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**Adverse
childhood
experiences
in the news:
Successes and
opportunities
in coverage of
childhood
trauma**

Adverse childhood experiences in the news:

Successes and opportunities in coverage of childhood trauma

In the 1990s, a new framework emerged for understanding how children's early experiences affect their health as adults. In some ways, it came as no surprise that experiencing traumatic events or circumstances as a child (such as being abused or neglected or witnessing violence within the home) could have lasting impacts. But for the first time, researchers at the Centers for Disease Control and Prevention and Kaiser Permanente found conclusive evidence linking adverse childhood experiences (ACEs) to a wide array of poor mental and physical health outcomes that persist well into adulthood.¹ The more traumatic factors someone experienced as a child, the higher their risk for conditions like diabetes, cancer, substance abuse or suicide.^{1,2}

This research has profound implications for every sector in our society — especially those dealing directly with children and youth — but communicating about ACEs can be challenging. One step toward developing more effective strategies to communicate about ACEs is to find out how they appear in the media, particularly in news coverage. The news can inform discussion about and development of public policies that could prevent or address childhood trauma or adversity.³⁻⁶ Investigating the news about a topic can provide important clues about what information the public and policymakers are exposed to about that issue. If news coverage doesn't discuss childhood trauma, or doesn't make connections to the conditions that give rise to childhood trauma, it is less likely that policymakers and the public will see the issue as a priority or recognize it as a problem that can be prevented.

Due largely to the efforts of child health and trauma-prevention advocates, public conversations about childhood trauma are becoming more common, including in the news.⁷ We wanted to assess the strengths of that news coverage and to identify gaps in reporting that must be addressed if advocates and journalists are to successfully communicate about ACEs. We know that much of the work on childhood trauma is happening in local communities, so we were especially interested in exploring the nuances in local news coverage and how they compared to coverage in major news outlets like *The New York Times* or the

Huffington Post. Specifically, because news reporting can shape attitudes and public policy outcomes, we wanted to know: How do adverse childhood experiences appear in the news? How do solutions appear? Who tells the story of childhood trauma, and what do they say? How, if at all, does news coverage illustrate the links between the environments in which children live and the trauma they experience?

Another key question was driven by the reality that although trauma can affect everyone, some communities suffer disproportionately. The CDC-Kaiser Permanente ACE study and its subsequent studies included 10 types of adverse childhood experiences that can be divided into two categories: abuse (including physical neglect, emotional neglect, sexual abuse, physical abuse and verbal abuse) and family dysfunction (including alcohol/drugs, domestic violence, loss of a parent, mental illness and incarceration).⁸ Since the first ACE study, subsequent ACE surveys have expanded the list beyond the 10 types of ACEs to include involvement with the foster care system, racism, living in an unsafe neighborhood and poverty^{9, 10} — structural factors that were not included in the original study. Because women, people of color, low-income communities and LGBTQ people are disproportionately affected by traumatic experiences such as racism, sexism, discrimination and poverty,^{10, 11} researchers and advocates are working to expand the definition of adverse childhood experiences to capture the long-term health impact of structural and environmental trauma, including homelessness, community violence and racism.¹²⁻¹⁵ We wondered: To what extent have these new insights around trauma and structural inequities made their way into the news about adverse childhood experiences?

In this *Issue*, we present findings from our analysis of news coverage and consider the implications of news framing for advocates, community leaders, journalists — indeed, for anyone who seeks to communicate not only about the details of childhood trauma, but also how to end it.

What are adverse childhood experiences (ACEs)?

Adapted from language by Jane Stevens
of ACEsConnection.com⁸

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The term “ACEs” comes from the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study, groundbreaking research that examined how 10 types of childhood trauma affect long-term health.² They include: physical, emotional and sexual abuse; physical and emotional neglect; living with a family member who is addicted to alcohol or other substances, or who is depressed or has other mental illnesses; experiencing parental divorce or separation; having a family member who is incarcerated; and witnessing a mother being abused. Subsequent ACE surveys include racism, witnessing violence outside the home, bullying, losing a parent to deportation, living in an unsafe neighborhood and involvement with the foster care system.⁹ Other types of childhood adversity can include being homeless, living in a war zone, being an immigrant and involvement with the criminal justice system.

The ACE study found that the higher someone’s ACE score (the more types of childhood adversity a person experienced), the higher their risk of chronic disease, mental illness, violence, being a victim of violence and many other consequences. The study found that most people (64%) have at least one ACE, and 12% of the population has an ACE score of 4. Having an ACE score of 4 nearly doubles the risk of heart disease and cancer. It increases the likelihood of becoming an alcoholic by 700% and the risk of attempted suicide by 1,200%. People with an ACE score of 5 or higher are seven to 10 times more likely to use illegal drugs, to report addiction and to inject illegal drugs.¹

The ACE study found that, on a population level, one type of ACE does not cause more damage than another. For example, an ACE score of 4 that includes divorce, physical abuse, an incarcerated family member and a depressed family member has the same statistical outcome as an ACE score of 4 that includes living with an alcoholic, verbal abuse, emotional neglect and physical neglect.¹

What we did

We searched for news and opinion articles that mentioned adverse childhood experiences from 2008 to 2015 in more than 500 U.S. newspapers, wire services, online news outlets and blogs archived in the Nexis database.

