

Children Mental Health: Domestic Violence in Chicago

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Domestic violence (DV) is a widespread and intricate issue that affects people of all ages, backgrounds, and socio-economic conditions (Domestic Violence, 2023). However, children are a particularly vulnerable group to the harmful effects of DV. In recent years, research has increased in exploring the impact of DV on this age group, and the consequences are profound. One of the main effects that will be looked at is the effect DV has on mental health. The CDC states “that being mentally healthy during childhood means reaching developmental and emotional milestones and learning healthy social skills and coping when there are problems.” With the presence of DV, all those characteristics of a mentally healthy child slowly start to dwindle. In the city of Chicago, where DV rates are alarmingly high, especially during and after the COVID-19 pandemic, the effects on children are especially concerning and require immediate attention. This paper examines the crimes in Chicago that involve DV in the presence of children, how different age groups are affected by short and long-term issues, the impact that this is having on the current mental health services, and efforts already in place to help or assist with DV.

Literature Review

Domestic Violence Issues Present in Chicago

Currently, there are not many scholarly articles available on DV in Chicago. However, many news articles, census data, etc., were utilized. Utilizing these sources, it was found that an increase in DV correlated to the stay-at-home order implemented at the beginning of the COVID-19 outbreak. Although there are not many studies on this

topic, a data report by The Network that is conducted annually talks about the DV issues in Chicago and the different means available to counteract the problem. Based on statistics from The Network's (2022) study, there were 37,236 calls to the DV hotline, which is 15% higher than in 2021 and 50% higher than in 2019. Based on the table and information in this study, there is a high call volume during the summer months. It has been noted that the reason for this is the fact that, during the winter months, women find it harder to leave their abusers due to the cold weather and lack of housing options. The study also shows that there was a rise in domestic violence-related homicides. This study is critical because it has so much information about the domestic violence issues present in Chicago. It is also very current, as though it is produced yearly (Negron et al.).

Also, it is notable to add that there may be some skewing in the data due to the lack of reporting incidents. There have been many studies conducted, not only in Chicago, that there are some victims of abuse failing to report what is going on due to the negligence of police officers. The idea is that nothing will occur from them reaching out to authorities, fearing something worse happening in the home, and not having the resources or support needed to put themselves in a better situation.

Effects on Children

Many of the previous works on this topic have all agreed that there are substantial effects linked between DV and the overall well-being of children who witness these events. One of the main things discussed is the rendering of aid to victims of domestic violence, trying to get the victim out of the situation. There are also secondary victims if there are children involved in these incidents. Even if they are not directly

involved, negative influences can be inflicted upon the child, as described in Khemthong and Chutipongdech's (2021) study. There is also mention in Khemthong and Chutipongdech's (2021) and Mittal's (2020) study of how children's ideas of their home are significantly altered once there are reoccurring bouts of DV. Children generally see their home as a place to be provided for and protected. There is also a correlation between these events and the perceptions and attitudes of children. As mentioned in Khemthong and Chutipongdech (2021), Mittal (2020), and Schubert (2022), children who encounter frequent DV crimes are more likely to assume this behavior is normal and will resort to these behaviors when faced with conflict. These works provide a broad understanding of what can be caused by DV. Another critical factor is distinguishing between short and long-term effects and how they affect different age groups. Each age group would inevitably handle exposure to DV differently. The age groups are broken down into (1) infants, toddlers, and preschoolers, (2) school-aged, and (3) teens (Khemthong & Chutipongdech, 2021; Walker-Descartes et al.).

Infants, toddlers, and preschoolers

According to Walker-Descartes and colleagues (2021) and Khemthong and Chutipongdech's (2021) studies, children in this age bracket rely heavily on their caretakers to fulfill their requirements for safety and protection. This is important because they cannot verbalize when they are having issues or experiencing negative feelings due to what is going on in their environment. As mentioned in this study by Walker-Descartes et al. (2021), toddlers and infants who encounter violence within their households often exhibit many emotional and behavioral responses. Other studies,

such as Schubert (2022), confirm that these issues can arise, but they are not broken down into a specific age group as in the other article. Older preschool-aged children often present with psychosomatic problems. Many physical effects are present within this age group. Children in this age bracket (more preschool-aged than infants and toddlers) are at increased risk of bodily injuries sustained from the domestic dispute. This is important because it shows that some children are involved more in disputes than people may realize. There are findings that children have injuries from these disputes because they tend to try to step in and help their mothers (although fathers can be abused as well, there are not many studies on it occurring in that way, more targeted towards the mother being the victim). The survey of Mittal (2020) mentions that children are sometimes used as shields.

School-aged children

Scholarly articles were examined to obtain information on this age group. According to Howell and team (2016), children exposed to DV during this stage often show a greater frequency of internalizing symptoms when compared to children from nonviolent families. The authors suggest that there is a shift during this age group due to the increased influence of peers. School-aged children may lose interest in hobbies, friends, and school.

