Adverse and Positive Childhood Experiences in Illinois

Public Health Surveillance Data Crosswalk Report

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The Illinois
ACEs Response
Collaborative

Health & Medicine
POLICY RESEARCH GROUP

Contents

Background

The Illinois ACEs Response Collaborative (the Collaborative), a program of Health & Medicine Policy Research Group, is a collective of multi-sector stakeholders committed to addressing trauma and adverse childhood experiences (ACEs) in Illinois. The Collaborative aims to catalyze a cross-sector movement to promote a thriving and equitable Illinois in which individuals, families, communities, and all systems and sectors work together to prevent trauma, build resilience, foster healing, and advance health equity across the lifespan.

In July 2020, the Collaborative launched a Statewide Working Group composed of leaders across Illinois to develop _The Action Plan to Address Childhood Adversity in Illinois_ ("Action Plan"). Building upon a solid foundation of research, collaboration, trauma-responsive policy and practice expertise, and the knowledge and experience of community members, the Action Plan outlines a proposed statewide response for preventing trauma and mitigating its lasting effects on health and well-being to promote healing and thriving at every stage of life. The following Five Planks reflect the proposed statewide response:

Plank 1: Trauma-Informed Policymaking
Improve the design and implementation of public policies by applying trauma-informed principles to the policymaking process.

Plank 2: Improve State-Level Coordination
Improve state-level coordination and collaboration, including in strategic planning, policy and program design, and information and data sharing, to build a more comprehensive, multi-generational approach to addressing childhood adversity in Illinois.

Plank 3: Educate, Build Awareness, and Advocate
Promote and support a commitment to shared responsibility and collective action to address childhood adversity and its impacts throughout life.

Plank 4: Improve Data Collection and Accessibility
Ensure that data collection efforts are coordinated; contribute to a cohesive and holistic understanding about the status of life course positive experiences, adversity, and resilience in Illinois; and are trauma-informed in their development and administration.

Plank 5: Identify Trauma-Informed Practice Metrics
Establish criteria for identifying an organization as trauma-informed and healing-centered.

The data crosswalk project emerged as part of the efforts to address Plank 4 of the Action Plan.

The crosswalk is modeled after a similar resource developed in 2020 by Resilient Georgia and researchers at the University of Georgia's College of Public Health. With input from the Illinois Department of Public Health and members of the Data Subcommittee of the Statewide Working Group, the crosswalk was developed to support a better understanding about the availability and content of adverse and positive childhood experiences data in Illinois as reflected through current survey instruments administered to youth and adults.

Purpose

The data crosswalk has the following purposes:

Determine what data Illinois is collecting on adverse and positive childhood experiences.
Identify any gaps in which new or adapted data collection efforts may be necessary.
Offer suggestions for improved data transparency and accountability.

Long-term, the goal of this data crosswalk is to optimize data surveillance efforts around adverse and positive childhood experiences to improve programs, policies, and environments that advance health and well-being for all Illinoisans.

Methods

With assistance from the Illinois Department of Public Health and Data Subcommittee members, the Collaborative identified and selected key surveys on adverse and positive childhood experiences in Illinois for inclusion in the crosswalk:

American Community Survey (ACS)
Behavioral Risk Factor Surveillance System (BRFSS)
National Survey of Child and Adolescent Well-Being (NSCAW)
National Survey of Children's Health (NSCH)
Pregnancy Risk Assessment Monitoring System (PRAMS)
Youth Risk Behavior Surveillance System (YRBS)

The surveys listed above are directly administered to youth and adults. Data reports, such as the National Child Abuse and Neglect Data System (NCANDS) and the KIDS COUNT Data Book, were considered for inclusion in this crosswalk but excluded to focus attention on self-reported data collection instruments. These datasets, however, could be valuable for inclusion and analysis in future iterations of the crosswalk. Additionally, the National Survey of Children's Exposure to Violence (NatSCEV) was initially selected for inclusion but ultimately excluded as data are obtained from a nationally representative sample of respondents and not specific to Illinois.

Background information on each of the selected surveys was researched and documented, including the purpose, target population, and administration frequency. The table below summarizes the type of questions available within each of the surveys.

