Framing Adversity, Trauma, and Resilience

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MARCH 2024

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The Story We Tell Matters

The science of adversity, trauma, and resilience is a powerful tool in any effort to improve health and wellbeing. But science–no matter how strong its findings– does not speak for itself. It requires translation. Because the people who encounter our ideas do not arrive as "blank slates," any coordinated initiative on adversity, trauma, or resilience needs to introduce these concepts in ways that navigate existing assumptions and attitudes.

This brief, developed to support the work of the Maryland State Commission on Trauma-Informed Care, offers guidance on how to effectively translate what is known about adversity, trauma, and resilience into efforts to strengthen related policies, programs, and public agencies. It is written for people who communicate publicly about these connected topics – a broad field that includes researchers, advocates, health care and mental health care providers, and practitioners working on issues like child abuse and neglect, family violence, adverse childhood experiences (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 and strategies that work at the community and policy levels. That is, these recommendations were crafted to help expert communicators more effectively reach public, community, and policymaker audiences to build a broader constituency for trauma-informed approaches and the systemic changes they call us, collectively, to make. (The recommendations were not developed or tested for clinical settings and may not be suitable for that context.)

It provides actionable recommendations, building on more than two decades of FrameWorks' research on communicating about adversity and resilience.

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 adversity and resilience that are widely shared and durable – assumptions and expectations that communicators encounter again and again.

For example, one widely shared mental model involves the assumption that the right response to hardship is to marshal one's inner resources, overcome the challenge, and push through any lingering effects. "What doesn't kill you makes you stronger," the thinking goes. People further assume that whether a person "bounces back" is primarily a matter of personal character and fortitude. From this perspective, it's hard for people to see why it matters that adversity and trauma are widespread, much less appreciate the vital role that policies and programs can play in preventing and mitigating them.

Sometimes our language reflects and reinforces the very ideas we are hoping to displace. Take, for example, the tendency of trauma-informed practitioners to talk about "putting your own oxygen mask on first" to emphasize the importance of attending to one's own mental and emotional needs. This might be a helpful counselling tool to guide people facing trauma. But in the public square, it may be unhelpful. To the extent that this framing strengthens the mental model that personal choices define a successful response to hardship, this habit works against us in public-facing communications.

With framing adjustments, however, we can avoid triggering the "default settings" in the public mind. For example, instead of choosing language and analogies that focus attention on individual-level actions, we can consistently use language that expands the public's mental model of how context shapes the outcomes of adverse events and experiences.

Below, we summarize other patterns of public thinking that we should be careful not to reinforce. Each can get in the way of understanding adversity, trauma, and resilience 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.

Expert-to-expert Framing

When subject-matter experts rely on field-specific vocabulary in public settings, we leave others out of a conversation that needs their participation. Translating the science requires more than defining our terms of art, and engaging new audiences isn't just about teaching them what we ourselves have already learned. It involves intentionally reorganizing the ideas we present --and how we present them – so they are relevant and actionable for the audience. (All the following recommendations show ways to do this.)

Avoid Crisis Framing

Framing ACEs or trauma as a public health crisis or epidemic can have backfire effects. Rather than motivating and engaging people, crisis framing can lead to apathy, as it drains your audience's finite pool of worry. Crisis framing can also spark fatalistic attitudes, leading people to conclude that the problem is too big to be fixed. (See recommendations 1, 3, and 4 to see what to do instead.)

Avoid Deterministic Framing

Watch out for wording that makes it seem that the effects of adversity are irreversible or that trauma is an inevitable consequence of some events. When framing leads people to assume that the future can't be changed, it also leads them away from action. (See recommendations 2, 3, 4, and 6 to see what to do instead.)

Avoid Paternalistic Framing

Paternalistic framing suggests that the solution to a problem involves authority figures using their power to protect those with less power, often by acting on their behalf. In addition to obscuring the importance of partnership and the reality of community strengths, paternalistic framing can harm or slow healing for people who have experienced trauma. (See recommendations 1, 3, and 5 to see what to do instead.)

Avoid Little-picture Framing

Don't zoom in on individual-level or household-level experiences. Even if the intent build empathy for people who have faced hardship, or to take inspiration from examples of healing and resilience, those are rarely the impacts of zoomed-in stories. Audiences rarely generalize from particular stories. Instead, zoom out to include larger social contexts. Think about showing a panorama, not painting a portrait.

Framing Strategies that Work

To build a broader constituency for trauma-informed approaches, the story we tell must deepen understanding, spark a sense of collective responsibility, and offer a sense of realistic hope. The seven recommendations below offer ways to do this.

