THE ABORIGINAL WOMEN'S HEALTH INTERVENTION (AWI)

"RECLAIMING OUR SPIRITS"

Funded by Canadian Institutes of Health Research

STUDY TEAM

- **Principal Investigators**: Drs. Colleen Varcoe and Annette Browne (UBC), Dr. Marilyn Ford-Gilboe (Western University)
- **Steering Committee**: Dr. Madeleine Dion Stout, Ms. Jane Inyallie, Elder Roberta Price, Ms. Linda Day.
- **Co-Investigators**: Drs. Victoria Bungay (UBC), Cynthia Garrett (UBC), Marilyn Merritt-Gray (UNB) Marlene Moretti (SFU), Victoria Smye (OUIT), and Judith Wuest (UNB)
- **Research Manager**: Dr. Koushambhi Khan
- **Trainees**: Ms. Holly McKenzie (UBC), Ms. Angela Hieno (UBC)

Western

UBC

UNB


North Pole
Norwegian Sea
Norway
Greenland Sea
UK
Russia
Arctic Ocean
Iceland
Ellesmere Island
Alert
Kalaallit Nunaat (Greenland) (Denmark)
Bering Strait
Axel Heiberg Island
Arctic Circle
Beaufort Sea
Melville Island
Devon Island
Banks Island
Resolute (Qausuittuq)
Baffin Bay
Alaska (USA)
Prince of Wales Island
Victoria Island
Baffin Island
Davis Strait
Inuvik
Dawson
Great Bear Lake
Yukon
Foxe Basin
Iqaluit
Labrador Sea
Atlantic Ocean
Whitehorse
Northwest Territories
Nunavut
Southampton Island
Hudson Strait
Yellowknife
Baker Lake (Qamanittuaq)
Pacific
Fort Nelson
Great Slave Lake
Ungava Bay
Newfoundland and Labrador
Nain
Kuujjuaq
British Columbia
Hudson Bay
Fort McMurray
Lake Athabasca
Churchill
Smallwood Reservoir
Réservoir de Caniapiscau
Churchill Falls
St. John's
Ocean
Hecate Strait
Prince George
Alberta
Reindeer Lake
Newfoundland
Vancouver Island
Edmonton
Saskatchewan
Manitoba
James Bay
Réservoir Robert-Bourassa
Sept-Îles
Saint-Pierre and Miquelon (France)
Gulf of St. Lawrence
Vancouver
Kamloops
Calgary
Lake Winnipeg
Sandy Lake
Quebec
Prince Edward Island
Charlottetown
Victoria
Saskatoon
Regina
Winnipeg
Lake Nipigon
Ontario
Québec
Halifax
Thunder Bay
Montréal
Nova Scotia
New Brunswick
Ottawa
Lake Superior
Toronto
Lake Michigan
Lake Huron
Lake Ontario
Atlantic Ocean
Lake Erie
United States of America
Canada – Political
International boundary
International boundary (disputed)
370 km Exclusive Economic Zone (EEZ) boundary
Provincial/territorial boundary
Alberta Province/territory
Ottawa National capital
Regina Provincial/territorial capital
Kamloops Other locale
Scale
0 250 500 750 1 000 km

PRESENTATION OBJECTIVES

1. Describe the theoretical and evidence base, and key components of the iHEAL, an intervention designed to promote the health and wellbeing of women who have experienced intimate partner violence,

2. Explain how the intervention has been tailored to the context and experiences of Indigenous women living in an urban context, including the integration of culture and traditional practices,

3. Discuss the initial results of testing the efficacy of the AWI to identify the potential applicability of this intervention to participant's communities of interest.

3 PHASE STUDY DESIGN:

Phase 1

Adaptation and modification

- Interviews with local Elders
- Cree concepts

Phase 2

Pilot Testing

- Revised intervention trialed with 21 women

Phase 3

Feasibility Testing

- 2 cohort crossover design (n=130)

