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Empower Me! Don't Abuse Me": an Occupational Therapy Approach To Violence Prevention

Canique Brown
Eastern Kentucky University, canique_brown230@mymail.eku.edu

Empower Me! Don’t Abuse Me”: An Occupational Therapy Approach to Violence Prevention

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This project, written by Caniqué Brown under direction of Amy Marshall and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

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CAPSTONE COMMITTEE

Amy Marshall — 12/14/16

Faculty Mentor — Date

— 12/14/16

Committee Member — Date

EASTERN KENTUCKY UNIVERSITY
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Certification

We hereby certify that this Capstone project, submitted by Canique Brown, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

Approved:

Dana Howell 12/16/16

Dana Howell, PhD, OTD, OTR/L — Date
Program Coordinator, Doctor of Occupational Therapy

Colleen Schneck 12/16/16

Colleen Schneck, ScD, OTR/L, FAOTA — Date
Chair, Department of Occupational Science and Occupational Therapy

Executive Summary

Background: Domestic violence is becoming more prevalent among African American female ages 16 to 24 years. Occupational therapists are trained health care professionals that are able to work with these individuals. This is topic has limited research within the field of occupational therapy; hence, this Capstone Project was conducted with nine adolescent female African American women ages from a local church in the West Palm Beach, Florida, area.

Purpose: The purpose of this study was to test the effectiveness of an occupational therapy violence prevention program for young African American females ages 16 to 24, the age at which young women become most at-risk of domestic abuse.

Theoretical Framework: The principle frameworks guiding this study were the Occupational Justice Framework and Model of Human Occupation.

Methods: The methodology employed for this study was a mixed method that used a combination of qualitative and quantitative data that were gathered from focus groups, pre-post assessments, and an interview.

Results: Based on the data from the pre and post tests, interview, and focus groups, the participants were made aware of signs to look for in order not to become victims of domestic violence as well the resources that are available should they become victims. Analysis from the pre and post test revealed that the change in score from the initial assessment to the post-test was statistically significant for one out of nine participants when tested on a 95% confidence level ($p=.001$). Seven themes were gathered from the qualitative study employment skills, budgeting, leisure, empowerment, relationships, self-esteem, and lessons learned in which the participants expressed increased knowledge and understanding of this topic area.

Conclusion: The Capstone Project shows that although African American females are at risk of being victims of domestic violence, they do not have to succumb to the pressure and conditions created by the perpetuators. With proper education and intervention, many can be helped to overcome this predicament, or locate the proper resources should they become victims. This intervention program was conducted to study occupational therapy's potential role in prevention of violence in young women. Through discussions, focus groups, and an interview, it was observed that some of the participants had a basic knowledge about domestic violence and violence prevention; however, by the end of the interventions, it was obvious that the participants understood how to prevent domestic violence. Occupational therapists use a holistic approach in treating clients and work with other health care personnel to create programs that are worthwhile for individuals that are predisposed to domestic violence. Hence, the results from this study can form the foundation for implementation of effective intervention for individuals who are at-risk for domestic violence.

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CERTIFICATION OF AUTHORSHIP

Submitted to (Faculty Mentor's Name): Amy Marshall
Student's Name: Canique Brown
Title of Submission: Empower Me! Don't abuse me

Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

Student's Signature: C Brown

Date of Submission: 12/5/16

Table of Contents

List of Tables

Section 1: Nature of Project and Problem Identification

Introduction

Domestic violence, also known as Intimate Partner Violence (IPV), "is one of the leading causes of injury to women" (Javherian-Dysinger et al., 2015). The United States Department of Justice (2014) defines domestic violence as "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner" (para. 1). Women are impacted by domestic violence more than from car accidents, muggings, and rape combined (Domestic Violence Statistics, 2015). This abuse can be in the form of "physical, sexual, emotional, economic, or physiological actions, or threats of actions that influence another person" (para 1). Typically, victims of domestic violence experience repeated physical harm, resulting in migraines, broken bones, internal organ injury, joint dislocations, and psychological trauma (Goodman & Epstein, 2008; McNulty, Crowe, Kroeing, VanLeit, & Good, 2009).

It is more common for women between the ages of 18 to 24 years to be victims of domestic violence than any other age group (National Coalition Against Domestic Violence [NCADV], 2015). Domestic violence also occurs at a higher rate for ethnic minorities. These varying disparities cannot be attributed to any specific factor; however, it is believed that it can be linked to, or related to, risk factors such as substance abuse, unemployment, education, cohabitation of unmarried partners, pregnancy, and income (Domestic Shelters, 2015). The Center for Disease Control and Prevention (2015) postulates that domestic violence is a serious but preventable public health problem. Domestic violence is an issue that is not only systemic to one population; it is a problem that affects people in all counties, cultures, and social classes (Harway, 2003; Perilla, Lippy, Rosales, & Serrata, 2011). Domestic violence causes individuals

to be deprived of positive occupational choices, and there is a need to replace this deprivation with healthy, safe, productive, and socially acceptable activities (American Occupational Therapy Association [AOTA], 2008, para. 2).

Violence Prevention

According to AOTA (2008), "Occupational therapy is founded on an understanding that engaging in occupations structures everyday life and contributes to health and well-being" (p. 628). The National Board for Certification of Occupational Therapy (2015) describes occupational therapy as a unique profession due to its holistic perspective in addressing physical, spiritual, mental, and social dimensions in order to improve one's overall well-being. Occupational therapists can incorporate occupation-based activities into existing programs and create prevention programs for individuals who are prone to victimization. It is this perspective that fueled this researcher's passion for violence prevention. When individuals experience domestic violence, it sometimes deprives them of the crucial skills that are necessary for everyday living, resulting in their making unhealthy choices in occupations.

The World Health Organization (WHO) has developed two objectives for violence prevention (2015). The first objective is helping children and young people to develop positive attitudes and behaviors and to ensure their continued protection as they transition into adulthood. The second objective is to change the attitudes of individuals who are already at risk of social, emotional, or cultural challenges. Based on the role and skills of occupational therapists, they will be better able to address the challenges of youth violence by their ability to communicate with these individuals and by providing a holistic outlook on empowerment through occupations.

Problem Statement

Studies suggest that African American women between the ages of 20 to 24 years experience IPV at a higher rate than their white counterparts (American Bar Association [ABA], 2016). Despite the availability of resources, the problem continues to exist (Department of Justice, 2006). Intimate partner violence of women results in decreased quality of life, as evident in: physical and mental health; employment rates; parenting skills; and social interaction with family members (Javaherian-Dysinger et al., 2015; AOTA, 2007; Helfrich, Aviles, Badiani, Walens, & Sabol, 2006).

Historically, occupational therapy interventions in the area of domestic violence addressed rehabilitation after the abuse has occurred (Javaherian-Dysinger et al., 2015). Although there is expansive literature on domestic violence, there is limited research within occupational therapy that addresses the effectiveness of preventative interventions that facilitate empowerment to prevent victimization. Despite the effort of occupational therapy to increase research in this area, it is still insignificant when compared to literature outside the profession that addresses this problem (Javaherian-Dysinger et al., 2015).

Purpose of the Project

A mixed method study was used to conduct this study. The study implemented a Violence Prevention Program for young African American females ages 16 to 24 years: the age at which young women become most at-risk for domestic abuse. The study intended to understand the role and effectiveness of occupational therapy in violence prevention. To achieve this, a convergent mixed method design was used (Creswell, 2014). In this approach, qualitative and quantitative data are collected concurrently, analyzed separately, and then results are merged for a holistic overview of the data. In this study, the quantitative data examined the effectiveness

of an occupational therapy empowerment-based domestic violence prevention program. Quantitative data were collected using pre and post survey assessments. To collect data for the qualitative aspect of the research, two focus groups and one personal interview were used. The validity of the study was enhanced by the collection of quantitative and qualitative data (Creswell, 2014).

Project Objectives

Occupational therapists are equipped to address the problem of domestic violence by their ability to communicate with individuals at-risk and by providing holistic prevention and treatment options. The objectives of this project were to:

1. Increase the independence of female adolescents in their ability to perform Independent Activities of Daily Living (IADLs), leisure, and work occupations
2. Improve self-esteem, empower, and educate female adolescents to help prevent situations of domestic violence

Theoretical Framework

Occupational justice. Domestic violence is a violation of one's human rights. It creates occupational injustice, limiting the victim's physical and mental health, freedom of choice, and participation in daily activities (McNulty et al., 2009; Helfrich, Peters, & Chan, 2011). Occupational justice is "the right of every individual to be able to meet basic needs and to have equal opportunities and life chances to reach toward her or his potential but specific to the individual's engagement in diverse and meaningful occupation" (Wilcock & Townsend, 2009, p. 193).

A lack of occupational justice, or occupational injustice, has several facets, which include occupational alienation, deprivation, and imbalance. Women that experience IPV suffer from

occupational deprivation; this prevents them from participating in meaningful occupations (Smith & Hilton, 2011). Occupational alienation is evident when individuals are required to engage in occupations that do not appeal to them and limits their ability for self-expression (Wolf, Ripat, Davis, Becker, MacSwiggan, n.d.). This is often displayed in domestic violence when the abuser exercises control and dominance over the victim's daily activities. In this form of alienation, the abuser prevents the victim from participating in leisure activities and daily roles, causing the individuals' life to feel meaningless or making them feel confined.

Another area of occupational injustice is occupational deprivation, which is "a state of preclusion from engagement in occupations of necessity and/or meaning due to factors that stand outside the immediate control of the individual" (Whiteford, 2000, p. 201). This is evident in an abusive relationship when the abuser deprives a woman financially because she is under his control and dependent on him for financial support. It also manifests itself when the abuser deprives a woman of relationships with family and friends outside the abuser's "recommended" list.

The final facet of occupational injustice is occupational imbalance, which is exhibited when the abuser prevents the victim from participating in any work-related activity, limiting her to work only within the confines of the home. *The Occupational Therapy Practice Framework* (2014) states, "Occupational justice ensures that clients are afforded the opportunity for full participation in home and community life" (p.19). Consequently, when they are empowered, they have the opportunity to become productive citizens who can contribute to their overall development and the general well-being of their communities.

