



Sinai Urban Health
Institute



Empower Your Voice:

Research Findings on
the Mental Well-being
of Chicago Girls



2025

Acknowledgements



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NOTE ABOUT LANGUAGE: To strive for health equity in research and reflect current activist discourse, this report utilizes "Latine" to promote gender-inclusivity. To participate in the Empower Your Voice Survey, youth had to self-identify as female. For simplicity, the report refers to female-identifying youth as "girls."

PHOTOS: The photos included in this report were obtained from Getty Images and do not represent the girls who participated in this study.

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^a Refer to Appendix, Table 5 for the Partner Advisory Council member list.



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Executive Summary



Sinai Urban Health Institute (SUHI) conducted the Empower Your Voice study to understand the experiences of female-identifying school-aged youth in Chicago. Funded by CME Group Foundation, Illinois Children's Healthcare Foundation, and an anonymous donor, the Empower Your Voice study assessed the rising mental health issues among female-identifying school-aged youth in Chicago. Given the limited data that exists on the well-being of girls in Chicago, this study sought to explore how factors, such as exposure to trauma, violence, discrimination, parentification, and social media, play a role in youth development and mental well-being.

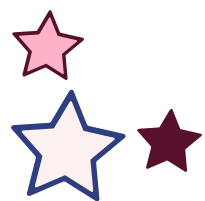
SUHI conducted a community-engaged, mixed-methods study to examine the factors that affect girls' well-being. Guided by two community advisory councils – one with key stakeholders and one with youth – the study sought to center community and youth perspectives and expertise throughout the design and implementation processes and in interpreting the study's results.

KEY FINDINGS

- **Mental Well-being Concerns:** Chicago girls report a high prevalence of depression, anxiety, and loneliness symptoms, exceeding national averages. These challenges disproportionately affect Black and Latine girls, who are at an increased risk for experiencing multiple stressors that negatively affect mental well-being.
- **Social Media's Dual Impact:** Social media has positive and negative effects on adolescent girls. It can create opportunities for connection and self-expression while simultaneously contributing to unhealthy coping behaviors and lower self-esteem.
- **Trauma and Violence Exposure:** Black and Latine girls in Chicago experience disproportionate exposure to trauma and violence, with many navigating these experiences without appropriate access to culturally responsive mental health resources.
- **Parentification Effects:** Black and Latine girls disproportionately assume adult roles and responsibilities which are associated with heightened vulnerability to mental health challenges, including increased risk for anxiety.

KEY RECOMMENDATIONS

- **Center girls' voices** in program, policy, and research activities.
- **Develop a comprehensive plan that enhances the quality of life** for girls from childhood to adulthood.
- **Prioritize spaces for girls to connect with each other** outside formal settings and activities (e.g., school, extracurricular activities, etc.).
- **Support youth development and mentorship programs** that foster positive and supportive relationships.
- **Enhance girls' social media literacy** to help them critically assess their digital consumption habits and develop healthier, more sustainable engagement strategies.



Background



Mental health and well-being among youth have significantly declined since 2009.¹ In 2023, 40% of United States (US) high school students experienced persistent feelings of hopelessness and sadness.² Mental well-being throughout childhood and adolescence plays a critical role in one's development, influencing physical health, academic performance, engagement in risky behaviors, and many other factors that contribute to well-being in adulthood.² Over the past decade, various societal and environmental factors, including violence, social media, academic pressures, as well as a global pandemic, have contributed to this decline.

Girls are particularly vulnerable to these challenges and are disproportionately burdened by psychological distress, including depression and suicide-related outcomes.³ Additionally, youth living in urban areas face a higher risk of adverse mental health conditions, including depression and anxiety.⁴ In Chicago, where this study is based, 53% of girls aged 15-18 reported feeling so sad or hopeless every day for at least two weeks that they stopped doing usual activities.⁵ Feelings of sadness and hopelessness can lead to concerning outcomes. In Chicago, almost 16% of high school girls and 36% of middle school girls reported seriously considering suicide.⁵

In response to the mental health crisis among adolescent girls, SUHI launched the Empower Your Voice Survey to document the experiences of girls in Chicago. The study findings are intended to inform future recommendations and policies to improve the well-being of girls.

This report will proceed with an overview of the study design and methods. It will then present the findings from the survey and focus groups related to four topical areas of interest: 1) mental well-being, 2) social media, 3) violence, trauma, personal safety, and 4) parentification. The report concludes with a summary of key takeaways, recommendations for practice and funders, and opportunities for future research.



Study Design



GOALS AND OBJECTIVES

The goals of this project are to: 1.) understand how the daily experiences of girls in Chicago (e.g., social media use, community violence) affect their well-being; and, 2.) inform future recommendations and policies to improve the well-being of girls in Chicago. Table 1 outlines the primary objectives for the Empower Your Voice survey and focus group discussions.

TABLE 1: Primary Objectives of the Survey and Focus Group Discussions

Survey Objectives	Focus Group Objectives
<ul style="list-style-type: none">➤ To document the prevalence of girls' social media use, experiences of community violence, parentification, and emotional well-being➤ To explain how the above outcomes vary by race and ethnicity, age, and <u>Healthy Chicago Equity Zone (HCEZ)</u> region⁶	<ul style="list-style-type: none">➤ To understand girls' experiences and perceptions on social media, emotional well-being, parentification, and community violence➤ To identify potential strategies that can support girls' well-being in Chicago

The study employed a mixed-methods design. Table 2 summarizes the primary methods used for the Empower Your Voice study. A more detailed description of the study's methods is provided in the Appendix.

TABLE 2: Summary of Survey and Focus Group Methodology

Survey Methods	Focus Group Methods
<ul style="list-style-type: none">➤ Between April and November 2024, a 49-item online survey was distributed to 851 girls who resided in the City of Chicago➤ The survey asked girls about emotional well-being, social media use, exposure to violence, and more (see <u>Appendix</u> to review survey topics). The survey included widely used measures including, PHQ-2,⁷ GAD-2,⁸ and the Adverse Childhood Experiences score (ACEs)⁹	<ul style="list-style-type: none">➤ Six focus group discussions (n=47 total participants) were held in November 2024 with girls across Chicago's HCEZ regions➤ Community-based partner organizations hosted focus group discussions at their offices or in tandem with local schools➤ The <u>Appendix</u> outlines the questions asked during the focus group discussions



PARTICIPANTS

Survey Participants

A total of 851 Chicago girls completed the survey. The map shows the distribution of survey respondents by HCEZ (Figure 1). Respondents primarily resided in the South HCEZ, while the Southwest HCEZ had the lowest participation rate. Regarding racial and ethnic demographics, 40% of participants identified as Latine, 33% as Black, and 27% as white. Age groups were equally split, with 51% of girls being between the ages of 15-18 and 49% of girls being between the ages of 12-14. Table 3 presents demographic data for survey respondents.