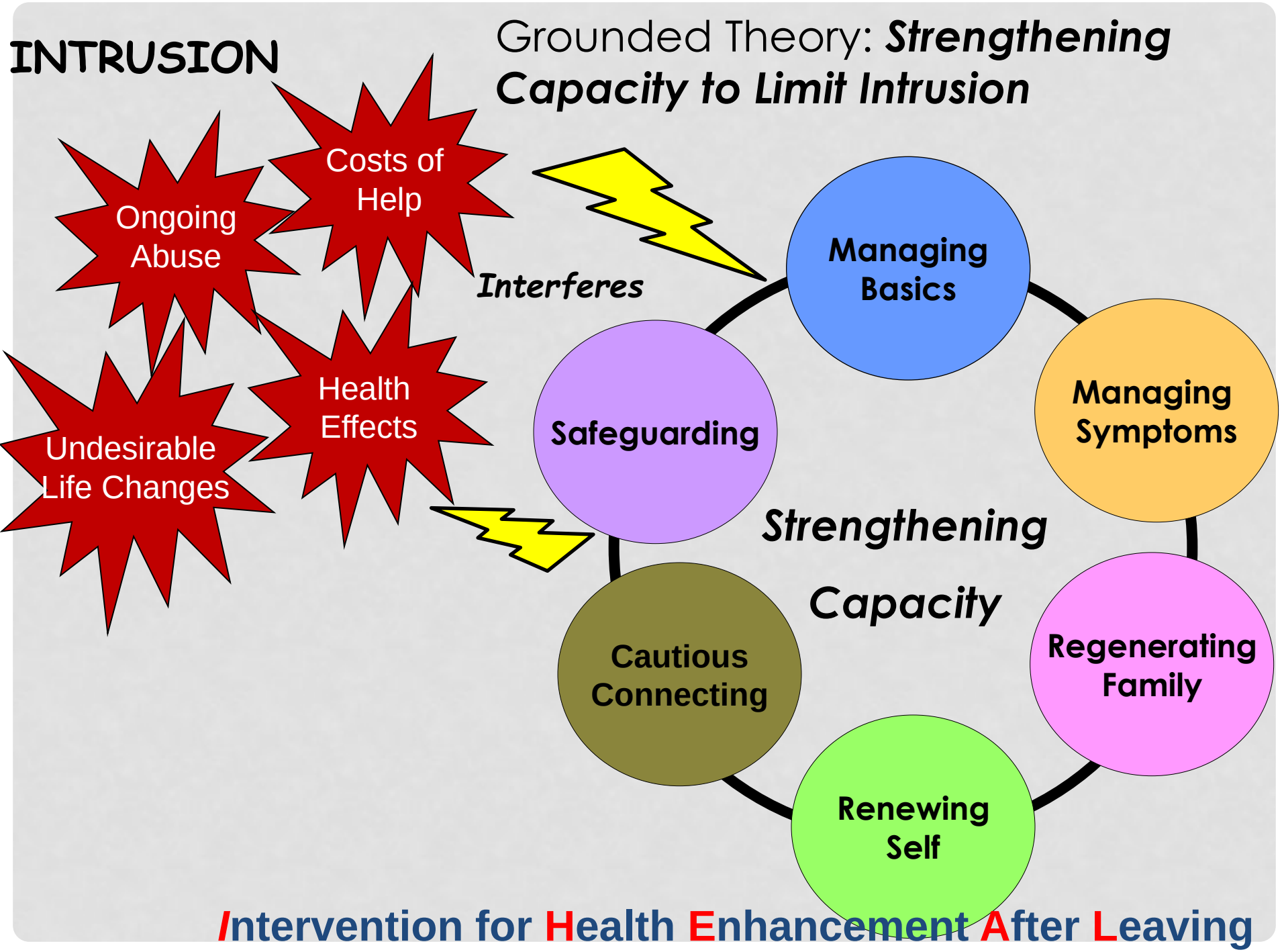
PHASE 1: ADAPTATION AND MODIFICATION

NOT "INDIGENIZING"

*I*HEAL FOUNDATIONS

- Grounded theory "*Strengthening Capacity to Limit Intrusion*"
- The Women's Health Effects (of violence) Study
- Empowerment and health promotion interventions

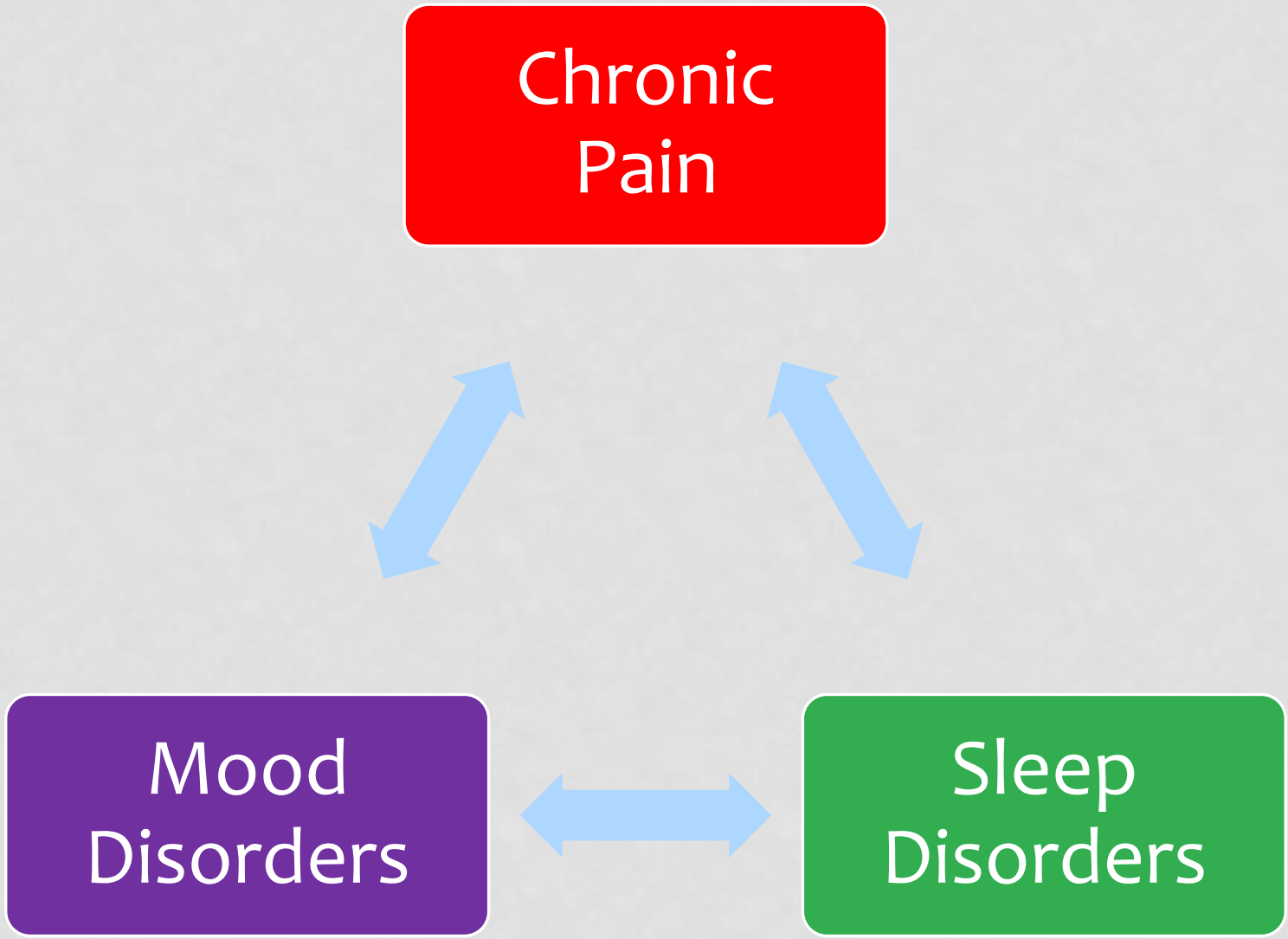
1. Ford-Gilboe, M., Merritt-Gray, M., Varcoe, C., & Wuest, J. (2011). A theory-based primary health care intervention for women who have left abusive partners. *Advances in Nursing Science, 34(3), 198-214*.
2. Ford-Gilboe, M., Wuest, J., Varcoe, C., & Merritt-Gray, M. (2006). Translating research. Developing an evidence-based health advocacy intervention for women who have left an abusive partner. *Canadian Journal of Nursing Research, 38(1), 147-167*.
3. Wuest, J., Ford-Gilboe, M., Merritt-Gray, M., & Varcoe, C. (2013). Building on "Grab"; Attending to "Fit", and Being Prepared to "Modify": How Grounded Theory "Works" to Guide a Health Intervention for Abused Women. In C. Beck (Ed.), *Routledge International Handbook of Qualitative Nursing Research (pp. 32-46). New York: Routledge*.


