Roque-Lopez et al (2021)[52]	14.4 (4.9 to 24.4)
Saadi et al (2023)[53]	15.4 (5.2 to 25.9)
Santoro et al (2016)[54]	14.9 (5.1 to 24.8)
Schilling et al (2019)[55]	15.0 (5.2 to 24.9)
Sherry et al (2020)[56]	15.1 (5.2 to 25.1)
Siego et al (2021)[57]	14.8 (5.1 to 24.8)
Spratt et al (2018)[58]	14.8 (5.1 to 24.8)
Steinke et al (2018)[59]	14.6 (5.0 to 24.6)
Swedo et al (2020)[60]	14.8 (4.8 to 25.1)
Thompson (2023)[61]	14.8 (5.1 to 24.7)
Vervoort-Schel et al (2021)[62]	14.8 (5.1 to 24.7)
Vink et al (2019)[63]	15.0 (5.2 to 24.9)
Walsh et al (2019)[64]	15.1 (5.1 to 25.3)
Warren (2024)[65]	14.6 (5.0 to 24.6)
Whiteside-Mansell et al (2019)[66]	14.9 (5.1 to 25.0)

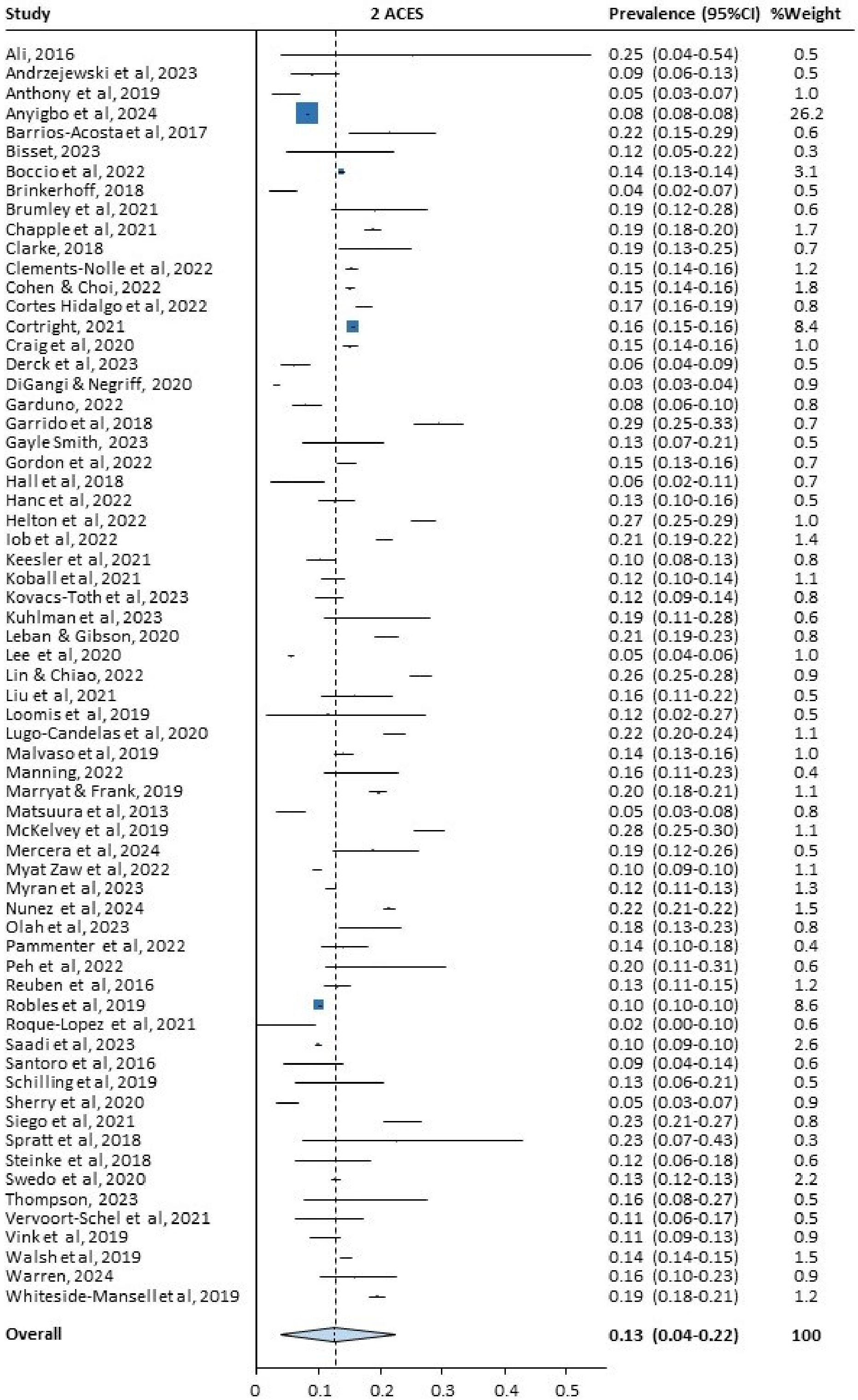
Abbreviations: ACEs, adverse childhood experiences; CI, confidence interval.

