

CHILDREN'S ADVERSITY INDEX FAQ

I. Background and Context

Why was the Children's Adversity Index developed?

The Children's Adversity Index originated as a recommendation in 2022 in the [Whole Child Task Force report](#), which was developed by experts from various fields to guide trauma-responsive education statewide.

On August 3, 2023, [Public Act 103-0413](#) amended Section 5 of the School Code. The amendment mandated the creation of "a community or district-level Children's Adversity Index to quantify community childhood trauma exposure across children 3 through 18 years of age by May 31, 2025" and tasked the Illinois State Board of Education (ISBE) with leading a collaborative effort to develop the index.

What is the overall purpose of the index?

The index quantifies community-level conditions that are often associated with trauma exposure. We hope the index output, or scores, will identify areas of opportunity to provide resources and support for Illinois children and communities to enhance their well-being.

Who was involved in its development?

The Children's Adversity Index was developed collaboratively in an effort led by the ISBE. Throughout the process, the team engaged a Steering Committee and Advisory Group made up of representatives from state agencies and outside content experts from across Illinois.

State agencies represented include the Department of Children and Family Services (DCFS), Department of Information Technology, Illinois Department of Human Services (IDHS), Department of Juvenile Justice, Department of Public Health, Department of Early Childhood, Illinois Department of Healthcare and Family Services (HFS), and the Illinois Criminal Justice Information Authority.

Additionally, ISBE engaged outside consultants from Chapin Hall for the technical research, analysis, and development of the index and from Civic Consulting Alliance for project management and non-technical support.

Is the index connected to any other initiatives?

The index is part of a broader statewide effort to drive meaningful change at all levels of the ecosystem — from individual children (e.g., universal mental health screening) to schools (e.g., Resilience-Supportive Schools Illinois) to communities and larger systems (e.g., the Illinois Healing-Centered Task Force). Together, these initiatives are designed to improve outcomes across Illinois.

II. Data and Methodology

What data is included in the index?

The Children's Adversity Index incorporates three domains, each with several indicators:

- Community risk trajectories
 - Death rate among under 20 years old.
 - Juvenile delinquency rate.
 - Rate of overdose deaths.
 - Rate of child abuse and neglect investigations.
 - Rate of uninsured under 19 years old.
- Unmet community needs
 - Rate of food insecurity.
 - Rate of frequent mental distress among adults.
 - Rate of vacant housing.
 - Imprisonment rate.
- Community barriers to economic progress
 - ⌘ Housing burden (percentage of households with housing costs at least 30% of income).
 - Percentage with less than high school education.
 - Percentage without health insurance.
 - Median household income.
 - Unemployment rate (between 20 and 64).

The raw data used is all publicly available and comes from a variety of sources, such as 2023 Census data, Centers for Disease Control and Prevention data, and County Health Rankings data. Please see the Children's Adversity Index's technical manual for a complete list of data sources.

How was it decided what data to include?

The final domains and indicators were determined via a multi-step process.

First, the team identified potential data sources that were publicly available, regularly updated, and available statewide. Then an initial set of domains and indicators was developed based on a theoretical framework (Ellis and Dietz, [Pair of Aces](#)), a literature review, and preliminary quantitative analysis.

The finalized set of domains and indicators was determined after transforming and standardizing the data and using statistical approaches to validate the set.

Many indicators were considered but ultimately excluded, mostly commonly for one of the following reasons:

- Geographical constraints/an inability to transform data to the school district level.
- Data quality issues, including too much missing data.
- Selection of a different, related indicator.

For more details, please refer to the index's technical manual.

How are the index values calculated?

Each community received a raw index value (calculated as the average of the three domain values) and raw subindex values (calculated at the average of individual indicator values within each domain). Each domain and indicator is weighted equally in the index's calculation because the consensus in the existing literature is that indices, particularly new ones, should not be weighted.

How does the index incorporate racial, gender, and other disparities?

The index accounts for how racial, gender, and other systemic disparities contribute to adversity in children's lives across the state. Existing research shows that these disparities are not merely background factors but are directly linked to increased adverse experiences for children and the communities they belong to. To reflect this reality, the index includes domains and indicators that capture the impact of these structural inequities.

For example, the "Rate of Child Abuse and Neglect Investigations" indicator does more than measure potential abuse and neglect; it also reflects systemic biases in child welfare investigations. Data indicate that Black children, particularly in more rural areas with a lower proportion of Black residents, are disproportionately subject to DCFS investigations. Regardless of the presence or lack of abuse or neglect, the mere investigation can be traumatic for children and families. As a result, this indicator

highlights racial bias in the data, demonstrating how discriminatory practices influence adversity measurements.

Additionally, racially discriminatory policies, such as redlining and predatory lending, have historically deepened economic disparities in communities of color. This is reflected in indicators like the percentage of households experiencing housing burden — where housing costs exceed 30% of household income. Similarly, gender-based inequities, such as wage gaps and unequal caregiving responsibilities, contribute to adversity, particularly in communities with limited economic opportunities.

The selection of domains and indicators that reflect these lived realities enables the index to show a more nuanced measure of adversity.

III. Interpreting Index Results

Why is the index calculated for school districts?

The legislation that established the index requires that school districts be able to compare themselves to one another and the state average. To comply with this requirement, the index is calculated using school districts as the primary unit of geographical analysis. Though the analysis is done by school districts, the district boundaries should be thought of as a representation of community boundaries, not student attendance boundaries.