INTRUSION
Grounded Theory: Strengthening Capacity to Limit Intrusion
Costs of Help
Ongoing Abuse
Undesirable Life Changes
Health Effects
Interferes
Managing Basics
Managing Symptoms
Safeguarding
Strengthening Capacity
Cautious Connecting
Regenerating Family
Renewing Self
Intervention for Health Enhancement After Leaving

THE WOMEN'S HEALTH EFFECTS STUDY

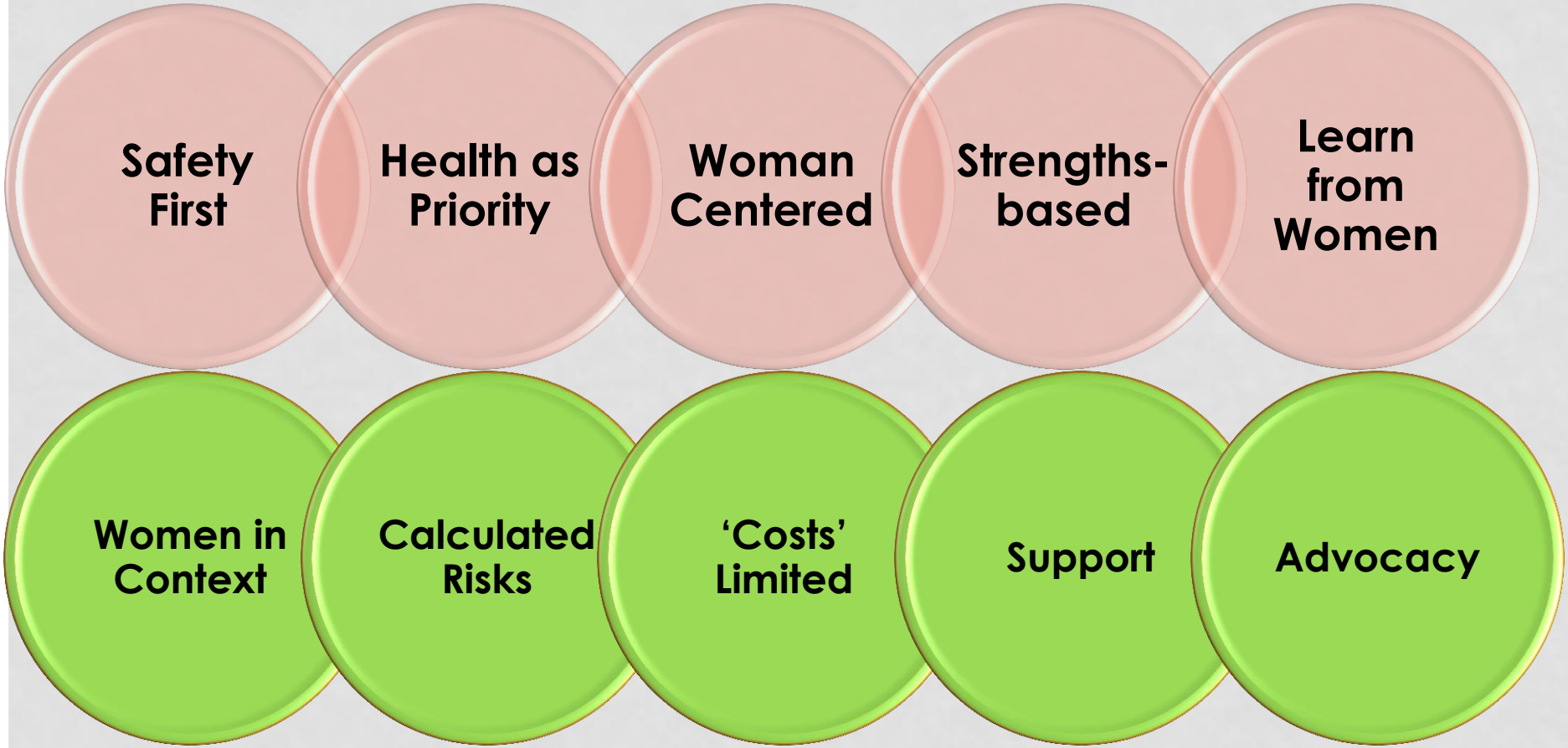
- 5 year longitudinal study.
- **Community sample** of 309 Canadian women who **left** abusive male partners between 3 months and 3 years before first interview (on **average 20 months previously**).
- Structured interview (standardized scales) and health assessment, including physical.
- Selected service use past month.

