

SURVIVOR EXPERIENCE & DEMOGRAPHICS

DOMESTIC VIOLENCE NEEDS ASSESSMENT OF CHICAGO

Domestic violence is pervasive. Approximately 1 in 3 women have experienced physical violence by an intimate partner in the United States.¹ It is estimated that more than 2 million Illinoisans have experienced domestic violence in their lifetime.² Domestic violence impacts individuals and communities throughout Chicago. In light of changes in service capacity and practice over the past decade, as well as the protracted state budget crisis, IMPACT carried out a needs assessment to document the existing domestic violence response system and highlight gaps that need to be filled. This factsheet presents one component of the needs assessment and is designed to be used as a stand-alone summary of the specific topic covered. For more information please see the full report, *Connecting to Safety and Stability: Domestic Violence Needs Assessment of Chicago* available at www.heartlandalliance.org/research.

SUMMARY FINDINGS

1. Women and their children are, overwhelmingly, the recipients of domestic violence services in Chicago.
2. In 2016, 10,194 individuals, including more than 1,000 children, received domestic violence services in Chicago.
3. Survivors have significant financial barriers to reaching safety and stability.

RECOMMENDATION

Support policies and programs that will contribute to long-term safety and stability of survivors, including policies to address poverty and the economic needs of survivors. There are demonstrated persistent economic needs among survivors seeking services in Chicago. In 2016, 43.8% of survivors had a monthly income of \$500 or less.²²⁶ The median gross rent in Chicago is \$985.²²⁷ In addition to this demonstrated economic need among service recipients, economic abuse is commonly used in domestic violence, contributing to the financial needs of survivors.²²⁸ The economic barriers for survivors must be addressed in order to support long-term safety and stability of survivors and their children.

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For additional information, please see the full report, [*Connecting to Safety and Stability: Domestic Violence Needs Assessment of Chicago*](#). This project was made possible with the generous support of Crown Family Philanthropies, Polk Bros. Foundation, and Michael Reese Health Trust.

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DATA AND DEFINITIONS: SPECIAL CONSIDERATIONS

It should be noted that demographic data is only collected for individuals that access services. There is opportunity for bias and over- or under-representation of certain populations throughout these data. Research assessing racial differences in help-seeking behaviors of domestic violence survivors suggests that white women are more likely to seek formal health and mental health services than women of color.³ Demographic data collected through service utilization should not be interpreted to mean that certain communities experience higher or lower rates of domestic violence; rather, these are the communities accessing services for domestic violence. Similarly, men and same sex couples are notable missing from these data and analysis. While national prevalence data does suggest that both men and individuals in same sex relationships experience domestic violence, there is limited data on these populations and a lack of available local data to assess how these individuals experience domestic violence. Additional research and data is needed to better understand the service utilization and gap in service provision for these communities.

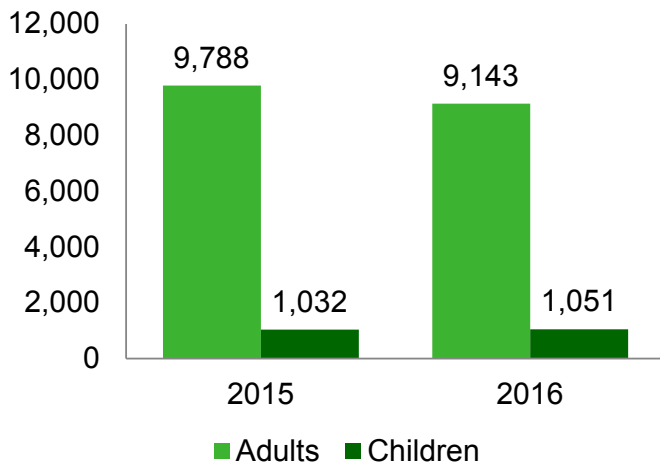
Additional research aimed at uncovering the needs and experiences of domestic violence survivors who do not engage with traditional response systems is needed. Many survivors of domestic violence do not access services or are not represented in available domestic violence data for a myriad of reasons. Additional research is needed to better understand why some survivors do not engage with the formal domestic violence response system, and determine if existing services can and should adapt to meet the needs of these survivors. Research explicitly targeting survivors that are absent from these data will allow for an expanded assessment of service needs and barriers for survivors that do not engage with the traditional domestic violence response system, and contribute to general knowledge of domestic violence.