We selected a random sample of the coverage and evaluated each story using a coding instrument that we developed based on an extensive review of the literature, our previous analyses of related issues^{16, 17} and conversations with experts working in different areas of childhood trauma research and prevention. Among other variables, we explored how each article characterized different types of childhood trauma and how, if at all, it discussed approaches to preventing ACEs or mitigating their impact.

We also analyzed differences in how ACEs appeared in stories published by local and regional news outlets compared to those published by major national news outlets. We identified major national news outlets based on print circulation and online readership data. Major news outlets included any of the top 50 newspapers in the U.S. by print circulation, as well as any of the top 24 mainstream media news sources in the U.S. based on data about the number of unique monthly visitors to news outlets' websites.¹⁸

Before coding the full sample, we used an iterative process and statistical test (Krippendorff's alpha) to ensure that coders' agreement was not occurring by chance. We achieved an acceptable reliability measure of $>.8$ for each variable.

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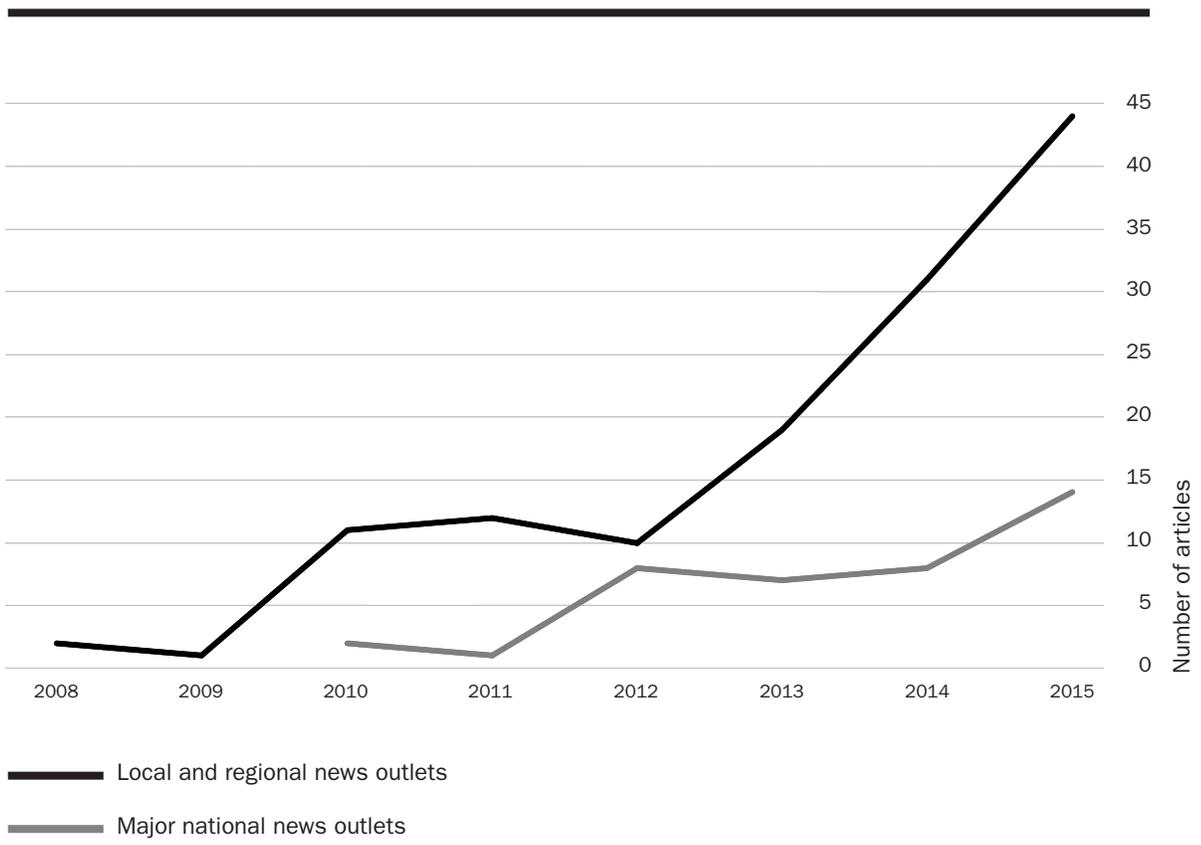
How are adverse childhood experiences (ACEs) covered in U.S. news?

We found 642 articles that mentioned adverse childhood experiences published in U.S. newspapers, newswires and blogs between 2008 and 2015. We randomly selected one-third of the articles to analyze in depth. Of the 214 articles we selected, we excluded 29 that contained only a passing mention (for example, an article including a list of funded programs, one of which contained the words “adverse childhood experiences”). We also excluded 13 posts from personal blogs and lifestyle websites, such as blog posts from an online weight loss support group. Our final sample consisted of 172 articles that substantively discussed adverse childhood experiences.

Coverage of adverse childhood experiences is increasing.

News coverage of ACEs increased dramatically from 2008 to 2015. By 2015, there were 15 times as many articles published about ACEs as there were in 2008. However, even at its highest, the overall volume of coverage remained relatively modest. In 2015, for example, there were still fewer than 200 articles about ACEs published in all of the U.S. newspapers, newswires and blogs indexed in the Nexis database. In contrast, there were 3,772 articles about childhood obesity published in 2015, according to a Nexis search of the same sources.

Figure 1 U.S. news coverage mentioning ACEs, 2008-2015
(n=172)



ACEs often appeared in local news outlets and on the opinion pages.