The concept of occupational justice can be applied effectively using community-based organizations and resources as practiced by social justice proponents. Similarly, the concept of

social justice has beeen used by occupational therapy practitioners to empower individuals (Braveman & Suarez-Balcazar, 2009). Occupational and social justice, share a foundational premise that is embedded in the concept of human rights. The right to participate in occupation is also a matter of social justice. Braveman and Suarez-Balcazar (2009) state that social justice "encompasses several interrelated concepts such as equality, empowerment, fairness in the relationship between people and the government" (p.13). They also address equal opportunity and fairness in the relationship between people and their ability to have equal access to resources and goods. Additionally, it incorporates "women's rights, violence, poverty, access to social services, and group and individual empowerment, among other concepts" (p.13).

Occupational justice provides the practitioner with the knowledge to advocate and affect change in the behavior of individuals that are predisposed to intimate partner violence and create new insights that deal with resources that are available. It empowers those who desire to participate in occupations by providing access to opportunities and resources in order to develop and thrive. It is creating the opportunity for individuals to have equitable access among a variety of groups.

Model of Human Occupation. The Model of Human Occupation (MOHO) frame of reference can be used to understand the functional issues that are related to violence (Helfrich & Aviles, 2008). This model allows the occupational therapist to view the participants holistically, by looking at their environment as well as examining their roles, volition, and habits. When assessing the participants' environment for potential risk, their safety and support systems may be examined. Their roles include those in the individual's past, current, and future; habits are addressed by looking at the structure of their day; and volition is assessed by looking at their beliefs, values, the individual's interest, and sense of control (Helfrich & Aviles, 2008).

The Model Of Human Occupation's rationale is that it is the responsibility of the occupational therapist "to support client engagement in occupations in order to shape the client's abilities, their routine ways of doing things, and their thoughts and feelings about themselves" (Kielhofner, Forsyth, Kramer, Melton, & Dobson, 2009, p. 448). It also encompasses the theory that occupational engagement, which refers to the thought process of the individual and their feelings while undergoing various situations relating to their environment, determines the change in performance.

These theories and models were chosen because of their clear ability to promote a holistic approach when working with the population of women at risk for domestic violence. They attempt to connect the individual's environment, roles, volitions, and habits, as well as promote engagement in daily activities. Additionally, these frameworks can be used to increase the morale of the individuals and allow them to realize that they can experience health and quality of life, and a change in their outlook on life.

Significance of the Study

The National Board of Certification of Occupational Therapy (2015) states, "Occupational therapy is unique in that it uses a holistic approach to look not only at the reasons a client's participation in activities has been impacted, but also at the client's roles and environment and includes wellness promotion, rehabilitation, and habilitation" (para. 1). More recently, AOTA (2007) has used community practice areas and the theory of occupational justice to develop the scope of services in the area of domestic violence. It is was this way of thinking that fueled the need for an occupational therapy violence prevention program for adolescent and young women. Female survivors are deprived of participation in occupational activities as well as proper rehabilitation services; hence, it was necessary to educate this vulnerable population

before they become victims. Occupational therapy practitioners have the skills to evaluate, and to create a set of proactive protocols that will help in the prevention process rather than being reactive when these individuals are faced with physical, social, emotional and cultural challenges. This researcher embraced AOTA's Societal Statement on Health Disparities (2013) to "increase access to health services for persons in need, and efforts to lessen or eliminate health disparities" (p. 1).

Summary

Statistics show that violence against African American females (ages 16 to 24 years) is increasing at an alarming rate. Consequently, there was and still exists a need for a domestic violence prevention program to empower this vulnerable group. Research in a preventative occupational approach is nearly nonexistent. In the next section of this Capstone Project, a literature review will be presented to highlight previously documented studies on domestic partner violence.

Section 2: Review of the Literature

Introduction

The researcher completed an online search in order to ascertain the extent to which research exists on intimate partner violence (IPV) and the role that occupational therapy plays. The following keywords and phrases were utilized in the EBSCOhost database search: "domestic violence and adolescents," "leisure and domestic violence," "domestic violence and programs," "life skills and domestic violence," and "occupational therapy and domestic violence." However, only a few of these articles were related to the effects of occupational therapy on IPV.

This literature review examined the role that occupational therapy plays in empowering adolescents and young women to decrease or prevent IPV, such as introducing healthy leisure opportunities, acquiring independence in job acquisition or employment, developing an awareness of warning signs, and accessing support services that are available. These factors are extremely critical in the prevention of IPV and the overall well-being of adolescents and young women.

Victims of IPV struggle with finding a healthy balance in life activities and consequently have limited time for themselves, and insufficient time for social engagement (American Occupational Therapy Association [AOTA], 2007). Intimate partner violence can create an imbalance in several facets of life, thus disrupting the delicate balance between pleasurable activities and life's demands. The American Occupational Therapy Association (2007), in describing these victims, stated, "they may have difficulty with cognitive functioning, including decision making, making judgments, problem-solving and following directions… self-confidence, coping skills, stress management, and interpersonal relationships" (p. 705).

In commenting on domestic violence, Gorde, Helfrich, and Finlayson (2004) posited it "is a problem faced by women in all socio-economic strata" (p. 691). Every day, women are affected by IPV, or domestic violence (Humbert, Bess, & Mowery, 2013). The United States Department of Justice (2015) categorized IPV in four main areas: "physical violence, sexual violence, threats, and psychological or emotional violence" (para. 1). The Center for Disease and Prevention (2015) outlined several risk factors that individuals who are predisposed to IPV exhibit. Some of these include low self-esteem, low income, low academic achievement, aggressive or delinquent behavior as a youth, depression, lack of friendship and being isolated from other people, unemployment, and poverty (para. 4).

Intimate partner violence is a persistent but preventable problem in American society (McWhirter, 2011; Center for Disease Control and Prevention [CDC], 2015). Statistics from the CDC (2015) reveal that one in four women have experienced at least one episode of IPV. Women in the 18 to 24 year old age group exhibit the greatest risk for experiencing IPV, accounting for 38.6% of women that participated in a 2010 survey of demographics and IPV (Walters, Chen, & Breiding, 2013).

Occupational therapists can help with violence prevention as well as intervention by engaging individuals in independent activities of daily living (IADLs), such as budgeting, parenting, and home management. This will assist these individuals in acquiring the necessary skills and abilities to control their lives and advance towards living a healthy independent lifestyle (Humbert et al., 2013; Javaherian, Krabacher, Andriacco, & German, 2007).

Occupational therapists are trained to "provide direct treatment, indirect services to women's programs, advocate for women and serve as consultants to develop programs" (Javaherian et al., 2007, p. 39). African American female adolescents are susceptible to IPV and

a possible cause of this problem is the lack of empowerment and education among this population (Women of Color, 2006). Additionally, many of these women were hesitant to report their abuser or seek help because they were of the opinion that their African American men were vulnerable to police brutality (Department of Justice, 2006). Many of these women, because of their religious beliefs and obligations, tolerate the abuse, as they feel they have a need to impart forgiveness to the abuser for their abusive behavior (Department of Justice, 2006).

A study conducted by Bell and Stanley (2006) sought to help young individuals recognize when they were at risk for IPV by focusing on "positive behavior in relationships, exploring issues of gender, power and inequality" (Bell & Stanley, 2006, p. 239). The aim of the program was to educate its participants with models such as self-esteem, self-image and respect. A pre-post assessment was conducted before and after completion of a yearlong program. Of the eighty-five participants, thirteen were involved in gendered discussion groups. The group discussed and gave feedback and opinions about the program. The researchers concluded that the participants had increased their understanding of IPV and this awareness was constant over time. The participants also increased their understanding about healthy relationships in which they learned that family members could be a source of help instead of anonymous professionals. Additionally, they were able to create realistic plans in the event the situation of violence ever presented itself in their lives.

Healthy Leisure Opportunities

Adolescents spend about 40% of their time being engaged in leisure activities (Henry, 1998). Henry (1998) postulates, "Occupational therapy has claimed leisure as a domain of concern since the earliest philosophy of the field was articulated" (p. 531). When individuals participate in leisure activities, it is believed that there is a decline in physical, emotional,

intellectual, social, economic, or spiritual stressors (Henry, 1998). This notion was also underscored by Farnworth (2000), who stated that being engaged in leisure activities has a holistic effect on the individual as they are affected cognitively, physically, and socially, in terms of self-esteem and their identity. When individuals are involved in leisure activities, their mental health is positively impacted, and they also are able to develop values and skills that are necessary precursors for work settings (Farnworth, 2000). On the other hand, passive leisure has not been effective as achievement leisure, in achieving the desired effect that occupational therapists are looking for. "Leisure activities help persons cope with life stress both by providing a direct source of stress relief and by facilitating the development of friendship" (Farnworth, 2000, p. 532).

It has also been established that there is a positive correlation between adolescents' engagement in leisure activities and self-esteem. In order to be productive, individuals need to develop and use their leisure time effectively. Greater involvement in leisure activities can increase self-esteem and self-awareness. These are key qualities that have aided young women in being more likely to identify the risk indicators of IPV and consequently take the necessary precaution to minimize their exposure. Therefore, it is important for young women to be involved in leisure activities so that their chances of experiencing IPV can be diminished.

Economic Self-sufficiency

There are very few studies regarding IPV preventative services for women. Occupational therapists are equipped with the knowledge to empower and motivate these individuals to pursue higher levels skills that will enhance their development (Helfrich & Aviles, 2001). In a study conducted by Javaherian et al. (2007), the researchers utilized a phenomenological design to examine the experiences of five women living in an IPV shelter, and five who were no longer in

the shelter**.** The participants (victims of IPV) stated that they wanted to rebuild their lives, but some lacked money management skills, family support, or the financial stability to provide for their families. Others had mental health or emotional concerns because they had very little time for themselves. In a study that involved women who experienced IPV, it was observed that these women tended to have difficulty with employment, as evidenced in their lack of punctuality, low attendance at work and their overall decreased productivity in their places of employment. They also lacked the motivation and the willingness to be employed for an extended period of time. Additionally, some of these victims lacked the motivation to initiate tasks (Javaherian et al., 2007). It is assumed that all these challenges in the area of employment may be due to psychological or physical health problems.