eFigure 4. Prevalence estimates of 1 ACE



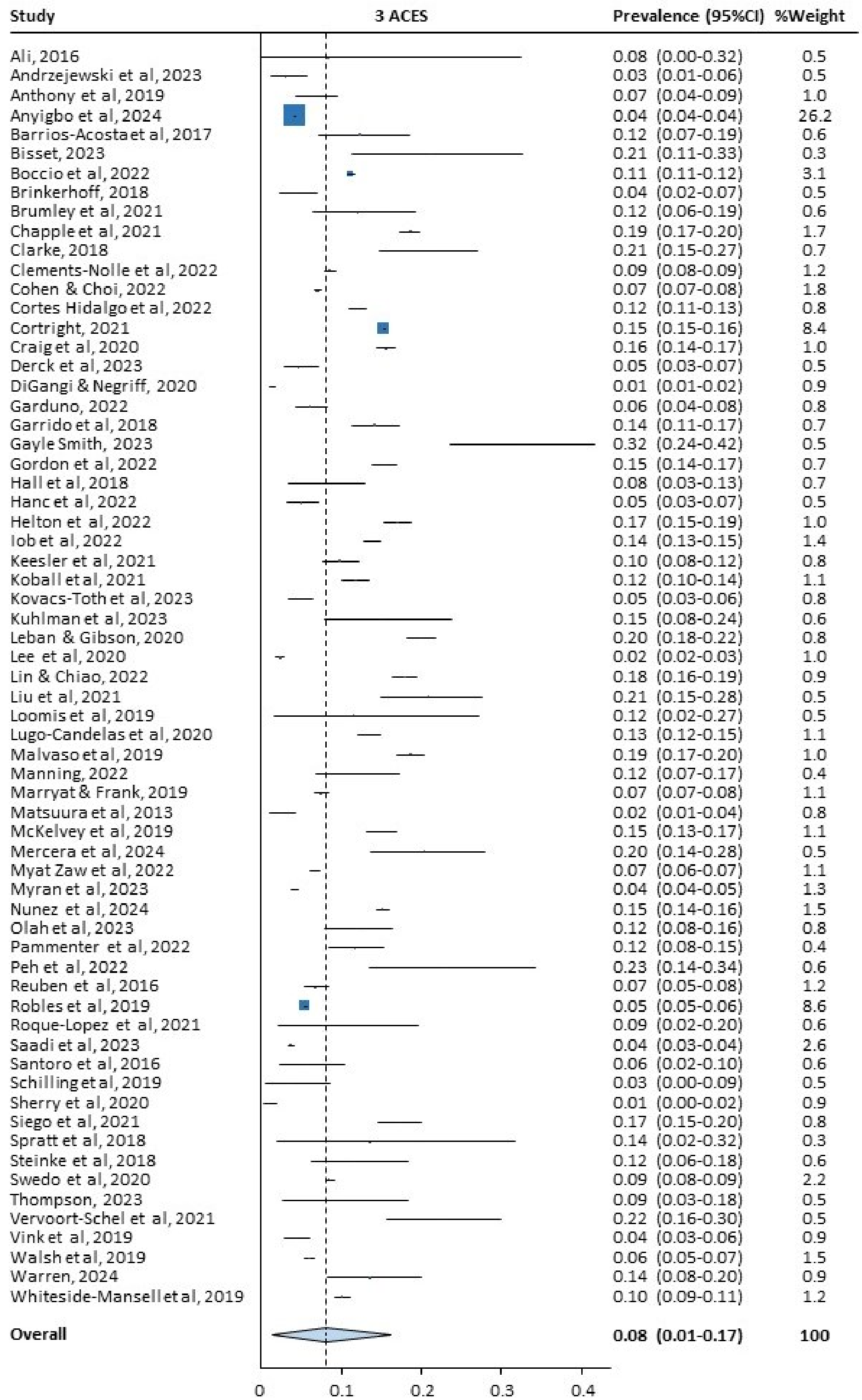
Legend: Square markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. Error bars show 95% CIs. The diamond data marker represents the likely range for the pooled mean prevalence of 1 ACE across studies.