Table 1: ACEs and PCEs Questions Available by Survey

Survey	Explicit ACEs Questions	Explicit PCEs Questions	Optional ACEs Module	Optional PCEs Module	ACEs Proxy Questions	PCEs Proxy Questions
ACS					•	•
BRFSS			•			
NSCAW					•	•
NSCH	•	•			•	•
PRAMS			•		•	•
YRBS			•		•	•

Note: Columns "Explicit ACEs Questions" and "Explicit PCEs Questions" refer to questions present in the main survey.

Next, the authors identified indicators of adverse and positive childhood experiences. A detailed list of sources guided the selection of the data indicators (see the reference page at the end of this report). The authors created two separate crosswalks: one examining adversity indicators and one examining positive experience indicators for each survey. Each survey was then examined carefully for questions that can identify an adverse or positive experience or set of experiences. The report authors used a color-coding system to mark surveys that contained questions regarding any of the indicators within the corresponding row and column.

Coding System

The data crosswalks are organized in tables with the indicator categories running horizontally across the top and the survey names running vertically on the left-hand side. Surveys that contained a question for any of the indicators are marked in green within the corresponding indicator column. Asterisks on the adversity crosswalk indicate questions pertaining directly to the experience of the parent.

Figure 1: Sample Image of Data Crosswalk

A Note About the American Community Survey (ACS)

The ACS presents a special case in terms of how survey questions were analyzed for ACEs/PCEs content. Unlike the other surveys, the ACS does not necessarily frame questions in a way that explicitly screens for adverse/positive experiences or health outcomes, making it challenging to identify whether a particular survey question yields ACEs/PCEs information. However, data derived from the ACS have and can be used to develop indices of adversity and positive experiences within a geographic area, specifically around systemic and community factors, such as employment access and housing quality. Consequently, while some of the questions themselves do not definitively identify the presence of ACEs/PCEs, indicator columns were marked in green for some indicators.

Crosswalk Content

This section summarizes the content contained within both data crosswalks, including the framework and how the information is organized.

Framework Rationale

ACEs and PCEs are deeply embedded in and influenced by larger societal, political, and historical contexts. Considering this, the data crosswalks emphasize structural influences of health that include individual, community, and systemic sources of adverse and positive experiences. Notably, no well-defined, comprehensive ACEs/PCEs framework reflecting systemic factors appears in the literature to help guide selection and definition of the indicators for each crosswalk. Therefore, the authors selected the indicators included in these crosswalks using the best available information on structural factors; these crosswalks likely are not comprehensive nor reflect the only possible sources of ACEs or PCEs.

Furthermore, although the indicators are categorized according to socioecological levels, acknowledging that adverse and positive experiences at the individual and family level are influenced by each other and similarly cannot be disentangled from community and systemic factors is important. Thus, there may be overlap among the various indicators, such that experiencing an indicator at the individual level likely means experiencing indicators at multiple socioecological levels. For example, experiencing the "incarceration of a parent" could also mean that there is exposure to "over-policing" in the community. Finally, although not explicitly presented on these crosswalks, the individual, family, community, and systemic factors included are also situated within, and the result of, historical experiences. These experiences have embedded inequities within present-day systems and policies which increase the likelihood of ACEs and trauma for specific populations and decrease the opportunity for positive experiences, building resilience, and thriving in these same populations.

Indicator Categories and Definitions

The tables in the Appendix outline the adverse and positive experience indicator categories included in the crosswalks. A limited review of the literature revealed some variation and inconsistency in how some of these indicators are labeled and defined, particularly for PCEs. However, the indicator categories and definitions were developed and adapted using the best available information.

Limitations

While the selected surveys provide valuable information, there are important limitations, namely attributed to insufficient state-level data. The BRFSS survey, for example, offers the ACEs questions as an optional module. The state of Illinois has only included this module twice, once in 2013 and again in 2017, which limits the availability of current Illinois-specific ACEs information. The NSCAW and NSCH collect data from a nationally representative sample of respondents; although Illinois data can be extracted from both surveys, the sample sizes may not be large enough to produce accurate state-specific results. The PRAMS survey focuses on current or recent pregnancy-related experiences of adult respondents and does not include ACEs data, except as an optional module not yet added in Illinois. It may, however, yield some useful insights on parental stressors and positive experiences. Finally, although the YRBS has some embedded adverse and positive experiences questions and now offers optional ACEs questions for inclusion, Chicago is the only Illinois school district which opted to include two ACEs proxy questions in their survey in a single year (2017), prohibiting generalization of results state-wide and limiting availability of Chicago area data as well. These optional YRBS ACEs questions have been excluded from the crosswalk for the time being.

