



DATA TRENDS: #116 April 2005

Summaries of research on mental health services for children and adolescents and their families



Domestic Violence and Children's Mental Health

Source: Lundy, M. & Grossman, S. F. (2005). The mental health and service needs of young children exposed to domestic violence: Supportive data. *Families in Society: The Journal of Contemporary Social Services*, 86(1), 17-29.

Research indicates that children exposed to domestic violence may experience higher rates of depression, anxiety, aggressive behavior, and academic problems¹. In this article, the authors discuss the results of a study of 40,636 children entering the Illinois domestic violence service system over a five-year period.

Method

These data were collected from all clients served by the Illinois Coalition Against Domestic Violence between July 1990 and June 1995. The agencies in this coalition used the same intake and assessment forms, thus permitting data from different providers to be collated. Child-level data included age, gender, race, school grade, special needs, service needs, and adult caregiver reports of emotional, social, physical, and educational difficulties. Of the 132,428 adult service users, 15.1% had at least one child age 12 or under. Thus the sample on which this study is based includes the children (n=40,636) of the 19,997 adults who entered services with a child at some point during this five-year period. Users who sought services more than once during the five-year period were counted each time in the data set. Thus, for example, some children may have been assessed more than once, or the same adult may have entered services with different children on different occasions during the five-year period.

Results

On average, clients had two children, but the numbers ranged from one to nine. This group of adults seeking domestic violence services was predominately female (99.5%) and ranged in age from 15 to 90 years, with an average of 29 years. The types of abuse reported were emotional (97%), physical (88%), and sexual (22%). Approximately half of the children in the sample were male and half were female, and the average age was four years. Data on children's ethnic background showed that the groups represented included White (54.9%), African American (31.2%), Hispanic (9.1%), Biracial (3.9%), Asian (0.7%), and Native American (0.3%). About one in ten (9.7%) had an identified disability or special service need.

The intake assessment of the children's problems included completion of a symptom checklist on the child information form. Analysis of these data indicated that children experienced an array of problems in the emotional (e.g., mood swings), social (e.g., resisting discipline), educational (e.g., learning and behavior problems), and physical health domains. Age-related differences are also discussed. Further analysis to examine the relationship between child characteristics and reported

problems indicated that children who were White, aged 6-12 years, and who entered the program with an adult with special need or with an adult reporting sexual abuse, were also more likely to have problems in the domains measured.

Conclusion & Implications

The results of this study of more than forty thousand children entering a domestic violence program indicate that many children exposed to domestic violence experience problems that require mental health services. The authors note the limitations of these data and the need for the use of standardized age-appropriate instruments in future research. An important question not addressed in this research is differences in outcomes for children who experience domestic violence directly or indirectly. The study also found that just over one third (38.5%) of children were identified as not having problems in the domains assessed. Further research is required to advance our understanding of the impact of domestic violence on children's mental health including protective factors, and treatment needs and outcomes. The intake data collected in the context of a crisis may not be reliable, and thus there is a need for longitudinal assessment of families and their needs, as well as control group data. Nevertheless it is evident that many families entering domestic violence programs need a range of services. The authors conclude that domestic violence programs should be coordinated with mental health agencies and other providers, with increased attention to children's needs.

¹ Fantuzzo, J. W. & Mohr, W. K. (1999). Prevalence and effects of child exposure to domestic violence. *The Future of Children: Domestic violence and children*, 9(3), 21-32.