Most of the coverage of ACEs appeared in local news outlets (76%), with just under one-quarter of articles (24%) appearing in major news outlets (as defined by circulation and online traffic).

In both major and local news outlets, about half of the coverage consisted of opinion pieces, such as letters to the editor, op-eds, columns, blogs and editorials. By contrast, coverage of other issues (like sexual violence and child sexual abuse) is dominated by straight news coverage, with opinion coverage often comprising less than one-fifth of articles.^{16, 19}

Community events drive local news about ACEs, while reports and initiatives drive national coverage.

When adverse childhood experiences appear in the news, why? Why that story, and why that day? Reporters commonly refer to the catalyst for a story as a “news hook.” We identified the news hook for each article by answering the question, “Why was this article published today?”

In local news outlets, stories about ACEs were most often in the news due to a local event (24% of articles), such as a workshop, presentation or vigil. Other local stories reported on milestones in local initiatives or programs or described the results of newly released research. Stories in major news outlets were most often hooked to new research or a milestone in a program or initiative.

Table 1 News hooks for articles covering ACEs, 2008-2015 (n=172)

News hook	Overall	Local and regional news outlets	Major national news outlets
Event	19%	24%	2%
Intitiative or program	19%	17%	24%
Release of a report	16%	12%	29%

Health professionals are most often quoted in the coverage.

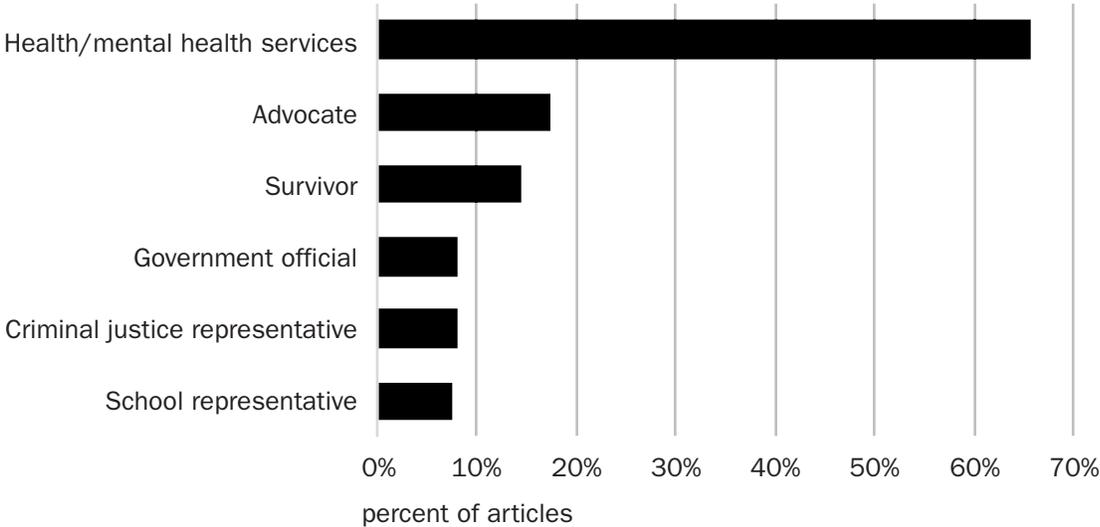
Health and mental health professionals (e.g., doctors, therapists, psychologists, public health officials, etc.) dominated the news about adverse childhood experiences, appearing in approximately two-thirds of articles in both major and local news outlets. They were often quoted describing the health effects of childhood trauma. An article about ACEs in Detroit, for example, quoted a professor of pediatrics who asserted that adverse experiences “[are] going to be affecting brain development, to put [children] behind the eight ball cognitively and behaviorally.”²⁰

Advocates working in nonprofit organizations devoted to combating childhood trauma or child abuse were the second most commonly quoted speakers in articles about ACEs, but they appeared in less than a fifth of articles (18% in major news and 17% in local news outlets). When they were quoted, advocates often issued calls to action and were more likely than other speakers to discuss prevention of childhood trauma, as when the director of Prevent Child Abuse Iowa argued that “decreasing the frequency of [adverse childhood experiences] will allow more children to enter adulthood ready to succeed.”²¹

Survivors of childhood trauma and their families were the third most commonly quoted speakers in articles about ACEs. Major news outlets were about twice as likely as local news to quote individuals who survived trauma (24% of articles in major news versus 12% of articles in local news), often to provide emotionally charged details of their experiences with trauma. For example, one young woman recalled in a *New York Times* article how she was pulled out of class by a social worker and forbidden from seeing her father for months: “I remember the first day like it was yesterday. Every detail. I still have dreams about it. I feel like I’m going to be damaged forever.”²²

Though childhood trauma impacts every part of the community, speakers from business, government and criminal justice rarely appeared in news about childhood trauma. The education sector was particularly poorly represented, even though schools play a critical role in supporting children and helping them develop. Teachers, principals and administrators did not appear in the news about ACEs until 2013 and were quoted in only 8% of articles overall.

Figure 2 Who speaks in articles about ACEs in U.S. news coverage, 2008-2015?
(n=172)



Major news outlets are more likely to profile individuals.

