

# **Reframing Childhood Adversity: Promoting Upstream Approaches**

**February 2021**

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**FRAME  
WORKS**

**Supported by Prevent Child Abuse America and  
the Alliance for Strong Families and Communities.**

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# Framing Dilemmas

Preventing, identifying, and responding to early adversity is one of the most impactful things we can do to improve our nation's health and wellbeing – but it can be difficult to build the public understanding and political will necessary to support the work. While Americans agree that child maltreatment is unacceptable and are more likely than ever to consider child development an important policy issue, as communicators we encounter persistent dilemmas in deciding what to say, how to say it, and what to leave unsaid.

For starters, common misconceptions about negative life experiences make it hard to translate people's natural concern for children into enthusiastic support for related policies. One widely shared assumption holds that “what doesn't kill you makes you stronger.” Another involves the idea that some experiences are so traumatic they leave permanent, irreversible psychological scars that determine a child's fate. The first assumption leads people to underestimate the impact of childhood adversity; the second leads them to underestimate the impact of interventions, treatments, or other responses. To persuade people that collective action makes sense, our messages have to strike a delicate balance between showing that the effects of childhood adversity can be serious and long-lasting and showing that solutions exist and can make a difference.

If we change tracks to emphasize prevention rather than prevalence, we run into different obstacles in public thinking. Prevention policies of any sort are notoriously hard to communicate. The results are abstract and absent: problems that didn't happen. When it comes to talking about ways to prevent adverse childhood experiences (ACEs), another challenge emerges. People tend to hold parents responsible for all that happens to children – and struggle to see how or why policies could stop “bad parents” from harming their children or failing to keep them from harm. A more positive focus on promoting positive childhood experiences helps people see how things “should” work but doesn't readily translate into a sense of urgency, which can make it difficult to garner media attention or mobilize action.

This brief seeks to work through framing challenges like these, offering guidance on positioning, emphasis, and explanation. It is intended for professionals who communicate about child wellbeing and adversity – a broad field that includes advocates, researchers,

and practitioners working on issues including child abuse and neglect, family violence, (ACEs), early trauma and trauma-informed care, and toxic stress. The guidance has implications for a wide variety of communications goals and contexts, but it is most relevant for efforts designed to educate the public about strategies that work at the community and policy levels.

At a high level, child adversity must be framed as *a public issue, a preventable problem, and a solvable problem.*

To position child adversity as a public issue:

- Make the story one where we all have a stake and a role in outcomes that matter.
- Show how external conditions “get under the skin” to shape health, development, and outcomes.

To help people see where prevention efforts would make a difference:

- Emphasize the dynamism of development.
- Talk about preventing an overload of stress on families.

To make it clear that solutions exist and are worth pursuing:

- Don’t talk about the impact of adversity without also explaining people’s capacity for resilience.
- Always include a proven or promising policy-level solution.

In this brief, we discuss each of these recommendations in turn, showing what they look like and explaining how they help. Before turning to specific recommendations, the next section offers cautions about what *not* to communicate, and why.

# Framing to Avoid

Before we craft a message, it is helpful to think ahead to what we do not want to communicate – and why. We can start by anticipating how people will interpret our message based on what they already think or believe. If we can predict a communications problem, we can prepare for it.

Over the past 20 years, the FrameWorks Institute’s research has identified numerous patterns in public thinking about children and families that are widely shared and durable – assumptions and expectations that communicators encounter again and again.

For example, the strongest and most important assumption is the idea of the family bubble. People tend to assume that “what happens at home” is all that really matters to children’s development. “It all comes down to parenting,” the thinking goes, and good parenting is a matter of strong values and good choices. From this perspective, it’s hard for people to see the vital role that policies and social conditions play in shaping the experiences of children and families.

Sometimes our language reflects and reinforces the very ideas we are hoping to displace. Take, for example, our tendency to talk about “parents” early and often, and the often-repeated affirmation that “parents are children’s first teachers.” To the extent that these framing choices strengthen the mental picture of a “family bubble,” these habits work against us.

With framing adjustments, however, we can avoid triggering the “default settings” in the public mind. For example, we can consistently use language that expands the public’s mental model of the adults in children’s lives. People are aware that children interact with a range of adults – grandparents, caregivers, teachers, and family friends. But these other adults are rarely top of mind. Because people think “parents” when they hear “adults,” communications must explicitly and repeatedly mention other figures. This is an easy but vital fix: If child wellbeing advocates are intentional and disciplined in talking about “children and the adults in their lives – parents, family members, caregivers, and educators,” then public understanding will expand accordingly. Repeating ideas makes them more prevalent in public discourse and, over time, can shift people’s default assumptions about an issue.

