FOCUSING THE LENS

Language and framing related to the experience of adversity in childhood

INTRODUCTION & CONTEXT

Exposure to adversity in childhood is tied to a range of negative health and social outcomes across the life course.[1,2,3] This issue touches individuals, families, and communities.

Additionally, it reaches across sectors and fields, including public health, education, health care, the legal system, and child welfare. In recent years, there has been tremendous growth in interest and funding to address childhood adversity.[4] However, the rapid spike in interest and funding and the crosscutting nature of the issue have contributed to inconsistent and ambiguous use of terminology.

Based on conversations with stakeholders in the field, it is clear that the lack of consistency is contributing to a fragmentation of efforts. Beyond influencing how an issue is received and understood, the language and framing used also influence the clinical, policy, and community solutions crafted in response. For example, an issue portrayed as primarily occurring to individual people or families will bring about a different response than one primarily understood to affect populations or communities.

This document, one piece of a JSI project to understand the state of the practice and evidence regarding adversity in childhood, delves into framing, use of various key terms in the field, how language shape response strategies, and opportunities for greater clarity. This document is intended as a current snapshot based on key informant interviews, a review of existing literature, and sharing drafts with practitioners in the field.

THE **FIRST STEP**

To date, a wide range of terms related to adversity in childhood have been introduced and used by stakeholders in multiple fields. As a first step in this analysis, we took stock of frequently occurring terms, based on literature review and dialogue with key players in related sectors. The 32 terms to the right provide a snapshot of language in common use.

This is not an exhaustive list of terms. With our relatively loose criteria many more could be added. However, this collection provides a snapshot of the range and profusion of terminology being used.

Adverse Childhood Experiences (ACEs)	Community Trauma	Historical and Structural Racism	Scarcity
Allostatic Load	Complex Trauma	Intergenerational Trauma	Secondary Trauma
Buffering	Cumulative ACEs	Neuroplasticity	Social Cohesion
Childhood Trauma	Cumulative Stress	Nurturing Relationships	Social & Emotional Wellbeing
Childhood Adversity	Epigenetics	Post-Traumatic Stress Disorder (PTSD)	Toxic Stress
Chronic Stress	Family Stability	Protective Factors	Trauma-Informed Practice
Collective Impact	Flourishing	Resilience	Two-Generation Approach
Community ACEs	Healthy Child Development	Restorative Justice	Weathering

NARROWING IT DOWN

For the purpose of further inquiry and analysis, the list was narrowed down. Eight terms were selected based on two primary criteria:

- Frequency in the literature, policy, and formal meetings and dialogues; in other words, it was rare to hear a presentation or read a resource in related fields without some or many of these terms coming up.

- Representativeness and breadth of terms, the extent to which these terms are connected to other terms that are in common use.

Adverse Childhood Experiences (ACEs)	Community Trauma	Historical and Structural Racism	Scarcity
Allostatic Load	Complex Trauma	Intergenerational Trauma	Secondary Trauma
Buffering	Cumulative ACEs	Neuroplasticity	Social Cohesion
Childhood Trauma	Cumulative Stress	Nurturing Relationships	Social & Emotional Wellbeing
Childhood Adversity	Epigenetics	Post-Traumatic Stress Disorder (PTSD)	**Toxic Stress**
Chronic Stress	**Family Stability**	Protective Factors	**Trauma-Informed Practice**
Collective Impact	Flourishing	**Resilience**	Two-Generation Approach
Community ACEs	**Healthy Child Development**	Restorative Justice	Weathering

CLARIFYING MEANING:
ASSEMBLING A GLOSSARY

Getting everyone "on the same page" with a common understanding of terms is a crucial and difficult step. A clear glossary can help distinguish terms and also clarify connections. For example, toxic stress can explain the physiological mechanisms through which ACEs affect mind and body.[5] The definitions below are drawn from multiple sources.

ADVERSE CHILDHOOD EXPERIENCES (ACEs): ACEs are stressful or traumatic events experienced by age 18. The term specifically refers to 10 categories of adversities in three domains: physical, emotional, or sexual abuse; physical or emotional neglect; and household dysfunction that includes growing up in a household with parental incarceration, mental illness, substance dependence, absence due to separation or divorce, or intimate partner violence.[6]

CHILDHOOD ADVERSITY: A broad term that refers to a wide range of circumstances or events that pose a serious threat to a child's physical or psychological well-being. Common examples of childhood adversity include child abuse and neglect, domestic violence, bullying, serious accidents or injuries, discrimination, extreme poverty, and community violence.[7]

CHILDHOOD TRAUMA: One possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—either emotionally, physically, or both.[8]

FAMILY STABILITY: The degree of predictability and consistency in one's relationships as well as their social, emotional, and physical environments.

HEALTHY CHILD DEVELOPMENT: Children of all abilities, including those with special health care needs, are able to grow up where their social, emotional, and educational needs are met.[9]

RESILIENCE: The capacity to rise above difficult circumstances, the trait that allows us to exist in this less-than-perfect world while moving forward with optimism and confidence.[10,11]

TOXIC STRESS: Toxic stress is a response that can occur when a child or youth experiences strong, frequent, and/or prolonged adversity. In the absence of protective factors, prolonged activation of toxic stress in the body can damage a child's developing brain.[12]

TRAUMA INFORMED PRACTICE: An organizational structure and framework that understands, recognizes, and responds to the effects of all types of trauma. Trauma-informed practice emphasizes physical, physiological, and emotional safety, and helps survivors rebuild a sense of control and empowerment.[13]

PURPOSE: GETTING BEYOND THE GLOSSARY

Definitions are useful in distinguishing terms and concepts but don't necessarily provide insight into the subtleties of meaning and usage. Language matters and can shape understanding and to an issue.

Moreover, key choices in use of language and intended meaning reflect broader strategic decisions. For example, positing that ACEs occur in all populations serves to make the issue broadly resonant. On the other hand, that universal appeal can also serve to elide the ways in which factors such as structural and historic racism shape patterns of ACEs across geographic and demographic populations (e.g., Black, Indigenous, People of Color).

In our review of current use of terminology in the field, three key findings stood out:

FINDING 1:

Understanding audiences is extremely important in order for language to increase inclusion and participation.

FINDING 2:

Aligning language with desired strategies leads to greater impact.

FINDING 3:

No single term or concept is sufficient to capture complexity and subtlety.

In the following pages we explore these three findings and then turn to potential steps forward. This is not intended as a definitive review or recommendations document. Our goal is to reflect current challenges and stimulate discussion about how to resolve them.
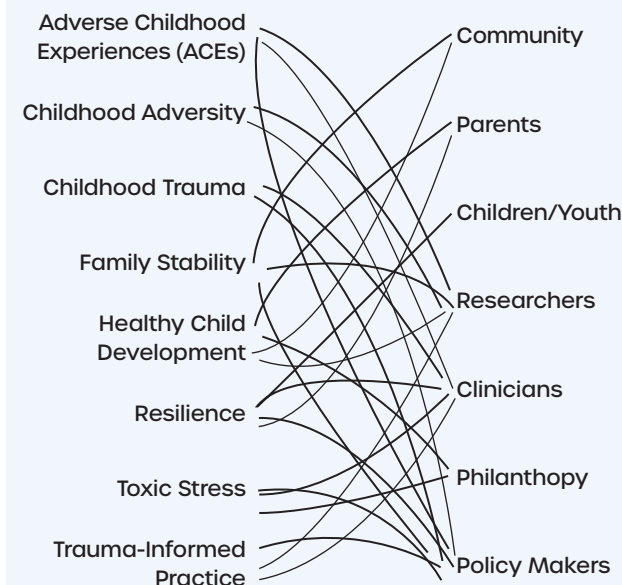
FINDING 1.
UNDERSTANDING AUDIENCES

Various groups and stakeholders understand and experience terms differently. For example, for clinicians and researchers, terms such as toxic stress and ACEs may be appealing because they are research-derived and diagnostic. However, a parent hearing that their child may suffer from toxic stress or has experienced ACEs could feel responsible and/or accused and may be reminded of their own trauma.