As with any survey instrument, there are also methodological issues that limit the accuracy of results and the overall data surveillance effort in Illinois. In addition to small sample sizes, issues such as response bias and stigma related to trauma may produce participant populations that are not truly representative and/or limit the accuracy of information obtainable about ACEs/PCEs. These challenges also prevent extraction of data about specific subgroups, prohibiting intergroup comparisons, such as between racial-ethnic groups and geographic locations. Regarding survey development, to the authors' knowledge, these surveys currently do not apply equity-oriented approaches such as intentionally and formally including the knowledge and experience of communities which would help inform the selection and inclusion of ACEs/PCEs questions that align with both public health professional and participant priorities. Lastly, while one of the key priorities of this data crosswalk is to examine the availability of survey questions related to community and systemic level experiences, the authors recognize the limitations of directly asking individuals about these types of experiences as a method of obtaining these data. Other datasets, such as the U.S. Census, may be more suitable for this purpose but are beyond the scope of this project.

Using the Data Crosswalks

Acknowledging the limitations of the surveys that may prohibit accurate ACEs/PCEs estimates at the state level is essential when using data from the key surveys included in this crosswalk. Despite this potential shortcoming, the crosswalk is the first of its kind for Illinois and a convenient, single resource providing useful insights into ACEs/PCEs measures from disparate surveys, which are currently available as part of Illinois public health surveillance. The following section presents a brief analysis on the information currently represented on the crosswalks.

Analysis

A brief analysis of the two data crosswalks highlighted important findings about the availability of ACEs and PCEs data among the surveys. While there are some ACEs/PCEs data available in Illinois, the findings do demonstrate some notable gaps in data collection and opportunities for improvement in data surveillance efforts.

Adverse Childhood Experiences

The ACEs crosswalk shows that ACEs data, particularly about individual, interpersonal, and family level ACEs, are available through some surveys some of the time. Nonetheless, there are several individual and interpersonal level adversity questions that are not present across all surveys. For example, questions about bullying; teen dating violence; being a victim of, or witness to, a crime; and various forms of discrimination (immigration status, sexual orientation and gender identity, ability, and class) are each present in only two or fewer surveys. Notably, the CDC and Kaiser Permanente's original ACEs categories of abuse and neglect are also only present in two or fewer surveys: physical and emotional abuse questions in BRFSS; sexual abuse questions in BRFSS and YRBS; physical neglect questions in NSCAW; and emotional neglect questions in NSCAW and PRAMS. Given the low prevalence of surveillance for these basic ACEs indicators and the limitations of some of these surveys as previously discussed (e.g., optional versus required modules, non-Illinois specific data, etc.), ACEs and PCEs data are scarce in Illinois.

Holistically, the ACEs data crosswalk shows a heavier focus on surveillance for individual, interpersonal, and family level adversities, underscoring the need to strengthen data surveillance on

community and systemic adversities. Most of the community and systemic adversity indicators are absent from multiple surveys. One survey (BRFSS) does not investigate these factors at all. Most pressingly, data on the following indicators are non-existent among all surveys: immigration enforcement, over-policing, residential segregation/isolation, gentrification/forced displacement, lack of quality educational opportunities, natural/humanmade disasters, and war/terrorism. These findings indicate an opportunity for more expansive ACEs data collection efforts that include an emphasis on structural factors, which are key to better understanding the prevalence and impact of ACEs, identifying inequities across communities, and informing optimal prevention and mitigation efforts.

Positive Childhood Experiences

In comparison to ACEs, PCEs data are almost unavailable, with deficits across all socioecological categories. Considering all six surveys, over half of the PCEs indicators are present in fewer than two surveys. In particular, the BRFSS module solely focuses on ACEs and does not contain any PCEs questions. The following indicators are each present in only one survey: social cohesion; presence of caring non-parent adults; neighborhood safety; positive school climate; access to youth programs/activities; access to economic/employment opportunities; access to social support programs; consistent supervision, structure, and routine; ability to solve conflicts peacefully; good self-esteem; social-emotional skills; healthy coping/problem-solving skills; and academic achievement. Questions about access to ethnic community/cultural traditions and access to high quality education are not present at all. Of all the surveys, NSCH, followed by NSCAW, explores PCEs the most and contains at least a few questions within each broad category, while ACS, PRAMS, and YRBS explore PCEs the least (six indicators or less). These findings highlight an urgent need to address the lack of PCEs measures within the broader ACEs/PCEs surveillance infrastructure.