Below, we summarize this point and list four additional patterns of public thinking that we should be careful not to reinforce. Each can get in the way of understanding root causes

of childhood adversity or otherwise make it hard for people to see how policy and community-level approaches would make a difference. When our framing choices activate these ways of thinking, we reinforce them – thus making our work harder.

## **Communications Traps on Childhood Adversity**

**Are you triggering *Family Bubble*, the idea that parents are entirely responsible for children's outcomes?** Don't zoom in on household-level experiences. Instead, zoom out to larger social contexts. When we ask people to focus on parents, we're also asking them not to focus on policy. Make sure messaging doesn't leave the impression that *this issue unfolds entirely in the home*. Reframe to emphasize that *we all have a stake and a role in child and family wellbeing*.

**Are you triggering *Bad Apples* thinking, the idea that problems are caused by the actions of a few outlier individuals?** Look out for stories that revolve around a single antagonist. Stories of individuals distract us from thinking about systems. We close the door on prevention if we leave the impression that *the story of abuse starts and ends with sick people* because the public assumes that the actions of such people can't be predicted or prevented. Instead, we can leave people with the idea that *this story is set in society – and the plot involves us all*.

**Are you triggering *Determinism*, the idea that the future is set and can't be changed?** Watch out for wording that makes it seem that the effects of early adversity are irreversible. If our framing lets people assume that *it's just too late for some folks*, we aren't telling the right story. Revise to get a more hopeful message across: *When people have weathered storms, we need to work to restore and repair wellbeing*.

**Are you triggering *Fatalism*, the idea that it's impossible to do anything to improve the situation?** Scan communications for choices that make the scope of childhood adversity seem staggering or suggest that we must completely solve big social problems, such as poverty and racism, to make a difference. If our framing leads people to conclude that *the problem is too big to fix*, our listeners will turn away. To keep them with us, we can instead communicate that *this is a difficult issue, but the solutions are within our reach*.

**Are you triggering *Threat of Modernity* thinking, the idea that today's society is dangerous and broken?** Stay away from stories of how modern life is fraying social connections, breaking family bonds, or filling neighborhoods with unfamiliar faces. These are likely to evoke fear, which can quickly lead to us vs. them thinking. They can also spark nostalgia, which stalls support for forward-thinking policy. If we leave the impression that *it's not safe anywhere for kids these days*, we haven't put our best frame forward. Revise to advance the idea that *we must make vibrant, healthy communities a priority*.

# Framing Recommendations

To make the case for the policies and strategies we need to ensure that every child grows up in a safe, stable, and nurturing environment, our framing needs to widen the lens to include the factors that shape those environments. To build a broader constituency for those approaches, the story we tell must spark a sense of collective responsibility and offer a sense of realistic hope.

The six recommendations below offer ways to do this.

## **Recommendation #1: Make The Story One Where We All Have A Stake And A Role In Outcomes That Matter.**

Always talk about child adversity and child maltreatment in ways that emphasize shared fates. Make the issue a story about “us,” not about “them.” Remind people that we all benefit from child wellbeing. Likewise, show that the consequences of childhood adversity are also shared. Connect to our collective responsibility to children and remind people that our actions can maximize – or undermine – children’s potential.

## What It Looks Like

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### Instead of “their vulnerability”

Child abuse is a horrific experience – and without intervention, children suffer lifelong effects. Unfortunately, it’s also a common experience in America. A report of child abuse is made every 10 seconds in the United States – and far too many instances go unreported. Every child who is a victim of abuse or neglect deserves coordinated and compassionate services.

### Try “our responsibility”

**Every child is filled with tremendous promise – and we have a shared obligation to foster their potential. That means shoring up the ways we support families. Every policy we set – from tax credits to paid leave – should reduce financial pressures on families and increase the time and capacity for supportive family relationships.**

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## Keep In Mind

- **Lead with an aspirational values appeal.** Consistently open messages with positive affirmations of what’s at stake – especially the ideas that children have tremendous potential and that we have a shared obligation to children.
- **Don’t use the scope or severity of the problem to engage people.** On children’s issues, bleak facts and upsetting stories spark fatalistic attitudes or cause people to turn away to avoid discomfort. Avoid framing designed primarily to depict the harsh reality of adversity and its impacts.
- **Attribute responsibility more specifically when you can.** Whenever possible, follow through on the generic appeal to collective responsibility by naming the sectors, agencies, or other systems-level actors who play a role.