Teens

Based on the study by Howell and researchers (2016), it is interesting that this age group typically tries to step in for someone needing help during domestic disputes, just as older preschool-aged children would. Also, teens have internalizing and

externalizing symptoms, just like school-aged children. While there are many similarities, there are also some significant differences. Around this time, teens begin to explore dating. The study suggests that teens who frequently encounter domestic disputes are at higher risk for dating violence. There is also an increased risk of substance abuse to deal with the ongoing issues stemming from the DV.

These three main age groups provide much insight into how DV can affect these children at different stages of their lives. There seems to be some overlap in various symptoms from witnessing these events. While most of these studies start with infant-aged children, the study of (Howell et al., 2016) begins with the gestational period. This article links health concerns for fetuses during this time due to the mother experiencing distress due to domestic disputes. This is an exciting view because people commonly wouldn't consider it. After all, we don't realize how much fetuses are aware of while in the womb.

Impact of Current Mental Health Services

The Network's study (2022) discusses the barriers to receiving private healthcare. It states that there is an issue with connecting members to mental health services due to cost, insurance, and immigration status. There is a lack of availability for free, long-term mental health services for uninsured individuals, and the programs that do exist have extensive wait lists. There is also a lack of providers that specialize in these types of traumas, especially for children.

A study by the Collaborative for Community Wellness (2023) states that the City of Chicago has disinvested in public mental health services over the past decade. There

are only five public mental health centers, significantly decreasing from the 12 in 2011. The study also discusses the barriers to people in Chicago getting the mental health services that they need. The obstacles mentioned are similar to those in The Network's study (2022), such as immigrant status and insurance.

Efforts in Place to help with Mental Health and DV Issues

According to The Network (2022), many programs are present to aid children. Each program focuses on different issues that a child may be dealing with, such as child abuse, witnessing domestic violence, and overall exposure to violence. Each of the ones that are targeted towards domestic violence, such as Lifespan, Sarah's Inn, Safe from the Start, etc. While there are many programs to assist with this need, they do need improvements. The Network (2022) states that many need more staffing and funding.

In conclusion, the literature indicates an urgent need for comprehensive strategies addressing DV, prevention, early intervention, mental health support, and resource accessibility in Chicago. Collaborative efforts between government agencies, community organizations, and healthcare providers are crucial in addressing these complex issues and improving outcomes for DV survivors and their families.

Discussion

DV has caused tremendous adverse effects on the mental health and overall development of children, especially in the city of Chicago. Frequently, children are overlooked when services are implemented to help victims of DV. There needs to be

more access to services that focus solely on the mental welfare of these children. While it is important to offer these children these services, it should also be a goal to provide preventative services to attempt to decrease the number of DV incidents, which will, in turn, lower the harmful effects of these occurrences.

Research from The Network's (2022) study shows that many services are in place for children in Chicago, such as Sarah's Inn, Lifespan, and Safe from the Start. While these existing services for children are present, they fail to meet the growing demand. The root cause of this discrepancy lies in the staffing shortage and funding. Consequently, many children are left without the much-needed assistance that could help them overcome their challenges and achieve their full potential.

Addressing Staffing and Funding

Multiple parties, such as government agencies, community organizations, and healthcare providers, must work together to address these staffing and financial issues. There are numerous ways to achieve this goal: advocacy and policy development, joint funding initiatives, training and education programs, telehealth expansion, and advocacy for workforce expansion.

Advocacy and Policy Development

These entities can advocate for increased government funding for mental health services for children. Policies that prioritize mental health funding and workforce expansion can also be developed.

Joint Funding Initiatives

There can be a combination of government, community agencies, and healthcare providers' resources to create joint funding initiatives reserved explicitly for children's mental health services. This can include grants, subsidies, and public-private partnerships.

Training and Education Programs

Development of combined training programs for mental health professionals, educators, and community workers to increase awareness, improve detection, and enhance treatment of mental health issues in children.

Telehealth Expansion

Offering telehealth services for children's mental health, utilizing technology to reach underserved populations, providing consultations, and offering therapy sessions remotely can be included.

Advocacy for Workforce Expansion

The advocacy for policies that support mental health workforce expansion through incentives for professionals to work in underserved areas, loan forgiveness programs, and increased training opportunities.

PRECEDE-PROCEED Model

The PRECEDE-PROCEED model (PPM) is valuable for designing and evaluating mental health promotion efforts. By utilizing the PRECEDE component, researchers can work backward from their intended research goals to create a comprehensive blueprint for the intervention or strategy. Additionally, the PROCEED

component can provide a clear evaluation plan. Applying the PPM to a city with high numbers of DV, Chicago, will identify the risk factors.