Figure 1: Empower Your Voice survey participants by Healthy Chicago Equity Zone

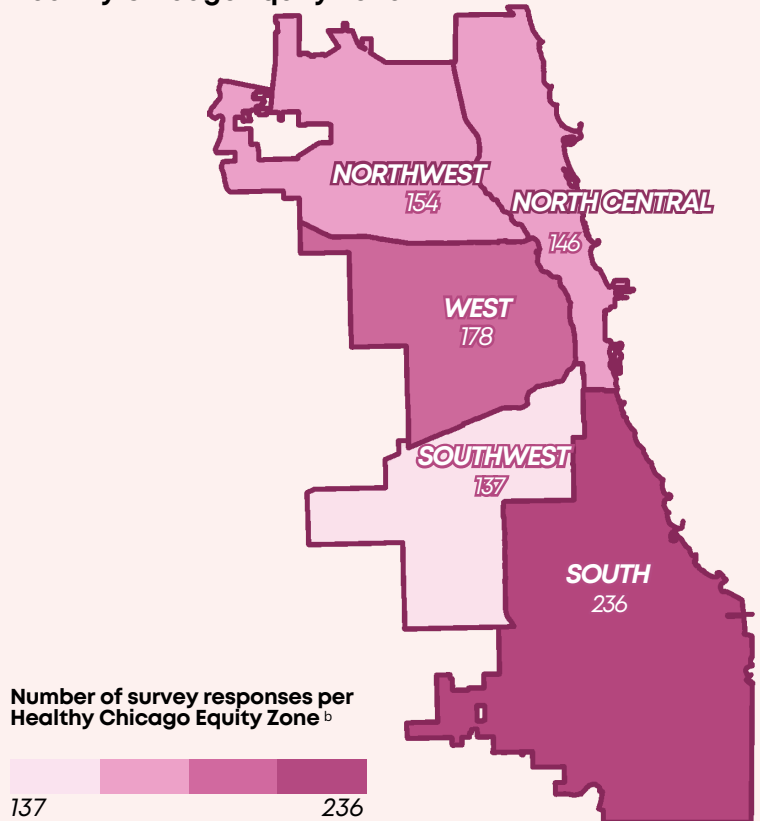


Table 3: Demographic Characteristics of Survey Participants

	Total	North Central	Northwest	West	Southwest	South ^b
Total Respondents (n, %)	851	146 (17%)	154 (18%)	178 (21%)	137 (16%)	236 (28%)
Age Group ^a						
12-14 years	49%	44%	53%	54%	42%	51%
15-18 years	51%	56%	47%	46%	58%	49%
Race and Ethnicity ^a						
Black	33%	32%	15%	33%	22%	54%
Latine	40%	35%	50%	48%	52%	18%
white	27%	33%	34%	18%	26%	28%

^aData weighted using 2023 census data

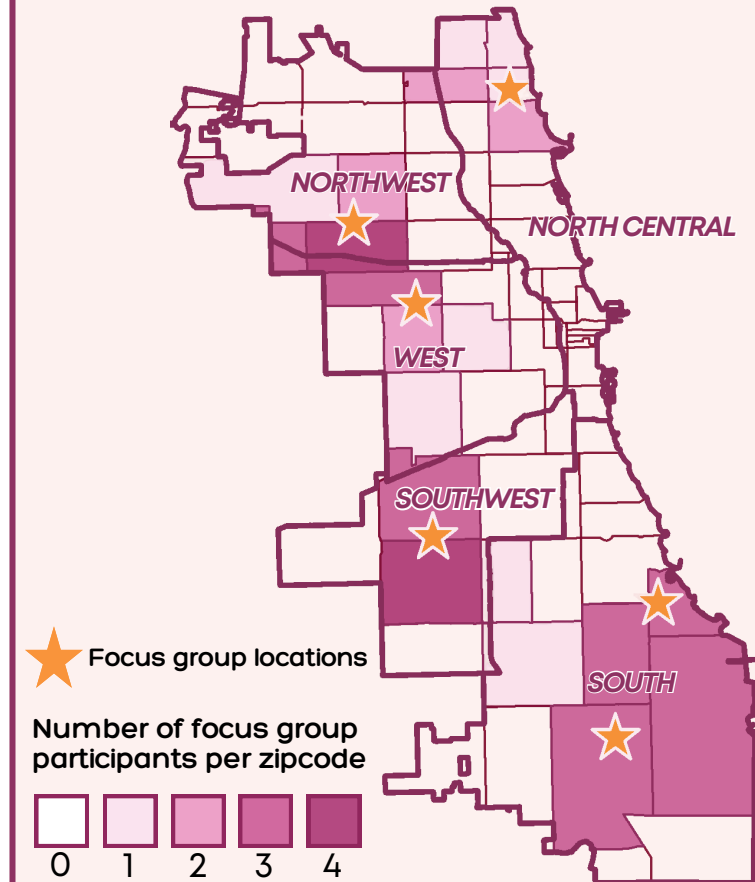
^bNear South and Far South HCEZ were collapsed into one zone (South) for analysis purposes



Focus Group Participants

Forty-seven girls participated in the six focus group discussions. Roughly three-quarters (72%) of the focus group participants were 15-18 years old, and approximately one-quarter (28%) were 12-14 years old. Over 90% of focus group participants identified as Black (62%) or Latine (30%). Figure 2 highlights the geographical spread of focus group participants, with high concentrations of participants living on Chicago's South, Southwest, West, and Northwest sides.

Figure 2: Empower Your Voice focus group locations and participants by zip code



Study Findings

Four key themes emerged across the survey data, focus group discussions with girls, and discussions with the study's advisory committee. This report shares results as they relate to the four thematic areas:



Mental well-being: Examines emotional states, including symptoms of depression, anxiety, and feelings of loneliness among girls.



Social media: Explores both positive and negative impacts of social media use on girls' lives.



Violence, trauma, and personal safety: Identifies girls' exposure to community violence, trauma, discrimination and their perceptions of personal safety.



Parentification: Documents the roles of responsibilities shouldered by girls, including caregiving and familial financial assistance.



Results



MENTAL WELL-BEING

Mental well-being relates to one's ability to manage their thoughts and feelings and have meaning, purpose, and supportive relationships.¹⁰ The survey explored two sets of factors that affect a person's mental wellbeing: 1.) depression and anxiety; and, 2.) loneliness and connectedness.

For decades, poor mental health indicators (e.g., persistent feelings of sadness or hopelessness, seriously considering attempting suicide) have remained high among adolescent girls in the US and have outpaced adolescent boys.¹¹ Girls are more likely to present with internalizing disorders, including depression (e.g., low mood, feelings of hopelessness) and anxiety (e.g., persistent worrying or fear, restlessness) than boys.¹²⁻¹³ Depression and anxiety in adolescents are predictive of long-term challenges with additional mental health issues, substance use, and negative academic and career outcomes.¹⁴

Loneliness is an emotional state characterized by feeling disconnected and isolated from others.¹⁵ Research surrounding youth and young adults has shown consistent associations between loneliness and adverse mental and physical health outcomes, including depression, anxiety, and substance use.¹⁶⁻¹⁷ In contrast, connectedness, the psychological sense of belonging, feeling supported, and having meaningful relationships with others, can foster positive social bonds that benefit both mental and physical health.¹⁵⁻¹⁶

Key Survey Findings

Nearly
1 in 4
girls report
symptoms of
depression or
anxiety

Depression is nearly
2x
more prevalent in
Black girls
compared to
white girls

**Older
girls**
are more likely to
experience
depression or
anxiety

Nearly
60%
of girls report
feeling down,
depressed, or
hopeless

63%
of girls have looked
for information on
how to improve
their mental well-
being