## Why This Works

The way we begin a communication has a powerful priming effect, shaping people’s interpretation of all that comes after.

When we open with a statement of the problem, or even just the name of the issue, we prompt people to call up their existing associations. Concepts such as childhood adversity, child maltreatment, or early traumatic experiences come loaded with misconceptions about “bad parents.” This stigmatizes struggling families, reinforces stereotypes about marginalized groups, and leads people to mismatched solutions. And once these prior associations are brought to mind, we have made our persuasive task harder than it needs to be.

Leading with a values-based message can spark a more productive perspective. Our values – which involve our sense of right and wrong – are powerful motivators. When we use language that activates shared values, we remind people that they have a reason to engage in the issue. We also leave ourselves room to introduce our definition of the problem and solution later in our message.

The values recommended here – *Human Potential* and *Collective Responsibility* – have been shown to have positive, statistically significant effects on public attitudes in previous FrameWorks experiments. Messages expressing the value of human potential boost support for social services and family supports.<sup>1</sup> Messages focused on collective responsibility increase people’s sense that child welfare is important and that action is necessary.<sup>2</sup>

### **Values Frames**

*Human Potential* expresses the idea that we have a shared stake in ensuring that children reach their full promise.

*Collective Responsibility* expresses the idea that we have a shared obligation to children.

Together, they might look like this:

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

## Recommendation #2: Show How External Conditions “Get Under The Skin” To Shape Health, Development, And Outcomes.

Be explicit about the processes that cause and stem from childhood adversity: Show “what affects what.” Highlight big-picture social conditions that increase the risk of adversity, explain how they work, and connect the process to the problem it causes. Locate the problem in social conditions or widely shared experiences, not within households or families. Show how certain situations – such as financial stress, isolation, or behavioral health challenges – put pressure on caregivers’ capacity to engage positively with children.

Don’t avoid talking about racial disparities, but when raising these issues, make sure negative data points are paired with brief explanations that point to root causes. Otherwise, the door is left open for deficit-based thinking about communities of color.

### What It Looks Like

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#### Instead of this

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 show that social isolation; young or single parents; parents who struggle with mental health issues, 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.

#### Try this

**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 help to prevent child abuse and neglect.**

## Keep In Mind

- **Connect economic and racial injustice to childhood adversity.** Be explicit that the stress of poverty or discrimination can wear down caregivers' capacity to tune in to children's needs. Connect the dots between aspects of structural racism that are becoming familiar to the public – such as police violence or lack of access to quality housing – and the ways those experiences can hamper safe, stable, and nurturing relationships. Prompt people to connect their concern for fairness with the effects injustice has on children's development.
- **Lean in to biology.** Highlight the ways experiences and exposures can catalyze physical processes – such as a toxic stress response – then connect that to risk factors for child maltreatment. Limit references to psychological mechanisms, like social norms that promote violence, or social learning of abusive behaviors. These references are likely to reinforce people's tendency to attribute responsibility to individuals – seeing positive outcomes as the result of individual willpower and blaming negative outcomes on bad choices.
- **Take a long-term approach, hitting on different ideas over time.** Don't try to include every source or type of adversity in a single communication in an effort to be comprehensive. Instead, think of various root causes as a set of themes to develop across the sum total of your communications. In a single message, it's usually more effective to explain one thing well than it is to rely on lists, which are quickly forgotten.

## Why This Works

The mechanisms that perpetuate childhood adversity are largely “invisible” processes, which makes it harder for people to see how underlying causes drive the problem. When we fail to explain how one thing leads to another, our audiences fill in “empty” causal slots for themselves. On children's issues, people usually fill in a story about the individual flaws and failings of parents. On issues like racism or poverty, people often fill in a story about individuals or communities – not policies and systems – for disparate outcomes.

If we offer careful explanations, we can overcome this built-in tendency to reach for familiar answers and prompt people to pause and rethink their understanding of how something works. By showing the link between a cause and its effect, explanations can lead people to recognize broader impacts and see why certain solutions lead to meaningful change.

## Keeping Possibility in the Picture

When we overemphasize – or overstate – the causal relationship between early adversity and later outcomes, we lead people toward fatalism and away from engaging with the issue. To point people in a more hopeful direction – and to maintain scientific accuracy – our messages should consistently advance a sense that, with the right supports, people have the capacity to thrive despite of adverse life experiences.