Another way to think about this is that different audiences are asking different questions. Philanthropy may be asking, "Is this a useful way to describe a social phenomenon?" and, "Are there proven or emerging responses that could be implemented at a population scale?" Community members may be asking, "Is this likely to further stigmatize people who have experienced hardships and injustices and our community as a whole?" Researchers and clinicians may be asking, "Is there an established

way to measure it and what does research tell us about related outcomes?"

Trying to map out the resonance of specific terms (even our pared-down set) with audiences can be methodologically difficult and confusing (see figure). In particular, there is little evidence about how different terms land with parents, children, and community members and/or what other terms and descriptions better capture lived experience. On the following pages, we look at usage of common terms by a few of the audiences here. The diversity of usage patterns reflects both the lack of a standard lexicon and the ways in which different terms resonate or function effectively with different audiences. It is important when looking at current usage to recognize that researchers, philanthropy, and policy makers have great power and influence in creating and promoting terms.

FIGURE 1. **Attempting to map terms with audiences can be overwhelming**

EXAMPLES FROM THE FIELD
# Responding to people with lived experience

In the domestic violence field, there has been a deliberate effort to shift from using the word "victims" to "survivors." This change was catalyzed by individuals, primarily women, who have experienced violence calling for language that is less stigmatizing and indicative of active healing rather than passive experience.[14]

I survived because the fire inside me burned brighter than the one around me.

SOURCE: The National Coalition Against Domestic Violence (NCADV)

POLICY: CALIFORNIA

To examine usage in policy, we searched California State legislation from 2007 – 2018 using the California Legislative Information database, for the terms: **adverse childhood experiences (ACEs)**, **trauma-informed practice, childhood adversit**y, **childhood trauma**, and **toxic stress**. We did not complete a full search for the following terms because they are used more broadly and returned many results not specific to adversity in childhood: **family stability**, **healthy child development**, and **resilience**.

We found an overall rapid increase in use with the most notable increases for adverse childhood experiences (ACEs), trauma-informed practice, toxic stress, and childhood trauma. For example, in the 2009-2010 session, legislators introduced zero bills using the term "adverse childhood experiences," but introduced 11 such bills in the 2017-2018 session. This tracks with the broader state policy context including Dr. Nadine Burke Harris, a pioneering expert in the field, being named California's inaugural Surgeon General in 2019. Once the 2019-2020 legislative session concludes, more insights into these pivotal few years will be possible.

FIGURE 2. **Occurrences of key terms in legislation introduced in the California State Legislature, 2007-2018.**
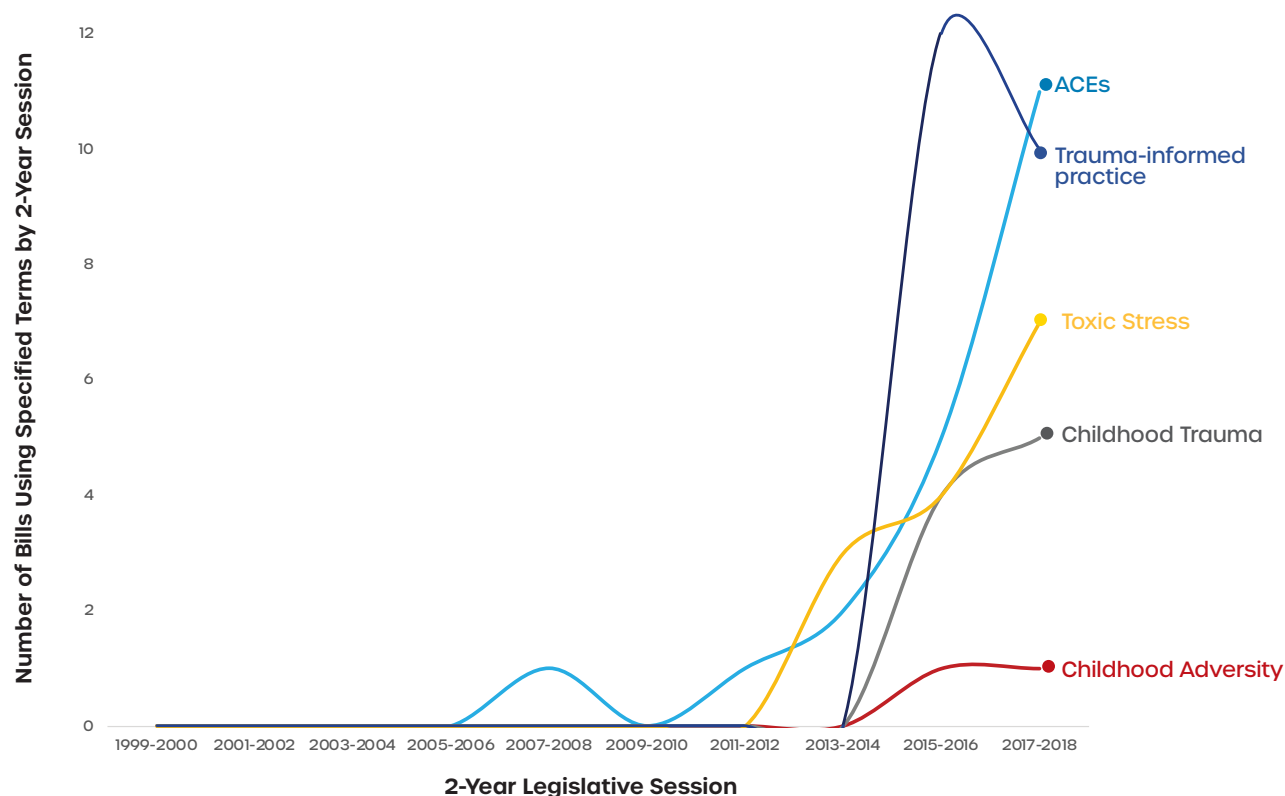
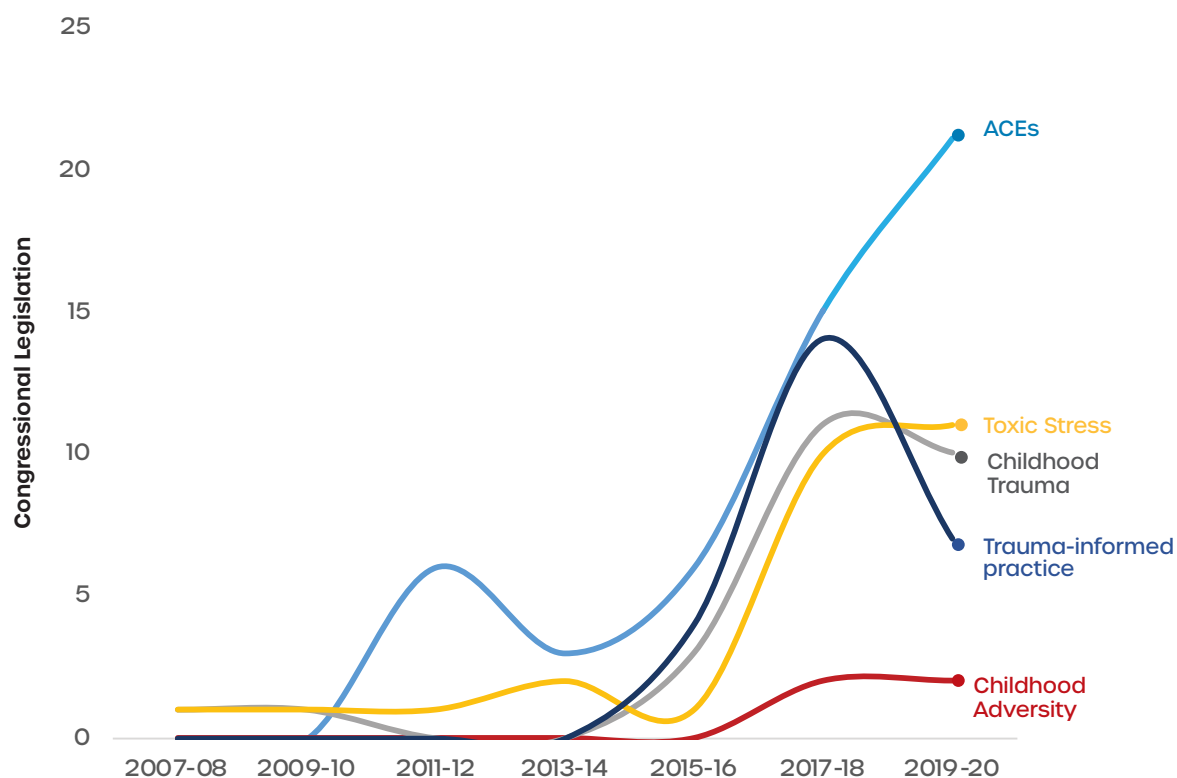Source: JSI Analysis of California Legislative Information Database, 2020.