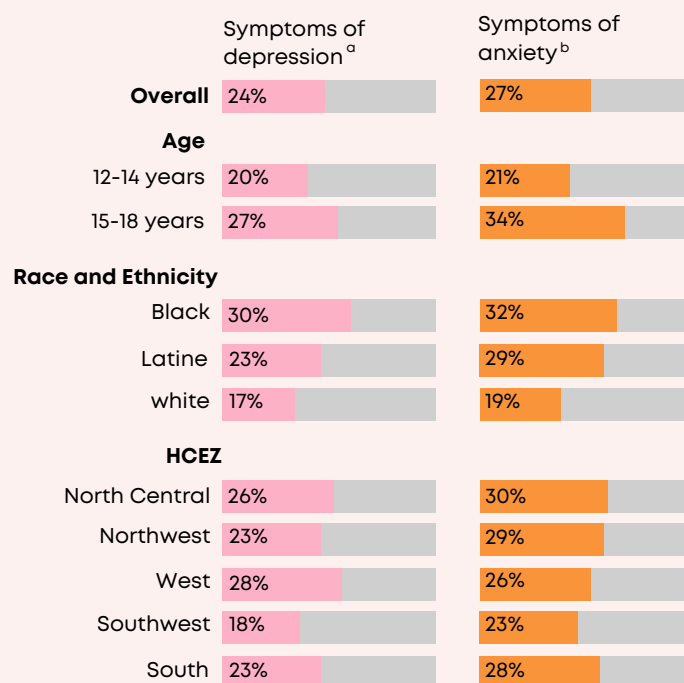
Depression and Anxiety

Nearly one in four girls report symptoms of depression or anxiety, and only 49% of girls report feeling happy almost every day or more (see Figure 3). Anxiety and depression vary significantly between age and race and ethnicity. Older girls (15-18 years old) are more likely to experience symptoms of anxiety and depression compared to younger girls. **Black girls are significantly more likely to experience symptoms of anxiety and depression compared to their counterparts.**

Over 63% of girls have looked for information on improving their mental well-being. White girls are most likely to have looked for information on improving their mental well-being while Black girls are the least likely. White girls (71%) are also more likely than Black (64%) and Latine (66%) girls to state they could easily find a therapist, counselor, or mental health provider that understands their background and experiences.

Figure 3: Depression and anxiety symptom prevalence among girls in Chicago by age, race and ethnicity, and HCEZ

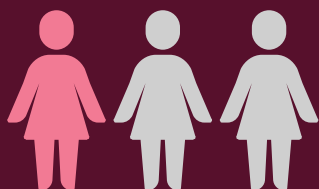
Percentage of girls reporting symptoms of depression or anxiety



^a Symptoms presented are from the GAD-2 assessment

^b Symptoms presented are from the PHQ-2 assessment

Nearly one in three Black girls report symptoms of depression and/or anxiety



Focus group participants spoke openly about their experiences with depression and anxiety, reflecting on it as an isolating experience and talking about having to go “through it” on their own. Focus group participants shared their mental health concerns were not taken seriously by their family members:

“When you try to talk to people - for instance, I tell my mama I’m depressed -, they don’t take it seriously. When I tell my siblings, they don’t take it seriously.”

– PARTICIPANT, WEST REGION



Girls from across the HCEZ zones shared a desire for stronger support systems, which are notably lacking in their lives. They discussed that an absence of support through authentic relationships made them feel lonely and hopeless:

“You can have a lot of friends and family, but they don’t get you. You need somebody that gets you.”

– PARTICIPANT, FAR SOUTH

Focus group participants discussed a range of stressors that negatively affect their mental well-being, such as social media, body image issues, and cultural norms related to gender expectations. One participant, when discussing how cultural differences can lead to family conflict and mental health issues, said:

“[My mom] wasn’t born here, so her expectations of what a good child or what a standard person should be is so different from mine. And her norms are so different from mine, and I feel like it becomes draining to go home and then I feel like everything I’m doing is wrong... it’s like I don’t understand my parents and they don’t understand me - and I feel like that’s just something that’s never going to change.”

- PARTICIPANT, NORTH CENTRAL



They also discussed employing a range of coping skills to support their mental well-being, such as listening to music, journaling, sleeping, and being around friends, family, and other caring adults.





Loneliness and Connectedness

More than two in three girls reported feelings of being lonely “some of the time” or “often.” Feelings of loneliness did not vary significantly across age groups, race and ethnicity, or geographically. Girls who reported feelings of loneliness were more likely to experience symptoms of depression, this relationship is also found in existing literature.¹⁸

These findings were echoed by focus group participants, who shared that they lack positive support systems at home or school and from parents, friends, and teachers. They noted that this lack of support and loneliness hurts their emotional health and affects how they approach relationships.

Key Survey Findings

More than
2 IN 3
girls experience
feelings of loneliness

Younger girls
are more likely to have
at least one responsible
adult in their life who
they feel cares about
them and can help
them

**25% of
older girls**
do not often feel that
there is an adult who
cares about them and
can help them

Feelings of connectedness to at least one adult vary significantly across age groups. Older girls are less likely to have an adult who they believe cares about them and who they can go to for help. One in four older girls report that they “sometimes” or “never” feel they have an adult like this. Of the girls not experiencing loneliness, nearly 70% indicate they feel very often connected to an adult in their life. Existing literature aligns with this finding, stating that having a trusted adult can aid in fostering community engagement and the development of a social support system.¹⁹

“I feel like the only reason I push people away is because when I was feeling alone nobody was there for me. So, it’s like now when people do try to be there for me it’s like ‘I don’t need you there for me, I already went through it by myself’... so at this point I don’t even need you.”

– PARTICIPANT, WEST REGION





Given a lack of connection to peers and adults, focus group participants expressed a desire for more opportunities to connect, noting a preference for environments similar to the focus group discussion (i.e., where they can talk openly with others in a safe environment).

“[It would be helpful to have] groups like this [focus group] that help girls reach out and talk to people who will actually listen to them and not just downgrade them and make them feel bad about what they have to say.”



– PARTICIPANT, NEAR SOUTH REGION

How do experiences of Chicago girls differ from girls nationally?

In this survey, nearly 1 in 4 Chicago girls report depressive (24%) or anxiety (27%) symptoms, which is higher than the national rate of both depression (17%) and anxiety (21%).¹² Over half of girls in the study (57%) report persistent feelings of sadness, hopelessness, and feeling down, which is consistent with national trends of girls being disproportionately affected by mental health challenges.





SOCIAL MEDIA

Social media usage among girls is widespread, with 90% of youth between 13-17 using at least one platform (e.g., TikTok, Instagram, Snapchat).²⁰ While social media can provide opportunities for connection, self-expression, and support, evidence surrounding its negative impacts on brain development and mental health outcomes and its addictive nature, continue to emerge.²¹⁻²² Understanding the impact of social media on girls in Chicago is imperative for developing tailored interventions and policies.

Benefits of Social Media Use

Overall, most girls report feeling accepted (81%) or connected to friends (87%) when using social media (Figure 4). Black and Latine girls report lower feelings of acceptance and connectedness when compared to their white peers.

Younger girls (12-14 years old) and white girls report the highest rates of acceptance and connectedness to friends when using social media (Figure 4). In line with the survey results, focus group participants shared that they use social media to connect with others and to explore their hobbies and interests:

Key Survey Findings

3 IN 4
girls say they use
social media to
avoid unpleasant
things

52%
of girls say they feel
worse about their
life when using
social media

**Black and
Latine girls**
are less likely to feel
accepted and
connected when using
social media than white
girls

“[Social media] brings everyone together, especially people who are too shy to talk to people in person. You can repost videos, send videos to your friends... it introduces you to new people.”