RECOMMENDATION #1

Make the story about community strength, not widespread trauma.

Use an asset-based frame, not a deficit-based frame. Lead with the idea that communities have many strengths, and that our policies and programs should promote and preserve what's already working. Rather than talking about adversity and trauma as isolated problems to be solved, position them as threats to strong, vibrant communities. Be clear that relevant strengths and resources exist but need to be devoted to the issue of trauma.

What it Looks Like

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

Our community's spirit has weathered many storms—violence, natural disasters, and social injustices have all left their mark. We are still standing because we have relied on each other to do what it takes to rebuild and restore our wellbeing. By working together to prevent adversity, address trauma, and promote healing, we can build and maintain our resilience and wellbeing.

Keep in Mind

— **Lead with an aspirational values appeal.** Consistently open messages with positive affirmations of what's at stake – especially the idea that communities have existing strengths and tremendous potential that we have a shared obligation to promote and preserve.

— **Don't use the scope or severity of the problem to engage people.** Bleak facts and upsetting stories can 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.

— **Lean toward collective, rather than selective, impacts.** Talk about a region's productive workforce,

engaged citizenry, and vibrant communities – and then show how adversity and trauma have the potential to undermine them. Be clear that trauma-informed initiatives benefit all in a community or region, not only those directly served by the initiative.

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 like violence –and examples of violence like child abuse, sexual assault and rape, and mass shootings -- come loaded with misconceptions about "bad apples" who are spoiling society. This stigmatizes struggling families, reinforces stereotypes about marginalized groups, and leads people to mis-matched 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.

In studies investigating effective ways to talk about the effects of serious adversity, FrameWorks researchers found that the value of *Community Strength* built agreement that addressing toxic stress was a priority and built support for evidenced-based programs to address stress in communities. Importantly, this value cued productive discussion about as active partners, not just a site of intervention. Participants imagined ways that ordinary residents could work together with policymakers and service providers to develop strategies and make decisions that worked in their communities.

RECOMMENDATION #2

Always put the term "trauma" in context.

When talking about trauma, put it in the context of what comes before it and what can come after it. That is: communicate that trauma is one possible response to adversity, and that recovery is possible. Introduce the topic with a multi-part phrase like "adversity, trauma, and resilience," "adversity, trauma, and healing," or "adversity, trauma, healing, and resilience." (Select the option that best suits your topic and perspective.) Avoid the phrase "trauma-informed care" or "trauma-responsive approaches" in high-visibility places like report titles or initiative names.

What it Looks Like

Instead of this:		Try this:
Trauma is the result of an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.	→	Trauma is one possible response to adversity. A traumatic event can be an experience, series of experiences, or circumstances. (Some examples of possibly traumatic events include natural disasters, violence, or injuries.) An adverse event may have lasting negative effects on a person's physical or mental wellbeing, but resilience is possible with timely support.
Our initiative is focused on integrating the principles of trauma-informed care into state agencies.	→	Our initiative equips state agencies to prevent adversity, respond to trauma, and promote healing and resilience.

Keep in Mind

— **Expand people's mental model of trauma.** Early in a communication, use a modifier like *psychological* or *emotional* to specify your topic.

— **Consistently use a three-part phrase, like "adversity, trauma, and resilience."** This structure helps to communicate that different responses are possible, and different outcomes are possible.

— **Take care with claims of universality.** Experts in adversity and trauma sometimes use the term "universal" to make the case that universal precautions are warranted. Because most audiences have different associations with the term "universal," this phrasing can leave the impression that trauma affects all communities in the same way, at the same rate, and with the same effects. In turn, this might hamper efforts to directly discuss and address social inequities. (If trauma is universal, then why talk about racism? If ACEs are universal,) In most cases, it's better to describe adversity or ACEs as "common and widespread."

— **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 investments in communities.

Why This Works

Talking about trauma comes with a core challenge: the most common uses of the word aren't the ones that experts mean. When people encounter the term on its own, it may call to mind a severe physical injury – or remind them of a humorous, hyperbolic description of a mildly unpleasant experience.
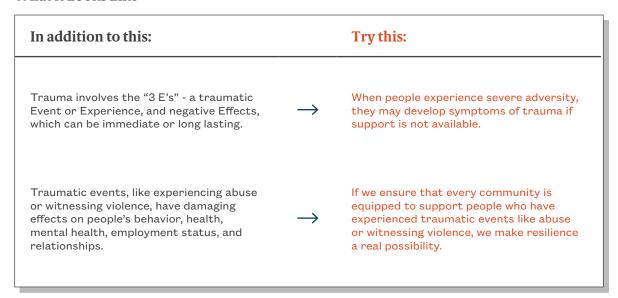
These challenges are more than a matter of vocabulary. When people don't understand a problem, it's difficult to think about solutions. Because the public has a thin understanding of psychological trauma, they assume that solutions don't really exist, or boil down to intensive mental health services for people who have experienced terrible events. On the other hand, if our framing helps people see the role for policy and community-level programs, the issue becomes easier to understand and support.