Self–esteem

Women that are victims of abuse experience self-esteem issues, as some of them receive little support from their families and friends (Helfrich & Aviles, 2001). In one study, Javaherian and colleagues (2007) found a correlation between the amount of social contact and support and the impact that it had on women's lives. Participation in life skill programs assisted women in rebuilding their lives (Javaherian et al., 2007). Lack of financial resources inhibited them from engaging in leisure and social activities. It should also be noted, "survivors of domestic violence are often deprived of participating in meaningful activities in which they can build their identity and self-esteem" (Javaherian et al., 2007, p. 52). Individuals who do not have a high self-esteem tend to lack the drive to work or perform life skills (Koch, 2001).

Social Support and Networking

Fisher and Hotchkiss (2008) suggest "empowerment is the process of supporting others in the development of self-initiative and independence so that they [individuals] can make wise

decisions, manifest healthy and productive behaviors" (p. 65). Female survivors of domestic violence struggle with completing several of the daily occupations (Gorde et al., 2004). The struggles that women survivors experience are sometimes evident in their work performance, home management, educational and leisure participation, and their parenting skills. Some of these individuals lacked some basic skills such as the ability to complete job applications, to successfully participate in the interview process or to appropriately manage their finances. By empowering women predisposed to violence, occupational therapists can decrease the potential for them to suffer occupational injustice through violence prevention programs. It will also help individuals to become self-fulfilled, assertive, and decisive in their everyday encounters or be contemplative and self-assured about their actions (Fisher & Hotchkiss, 2008). When services are provided for the abused, they begin to feel a sense of empowerment (Kasturirangan, 2008). As these individuals are given freedom of choice, they are empowered to gain a sense of control over their lives.

Role of Occupational Therapists

The American Occupational Therapy Association (2013) described the role of occupational therapy practitioners in violence prevention, particularly in the area of bullying.

> Occupational therapy practitioners can serve an important role in helping to prevent bullying and promote positive student interactions. Participation in enjoyable occupations, teaching coping strategies, and fostering friendships can serve as important "buffers" in the prevention of bullying and mental ill-health. (p. 2)

Occupational therapists, through survivor programs, can assist victims to engage in life activities that will help them to participate in activities that will positively affect their health, well-being and satisfaction. Javaherian and colleagues (2007) believe that occupational therapists are

equipped with the necessary skills, such as a holistic and individualistic approach, which can be used to advocate for and empower individuals, and enhance programs that are currently in place for women who experience IPV. It is also within their domain of practice to provide services such as job and leisure exploration, self-advocacy, education, and social participation.

In order to educate and empower these women, a program that was guided by the participants' values, though the use of evaluations and interview, was developed. In a study by Gorde and fellow researchers (2004), it was observed that victims of IPV "identified difficulties in basic skills such as budgeting, parenting, home management, stress management, anger management, and other instrumental activities of daily living" as areas that they needed support in (p. 693). It is also important that these women who are at-risk for IPV are provided with occupational therapy interventions that include but are not limited to self-esteem, work, leisure and educational exploration, which are all necessary precursors to prevent future victimization.

In addition, occupational therapists, according to Javaharien and colleagues (2007), "assess life skills and establish goals related to specific area of occupation" (p. 55). Lopaschuk and Brown (2012) are in agreement that occupational therapists are trained to enhance occupational performance in individuals. They can assess and provide therapeutic interventions that provide individuals with coping skills for challenges that may arise, such as financial, economic or social issues. One of the main philosophies of occupational therapy is to promote self-efficacy skills that aid in self-management, social and occupational justice; hence, they advocate for those who are vulnerable and marginalized (Koch, 2001).

Occupational therapists are trained to use their knowledge and expertise to educate women in different domains of life such as coping skills, financial management, and time management. If young women are able to master these critical skills, they will be better able to

function in different areas of their daily life that includes schooling, employment, recreation and social programs (AOTA, 2007, p. 706). Occupational therapists have the skills to motivate women so that they can be engaged in meaningful occupation-based activities. They are analytic and are able to provide strategies that individuals can utilize to cope with abusive situations and assist them in making healthy life choices (Javaherian et al., 2007, p. 52).

Conclusion

It is evident from the various studies that were conducted that there exists limited data and research on the role of occupational therapy in reducing incidences of IPV. Victims of IPV are inhibited from reaching their fullest potential because of the many challenges they experience in the domestic abuse cycle. Some of these difficulties include, but were not limited to, occupational challenges, low self-esteem, and limited decision-making capabilities. Occupational therapists possess the expertise that can be utilized in helping victims of IPV to develop independence and decrease their risk of experiencing abuse. More specifically, they can help young women to clarify values, and develop adaptive skills and their overall competence as survivors of IPV.

Section 3: Methods

Project Design

This study sought to serve as a pilot program about domestic violence with adolescents and young women in West Palm Beach, Florida. The program involved an occupation-based empowerment intervention for adolescent and young women. It employed descriptive and statistical methods to measure changes in a purposive sample of young women at a church (Creswell, 2014). This research used was a convergent parallel mixed method study, incorporating qualitative and quantitative data (Creswell, 2014). The quantitative portion was comprised of a pre-post assessment, used to assess the increased knowledge of female adolescents in Independent Activities of Daily Living (IADLs), leisure, work, and self-esteem. The qualitative data were collected through focus groups using a generic, interpretive method, which allowed the researcher to gather data from the point of view of the participants. According to Percy, Kostere, and Kostere (2015), "Generic qualitative inquiry investigates people's reports of their subjective opinions, attitudes, beliefs, or reflections on their experiences, of things in the outer world" (p. 78).

Through the use of a mixed method design, this researcher was able to incorporate the qualitative and quantitative data, utilizing the strengths of both methods for data collection and analysis (Keilhofner, 2006). This allowed for the researcher to increase her understanding of their viewpoints from a narrative perspective. The data were analyzed separately, then compared in order to confirm or refute each other (Creswell, 2014). For the quantitative portion of this study, a paired t-test was used to determine the statistical significance of an occupational therapy based violence prevention program. The data for the generic qualitative portion was comprised

of information that was received from the audio recording of the focus groups and personal interviews that were transcribed verbatim, coded, and analyzed.

Intervention program. The research study extended over a nine-week period, and was comprised of a total of seven intervention sessions, including an initial session, and a final graduation. At the commencement of the initial session in the first week, the norms for the groups were discussed and created. During this session, the pre-assessment survey was administered and scored (see Appendix A) Throughout the sessions during weeks two to eight, the following topics were explored: "Bullying, Sexual Harassment and Sexual Assault Awareness, Information on Sex Trafficking," "Healthy Relationships," "Body Image, Eating Disorders and Self Care Social Media," "Empowerment," "Leisure," "Communication and Assertiveness Skills," and "Ability to Handle Finances."

Topics were addressed through the use of hands-on activities, video models, resume writing, and mock interviews. The interventions took place over a seven-week period, utilizing themes of empowerment in female adolescents through the use of occupational therapy interventions and activities. Throughout the course of the program, two focus groups were conducted in order for the qualitative data to be collected. The questions in the focus group interviews (see Appendix B) were centered on the participants' progress in the program halfway through and at the end of the program. It also allowed them to express things that are working in the program interventions or things that need to be changed. During the midpoint focus groups, the participants expressed their concerns about budgeting and felt that a course like that would be beneficial to their empowerment. At the culmination of the sessions, a post-assessment survey was given, which was followed by a graduation to end the program during the ninth week. A

follow up interview was conducted on one of the participants who completed the program 10 weeks prior (see Appendix C for list of questions).

Setting

The setting chosen for this study was The First Seventh-Day Adventist Church of Loxahatchee Groves community facility, which is located in West Palm Beach, Florida. The church is under the leadership of Pastor Canute Brown, along with a governing board of Elders. The church is part of a world-wide organization with more than fifteen million members. The members range from birth to elderly, with an increasing population of youths. In the latter population, there are between four to five girls that are currently in 11th or 12th grade, and five to seven that are transitioning to college, or are already in college.

There has been a significant increase on the impact and the influence that the church has made on the neighboring communities in order to meet the needs of the residents. Some departments in the church have begun a homeless initiative, "End It Now" campaigns, and "Let's Get Moving" programs. This researcher conducted a needs assessment in 2015 and several programs had been established for domestic violence; however, there was a notable lack of violence prevention programming found. The rationale for this type of setting was to initiate a small-scale pilot program which can further develop into a much larger program to be utilized as an evidence-based protocol for girls and young women at risk for IPV using an OT perspective.

Participants

The population for this study was comprised of nine female adolescents between the ages of 16 to 22 years, who attended the First Seventh-Day Adventist Church of Loxahatchee Groves Church. These participants were not previously enrolled in an empowerment program and are of

low socioeconomic status. The population excluded from this study is individuals who are non-English speakers, and males.

Recruitment. For this mixed methods study, purposive sampling was utilized. All participants were recruited from a single church where the principal investigator holds membership. The recruiting process commenced with the principal investigator making an announcement, using a verbal script, during service and presenting the adolescent girls with the opportunity to participate in the research study (Appendix D). A flier with the relevant information about contacting the investigator was posted on the bulletin board of the church for those who met the criteria and were interested in the program. The individuals ages 18 years and over, along with the parents or guardians of participants under 18 years, were given the informed consent form to sign. Concurrently with obtaining informed consent from parents or guardians, the primary investigator also provided an explanation of this study's purpose to all participants under the age of 18, using language that was age appropriate. The individuals indicated that they were comfortable with providing their assent, and then they were required to sign the informed assent form. All individuals were given the opportunity to review and ask questions before signing the consent (see Appendix E) or assent forms (see Appendix F).

Data Collection Procedures

In order to collect data for the quantitative section, the pre-assessment survey was administered to the participants during the first session. The post-assessment survey was administered during the last session and analyzed for changes in responses for each participant. In addition, two focus groups were held during the course of the nine-week program: one halfway throughout and the other one at the end, prior to the graduation ceremony. Each focus group consisted of approximately half of the total participants in the program. Focus group

questions aided the primary investigator to understand the participants' attitudes and feelings about the program, as well as to determine improvements that need to be made for future programs (see Appendix B).