DEMOGRAPHICS: WHO IS IMPACTED?

Domestic violence is experienced in every community in Chicago, regardless of socioeconomic status, race, or geographic location.⁴ Demographic data provide insight on the population that is receiving services from domestic violence service providers but is not representative of all survivors in the city of Chicago.

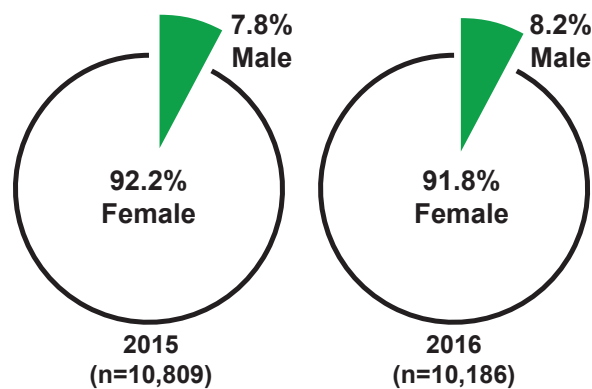
In 2015, Chicago-based service providers served 9,788 adults and 1,032 children, for a total of 10,820 clients. In 2016, 10,194 individuals—9,143 adults and 1,051 children—received domestic violence services in Chicago.⁵

INDIVIDUALS RECEIVING DOMESTIC VIOLENCE SERVICES

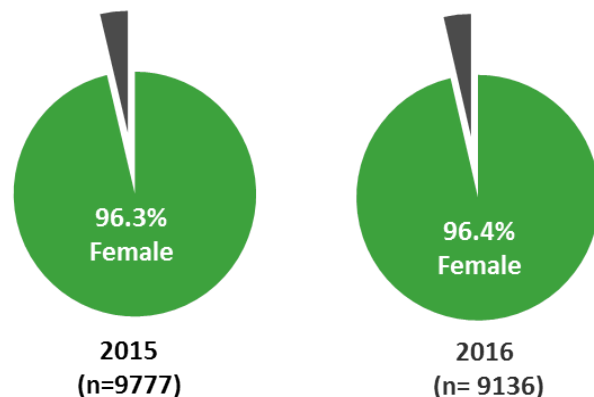


Of all survivors receiving services, 91.8% were female and 8.2% were male in 2016; 96.4% of adult survivors were female.⁶ Among children receiving services in 2016, 51.7% were female and 48.3% were male.⁷

GENDER (ALL SURVIVORS)



