

The Effects of Intimate Partner Violence on Youth Quality of Life

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Abstract

Intimate Partner Violence (IPV) can negatively impact the mental health of those affected in various ways, including Post-Traumatic Stress Disorder (PTSD), depression, somatization, and increased levels of anxiety. These symptoms can be problematic for children and increase the likelihood of developing significant issues with internalizing/externalizing behaviors. This conduct can disrupt cognition and produce negative behavioral functions that manifest in difficulty concentrating, sleep disturbances, and decreased interest in social activities. Thus, negatively affecting the self-esteem and confidence in the child, which in turn inundates their caretakers with added stressors. The Center Against Sexual and Family Violence Executive Director, Child Intervention Specialist, Volunteer Coordinator, and four tutors were selected to assess the cohort of 12 subjects (aged approximately 5-17 years old) who have experienced IPV. Sessions included recreational activities for one hour and tutoring for thirty minutes; conducted twice per week over a period of four weeks. Results show significant difference in the “Emotional Difficulties” section of the Quality of Life (QOL) survey; ($t(5)=4.583$; $p=0.006$) between pre- and post-intervention. No significant difference was observed in the “Observed Behaviors” section of the QOL survey; ($t(5)=0.241$; $p=0.819$) between pre- and post-intervention. No significant difference was observed in the “Behavioral Difficulties” section of the QOL survey; ($t(5)=1.168$; $p=0.296$) between pre- and post-intervention. Parametric Test data was confirmed by Wilcoxon Signed Rank Test. Results from this study show that recreational activities and tutoring had a significant positive impact on the “Emotional Difficulties” experienced by the study subjects. In order to comprehensively understand the physiological and psychological implications that physical activity has on QOL, further research is necessary. In addition, further research may improve public awareness and constitute changes that positively contribute to the physical and mental well-being of today’s youth.

Keywords: Intimate Partner Violence (IPV), Recreational Activities, Quality of Life (QOL)

1. Background

Researchers have estimated that between 3.3 million and 10 million children are exposed to adult domestic violence each year¹. Approximately four million referrals for alleged maltreatment are made to child protective agencies each year¹. One researcher has estimated conservatively that at least 10 to 20 percent of children are exposed to intimate partner violence (IPV) annually, with as many as one-third exposed at some point during childhood or adolescence¹.

In a systematic review and meta-analysis conducted by the University of New South Wales in 2017, Werner-Seidler, Perry, Calcar, Newby, and Christensen state that mental health issues such as depression and anxiety are experienced in approximately 20% of young people by the age of 18 years old and can run a recurring, chronic course with worsened conditions over their lifespan amongst the average population². Earlier onset of these symptoms generally results in worsened clinical diagnosis of mental health issues, coupled with post-traumatic stress disorder (PTSD), along with various other traumas caused by IPV experienced by children could result in long term substance abuse,

poor academic outcomes, risk of suicide, as well as relationship, social, and behavioral issues in their teens and young adulthood². Exposure to IPV in childhood can also impair a child's self-awareness and self-esteem as well as enhance feelings of guilt, shame, depression, and anger³.

A study conducted by researchers from the University of Utah and the YWCA Utah shelter, gave further insight to the short-term effects of IPV. The findings state, that in the short-term, children exposed to IPV are more likely to experience problematic school and other learning behaviors, increased anxiety, depressive symptoms, hyperarousal response, aggressive behavior, psychosomatic health conditions and other internalizing and externalizing behaviors compared to children who are not exposed⁴. The study also noted the importance of the mother receiving the appropriate mental health care while residing at the shelters. This intervention may help the mothers to positively engage their children and assist in alleviating some of these difficulties.

Evidence-based research that assessed 664 students revealed sports-based youth development programs that use sports as a tool to empower youth and promote life skills shows to have improved overall physical and mental well-being in participants⁵. If at-risk youth are engaged in recreational activities and tutoring by positive role-model influencers, then those youth will have improved cognitive, social, mental health, and overall quality of life (QOL) outcomes. Therefore, the purpose of this project was to assess the impact that recreational activities and tutoring program have on combating behavioral health issues and enhancing QOL in at-risk youth.