In stories about complex social issues, a common journalistic mechanism is to use the story of an individual, often referred to as a “poster child,” to engage readers and illustrate larger patterns. For example, an article about an art therapy program for children who have experienced poverty and violence begins with the story of two brothers in the program who had experienced neighborhood violence and an abusive father.²³

Journalists most often used this formula in in-depth stories about childhood trauma that appeared in major news outlets. Stories published by major news outlets were more likely to profile individual survivors of trauma than were stories from local papers (36% compared to 10%) and were more likely to quote individual survivors of trauma (24% of articles in major news, 12% of articles in local news).

These powerful, in-depth stories can allow for rich discussions of recovery and resilience. Indeed, discussion of resiliency or the possibility of hope and healing for survivors of childhood trauma was extremely common in articles that told stories about survivors (89% of articles).

However, if articles do not connect these individual narratives to broader systemic patterns, larger societal issues, including the possibility of prevention, may be obscured or overshadowed. Stories featuring individual survivors were more likely to focus exclusively on treating trauma (71%) instead of preventing it (32%).

We also found that articles profiling individual survivors of trauma were more likely to assign responsibility for preventing or recovering from trauma at least partially to individuals or their families. Most of the articles in our sample did discuss the responsibility of institutions and others in the community to find solutions for trauma, even if they also called on individuals or families to take responsibility for addressing trauma. However, there were a handful of stories whose main recommendations focused solely on individual actions, urging survivors to, for example, “seek help”²⁴ or “be proactive and address their heart health.”²⁵

If articles do not connect these individual narratives to broader systemic patterns, larger societal issues, including the possibility of prevention, may be obscured or overshadowed.

*Missed opportunities to discuss childhood trauma
in business, education and health care news*

Ending childhood trauma will require broad community participation, including by partners from health care, schools, businesses, public health, youth-serving organizations, concerned citizens and many others. However, the connections between the work of different sectors of society and childhood trauma may not be visible in the news. For example, education and business representatives are largely absent from coverage of childhood trauma.

We wondered: Do connections to childhood trauma appear in stories from different beats? Specifically, does childhood trauma explicitly appear in articles about education, business and health care? If not, what *does* appear in coverage of education, business and health care, and what are the existing opportunities in the news to demonstrate how those institutions could partner in ending childhood trauma?

To find out, we collected an additional sample of stories that were tagged with “business,” “education” and “health care,” regardless of whether ACEs or childhood trauma was mentioned. We then analyzed whether themes about childhood trauma were discussed. (More information on our methods can be found in “Talking About Trauma: Findings and Opportunities from an Analysis of News Coverage.”²⁶)

News from different sectors seldom explicitly connects with adverse childhood experiences — but it could.

We found multiple themes in news from each sector (particularly the education and health care sectors) that could easily connect to the role that institutions could play in preventing or addressing childhood trauma.

Education:

Education stories offer many opportunities to include childhood trauma. Though trauma-informed schools and education programs are flourishing around the country,²⁷ childhood trauma seldom appeared explicitly in education stories. In fact, only one story, which described an influx of refugees enrolling in the Los Angeles Unified School District, explicitly discussed the impact of trauma on students.³²

However, more than half (58%) of education news stories were about issues that are in some way connected to or impacted by childhood trauma. Education articles regularly discussed students' academic achievement, such as test scores, graduation rates or focus in the classroom, but did not make explicit connections to childhood trauma. For example, in a *Contra Costa Times* article about a student's 2-year-old brother being shot, one teacher was quoted, saying, "It makes it harder to know what motivates each child. Many of them have a lot bigger things than math to take care of."²⁸ Many articles like this could have probed a bit deeper to consider unaddressed trauma as an obstacle to academic achievement.

Health care:

The Adverse Childhood Experiences study was led by medical researchers, and health practitioners appear in much of the news about childhood trauma. However, childhood trauma was never mentioned in the stories about health care we examined. On the other hand, 90% of these stories do address themes that connect logically with some aspect of preventing or addressing trauma. Perhaps most obviously, childhood trauma has long-term health consequences, and as a result, affects the cost of health care. Health care costs and related policy battles were a frequent news topic (54% of articles), but the connections between childhood trauma and this contentious issue were largely invisible.

Business:

Though none of the business stories we analyzed explicitly mentioned childhood trauma, almost one-third (32%) included themes that could be linked to ACEs and childhood trauma. Many of these articles were about issues like wages, labor and employment. One article in the *Los Angeles Times*' business section, for example, discussed research about the impact of parental job loss on kids but never mentioned trauma: "Children whose mothers were laid off were much less likely to graduate from high school and college ... The kids, by virtue of having less education and having some social psychological issues, could themselves be at greater risk of job loss in the future."²⁹ Such articles present opportunities to illustrate how labor policies can disrupt parents' economic stability and well-being, putting their children at higher risk for various types of trauma, with lifelong consequences.

The relative or complete absence of adverse childhood experiences in news from the business, education and health care beats is a missed opportunity. Explicitly including childhood trauma in these beats would help people see how childhood trauma affects these sectors. Articles from different beats could make links to childhood trauma if journalists ask new questions and have access to sources and data that can illuminate the role different sectors could play in creating and maintaining trauma-free communities.

What does U.S. news say about addressing ACEs?

The news characterizes childhood trauma as an issue that requires action from institutions and communities.

Any discussion about addressing childhood trauma is rooted in fundamental questions about responsibility. In other words: Who is responsible for solving the problem?