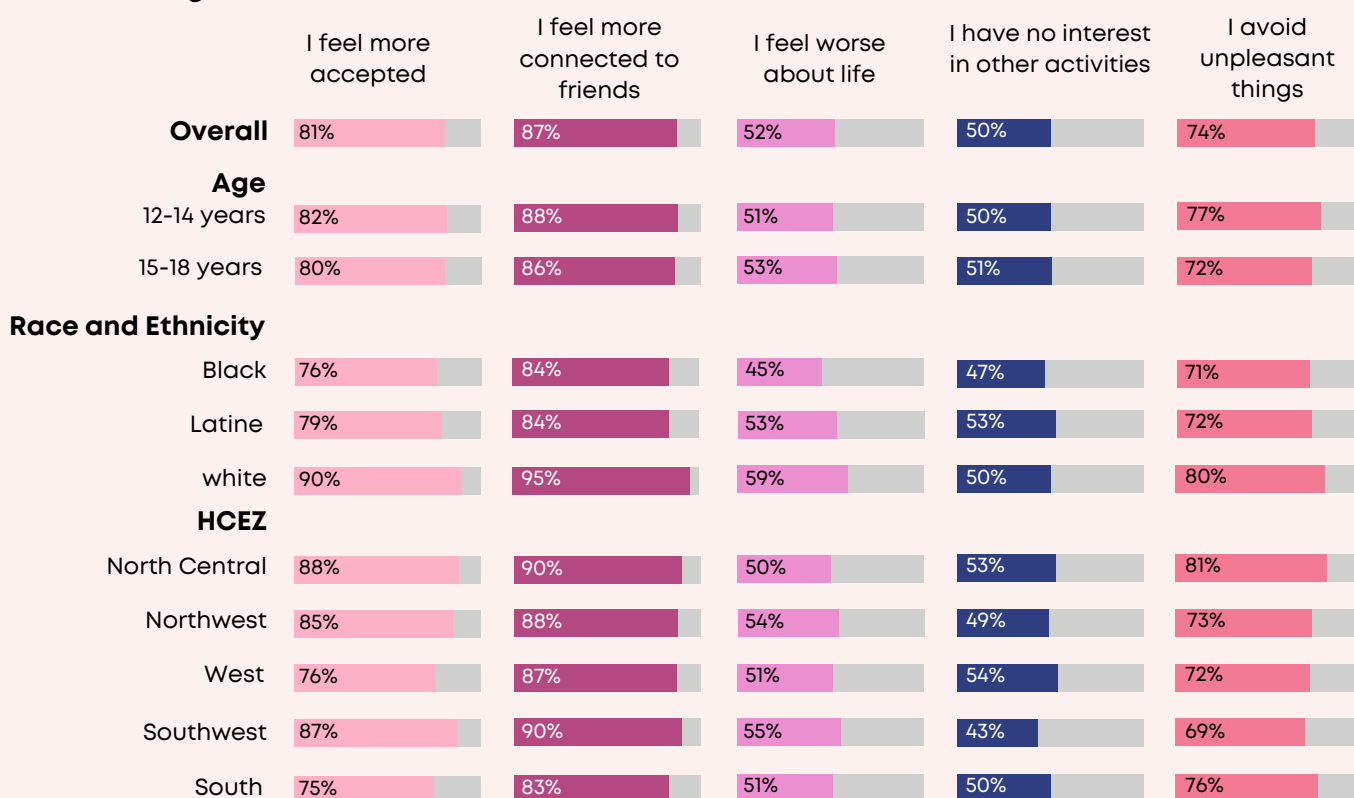


– PARTICIPANT, NORTH CENTRAL REGION



Figure 4: Social media outcomes among girls in Chicago by age, race and ethnicity, and health equity zones

When using social media...





Risks of Social Media Use

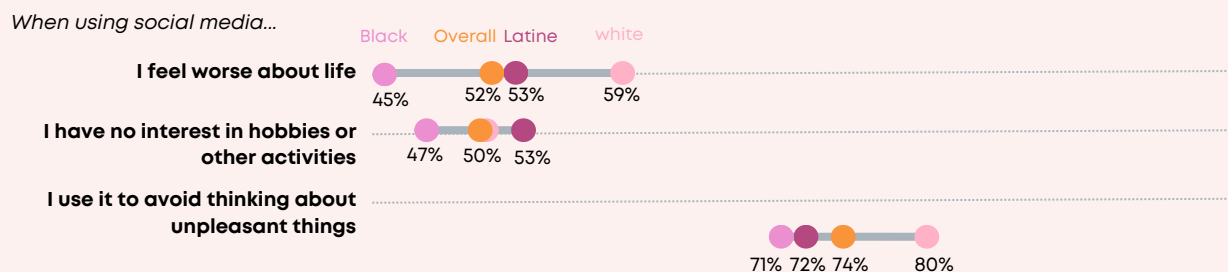
In contrast to the positive feedback on the impact of social media, over 50% of participants indicate that content on social media makes them feel worse about their lives (Figure 4). Focus group participants were acutely aware of the interconnectedness between their social media use and their mental health and well-being. They shared that overusing social media left them feeling “drained” because of spending much of their time on social media:

“You're just draining yourself by being on [social media] doing nothing but scrolling and texting. It takes so much time, and I feel like people don't realize that. I think they spend half a day on Instagram alone or on TikTok alone. Or more than half.”

– PARTICIPANT, NORTHWEST REGION

Those who feel worse about life while using social media differ significantly across race and ethnicity. White respondents report the highest proportion of feeling worse, while Black respondents report the lowest (Figure 5).

Figure 5: Latine and white girls in Chicago are more likely than Black peers to have negative outcomes associated with social media usage



Across HCEZs, girls living in Chicago's Northwest and Southwest zones are more likely than their peers to feel worse about life when using social media. Girls in the South and West regions report the lowest rates of feeling accepted on social media.

Focus group participants expressed having difficulties avoiding content about external appearance. These messages – either implicit or explicit – affected the way they felt about themselves and their bodies.



“Even if you don't realize it, you might be looking at a certain person you follow [on social media]... be envious of them... That's something that can become subconscious, that you start to feel weird about yourself for not being like that.”

– PARTICIPANT, NORTH CENTRAL REGION



Three-quarters of girls report using social media often to avoid unpleasant things, with higher rates among younger and white girls (Figure 4). Latine and white girls report higher rates of using social media to avoid thinking about unpleasant things than their Black peers (Figure 5). Focus group participants expanded on this phenomenon of using social media as a temporary distraction from real life:

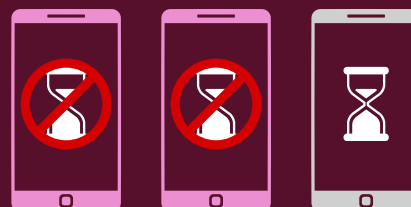
“It's like an escape from reality when you're watching other people's videos. If you watch a lot of videos, you kind of feel like that's a part of your life, and if you follow up on somebody every single day, you don't have to think about your own life.”

– PARTICIPANT, NORTHWEST REGION

Parental Access

More than half (57%) of girls in Chicago report that their parents “never” or “rarely” have access to or limit their social media usage. Older girls report significantly less parental monitoring of their social media usage than younger girls. Girls from the South HCEZ report the lowest levels of monitoring by parents (64% never or rarely have social media usage monitored).

Nearly 2 in 3 older girls report that their parent(s) “never” or “rarely” has access to or limits their social media



How do experiences of Chicago girls differ from girls nationally?

The survey shows that two times as many Chicago girls report feeling worse about their own life after using social media than US teens (52% vs. 26%).²⁰ The survey findings align with national data that over 80% feel more connected to friends through social media use.²³ The survey and national data surrounding social media both highlight the complexities surrounding the impact of social media on youth.



VIOLENCE, TRAUMA, AND PERSONAL SAFETY

Multiple forms of violence affect youth in Chicago. Youth can experience violence at home (e.g., observing domestic violence), at school (e.g., experiencing or witnessing fights or bullying), and in the places between home and school (e.g., experiencing or observing community violence). Violence can be experienced directly through victimization or indirectly as a bystander or hearing from someone else.²⁴ In fact, 40% of girls in Chicago, according to the Center for Disease Control and Prevention's Youth Risk Behavior Survey, reported having witnessed someone getting physically attacked, beaten, stabbed, or shot in their neighborhood.