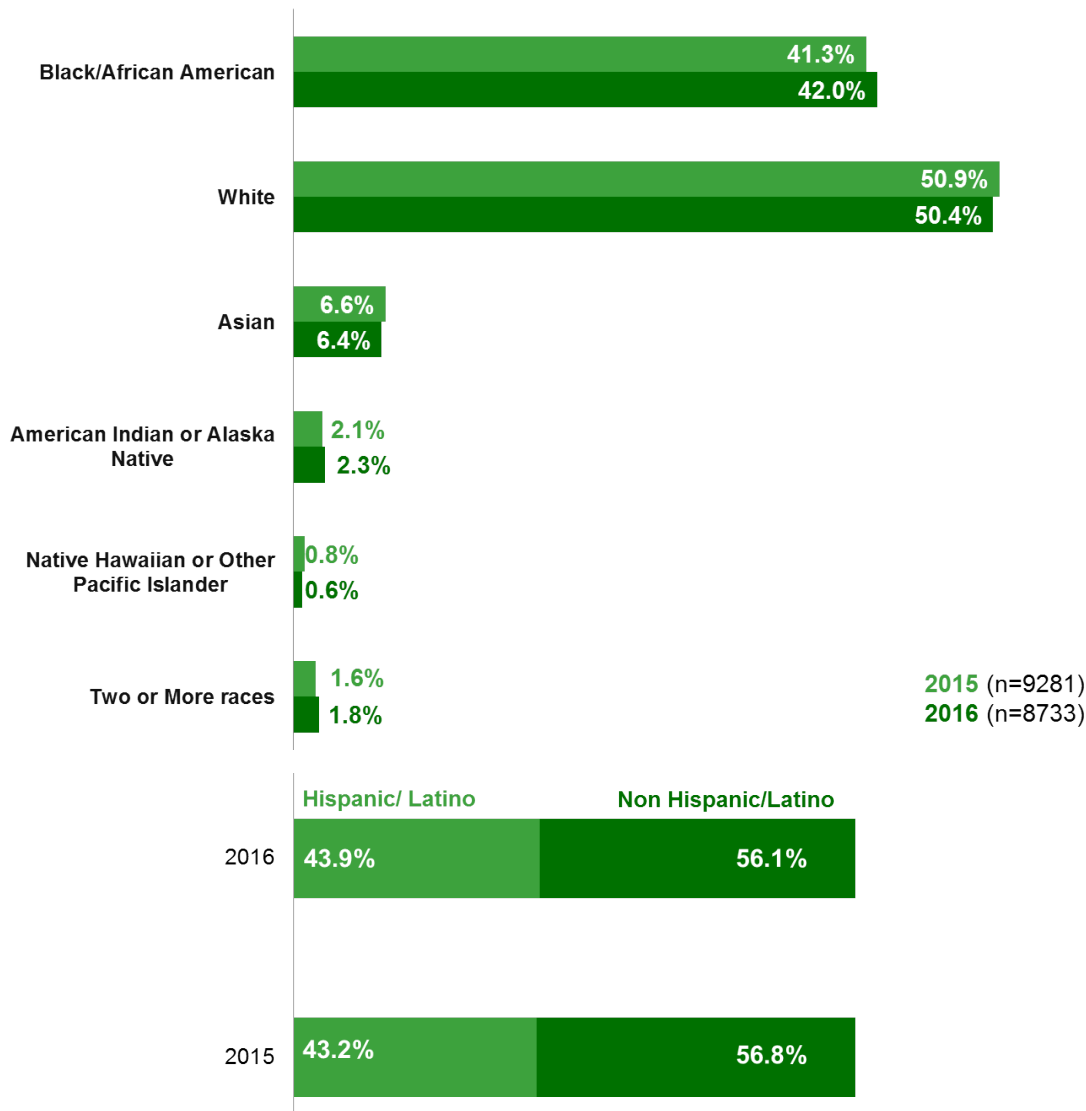
GENDER (ADULT SURVIVORS)



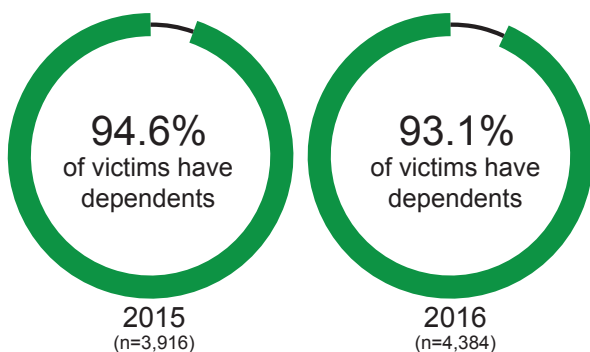
DEMOGRAPHICS: WHO IS IMPACTED?