1. Ford-Gilboe, M., Wuest, J., Varcoe, C., Davies, L., Merritt-Gray, M., Campbell, J., & Wilk, P. (2009). Modelling the effects of intimate partner violence and access to resources on women's health in the early years after leaving an abusive partner. *Social Science & Medicine, 68(6), 1021-1029. doi: 10.1016/j.socscimed.2009.01.003*
2. Ponic, P., Varcoe, C., Davies, L., Ford-Gilboe, M., Wuest, J., & Hammerton, J. (2012). Leaving ≠ Moving: Housing patterns of women who have left abusive partners. *Violence Against Women, 17(12), 1576-1600.*
3. Varcoe, C., Hankivsky, O., Ford-Gilboe, M., Wuest, J., Wilk, P., Hammerton, J., & Campbell, J. (2011). Attributing Selected Costs to Intimate Partner Violence in a Sample of Women Who Have Left Abusive Partners: A Social Determinants of Health Approach. *Canadian Public Policy, 37(3), 359-380.*



Women's health improved over time, but not below 'symptomatic'

/HEAL PRINCIPLES



"Getting in Sync"

- Discuss the theory
- Listen to the Woman's story of survival
- Review intake health data
- Review the menu of possibilities

One Month

"Working Together"

- Safeguarding
- Managing Basics
- Managing Symptoms
- Renewing Self
- Regenerating Relationships
- Cautious Connecting

Four Months

"Moving On"

Review experience

Reflect on Changes

Envision New Life

Emphasize Capacities

Plan closure

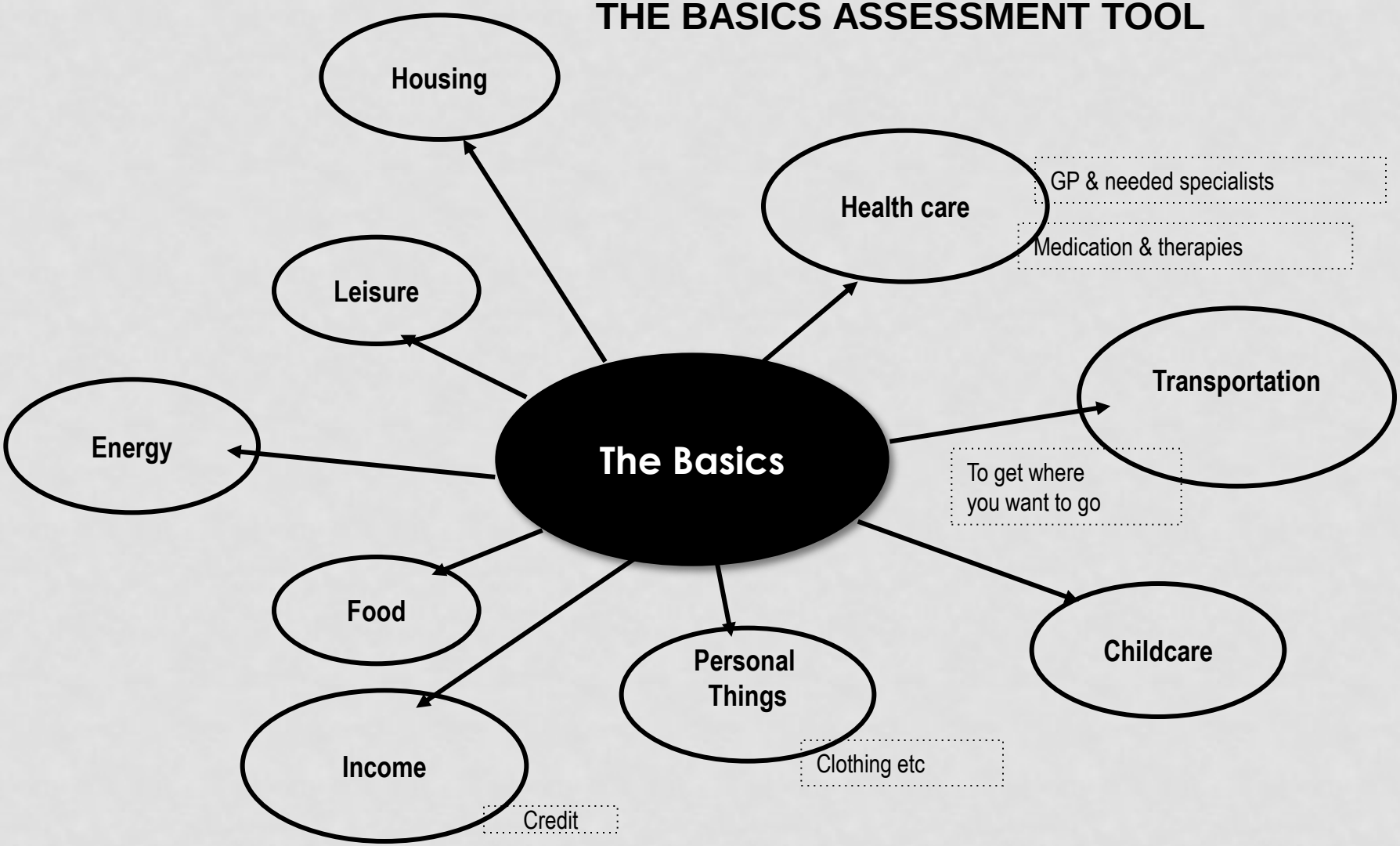
One Month

Evolving the Storyline

EACH COMPONENT HAS:

- Link to theory
- Evidence base
- Suggested script
  - What we know from other women
  - What other women have found helpful
  - Suggested script
  - Tools for working together

THE BASICS ASSESSMENT TOOL



Major Issues:

Current Primary Goal:

FEASIBILITY TESTING

New Brunswick

- 44/52 women
- 4 nurse/out reach worker pairs
- Rural/urban

Ontario

- 24/30 women
- 4 nurses and social worker
- urban

Wuest, J., Merritt-Gray, M., Dubé, N., Hodgins, M. J., Malcolm, M., Majerovich, J., . . . Varcoe, C. (2015). The Process, Outcomes and Challenges of Feasibility Studies Conducted in Partnership with Stakeholders: A Community-based Health Intervention for Women Survivors of Intimate Partner Violence. *Research in Nursing and Health, 38(1), 82-96. doi: 10.1002/nur.21636*