Accessing the Data Crosswalks

The data crosswalks are available for download and use by stakeholders in their own research, analysis, and practice via the following links:

ACEs Data Crosswalk
PCEs Data Crosswalk

Recommendations

Although Illinois has begun to include some surveillance of childhood adversity in its public health infrastructure, it requires a more robust system of ACEs/PCEs data collection, analysis, reporting, coordination, and application to foster informed, transparent, and responsive policies and programs that improve data transparency and accountability with the public and can best support the health and well-being of its residents. Notably, both data crosswalks illuminate gaps requiring advocacy at the federal, state, and local levels of government.

The Collaborative has identified the following recommendations based on these findings:

Methodological Deficits

- Address methodological deficits related to data collection, including barriers to obtaining state-level and subgroup estimates
- Require and allocate funding for the administration of ACEs/PCEs modules on a regular basis

Data Indicator Gaps

- Add ACEs/PCEs questions that are currently missing or insufficiently investigated
- Expand the ACEs/PCEs data surveillance framework to include root causes of trauma at the systems and community levels
- Include the perspective and experiences of community members to inform the identification of additional ACEs/PCEs indicator categories and best practices for administration of surveillance instruments

Transparency, Coordination, and Accessibility

- Report and regularly update ACEs/PCEs data in Illinois
- Explicitly connect related data from disparate surveys to get a clearer picture of the depth and breadth of experience among Illinoisans and to support optimal program/policy planning and implementation
- Widely disseminate ACEs/PCEs data in accessible formats for use by civic leaders, administrators, clinical and human service providers, community agencies and the public

Translation of Data to Action

- Identify policies and programs which include ACEs/PCEs data and are designed to prevent/mitigate adversity and promote positive experiences
- Create and advocate for new policies and programs which include ACEs/PCEs data and are designed to prevent/mitigate adversity and promote positive experiences
- Evaluate process and outcomes of new policies and programs using these data for ongoing improvement in quality of life for Illinois residents

Conclusion

This data crosswalk project serves as a preliminary investigation of the landscape of Illinois ACEs/PCEs. It is the first step in larger, long-term efforts to improve PCEs, ACEs, trauma, and resilience data surveillance in the state. Strengthening the data surveillance system to prioritize an adequate and representative sample will yield more accurate state-level data results. These data can then inform, guide, and catalyze advocacy for and implementation of equitable practice, program, and policy initiatives across the socioecological spectrum that optimally prevent and mitigate trauma and foster well-being, resilience, and flourishing for all.

These data crosswalks do not claim to be comprehensive nor finalized. Rather, they serve as a starting point and model for future crosswalks with the potential for enhancement and are subject to ongoing refinements where necessary. These refinements may include the modification of the indicator categories and the addition of other survey instruments for analysis. The U.S. Census, for example, was identified during the development of this report as a resource for further exploration in a future phase of the crosswalk because of its great potential to yield key information about community and systems level data. The Collaborative invites all Illinoisans to explore the data crosswalks for their own further analysis, research, practice, and advocacy purposes.

Acknowledgements

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Appendix

Glossary

Adverse Childhood Experiences (ACEs) refer to potentially traumatic experiences that occur in childhood. These may include individual level experiences such as abuse and neglect; household stressors such as parental divorce, domestic violence, and economic hardship; community and systemic stressors such neighborhood violence and racism; or historical experiences such as slavery, the holocaust, and more. ACEs are a root cause of chronic health problems and socioeconomic challenges, but their impact can be prevented and mitigated with the right policies and supports in place (CDC, 2022; Cronholm et al., 2015).