Survivors of domestic violence are diverse; in 2016, 43.9% were Latino and 42.0% were black.⁸ While the majority of survivors (59%) were between the ages of 30 and 64, 28.4% of survivors in 2016 were 18-29 years old.⁹ In 2016, survivors were most likely to be single (47.0%) or married (42.4%).¹⁰ In 2016, 93.1% of hotline callers had dependents compared to 94.6% with dependents in 2015.¹¹

RACE & ETHNICITY

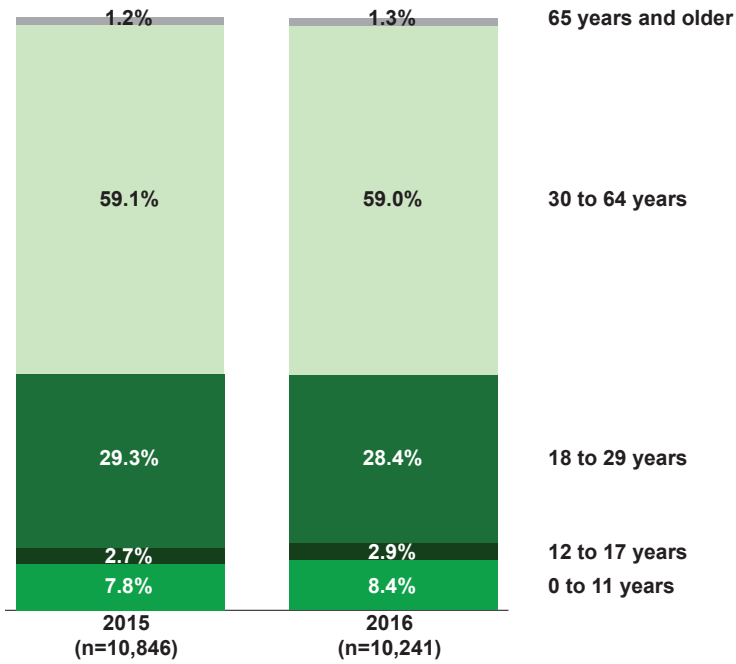


DEPENDENTS

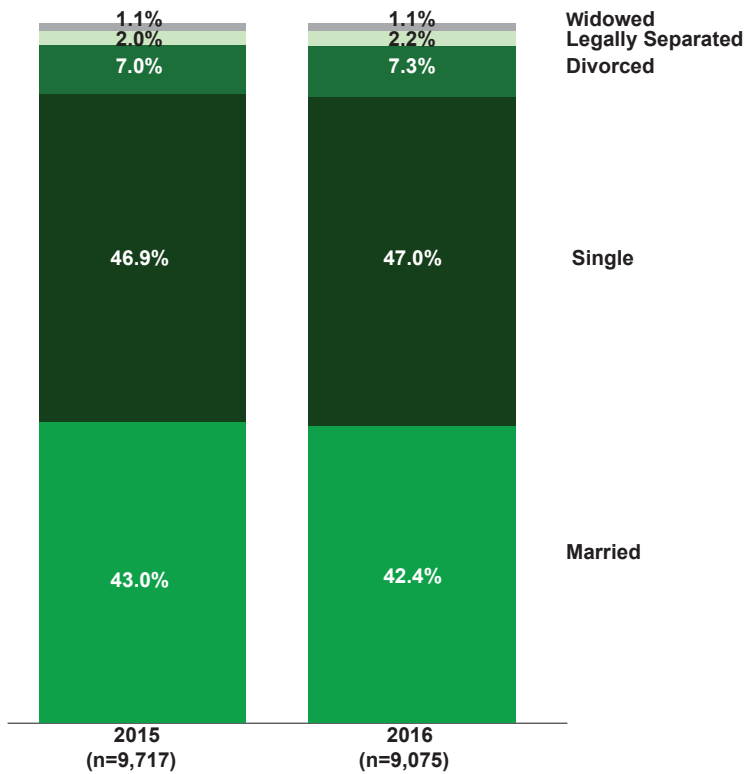


DEMOGRAPHICS: WHO IS IMPACTED?

AGE

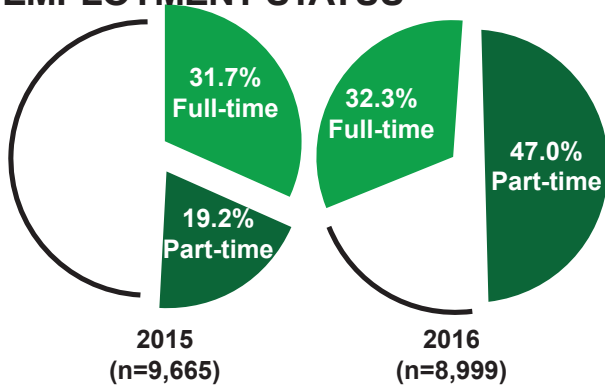


MARITAL STATUS



DEMOGRAPHICS: WHO IS IMPACTED?