FEASIBILITY RESULTS

- Significant decrease in intrusion (e.g. depression, PTSD symptoms)
- Significant increase in capacity (e.g. self efficacy)
- Women found intervention acceptable, but wanted:
  - To meet other women
  - More emphasis on spirituality
  - Greater understanding of substance use

REDESIGN: THE ABORIGINAL WOMEN'S INTERVENTION

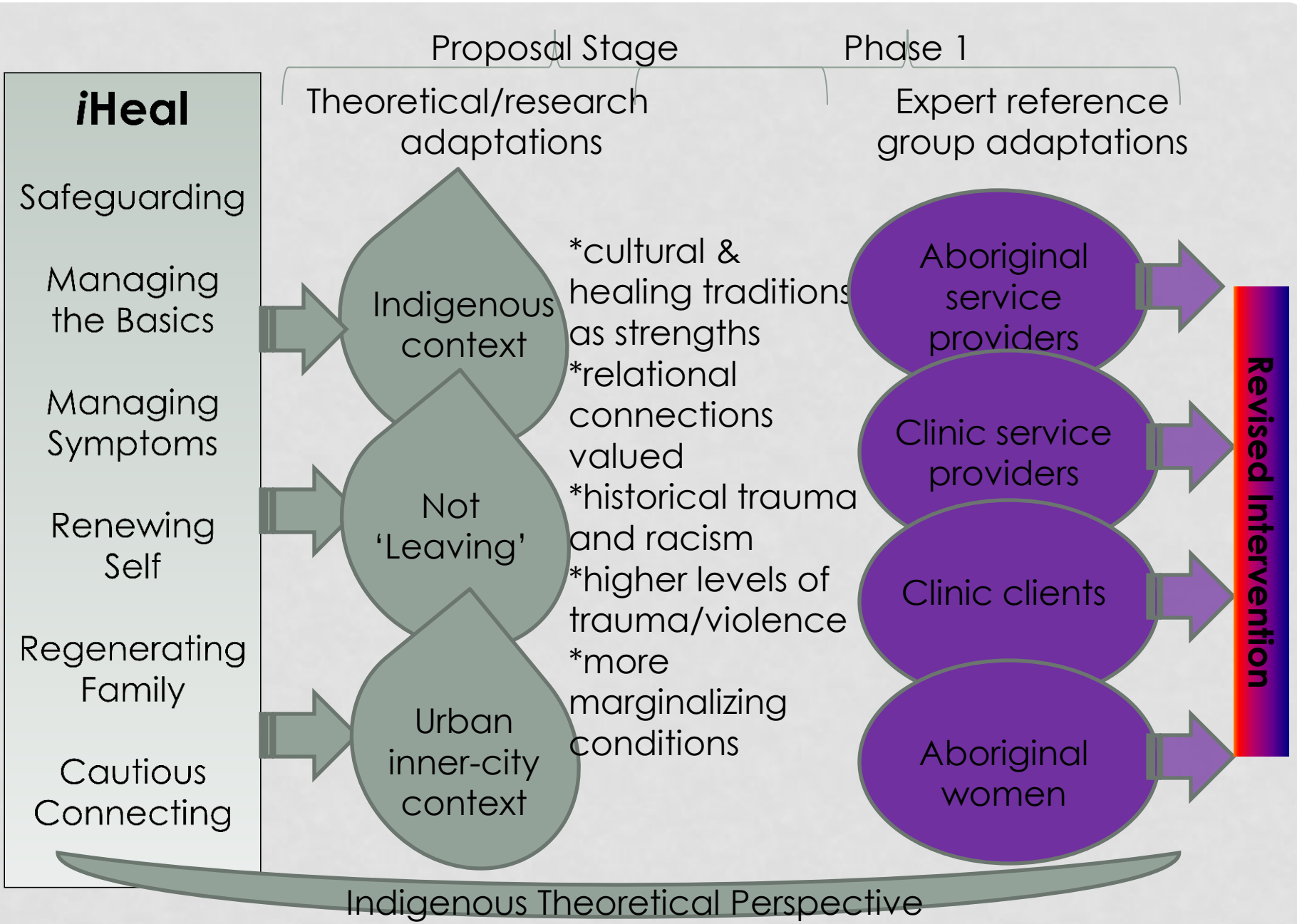
WE KNOW:

- Because of the racist and colonial context, 'Leaving' for Indigenous women is particularly difficult – more challenges, more losses;

- For the same reasons, Indigenous women are exposed to more violence and more forms of violence, including race-based violence;

BUT WE DON'T KNOW:

- Whether and how such an intervention could improve the health of Indigenous women



Proposed adaptations to the *i*HEAL intervention

2011-12: Developed an 'Indigenous lens' drawing on:

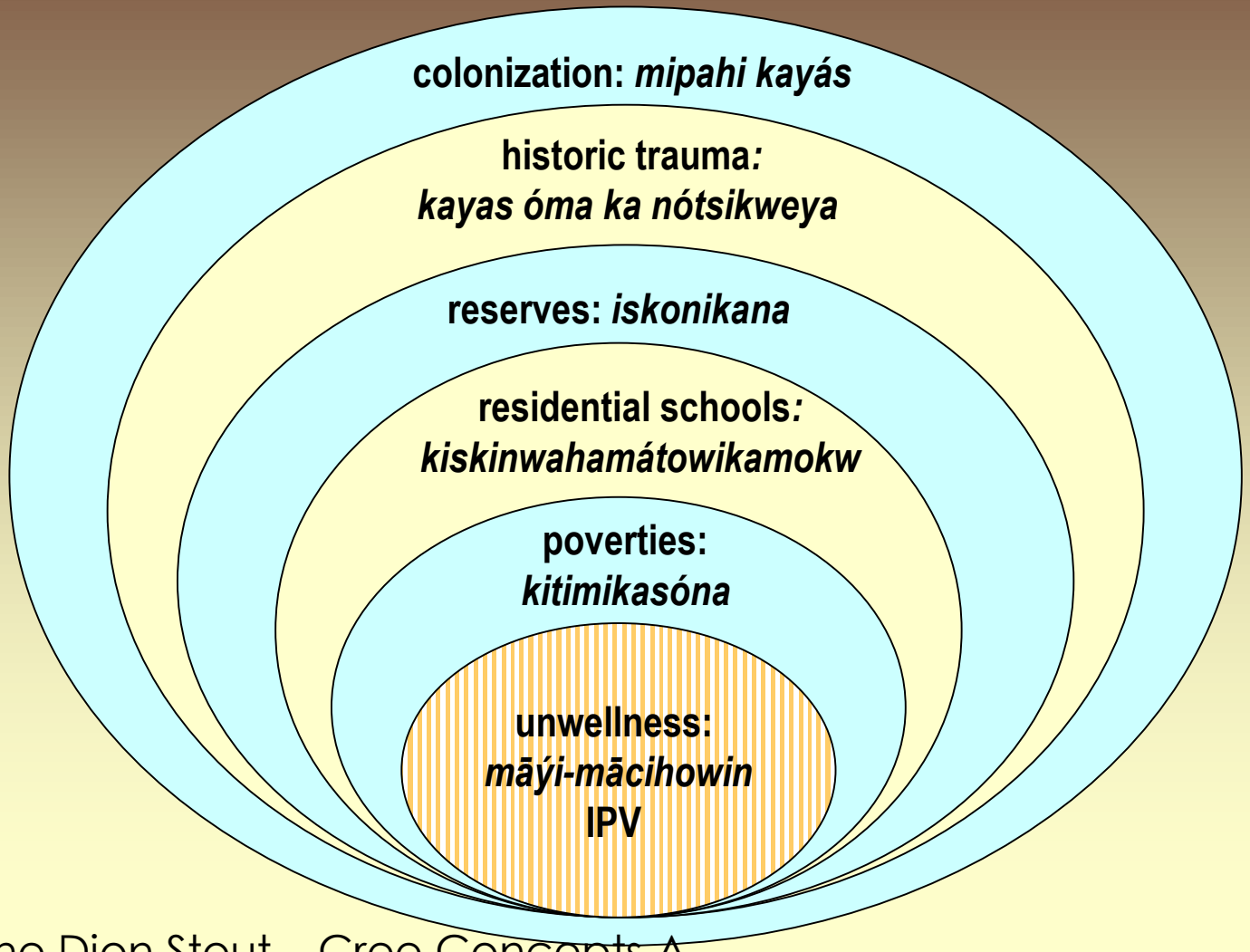
- Indigenous literature and scholars & leaders
- Interviews with local Elders
- Cree concepts

2012-13: Piloted the "Aboriginal Women's Intervention":