2. Methods

This project was conducted for Evidence-Based Practice in Rehabilitation Sciences, a course taught at the University of Texas at El Paso (UTEP), in partnership with a non-profit organization named The \$100 Solution™ (THDS). The purpose of this project involved determining needs in the El Paso, TX community, developing a plan of action to meet those needs, establishing a partnership with a local organization, successful implementation of the plan, and ensuring that the intervention would remain sustainable. The research team was tasked with instituting and completing this research with a budget of \$100 and within a 15-week timeframe.

Originally a service-learning curriculum in Belize, THDS has taken a more international focus and expanded across the globe⁶. Dr. Bernard Strencky pioneered the idea on the basis that \$100 can make a substantial difference in the lives of others, if invested in a sustainable capital⁶. THDS philosophy is based on five-pillars which are viewed as an integral part of the organization's foundation. These pillars are: Partnership, Reciprocity, Sustainability, Capacity Building, and Reflection. THDS projects are investments in the futures of families and communities, and students develop a strong sense of civic responsibility from the impact of their work⁶. THDS has been the foundation that has launched several trusts, scholarships, and funds to help further the Rotary motto of: "Service Above Self"⁶.

2.1 Participants

Due to privacy limitations, the study participants included the Center Against Sexual and Family Violence (CASFV) Executive Director, Child Intervention Specialist, the Volunteer Coordinator, the Director of Client Services, as well as hand-picked staff members that had direct, daily interaction with the children. All study participants were briefed on the bylaws of the Institutional Review Board (IRB) and signed an Informed Consent before participating in the study. Subjects to be assessed by the study participants were random male and female residents ranging in age from 5-17 years old, and were either victims of, or children of caretakers who had experienced IPV. The trial focused on a cohort of 12 subjects, due to the various ages of the subjects and the unreported number of residents and the varying amount of time residing at the facility.

2.2 Measures

The operational definition for quality of life (QOL) is specified by Church as the measure of an individual's ability to function physically, emotionally, and socially within his/her environment at a level consistent with his/her expectations⁷. The study participants assessed the subjects pre- and post-intervention using a QOL survey modified from several existing QOL surveys by the research team, thus establishing a baseline to be measured against and continuity in assessment. The QOL survey was divided into three sections: "Observed Behaviors", "Behavioral Difficulties", and "Emotional Difficulties". The QOL surveys queried specific questions regarding the overall behavior patterns and any behavioral or emotional difficulties that the subjects they interacted with faced. The subjects were then engaged in various recreational activities, as well as tutoring services over a period of four weeks. The QOL

surveys were then re-administered and the data was compared against the pre-intervention QOL surveys to determine if the interventions had affected any positive changes in the QOL of the subjects. Measurements of the progress and overall success of the intervention were also measured against four of the five THDS foundational pillars: Partnership, Reciprocity, Sustainability, and Capacity Building.

2.2.1: observed behaviors

Section 1 of the QOL survey assessed “Observed Behaviors” of the subjects by the study participants. Section 1 contained ten questions pertaining to the observed social behaviors of the subjects such as: “Do the children often lose their tempers?”, “Are the children considerate to other people’s feelings?”, “Are there often fights or confrontations between the children?”, “Are the children generally well-behaved, usually do what adults request?”, etc. The responses were scored on a scale of 1 to 3; 1=Not True, 2=Somewhat True, or 3=Certainly true. Once pre-intervention surveys for the “Observed Behaviors” section of QOL survey were completed, the responses were added up to obtain a raw score which was then averaged. This process was repeated for scoring of the post-intervention survey. Post-intervention scores were compared against pre-intervention scores using dependent t-test to assess differences.

2.2.2: behavioral difficulties

Section 2 of the QOL survey assessed the “Behavioral Difficulties” of the subjects by the study participants. Section 2 contained one question, “Overall, would you say that the children have problems in the following areas? (You may choose more than one).” in three simple areas: Emotion, Concentration, Behavior. Study participants were prompted to choose between “Emotion”, “Concentration”, or “Behavior”; study participants were able to select multiple answers for this section. Each answer was worth one point, with a maximum score of 3 points for this section. If the study participant circled “Emotion” and “Concentration”, the overall score for the section was 2 points. A lower score correlated to a better QOL in this area, whereas a higher score correlated to a lower QOL in this area. Once pre-intervention surveys for the “Behavioral Difficulties” section of QOL survey were completed, the responses were added up to obtain a raw score which was then averaged. This process was repeated for scoring of the post-intervention survey. Post-intervention scores were compared against pre-intervention scores using dependent t-test to assess differences.