Positive Childhood Experiences (PCEs)* refer to opportunities in childhood that contribute to healthy development and well-being as well as prevent or mitigate the effect of ACEs and other negative environmental factors. Key positive childhood experiences fall within four broad categories: being in nurturing, supportive relationships; living, developing, playing, and learning in safe, stable, protective, and equitable environments; having opportunities for constructive social engagement and connectedness; and learning social and emotional competencies (Sege & Harper Browne, 2017).

Trauma refers to any event, series of events or set of circumstances experienced as threatening or harmful that impairs physical, psychological, and/or social well-being and can have lasting adverse effects on an individual's functioning and well-being over time. Trauma can be experienced directly or indirectly and includes individual, collective, and historical trauma (SAMHSA, 2014).

Resilience is the ability to adapt to adversity using skills and practices that do not cause further harm to health and wellbeing. Resilience occurs along a continuum and is built over time through having basic needs met, engaging in positive relationships, receiving modeling and skill-building (external supports). Resilience is not determined by innate traits (American Psychological Association, 2022).

*The term "Positive Childhood Experiences (PCEs)" originates from the HOPE (Health Outcomes from Positive Experiences) Framework (Sege & Harper Browne, 2017) and was later the subject of a 2019 study by Bethell et al., which found a dose-response relationship between PCEs and better mental and relational health outcomes in adults exposed to ACEs. "PCEs" tends to be used in the context of ACEs, although the term "protective factors" is also frequently seen in the literature (Tufts Medical Center, n.d.). Other terms that have been used to describe and measure positive experiences include Benevolent Childhood Experiences (BCEs) (Narayan et al., 2018) and Positive and Compensatory Experiences (PACES) (Morris et al., 2021). This data crosswalk project uses the term "PCEs", but overlap exists among these various terms. Additionally, this project expands the concept of "positive childhood experiences" to include community and systemic level indicators not included in Bethell et al.'s PCEs scale.

Data Indicators and Definitions – Adverse Childhood Experiences

Systems

Foster/Child Welfare System Involvement
- Experiences associated with being placed in foster care and/or the child welfare system, including multiple foster home placements, lack of continuity in education, and losses in relationships (e.g., friends, family, siblings, etc.)

Police Violence/Carceral System Contact
- Police violence is physical, psychological, and sexual violence as well as neglect perpetrated by law enforcement, including inappropriate stops, searches, arrests, racial profiling, excessive force, and physical assault.
- Carceral system contact is placement in a juvenile or adult detention facility and experiences associated with such imprisonment, including sexual and nonsexual violence, isolation, and/or witnessing or overhearing violence.

Immigration Enforcement
- Restrictive immigration enforcement policies and practices that lead to persistent threat and deprivation for persons with undocumented status, including but not limited to ICE raids, exclusion from federal assistance programs, work exploitation, threat of deportation, etc.

Community

Community Violence/Safety Issues
- Violence or crime in one's neighborhood or community, including but not limited to shootings, gang violence, assaults, robberies, etc.

Over-Policing
- Disproportionately heavy police presence and surveillance within a neighborhood/community

School Violence/Safety Issues
- Violence and lack of safety on school property, on the way to or from school or school-sponsored events, and/or during school-sponsored events, including but not limited to physical assault and gun violence

Residential Segregation/Geographic Isolation
- Spatial separation of two or more social groups within a specified geographic area

Gentrification/Forced Displacement
- Transformation of one's neighborhood leading to the displacement of long-time residents and businesses, cultural erasure, adverse health impacts, and other consequences to well-being.

Unsafe/Inadequate Built Environment
- Unsafe or inadequate physical aspects of where one lives, works, or plays, including but not limited to unsafe roads or walking paths, lack of or unmaintained greenspace, inaccessible public transportation, deteriorating buildings, poor lighting, poor indoor air quality, noise, high traffic density, etc.

Pollution/Hazardous Waste Exposure
- Exposure to toxic chemicals or pollutants in the outdoor air, water, and other aspects of the natural environment as well as policies that perpetuate environmental racism and inequities

Poor-Quality/Unaffordable Housing
- Inadequate housing conditions, including but not limited to presence of lead and other toxic chemicals, inadequate insulation, lack of smoke and carbon monoxide detectors, unsafe design or structure, over-crowding, as well as unaffordable housing, defined as housing that costs more than 30% of one's monthly income

Lack of Economic/ Employment Opportunities
- Lack of access to stable, well-paying jobs and/or resources that allow individuals to afford basic needs and achieve financial well-being