We found that, overall, news coverage characterized childhood trauma as an issue that requires action from communities (34% of articles) and institutions (37% of articles), such as universities, government, school districts, state agencies, county agencies, health care systems, faith-based organizations and prisons. For example, one letter to the editor from Northern California argues, “As a society we ... have an obligation to hold leadership accountable for ensuring that the necessary infrastructure and professional resources are in place. Humboldt County needs trauma-informed therapeutic group homes, residential adolescent substance abuse treatment centers, more direct service providers ...”³⁰ News articles and opinion pieces did occasionally place responsibility for addressing childhood trauma on individual survivors of trauma, generally as part of a discussion of what survivors could do to heal from trauma. For example, one op-ed writer stated: “As a physician, I know so deeply that no one truly heals [from childhood trauma] at the deepest level until they’ve done the hard work of forgiveness and transforming their inner darkness.”³¹

Placing responsibility on individual survivors was much more common in major news outlets (14% of articles) than in local news (4% of articles), perhaps reflecting the fact that articles in major news outlets were more likely to feature the stories of individual survivors of trauma.



Solutions to childhood trauma frequently appear, but prevention is overshadowed by after-the-fact interventions.

An important step toward addressing childhood trauma is putting solutions on the public's and policymakers' agendas.³ To determine if news coverage addressed solutions to childhood trauma, we identified all references to prevention (defined here as actions to stop childhood trauma before it happens, such as home visiting programs to prevent child abuse) and interventions (actions to address or mitigate trauma after it occurs, such as trauma-informed practices in schools). The distinction between prevention and after-the-fact solutions is complicated in the case of childhood trauma because trauma can be passed through generations, and an after-the-fact intervention for a parent or future parent could prevent trauma for their children.

We examined whether these solutions involved personal actions or actions by institutions or communities. We also recorded vague calls about the need to address childhood trauma: unspecific, broad statements that didn't connect with a specific action or strategy (e.g. "something must be done").

In contrast to news about violence, which tends to focus on problems,^{17, 32} the news about adverse childhood experiences regularly mentioned solutions. In fact, approximately 70% of both news and opinion articles mentioned at least one approach to addressing childhood trauma, and many articles discussed multiple approaches. Hundreds (n=341) of distinct solutions appeared in the 120 articles that contained any mention of a solution.

Overall, the coverage tended to focus on interventions to address past trauma, such as health or mental health treatment for victims of trauma. References to preventive approaches were far less common (see Table 2 for examples). Major news outlets were far less likely than local outlets to talk about prevention (see Figure 3).

When prevention did appear, it was often because of an advocate involved in the field of childhood trauma or child abuse. For example, one article quoted the director of an organization for the prevention of child abuse and neglect in South Carolina, who said, "There is science and evidence behind how to prevent child abuse. ... Our children and their well-being need to be the center of all our public policy decisions — not only decisions about education and child protection agencies. When we talk about the state budget, transportation, new schools, job creation and economic development, the well-being of South Carolina's children must be an integral part of the conversation."³³

Most of the discussion of solutions focused on actions that communities or institutions could take to address ACEs. However, articles occasionally mentioned personal actions that individuals could take to prevent childhood trauma (4% of solutions) or to recover from past trauma (5% of solutions).



Figure 3

**What kinds of solutions were mentioned in articles about ACEs?
(n=341*)**

* More than one solution can appear in each article.
In our sample, there were 341 references to solutions in 172 articles.