RECOMMENDATION #3

Consistently point to the possibility of positive outcomes.

Avoid giving the impression that adverse experiences automatically translate into negative outcomes, or that a trauma response permanently impedes a person's ability to function.

What it Looks Like

In addition to this:		Try this:
Trauma involves the "3 E's" - a traumatic Event or Experience, and negative Effects, which can be immediate or long lasting.	→	When people experience severe adversity, they may develop symptoms of trauma if support is not available.
Traumatic events, like experiencing abuse or witnessing violence, have damaging effects on people's behavior, health, mental health, employment status, and relationships.	→	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.

Keep in Mind

— **Never leave the impression that adversity is destiny.** Make it clear that adversity has lasting effects, but don't suggest that negative outcomes are inevitable or that the harm is irreparable.

— **Highlight the idea that our response to adversity matters.** To do this, keep the focus on how to counter-balance the weight of adversity – not on the adversity or trauma itself.

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 potentially 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.
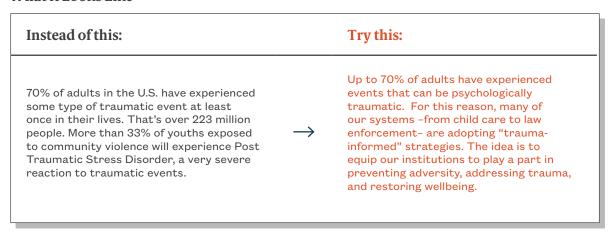
On the other hand, when we emphasize the dynamic interplay between the experience of adversity and the response to it, we prompt people to focus on the part of the story that can be changed. We move from a narrative that's about how the past predicts the future to one that shows how our present actions affect the future. This builds the sense that we have a role and responsibility to act.

RECOMMENDATION #4

Frame toward collective solutions.

Consistently 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. Adopt a "can-do" tone and show that it's warranted by giving specific examples of approaches that work.

What it Looks Like

Instead of this:	Try this:
70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's over 223 million people. More than 33% of youths exposed to community violence will experience Post Traumatic Stress Disorder, a very severe reaction to traumatic events.	Up to 70% of adults have experienced events that can be psychologically traumatic. For this reason, many of our systems –from child care to law enforcement– are adopting "trauma-informed" strategies. The idea is to equip our institutions to play a part in preventing adversity, addressing trauma, and restoring wellbeing.

Keep in Mind

When we raise the topics of adversity, trauma, and resilience or healing, there are many ways we can plan our communications around solutions, not just problems:

— **This isn't about false positivity.** 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").

— **Zoom out.** Frame the problem as a systemic issue, then offer solutions aimed at "fixing conditions" instead of "fixing people." Take care to offer examples other than the availability of treatment, as health care framing leads people to individualize health issues.

— **Talk about the public sector.** Show how government can be a responsive, respectful partner in a larger effort.

— **Show, don't tell.** Don't rely on jargon or generic ideas to describe solutions. Instead, explain and illustrate concrete actions that match the scope of the problem and would make a meaningful difference.

Why This Works

Building solutions into our framing establishes an important foundation for change- oriented, hopeful attitudes. Just as importantly, solutions-oriented framing prevents us from being satisfied with merely "building awareness" on an issue that demands action.

Leaving solutions out, on the other hand, comes with unnecessary and unacceptable risks. When we highlight a major social problem like trauma without also helping people see the possibilities for meaningful and tangible change, we risk sparking fatalism and feeding a cycle of cynicism. We may also cause distress. It's never easy for people who have experienced adversity or trauma to be reminded that they are in harm's way, especially if we leave the impression that there's little to be done about the situation.

RECOMMENDATION #5

Don't just name inequities. Explain them.

Consistently and explicitly connect economic and social injustice to adversity and trauma, but don't stray from a story that's ultimately about community strength. When using negative data points to illustrate the effects of injustice, pair them with explanations that point to root causes. Otherwise, the door is left open for deficit-based thinking about communities that face more adversity.