Outcome measures. The pre and post surveys were utilized to assess the participants' knowledge on Independent Activities of Daily Living (IADLs), leisure, work, and self-esteem prior to and following the study. The pre- and post-assessment measured changes that occurred in the participants. They assessed the participants' behavior, feelings, and competencies towards specific topics such as: things that are important, handling of difficult situations, feelings towards oneself, and evaluation of employment and leisure skills. The pre- and post-assessments used were adapted from the MENTOR/National Mentoring Partnership (Mentor & Oregon Mentors, n.d.).

Data Analysis

For the quantitative portion, the researcher conducted a pre- and post-assessment to assess the participants' knowledge on Independent Activities of Daily Living (IADLs), leisure, work, and self-esteem prior to and following the study. Nominal scales were used to record variable data including: coding of sex, race, age, and categorical indicators (Kielhofner, 2006). Mean, standard deviation, percentages and ranges of scores were calculated for the quantitative data using Statistical Package for the Social Sciences (SPSS) and Microsoft Excel. In addition, paired t-tests were used to determine changes in the pre/post assessment scores. Because the sample size was under 30, non-parametric statistics were used, resulting in less power for statistical significance (Kielhofner, 2006).

The qualitative portion utilized the transcribed data gathered from the two focus groups to strengthen the validity of the study by gaining a better understanding of participants' thoughts

and feelings about the programming. This data also aided in assessing whether the interventions adequately met the needs of the participants (Percy, Kostere, & Kostere, 2015).

After a review of the data to ensure that the information was accurately recorded, the data were transcribed verbatim. The first set of codes was developed through line-by-line coding. Descriptive one-word codes were used to summarize the participant's responses to focus group questions. Line-by-line coding was used due to its simplicity of use and detailed presentation of the data codes (Saldana, 2013). After refining the codes of the transcribed interviews, categories were created to group the information. The final step in the analysis of the generic qualitative data was the creation of themes from the code and categories. This helped to create a theory that better explains the data that were gathered (Saldana, 2013).

Validity

Validity within the study was achieved by adhering to the guidelines by Creswell (2014). The information for the quantitative portion of the research was gathered from the incorporation of a pretest and posttest, and ongoing collection of data (Nelson, 2006, p. 68). Additionally, qualitative data collected from the focus groups and interview were incorporated after deep involvement with the participants throughout the nine weeks. Two reviews of the qualitative and quantitative data were also conducted to ensure the documents were free for error (Creswell, 2014).

Reflexivity. The researcher used reflective journals to minimize her potential bias. After each focus group, the researcher documented feeling or prejudices in a journal. The reflexivity process allowed the interviewer to be ethical and honest about her personal viewpoints. By utilizing this process in qualitative research, the researcher can report honest and bias free data (Krefting, 1990). The validity of this project was also increased by the detailed note taking that

was completed by the researcher during focus groups, pre/post assessments, and journaling of the experiences of the participants (Lysack, Luborsky, & Dillaway, 2006, pp. 352-353).

Triangulation. According to Krefting (1990), "Triangulation is a powerful strategy for enhancing the quality of the research, particularly credibility" (p. 219). This study used methodological triangulation, which involved using multiple forms of data collection (including two focus groups, one interview, and a pre/post survey assessment). Using multiple data types enriches the research by adding different perspectives.

Ethical Considerations

Data collected from the study were stored electronically and in hard copy format. The hard copy data was kept in a locked file, and the electronic data was password protected and kept in an encrypted file to ensure confidentiality. In addition, to ensure confidentiality, pseudonyms were given to all participants during transcription. Finally, all the data related to this study including audiotapes, transcriptions, files, and field notes will be destroyed after completion of any publications or after three years, whichever comes first.

Timeline of Projected Procedures

Initial phase.

Completed IRB process and received approval for project (see Appendix G) (May, 2016)

Interview process.

Consent forms signed (May and June, 2016)

Conducted a pre-assessment survey using a Likert scale at the beginning of the program to provide information about the perceptions of violence, self-esteem, leisure, etc. (June, 2016)

Conducted seven-week occupation based empowerment program (June and July, 2016)

Conducted a post-assessment survey using a Likert scale at the end at the program to provide information about the perceptions of violence, self-esteem, leisure, etc. (July, 2016)

Conducted two focus groups one halfway through the program and one at the conclusion of the program (July 2016)

Conducted one interview at the conclusion of the program (September, 2016)

Analysis of data.

Transcription of focus groups (June and July, 2016)

Data coded, mapped and analyzed using SPSS software (August, 2016)

Completed IRB resubmission process and received approval for changes on the research study (see Appendix H) (October, 2016)

Transcription of the interview (September, 2016)

Formulation of results and conclusions (September-November, 2016)

Research study completed and submitted to committee for approval (November, 2016)

Obtained authorship agreement (December, 2016)

Oral presentation and defense at EKU (December, 2016)

Submit manuscript for publication (2017)

Section 4: Results and Discussion

Introduction

The background for this study was based on research that shows that over the past ten years, there has been an increase in domestic violence among females (Eisenstat & Bancroft, 1999; Dziegielewski, Campbell, & Turnage, 2005; Tracy, 2012). The purpose of this Capstone Project was to implement and evaluate a Violence Prevention Program for African American females ages 16 to 24 years, and to increase the awareness of occupational therapy practitioners so that they can understand the role of occupational therapy in violence prevention in order to increase research with this population.

During implementation of a nine-week program to prevent domestic violence, participants were informed about how to prevent domestic violence, recognize this kind of behavior before it occurs, as well as to learn preventive measures that can be taken should violence occur. They were also made aware of the occupational therapist's role and importance in the healthcare system when dealing with domestic violence. To gather quantitative data, at the beginning of the program, a pre-test was administered, and at the conclusion of the program, a post-test was administered. A Likert scale measured change in the participants' attitudes and thoughts, based on their involvement in the program. Qualitative data were collected through two focus groups discussions, one midway through the program and one at the conclusion of the program. One interview was conducted at the conclusion of the program with one participant.

The analysis of the data demonstrated that there was: 1) an increase in the ability of female adolescents ages 16 to 22 years to be independent in performing Independent Activities of Daily Living (IADLs), leisure, and work; and 2) an improvement in their self-esteem,

empowerment, and knowledge of preventative strategies should instances or situations of domestic violence arise.

The qualitative data were analyzed to discover the most common themes that the participants felt at the midpoint and at the conclusion of the program. The themes identified correlated with the Occupational Therapy Practice Framework with most falling under activities of daily living (ADLs) and instrumental activities of daily living (IADLs) sections (American Occupational Therapy Association, 2008). Leisure, education, work, budgeting, self-esteem, and social pursuits were the most frequently identified areas that participants found helpful in the program. Safety and budgeting were areas of concern.

Results

The study consisted of nine single African-American female participants ranging from ages 16 to 24 years. Four participants were on their final segment of their high school education and five had matriculated to college. Their family structures varied: four participants were from a single family home, four from a two-parent home, and one participant was from a home where both parents were deceased. The information on the demographics of the participants is summarized in Table 1:

Table 1

Demographic Information about Participants

Gender	Female	9	Participants
Education	High School Some College	4 5	-Jeneen, Krystal, Alaycea, Kaisha -Shauna-Kaye, Nyxie, Ashley, De'Andre, Maria
Age	16-18 19-22	4 5	-Jeneen, Krystal, Alaycea, Kaisha -Shauna-Kaye, Nyxie, Ashley, De'Andre, Maria
Family Structure	Single Parent Both Parents Both Deceased	4 4 1	-Jeneen, Ashley, De'Andre, Nyxie -Maria, Alaycea, Krystal, Kaisha -Shauna-Kaye

Quantitative analysis. According to the study results, there was a significant increase in the participants' level of satisfaction following the intervention study. This indicates that the participants felt considerably more confident in their ability to perform in life areas, such as relationships, education, work, self-esteem, leisure and IADLs. Participants reported their feelings toward varying subject matters related to self-esteem, IADLS, work, education, and leisure on a 33-question pre-post assessment using a 4-point Likert scale (see Appendix A). A Paired t-test was used to analyze change in scores before and after intervention. Each question was analyzed to determine the correlation and the statistical significance (see Table 2). A second Paired t-test was conducted to evaluate each participant's pre and post-tests. Analysis from the pre and post test revealed that the change in score from the initial assessment to the post-test was statistically significant for one out of nine participants when tested on a 95% confidence level (p=. 001) (see Table 3).

Table 2

Pre and Post Test Correlation and Significance Value for Individual Question

Question	Correlation	Significance
Question 1	-	-
Question 2	-	-
Question 3	-	-
Question 4	0.713	0.031
Question 5	-	-
Question 6	0.686	0.041
Question 7	-	-
Question 8	0.200	0.606
Question 9	0.783	0.013
Question 10	0.257	0.505
Question 11	-	-
Question 12	0.53	0.142
Question 13	0.819	0.007
Question 14	0.75	0.02

Question 15	0.614	0.078
Question 16	0.686	0.041
Question 17	0.279	0.468
Question 18	0.844	0.004
Question 19	0.78	0.013
Question 20	0.85	0.004
Question 21	0.277	0.47
Question 22	0.741	0.022
Question 23	-	-
Question 24	0.378	0.316
Question 25	0.637	0.065
Question 26	0.396	0.44
Question 27	0.707	0.033
Question 28	0.742	0.022
Question 29	-	-
Question 30	-	-
Question 31	-0.243	0.529
Question 32	0.7	0.036
Question 33	-	-

Note: For a detailed list of each question see Appendix A. Scores that are left blank showed zero correlation or significance.