Lack of Quality Educational Opportunities
- Lack of access to high quality, affordable schools and other education resources

Lack of Health Care Services
- Lack of access to quality and affordable medical services, insurance coverage, and other health resources

Natural/Humanmade Disasters
- Natural disasters such as earthquakes, floods, hurricanes, tornadoes, tsunamis, wildfires, climate change, and chemical spills, as well as humanmade disasters such as building collapse and radioactive explosions

War/Terrorism
- Witnessing or experiencing any type of war, armed conflict or terror-related events, such as presence during missile attack, hearing air-raids or witnessing explosions or bombardments, seeing injured people, witnessing or experiencing the death or injury of a parent, relative or close acquaintance, or being personally injured.

Family/Household

Living in Poverty
- Inability to afford basic needs such as food, housing, and health care

Precarious/Adverse Employment
- Parent or caregiver who experiences precarious or adverse employment conditions, including but not limited to job loss, insufficient employment hours, working multiple jobs/overtime to make ends meet, uncertain/unstable work conditions, unfair pay, late/odd work shifts, limited or no benefits, lack of worker protection, etc.

Homelessness/Housing Instability
- Homelessness is defined as staying in a shelter, living in transitional housing, or sleeping in a place not meant for human habitation (such as a car or outdoors), living in a motel or doubling up with family or friends because there is nowhere else to live
- Housing instability may encompass trouble paying rent, risk of eviction or foreclosure, overcrowding, moving frequently, or spending the bulk of household income on housing

Substance Misuse
- Having a household member who engages in unhealthy or hazardous drug or alcohol use

Untreated Mental Illness
- Having a household member who has a mental illness or has attempted suicide.

Physical Disability/Chronic Condition
- Having a household member with a disability or condition of the body or mind (impairment) that makes it more difficult for them to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

Domestic/Intimate Partner Violence
- Violence between parents or among members of the household, including household members being pushed, grabbed, slapped, had something thrown at them, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or threatened or hurt by a knife or gun by someone in the home/family

Parental Separation/Divorce
- Parents/guardians who were ever separated or divorced

Incarceration/Detainment
- Having a household member who is in jail, prison, or other detention facility

Death
- Death of family/household member

Other Separation from Family or Disruption in Caregiving
- Other forms of separation from parents or other family members not included in the other adversity factors in this category. Examples include kidnapping, parent abandonment, living with a relative, etc.

Individual/Interpersonal

Bullying/Peer Victimization
- Unwanted aggressive behavior by another youth or group of youths who are not siblings or current dating partners; involves an observed or perceived power imbalance and is often repeated multiple times or is highly likely to be repeated; may involve experiencing harm or distress from physical (hitting, tripping), verbal (name calling, teasing), or relational/social (spreading rumors, leaving out of group) bullying; can occur in person and electronically (cyberbullying), at school or in other settings

Teen Dating Violence
- Abuse or violence from a dating partner, including physical, sexual, and emotional, as well as stalking

Victim/Witness to Crime
- Being a victim or witness to a crime, including assault, robbery, etc.

Racial/Ethnic Discrimination
- Being treated unfairly because of one's race or ethnicity

Discrimination due to Immigration/Citizenship Status
- Being treated unfairly because of one's immigration or citizenship status

Discrimination due to Sexual Orientation or Gender
- Being treated unfairly because of one's sexual orientation or gender identity

Ableism
- Being treated unfairly or discriminated against because of one's disability or medical condition

Class Discrimination
- Being treated unfairly because of one's socioeconomic status

Physical Abuse
- Being pushed, grabbed, slapped, had an object thrown at, or hit so hard that it created marks or injury by a parent, stepparent, or other adult living in the home

Emotional Abuse
- Being sworn at, insulted, put down, or made to feel afraid of being physically hurt by a parent, stepparent, or other adult living in the home

Sexual Abuse
- Being physically touched or forced to touch someone in a sexual way by, or had any type of sexual intercourse with an adult, relative, family friend, or stranger at least 5 years older

Physical Neglect
- There was never or rarely someone to take care of you, protect you, or take you to the doctor if you needed it; you didn't have enough to eat, your parents were too impaired by drugs or alcohol to take care of you; or you had to wear dirty clothes.

