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 (OUIIT), and Judith Wuest (UNB)

- **Research Manager**: Dr. Koushambhi Khan

- **Trainees**: Ms. Holly McKenzie (UBC), Ms. Angela Hieno (UBC)
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

Phase 2
- Pilot Testing
- Interviews with local Elders
- Cree concepts
- Revised intervention trialed with 21 women

Phase 3
- Feasibility Testing
- 2 cohort crossover design (n=130)
PHASE 1: ADAPTATION AND MODIFICATION

NOT “INDIGENIZING”
IHEAL FOUNDATIONS

- Grounded theory “Strengthening Capacity to Limit Intrusion”
- The Women’s Health Effects (of violence) Study
- Empowerment and health promotion interventions

Grounded Theory: Strengthening Capacity to Limit Intrusion

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

Intrusion
- Ongoing Abuse
- Costs of Help
- Health Effects
- Undesirable Life Changes

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


Women’s health improved over time, but not below ‘symptomatic’
IHEAL PRINCIPLES

Safety First
Health as Priority
Woman Centered
Strengths-based
Learn from Women

Women in Context
Calculated Risks
‘Costs’ Limited
Support
Advocacy
“Getting in Sync”
• Discuss the theory
• Listen to the Woman’s story of survival
• Review intake health data
• Review the menu of possibilities

“Working Together”
• Safeguarding
• Managing Basics
• Managing Symptoms
• Renewing Self
• Regenerating Relationships
• Cautious Connecting

“Moving On”
Review experience
Reflect on Changes
Envision New Life
Emphasize Capacities
Plan closure

Evolving the Storyline
One Month
Four Months
One Month
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

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
Theoretical/research adaptations

Indigenous context

Not ‘Leaving’

Urban inner-city context

*cultural & healing traditions as strengths
*relational connections valued
*historical trauma and racism
*higher levels of trauma/violence
*more marginalizing conditions

Aboriginal service providers
Clinic service providers
Clinic clients
Aboriginal women

Proposed adaptations to the iHEAL 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

- colonization: *mipahi kaway*
- historic trauma: *kayas oma ka notsikweya*
- reserves: *iskonikana*
- residential schools: *kiskinwahamätowikamokw*
- poverties: *kitimikasóna*
- unwellness: *máyi-mácihowin*
  - IPV

Madeleine Dion Stout – Cree Concepts A
HEAL PRINCIPLES

Safety First
Health as Priority
Woman Centered
Strengths-based
Learn from Women

Women in Context
Calculated Risks
‘Costs’ Limited
Support
Advocacy

Being Aboriginal is a strength
Identity is a priority
History is in the present
Diversity is valued
Woman driven

Culture and tradition
Women in historical and cultural context
Healthy interventionist
Sustainability
Cultural safety

AWI Principles
REVISIONS TO THE IHEAL:

• 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

<table>
<thead>
<tr>
<th>Depressive Symptoms and Trauma Responses</th>
<th>Number (%)</th>
<th>Mean (std. dev.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average CESD-R total score among participants (3-56)</td>
<td></td>
<td>26.00 (15.19)</td>
</tr>
<tr>
<td># whose score indicates depressive symptoms CESD-R score of 16 or above</td>
<td>15 (71.4)</td>
<td></td>
</tr>
<tr>
<td>CESD-R score of 21 or above</td>
<td>14 (66.7)</td>
<td></td>
</tr>
<tr>
<td>PTSD Checklist (PCL) total score (25-75)</td>
<td></td>
<td>47.57 (12.66)</td>
</tr>
<tr>
<td># whose score indicates PTSD PCL &gt; 44</td>
<td>13 (61.9)</td>
<td></td>
</tr>
</tbody>
</table>
## DEPRESSIVE AND TRAUMA SYMPTOMS

<table>
<thead>
<tr>
<th></th>
<th>Pre-pilot N=12</th>
<th>Post-pilot N=12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number (%)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Average CESD-R total score (3-56)</td>
<td>10 (83.3)</td>
<td>28.83 (13.58)</td>
</tr>
<tr>
<td># whose score indicates depressive symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CESD-R score of 16 or above</td>
<td>9 (75.0)</td>
<td></td>
</tr>
<tr>
<td>CESD-R score of 21 or above</td>
<td>10 (83.3)</td>
<td></td>
</tr>
<tr>
<td>Average PTSD (PCL) (20-75)</td>
<td>9 (75.0)</td>
<td>50.58 (10.98)</td>
</tr>
<tr>
<td>Number of participants whose score indicates PTSD PCL cut-off score is 44</td>
<td>8 (66.7)</td>
<td></td>
</tr>
</tbody>
</table>
### Interpersonal Agency and Personal Agency (Pre-pilot Surveys)

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=21</td>
</tr>
<tr>
<td>Interpersonal Agency among participants N=21 (from 5-19)</td>
<td>12.81 (4.69)</td>
</tr>
<tr>
<td>Personal Agency among participants N=20 (from 14-32)</td>
<td>25.00 (5.98)</td>
</tr>
</tbody>
</table>

### Interpersonal Agency and Personal Agency

<table>
<thead>
<tr>
<th></th>
<th>Pre-pilot Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=12</td>
</tr>
<tr>
<td></td>
<td>Post-pilot Mean (SD)</td>
</tr>
<tr>
<td>Interpersonal Agency (5-20)</td>
<td>13.33 (4.44)</td>
</tr>
<tr>
<td>Personal Agency (14-32)</td>
<td>25.09 (6.46)</td>
</tr>
</tbody>
</table>
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
IHEAL

- 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

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>WORKSHOP</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Symptoms</td>
<td>- How to manage pain</td>
<td>- Acupuncture specialist</td>
</tr>
<tr>
<td></td>
<td>- Getting better sleep</td>
<td>- Massage therapist</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>- Grounding and safety techniques</td>
<td>- Natalie Clark (trauma therapist)</td>
</tr>
<tr>
<td>Renewing self</td>
<td>- Focusing on YOU</td>
<td>- Cultural teachings (elder)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Trauma-informed yoga</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- drumming</td>
</tr>
</tbody>
</table>
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.

Group 1 (Immediate):  Group 2 (Delayed):

<table>
<thead>
<tr>
<th>Jan</th>
<th>July</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>X</td>
<td>T2</td>
</tr>
<tr>
<td>T2</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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)

Intervention Participation (n=45/62%)

- Participating in Circles and/or 1:1 (n=45) 62%
- Other (n=28) 38%

Cohort 2: Recruited 76 (50% double baseline)
COHORT 1 HAVE WORSE HEALTH METRICS THAN PILOT WOMEN

<table>
<thead>
<tr>
<th></th>
<th>Pilot F (%) n=21</th>
<th>Pilot M (SD) n=21</th>
<th>Cohort 1 F (%) n=60</th>
<th>Cohort 1 (m) M (SD) n=60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Symptoms (CESD-R Score)</td>
<td>15 (71.4)</td>
<td>26.0 (15.19)</td>
<td>44 (73.3)</td>
<td>28.60 (16.14)</td>
</tr>
<tr>
<td>Score of 16 or higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Symptoms (PTSD-PCL Score)</td>
<td>13 (61.9)</td>
<td>47.57 (12.66)</td>
<td>36 (60.0)</td>
<td>50.58 (15.90)</td>
</tr>
<tr>
<td>Score of 44 or higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>