These examples contrast deterministic, automatic, “bad outcome guaranteed” framing with alternative framing that helps people see that there are ways and places to shape what happens next.

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### **AVOID: Deterministic**

Toxic stress damages the developing brain.

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### **ADVANCE: Probabilistic**

**Toxic stress disrupts healthy brain development.**

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Adverse childhood experiences (ACEs) are traumatic and have lifelong consequences, from chronic illness to mental illness to substance misuse in adulthood. To date, ACEs have been linked to over 40 negative health outcomes, including leading causes of adult death, such as heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), diabetes, Alzheimer’s disease, and suicide. ACEs result in significant economic costs in the form of lost employment productivity and tax revenue and increased safety net and health care spending.

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**Adverse childhood experiences (ACEs) are common – and in the absence of support, they can cause long-lasting harm. They include experiences such as witnessing violence or growing up in a household with a family member with a serious mental illness. When children experience multiple negative events like these, their bodies can be flooded with stress hormones, increasing their risk for later health problems like heart disease, diabetes, or depression.**

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Traumatic events, such as experiencing abuse or witnessing violence, have damaging effects on people’s behavior, health, mental health, employment status, and relationships.

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**If we ensure that every community is equipped to support people who have experienced traumatic events like abuse or witnessing violence, we make resilience a real possibility.**

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## Recommendation #3: Emphasize The Dynamism Of Development.

Create a sense of urgency by emphasizing the time-sensitive nature of human development. Point out that children and youth are developing rapidly, and explain how the experiences at each stage have an effect on what happens next. Emphasize that both risk and opportunity are present at every point in a child’s development – and be clear that systems and policies shape the outcomes.

When talking about young children (birth through age 8), focus on how adversity can affect the rapidly developing brain, using tested metaphors like *Brain Architecture* and *Buffering* to make development concrete. (See below.)

When talking about older children and youth (ages 9–24), focus instead on the idea that young people are forming their identities and developing the social and emotional capacities needed throughout life. People tend to equate the development of “the brain” during adolescence with a narrow set of cognitive aptitudes, such as IQ.<sup>3</sup>

### What It Looks Like

#### Metaphors That Explain Early Development

*Brain Architecture.* To help people appreciate why the early stages of life matter, compare child development to setting up the architecture of a house. Focusing on the brain allows communicators to leverage the latest science. This gives the sense that you’re providing new information, which can prompt people to reconsider their assumptions.

*Toxic Stress Response.* To give people a way to grasp how adversity affects health and wellbeing, distinguish between the effects of everyday stress and “toxic stress.” Explain that chronic and severe adversity can create a toxic stress response that floods the body with dangerous levels of stress hormones. Name one or more negative effects this toxic stress response can spark.

*Buffering.* Describe protective factors as *buffering* children from toxic stress or the negative impact of risk factors. The words *buffer*/*buffering* aren’t used very often in everyday conversation, so they capture attention. They also paint a mental picture of an active intervention.

## Keep In Mind

- **If you can't decide which developmental concept to emphasize, try working backward.** Think about the solution you want to highlight. Select the process or scientific insight that most clearly supports the solution, then build your explanation around it. For example, to position economic supports as a way to prevent childhood adversity, it might work to focus on financial instability as a source of toxic stress. To make the case for paid family leave, it might be better to emphasize that the brain undergoes an intense period of construction during the earliest months of life and parents need the opportunity to interact with babies during this important time.
- **Don't leave the impression that the past is set in stone.** Make it clear that early adversity has lasting effects, but don't suggest that negative outcomes are inevitable or that the harm is irreparable. When talking about young children, the metaphor of *Brain Architecture* can help to strike the right balance. “The foundation matters; it's easier to get it right the first time. But later matters, too; there are always things we can do to shore up anything that's unstable.” When the topic is older youth, be clear that adolescents are growing and changing throughout their teens and early twenties – but focus on identity and skills development, not brain development.

## Why This Works

Metaphors are powerful tools to explain complex or abstract concepts by likening them to something more concrete and familiar.<sup>4</sup> They guide and shape thinking, and they are memorable and shareable.

FrameWorks researchers developed the metaphors recommended here in partnership with the National Scientific Council on the Developing Child, working to ensure that they translate scientific ideas and findings with fidelity. Each has been tested extensively – and repeatedly – and all are widely used by advocates, practitioners, and scientists across the nation and around the world. By using a common language to talk about key concepts related to child development and early adversity, the field has elevated the issue of early childhood and shaped public thinking in important ways.