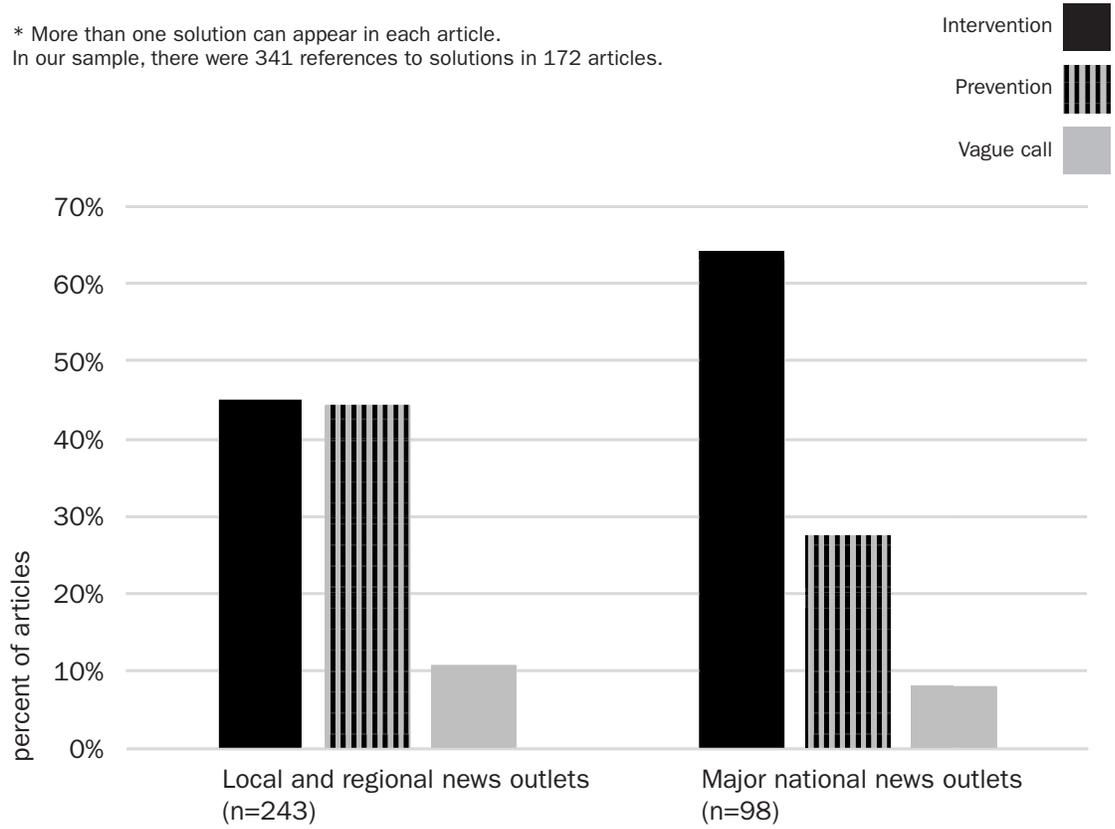


Table 2 **What kinds of solutions were mentioned in articles about ACEs?**
(n=341*)

Type of solution	Example quote	Percent of solutions
Intervention		
Institutional or systems-wide actions	“We must adopt a systemic approach which ensures that all people who come into contact with the behavioral health system will receive services that are sensitive to the impact of trauma. They must be able to receive such services regardless of which ‘door’ they enter or whether they ever find their way to a trauma-specific treatment program.” ³⁴	46
Personal actions	“Earning back the stability that childhood trauma and/or drugs took away is an ongoing process and there is no better work. To succeed, you will need commitment, personal and group therapy, and spiritual faith.” ³⁵	4
Prevention		
Institutional or systems-wide actions	“We should prioritize prevention and evidence-based home visiting programs, such as Healthy Families, Nurse Family Partnership and Parents as Teachers, to reduce adverse childhood experiences and to realize significant return on investment.” ³⁶	35
Personal actions	“You can also help prevent child abuse before it happens. ... By extending a helping hand to parents you know who are experiencing ... difficulties, you can help prevent otherwise well-intentioned parents from causing their children harm or neglecting their needs. It can be as simple as lending an ear, making a casserole, sharing advice, or reading to your grandchild.” ³⁷	5
Vague call		
Unspecified actions	“We need efforts to reach these kids at an early age before they get deeply involved in the criminal justice system.” ³⁸	10

* More than one solution can appear in each article.
 In our sample, there were 341 references to solutions in 172 articles.

Arguments for addressing trauma focus on health impacts.

We also wanted to explore how people made the case for addressing childhood trauma. Since health providers were so often quoted in the coverage, it is perhaps not surprising that the most commonly invoked justification for addressing childhood trauma was the positive impact on health outcomes (see Table 3). These type of statements were particularly common in major news outlets. Articles in local news outlets were more likely to focus on general arguments conveying a moral imperative to help children or on economic arguments, often describing savings for the local community. Less often, speakers pointed to the potential for reductions in crime and violence and improvements in educational outcomes to make the case for addressing childhood trauma.

Table 3 **How do articles make the case for addressing ACEs?**
(n=172)

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Reasons to address ACEs	Example quote	Percent of articles		
		Overall	Local and regional news outlets	Major national news outlets
Health	“We know that by not treating childhood trauma, we’re putting children on a horrible trajectory in adulthood with very severe psychological and medical problems.” ³⁹	29	25	40
Economic	“Home visiting is expensive, but far less expensive than providing medical care for injuries, incarcerating parents who have hurt children and placing those children in foster care.” ⁴⁰	21	25	7
Moral imperative	“This is a national crisis. This is a local crisis. We are seeing the impact on our streets, in our classrooms, hospitals, day care centers and in our workplace. We must do better.” ⁴¹	21	24	12
Violence/ crime	“If you don’t take care of that stuff, you’re going to have high levels of crime.” ⁴²	15	15	14
Education	“Transforming how [teachers] respond to challenging behavior is essential in ensuring that these struggling students do not become disconnected from school and positive outcomes in their lives.” ⁴³	13	11	19

What's missing from U.S. news about ACEs?

News coverage often misses opportunities to connect ACEs to health equity.

Researchers and advocates have highlighted the links between childhood trauma and issues of health equity, including the impact of poverty and race.¹²⁻¹⁵ In our sample, however, race, class and poverty were rarely mentioned. Only about a quarter of articles (27%) made any mention of poverty or other socio-economic issues. Mentions of race were even more rare: Just 6% of local news articles and 2% of major news articles mentioned race or racism. A rare example was an op-ed in which the executive director for New Mexico Voices for Children observed, “[T]he impacts of centuries of discriminatory policies and practices are still felt today. ... [T]he disadvantages of discrimination and poverty are often handed down from generation to generation. ... [T]he main driver of generational poverty is rooted in science: Adversity robs children of their potential.”⁴⁴

While community-level trauma is discussed, coverage focuses on family-level dysfunction.

The original ACE study examined the effects of various types of abuse and family dysfunction on individuals' health throughout the life course. In recent years, researchers have additionally investigated the impact of so-called “expanded ACEs” that correspond to traumatic environments outside the family, including measures of poverty, community violence and racial discrimination.¹²⁻¹⁵

By and large, the news tended to focus on adverse childhood experiences associated with the original ACEs, such as family dysfunction and abuse (neglect, sexual abuse, etc.). (See Table 4). Fewer articles described the types of traumatic experiences included in more recent “expanded ACEs” research. Of these types of trauma, trauma related to poverty and associated experiences, like homelessness and food insecurity, was most often mentioned (16% of articles), followed by trauma connected with neighborhood violence (14% of articles). Discussion of community violence as a type of childhood trauma appeared more frequently, starting in 2013. Articles from major news outlets (31%) were more likely to mention these community-level types of trauma than those from local news outlets were (13%).