POLICY: FEDERAL

We completed a corresponding search of Congressional legislation at the federal level during the 2-year sessions from 2007 – 2020 using Congress.gov.* This search included the same terms: **adverse childhood experiences (ACEs)**, **childhood adversity**, **childhood trauma**, **trauma-informed practice**, and **toxic stress** (and similarly excluded the following terms for the reasons stated previously: **family stability**, **healthy child development**, and **resilience**).

Similar to the California State Legislation search, for the congressional legislation, we found an increase in the use of the four terms with the most notable increase in the use of **adverse childhood experiences (ACEs)**. There was a moderate increase in the use of both **childhood trauma** and **toxic stress**, with a small increase in the use of **childhood adversity** over the past few years (see Figure 3).

We completed searches in various other states including New York, Oregon, and Washington (results not shown). These searches did not demonstrate trends as clearly as the California and Congressional legislation analyses.

FIGURE 3. **Occurrences of key terms in federal legislation introduced in Congress, 2007-2020.**

Source: JSI Analysis of Congress.gov Database, 2020.

* Note that this search included the 2019-2020 session, but was completed in April 2020 and thus, does not include all legislation introduced in the full legislative session of 2019-2020.
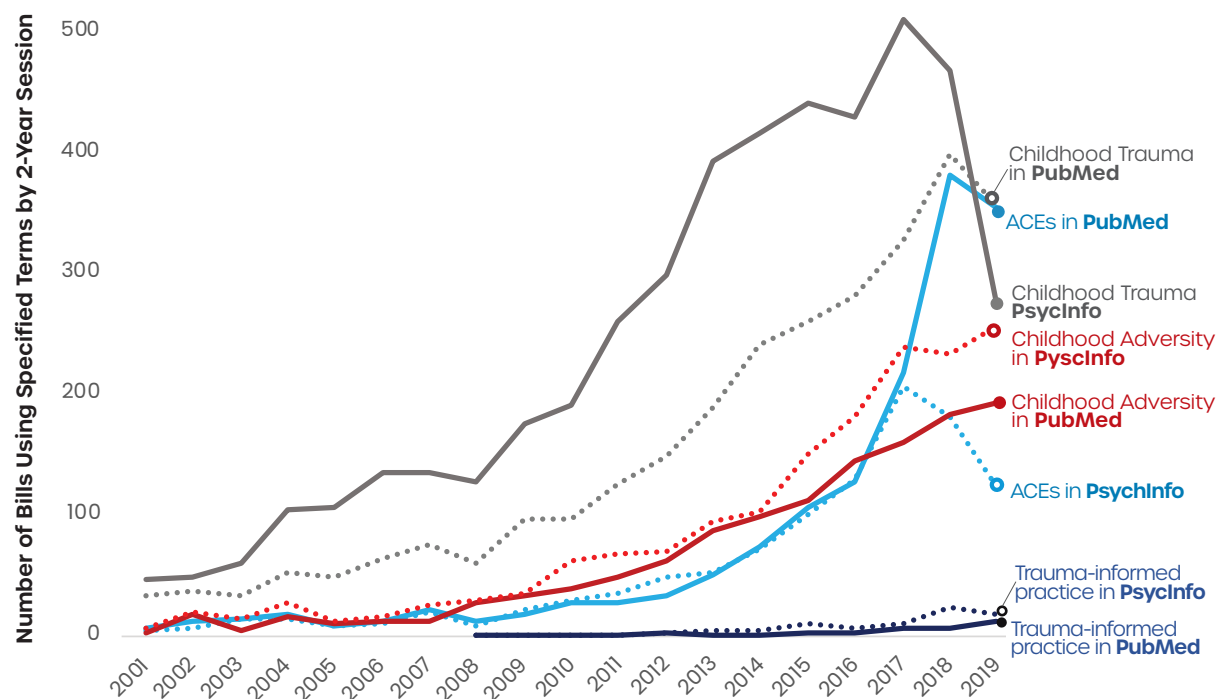
RESEARCH

As a rough approximation of the use of these terms in research, we examined results for major research databases, PubMed and PsycInfo. We also queried Education Resources Information Center (ERIC), an education research database, and found few results related to these terms (thus, results from ERIC are not shown in the graph).

The terms included in this query are: **adverse childhood experiences (ACEs)**, **childhood adversit**y, **childhood trauma, trauma-informed practice**, and **toxic stress**. Ultimately, results for toxic stress were not included on the graph because they were zero or very low compared to the other terms. For the same reasons mentioned in the legislative analysis, we did not complete the full search for **family stability**, **healthy child development**, and **resilience** because they are more broadly used and the initial searches returned results not specific to the field.

Overall, an increasing trend over time is evident in PubMed and PsycInfo results related to the key terms. In contrast to the policy scan, childhood trauma was the most common key term in both PubMed and PsycInfo, indicating the broad resonance of this term in the research community.

FIGURE 4. **Occurrences of key terms in PubMed and PsycInfo Databases 2008-2019**

Source: JSI Analysis of PubMed and PsycInfo databases, 2020.

POPULAR MEDIA

After exploring policy and research, we also wanted to take a closer look at the use of these terms in popular media. Using Nexis Uni (LexisNexis), we searched instances of the key terms (**adverse childhood experiences**, **childhood adversity**, **childhood trauma**, **trauma-informed practice**, and **toxic stress**) in the text of popular media from 2008-2020. Popular media includes newspapers, newswires and press releases, blogs, magazines and journals, and web-based publications.

Similar to the policy and research scans, the general trend is upward in use of the terms, with a particularly sharp growth in use of **childhood trauma** and **adverse childhood experiences**.

Overall, this exploration of policy, research, and media indicates an increasing awareness of the issue and an appetite for action to address these issues.