Emotional Neglect
- Having someone in your family who never or rarely helped you feel important or special, you never or rarely felt loved, people in your family never or rarely looked out for each other and felt close to each other, or your family was never or rarely a source of strength and support.

Other

Medical Trauma/ Chronic Condition/ Disability
- A set of psychological and physiological trauma resulting from pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences in a medical setting. May occur as a response to a single or multiple medical events.

Other Adversity
- Other adversity or trauma not included elsewhere.

Data Indicators and Definitions – Positive Childhood Experiences

Community

Social Cohesion
- Residents feel connected to each other and feel a sense of trust, security, support, acceptance, inclusion, solidarity, and identity within the community

Friendships/ Peer Support
- Positive and supportive friendships with other youth within one's age group

Presence of Caring Non-Parent Adults/ Mentors
- Presence of adult, non-parent formal and/or informal supports, such as teachers, mentors, coaches, extended family, neighbors, etc.

Neighborhood Safety
- Physical and psychological safety at the neighborhood level, including low crime rates, proper lighting, well-maintained infrastructure (roads, buildings, etc.) cleanliness, etc.

Positive & Supportive School Climate
- School climate that includes three components: engagement, safety, and environment. Engagement is comprised of strong relationships, respect for diversity, and participation in school activities. Safety includes physical and emotional safety and emergency readiness and management. Environment includes physical design, strong academic environment, supports for physical and mental health, and a fair, consistent, and clear disciplinary policy.

Access to Ethnic Community & Cultural Activities
- Opportunities are available to engage with members of one's ethnic community and to participate in cultural activities

Access to High Quality Education
- Opportunities are available to receive high quality and affordable k-12 school education, higher education, and other educational resources

Access to Youth Programs/ Positive Youth Activities
- Opportunities are available to participate in positive activities such as sports, arts, civic clubs, etc.

Access to Medical/ Mental Health Services/ Education
- Opportunities are available to receive affordable and high quality medical and mental health services/treatment

Access to Economic/ Employment Opportunities
- Opportunities are available to receive economic support and well-paying, stable jobs

Access to Other Social Support Programs & Services
- Opportunities are available to obtain programs and services such as parenting programs, childcare services, support groups, etc.

Family/Household

Secure Attachment/ Presence of a Supportive Adult(s) or Caregiver(s)
- Presence of at least 1 caring adult who provides a safe, stable, and nurturing relationship with the child

Family Bonding/ Connection
- Family members spend quality time with each other and engage in positive activities together

Consistent Supervision, Structure, & Routine
- Parents/caregivers enforce consistent oversight, structure, and routine for children

Positive & Open Communication
- Family members can communicate their thoughts and emotions in a positive and safe way

Ability to Solve Conflicts Peacefully
- Family members can work through problems or conflicts in a peaceful, respectful manner

Mid to High Economic Status
- Annual household income is two-thirds to double the national median or higher

Stable Caregiver Employment
- Parent or caregiver maintains a stable, well-paying job

Adequate & Stable Housing
- Residing in housing that meets basic structural, heating, lighting, ventilation, sanitary, occupancy, and maintenance standards without threat of eviction or having home or land taken away

Ability to Afford Basic Needs
- Ability to afford basic needs such as food, housing, and health care

Ability to Cope/ Problem-Solve During Crises/Difficult Times
- Family members can draw upon their collective strengths to address household problems, crises, or stressors

Caregiver Well-Being
- Parent or caregiver has a healthy level of physical and/or psychological functioning

Parent/ Caregiver Support
- Parents have access to social supports from those around them, such as partners, friends, and relatives.

Individual

Good Self-Esteem
- The degree to which the qualities and characteristics contained in one's self-concept are perceived to be positive and includes one's physical self-image, view of one's accomplishments and capabilities, and values and perceived success in living up to them

Good Social-Emotional Skills
- Ability to recognize and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, and make responsible decisions

Healthy Coping & Problem-Solving Skills
- Ability to handle stressful situations and challenges without long-standing impact on health and well-being

Academic Achievement
- Set of performance outcomes measuring the extent to which an individual has accomplished specific goals associated with activities in a school or educational environment

Hobbies & Positive Interests
- Involvement in sports, youth clubs, volunteer work, and other positive activities

Good Health Status
- Perceived level of health is rated as good or better.