Reframing Childhood Adversity

Promoting Upstream Approaches

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Children’s advocates have long used strategic framing for change

- A moral issue
- An American issue
- A public health issue
Now is the time to reposition childhood adversity again

- Issue is seen as important, but intractable
  - We need to shift from the problem to solutions

- Demand for strength-based, justice-oriented approaches
  - We need effective ways to make the case for bold change

- Explosion of research has added new language, new lenses
  - We need to coordinate language at some level - or we will undermine ourselves and each other
Reframing goals

- Broaden the public’s mental model of childhood adversity and its effects
- Build understanding of big-picture causes of childhood adversity
- Shift attitudes toward collective responsibility and collective efficacy
- Cultivate more conversation around upstream solutions (promotion & prevention)
- Build support for big-picture, upstream approaches
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<td>Focused on explaining child adversity</td>
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<td>Best for community education: attracting unaligned, “bystander” publics</td>
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<td>A set of guidelines to use in further message development</td>
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Framing child adversity as a public issue
Recommendation 1

Make the story one where we all have a stake and role in outcomes that matter.
Key shifts for telling a “shared fates” story about child adversity

- Story of “them”
- Unnecessary suffering
- Compassion for children

→

- Story of “us”
- Untapped potential
- Shared responsibility for children
Human Potential + Shared Responsibility

“Young people have tremendous potential – which our society needs – and which we have a shared obligation to foster and protect.”

“Every child is filled with remarkable promise. We have a collective responsibility to prevent violence or other forms of adversity from dampening children’s potential to learn, grow, and contribute to our communities.”
Child abuse is a horrific experience – we know that many victimized children suffer lifelong effects. It’s also, unfortunately, a common experience in America. A report of child abuse is made every 10 seconds in the US, and far too many instances go unreported - especially now, when children are disconnected from providers who are obligated to report suspected abuse. Every child who is a victim of abuse or neglect deserves coordinated and compassionate services.

Every child is filled with tremendous promise – and we have a shared duty to foster their potential. That means shoring up the ways we support families. Every policy we set – from child tax credits to paid leave – should reduce financial pressures on families and increase the time and capacity for supportive family relationships. This approach will not just prevent child abuse and neglect, it will promote greater wellbeing for children, families, and communities.
Recommendation 2

Show how external conditions get “under the skin” to shape health, development, and outcomes.
Telling a contextual story that works

- Connect broader forms of injustice to childhood adversity.
- Tell a neurobiological story - not a psychological story.
- Don’t try to include every source or type of adversity in a single communication.
Let’s carefully choose the links in our explanatory chains

Two versions of the “ACE Pyramid” graphic, originally titled “Mechanism by which Adverse Childhood Experiences influence health and wellbeing across the lifespan”
Source: Centers for Disease Control.
Sharing the science in ways that drive policy thinking

Two suggested “framing pyramids” for public education, advocacy, and outreach

Loss frame

1. Unjust, unfair policies and practices, past and present
2. Stressful and harmful social conditions
3. Child and family adversity
4. Disrupted brain development
5. Social, emotional, academic challenges
6. Lost potential

Gain frame

1. Fair, just, supportive policies and programs build, maintain, and support wellbeing
2. Children grow in responsive, stimulating, supportive environments
3. Sturdy brain architecture, strong skills, healthy identity
4. Social, emotional, academic potential fulfilled
5. Broad wellbeing
Each year, thousands of children in the United States die at the hands of those who were supposed to protect them. Although every child death has a profound and devastating impact on their families and their communities, child abuse and neglect are not equal-opportunity killers. Data shows that social isolation, young or single parents, parents who struggle with mental health issues or substance abuse or domestic violence, and lack of parenting skills are all associated with increased risk of child fatality from abuse or neglect. African American children die from child abuse or neglect at a rate that is two-and-a-half times greater than that of white or Hispanic children.

Our policies can help to create the safe, stable environments that children need to thrive. Instead, they often channel serious stress into certain communities, undermining child wellbeing. For example, decades of housing discrimination - including current unfair lending practices – mean that Black families are less likely to live near good jobs and more likely to experience pressure from low wages or long commutes. Chronic stress can spark a toxic stress response, increasing the risk for depression, anxiety, or other causes of child neglect. The cascade of consequences from policy to parenting means that when we work on racial equity, we also create stronger communities and help to prevent child abuse and neglect.
Framing child adversity as preventable problem
Connect current actions with future outcomes

- **Use explanatory examples.** Tell stories of concrete prevention activities - and explicitly state the mechanism that makes it work.

- **Use punchier process verbs.** Avoid verbs that signal a slow, passive process. Lean toward more vivid action verbs.