eFigure 5. Prevalence estimates of 2 ACEs



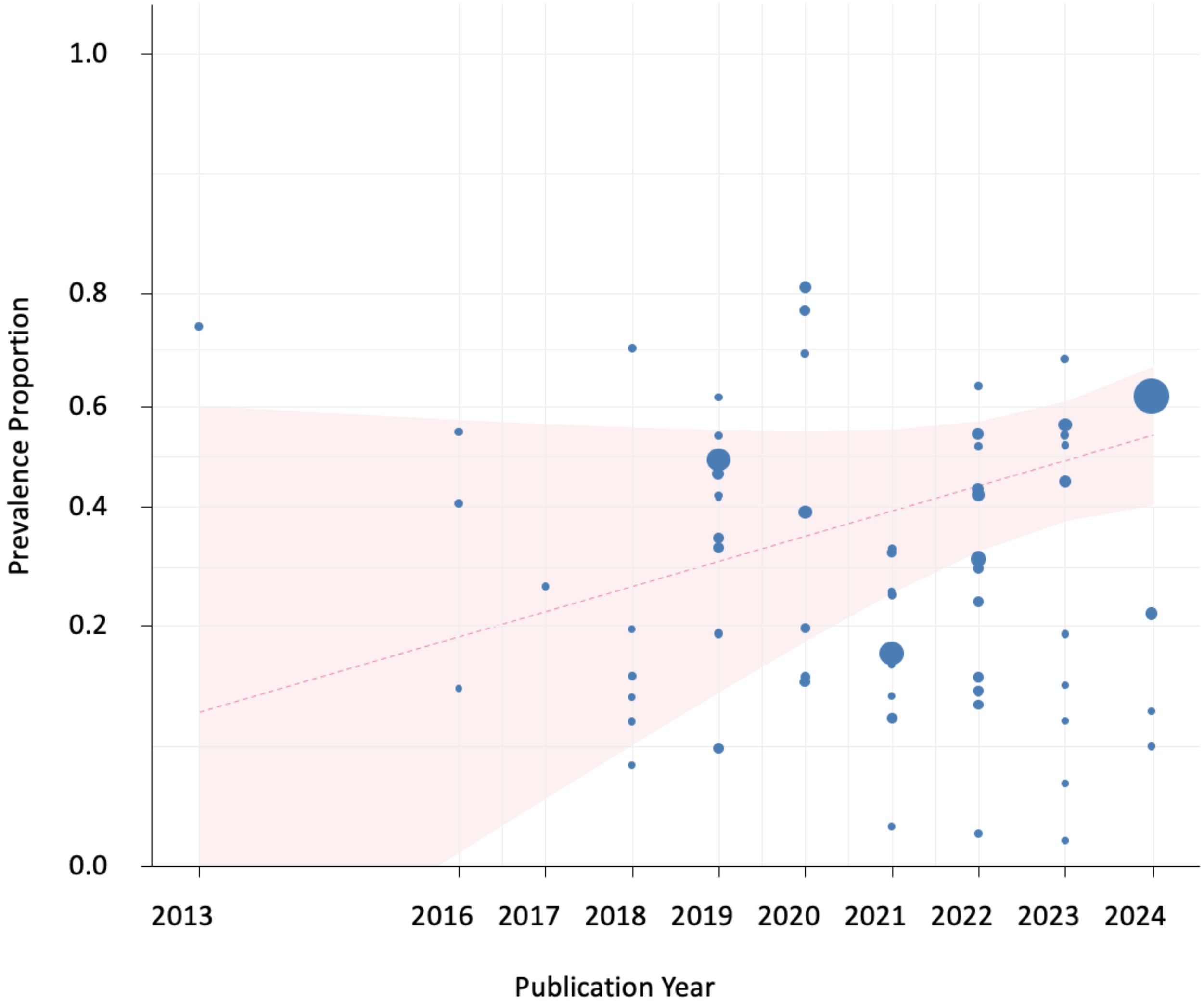
Legend: Square markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. Error bars show 95% CIs. The diamond data marker represents the likely range for the pooled mean prevalence of 1 ACE across studies.