Adverse Childhood Experiences (ACEs) are traumatic events that occur before turning 18. Youth who are exposed to adverse childhood experiences, such as community violence, are at an increased risk of physical health challenges (e.g., cardiovascular health), mental health challenges (e.g., depression and anxiety), and learning and development challenges (e.g., academic performance) during childhood and into adulthood.²⁴⁻²⁶ There are serious economic costs to ACEs, with one study estimating that the economic burden of ACEs costs the US billions of dollars annually.²⁷ Violence and ACEs can affect one's perception of their personal safety, thereby affecting their behaviors (e.g., school attendance, truancy, etc.).²⁶

Key Survey Findings



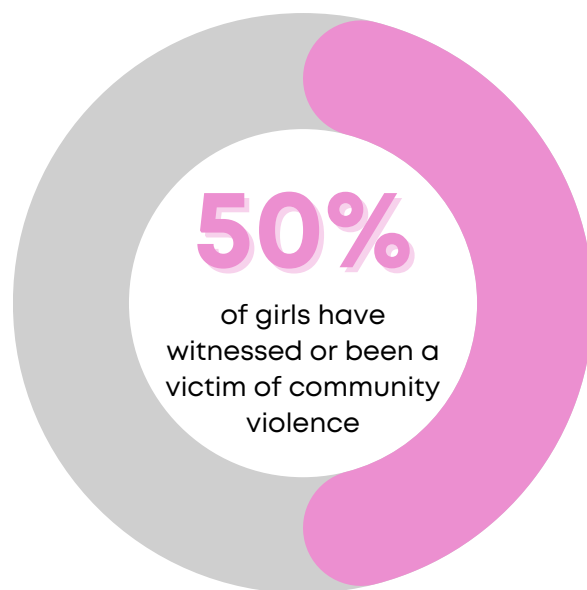


Violence

The survey shows that over 50% of girls have seen, heard, or been a victim of violence in their neighborhood or community. Older girls report higher rates of witnessing violence within their school or community than younger girls. Focus group participants elaborate on their experiences of violence, with one participant from the West HCEZ region sharing how they witnessed violence first-hand:

“Whenever I do go to parties, I always think somebody going to get killed because I've seen two people die at a party.”

– PARTICIPANT, WEST REGION



Exposure to community violence also varies across race and ethnicity. **Black girls have the highest proportion of exposure to violence**, while white girls have the lowest. Despite their lower levels of exposure, white girls are the most likely to report skipping at least one day of school in the last month due to safety concerns (74%). As a result of their daily experiences with violence, participants shared how violence influences their approach toward relationships:



"You don't even want to be friends with people no more because of the stuff that's going to happen. Because it's like every time I make a new friend, I lose somebody [to violence]. So, you don't even want to put yourself around that no more because you don't want to be hurt no more. You are tired of being hurt."

– PARTICIPANT, NEAR SOUTH REGION

Trauma

Adverse Childhood Experiences. More than 3 in 4 girls (78%) report having experienced one or more ACEs, while 33% of girls have experienced four or more ACEs. Household challenges (64%) are the most common ACE experienced, followed by abuse (56%) and neglect (51%). Girls who have experienced four or more ACEs are significantly more likely to report symptoms of depression or anxiety (Figure 6). This finding aligns with existing literature that shows ACEs are associated with depression and anxiety in youth residing in the US.²⁸

One in three girls report experiencing four or more adverse childhood experiences

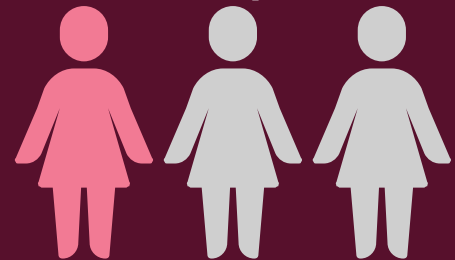
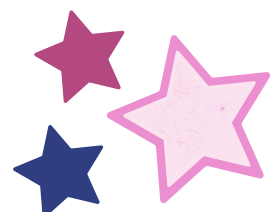
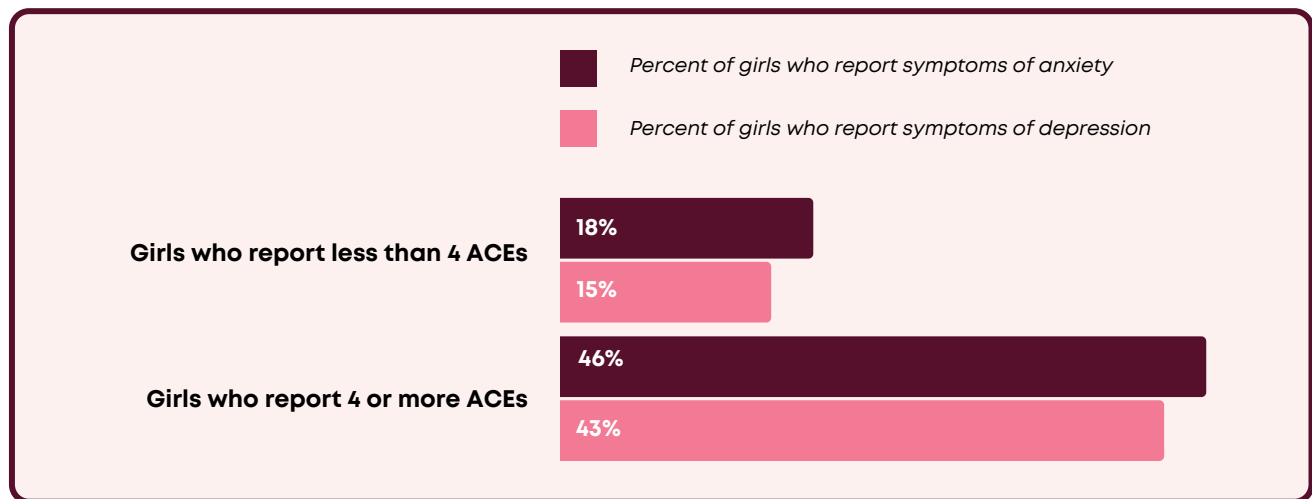


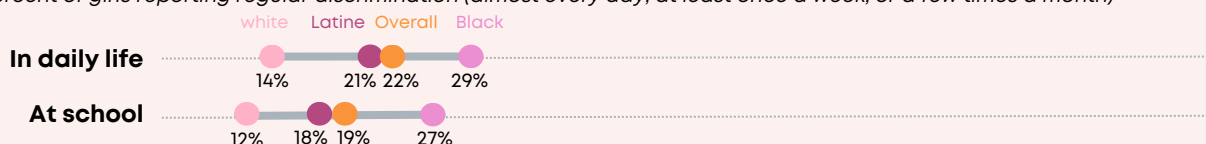
Figure 6: Relationship between exposure to trauma and mental health outcomes



Discrimination. Nearly 1 in 5 girls report having experienced frequent discrimination at school or in their day-to-day life based on their race and ethnicity. Black girls are most likely to report frequent discrimination in both settings (Figure 7). Black and Latine girls are disproportionately affected by discrimination compared to white girls.