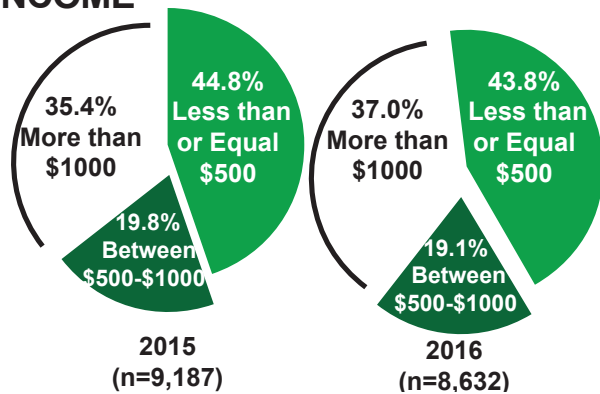
EMPLOYMENT STATUS



Data suggest the significant economic need of survivors, illuminating barriers that survivors may face in reaching safety and stability.

In 2015, 49.1% of survivors were not employed, 19.2% were employed part-time, and 31.7% were employed full-time. In 2016, there was a significant increase in part-time employment status for survivors; survivors were most commonly employed part-time (47.0%), 32.3% were employed full-time, and 20.7% were not employed in 2016.¹² Despite a significant increase in part-time employment status, reported income remained steady.¹³

INCOME



In 2016, survivors were most likely to report monthly income of \$500 or less (43.8%); 37.0% of survivors have a monthly income of more than \$1,000, and 19.1% of survivors reported income of between \$500 and \$1,000.¹⁴ Despite high economic needs, most survivors (53.3%) report that they did not receive any public benefits in 2016; 41.9% received food stamps or other food benefits.¹⁵ Thirty-one percent of survivors had no health insurance in 2016; 41.3% received Medicaid and 20.0% had private health insurance.¹⁶ Educational experience varies for survivors; in 2016, 23.4% had some high school experience, 26.8% were high school graduates, 23.4% had some college experience, and 16.1% had college degrees or more.¹⁷

INCOME SOURCES

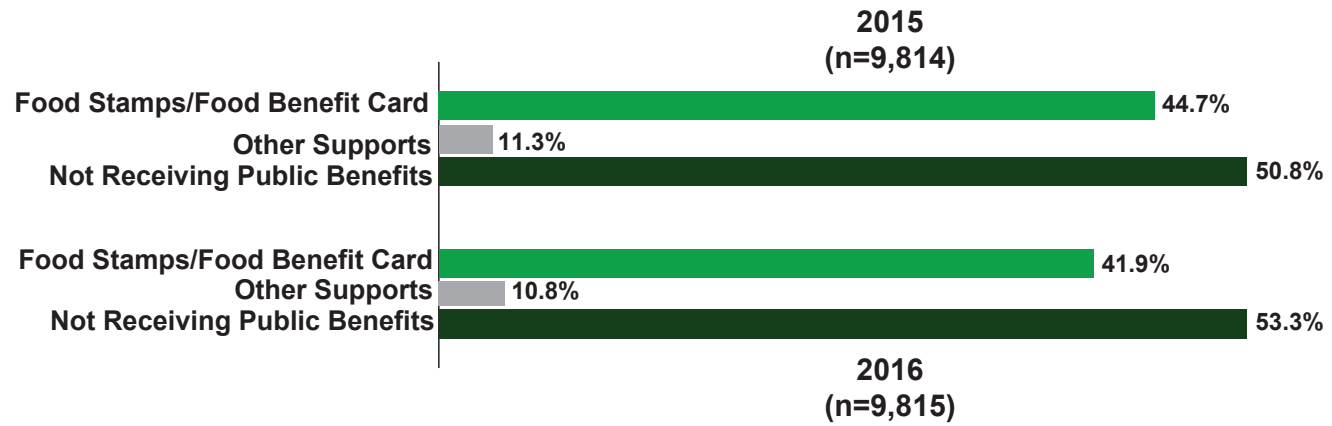
2016 Top 5 Income Sources

- Earned Income
- Supplemental Security Income
- Social Security Disability Income
- Other Source
- TANF