FIGURE 5. **Occurrences of key terms in popular media, 2008-2019.**
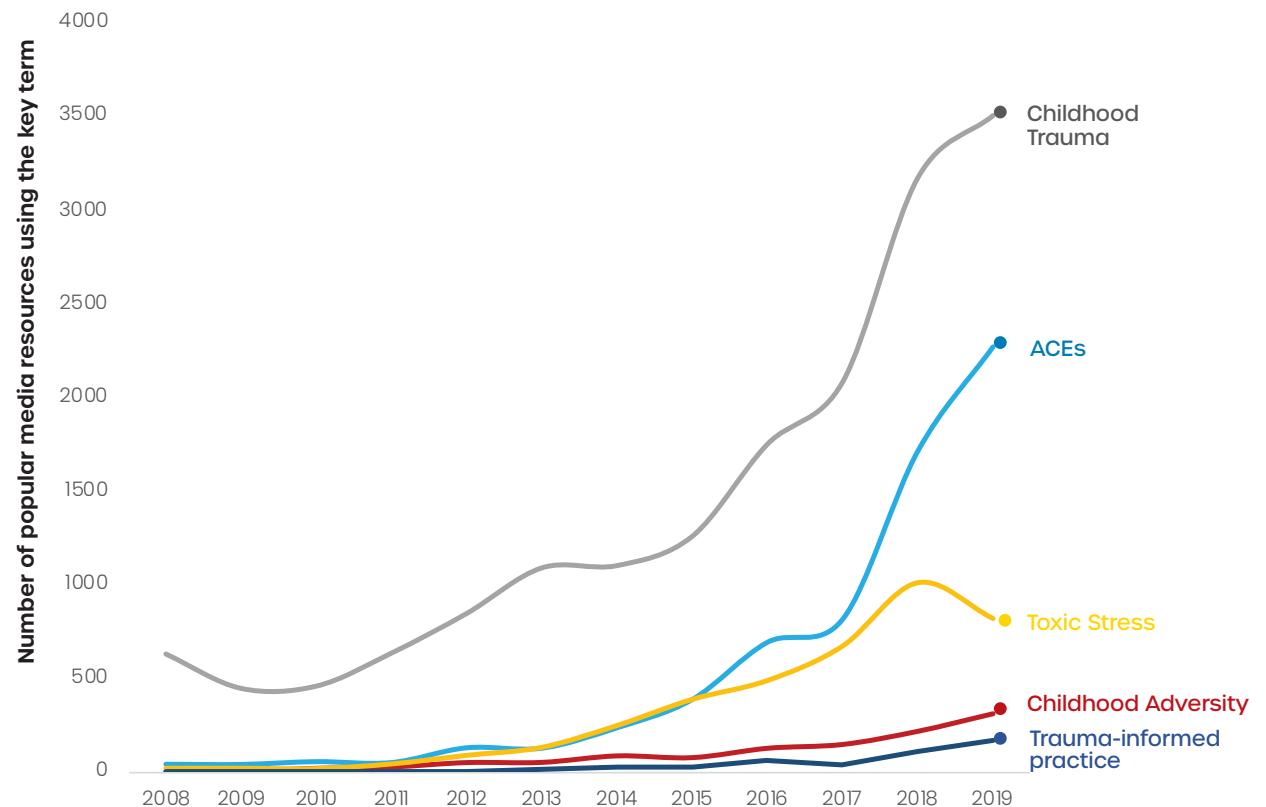
Source: JSI Analysis of Nexis Uni (Lexis Nexis) database, 2020.

LANGUAGE, RESPONSIBILITY & EQUITY

Differing audience perspectives are in part related to differences in power. Terms carry divergent connotations and implications based on life experiences and position within social and political hierarchies. For instance, there has been significant pushback on the term resilience. Resilience came into favor because it is aspirational and asset-oriented.[15] However, critics have described the use of resilience as a way to ignore historical and structural racism and oppression and focus instead on individual characteristics.[16]

" Surviving life's hardest blows should not be celebrated — or expected. Recovery and reconciliation require reparations and resources. To expect resilience without justice is simply to indifferently accept the status quo."[17]

- DR. MONA HANNA-ATTISHA

Sources (top to bottom): Photograph by Allan Leonard,[18] headline from the New York Times[19] and illustration from the New York Times[20]

Stop calling me **RESILIENT.** Because every time you say, "Oh, they're resilient," that means you can do something else to me. **I am not resilient.**

Tracie L. Jackson,
Louisiana Justice Institute

I'm Sick of Asking Children to Be Resilient

It's time for reparations and resources and to not expect kids to "rise above."

By Mona Hanna-Attisha
Dr. Hanna-Attisha is a pediatrician and professor at Michigan State University College of Human Medicine.

May 12, 2020

Is Resilience Overrated?

I want people to be proud of themselves for being resilient. I just don't want it to be the only option.
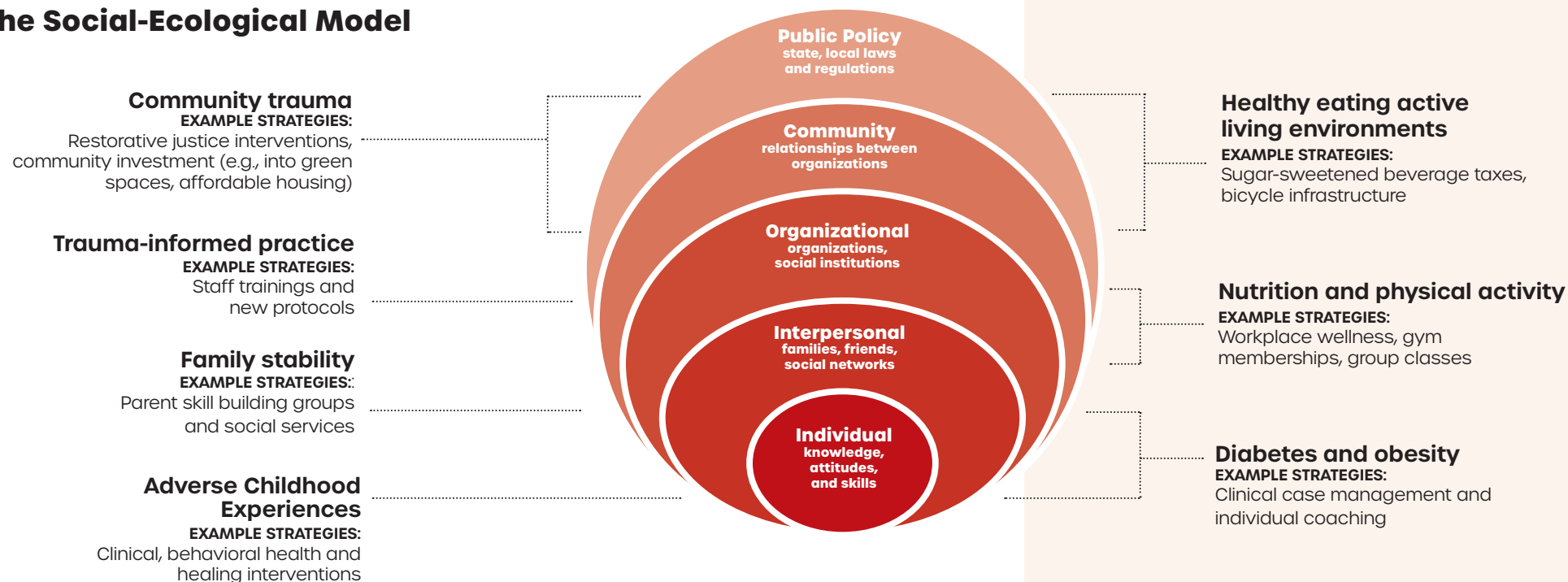
ALIGNING LANGUAGE & STRATEGY

The language that is used to describe and frame an issue impacts the solutions that are put forth. Framing of an issue, like adversity in childhood, can lead to understanding an issue as primarily occurring at an individual, interpersonal, organizational/institutional, community, or structural/policy level (see the ecological model figure). For example, adverse childhood experiences, especially in clinical settings, is strongly tied to screening individuals. Screenings for ACEs at an individual level then points to individual clinical, behavioral health, and healing interventions.