eFigure 6. Prevalence estimates of 3 ACEs



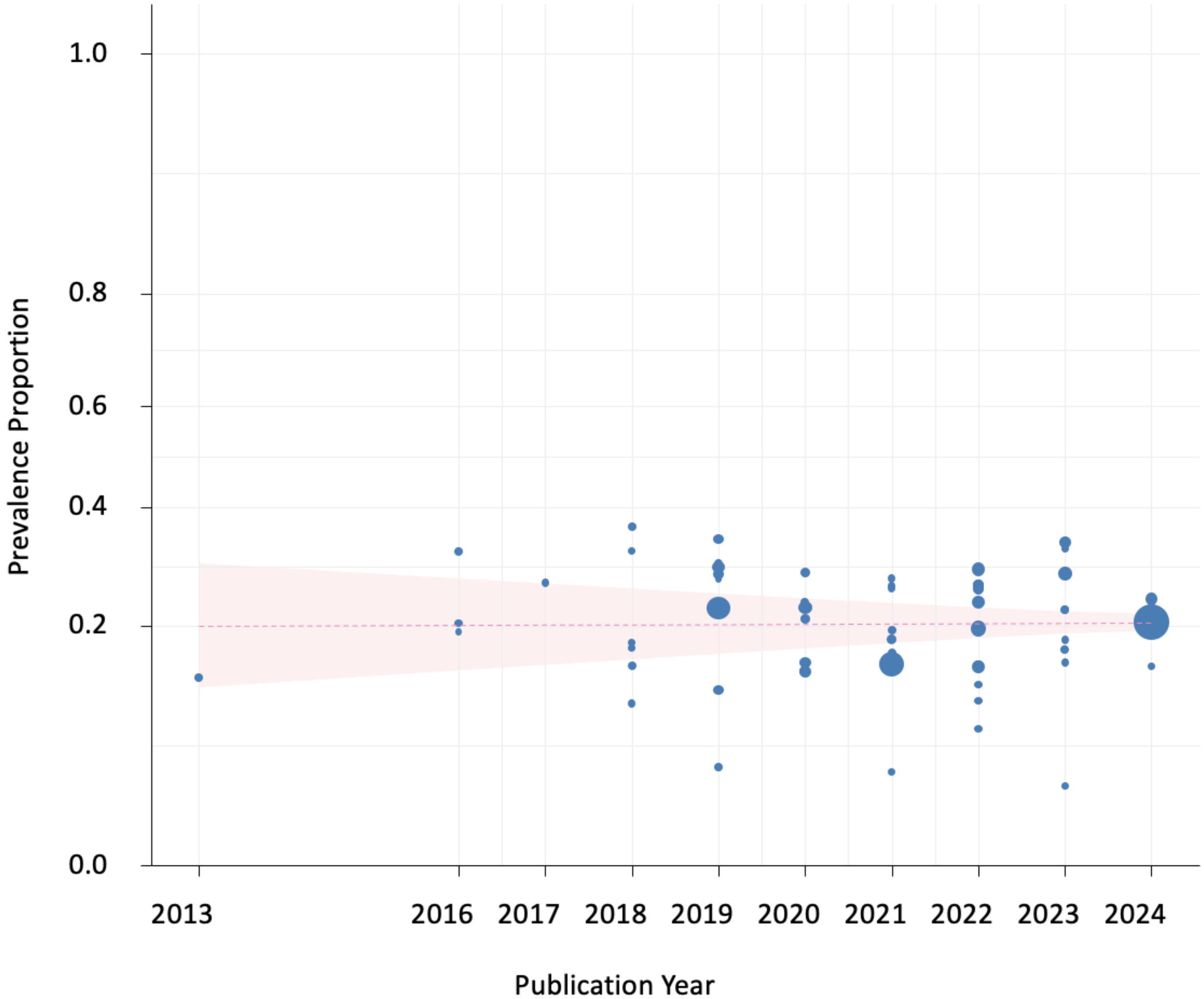
Legend: Square markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. Error bars show 95% CIs. The diamond data marker represents the likely range for the pooled mean prevalence of 1 ACE across studies.