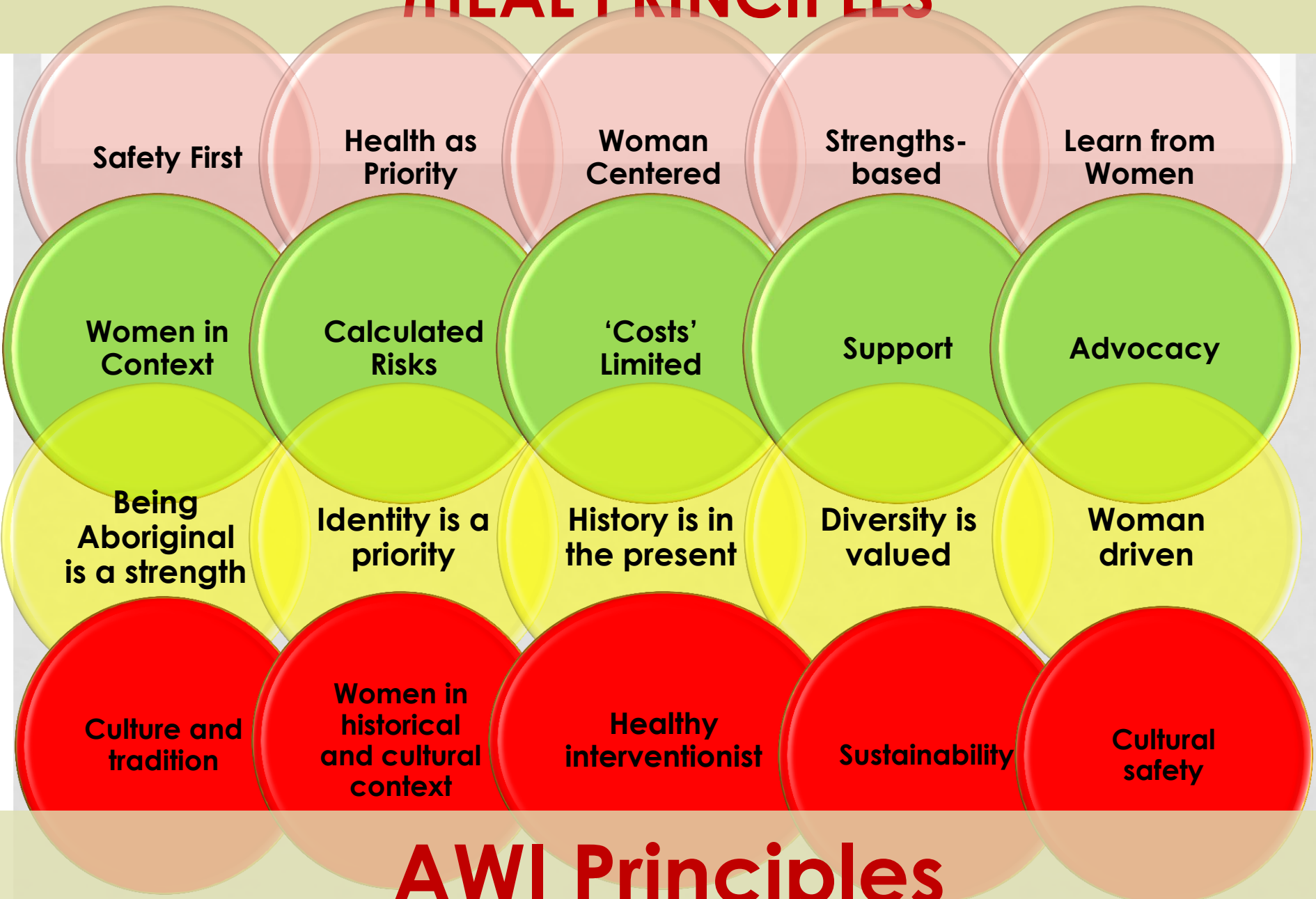
- Elder-led Circle
- 1:1 nursing visits

ihurt:

Intrusive Harms that Undermine Resources/Relationships Terminally



/HEAL PRINCIPLES



AWI Principles

REVISIONS TO THE *I*HEAL:

- Decrease class bias
- Increase attention to substance use
- Appropriate for a greater diversity of women including:
  - Women who have not 'left' an abusive partner recently
  - Women who do not have custody of their children

PHASE 2: PILOT TESTING

THE BIRTH OF "RECLAIMING OUR SPIRITS"

AWI PILOT PARTICIPANT PROFILE

- ***Recruited: 23 women***
  - 21 women completed intake surveys
  - 2 additional women joined later in the study and did not complete an intake (total 23 women)

- ***Participation in Intervention: 21 women***
  - Of the 23 women recruited, 2 women never returned after intake
  - 21 women participated in the intervention

- Of 21 participating women; 16 completed post-pilot interviews; **12** completed **post-pilot surveys**

- 28 Circles: 8 women of 21 (38%) attended more than half of the Circles

- 18 women had 1-14.5 hours of 1:1 with nurses (average 6.25 hours/woman)

WOMEN HAD SIGNIFICANT HEALTH ISSUES

- 52% HIV-positive
- 38% Hep C-positive
- 38% 4 or more health conditions
- 75% or more had:
  - Difficulty sleeping
  - Fatigue
  - Feeling sad or depressed
  - Back pain

WOMEN WERE WELL CONNECTED TO HEALTH AND SOCIAL SERVICES

- 89% had seen GP past month
- 71% had counselling past month

DEPRESSIVE SYMPTOMS AND TRAUMA RESPONSES (PRE-PILOT SURVEYS)

Depressive Symptoms and Trauma Responses	Number (%) *N*=21	Mean (std. dev.) *N*=21
Average CESD-R total score among participants (3-56)		26.00 (15.19)
# whose score indicates depressive symptoms CESD-R score of 16 or above CESD-R score of 21 or above	 15 (71.4) 14 (66.7)	
PTSD Checklist (PCL) total score (25-75)		47.57 (12.66)
# whose score indicates PTSD PCL > 44	13 (61.9)	

DEPRESSIVE AND TRAUMA SYMPTOMS

	Pre-pilot *N*=12		Post-pilot *N*=12	
	Number (%)	Mean (SD)	Number (%)	Mean (SD)
Average CESD-R total score (3-56)		28.83 (13.58)		23.42 (16.91)
# whose score indicates depressive symptoms CESD-R score of 16 or above CESD-R score of 21 or above	 10 (83.3) 9 (75.0)		 8 (66.7) 5 (41.7)	
Average PTSD(PCL) (20-75)		50.58 (10.98)		41.42 (15.08)
Number of participants whose score indicates PTSD PCL cut-off score is 44	8 (66.7)		6 (50.0)	

Interpersonal Agency and Personal Agency (Pre-pilot Surveys)	**Mean (SD) *N*=21**
Interpersonal Agency among participants N=21(from 5-19)	12.81 (4.69)
Personal Agency among participants N=20 (from 14-32)	25.00 (5.98)

Interpersonal Agency and Personal Agency	**Pre-pilot Mean (SD) *N*=12**	**Post-pilot Mean (SD) *N*=12**
Interpersonal Agency (5-20)	13.33 (4.44)	15.33 (4.10)
Personal Agency (14-32)	25.09 (6.46)	27.36 (4.20)

WOMEN FOUND INTERVENTION ACCEPTABLE…

Women liked:

- Checking in
- Prayer
- Traditional teachings by elder, including history
- Smudging
- Talking feather
- Arts and crafts
- Food
- Access to nurses
- Fluid program

Women felt more…

- Confident
- Open and trusting
- Connected
- Grounded
- Reminded of Aboriginal family members in a good way
- Positive and hopeful

CHALLENGES INCLUDED…

- The issue of substance use
- Feeling triggered
- A breach of confidentiality
- Conflict or tension between group members
- Some of the women felt that other women "dominated" the conversation
- Anxiety about the Circle ending, and the future unknowns

WOMEN SUGGESTED

- Peer mentoring
- More traditional teachings and guest speakers
- Smaller groups
- Two elders
- More alone time with elders and nurses
- Circle twice a week, and for a longer period
- Assisting women to find free workshops, classes or volunteer opportunities

WOMEN ALSO SUGGESTED

- Holding the Circle outdoors, in nature
- More access to trauma counselling
- Aboriginal nurses, with more extensive training and background in addressing trauma/sexual assault
- Separating women who use substances (and who are struggling with addiction) from women seeking assistance with other issues
- More on dealing with IPV, safety planning

PHASE 3: EFFICACY TESTING

THE TEST OF "RECLAIMING OUR SPIRITS"