Focusing on trauma-informed practice tends to lead to organizational strategies. Understanding adversity in childhood through the lens of healthy child development or emerging terms such as community trauma will likely underline community or structural/policy level solutions. The framing and magnitude of the issue strongly influences the level at which solutions may be generated (individual, interpersonal, organizational/institutional, community, or structural/policy levels).

EXAMPLES FROM THE FIELD

Within public health there has been a concerted effort to shift focus from diabetes and obesity to nutrition and physical activity and/or healthy eating and active living.[21] Diabetes and obesity are largely understood as individual phenomena and lead to clinical and service-oriented responses. Describing the issue as nutrition and physical activity and healthy eating, active living, especially when specific issues such as food deserts are identified, leads to solutions that support individuals but also enhance the systems and environments that support those individuals.[22]

Figure 6.

The Social-Ecological Model

Community trauma
EXAMPLE STRATEGIES:
Restorative justice interventions, community investment (e.g., into green spaces, affordable housing)

Trauma-informed practice
EXAMPLE STRATEGIES:
Staff trainings and new protocols

Family stability
EXAMPLE STRATEGIES::
Parent skill building groups and social services

Adverse Childhood Experiences
EXAMPLE STRATEGIES:
Clinical, behavioral health and healing interventions

Public Policy
state, local laws and regulations

Community
relationships between organizations

Organizational
organizations, social institutions

Interpersonal
families, friends, social networks

Individual
knowledge, attitudes, and skills

Healthy eating active living environments
EXAMPLE STRATEGIES:
Sugar-sweetened beverage taxes, bicycle infrastructure

Nutrition and physical activity
EXAMPLE STRATEGIES:
Workplace wellness, gym memberships, group classes

Diabetes and obesity
EXAMPLE STRATEGIES:
Clinical case management and individual coaching

SOURCE: The Social-Ecological Model, the Centers for Disease Control and Prevention (CDC).[23]

ORIENTATION

In addition to the ecological model, there are myriad other ways to cluster and divide key terms in order to illustrate connections to intervention strategy. The figure to the right illustrates one potentially important clustering.

Terms such as healthy child development, resilience, and family stability tend to focus on positive attributes, things that need to be maintained and amplified (strengths). Terms such as toxic stress, childhood adversity, ACEs, and childhood trauma are oriented towards problems, gaps, and things that have already happened that need to be addressed (deficits). A parallel distinction that is

often discussed in literature and practice is between protective factors and risk factors. When considering intervention strategies, the same clusters are oriented toward prevention and after-the-fact mitigation.

However, these clusters should not be seen as a hard-and-fast dividing line; usage makes a difference. For example, screening a parent for ACEs is a deficit-oriented strategy. If awareness of an elevated parental ACE score leads to strategic engagement with a clinician and other supports to increase individual resilience and improve family stability, exposure to ACEs for their children may be

prevented. In considering the potential connections between deficit-based terms and primary prevention strategy, however, it is important to recognize that in the broader fields of public health and healthcare resources are disproportionately directed toward
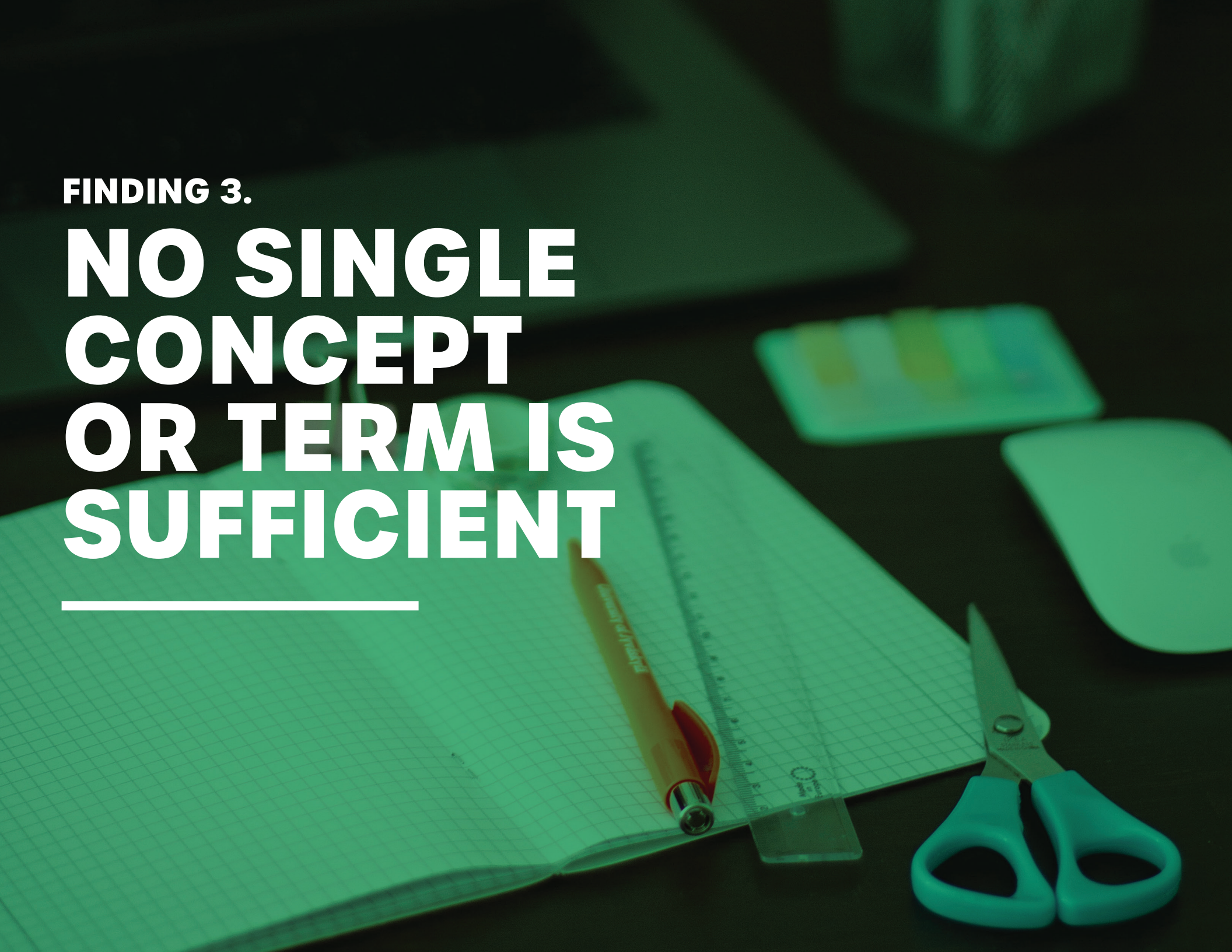
reactive mitigation treatment focused on individuals. As a result, even when there may be intention to take a comprehensive approach across orientations (or across levels of an ecological model), there are significant barrier to implementation.