eFigure 7. Prevalence of 0 ACEs by publication year



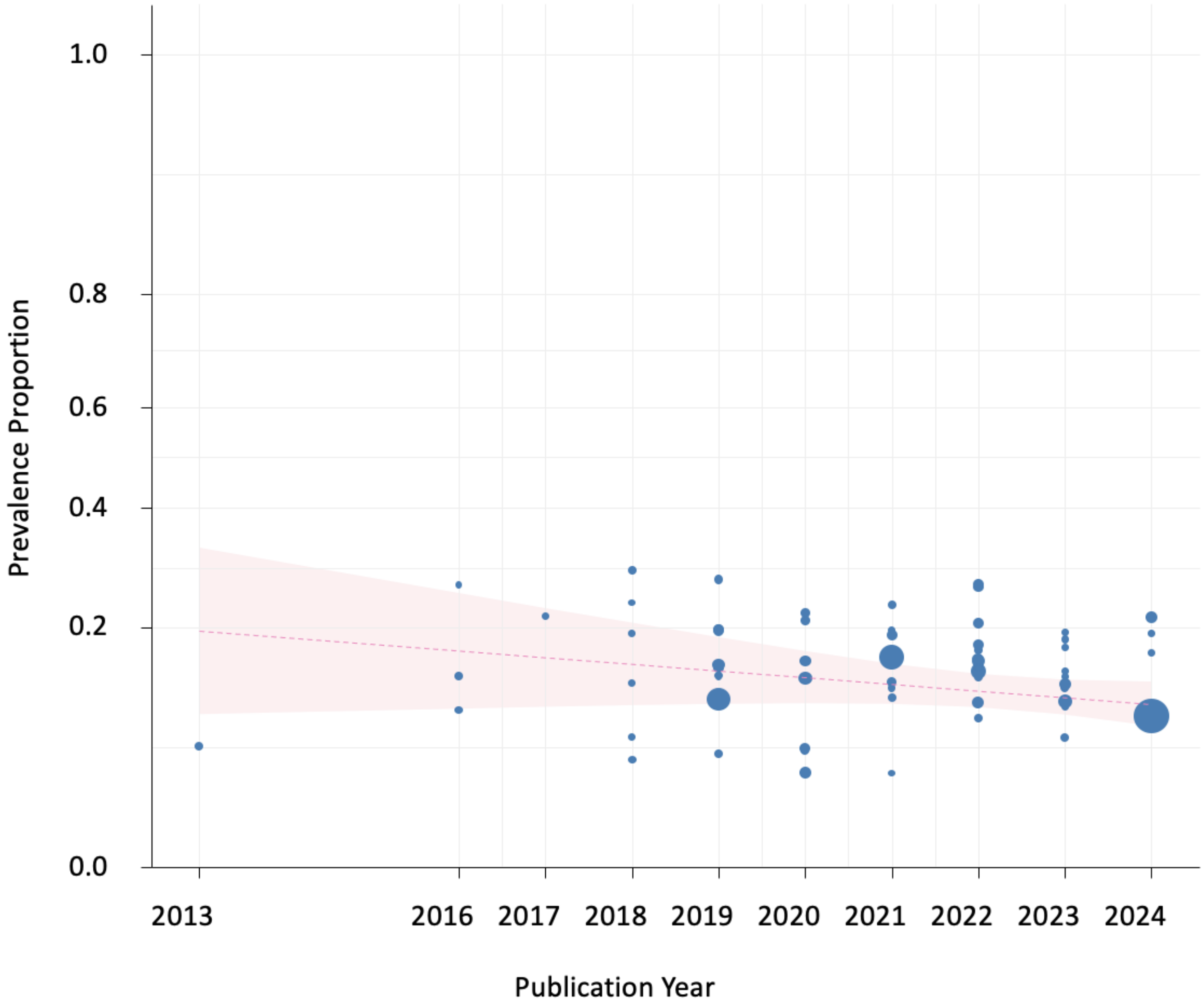
Legend: Circle markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. The dashed line represents the weighted linear trend and the predicted mean prevalence of 0 ACEs by publication year. The shaded area represents the 95% CI for the linear trend, showing the precision of estimation in mean prevalence over time.