2.2.3: emotional difficulties

Section 3 of the QOL survey assessed the “Emotional Difficulties” of the subjects by the study participants. Section 3 is a continuation of Section 2 in that it asks, “In your observations, have you noticed if any of these difficulties interfere with the children’s everyday life in the following areas?”. The areas of concern for Section 3 of the survey included, “Home Life”, “Friendships”, “Academic Achievement”, and “Leisure Activities”. The responses were scored on a scale of 1 to 4; 1=Not At All, 2=A Little Bit, 3=A Medium Amount, or 4=A Great Deal. Once pre-intervention surveys for the “Emotional Difficulties” section of QOL survey were completed, the responses were added up to obtain a raw score which was then averaged. A lower score correlated to a better QOL in this area, whereas a higher score correlated to a lower QOL in this area. This process was repeated for scoring of the post-intervention survey. Post-intervention scores were compared against pre-intervention scores using dependent t-test to assess differences.

2.3 Partnership

The operational definition for partnership is specified by THDS as, linking students directly to the community and forming long-term relationships that encourage all members to work together in assessing needs, implementing solutions, and evaluating efforts⁶. In order to address partnership, each research team member was responsible for contacting a women’s shelter in the El Paso, TX community to propose the idea of a sports- and academic-related rehabilitation program for the children living in their facilities. Once contact was made, the research team promptly attempted to set up meetings with key staff members (Executive Director, Child Intervention Specialist, Volunteer Coordinator, and Director of Client Services) for each organization. These meetings resulted in coordination between both parties, and ultimately decided the time, place, location, and the nature of the research team’s interactions with the subjects. After meeting with several organizations, a partnership with the CASFV was established.

2.4 Reciprocity

The operational definition for reciprocity is specified by THDS as, ensuring the community need is served while both students and community members teach, learn, and benefit from service-learning projects⁸. Reciprocity for this project was established by the research team during the initial meeting with key CASFV staff members. The research team briefed the CASFV staff members with a short background on THDS mission, as well as the effects that witnessing or experiencing IPV and sedentary lifestyle has on mental and physical health. This meeting established the foundation for the proposed intervention protocols.

2.5 Sustainability

The operational definition for sustainability is specified by THDS as, the result of creating solutions with the capacity to endure⁸. Projects focus on long-term solutions that consider future needs and resources and carry lasting impacts⁸. Sustainability for this project was established by using the \$100 to purchase sporting goods from a local El Paso, TX department store, which were utilized during the intervention and donated to the CASFV. This community service opportunity has been added to the UTEP College of Health Sciences curriculum, and a partnership with the Student Association of Rehabilitation Sciences has been established to implement quarterly charity drives. These drives and the donations needed will be coordinated through the CASFV Associate Director of Support Services and the CASFV Child Intervention Specialist.

2.6 Capacity Building

The operational definition for capacity building is specified by THDS as, the act of helping community members strengthen their own knowledge, abilities, and resources towards self-sufficiency; helping others to help themselves⁸. Capacity building for this project was established by writing a Letter of Support for the CASFV's application to the Healthy Eating and Active Living Grant. Capacity building was also established through educating the CASFV staff members on the positive effects that physical activity may have on mental health and overall well-being. The research team also assisted the CASFV staff members in establishing their own activities to engage their residents with that promote physical activity and healthy living.

2.7 Overall Procedure

The research team coordinated ideas and efforts to determine several games the subjects could play that inspired team building, provided both aerobic and anaerobic exercise, and would facilitate fun and safe competition for all ages. However, the research team also had to consider that not all of the subjects wanted to participate in all of the planned activities for each session. Research team members had to ensure that the subjects were not forced into participating in any activities that they were uncomfortable with, but at the same time, tried to encourage as much participation as possible.

Logistics were purchased at a local department store and included: 2 soccer balls, 2 basketballs, 2 footballs, 2 softballs and bats, 3 kickballs, 4 dodgeballs, 16 belts with flags for flag football, and 16 athletic cones. Sessions included recreational activities for one hour and tutoring for thirty minutes; conducted twice per week and lasting approximately one-and-one-half hours. For approximately 5 minutes at the beginning of each session, the research team had the subjects circle up and toss a ball to each other while stating their name. This allowed the research team members and the subjects to learn each other's names; this also allowed the research team to establish rapport with the subjects. The research team then conducted recreational activities with the subjects for approximately 55 minutes. After this was complete, the research team would then take the subjects back into the classroom and assist them with their homework, or conduct arts and crafts, depending on the subject's ages for approximately 30 minutes.