Figure 7: Black girls are more likely to report regular discrimination than Latine and white peers

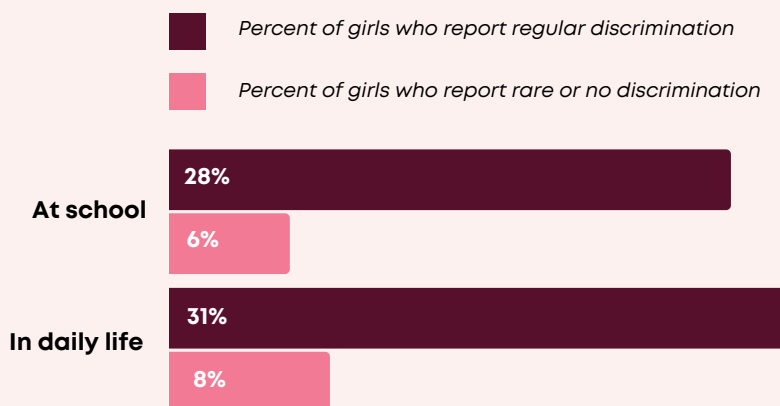
Percent of girls reporting regular discrimination (almost every day, at least once a week, or a few times a month)



Girls who report experiencing frequent discrimination in their day-to-day lives and at school are more likely to report feeling down, depressed, or hopeless (Figure 8). Existing literature reflects this finding as studies have found that increased perception of discrimination is closely linked to increased depressive symptoms.²⁹

Figure 8: Relationship between discrimination and mental health outcomes

Percent of girls who report they feel down, depressed, or hopeless





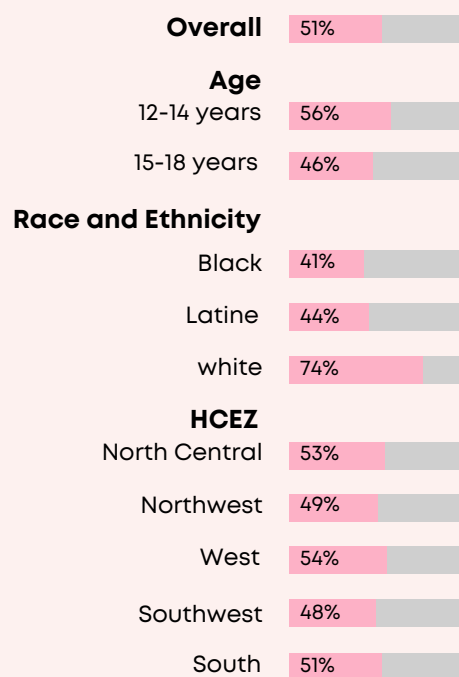
Personal Safety

Over 1 in 2 girls report that they did not go to school at least one day because they felt unsafe at school or on their way to or from school - this varied by both age and race and ethnicity (Figure 9). Young and white girls are the most likely to skip at least one day of school due to feeling unsafe.

Focus group participants talked about how community violence makes them fearful for their own safety, especially when walking alone, riding the bus, or being at a party. Participants reflected on how being hypervigilant—i.e., a consistent state of alertness about their surroundings—about their safety makes them feel “exhausted.”

Figure 9: Personal safety outcomes by age, race and ethnicity, and HCEZ

Percentage of girls reporting they did not go to school because they did not feel safe



How do experiences of Chicago girls differ from girls nationally?

Violence: Over 50% of girls in this study have seen, heard, or been a victim of violence in their neighborhood or community which is more than double in comparison to the US (19.2%).²⁴

Trauma: A greater proportion of Chicago girls report experiencing trauma than girls throughout the US (51% vs. 19.2%).³⁰

Personal Safety: The prevalence of Chicago girls skipping school days due to feeling unsafe at school or on their way to or from school is higher than the national prevalence (51% vs. 10.5%).²⁴





PARENTIFICATION

Parentification occurs when youth are required to take on responsibilities that are more appropriate for an adult or parent's role.³¹ Some positive outcomes are associated with parentification, such as increased coping skills and resilience. However, there are also negative consequences. Youth who experience parentification are at an increased risk for mental health issues, including anxiety and depression, as well as issues related to behavior management.³¹⁻³³

Key Survey Findings

Black and Latine girls

are more likely to report experiencing parentification than white girls

60%

of Black girls say most peers did not have the same roles and responsibilities as them

4 IN 10

older girls contribute to the family and finances

A greater proportion of older girls report experiences of parentification than their younger peers (Figure 10). Nearly 55% of older girls feel that most peers their age do not have the same roles and responsibilities as them, compared with 44% of younger girls. Focus group participants shared that taking on the role of an adult feels unfair:

"I feel like I have to take on responsibilities that I never signed up to do in the first place."

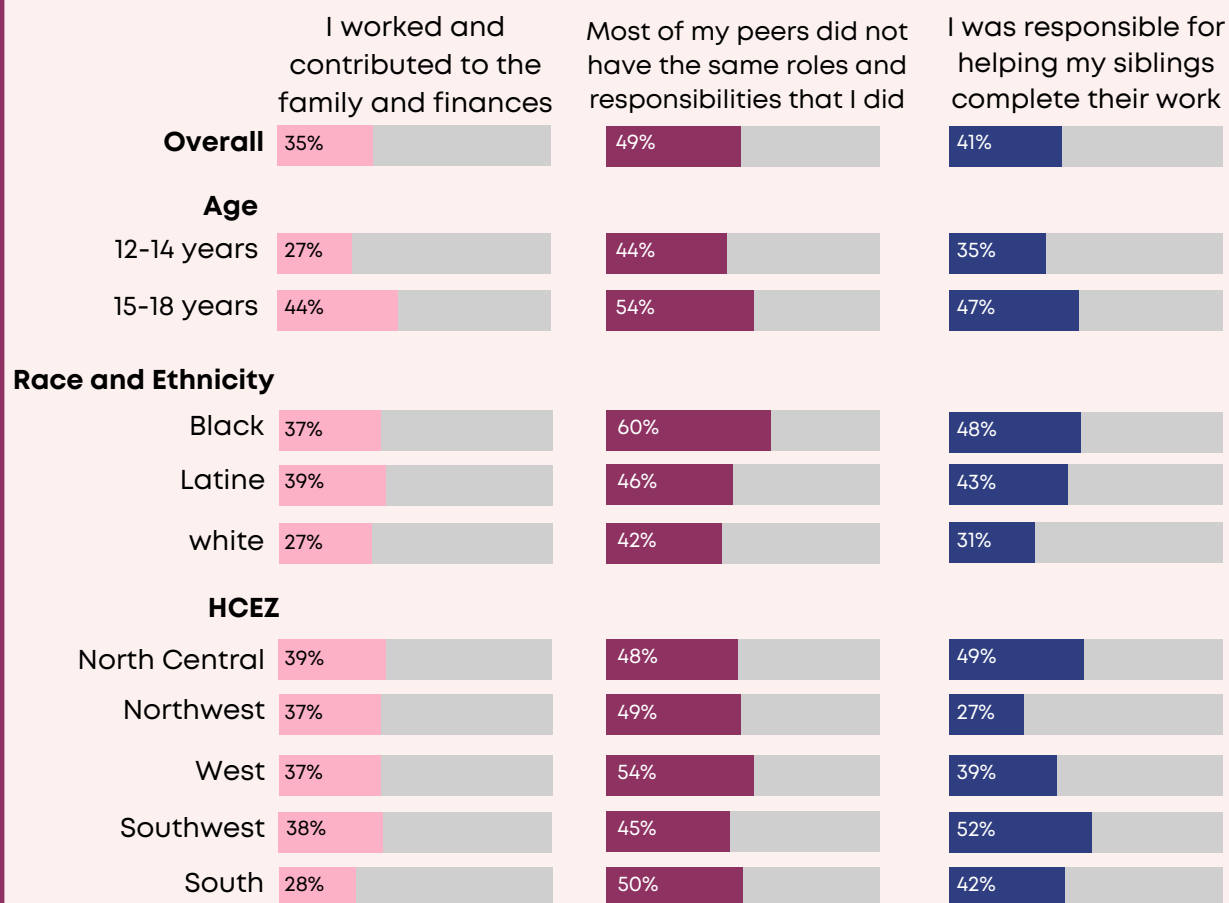
– PARTICIPANT, WEST REGION





Figure 10: Parentification outcomes among girls in Chicago by age, race and ethnicity, and HCEZ

Percentage of girls reporting the following statements were “sometimes” or “often” true



Black and Latine girls are more likely to experience parentification than their white peers, with one focus group participant from the Near South Region sharing: ***“I always had to grow up fast and be grown and do extra stuff that I was forced to do and didn’t want to do.”*** Specifically, Black and Latine girls were more likely to report working and contributing to the family’s finances, feeling that other girls their age do not have the same responsibilities they have, and supporting their siblings to complete their work (Figure 11).