What it Looks Like

Instead of this:	Try this:
Some social determinants of health can be a source of stress, adversity, and trauma, including the wider set of forces and systems shaping the conditions of daily life, such as race and racism. U.S. population studies indicate that, compared to Whites, individuals who identify as Black have a higher prevalence of post-traumatic stress disorder (PTSD) as well as higher rates of child maltreatment, domestic violence, and war-related trauma.	Adversity can happen anywhere, but not every community has the same resources to prevent or address it. Systemic racism contributes to a pile-up of economic and social stressors – and restricts access to health care and other essential resources for coping. This helps to explain why people who are Black report more traumatic events and have higher rates of post-traumatic stress disorder (PTSD) than people who are White.

Keep in Mind

— **Never paint a stark, sensationalized portrait of families or communities facing exclusion or oppression.** It's easy for people to "otherize" the communities who are most affected by adversity and trauma. When highlighting inequitable conditions, don't stack your statistics or examples sky-high. This can trigger 'cultural deficit' thinking that reinforces dystopic views of social groups.

— **Choose examples carefully.** Effective framing of social issues always locates the problem in social conditions or widely shared experiences, not within individuals or households. This is all the more important when talking about contexts or communities that face discrimination, exclusion, and oppression.

— **Look for opportunities to show how one problem affects many oppressed/marginalized communities.** When possible, organize your communications around causal pathways or underlying problems rather than by priority populations. For example, you could show how injuries and deaths from firearms are potentially traumatic events that affect people with mental illness, people facing family violence, and students and teachers who experience shootings at schools. Or you could explain the science that shows how stressful it can be for a young child to be separated from a parent, and then illustrate how this experience is disproportionately faced by communities of color due to biased practices embedded in systems such as child welfare/child removal, policing/incarceration, and immigration/deportation.

— **Talk about solutions, not just problems.** When it comes to social inequities – and especially racism - the primary communications challenge is not to convince people that these problems exist, but to convince them that we can do something about it at scale. Most Americans readily acknowledge that racism exists and believe it is unfair but lack an understanding of how it shows up in society and how to address it. Framing toward solutions when we talk about racism or other injustices challenges us, as communicators, to go beyond "building awareness" on issues that need urgent and meaningful action.

Give examples from different stages of life.

If your goal is to make the case for a system-wide, multi-agency approach, it's important to frame the issue as a widely shared public concern. You can do this by consistently signalling that adversity, trauma, and resilience are relevant across the lifespan. Make sure your examples, visuals, and numbers work together to create a sense that people can experience stress, trauma responses, and healing at every age and stage of life.

What it Looks Like

Instead of "vulnerable populations"	Try "stages of human development"
Trauma has no boundaries regarding age, gender, socioeconomic status, race, ethnicity, or sexual orientation –it can happen to anyone. Trauma is a common experience in American communities, and a history of trauma is especially common in the lives of people with mental and substance use disorders. People with some occupations, like first responders, are at increased risk for secondary trauma.	Traumatic stress can affect wellbeing at any point in the lifespan. For infants and young children, being abruptly separated from a parent can disrupt healthy brain development. In adolescence – from ages 10 to 25 – trauma can interfere with learning and relationships. In adulthood, trauma can cause or compound problems in functioning, including behavioral health disorders. No matter a person's age, timely, effective support helps with recovery.

Keep in Mind

— **Reserve brain-building metaphors for talking about what happens in early childhood.** When talking about early development, the metaphor of *Brain Architecture* can help to strike the right balance between urgency and efficacy. "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 not as strong as it could be." 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.

RECOMMENDATION #7

Use a welcoming, accessible style.

Typically, scientific findings are communicated by scientists talking to other scientists about the meaning of their findings. Because the topics of adversity, trauma, and resilience emerge from scientific and medical research, much of the language around these topics was developed for peer-to-peer exchanges among specialized researchers. When communicators lean too heavily on this language, the risks of miscommunication and missed opportunities increase.

Always communicate to general audiences in plain, everyday language. Adopt an easy-to-understand style when talking with other professionals, especially those who work outside the field.