## Bringing The Concept Of Prevention To Life

There are actions we need to take now to prevent childhood adversity. But prevention is genuinely hard for people to understand. Its effects are abstract and absent – a problem that didn't happen. Also, the effort it involves goes against the grain of the human brain. We have a built-in tendency to prefer rewards now over delayed benefits – even if the later prize is bigger. We default to focusing on the here and now – though we all have the desire to leave a positive legacy for the future.

The good news is that framing can help short-circuit some of the hard-wired cognitive biases that make us less likely to act before a problem occurs. These linguistic strategies can help people see the connections between now and later, which can mobilize and motivate preventative action.

1. **Give concrete examples of what prevention looks like in action.** Offer memorable, relatable stories that show a prevention effort at work – and explicitly explain the “active ingredient” that makes it work.
2. **Replace bland process verbs with vivid action verbs.** When describing how prevention works, avoid verbs that signal a slow, gentle, or indirect process (*ensuring, encouraging, educating, etc.*) Lean toward vivid action verbs that signal that the action you propose is time-bound, lively, and direct (*tackling, launching, equipping, etc.*).
3. **Use “when words” to help focus attention on the present.** Signal that prevention is in progress by using words like *now, right now, currently, today.*
4. **Show the futures we create by our choice to act or not act.** Look for opportunities to contrast a gain scenario (in which action leads to good things) with a loss scenario (in which delay or failure to act leads to undesirable outcomes).
5. **Vary your vocabulary.** Whenever possible, swap in synonyms and sayings for the standalone term “prevention.” For example, try describing prevention as *working to get ahead of issues, steering clear of problems we can see ahead, or setting ourselves up for success.*

## Recommendation #4: Talk About Preventing An Overload Of Stress On Families.

Consistently advance the idea that social conditions and contexts shape family life and children’s experiences. Emphasize external pressures on families, not family dysfunction.

To do this, the metaphor of being *Overloaded* can help. Use this metaphor to describe families experiencing significant stressors such as financial insecurity, housing instability, or hunger. Talk about the solutions you propose as ways to “lessen the load” or “manage the weight.”

### What It Looks Like

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#### Instead of this

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.

#### Try this

**Children thrive when they have regular interactions with responsive, caring adults. Yet neglect is the most commonly reported form of child maltreatment, and it can have long-term effects on children’s health and development. Child neglect is more likely in families that are experiencing an overload of stress. The weight of poverty, especially, can overload parents’ abilities to provide the supportive relationships children need. Depression or other mental health challenges can also slow down parents’ responses to children’s needs.**

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**Instead of this**

The pandemic has created the conditions for a massive rise in rates of child abuse. We've seen this in the past during stressful times. During the 2008 recession, pediatricians reported a steep rise in infant injuries and deaths from abusive head trauma, a trend that lingered for years after the economy recovered. Calls to child abuse hotlines plummeted after schools and day cares closed during the pandemic, leaving some experts concerned about what we're missing. The problem will only grow – and reverberate for years to come – if we don't take action now.

**Try this**

**Severe and persistent stress can overload our ability to manage emotions. This helps explain why recessions have historically contributed to a rise in child abuse and neglect. But we also know that reducing the financial burdens on families and adding supports can make a huge difference, quickly. Providing stable incomes and stepping up social services can reduce the load that families across the nation are under right now. If we act now, we'll make sure that children and families can keep moving forward, even during this difficult moment.**

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### **Framing The Social Causes Of Child Neglect**

The public thinks of child neglect as merely “insufficient attention” and assumes the problem boils down to selfish or distracted parents. This perspective makes it hard for people to see how child neglect could be prevented. The metaphor of an overloaded vehicle helps people understand how things like poverty, social isolation, or behavioral health conditions contribute to neglect.

“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.”

## **Keep In Mind**

- **Be creative and express this idea multiple ways.** Put the idea of an “overloaded” vehicle on repeat, but don't sound repetitive. Vary your language and emphasize different parts of the metaphor for different purposes. Incorporate images that reinforce the idea.
- **Don't use this metaphor to suggest that people are helpless victims of circumstance.** People reject oversimplified messages that suggest people have no agency. Be clear that environments matter, but don't suggest they are *all* that matters.
- **Don't use this metaphor to paint a stark, sensationalized portrait of families or communities facing disadvantage.** Remember that it's easy for people to “otherize” the communities that are most affected by adversity. When highlighting inequitable conditions,

don't pile the "overload" sky-high. This can trigger "cultural deficit" thinking that reinforces dystopic or negative views of people or social groups.