Phase 1-Social Assessment

The PRECEDE portion of the model begins with gathering qualitative data through focus groups with children. The main aim of these focus groups is to gain an in-depth understanding of children's experiences and concerns regarding DV and their overall mental well-being. By conducting these focus groups, the PRECEDE model helps identify the factors that predispose, enable, and reinforce the behavior.

Phase 2-Epidemiological Assessment

We used analytical tools and techniques to carefully examine the vast amounts of local data, crime reports, and mental health statistics to identify meaningful patterns and trends. Analyzing this information allows us to detect correlations between variables and gain insights.

Phase 3- Educational and Ecological Assessment

Consists of an examination of factors influencing knowledge, attitudes, and access to mental health services. Predisposing, enabling, and reinforcing factors are used to classify behaviors.

Predisposing factors are characteristics of a person or population that motivate behavior before or during the occurrence of that behavior (Sharma, 2022). This paper will focus on two factors: poverty and substance abuse. In a news article released by the Chicago Leader, the US Census Bureau shows that 23.25% of Chicago children

and 20.6% of Chicago ethnic groups live in poverty. Overall, 16.4% of the population lives in poverty, compared to 12.3% in the US (Thomas,2023). Poverty contributes to but does not cause DV by increasing frustration within the family unit due to poor financial situations. Substance abuse also has a strong correlation to DV. It contributes to DV because it impairs judgment, increases aggression, and interferes with communication and problem-solving (Ramey, 2019). It is important to emphasize that substance abuse does not cause DV. However, it does interact with other risk factors, such as unresolved trauma, mental health disorders, socioeconomic factors, and relationship conflicts, which increase the chances of DV occurring (Mehr et al., 2023).

Enabling factors are characteristics of a person or population that facilitate action and any skill or resource required (Sharma, 2022). Enabling factors for preventive services for DV refers to the characteristics of individuals or populations that make it easier for them to access and utilize the necessary resources for preventing DV. DV can be prevented by proactively implementing programs, training, and services that stop violence and abuse from occurring in the first place. Teaching individuals about the early warning signs could preempt DV. Some of these signs include jealousy, controlling all financial decisions, guiltting a partner for all problems in a relationship, threatening violence, sexual pressure, and intimidation. Teaching people safe and healthy relationship skills also can curb DV. This can be done through social-emotional programs for youth and healthy relationship programs for adults. An initiation of training mentor-like roles, such as teachers, coaches, etc., of the signs of DV and encouraging them to speak up when it is noticed. Provide access to shelter and financial and legal

assistance to victims if they happen to experience an occurrence of DV so it does not continue to be a cycle.

Reinforcing factors influence the likelihood of a behavior being repeated in the future. These factors can be seen as rewards or punishments that follow a behavior (Sharma, 2022). The attitudes of influential people such as peers, teachers, healthcare professionals, and law enforcement can deter victims from speaking up, which can result in the DV cycle continuing.

Phase 4- Administrative and Policy Assessment

This assessment addresses any concerns before program implementation (Sharma, 2022). This situation concerns location, activity scheduling, budgeting, and personnel. Location is important because it should be easily accessible to the community that needs the services. Activity scheduling is necessary so there is a plan about what resources are required based on what types of services are needed and providing an outline for tasks that need to be completed within a specific timeframe. Budgeting is a primary concern. This involves allocating funds to cover all necessary expenses, such as personnel costs, materials, and equipment. Personnel are the individuals responsible for carrying out these services. They should be well-trained and experienced in areas of DV and children's mental health.

Phase 5- Implementation

It is suggested that specific strategies should be implemented to improve mental health awareness concerning DV. These strategies include increasing child awareness about DV and the effects it can have on mental health, changing their attitudes towards

mental health problems, and training school counselors to have the ability to identify mental health issues.

Phase 6-Evaluation

Planning and conducting thorough evaluations is important to ensure that mental health interventions effectively improve mental health outcomes. This includes the planning of process, impact, and outcome evaluations, which can help measure the interventions' effectiveness. Process evaluations assess how the interventions are being implemented and can identify any areas for improvement. Impact evaluations measure the immediate effects of the interventions, while outcome evaluations evaluate the long-term impact on mental health outcomes (Sharma, 2022). By undertaking these evaluations, it is possible to determine which interventions are most effective and to make any necessary adjustments to improve their effectiveness.

Conclusion

Domestic violence is a prevalent issue that affects people of all ages and backgrounds. Children are a particularly vulnerable group that experiences short and long-term mental health issues due to domestic violence exposure. The city of Chicago has seen a drastic increase in domestic violence cases, especially during and after the COVID-19 pandemic. The impact on children's mental health is concerning and requires immediate attention from mental health services and the community. Efforts are already underway to counteract the problem, but more needs to be done to increase the supply to meet the current demand and to find the root causes of domestic violence. It is crucial

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to provide children with a safe and supportive environment to prevent long-term negative effects on their mental health.

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