The following is a summary of the correlation and significance values of the pre and post-test data for the thirty-three questions that the individual participants were asked during the study. Analysis of the scores revealed that majority of the scores had a positive correlation with the exception of question 31, which had a negative correlation. This is because on the pre and post-tests, the participants felt that they were confident in their interviewing skills, as initially they were not confident in this area. At the conclusion of the program, however, they had a more sanguine attitude toward interviewing. Questions 1, 2, 3, 5, 7, 11, 23, 29, 30, and 32 had zero correlation, because there was no overall change in the results from the pre-test to the post-test. Although some individual participants might have shown a change in scores, the majority did not display a change; hence, the result of zero correlation. The highest score between the pre and post-test for the individual questions had a positive correlation and was evident on questions 20,

18 and 13. It is hypothesized that this result was due to the intervention that the participants received after doing the pre-test. There was the highest positive correlation of 0.85 on the response to question 20, as the participants agreed that when faced with a problem or difficult situation they would make a plan of action and go over it. When responding to whether they accepted sympathy and understanding from someone, there was a positive correlation of 0.844, as participants responded that they accepted sympathy and understanding from someone and on question 13 the correlation was also a high 0.819, as the participants stated that they would talk to someone to find out more about a problem or a difficult situation. The participants on the latter question stated that they were more likely to talk to someone to find out more about the situation. Questions 9 and 19 both had a high positive correlation range of approximately 0.78, as the participants felt that they would contemplate in their minds or maybe just say to someone who can help them to solve a problem or when in a difficult situation.

The correlation for question 14 was positive 0.75, as the participants indicated that when they were in a difficult situation or had a problem, that they would try to see things from the other person's point of view. In rating how they felt about dealing with their general feelings about themselves, the correlation was positive 0.74. In responding to question 22, the participants felt that they were no good, however in response to question 28 they commented that they had a positive attitude toward themselves. Question 4 had a 0.71 correlation, whereas questions 27 and 32 were in a 0.7 correlation range. On question 4, the participants felt that it was important for them to tell the truth even when it was not easy. In response to question 27, they were inclined to feel that they were failures, however, in evaluating themselves, they felt that they had several leisure activities that they were engaged in.

There was a low correlation on questions 12, 24, and 26 because although there was some change after the intervention, the change was not significant; therefore, an adaptation in these areas in the violence prevention program could have potentially positively altered the correlation range. On question 12 there was a correlation of 0.53, and the participants stated that they would try not to act to hastily or follow their first inclinations. They had positive feelings about themselves as reflected on the response on question 24: when they compared themselves with others, they were able to do things as well as they could. They felt that they were persons of worth and were equal to others, as outlined in question 26.

There was little if any correlation on questions 8, 10, 17, and 21, as outlined in the scores 0.20 and 0.27. The participants commented that they would not give time or money to make life better for people (question 8), and would forget the whole thing when faced with a problem or difficult situation (question 10). They would talk to someone about how they feel (question 17); however, they were satisfied about how they felt (question 21). There was a low correlation in this section because after the intervention, the participants may not have been certain about what to do so there was very little change in majority of the participants in these areas. A possible solution to this would be to change the way that this section of the presentation was conducted, or to spend additional time on this area.

There was medium positive correlation on questions 6, 15, 16, and 25. Questions 6 and 16 had a score of 0.686, where the participants sensed the need to do their best even when they had to do a job that they did not like, in addition to waiting to see what will happen before doing anything when they were faced with a problem or difficult situation. On questions 15 and 25 the participants suggested that they would ask someone they respected for advice. Additionally, they remarked that at times they experienced feelings of uselessness.

Based on the scores on the significance level for the individual questions, it was evident that if questions 4, 6, 9,14, 16, 19, 22, 25, 27, 28, and 32 were repeated in another test, the results would have been similar, as these scores were between .01 and .05. There were no significance found on questions 1, 2, 3, 5, 7 11, 13, 20, 23, 29, 30, and 33. The scores on questions 8,10, 12, 17, 21, 24, 26, and 31 were too high, so the possibility of the participants receiving similar results if the test were to be retaken, is almost impossible.

Data were also taken on the pre and post-tests of the individual participants (see Table 3). The scores indicated that there was a high correlation with Shawna-Kaye, Nixie, Kaisha, De'Andre, and Maria, whereas there was a low correlation with Alayacea, Jeneen, and Ashley. Krystal had a medium correlation. On the significance level for the same data above, Alaycea had a high significance, so if the test was repeated it is highly possible that she would have received a similar score. The score received by Jeneen and Ashley indicated that they had a low significance, so the likelihood of them receiving similar scores, were they to repeat the test, was not likely. Shawna-Kaye, Nixie, Krystal, Kaisha, De'Andre, and Maria showed no significance on their overall pre and post assessments; however, they showed statistical significance when analyzing the individual questions. The quantitative portion of this research did not yield a high statistical significance, which could likely be attributed to the small sample size.

Table 3

Pre and Post Test Correlation and Significance Value for Individual Participants

Participants	Correlation	Significance
Shauna-Kaye	0.780	0.000
Alaycea	0.436	0.011
Jeneen	0.264	0.138
Nyxie	0.609	0.000
Krystal	0.572	0.001

Kaisha	0.729	0.000
De'Andre	0.639	0.000
Maria	0.642	0.000
Ashley	0.280	0.114

Qualitative analysis. To gather information on the participants' perception of the violence prevention program, two focus groups and one personal interview were conducted. The first focus group was conducted at the halfway point of the intervention program with nine participants, and the second focus group was conducted during the final session with the same participants. The participants in both the focus groups and the personal interview described their experiences during and at the end of the program. The personal interview was conducted with Nyxie, one of the participants from the program after the violence prevention program had concluded.

The themes that emerged through the qualitative analysis process included: employment as it relates to their current employment or plans for future employment, budgeting, leisure, self-esteem, relationships, and lessons learned.

Current employment skills. During the interviews, there were participants who stated they had already completed some form of job training and were working. It was revealed that only one of the participants was already working in the area that she was trained in. Nyxie stated that she works as a Certified Nursing Assistant at a nursing facility. She states, "*Since working there I got my CPR and my First Aid Certificate.*" Another of the participants has also pursued courses that are health related. She too has a CPR license, in addition to a certification in baby-sitting. During the focus group interview, Alaycea interjected, "*During my sophomore year, I took a course that made me certified as a video editor.*" Two of the participants, were not working, although they had some type of formal job training. The other participants had no

training and wanted to work, but did not know what options were available to them. They were taught to write resumes and apply for jobs in addition to being given practical experience on interviewing. Consequently, they were given the tools that were necessary to look for employment, which most of them reported that they started to do after being educated on this topic.

Budgeting. The participants were made aware of the need to budget while they were employed, and how to incorporate leisure in their budget as well as in their schedule. It was quite obvious that many of the participants were not quite knowledgeable about budgeting and consequently were not budgeting. Nyxie shared her views when she remarked, "*I suck at budgeting, so maybe more information on budget."* Ashley allied, "*Ya, me too I feel like the money come in my account and then it just disappears.*" Through the intervention program they realized that they needed to work so they would not be dependent on men for support. Jeneen remarked, *"We should go out and become educated so that we will have something of our own to fall back on. God forbid we should get in a situation like that."* She continued*, "The classes motivate me to get off my but and do stuff so that I don't end up stuck in a situation I can't get out of."* In commenting on what they had learned from the class, some of the participants highlighted that they learned to budget. It also taught them to be more frugal in their spending as well as how to allocate their funds in preparation for the future. Nyxie underscored in referring to the class, *"like you said you never know when a rainy day is coming so I gotta have enough."* In reference to the budgeting class Nyxie continued,

> *It basically showed me how broke I am and that I am going to remain broke. But learning how to budget in the class was helpful especially when I go out on my own, get an apartment…, I gotto know how to pay the bills and still have money for fun."*

Krystal underscored, "*definitely this program taught me how to budget and prepare myself so no one beats on me."*

Leisure. During the focus group interviews with the participants, in reacting to the question of leisure, it was obvious that they liked having fun. They participated in these activities sometimes on a daily, weekly, or monthly basis. Some of the activities they enjoyed are listening to music, drawing, going to the beach, and hanging out with friends. Although the participants enjoyed having fun, many of them were allocating too much of their time for leisure or were not living a balanced life. Nyxie commented, *"It showed me that all I do I work and go home. I need to find or start up something to do in my free time. I need to enjoy my life."* The participants were taught about the therapeutic benefits of being engaged in leisure activities. They were engaged in "Do It Yourself" projects that could be as minute as small crafts or participating in church activities. They were encouraged to participate in church activities, which they started becoming more engaged in at the church level. Nyxie in commenting on leisure stated, *"I need to enjoy my life ...I need to find a stress release."* Since the intervention, there is a group chat that most of the participants are engaged in. They are able to share their experience in a non-threatening way and it is used as a means of organizing leisure and social activities for them. Although the program did not extend over a long period, the implementer was able to observe a big difference in some of the participants in terms of their attitudes towards relationships, budgeting, empowerment, and domestic violence.

Empowerment. Throughout the focus group, the participants were attesting to how they were empowered to change their lives. Nyxie stated, *"... we gotta be strong not physically but mentally."* Jeneen underscored, "*I see how other girls my age are living and what makes them feel strong. It also shows me that I need to get out there and make my life into something."*

Ashley, who is first in her family is starting college, added, *"I like the class on empowerment. I am starting college in learning more about violence and how to make it so that no one beats me down."* The participants in the study recognized the importance of empowerment in their own lives not only to help them become successful in their daily activities, but also in their personal lives. The empowerment portion of the program helped establish and reinforce skills necessary to be productive individuals in their families and communities. In describing empowerment, one participant states, "[*Empowerment means] we should be on the offense not on the defense."* By partaking in this program, young women were able to take a proactive approach to empowerment.