What do the different numbers in the community profile mean?

State Average: The average trauma exposure for children across all domains statewide.

Severity (Total): Overall level of trauma exposure across all domains within a community.

Severity (By Domain): Indicates a community's level of adversity for the indicators or measures that comprise the specific domain

Severity Level Bracket: Shows a community's overall trauma exposure based on quintiles (e.g., "very high" for the 20% of communities with the highest trauma exposure and "very low" for the 20% of communities with the lowest trauma exposure).

How should I interpret index values for overlapping districts?

There are many instances throughout Illinois in which school districts overlap, particularly when a high school district encompasses a number of elementary school districts.

The statutory requirement for each district to compare itself to the state average results in the index treating each district as unique and calculates trauma exposure separately for each district, even if it exists within the boundaries of a larger district.

Most of the time a larger district has comparable trauma exposure to the smaller districts that make it up. Occasionally, however, a larger district is made up of a particularly diverse set of smaller districts that have different profiles from one another, which can result in different index results for districts that overlap.

How does the index consider diversity within large school districts/communities?

The index values are not intended to represent the experiences of every individual child in a given community. Instead, they provide a broader picture of how the overall conditions of a community — such as economic factors, access to resources, and social support systems — affect children on a collective level. These values highlight trends and patterns that can inform policymakers, educators, and community leaders about areas of need and opportunity.

In large districts (e.g., Chicago Public Schools, Elgin Area School District U46), it's particularly important to consider the diversity in neighborhoods. The index offers valuable insights at the community level, but understanding and addressing the specific needs of children requires looking beyond the aggregate data to consider localized factors and individual circumstances.

In short, the index should be viewed as one tool to guide understanding of how systemic conditions shape the broader context in which children live and grow, while acknowledging that individual experiences will vary within any diverse community. This index should be paired with more localized tools to develop a complete picture.

IV. Using the Index

How can state agencies and other state- and regional-level policymakers, advocates, and funders use the index?

The Children's Adversity Index helps state- and regional-level entities identify and understand areas of need across the state, with a focus on supporting children, families, and communities experiencing high levels of trauma exposure. State agencies and other state- and regional-level policymakers, advocates, and funders could use the index to:

- **Tailor existing services:** Ensure that service providers understand the unique challenges and context of the communities they serve.
- **Prioritize service expansion:** Help make informed decisions about where to establish new service locations.

- **Allocate financial resources:** Prioritize funding applications to direct financial support to communities with the highest levels of need.
- **Research and analysis:** Leverage data to advance additional research efforts, allowing for data-driven decisions and policies

What are the limitations of the index?

One limitation is that the index does not capture all possible measures of adversity. While multiple indicators were considered, some had to be excluded due to various constraints. Additionally, the use of small area estimates introduces limits on precision, particularly for smaller districts, as the data transformation process can reduce accuracy. Furthermore, the index is calculated using the latest Census data from 2022, but district boundaries change over time, leading to minor discrepancies between current district boundaries and those represented in the index.

Ultimately, the adversity index is emerging in its initial phase. As with all indices, it would be enhanced by ongoing validation and updates for continuous future use.

V. Additional Considerations

What resources can communities with high exposure to trauma access for support?

Individuals, families, and organizations in communities with high levels of adversity exposure have access to various resources and supports:

Databases to find specific types of support:

- **BEACON** (Behavioral Health Care and Ongoing Navigation): A centralized resource for Illinois youth and families seeking services for behavioral health needs.
- **SPIDER** (Service Provider Identification & Exploration Resource): A free, comprehensive social services resource identification database for Illinois.
- **Aunt Bertha**: A national database to find food, health, housing, and employment programs by ZIP code.
- **REACH Learning Hub** (Resilience Education to Advance Community Healing): A free database of tactical and educational resources, including self-paced educational courses.

Directories of state-funded service providers:

- **DCFS Family Advocacy Centers:** Service providers that support parents to follow through on their goals to allow them to preserve and reunite their families.

- HFS Care Coordination and Support Organizations: Service providers that help coordinate care for children and youth with significant behavioral health challenges and their families.
- HFS Certified Community Behavioral Health clinics: Providers with services designed to ensure access to coordinated and comprehensive behavioral health care (e.g., outpatient mental health, substance use disorder, primary care screening services) for individuals of all ages.
- IDHS substance use prevention and recovery providers: Providers that support individuals with substance use prevention and recovery.
- Children's Advocacy Centers of Illinois: Providers that coordinate a comprehensive response to child abuse through advocacy, medical, and mental health supports.

Helplines:

- 2-1-1: Information and referral information for health and human services needs,
- 9-8-8: National suicide and crisis lifeline with 24/7 availability for call, text, or chat.
- CARES Crisis line (1-800-345-9049): 24/7 mental health crisis line for Illinois residents of any age.
- Illinois Helpline (833-2FINDHELP, 833-234-6343, or text "HELP" to 833234): 24/7 support for substance use treatment and recovery services.

Will the index be updated in the future?

PA 103-0413 requires the index to be updated at least every two years.

Who do I contact if I have questions about the index?

Please contact Wellness_student_care@isbe.net with all inquiries or comments related to the Children's Adversity Index.