Figure 11: Black and Latine girls are more likely to experience parentification than white peers

Percent of girls reporting the following statements were "sometimes" or "often" true

I worked and contributed to the family finances

white Overall Black Latine

27% 35% 37% 39%

Most children my age did not have the same roles and responsibilities that I did

42% 46% 49% 60%

I was responsible for helping my siblings complete their work

31% 41% 43% 48%

Girls who report most peers their age did not have the same roles and responsibilities as them, were more likely to report symptoms of anxiety (Figure 12). Existing literature has found that parentification leads to adverse mental health outcomes, including anxiety, depression, and toxic stress.³¹



Figure 12: Relationship of parentification and symptoms of anxiety

■ Percent of girls who report symptoms of anxiety
■ Percent of girls who report no or minimal symptoms of anxiety

Girls who report **often** having roles and responsibilities that peers don't

69%

42%

Girls who report **rarely** having roles and responsibilities that peers don't

31%

58%



Focus group discussion participants, all of whom identified as Black or Latine, reflected on the positive and negative aspects of parentification. Several girls noted that parentification brought about positive things in their lives, including more independence and improved relationships with siblings and parents. Other participants noted that parentification caused them to resent their parents and families, resulting in strained relationships in their household:

"I was taking care of my own siblings and then I started to build a hatred for... [having] kids in the future. I want kids now, but I started to hate [that] responsibility, and I wanted my mom. I needed my mom. And knowing that she wasn't there, I was so mad and sad. It was just, I was by myself."



– PARTICIPANT, NORTH CENTRAL REGION

Out of the HCEZ regions, the Southwest reported the highest levels of parentification (52%), followed by Northwest (49%), South (42%), West (39%), and Northwest (27%).

How do experiences of Chicago girls differ from girls nationally?

The prevalence of parentification in the US is still unknown, highlighting the importance of this under-researched topic.³¹ However, a study found that Black and Latine youth are more likely to experience parentification than white youth, aligning with the survey findings.³³ Parentification is not often included in youth surveys; however, it was brought to attention by both the youth and partner advisory councils as an important topic when discussing well-being of girls.



Conclusion



Through a community-engaged research process, the Empower Your Voice study illuminates growing concerns about girls' mental well-being in Chicago. The research sheds light on girls' mental health challenges, use of social media, experiences of trauma, discrimination, and violence, and parentification, providing essential data for practitioners, researchers, policymakers, and funders. This study fills a gap in knowledge and provides much-needed data on these topics as they relate specifically to girls, and even more locally, to girls in Chicago.

This section highlights key takeaways from the study and outlines recommendations for policy, practice, and future research.

KEY FINDINGS



Chicago girls report high rates of loneliness, depression, and anxiety. These mental health challenges disproportionately affect Black and Latine girls, who face compounded stressors from multiple societal factors.



Social media has a dual impact on girls' mental health: it can harm self-esteem and encourage unhealthy coping behaviors while also providing valuable spaces for self-expression and connection. These experiences were observed across all age groups, race and ethnicities, and Chicago neighborhoods.



Trauma and violence are regularly experienced by girls in Chicago, particularly Black and Latine girls. The study reveals these experiences are significantly related to higher levels of anxiety and depression among Black and Latine girls, who often navigate traumatic experiences with limited access to culturally responsive mental health resources and opportunities for social connection within safe community spaces.



Black and Latine girls are disproportionately affected by parentification, a phenomenon whereby youth assume roles and responsibilities more appropriate for adults. These experiences with parentification are associated with higher rates of depression and anxiety symptoms among girls.



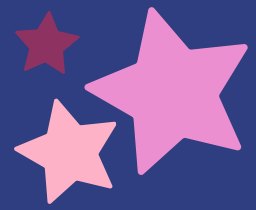
RECOMMENDATIONS

- 1 Center girls' voices in program, policy, and research activities.** Girls in the study felt empowered by participating in the study's activities, and their insights helped shape the report's results and recommendations. Future programming, policymaking, and research activities should engage youth through the conceptualization and implementation processes to ensure buy-in and increase effectiveness.³⁴⁻³⁵
- 2 Develop a comprehensive plan that enhances quality of life for girls from childhood to adulthood.** Girls in the study reported experiencing a range of challenges, from mental health and wellbeing to chronic experiences with trauma and violence. These findings support the need for continued emphasis on enhancing girls' wellbeing across all developmental stages. One such way of doing this is by reducing barriers to mental health, education, parentification, and other support services for youth, in line with the City of Chicago's Department of Family and Support Services strategies for youth engagement.³⁶
- 3 Prioritize spaces and opportunities for girls to connect with each other outside formal settings and activities.** Girls in the study reported high rates of loneliness and, through the focus group, shared a desire for more opportunities to connect with other girls to discuss their everyday lives outside of formal space (e.g., school, extracurricular activities). In line with efforts by organizers in Chicago, youth should be engaged when developing new or redesigning existing spaces (e.g., libraries) to ensure spaces are used by young people.³⁷
- 4 Support youth development and mentorship programs that foster positive relationships.** Girls in the study expressed a desire for more consistent and meaningful connections with peers and adults. Youth development and mentorship programs offer a low-cost and evidence-based solution.³⁸⁻³⁹ In Chicago, there is an abundance of high-quality youth development and mentorship programs that provide invaluable opportunities for youth to build skills and develop relationships. These programs, which can address a range of issues facing youth (e.g., community violence, mental health, and education), should be supported by developing multi-year, unrestricted funding opportunities for long-term planning, programming, and impact.
- 5 Enhance girls' social media literacy to help them critically assess their digital consumption habits and develop healthier, more sustainable engagement strategies.** Girls in the study report higher social media usage than the national average.⁴⁰ They also shared that social media made them feel fatigued and anxious. Strategies, such as conducting a social media audit,⁴⁰ establishing a family social media plan,⁴¹ and fostering opportunities for engagement without social media,²² offer youth-centered ways to help improve girls' ability to reflect on and change behaviors around social media use.



Appendix:

Detailed Overview of Study Methodology



STUDY DESIGN

The study employed a sequential explanatory mixed-methods design. In this approach, quantitative data are first collected and analyzed, followed by qualitative data collection and analysis to support and explain quantitative results.⁴² Here, survey data was collected, followed by focus groups.

ADVISORY COUNCILS

The survey was informed and guided by Chicago youth and professionals within the field of youth mental well-being. The study convened two advisory councils - the Partner Advisory Council and the Youth Advisory Council. The Partner Advisory Council was comprised of 13 organization and community leaders (including individuals representing the local public health department, mental health organizations, and the public school system) who provide services to girls across the city of Chicago (see Table 4 for a list of individuals and organizations involved with the Partner Advisory Council). The Youth Advisory Council included 10 members recruited through the Chicago Youth Mayor's Council in addition to some youth who participate in programming across Chicago. The councils met over the course of the project and were tasked with ensuring the inclusion of important topics and questions, advising on recruitment efforts, and ensuring findings could inform future policy and programming.