Relationships. At this age, it is evident that some of the participants were engaged in relationships, some of which were not wholesome, healthy relationships. One of the participants, Nyxie, had just been recovering from a broken relationship. In highlighting her relationship she remarked, "*I gave everything I had in that relationship and it just ended…. I then started to feel I am just going to be a whore… But after that class I realized the thing that I want in a future husband he didn't have*." The intervention helped her become empowered as she regained her self-esteem. She said, "*It was hard to swallow the things I needed to hear but it was good cuz I knew that I was worth more. I felt stronger at the end of the class…I realized that his values and my values did not line up."* Some of the participants were able to take an introspective look at relationships that they were in, to determine whether or not they were healthy and to discriminate between healthy and unhealthy relationships. Ashley comment solidified what was being stated when she commented, "*That class made me look at my relationship and see if it was healthy. I learned that parts of it is healthy and they're some things that me and he need to talk about."*

Self-Esteem. The participants were made aware of the need to have a high self-esteem. This was communicated by a participant when she stated that she would not let the quality of her hair determine who she is. Maria stated, "*I should not allow anyone especially a man make me feel any less of myself because my skin is darker or my hair is nappy."* To improve their self-esteem they would ensure that they get a proper education so that they would not have to be dependent on men for support. In commenting on another aspect of self-esteem, Alaycea commented, *"The most significant experience I had was during the Body Image Class. I really like learning that although I don't like parts of my body, hate them even. I really am not the only one."* Jeneen underscored, "*It is hard look at yourself in the mirror sometimes but at the end of the day you have to understand that you're alive and that someone has it worse than you."* Before the program began, participants expressed their struggles with self-esteem. In spite of this, they learned the importance of having increased self-esteem and realized that they are the ones in control of their own self-worth.

Lessons learned. Participants learned that anyone can be a victim of domestic abuse, however, they do not have to be a victim. They will have to utilize the information that they learned in the class and be proactive instead of reactive. Domestic violence does not always manifest itself with the perpetuator commencing by being physical. One participant, De'Andre, commented, *"I learned that domestic violence doesn't always start out physical. Even the guy you are with telling you that you can't call family or you have to stop being friends with certain people are sign that it could lead to an abusive relationship."* Finally, a victim of domestic violence should never remain silent. Kaisha stated that she would "*call someone that I could trust. Someone that would help me get out of the situation and then I would call the police."* In commenting on lessons that were learned, Jeneen stated, "*The classes motivate me to get off my*

butt and do stuff so that I don't end up stuck in a situation I can't get out of." Alaycea added that the classes, "*Showed me how important education is especially for the future."* Shauna-Kaye also commented, *"Ya it crazy how people get caught up in things and don't even see the signs."*

Looking at how the participants benefitted, De'Andre remarked, "*In the class I learned that domestic violence doesn't always start out physical."* Krystal also interjected*, "You just have to prepare yourself, like using the stuff we learned I this class,"* when explaining that the individual is saying negative things, "*always being jealous when you spend time with your friends… Putting you down. That kind of stuff*." The participants were educated about the statistics of the various ethnic groups that were victims of domestic violence. This information was quite alarming to them, as Shawna-Kaye stated, "*learning how people that belong to my ethnic group and come from single family homes tend to get abused at a high rate than other ethnicity made me more interested in becoming independent*."

Reflection. The participants were in awe at the information they gleaned during the class presentations. Although they were acquainted with each other, they formed a bond and were sworn to secrecy with the information that was divulged among each other. They were not afraid to become transparent when they spoke. One participant commented on how the presentation made her reflect on her relationship to see whether or not it was a healthy relationship that she should pursue: "*that class made me look at my relationship and see if it was healthy."* Another participant, Nyxie, was happy for the discussions as it made her change the image that she had of herself. She now placed more value on herself and was better equipped with making decisions as to what to look for in a partner. She was also able to realize that her broken relationship, which she thought at first had brought her to the end of her future, was indeed a blessing in disguise. She states, "*... the things that I want in a future husband he didn't even have."* Nyxie

further states that it "*made me realize the things I shouldn't and don't want to settle for."* They also learned to aim high and that they should not allow themselves to be abused or to become victims of domestic violence. Although they might have been raised in a family in which there was some form of abuse, they learned it does not have to happen to them. Nyxie remarked, "*I never really had a role model relationship…My father had multiple women in his life…he never really showed me the good things in a man or what I should look for."* Through the focus groups and person interview participants were able to reflectively assess their time during the program and analyze their own growth reflectively.

Discussion

When examining the findings through the lens of occupational justice, it is right and fair for people, including individuals predisposed to domestic violence, to participate in self-selected activities that will improve their life and give greater meaning to it. When external sources, such as abuse, hinder that basic right, it can deprive people of the ability to make these choices, which results in a lack of meaning and empowerment (Smith & Hilton, 2008). Without this, an inability to live life to its fullest occurs. Several studies related to domestic violence and occupational therapy depicts programming after the assault has taken place, rather than preventing it from occurring in the first place (Barrie, 1998; Eisenstat & Bancroft, 1999; Furlow, 2010). The aim of this study was to empower young women that are at risk of being predisposed to abuse, prior to the abuse occurring. More specifically, the objectives of this program were to:

1) Increase the ability of female adolescent ages 16 to 24 years to be independent in performing Independent Activities of Daily Living (IADLs), leisure, and work.

2) Improve their self-esteem, empowerment, and knowledge of preventative strategies should instances or situations of domestic violence arise.

The objectives of this study were partially met. When looking at the individual participants' change in scores on the pre-post test, there was an increase in their overall feelings of independence. Participants expressed an increase in their self-esteem, empowerment, and ability to prevent themselves from entering situations of domestic violence, thus fulfilling the second objective of this research study.

As previously stated, engaging in occupations helps individuals to establish purpose, structure, and balance. This is consistent with the findings of Javaherian and colleagues' study (2007), which found that engaging in a meaningful occupation helps build self-esteem, self-efficacy, and positive coping strategies. Poor self-esteem and decreased empowerment leads to a lack of engagement in meaningful activities and a loss of confidence in one's ability to perform skills for life. Occupational therapy helps by providing opportunities to engage in occupations that promote self-esteem, self-efficacy, and healthy coping skills, which facilitate the rebuilding of individuals' identities (Gorde et al., 2004 & Javaherian et al., 2007). After learning about the role and scope of occupational therapy, the participants realized the part that occupational therapists play in the healthcare arena. Many of them were not aware of the scope of occupational therapists as it relates to community-based practice, as they only envisioned them in roles such as assisting with activities of daily living.

The information that was gathered through focus groups and an interview with participants supports the claim that occupational therapy intervention is beneficial for violence prevention in young women. When asked about their experience throughout the program, the young women expressed that they felt empowered and more prepared to avoid becoming a

victim of domestic violence because of the classes that were taught. This preparation translated to increased competence in budgeting, self-esteem, healthy relationships, and other aspects of successful participation in their communities.

While the young women mentioned that the classes offered during the program were helpful, they felt they would have preferred a longer duration program with more hands-on lessons for them, such as more role play and a self-defense class. In commenting on the duration, Shawna- Kaye states, "*I think you could maybe make the sessions longer, they felt kinda short."* Kaisha added*, "ya you could have a class every week all year long."* It is within an occupational therapist's scope to address these needs. Involving an occupational therapist in future curriculum implementation for violence prevention programs could significantly impact this area of opportunity in community-based practice.

This study was enhanced by the use of a convergent mixed methods design that utilized qualitative and quantitative data (Creswell, 2010). This data was analyzed separately and compared to see whether or not the findings confirmed or correlated. The researcher discovered that there was not any major overlapping of the data; however, the qualitative data complimented the quantitative data.

Strengths and Limitations

The strengths of this mixed-method design allowed the researcher to get a holistic understanding of the participants' growth and perceptions. The small sample size of the study allowed for a more intimate relationship between the participants and the occupational therapist researcher. Regular weekly attendance and participation in the program was another area of strength, thus allowing the participants to form a bond among themselves. Another strength was that the social aspect of the program made it advantageous for the participants. Based on the

participants' feedback, it was obvious that they saw the program as an outlet where they could be with their peers to interact and socialize. It was also a means by which the participants were able to communicate with their peers and express themselves in a non-threatening environment.

The validity of this study was supported by the researcher's immersion with participants, bias identification, and ethical considerations. Identification of researcher bias was addressed with the researcher completing reflexive journaling after each session and at the beginning of the transcription of focus groups and interview. Ethical considerations were upheld as per the EKU Internal Review Board's guidelines. Some of the guidelines by Bryman and Bell (2007) that were relevant to this study were used to ensure that ethical considerations were maintained. For the duration of the study, the participants were not subject to any form of harm, as they were able to communicate with each other without reservation or fear of being ridiculed, and they were made aware that if there were conflicts of interest that they should inform the participants or the researcher. Prior to the beginning of the study, the five participants who were age-eligible, consented to be a part of the study, whereas guardians consented for the remaining four. In order for the privacy of the participants to be withheld, they were given pseudonyms, and files were kept confidential in a locked area. Additionally, the participants were kept anonymous to ensure confidentiality of everyone involved. Finally, the participants were made aware of the aims and objectives of the study, hence any communication had to be completed with honesty, and individuals were required to be transparent with information that was given.

Limitations of this study are that the results are based on the unique population of a single, rural area, and may not be generalizable. Having a small sample size made it difficult to find significant relationships from the data. In order for the data to have a stronger statistical significance, or to be generalizable or transferrable, there would have to be a larger and more

diverse sample. The study was also gender-biased, as only females were chosen, and based on previous studies (Breiding et al., 2013; Barber, 2008), males are also at risk of being victims of domestic violence. In the future, this researcher would suggest that if a similar program were conducted, that a longer time frame be used, as the participants were asking for additional information and had suggested that the researcher continue the program. On the other hand, this study has made the researcher aware of the need for conducting additional studies, as well as how to address the limitations in future programs.

A final limitation of the study was that the pre-post test used for the program was not standardized. Although all the participants were given the same test and under the same conditions, the scores were different and the correlation was not as high as was expected. Some of the questions used could be modified or deleted due to the low correlation that was noted, which resulted in very little or no effect on the study. In addition, the questions that were used were never tested; hence, the validity or reliability of the questions were not known.

Implications for Practice

This project was conducted in response to insufficient and limited studies, particularly in occupational therapy literature, relating to the prevention of domestic violence in teens or young adult females. The focus of this study is important because domestic violence is harmful to the health of women, and if not addressed, will affect their health by creating anxiety, depression, post traumatic stress disorder, traumatic brain injury and substance abuse and addiction (Plichta, 2004; Tower, Rowe, & Wallis, 2012; Gerlock, 1999).