FIGURE 7: **Potential clustering of terms**

| PREVENTION		MITIGATION
STRENGTH-BASED		**DEFICIT-BASED**
Family Stability		ACEs
Healthy Child Development		Childhood Adversity
Resilience		Childhood Trauma
Trauma-Informed Practice		Toxic Stress
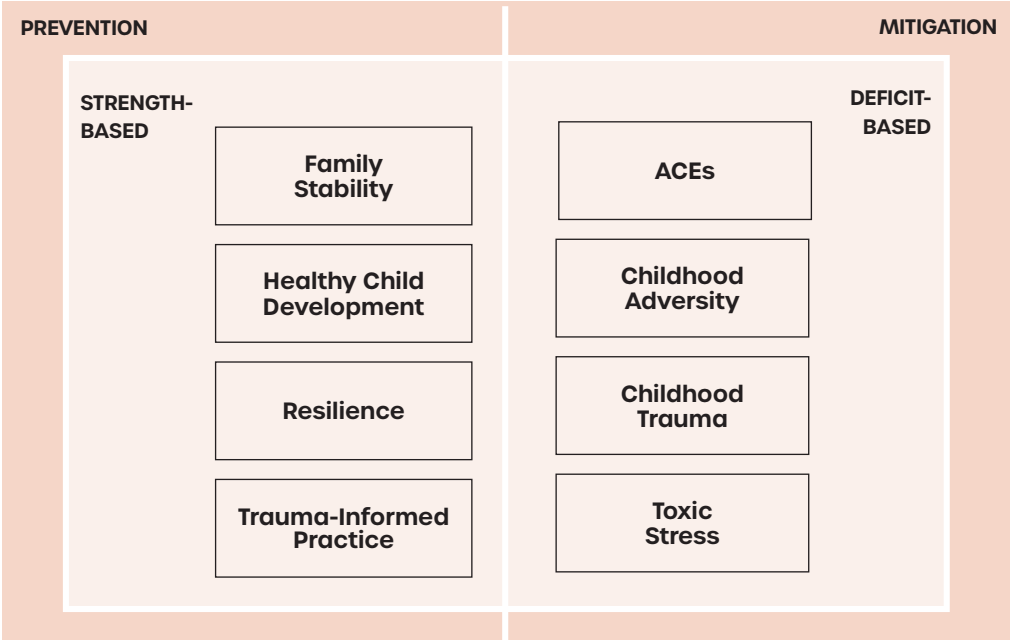
NO SINGLE CONCEPT OR TERM IS SUFFICIENT

Importance of context:
Reviewing the previous graphs, or the research and practice literature, it can appear that there is a competition among terms for preeminence. However, no single term or concept can fully capture complexity and subtlety.[24] Using terms in combination, with additional explanation, can serve to broaden perspective. For example, "adversity shaped by discriminatory policy and systems" captures a very different picture than "childhood adversity."

Similarly, a map of average or cumulative ACEs scores by community provides a deficit-based lens and does not convey insight into potential causes, response strategies, or strengths. A map that correlates ACEs scores with scores for factors that affect family stability such as housing stability, historical and current redlining, and economic opportunity provides a more balanced asset orientation and context.

Categorical usage: Using single terms or concepts on their own intrinsically limits clarity and understanding. In the previous section, we discussed how ACEs understood in a vacuum can lead to individual response strategies. Describing the connection between adverse childhood experiences and adverse community environments (see figure) can lead to a broader understanding and set of response strategies that also address "root causes."[25] This sort of connection can also lead to the pairing of strategies at multiple levels. For example, a number of clinical institutions have used data collected from individual patients to inform individual, community, and policy strategies to address issues such as housing security.

Figure 8. **THE PAIR OF ACEs**
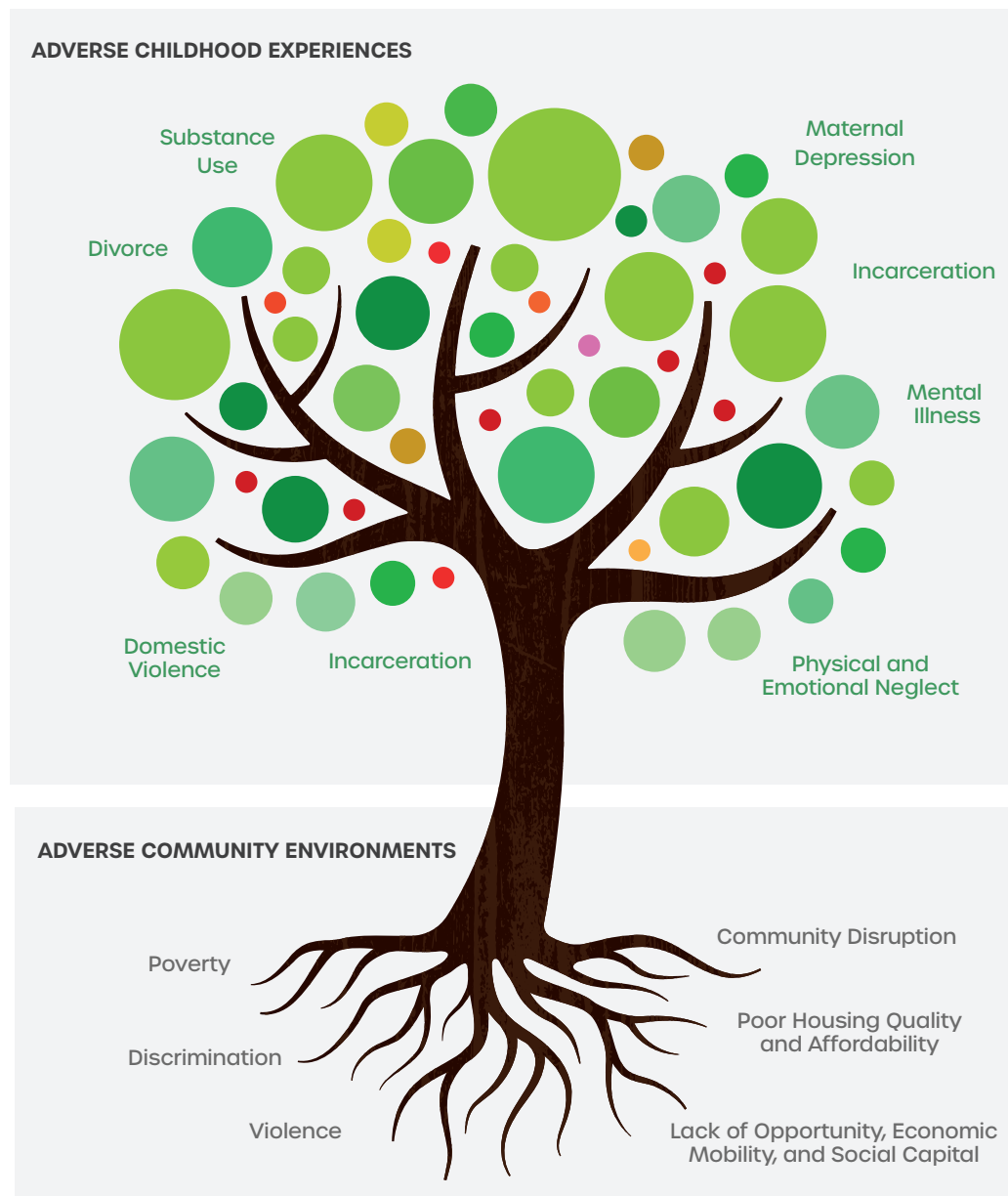
Adapted from : Ellis WR, Dietz WH. A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. *Acad Pediatr.* 2017;17(7S):S86-S93. doi:10.1016/j.acap.2016.12.011