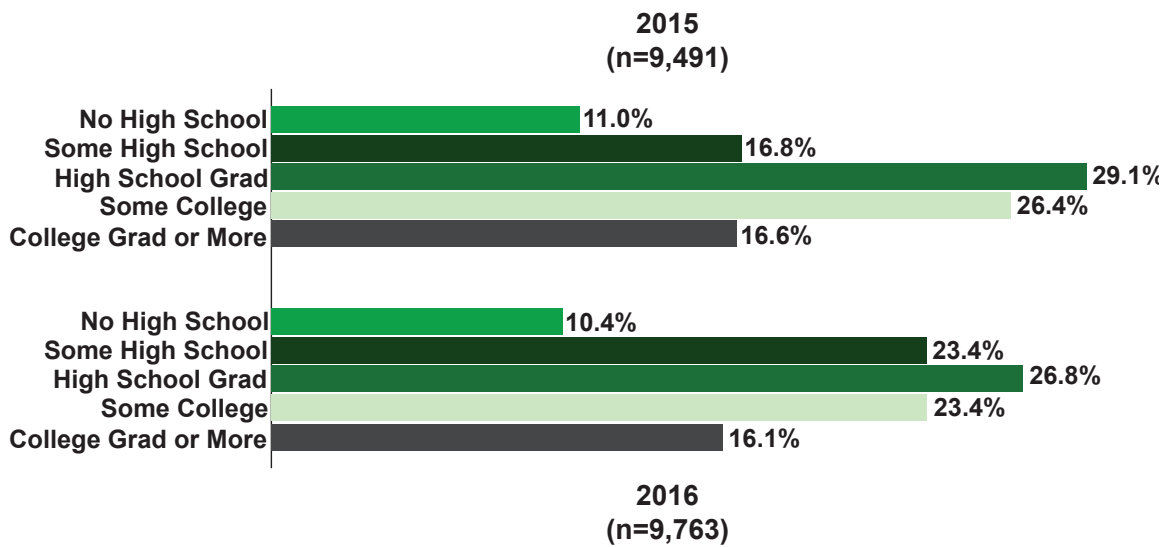
No Financial Resources: 29%

DEMOGRAPHICS: WHO IS IMPACTED?

BENEFIT RECEIPT



EDUCATIONAL ATTAINMENT



ENDNOTES

1 Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: *National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*.

2 National estimates measure 5 types of intimate partner violence: sexual violence, physical violence, and/or stalking by an intimate partner. Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

3 El-Khoury, M., Dutton, M., Goodman, L., Egnel, L., Belamaric, R., & Murphy, M. (2004) *Ethnic Difference in Battered Women's Forma Help-Seeking Strategies: A Focus on Health, Mental Health, and Spirituality*. *Cultural Diversity and Ethnic Minority Psychology*, Vol 10, No 4, 383-393.

4 Author's analysis of Chicago Police Department Crime Data, retrieved from: <https://data.cityofchicago.org/>.

5 Author's analysis of *InfoNet Data provided by ICJIA*, 2015 and 2016.

6 Author's analysis of *InfoNet Data provided by ICJIA*, 2016.

7 *Ibid.*

8 *Ibid.*

9 *Ibid.*

10 *Ibid.*

11 Author's analysis of *State of Illinois Hotline Data*, 2015 and 2016.

12 Author's analysis of *InfoNet Data provided by ICJIA*, 2016.

13 Author's analysis of *InfoNet Data provided by ICJIA*, 2015 and 2016.

14 Author's analysis of *InfoNet Data provided by ICJIA*, 2016.

15 *Ibid.*

16 *Ibid.*

17 *Ibid.*