Empower Me! Don't Abuse Me: And Occupational Therapy Approach to Violence Prevention Program helped the participants to become more aware of the signs of abuse and resources available in the community to help them. In addition, it also improved interviewing

skills of the implementer in that the participants were able to interact, and be more responsive and candid about abuse. The data collection methods that were developed in assessing potential victims of domestic violence enabled the participants to become comfortable and express their feelings about domestic violence. As a result, the participants were eager to discuss and share their experiences, or situations that they had witnessed.

Implications for Healthcare Outcomes

This study leads the researcher to believe that it is imperative for health care workers to educate individuals who are at risk of becoming victims of domestic violence so that they will be able identify signs and symptoms of abuse. Additionally, it is necessary to implement the appropriate interventions for successful violence prevention programs. There is also the need for occupational therapists to form a team with other health care workers, such as social workers, and educate these individuals about steps that can be taken to prevent domestic violence, from an occupational perspective.

Implications for Healthcare Delivery

Given the limited information that is available in the literature, it is important that strategies are put in place so early detection of domestic violence is established and the right measures can be put in place. Part of the strategies for early detection is the use of standardized screening instruments. The use of domestic violence screening tools vary across healthcare settings as stated by some research. A study conducted by Kothari and Rhodes (2006) found that only one-third of the women that were deemed to be victims of domestic violence are asked during their medical evaluation. Although there are screening instruments available, a general standardized assessment should be created that can be used by a multidisciplinary team.

Screening and education are the two major tools that can be use to eliminate domestic violence. It is within the scope of occupational therapy practice to educate other health care workers or create awareness on how to recognize early signs of domestic violence or to promote the prevention model. Therapists can also work with organizations to develop policy and procedures for dealing with domestic violence, as well as to enact policies that require healthcare workers to routinely screen individuals for domestic violence (Stringham, 1999). They can also work on developing salient points on what to do if they are identified. Access to care limits certain individuals from obtaining proper healthcare, however, provisions can be made for this vulnerable group through clinics that are held at churches or other non-for profit organizations.

Future Research

There is limited information pertaining to occupational therapists and their role in violence prevention for young adult women. This study, *Empower Me! Don't Abuse Me: An Occupational Therapy Approach to Violence Prevention*, has contributed to this under-researched area in occupational therapy. There is the need for further exploration as it relates to the developing of more standardized testing on domestic violence to increase validity and reliability of the study. Occupational therapists could also start focusing on conducting studies about domestic violence that proactively work to address this problem.

This researcher would also like to investigate whether or not empowerment is impacted by intervention, on a larger scale to encompass more ethnic groups and genders. This information could provide a better understanding of the program's strengths and/or areas for improvement in the classes on empowerment, self-esteem, leisure, healthy relationships, signs and symptoms.

This study utilized a small convenience sample and because this was a pilot study, results could not be generalized. For future research, there could be an increase in the number of participants as well as the use of qualitative and quantitative data to potentially increase the evidence of the role of occupational therapy in violence prevention. This could help occupational therapists to better understand clients and their needs, which is fundamental to providing client-centered treatments in community based settings.

Since there exists only limited information on the role that occupational therapists play in intervention or prevention of domestic violence in women, a suggestion would be for occupational therapists to pursue violence prevention programming, in order to educate and empower individuals so that domestic violence does not occur. Occupational therapists could also be more involved in conducting studies on the effects of occupational therapy interventions and violence prevention, as it has been noted that there is limited documentation in the field of occupational therapy. With an increase in the number of evidence-based studies that address occupational therapy's role in violence prevention, other health disciplines might be more willing to accept this role of occupational therapy.

Practitioners should consider conducting research with the hope of disseminating literature on domestic violence. These materials should be published in scientific journals as well as made available in churches, schools or local centers so that they will be accessible to the right population to provide knowledge on what to do if they should ever be in the position of being victims. Plichta (2004) suggests to "develop a research agenda that will be useful to advocates, clinicians, shelter workers, mental health workers, and women who are abused" (p. 1315). This will help them become better prepared to handle situation involving domestic violence.

Summary

Domestic violence is prevalent among young females. With proper education and intervention, many can be helped to overcome this predicament, or locate the proper resources should they become victims. Occupational therapists are equipped with the knowledge and skills to address this. This intervention program was conducted to study occupational therapy's potential role in prevention of violence in young women. Through discussions, focus groups, and an interview, it was observed that some of the participants had a basic knowledge about domestic violence and violence prevention; however, by the end of the interventions, it was obvious that the participants understood how to prevent domestic violence. There is a lack of studies on how occupational therapists can provide services that will help to prevent or treat clients that are victims of domestic violence. Occupational therapists use a holistic approach in treating clients and work with other health care personnel to create programs that are worthwhile for individuals that are predisposed to domestic violence. Hence, the results from this study can form the foundation for implementation of effective intervention for individuals who are at-risk for domestic violence.

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Appendix A

This survey will help us learn about you and the other youth who are participating in the violence prevention program. It is important for us to learn as much as we can about what you get out of your participation and how we can improve the program to make it even better. It is important that you answer each question as ***honestly*** as you can. Remember that there are ***no right or wrong answers***, so please do not answer the questions based on what you think we want to hear. Only the program coordinator will see how you answer the questions, and will keep your answers confidential.

Your Name: _____ Date: _____

Unless indicated, please CHECK ONLY ONE BOX per item.

History Intake			
a. Age			
b. Relationship Status	Single	Married	Divorced
c. What is your highest level of education?			
d. What is your family structure?			

	Strongly agree				**Strongly disagree**
	1	**2**	**3**	**4**	**5**
How important is each of the following to you in your life?					
1. Doing the best I can in school.					
2. Doing what I believe is right, even if my friends make fun of me.					
3. Standing up for what I believe, even when it's unpopular to do so.					
4. Telling the truth, even when it's not easy.					
5. Accepting responsibility for my actions when I make a mistake or get in trouble.					
6. Doing my best even when I have to do a job I don't like.					
7. Helping to make the world a better place in which to live.					
8. Giving time or money to make life better for people.					

	Strongly agree				**Strongly disagree**
	1	**2**	**3**	**4**	**5**
When you're faced with a problem or difficult situation, how likely are you to do the following?					
9. Go over in my mind what I will say or do.					
10. Forget the whole thing.					
11. Come up with a couple of different solutions to the problem.					

12. Try not to act too hastily or follow my first hunch.					
13. Talk to someone to find out more about the situation.					
14. Try to see things from the other person's point of view.					
15. Ask someone I respect for advice.					
16. Wait to see what will happen before doing anything.					
17. Talk to someone about how I'm feeling.					
18. Accept sympathy and understanding from someone.					
19. Talk to someone who can do something to solve the problem.					
20. Make a plan of action and follow it.					

	Strongly agree				**Strongly disagree**
	1	**2**	**3**	**4**	**5**
List of statements dealing with your general feelings about yourself.					
21. On a whole I am satisfied with myself.					
22. At times I think I am no good at all.					
23. I feel that I have a number of good qualities.					
24. I am able to do things as well as most other people.					
25. I certainly feel useless at times.					
26. I wish I could have more respect for myself.					
27. All in all, I am inclined to feel that I'm a failure.					
28. I take a positive attitude toward myself					

	Strongly agree				**Strongly disagree**
	1	**2**	**3**	**4**	**5**
Self Evaluation.					
29. I am able to write a resume.					
30. I am able to write a cover letter.					
31. I am confident in my interviewing skills.					
32. I have several leisure activities that I participated in.					
33. I have a good understanding about intimate partner violence.					

Courtesy of MENTOR/National Mentoring Partnership. Adapted from evaluation instruments developed by Dr. Cynthia L. Sipe, Youth Development Strategies, Inc., for an evaluation of Bear

Stearns' Bear Cares mentoring project and Rosenberg Self-Esteem Scale developed by Morris Rosenberg, Ph.D in 1965.

Appendix B

Focus Group Questions

Midway focus group questions:

1. What kinds of things do you like to do in your free time?
2. How often do you participate in these activities?
3. What job skills or qualifications do you currently have?
4. What have you learned about empowerment that would increase your independence with job exploration or leisure participation?
5. What is the most significant experience you have had so far in this program?
    1. Why?
6. Which class(es) are most beneficial to you in this program?
7. Do you feel like you were given enough hands on training to be successful?
    1. If yes, please give an example.
8. Based on your involvement in the program so far, are there any skills you think you need to work on?
    1. For example: leisure exploration, resume writing, or interviewing skills.
9. Do you feel that this program has given you any skills that can assist you in work exploration/preparation, independent living, leisure, etc?
10. Do you have any concerns since participating in this program?
    1. If yes, please indicate those concerns.
    2. How will you use the information you gained from this program to help with those concerns?

Final focus group questions:

1. Do you think this program has equipped you with the skills to identify the warning signs of domestic violence?
    a. If so, what are they?
2. Do you think this program will help you to avoid situations of domestic violence in the future?
    a. Why or why not?
3. What knowledge you have gained about domestic violence?
4. What steps would you take if you were ever a victim of domestic violence?
5. Would you recommend this program to anyone?
    a. Why or why not?
    b. Is there anything else you think we should have discussed in the program?
6. What advice would you give to them about the program?
7. What advice do you have for me, the researcher, about future programs of this nature?

Appendix C

Interview Questions

1. Tell me a little about yourself?
2. What stands out to you most as you reflect back on your two months during the program?
3. What classes during the program did your find most useful to you in your life and why?
4. Do you feel like you were given enough hands on training to be successful once the program ended? If yes, please give an example. If not, what do you suggest to make the program better?
5. What skills do you feel that you still need to work on now that the program has concluded?
6. Now that you have completed the nine-week program, do you feel more prepared to be independent with your skills such as managing money, leisure, and work?
7. What kinds of things do you like to do in your free time, and how do you plan on doing these things? Are they different from when you first started the program? Did you learn about new leisure skills?
8. What are your three biggest concerns now that the program is finished?
9. What did we not cover that you would have liked to do?
10. What knowledge have you gained about DV?

Appendix D

Script

Hello, my name is Canique Brown. I am a Doctorate of Occupational Therapy student at the Eastern Kentucky University. I am conducting a research about violence prevention in African American females ages 16-24 with members of the First Seventh-Day Adventist Church of Loxahatchee Groves. The purpose of this study is to help us understand the role of occupational therapy in a violence prevention program.