THE **RISE** OF A CONCEPT: **GRIT**

It is very tempting to try and label complex phenomena with simple terms or concepts. However, without clear context and explanation, those simple terms will likely fail to be understood consistently. In particular, it is often unclear whether the term is a cause, effect, or mediating factor. That distinction makes a huge difference in terms of strategic response. The term, "grit," offers one example.[26]

Not long ago, the popular media was awash in calls to support and foster "grit" in children. Grit—defined in various realms as a combination of perseverance, dedication, resilience, willingness to work through difficult circumstances, and passion—was described as the character trait at the root of children's success in education and more broadly.[27, 28, 29, 30]

Have our kids gotten soft? Five ways to teach them grit.
CNN
Wed. October 21, 2015

Grit: The key ingredient to your children's success
Washington Post, March 9, 2015

Does Teaching Kids to Be 'Gritty' Help Them Get Ahead?
March 17, 2014 5:00 AM ET
Heard on Morning Edition

Grit Trumps Talent and IQ: A Story Every Parent (and Educator) Should Read
National Geographic, October 14, 2014

SOURCE: Headlines from CNN,[31] Washington Post,[32] NPR,[33] and National Geographic.[34]

THE **FALL** OF A CONCEPT: **GRIT**

However, there have been numerous critiques of the use of "grit" including: [35, 36, 37]

- **Grit frames systemic issues through an individual lens**, placing the burden on children to "toughen up" instead of remedying societal and/or institutional root causes.

- **Grit is often applied to low-income children and/or children of color** who live in communities with fewer resources without acknowledging those inequities and their root causes.

- **Grit is discussed as an innate "trait" instead of a mindset** that is developed and reinforced through social and institutional cues. Research on intelligence shows that framing and approaching intelligence as a malleable characteristic rather than a fixed trait has positive effects.[38, 39]

As a result of these critiques, grit has largely fallen out of favor and usage. The lesson from this example is to be cautious when a simple term purports to distill complex phenomenon: it likely won't turn out to be everything to everyone.

Does the Grit Narrative Blame Students' for School's Shortcomings?
KQED Public Radio, 2015, May 5

The problem teaching poor kids 'grit'? They already have it. Here's what they really need.
Washington Post, 2016, May 10

The Problem with Teaching 'Grit'
Medium, 2018, December 11

SOURCE: Headlines from KQED,[40] Washington Post,[41] and Medium[42]

POSSIBLE STEPS FORWARD

WHERE DO WE GO FROM HERE?

Fragmentation in the field is partially caused by using language inconsistently, which in turn impacts understanding of the issues and the solutions that are promoted.

There is much momentum and a rightful sense of urgency in this evolving field. Yet it is important to focus that energy and use language in ways that are both consistent and inclusive. Below are a few recommendations on where the field could go from here to ensure language serves to focus effort and build momentum.

Create venues where stakeholders with different perspectives can discuss how to frame the issues in ways that resonate with multiple audiences: Research and clinical perspectives have significantly shaped understanding of these issues. Together with policy makers and philanthropy, these groups have driven response strategies. It is important that the perspectives of parents, children, communities, and service-delivery organizations on the front-lines are deeply considered, understood, and at the heart of framing and selecting strategies to prevent and mitigate childhood adversity. Philanthropy may have a key role in ensuring that such venues are inclusive and connected to action.

Consistently highlight how historic and systematic injustices shape patterns of adversity: One of the key messages in the field is that "childhood adversity can happen to any child" and that "ACEs are not limited to any particular demographic or community." This is undoubtedly important and true, and it serves to destigmatize the topic. It is also true that although all children can experience adversity, some populations of children are disproportionately likely to, based on systemic factors such as the wealth gap for families of color. Adversity connected to poverty and racism is not arbitrary but rather historic and systemic. Making that point through language can help to highlight the need for solutions that get beyond mitigation and the individual. Some of the models highlighted in this document demonstrate visually the systemic nature of these issues.

Establish and grow support for prevention-focused strategies: An ounce of prevention is worth a pound of cure; it is more effective to prevent a child from experiencing adversity than to mitigate its effects after the fact. There is also reason to believe that language aligned with asset and prevention lenses resonate most with parents and communities. Using those terms more consistently would increase attention and investment in prevention strategies. One of the key opportunities is to use key concepts in combination; for instance to describe and measure the problem in terms of a deficit and the solution in terms of building assets.

Focus on establishing research parity: Research in the field should be balanced between the lenses presented. In other words, there should be a critical mass of research from the prevention-oriented lens and the strengths-based lens, not only from the deficit- and mitigation-based perspectives. Additionally, research of long-term outcomes is difficult and not widely incentivized in social sciences; however, a long-term horizon is important to understanding the totality of the impacts of childhood adversity and, in particular, the benefits of strategies to prevent exposure.

Engage framing experts to help clarify language and strategy: The challenge in understanding multiple lenses and conveying complex ideas in simple terms necessitates focused thought and expertise. In particular, framing experts could help to create alignment between communications strategy and intervention and policy/systems/organization change strategies and to clarify how words can be combined to better capture meaning and appeal to multiple audiences. This process should happen with input and oversight from a diverse range of stakeholders. The outcome may not be a precise guide to using specific words but more agreement on goals and strategies for conveying intended framing.

CONCLUSION

Attention and resources focused on experiences of adversity in childhood have increased dramatically, making widespread impact possible. However, while recognition of the importance of adversity for a range of social and health outcomes has grown, inconsistency remains in the field and among stakeholders when it comes to the use of language.

To some extent, proliferation of terms and lack of clarity or understanding is to be expected in a fast-emerging field focused on a complex social phenomenon. However, language and framing are crucial building blocks that impact how issues are received, understood and addressed. In order to successfully prevent and mitigate childhood adversity, stakeholders from various sectors will need to engage in an inclusive and deliberate process of field-building that builds shared understanding and reinforcing objectives. In that spirit, this document is not intended to provide a definitive perspective, but rather to stimulate and shape subsequent dialogue that can advance the field.

ACKNOWLEDGMENTS

REFERENCES

1   Burke Harris, N., *How childhood trauma affects health across a lifetime.* (2014, September 1). [Video]. TED Talks. https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

2   Bethell , C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse Childhood Experiences: Assessing The Impact On Health And School Engagement And The Mitigating Role Of Resilience. *Health Affairs,* 33(12), 2106–2115. https://doi.org/10.1377/hlthaff.2014.0914

3   Center on the Developing Child, Harvard University. (2020, August 14). *What Are ACEs? And How Do They Relate to Toxic Stress?* https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/

4   Reidy , C. (2018, June 6). 7-Part Series on Movement Building Strategies for Cross-Sector Networks. *ACEs Connection.* https://www.acesconnection.com/blog/7-part-series-on-movement-building-strategies-for-cross-sector-networks

5   Center on the Developing Child at Harvard University. (2020, August 17). *Toxic Stress.* https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

6   ACEs Aware. (2020, July 21). *The Science of ACEs & Toxic Stress.* https://www.acesaware.org/treat/the-science-of-aces-toxic-stress/

7   Bennett, K . (2020, April 9). *Adverse childhood experiences are different than child trauma, and it's critical to understand why.* Child Trends. https://www.childtrends.org/blog/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why.