“Expanded ACEs” correspond to traumatic environments outside the family, including measures of poverty, community violence and racial discrimination.

Table 4 **Types of adverse childhood experiences in U.S. news, 2008-2015**
(n=172)

Type of ACE mentioned	percent of articles
Abuse*	69
Neglect	46
Sexual abuse	44
Unspecified abuse**	42
Physical abuse	37
Verbal abuse	24
Family dysfunction (within household)	51
Alcohol/drugs	39
Domestic violence	37
Loss of parent	30
Mental illness	21
Incarceration	18
Community/institutional trauma**	33
Poverty (including homelessness and food insecurity)	16
Community violence (e.g., witnessing violence or feeling unsafe)	14
Racial discrimination	2
Bullying	1
Involvement in child welfare system	1

* Neglect includes physical and mental neglect. If abuse was not specified as physical, verbal or sexual abuse, we coded it as “unspecified abuse.”

** We organized these categories based on literature about expanding the adverse childhood experiences scale.

Conclusion

Overall, our analysis of adverse childhood experiences in the news suggests that:

- There is increased reporting on ACEs and childhood trauma, but it is still minimal.
- The coverage is solutions-focused, but prevention is overshadowed by after-the-fact interventions.
- Speakers from the health care sector are well-represented, but voices from other sectors are scarce.
- Issues of health equity are largely absent from the discussion of ACEs.
- Major news outlets are more likely to feature stories about individuals and to focus on treatment rather than prevention.

Small communities around the country have been at the forefront of the movement to make adverse childhood experiences visible and to implement strategies to end childhood trauma wherever it occurs. The news about childhood trauma reflects this local focus, with an abundance of event announcements and opinion pieces from local stakeholders in small outlets. However, as ACEs gain prominence, the news about them is increasingly featured in major national outlets. There are opportunities and potential pitfalls in this rising tide of coverage, which sometimes focuses on inspiring or heartrending stories that are more likely to place responsibility for addressing childhood trauma on individuals and are less likely to discuss trauma prevention.

We know that how the news depicts problems can lead audiences — including policy-makers — down paths that lead to different solutions. Currently, the news about ACEs leads audiences mainly to after-the-fact solutions, instead of to policies that would create communities where trauma doesn't happen in the first place. Our study lays the foundation for ongoing work to communicate about childhood trauma, why it matters, what to do about it — and how to prevent it.

With an eye toward filling the gaps in the public discourse and building on its strengths, we present recommendations below for advocates and journalists to aid them in covering childhood trauma more frequently, comprehensively and strategically, with more context around issues of health equity, more targeted, preventive solutions and better inclusion of a wider range of perspectives.

Recommendations for advocates

Health and mental health professionals, child abuse prevention advocates and others have significantly advanced the news conversation about adverse childhood experiences in recent years, and they have succeeded in keeping that conversation focused on solutions. They have been particularly effective at getting the word out about ACEs in the form of opinion pieces. Building on these accomplishments, the next challenges for advocates are to bring prevention to the fore, to include a broader range of stakeholders in the coverage and to elevate health equity and community-level factors related to childhood trauma. Our news analysis suggests several approaches, including:

Make prevention part of the conversation.

The news about adverse childhood experiences is unique in that it addresses solutions; however, coverage tends to be focused on how to address childhood trauma after it has happened, rather than on how to prevent it from occurring. When talking about the challenges of addressing childhood trauma in your community, it is important to be clear and precise about solutions for prevention.

To do this well, advocates will have to be clear about what prevention looks like and be able to articulate the root causes of childhood trauma, how it got to this point in your community and who needs to act to prevent it.

Build capacity among leaders from a range of sectors to talk effectively about ACEs.

News coverage of ACEs is dominated by health and mental health professionals, yet it rarely features stakeholders from other sectors, such as education and business, even though their efforts may be pivotal to instituting comprehensive prevention efforts. Advocates can build coalitions with leaders in other fields, develop shared goals and objectives for advocacy and provide media advocacy training so that they can speak about childhood trauma effectively. Building capacity for further advocacy in other fields will help to expand the network of sources for journalists and raise the profile of ACEs as a critical and preventable issue for the entire community.

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Illustrate the community context of childhood trauma.

Central to making prevention visible is illustrating the context in which trauma happens. A common journalistic formula is for reporters to profile one individual or family in order to illustrate a larger issue like childhood trauma. But these types of stories often focus exclusively on addressing past trauma, which can leave the impression that responsibility for recovering from trauma lies solely with individuals. Advocates can help reporters see beyond individuals to understand how transforming systems and structures plays a role in preventing childhood trauma.

When working with a reporter who wants to profile an individual survivor of trauma, it is important to provide them with adequate context so that they can use their storytelling to also convey the broader issues at play. It could be valuable to offer information and data about the local community (including issues of health equity), larger patterns of childhood trauma, relevant policies and institutional players, and what they are doing to address the issue.

Talk about race and equity issues as they relate to childhood trauma.