## Why This Works

The *Overloaded* metaphor, in testing, gave people a way to think and talk about the connections between social conditions and child adversity. It gave people a way to think about how factors such as employment, transportation, and health care shape children's environments – and it boosted people's sense that problems can be prevented. It was particularly effective with parents who had experienced childhood adversity themselves because it gave them a way to think about the causes of their parenting styles without shame, guilt, or stigma.<sup>5</sup>

## Recommendation #5: Don't Talk About The Impact Of Adversity Without Also Explaining People's Capacity For Resilience.

Highlight the idea that our response to adversity matters. Avoid giving the impression that adverse experiences early in life automatically translate into negative outcomes.

To do this, keep the focus on how to counterbalance the weight of adversity – not on the adversity itself. Explain the concept of resilience as "*positive outcomes despite negative experiences*" and help people see how resources and experiences can promote resilience. Talk about what makes services more effective. Show what interventions at the individual, family, and community levels look like. Lift up community strengths and assets as important resources for building resilience.

## What It Looks Like

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### Instead of this

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 address these challenges and promote resilience.

### Try this

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

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## Keep In Mind

- **Signpost the cause-and-effect relationships involved in building resilience.** Explain the process or mechanism that makes a protective factor “work.” Use examples to help people visualize what a proposed approach looks like in practice.
- **Position resilience as a possibility that society needs to support, not a responsibility that communities need to shoulder.** Avoid language that suggests – or allows audiences to assume – that the onus of “resilience” lies with people who have experienced significant adversity. Instead, be clear that resilience is the result of positive supports and protective factors – which happen in the context of investment in communities.
- **When talking to adults who have experienced significant adversity themselves, take care to center the idea of resilience.** If our story starts with negative experiences and ends with negative outcomes, we could leave people with the sense that their story is already written. But if we highlight that there is a known path toward resilience, people will be more open to taking it and advocating for it.

## Why This Works

If our frame doesn't intentionally and explicitly show how positive outcomes can be achieved in the wake of adversity, people fall back on the idea that once a traumatic event has taken place, “the die is cast” and where it lands depends on the individual. People readily conclude that programs and policies are beside the point; they assume that some will overcome the

difficulty through willpower – and so they don’t really need help – while others will be irreparably damaged, and no amount of support in the world will make a difference.

Conversely, when we emphasize the dynamic interplay between the experience of adversity and the response to it, we prompt people to focus on the part of the story that can be changed. We move from a narrative that revolves around how the past predicts the future to one that focuses on how our present actions affect the future. This builds the sense that we have a role and a responsibility to act.

### **Frame Elements That Pair Well With “Resilience”**

*Community Strength* expresses the idea that people can work together to prevent adversity and respond to its effects.

*Constructing Wellbeing* uses the metaphor of a building to talk about what promotes positive states – and what needs to happen after “storms” hit.

Together, they might look like this:

“Our community’s spirit has weathered many storms – racism, economic exclusion, and violence have all left their mark. We’re still standing because we have relied on each other to do what it takes to rebuild and restore our wellbeing. And we’re working to build a stronger foundation for everyone’s wellbeing – one based on racial and economic justice.”

## Explaining ACEs

In the late 1990s, a landmark study revealed a powerful relationship between serious, negative events in childhood and people’s physical and mental health in adulthood.

Known as the Adverse Childhood Experiences (ACE) Study, and conducted by the Centers for Disease Control and the health maintenance organization Kaiser Permanente, this study asked adult patients to disclose some potentially traumatic events that they may have experienced before the age of 18. Researchers asked specifically about 10 experiences – events such as living with a family member with a mental illness or witnessing or experiencing violence – and then looked to see how the number of adverse childhood experiences tracked with a wide variety of adult health outcomes.

Some of what they found fit with what was already known: People who had experienced abuse or neglect as kids were more likely to have mental health problems as adults. But other findings were surprising, such as the realization that there was a clear, graded relationship between early adversity and physical health. One serious event in childhood seemed to have few or no observable long-term consequences. But multiple forms of adversity in childhood predicted multiple health problems in adulthood. For example, children who experienced four adverse experiences were twice as likely to be diagnosed with cancer than those who had no significant experiences of childhood trauma. The more adverse experiences people had in childhood, the more likely they were to be diagnosed with asthma.