The primary objective of the study was to positively influence the social, cognitive, and physical abilities of the subjects. The primary intervention included engaging the subjects in various recreational activities, thus promoting leadership, teamwork, communication, and interpersonal skills. Whereas, the secondary intervention advocated the importance of education through academic tutoring. Overall, the research team conducted activities to promote physical fitness, education, positive social interactions, and to encourage critical thinking skills.

Figure 1. Outline of bi-weekly recreation and tutoring sessions.

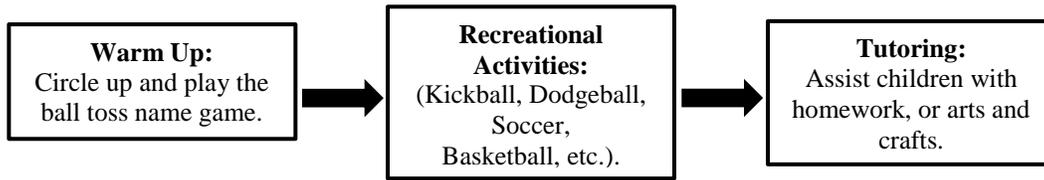


Figure 1. An example session that the research team conducted with the subjects.

2.8 Data Analysis

Data analysis was conducted by analyzing the results from the custom QOL survey created by the research team and provided to the study participants to assess the cohort pre- and post-intervention. Data analysis was conducted using SPSS, Version 23. Significance levels were set a priori at $p < 0.05$ for all comparison. Descriptive statistics (mean, standard deviation) were calculated for the variables. Dependent t-test was utilized to assess differences between pre- intervention and post-intervention sections of the QOL survey.

3. Results

Results show a significant difference in the “Emotional Difficulties” section of the QOL survey; ($t(5)=4.583$; $p=0.006$) between pre- and post-intervention. No significant difference was observed in the “Observed Behaviors” section of the QOL survey; ($t(5)=0.241$; $p=0.819$) between pre- and post-intervention. No significant difference was observed in the “Behavioral Difficulties” section of the QOL survey; ($t(5)=1.168$; $p=0.296$) between pre- and post-intervention. Parametric Test data was confirmed by Wilcoxon Signed Rank Test.

Figure 2. Paired Sample Statistics.

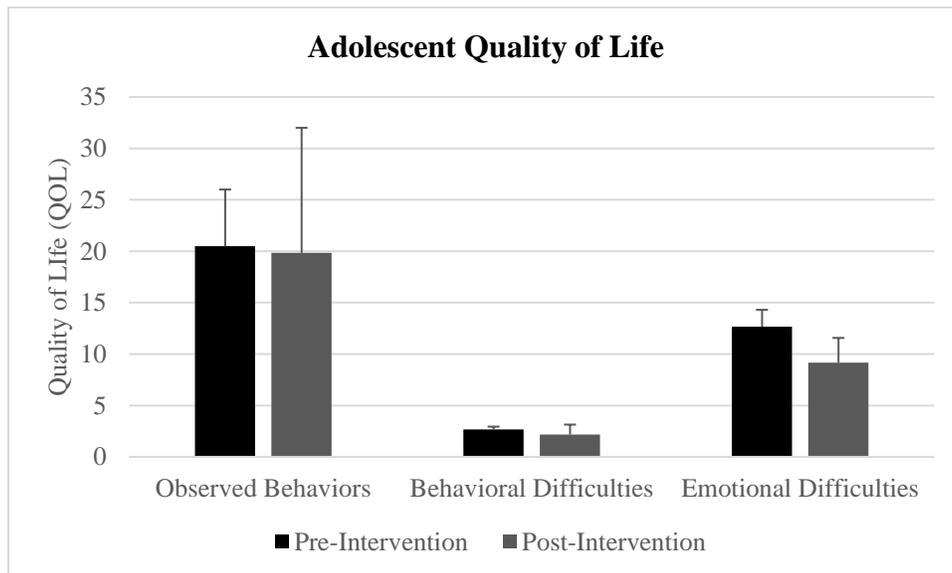


Figure 2. Comparison of the results for the three sections of the QOL survey, taken pre- and post-intervention.