FRAMEWORK

iHURT – a political framing (colonial)

iHEAL – structured workshops with circle format followed by mandatory planning with nurse

iHELP – explicit attention to ‘mentorship’ throughout

iHURL – lateral violence

- 3 sites (to increase diversity)
- Day/evening
- 1:1 with nurse mandatory x 1
- Nurses more available
- Nurse qualifications: Aboriginal, BSN, public health or community health, critical social justice orientation; strong knowledge of colonial history

*I*HEAL

- each ‘component’ offered in a ‘workshop’ format by nurses supported by appropriate resource persons
- Workshops evaluated, repeated/built on
- nurses meet each woman 1:1 to develop a tailored plan

WORKSHOP EXAMPLES

COMPONENT	WORKSHOP	RESOURCES
Managing Symptoms	• How to manage pain • Getting better sleep	• Acupuncture specialist • Massage therapist
Safeguarding	• Grounding and safety techniques	• Natalie Clark (trauma therapist)
Renewing self	• Focusing on YOU	• Cultural teachings (elder) • Trauma-informed yoga • drumming

RECRUITMENT OF WOMEN

- Aboriginal women
- Experienced intimate partner violence
- Voluntarily 'looking for something'!
- Bus tickets, and food, but no cash

PHASE 3 PLAN (JANUARY 2014-MAY 2015)

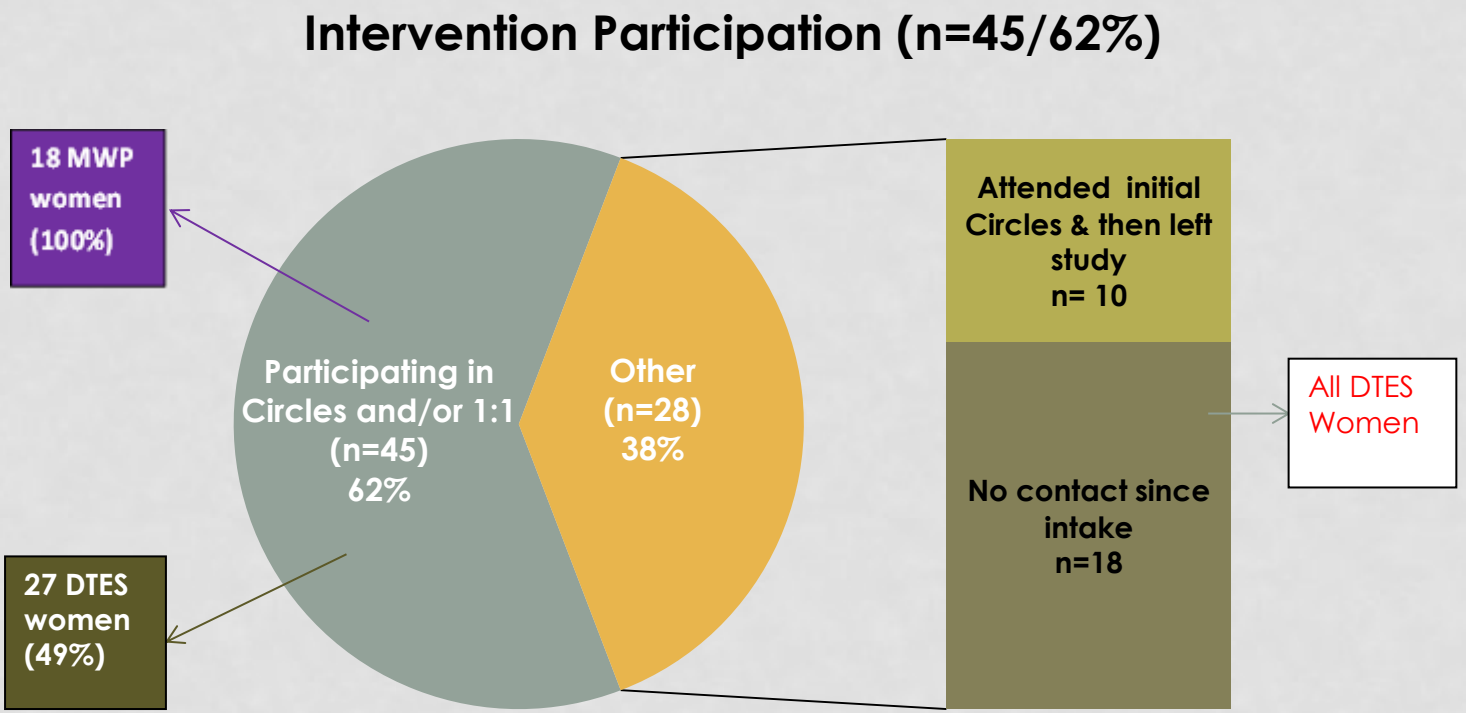
Efficacy is being examined with a sample of 130 women using a quasi-experimental, two-group, cross-over design.

	Jan		**July**		**May**
Group 1 (Immediate):	**T1**	**X**	**T2**		**T3**
Group 2 (Delayed):	**T1**		**T2**	**X**	**T3**

NOTE: X is the 6 month intervention
T1= baseline measures,
T2 = @ 6 months after enrollment (post-intervention for Group 1, pre-intervention for Group 2)
T3 = @ 12 months after enrollment (6 month follow up for Group 1, immediate post-intervention for Group 2).

RECRUITMENT 'RESULTS'

Cohort 1: Recruited 73 (50% double baseline)



Cohort 2: Recruited 76 (50% double baseline)

COHORT 1 HAVE WORSE HEALTH METRICS THAN PILOT WOMEN

	Pilot F (%) n=21	Pilot M (SD) n=21	Cohort 1 F (%) n=60	Cohort 1 (m) M (SD) n=60
Depressive Symptoms (CESD-R Score) (0-56) Score of 16 or higher	15 (71.4)	26.0 (15.19)	44 (73.3)	28.60 (16.14)
Trauma Symptoms (PTSD-PCL Score) (17-85) Score of 44 or higher	13 (61.9)	47.57 (12.66)	36 (60.0)	50.58 (15.90)