Participation in this research includes taking a pre assessment survey, following which will be a seven-week program that is geared on empowerment of female adolescents through the use of occupational therapy interventions/activities. Throughout the course of the program two focus groups will be conducted in order for the qualitative data to be collected. The session will culminate with a post assessment and graduation from the program.

If you have any questions or would like to participate in the research, I can be reached at *(954) 668-5198 or Caniquebrown@gmail.com*

Appendix E

Consent to Participate in a Research Study

"Empower Me! Don't Abuse Me": An Occupational Therapy Approach to Violence Prevention

Why am I being asked to participate in this research?

You are being invited to take part in a research study about violence prevention in females ages 16-24. You are being invited to participate in this research study because you are a female between the ages of 16-24. If you take part in this study, you will be one of about 8-10 people to do so.

Who is doing the study?

The person in charge of this study is Canique Brown, OTR/L at Eastern Kentucky University. She is being guided in this research by Dr. Amy Marshall and Dr. MaryEllen Thompson, who are both professors at Eastern Kentucky University.

What is the purpose of the study?

The purpose of this study is to implement a Violence Prevention Program for young African American females ages 16 to 24, the age at which young women become most at-risk of domestic abuse. By doing this study, we hope to learn the role and effectiveness of occupational therapy programming to empower female adolescents and young women to prevent future situations of domestic violence.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at First Seventh-Day Adventist Church of Loxahatchee Groves. You will need to come to First Seventh-Day Adventist Church of Loxahatchee Groves nine times during the study. Each session will convene for about one hour. The total amount of time you will be asked to volunteer for this study is nine hours over the next nine weeks.

What will I be asked to do?

At the beginning of the program a pre-assessment survey will be administered to all participants during the first week. Following the assessment is a seven-week program that focuses on empowerment of female adolescents through the use of occupational therapy interventions/activities such as leisure exploration, work exploration, resume writing, self-esteem assessment, etc. Through out the course of the program, two focus groups will be conducted. The program will culminate with a post-assessment and graduation from the program during the ninth week.

Are there reasons why I should not take part in this study?

Some of the sessions may cause or anxiety, or be upsetting, or make you uncomfortable. If you do not wish to participate you can stop at any time. No identifying participant information will be released.

What are the possible risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

Although we have made every effort to minimize this, you may find some questions we ask you (or some procedures we ask you to do) to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with these feelings. Including but not limited to Stephne Ellis, (954) 592-0276, a licensed clinical social worker; Danielle Kennedy, (561) 729-1855, a licensed mental health counselor; Sarita Johnson, a licensed clinical social worker (561) 845-0747.

You may experience a previously unknown risk or side effect.

Will I benefit from taking part in this study?
There is no guarantee that you will get any benefit from taking part in this study. However, some people have experienced increase independence and empowerment when participating in classes with similar structure as this one. We cannot and do not guarantee that you will receive any benefits from this study.

Do I have to take part in this study?
If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

If I don't take part in this study, are there other choices?
If you do not want to be in the study, there are no other choices except to not take part in the study.

What will it cost me to participate?
There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?
You will not receive any payment or reward for taking part in this study.

Who will see the information I give?
Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if we believe you have abused a child or are a danger to yourself or someone else. Also, we may be required to show information that identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as Eastern Kentucky University.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons.

What happens if I get hurt or sick during the study?
If you believe you are hurt or if you get sick because of something that is done during the study, you should call Amy Marshall at 859-622-5896 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. That cost will be your responsibility. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your child's care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What if I have questions?
Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Canique Brown at (954) 668-5198. If you have any questions about your rights as a research volunteer, contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636. We will give you a copy of this consent form to take with you.

What else do I need to know?
No other institutions or companies are involved in the study through funding, cooperative research, or by providing supplies or equipment.

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and agree to participate in this research project.

_____ _____
Signature of person agreeing to take part in the study Date

_____
Printed name of person taking part in the study

Canique Brown

Name of person providing information to subject

Appendix F

Assent Form for Minor's Participation in a Research Project

"Empower Me! Don't Abuse Me": An Occupational Therapy Approach to Violence Prevention

Why am I being asked to participate?

We are conducting a research about violence prevention in females ages 16-24 with members of the First Seventh-Day Adventist Church of Loxahatchee Groves and we are soliciting your participation in this program, as this will help us understand the role of occupational therapy in a violence prevention program.

What will I be asked to do?
At the beginning of the program a pre-assessment survey will be administered to all participants during the first week. Following the assessment is a seven-week program that focuses on empowerment of female adolescents through the use of occupational therapy interventions/activities such as leisure exploration, work exploration, resume writing, self-esteem assessment, etc. Through out the course of the program, two focus groups will be conducted. The program will culminate with a post-assessment and graduation from the program during the ninth week.

Do I have to participate?
Your parents know that we are asking you if you want to participate, but it is up to you to decide if you want to do this. You should not feel pressured to participate, and you have the right to choose not to participate. You will not lose any rights or benefits you would normally have if you choose not to participate. If you agree to participate now and decide later that you want to stop, all you have to is tell the researchers, and they will allow you to stop. You will still keep the rights and benefits you had before volunteering.

What will I get for participating?
You will not receive any payment or reward for taking part in this study.

Who will see the information I give?
Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the agency funding the study decides to stop the study early for a variety of scientific reasons.

Is there anything else I need to know?
Some of the sessions may cause or anxiety, or be upsetting, or make you uncomfortable. If you do not wish to participate you can stop at any time. No identifying participant information will be released.

Although we have made every effort to minimize this, you may find some questions we ask you (or some procedures we ask you to do) to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with these feelings. Including but not limited to Stephne Ellis, (954) 592-0276, a licensed clinical social worker; Danielle Kennedy, (561) 729-1855, a licensed mental health counselor; Sarita Johnson, a licensed clinical social worker (561) 845-0747.

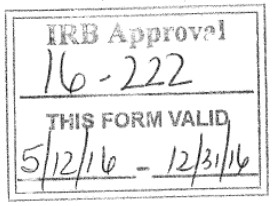
What if I have questions?
Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Canique Brown, at (954) 668-5198. If you have any questions about your rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636. We will give you a copy of this form to take with you.

I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and have decided that I would like to participate in this study.

_____ _____

Minor's Name Minor's Signature Date

Canique Brown
Name of Individual Providing Information to Subject



Appendix G
Appendix H

Graduate Education and Research
Division of Sponsored Programs
Institutional Review Board

EASTERN KENTUCKY UNIVERSITY
Serving Kentuckians Since 1906

Jones 414, Coates CPO 20
521 Lancaster Avenue
Richmond, Kentucky 40475-3102
(859) 622-3636; Fax (859) 622-6610
http://www.sponsoredprograms.eku.edu

NOTICE OF IRB APPROVAL

Protocol Number: 16-222

Institutional Review Board IRB00002836, DHHS FWA00003332

Review Type: ☐Full ☒Expedited

Approval Type: ☒New ☐Extension of Time ☐Revision ☐Continuing Review

Principal Investigator: **Canique Brown** Faculty Advisor: **Dr. Amy Marshall**

Project Title: **"Empower Me! Don't Abuse Me": An Occupational Therapy Approach to Violence Prevention**

Approval Date: **5/12/16** Expiration Date: **12/31/16**

Approved by: **Dr. Ida Slusher, IRB Chair**

This document confirms that the Institutional Review Board (IRB) has approved the above referenced research project as outlined in the application submitted for IRB review with an immediate effective date.

Principal Investigator Responsibilities: It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations.

Consent Forms: All subjects must receive a copy of the consent form as approved with the EKU IRB approval stamp. Copies of the signed consent forms must be kept on file unless a waiver has been granted by the IRB.

Adverse Events: Any adverse or unexpected events that occur in conjunction with this study must be reported to the IRB within ten calendar days of the occurrence.

Research Records: Accurate and detailed research records must be maintained for a minimum of three years following the completion of the research and are subject to audit.

Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a description of those changes must be submitted for IRB review and approval prior to implementation. Some changes may be approved by expedited review while others may require full IRB review. Changes include, but are not limited to, those involving study personnel, consent forms, subjects, and procedures.

Annual IRB Continuing Review: This approval is valid through the expiration date noted above and is subject to continuing IRB review on an annual basis for as long as the study is active. It is the responsibility of the principal investigator to submit the annual continuing review request and receive approval prior to the anniversary date of the approval. Continuing reviews may be used to continue a project for up to three years from the original approval date, after which time a new application must be filed for IRB review and approval.

Final Report: Within 30 days from the expiration of the project, a final report must be filed with the IRB. A copy of the research results or an abstract from a resulting publication or presentation must be attached. If copies of significant new findings are provided to the research subjects, a copy must be also be provided to the IRB with the final report.

Other Provisions of Approval, if applicable: None

Please contact Sponsored Programs at 859-622-3636 or send email to tiffany.hamblin@eku.edu or lisa.royalty@eku.edu with questions about this approval or reporting requirements.

Kentucky
UNBRIDLED SPIRIT

Graduate Education and Research
Division of Sponsored Programs
Institutional Review Board

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Jones 414, Coates CPO 20
521 Lancaster Avenue
Richmond, Kentucky 40475-3102
(859) 622-3636; Fax (859) 622-6610
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Principal Investigator: **Canique Brown** Faculty Advisor: **Dr. Amy Marshall**

Project Title: **"Empower Me! Don't Abuse Me": An Occupational Therapy Approach to Violence Prevention**

Approval Date: **10/12/16** Expiration Date: **12/31/16**

Approved by: **Dr. Ida Slusher, IRB Chair**

This document confirms that the Institutional Review Board (IRB) has approved the above referenced research project as outlined in the application submitted for IRB review with an immediate effective date.

Principal Investigator Responsibilities: It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations.

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Other Provisions of Approval, if applicable: None

Please contact Sponsored Programs at 859-622-3636 or send email to tiffany.hamblin@eku.edu or lisa.royalty@eku.edu with questions about this approval or reporting requirements.