Since the landmark study, scientists have learned more about how adversity “gets under the skin” and affects human biology. When children are exposed to chronic or severe adversity, stress systems can over-activate, flooding their developing bodies and brains with harmful levels of stress hormones.

● Instead of beginning with a definition, lead with a sentence that captures the main takeaway idea.

● It’s usually not necessary (or helpful) to list all 10 indicators from the landmark study. Select one or two examples.

● Don’t list every health problem that has been linked to ACEs. Select one or two examples.

● Always offer an explanation of *how* ACEs lead to health problems – for example, the toxic stress response.

This “toxic stress response” increases the risk of later health problems. Researchers also discovered that children can tolerate severe stress if stable, responsive adult relationships are in place to buffer the negative impact.

● Always show that adversity is not destiny. Talk about protective, buffering factors.

To nurture children’s potential and to promote greater health and wellbeing in our state, one of the most impactful things we can do is address Adverse Childhood Experiences (ACEs). By adopting policies and practices that prevent most ACEs from occurring in the first place, researchers estimate that the nation could reduce depression by 44%, chronic obstructive pulmonary disease (COPD) by 27%, and unemployment by 15%.<sup>6</sup> There are also steps that states, communities, and organizations can take to support adults and children with a history of ACEs to reduce the long-term impact on health and wellbeing.

● End on a hopeful note, pointing to how we can respond and emphasizing the benefits of taking action.

## Recommendation #6: Always Include A Proven Or Promising Policy-Level Solution.

Propose concrete, actionable solutions that match the scope of the problem. Frame the problem as a systemic issue, then offer solutions aimed at “fixing conditions” instead of “fixing people.” Give examples of specific actions that legislative bodies, agencies, or jurisdictions could take to head off sources of serious stress on families or specific things they could do to promote child wellbeing. Champion programs that work.

### What It Looks Like

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Instead of “mission impossible”	Try “here’s how to 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.	<b>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.</b>

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### Keep In Mind

- **Signal that “solutions exist” in multiple ways.** Make sure your tone, word choice, and examples all work together to create a sense that change is both necessary and possible. The goal is to balance efficacy (“something can be done”) and urgency (“this is a real problem, and we need to act now to address it”).
- **Talk about solutions in clear, concrete terms.** Expert concepts like “preventative steps” or a “public health approach” don’t carry much meaning for most people. Our messages are more memorable when they offer specific, plain-language examples of what our approach looks like in action. This makes it clear that positive change is within reach and increases support for it.
- **List less; explain more.** Listing a comprehensive set of promising policies or programs doesn’t do much to help people grasp how, exactly, those solutions would make a difference.

In most cases, it's more effective to explain a single solution well than it is to offer a comprehensive list of all the approaches that could work.

## **Why This Works**

When it comes to childhood adversity – and especially abuse and neglect – the communications challenge is not to convince people that a problem exists; it's to convince them that we can do something about it. When we make it clear that change is within reach, we ward off fatalistic thinking that assumes we can't prevent or reduce childhood adversity. And when we highlight collective, policy-level solutions, we make headway toward redefining the problem. This approach shifts the focus from individual responsibility toward our shared obligation to set up fair structures, effective systems, and equitable social conditions.

## Suggested Storylines

To elevate a new frame, we can't ignore the power of the mass media. Many media outlets cover child welfare primarily through a crime lens that focuses on the consequences of harm after it occurs. As we redesign child welfare systems as child and family wellbeing systems, part of our work is to guide journalists to adapt to covering issues from a preventative, public health perspective.

To do this, suggest storylines that position childhood adversity as a solvable problem. Guide journalists to connect childhood adversity to other issues that have the public's attention, such as health problems, rising health care costs, substance abuse, or economic inequality. Some examples are below. Feel free to adapt these to highlight the programs and policies you are championing in your particular context. Alternatively, you can use them as inspiration for other storylines that emphasize what society can do to prevent childhood adversity – and how doing so relates to other outcomes that matter.

### **ACEs screening: A new tool for health care providers**

Health care providers routinely take a history of physical ailments to help them spot potential risks and decide on the best care. Some health systems are finding that taking a history of negative life experiences can put patients' health needs and risks in a new light – and uncover new directions for treatment. Some are placing big bets that this approach will dramatically reduce health care costs by identifying and addressing problems earlier, when they are easier and less expensive to manage.