- **Use “when words.”** Signal that prevention is in progress with adverbs like *now, today, at this moment.*

- **Vary your vocabulary.** Swap in synonyms and sayings for prevention: *steering clear of problems we can see ahead, working to get ahead of issues.*
Recommendation 3

Emphasize the dynamism of development.
Frame ‘development’ as a dynamic, sensitive process

“Bad outcomes ahead” → Changeable trajectory

“Early early early” → Multiple moments of possibility

All about the brain → Brain is built from early experiences
Adolescents are exploring opportunities, identities
Toxic stress response
“Chronic and severe adversity can create a toxic stress response that floods the body with dangerous levels of stress hormones.”

Buffering
“A supportive, responsive adult can buffer children from the impact of even serious adversity, interrupting the stress response before it turns toxic.”
Adverse childhood experiences (ACEs) are traumatic and they include things such as verbal, physical, and sexual abuse, as well as forms of family dysfunction, such as growing up with a mentally ill family member or a family member who is substance abusing, witnessing domestic violence as a child, having a family member incarcerated, or having your parents be separated or divorced. ACEs have been linked to more than 40 negative health outcomes in adulthood. Safe, stable, and nurturing relationships and environments serve as a protective factor.

Reframed with “development”

Adverse childhood experiences (ACEs) are common - and harmful. They include things like witnessing violence or growing up in a household with a mentally ill family member. When children experience multiple negative events like these, their bodies can be flooded with stress hormones, setting the stage for later health problems like heart disease, diabetes, or depression. Stable relationships with supportive adults can buffer children from this toxic stress response - which is why family wellbeing programs and policies are also health policies.
Recommendation 4

Talk about preventing an "overload" of stress on families.
Overload

“Just as a vehicle can only bear so much weight before it stops moving forward, challenging life circumstances can overburden parents, making it hard for them to provide the best kinds of care and support. To prevent a breakdown in care, we can keep the heaviest loads from weighing families down.”
Child neglect – which can be more harmful than abuse – can include physical neglect (failing to provide food, clothing, shelter, or other physical necessities), emotional neglect (failing to provide love, comfort, or affection), or medical neglect (failing to provide needed medical care). Child neglect is more common in families living in poverty and among parents who are teenagers or who abuse drugs and alcohol. Services such as home visiting, early childhood education, and parent education can prevent child neglect.

Children can only thrive if they have regular interactions with responsive, caring adults. That’s why it matters that neglect is the most commonly-reported form of child maltreatment. Child neglect is a signal that families that are experiencing an overload of stress of some kind. The weight of poverty or depression, especially, can overload parents’ abilities to provide the supportive relationships children need. Our responsibility to children includes a responsibility for fair wages, access to health care, and other essential building blocks of wellbeing.
Framing child adversity as solvable
Recommendation 5

Don’t talk about the impact of adversity without also explaining people’s capacity for resilience.
Children and youth who have been exposed to adversity often develop behavioral and mental health challenges. They may be irritable, depressed, or have difficulty sleeping or concentrating – and may struggle with school or act out. If nothing breaks the cycle, these patterns may continue into adulthood – and even be passed on to their own children. Assessment, intervention, and treatment can help to address these challenges and promote resilience.

When children and youth experience serious adversity, like witnessing violence, we have a shared responsibility to buffer the impact. One innovative approach involves having pediatricians have a conversation with families about things their children have experienced. If there’s a need, doctors can connect them to resources like family counseling. The idea is to add positive supports to counterbalance the weight of negative experiences.
Recommendation 6

Always include a proven or promising policy-level solution.
Strategies for solutions-oriented framing

- **Signal that “solutions exist” in multiple ways.** Make sure that your tone, word choice, and examples all work together to create a sense that change is both necessary and possible.

- **Calibrate your solution to the problem you’ve defined.** Does the proposal follow logically from the problem you’ve identified? Is it framed as the “right size”?

- **List less; explain more.** Show how solutions work so that people can grasp how they would make a difference.
To prevent traumatic experiences from taking a lifelong toll on children’s physical and mental health, we must dismantle the norms and environments that allow them to persist. We have long known the work that needs to be done. It won’t be easy – it involves tackling poverty and changing the mindsets that devalue children and perpetuate violence – but it is possible. The only thing lacking is political will.

Policies that strengthen family financial security can go a long way toward reducing childhood adversity and enhancing the relationships that help children thrive. When families face financial hardship, it sets the stage for more stress and less tuned-in interaction with children. Boosting family incomes through tax credits or paid family leave can relieve the pressure, helping to head off childhood adversity before it happens.
**public issue**

Make the story one where we all have a stake and role in outcomes that matter.

Show how external conditions get “under the skin” to shape health, development, and outcomes.

**preventable problem**

Emphasize the dynamism of child/youth development.

Talk about preventing an “overload of stress” on families.

Bring the concept of prevention to life.

**solvable problem**

Don’t talk about the impact of adversity without also raising people’s capacity for resilience.

Always include a promising or proven collective solution.
Thank you!
Let’s continue the conversation.

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