8   Ibid

9   *Child Development Basics* | CDC. (2020, March 5). Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/childdevelopment/facts.html

10   The American Academy of Pediatrics. (2020a). *A Promoting Resilience. The American Academy of Pediatrics - The Resilience Project.* https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Promoting-Resilience.aspx

11   The American Academy of Pediatrics. (2020b). *A Building Resilience.* HealthyChildren.Org. https://www.healthychildren.org/English/healthy-living/emotional-wellness/Building-Resilience/Pages/default.aspx

12   Center on the Developing Child at Harvard University. (2020, August 17). *Toxic Stress.* https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

13   The American Academy of Pediatrics. (2020). *Becoming a Trauma-Informed Practice. The Resilience Project.* https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Becoming-a-Trauma-Informed-Practice.aspx

14   Nguyen, H. (2019, September 5). *Survivor, Not Victim.* Orange County Rape Crisis Center. https://ocrcc.org/2014/06/18/survivor-not-victim

15   Dhaliwal, K. (2018, November 17). *Rejected. Reflected. Altered: Racing ACEs revisited.* Berkeley Media Studies Group. http://www.bmsg.org/resources/publications/rejected-reflected-altered-racing-aces-revisited/

16   Ibid/

17   Hanna -Attisha, M. (2020, May 20). *I'm Sick of Asking the Children of Flint to Be Resilient.* The New York Times. https://www.nytimes.com/2020/05/12/opinion/sunday/flint-inequality-race-coronavirus.html

18   Suarez, C. (2020, April 21). *The Problem with Resilience.* Non Profit News | Nonprofit Quarterly. https://nonprofitquarterly.org/the-problem-with-resilience/

19   Hanna-Attisha, M. (2020, May 20). *I'm Sick of Asking the Children of Flint to Be Resilient.* The New York Times. https://www.nytimes.com/2020/05/12/opinion/sunday/flint-inequality-race-coronavirus.html

20   Attenberg, J. (2020, August 19). *Is Resilience Overrated?* The New York Times. https://www.nytimes.com/2020/08/19/health/resilience-overrated.html

21   Gehlert , H. (2018, November 17). *Why we should stop using the word "obesity."* Berkeley Media Studies Group. http://www.bmsg.org/blog/why-we-should-stop-using-the-word-obesity/

22   Public Health Advocates (formerly the California Center for Public Health Advocacy), PolicyLink, and the UCLA Center for Health Policy Research. (2008, April). *Designed for Disease The Link Between Local Food Environments and Obesity and Diabetes.* https://phadvocates.org/wp-content/uploads/2019/11/Designed-for-Disease-study-and-policyrec-combined.pdf

23   *The Social-Ecological Model: A Framework for Prevention.* (2020). Violence Prevention, Injury Center. The Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html

24   Bennett, K. (2020, April 9). Adverse childhood experiences are different than child trauma, and it's critical to understand why. *Child Trends.* https://www.childtrends.org/blog/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why

25   Ellis, W. R., & Dietz, W. H. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model. A*cademic Pediatrics*, 17(7), S86–S93. https://doi.org/10.1016/j.acap.2016.12.011

26   Wehrwein, Z. (2017, February 6). The Social Science of Success. Current Affairs. https://www.currentaffairs.org/2017/02/the-social-science-of-success

27   Wallace, K. C. (2015, October 21). *Have our kids gotten soft? Five ways to teach them grit.* CNN. https://edition.cnn.com/2015/10/14/health/grit-teaching-resilience-children-parenting/index.html

28   Holland, J. (2015, March 9). *Grit: The key ingredient to your kids' success.* Washington Post. https://www.washingtonpost.com/gdpr-consent/?next_url=https%3a%2f%2fwww.washingtonpost.com%2fnews%2fparenting%2fwp%2f2015%2f03%2f09%2fgrit-the-key-ingredient-to-your-kids-success%2f

29   Smith, T. (2014, March 17). *Does Teaching Kids To Get "Gritty" Help Them Get Ahead?* NPR. https://choice.npr.org/index.html?origin=https://www.npr.org/sections/ed/2014/03/17/290089998/does-teaching-kids-to-get-gritty-help-them-get-ahead

30   Del Giudice, M. (2014, October 14). *Grit Trumps Talent and IQ: A Story Every Parent (and Educator) Should Read.* National Geographic. https://www.nationalgeographic.com/news/2014/10/141015-angela-duckworth-success-grit-psychology-self-control-science-nginnovators/

31   Wallace, K. C. (2015, October 21). *Have our kids gotten soft? Five ways to teach them grit.* CNN. https://edition.cnn.com/2015/10/14/health/grit-teaching-resilience-children-parenting/index.html

32 Holland, J. (2015, March 9). *Grit: The key ingredient to your kids' success.* Washington Post. https://www.washingtonpost.com/gdpr-consent/?next_url=https%3a%2f%2fwww.washingtonpost.com%2fnews%2fparenting%2fwp%2f2015%2f03%2f09%2fgrit-the-key-ingredient-to-your-kids-success%2f

33 Smith, T. (2014, March 17). *Does Teaching Kids To Get "Gritty" Help Them Get Ahead?* NPR. https://choice.npr.org/index.html?origin=https://www.npr.org/sections/ed/2014/03/17/290089998/does-teaching-kids-to-get-gritty-help-them-get-ahead

34 Del Giudice, M. (2014, October 14). *Grit Trumps Talent and IQ: A Story Every Parent (and Educator) Should Read.* National Geographic. https://www.nationalgeographic.com/news/2014/10/141015-angela-duckworth-success-grit-psychology-self-control-science-nginnovators/

35 Schwartz, K. (2015, May 5). *Does The Grit Narrative Blame Students For School's Shortcomings?* KQED. https://www.kqed.org/mindshift/39337/does-the-grit-narrative-blame-students-for-schools-shortcomings

36 Strauss, V. (2016, May 10). *The problem with teaching 'grit' to poor kids? They already have it. Here's what they really need.* The Washington Post. https://www.washingtonpost.com/news/answer-sheet/wp/2016/05/10/the-problem-with-teaching-grit-to-poor-kids-they-already-have-it-heres-what-they-really-need/.

37 Equity in Education Coalition. (2018, December 11). *The Problem with Teaching 'Grit' - Sippin the EquiTEA.* Medium. https://medium com/@eec/the-problem-with-teaching-grit-8b37ce43a87e

38 Blackwell, L. S., Rodriguez, S., & Guerra-Carrillo, B. (2014). Intelligence as a Malleable Construct. Handbook of Intelligence, 263–282. https://doi.org/10.1007/978-1-4939-1562-0_18

39 Dweck, C. (2015, September 22). Carol Dweck Revisits the "Growth Mindset." Education Week. https://www.edweek.org/ew/articles/2015/09/23/carol-dweck-revisits-the-growth-mindset.html

40 Schwartz, K. (2015, May 5). *Does The Grit Narrative Blame Students For School's Shortcomings?* KQED. https://www.kqed.org/mindshift/39337/does-the-grit-narrative-blame-students-for-schools-shortcomings

41 Strauss, V. (2016, May 10). *The problem with teaching 'grit' to poor kids? They already have it. Here's what they really need.* The Washington Post. https://www.washingtonpost.com/news/answer-sheet/wp/2016/05/10/the-problem-with-teaching-grit-to-poor-kids-they-already-have-it-heres-what-they-really-need/

42 Equity in Education Coalition. (2018, December 11). Th*e Problem with Teaching 'Grit' - Sippin the EquiTEA.* Medium. https://medium.com/@eec/the-problem-with-teaching-grit-8b37ce43a87e