### **A house call that works wonders: Nurses visiting new parents**

In at least 40 states, many new mothers welcome a regular visitor into their homes: a nurse. Specially trained nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy and continuing through the child's second birthday. These nurses educate new mothers on parenting, share resources, and perform health checks. Forty years of rigorous evaluation has shown that this model yields a stunning array of positive outcomes, including fewer health problems for mom and baby, reduced incidences of child abuse and neglect, and increased likelihood that mom is gainfully employed in the future and the child is doing well in school.

### **It's time for a 4th R: Teaching relationship skills**

Researchers have tracked the long-term effects of programs that give students opportunities to recognize and manage emotions, solve interpersonal problems, and work through disagreements. Students who complete a relationship-oriented curriculum are less likely to engage in or experience violence – and less likely to have problems with substance abuse. Adding “relationships” to the traditional curriculum of reading, writing, and arithmetic cuts

down on bullying in the short term and reduces problems like intimate partner violence, child abuse, and opioid misuse in the long term.

### **Four factors that boost children's resilience in the face of adversity**

When children go through difficult life experiences such as losing a parent, witnessing or experiencing violence or abuse, or being isolated during a pandemic – what happens next makes all the difference. Harvard University's Center on the Developing Child has identified four factors that can buffer children who have experienced adversity from negative long-term outcomes. These factors include supporting strong relationships with adults; building the child's sense of can-do; strengthening the child's ability to manage their emotions and impulses; and tapping into sources of hope, such as faith or cultural traditions.

# Concluding Thoughts

Much has changed since 2004, when advocates and experts on child abuse and neglect first asked FrameWorks to co-construct and test framing strategies that could take the field beyond “awareness” of child maltreatment. At that time, the field had generated widespread public concern about child welfare through emotionally evocative stories of the experience of abuse and neglect – but it was clear that this initially successful strategy had run its course. With advocates, scientists, and social scientists working together, we landed on a bold reframing strategy: to emphasize child development. We moved collectively from a vulnerable child frame to a brain development frame. The results – in policy wins, in political will, and in child outcomes – have been remarkable.

We still have much to accomplish, of course. Now, as the field seeks to remodel “child welfare” systems into “child and family wellbeing” systems, we also need to revisit and refresh our framing strategies. We need ways to center racial and economic justice – without inadvertently suggesting that childhood adversity is caused by people of color or people experiencing poverty. We need ways to speak with a shared voice – despite the fact that our growing field uses different lenses and different languages to think and talk about childhood experiences. We need a common commitment to aspirational, solutions-oriented storytelling that moves mindsets beyond narrow conceptions of “problems children experience” to an expansive vision of how to do right by kids.

We offer this guidance at a critical time for the field – and know and trust that the field’s capacity for framing and reframing social issues will make the most of it. If we can embrace a common narrative structure – one that starts with a shared value, centers explicit explanation, and highlights a concrete solution – framing research suggests that we will continue to make incredible progress in public support for the robust, forward-thinking systems and structures we need to prevent childhood adversity and promote the health and wellbeing of children, youth, and families.

# Acknowledgments

This product was supported by cooperative agreement #2019-V3-GX-K005, awarded for FY 2019 by the Office for Victims of Crime to the Alliance for Strong Families and Communities for the Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization demonstration initiative. The opinions, findings, and conclusions or recommendations expressed in this product are those of the FrameWorks Institute and do not necessarily represent the official position or policies of the US Department of Justice.

FrameWorks gratefully acknowledges the following reviewers, who provided thoughtful input that strengthened this work:

Jennifer Devlin, Alliance for Strong Families and Communities  
Jennifer Drake-Croft, Tennessee Commission on Children & Youth  
Jennifer Jones, Alliance for Strong Families and Communities  
Richard Kennedy, Tennessee Commission on Children & Youth  
Bart Klika, Prevent Child Abuse America  
Gabriel McGaughey, Children's Hospital of Wisconsin  
Jim McKay, Prevent Child Abuse West Virginia  
Charles Mutscheller, Prevent Child Abuse America  
Cynthia Pappas, US Department of Justice  
Stacy Phillips, US Department of Justice  
Marjorie Sims, Ascend at the Aspen Institute  
Amy Templeman, Alliance for Strong Families and Communities

## Endnotes

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The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multidisciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative & Effective Institutions.

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# Reframing Childhood Adversity: Promoting Upstream Approaches

February 2021

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**Sweetland, J. (2021). *Reframing childhood adversity*. Washington, DC: FrameWorks Institute.**

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