4. Discussion

It is generally understood and accepted that physical health and mental health are directly related to QOL measures. The objective of this study was to determine the differences between physical activity, sedentary behaviors, and their overlapping effects on the QOL among youth that have firsthand experience with IPV. Results from this study show that recreational activities and tutoring had a significant positive impact on the emotional difficulties experienced by the subjects.

Promoting physical activity and decreasing sedentary behavior in youth is not only beneficial to the prevention of specific health conditions such as obesity, but also positively influences their mental health and overall well-being. This study supports previous evidence by showing a positive correlation between physical activity and QOL in all measured areas.

One study, found that children's membership in sports clubs, performing team sports, playing outdoor sports, and involvement in the competition had an overall positive effect on their mental health⁹. The physical activity was associated with fewer internalizing problems, better prosocial behavior, and increased self-esteem⁹. Being active outdoors instead of indoors can also have a positive effect on reducing depressive feelings⁹.

Mental health problems are another major challenge among adolescents; currently, the leading cause of health-related disability within this age group, affecting up to 20% of adolescents worldwide¹⁰. In addition, prevalence rates of psychological distress, such as anxiety and depression, increase with age, especially from the mid-teens (14–16 years)¹⁰. Poor mental health also may carry over into adulthood, which highlights the importance of preventive efforts during the adolescent stage¹⁰. Evidence suggests that physical activity and psychological well-being are essential to the healthy development and an increased QOL in adolescence¹⁰. Healthy behaviors, including the habit of engaging in regular physical activity, are often established during this period, paving the way for long-term health¹⁰.

A particular study conducted by Wu, et. al. found that school health programs which promote active lifestyles among children and adolescents, contributed to improvements in health-related QOL¹¹. It was also determined that, children and adolescents who are physically active tend to have better physical health, mental health, and psychosocial well-being, compared to those who lead an inactive lifestyle¹¹. When it came to reporting dimensions such as, self-care, being outside of comfort zone, experiencing discomfort, and feeling worried, sad, or unhappy, physically active children reported notably fewer problems¹¹. Acknowledging the results of this study is important in addressing the various public health issues that correlate to different lifestyles. These research findings can assist health professionals in developing progressive approaches that may enhance physical and mental health.

Some limitations of this study will need to be addressed by future research. First, one possible confound to this study could be the short duration of the study; greater improvement in behavior might be noted in a longer intervention period. A second possible confound of this study is the QOL survey created by the research team to assess the subjects. Instead, the standardized measures of the QOL and psychological well-being included in the NIH Toolbox® Emotional Battery should have been used by the research team to better assess the constructs of interests. This standardization would have allowed the research team to use validated QOL measures to better assess the psychological well-being, stress, social relationships, and any negative effects on youth who have firsthand experience with IPV.

Careful consideration needs to be given to limitations that may be present in any research studies related to this topic. A prime example of this includes the large amount of cross-sectional research designs utilized to investigate this topic. However, there seems to be a lack of longitudinal studies that examines the relationship between physical activity, sedentary behavior, physical health, mental health, and QOL¹². Our current study is novel in that it takes a longitudinal approach to studying the effects of physical activity on QOL.

Other factors to consider are the operational definitions and dimensions used to determine and assess the physical and mental health related QOL issues. Further research is necessary in order to comprehensively understand the physiological and psychological implications that physical activity and sedentary behavior have on QOL among youth that have firsthand experience with IPV.

In summary, the findings from the present study imply that there is a positive correlation between engaging in activities promoting physical fitness, education, positive social interactions, and encouraging critical thinking skills and overall QOL in youth who have been affected by IPV. The previously mentioned study conducted by the University of Utah and the YWCA shelters of Utah concluded that shelter staff as well as those willing in the surrounding communities may be able to engage with the mothers and children in these facilities and could have a major impact on the overall mental, physical, and social well-being of those that have been victims of IPV⁴. Our present research findings, paired with previous research findings, used in conjunction with further research, can help

to improve public awareness, professional awareness through the sharing of research findings, and the implementation of more effective practices that positively contribute to the overall physical and mental well-being of victims of IPV.

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