We know that racism, poverty, community violence and other structural inequities are inextricably linked with childhood trauma. Indeed, recent research on trauma has focused extensively on how inequity — especially racial inequity — impacts trauma outcomes.¹²⁻¹⁵ However, the connections between childhood trauma and structural inequities were rarely highlighted in the news. For example, news coverage of ACEs tended to focus on trauma related to family dysfunction and was much less likely to discuss the “expanded ACEs” of racism or poverty. By talking about race and equity issues that contribute to childhood trauma, advocates can help elevate the connections between trauma prevention and other social and political movements to advance progress on multiple fronts. These conversations can also help shift the focus from individual treatment to the broader social change needed to create and maintain truly trauma-informed and trauma-free communities.



Recommendations for journalists

Childhood trauma is a complex issue — one that can be difficult to report on effectively. Our recommendations focus on how journalists can tell nuanced stories that connect to structural issues surrounding ACEs and include prevention. Our suggestions are informed not only by the findings of the news analysis, but also by the insights of journalists who participated in gatherings convened by Berkeley Media Studies Group in 2015 and 2017. For each recommendation, we also provide a list of example questions to ask interviewees.

Introduce your audience to ACEs.

Most readers will not be familiar with the concept of adverse childhood experiences. At minimum, it will be necessary to define ACEs in language that is appropriate for your audience. Depending on the story, it may also be valuable to describe various aspects of the research behind ACEs, including the studies that have been conducted, and the health and other effects that have been associated with childhood trauma.

As a reference, on page 4 we include an in-depth description of the research about adverse childhood experiences and their effects, written by Jane Stevens, founder and publisher of ACEsConnection and ACEsTooHigh. This description, or similar language, could be edited and condensed depending on space constraints and the focus of the article.



Make connections to childhood trauma in reporting across beats.

Adverse childhood experiences help us understand the context that surrounds issues that reporters write about every day. Illustrating those connections can make for compelling stories. Reporters can ask themselves these questions to elevate the linkages between trauma and newsworthy issues as they report on a variety of topics:

- Could a story about housing instability consider the future impact on children?
- Could a piece about health care access and insurance explore the ways in which the current health care model fails to address ACEs before they produce chronic diseases?
- Could a story about gun violence take into account the impact of childhood trauma on community violence and the role of institutions in preventing such trauma?
- Could an article about immigration include research on how displacement affects children and how this affects long-term health outcomes?

Reporters could collaborate with colleagues working in education or business beats, for example. They could also connect with sources from other fields who can help vividly illustrate how childhood trauma impacts everyone — and why we all have a stake in addressing it.

To connect stories on a range of topics to the issue of childhood trauma, reporters can ask interview questions like:

How does this issue affect children and their families, both in the short-term and long-term?

How will the proposed policy affect children and their families?

Is childhood trauma one of the root causes of this issue?

What opportunities are there in this sector to address childhood trauma?



Connect individuals' stories to the context and systems surrounding them.

Profiling an individual or family who has experienced childhood trauma is a common way to engage readers. But in the United States, there is a strong cultural tendency to focus solely on personal responsibility for issues like health and safety. If reporting doesn't link these individual stories to larger systemic issues, it can leave the impression that childhood trauma is solely a personal matter and obscure the role that systems and communities can play in preventing and addressing trauma. Stories about individual children or parents can also illuminate broader environmental issues, such as the availability of services or the presence or absence of economic opportunities for parents.

Leading with location or geography can be one compelling way to convey broader societal context. To do this, reporters could make institutions or neighborhoods the character in stories. An article in the San Francisco Chronicle, for example, profiled the experiences of children, teachers and administrators in the Oakland Unified School District in the context of describing the district's efforts to help kids cope with the violence around them.⁴⁵ This approach can help readers better understand that childhood trauma is about a wider environment and not just an individual case. Using data that are broken down by zip code, neighborhood or census tract can be particularly effective in helping readers see the context of childhood trauma.

Although trauma can impact everyone, some communities are affected disproportionately, due in part to issues such as poverty, racism, lack of services and unsafe neighborhoods.¹¹ We found that news coverage of ACEs rarely mentions structural racism and tends to focus more on individual family dysfunction than on the systemic issues that can cause trauma to entire communities. Complete stories about childhood trauma will include issues of race, health equity and systems-level ACEs.

To connect stories to the larger context and to issues of health equity, reporters can ask interview questions like:

Are all children being given the same chance at health?

Which children in this community are at higher risk and why?

What are the environmental, structural or community-level factors that are imposing trauma on children? How can those factors be alleviated?

Where has a community successfully addressed a similar problem? How could that be done here?

Who can be held accountable?

Include prevention in stories about childhood trauma.

Although some articles about childhood trauma included ideas about how to prevent trauma from happening, coverage was more likely to focus on what can be done to support survivors of prior trauma. While these strategies are important, focusing solely on how to help people recover from trauma could suggest that childhood trauma is inevitable. The prevention perspective, on the other hand, demonstrates that it is possible to identify the root causes of social issues like childhood trauma — and to effect changes that will prevent trauma from occurring in the first place.

To tell stories that include prevention, reporters can ask interview questions like:

What are some of the root causes of childhood trauma in this community?

How did we get to this point? How far back would we need to go to prevent this?

What is happening in the community to prevent childhood trauma? What more could be done?

What has been done in other communities? Could it work here?



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