eFigure 8. Prevalence of 1 ACE by publication year



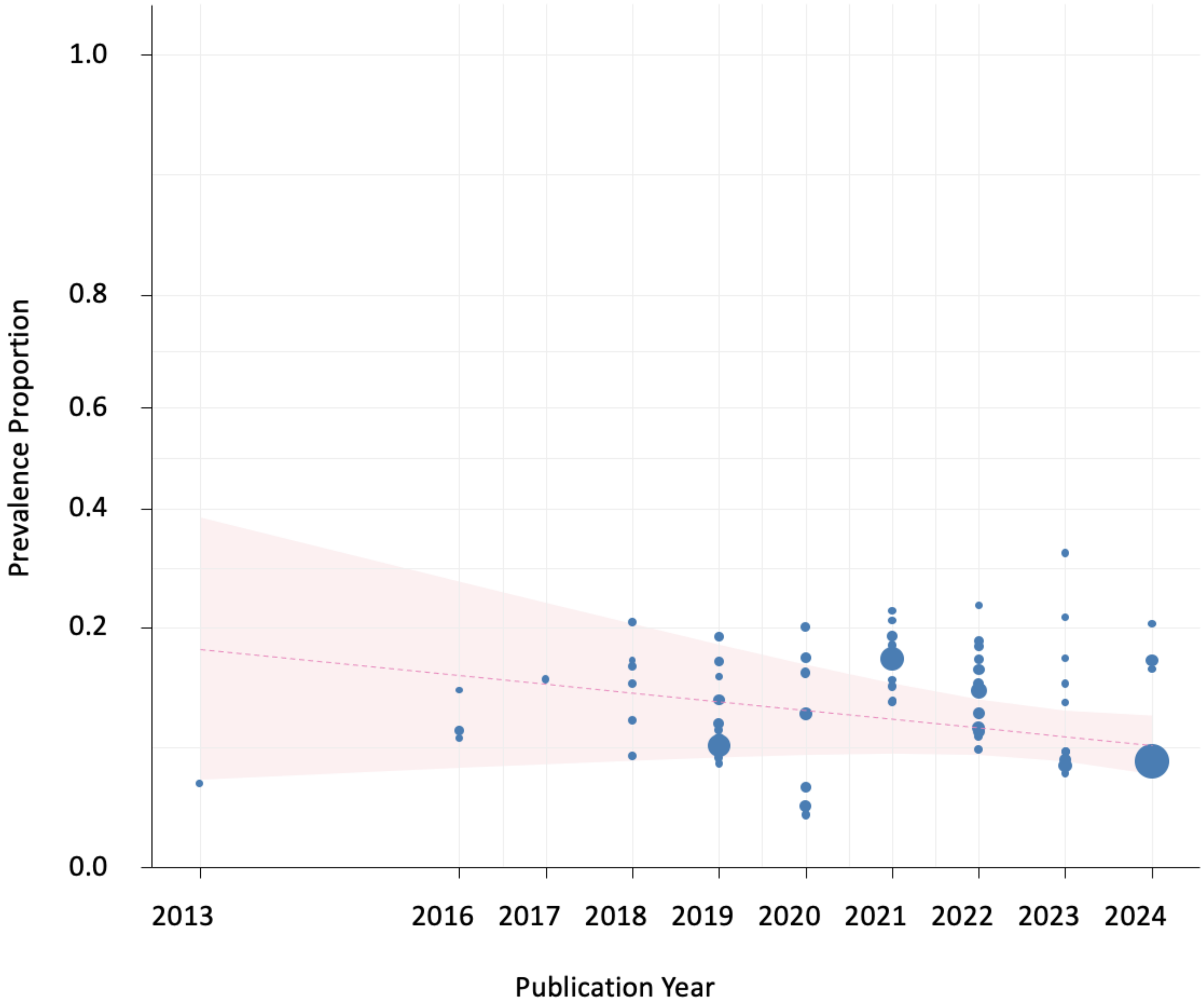
Legend: Circle markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. The dashed line represents the weighted linear trend and the predicted mean prevalence of 0 ACEs by publication year. The shaded area represents the 95% CI for the linear trend, showing the precision of estimation in mean prevalence over time.