Table 4: Empower Your Voice Partner Advisory Council

Partner Advisory Council

- **Tori Albarracin**, Children's Research Triangle
- **Jessica Biggs**, South West Organizing Project (SWOP)
- **Darryca Brim**, Focus Fairies
- **Katherine Calderon**, Chicago Department of Public Health (CDPH)
- **Paula Corrigan - Halpern**, Brightpoint
- **Tarrah Declemente**, Chicago Public Schools (CPS) - Office of Student Health and Wellness
- **Karen Foley**, Juvenile Protection Association
- **Ayeshia Garret**, Coalition on Urban Girls
- **Ngozi Harris**, Youth Guidance
- **Yani Mason**, Girls Inc.
- **Sherida Morrison**, Coalition on Urban Girls
- **Nykia Rutledge**, NAMI Chicago
- **Jamilia Trimuel**, Ladies of Virtue
- **Liz Wilson**, Public Health Institute of Metropolitan Chicago



STUDY PROCEDURES

Eligibility Criteria

To be eligible to participate in the study, youth had to: be 12-18 years old, identify as female, be able to complete the survey in English or Spanish, and live in the City of Chicago.

Sampling Plan

The survey utilized a quota sampling approach, establishing quotas for different age and racial groups by Healthy Chicago Equity Zone (HCEZ) region. The primary objective of utilizing a quota sampling approach was to ensure representation from various groups, specifically Black and Latine girls.

Focus group participants were purposively sampled. Female youth representing each HCEZ region and both age groups were included.

Data Collection Tools

A 49-item digital survey was developed guided by feedback from the Partner and Youth Advisory Councils. Survey topics included participation in school and community activities, discrimination, social media use, parentification, mental well-being, access to mental health resources, and exposure to trauma. The survey included widely used scales, including the PHQ-2, GAD-2, and ACEs.⁷⁻⁹ See Table 5 for a list of topics included in the survey.

Table 5: Survey Question Topics

Survey Topics	
➤ Demographics/Eligibility	➤ Educational attainment
➤ Activity in school and community programs	➤ Mental well-being
➤ Discrimination	➤ Housing
➤ Violence	➤ Loneliness
➤ Personal safety	➤ Connectedness
➤ Trauma	➤ Mental health care access and use
➤ Depression	➤ Parentification
➤ Anxiety	➤ Social media



Survey weights were developed and applied, using the 2023 census data, to increase the generalizability of the data to girls in Chicago. The survey weights were developed using two age groups (12-14 years and 15-18 years) and three race and ethnicity groups (white, Black, and Latine).

To ensure data quality, a systematic data cleaning protocol was developed in response to a high frequency of bot and fraudulent responses. The protocol included removing duplicate responses, responses with invalid emails, responses with rushed response times, and more. Additionally, two attention checks were included in the survey.

A semi-structured focus group guide was developed with core questions related to the four topical areas: social media, community violence, parentification, and mental health. Table 6 summarizes the primary questions asked during the focus group discussions.

Focus group discussions leveraged the data walk methodology,⁴³ whereby participants first reviewed the results from the quantitative survey before sharing their reflections on the survey results and answering other questions related to the topical areas.

Table 6: Focus Group Guide Questions

Topical area	Questions
Social Media	<ul style="list-style-type: none">• What do you like about social media?• What do you not like about social media?• We learned that many girls use social media to avoid bad feelings. Does anyone here ever do that?• How do you think social media affects mental health for girls?
Community Violence	<ul style="list-style-type: none">• How do you think violence impacts young peoples' daily life? What about girls specifically?• What types of things do you or other girls do to keep themselves safe?• What things make you feel unsafe or uncomfortable in your community?• What should be done to help girls feel safe in the community and at school?
Parentification	<ul style="list-style-type: none">• Can anyone here give an example of a situation where you felt like you had to take on responsibilities that seemed more appropriate for an adult?• How did that make you feel?• How did that affect your relationships with your family members?
Mental health	<ul style="list-style-type: none">• What are the most critical mental health concerns for you and girls in your community? What actions should be taken to address these concerns?• What are some things that help girls with their mental health?• What things prevent girls from feeling supported?



Recruitment and Data Collection

The primary recruitment approach for collecting surveys was in-person outreach. Staff visited beaches and parks and attended community events. Secondary recruitment methods included: survey distribution through community organizations and social media promotion on Instagram and other outlets.

To facilitate recruitment for the focus group discussions, SUHI partnered with youth-serving organizations in each of the HCEZs (see Table 7 for an overview of organizations that supported recruitment for the focus group discussions). In tandem with the partner organizations, SUHI held six focus groups, engaging 47 female youth. Focus group participants received \$100 for participating in the focus groups.

Table 7: Community-based Partner Organizations that Supported Recruitment for the Focus Group Discussions and HCEZ

Focus Group Locations
➤ Juvenile Protective Association , Far South
➤ Lost Boyz , Near South
➤ Youth Guidance , Southwest
➤ Kelly Hall YMCA , West
➤ Northwest Center , Northwest
➤ Youth Guidance , North Central

Ethics Approval

The study was approved by Mount Sinai Hospital Institutional Review Board (IRB). All respondents provided minor assent before the survey was administered. The assent form included an overview of the project, mental health resources, inclusion criteria, and contact information for the study team. Parental consent was waived as studies have shown that youth are less likely to participate and provide the truthful answers in studies that require parental consent due to concerns about privacy, lack of parental understanding, and more.⁴⁴ Focus group discussion participants required parental consent and youth assent.



ANALYTIC APPROACH

Table 8 outlines the steps taken to analyze the surveys and focus group discussions.

Table 8: Analytic Approach to Survey and Focus Group Analysis

Survey Analysis	Focus Group Analysis
<ul style="list-style-type: none">➤ Developed and applied a complex data cleaning➤ Applied survey weights using 2023 census, utilizing race and ethnicity and age variables➤ Conducted descriptive statistics and bivariate analysis, including chi-square tests	<ul style="list-style-type: none">➤ Prepared written memos to capture immediate thoughts and reactions and describe any notes related to non-verbal data collected➤ Extracted data from transcripts for analysis➤ Conducted team-based analysis of the focus group discussions using matrices to identify key themes and takeaways





ABOUT SINAI URBAN HEALTH INSTITUTE

Sinai Urban Health Institute (SUHI) was established as the community-based research arm of Sinai Chicago. SUHI is a unique, nationally recognized community research center that works in partnership with community members and organizations to identify and address health inequities in Chicago. SUHI's dedicated team of epidemiologists, project managers, research specialists, and community health workers are committed to improving the health of Chicago's West and South Side communities. Their efforts focus on fostering community partnerships, conducting data-driven research, implementing innovative health interventions, providing community health worker training and consultation, and offering evaluation services.

ABOUT CME Group Foundation

CME Group Foundation aims to empower future generations through education and opportunities. They provide students from low-income backgrounds support they need to succeed from early childhood education through college and careers. Launching as a key priority area in 2023, CME Group Foundation provides mental health support with a focus on trauma-responsive needs for girls and young women in school and driving efforts towards systemic change.

ABOUT Illinois Children's Healthcare Foundation

Illinois Children's Healthcare Foundation's mission is to cultivate, support, and promote initiatives that improve the health and wellness of children in Illinois. Their vision is that "every child in Illinois grows up healthy." Working through grantee partners across the state, the Foundation focuses its grantmaking on identifying and funding solutions to the barriers that prevent children from accessing the ongoing health care they need, with a primary focus on children's oral health and children's mental health.



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