What it Looks Like

Framing with academic style:	Reframed with accessible style:
Based on an integration of findings from both empirical studies and interviews with individuals who exhibited resilience in the aftermath of severe trauma, researchers have identified six psychosocial factors that promote resilience in individuals: 1) optimism, 2) cognitive flexibility, 3) active coping skills, 4) maintaining a supportive social network, 5) attending to one's physical well-being, and 6) embracing a personal moral compass. These factors comprise cognitive, behavioral, and existential elements, a conceptualization that has been supported by other research on the nature of resilience, and they interact with one another to encourage resilient functioning after adversity.	Many factors affect how people respond after experiencing severe psychological trauma. One of the most important is having a supportive network of friends, family, and other social connections. This makes sense since none of us build well-being alone. When well-being has been damaged by a traumatic experience, it takes a team to restore it. Research has also found that when a person has learned ways to actively cope with stressful experiences, a resilient response to adversity is more likely. Coping skills are made up of intertwined strands of thinking, feeling, and doing. Each strand supports the others – and each can be taught, learned, and practiced.
A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; it also recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating evidence-informed knowledge about trauma into ongoing cultural development, policies, procedures, and practices, and seeks to actively resist re-traumatization. To optimize recovery interagency collaboration of resources and services may be required.	Because the impact of trauma is widespread, it makes sense for programs, organizations, and systems to be informed about it. Being trauma-informed starts with learning about the impact of trauma and the possible paths for recovery from it. It also involves recognizing the signs and symptoms of trauma. A trauma-informed program, organization, or system builds in effective ways of acting on this knowledge. As a simple example, an office with a calm atmosphere and friendly, welcoming staff offers a better environment for people with a history of trauma than a noisy, chaotic, or unfriendly space.

Keep in mind

Plain, everyday language is easy to read, but that doesn't mean it's easy to write. Adopting specific strategies can help:

— **Resist lists.** Listing "all the things" rarely does justice to any of them. It is better to narrow your focus and explain well. You can't ever say it all. But you can always say it in a way that builds understanding.

— **Make smart use of metaphors.** Metaphors recruit people's everyday experiences to help make sense of new, abstract concepts. When a carefully crafted metaphor exists on your topic, consider using it as a science translation tool. (See below for examples of metaphors that FrameWorks has developed and tested.)

— **Avoid acronyms.** Acronyms have an important job to do in peer-to-peer communication: they help "insiders" quicky and concisely refer to often-used concepts. When used with the public or other people who are not experts, acronyms signal that the conversation isn't meant to include them. When in doubt, spell it out.

— **Reword around complicated nouns.** Nominalizations—nouns that usually end in suffixes like -ment, -ion, -ity, or -ent—are longer and more complex than their related verb. When you spot a nominalization or a long noun phrase, revise. Use the root verb instead.

— **Shorten sentences.** Break long sentences into shorter ones. In some cases, this might mean you sacrifice rhythm for readability. That's okay.

— **Cut words.** Also, pick shorter, more common words.

Why This Works

When we make our ideas easy to grasp, we invite people to engage with them. Because the topics of adversity, trauma, and resilience are vital for non-experts to understand, that makes it all the more important that we communicate in ways that bring people in, not turn them off or go over their heads. Even if your audience is highly educated, they may not be familiar with the field and its concepts. Making the language simpler and easier to understand frees up the cognitive capacity to grapple with the ideas and their important implications.

Metaphors to Translate the Science of Adversity and Resilience.

Brain as "architecture." Talk about the brain as a structure that is built or wired through experiences and interactions: *"Positive experiences in early life wire the brain for wellbeing and resilience."*

Stress response as "types." Distinguish between short-term, day-to-day stress responses and chronically elevated stress responses: *"Some stress – like being nervous on the first day of school – is positive and helps kids grow. Other types of stress – like witnessing or experiencing violence – can become toxic if caring adults aren't there to help them cope."*

Supportive relationships as "buffers." Describe the role of safe, stable, nurturing relationships as a buffer between a potentially traumatic event and long-lasting harm. *""When people experience a traumatic event, close connections and support can buffer the impact."*

Positive experiences as "counterbalances." Talk about trauma-informed practices, spaces, and treatment as to the *"When people have experienced trauma, timely support and treatment can help to counterbalance its negative effects.*

Conclusion

Statewide initiatives –like those championed by the Maryland State Commission on Trauma-Informed Care - have the power to fundamentally shift outcomes in health, mental health, and quality of life. Efforts to change the culture of public agencies are also opportunities to change the public narrative about preventing adversity, addressing trauma, and promoting resilience. Just as civic servants who learn about the effects of adversity begin to see trauma-related behaviors in a new light, members of the public who hear different ideas about trauma can rethink their assumptions.

Harmful narratives are persistent, which means that our efforts to change them must also be persistent. With strategic, thoughtful framing, we are better equipped to advance this work with the power and pace it demands.

Acknowledgments

About FrameWorks

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 and Effective Institutions.

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