eFigure 9. Prevalence of 2 ACEs by publication year



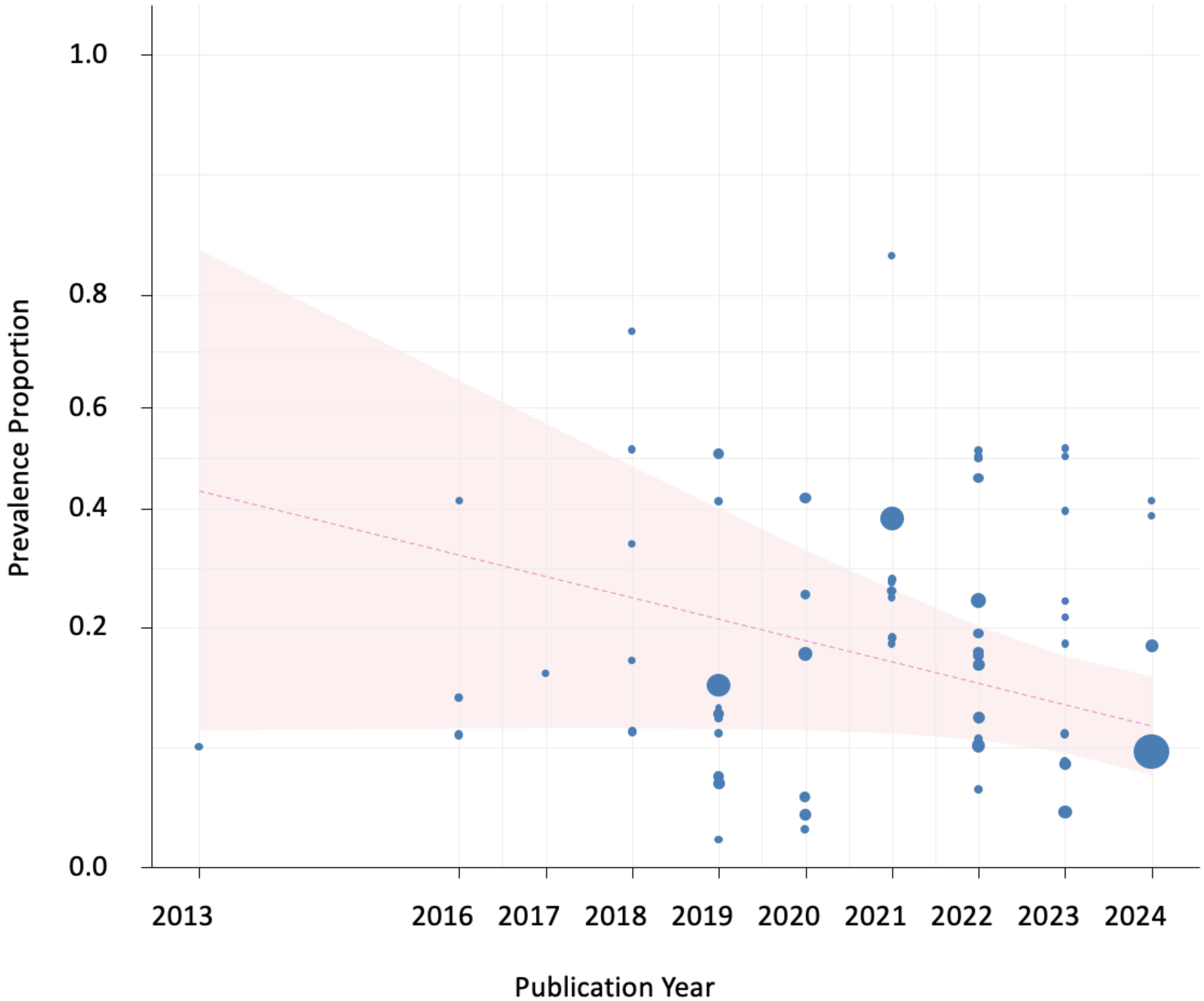
Legend: Circle markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. The dashed line represents the weighted linear trend and the predicted mean prevalence of 0 ACEs by publication year. The shaded area represents the 95% CI for the linear trend, showing the precision of estimation in mean prevalence over time.

eFigure 10. Prevalence of 3 ACEs by publication year



Legend: Circle markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. The dashed line represents the weighted linear trend and the predicted mean prevalence of 0 ACEs by publication year. The shaded area represents the 95% CI for the linear trend, showing the precision of estimation in mean prevalence over time.

eFigure 11. Prevalence of 4+ ACEs by publication year



Legend: Circle markers indicate individual study prevalence estimates, with marker size proportional to study weighting in the meta-analysis. The dashed line represents the weighted linear trend and the predicted mean prevalence of 0 ACEs by publication year. The shaded area represents the 95% CI for the linear trend, showing the precision of estimation in mean prevalence over time.

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