

# “RECLAIMING OUR SPIRITS”

## ABORIGINAL WOMEN’S INTERVENTION STUDY

### PILOT PHASE FINDINGS

OCTOBER 2013

## Addressing the Consequences of Violence and Trauma: A Health Intervention for Women in an Indigenous Context

### Study Team

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**Acknowledgments** - This research study is funded by the Canadian Institutes of Health Research, 2011-2016 (FRN 111188).



### WHAT WE WOULD LIKE TO KNOW:

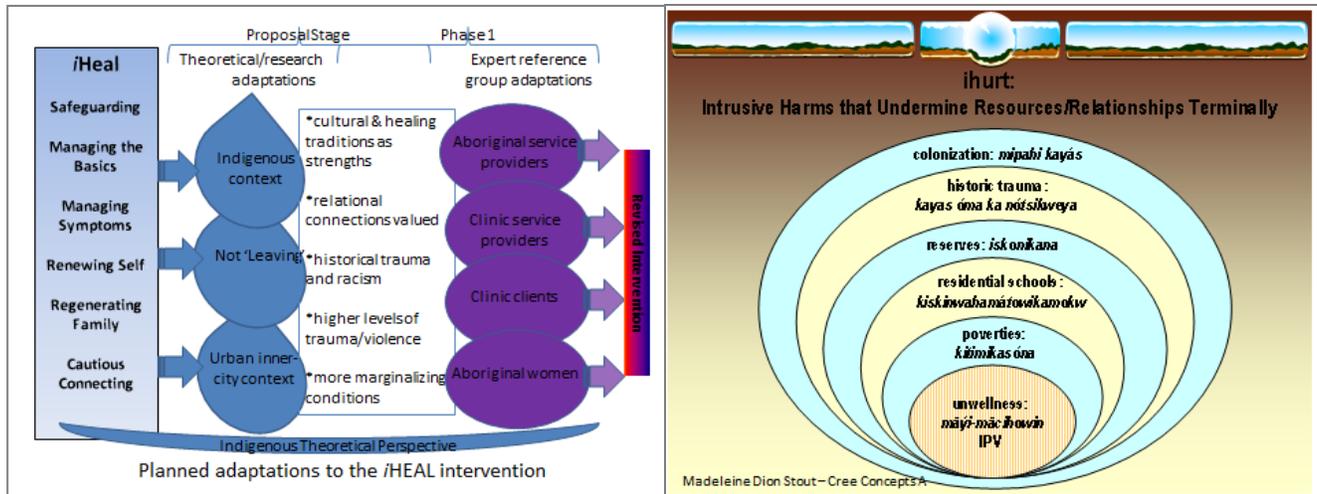
How does a complex health intervention, adapted to the needs and concerns of indigenous women who have experienced violence, affect the overall health and quality of life of the participants?

### WHY IS THE “RECLAIMING OUR SPIRITS” STUDY IMPORTANT?

- Aboriginal women experience higher levels of multiple forms of violence than non-Aboriginal women, and this also includes racism and discrimination.
- Intimate Partner Violence [IPV] has a profound and long-lasting negative impact on physical and mental health.
- There is a poor fit between existing health concerns and women’s needs.
- There are few programs in Canada that address the unique circumstances and needs of Aboriginal women.
- Women with histories of abuse have many strengths and abilities that are often ignored.

## WHAT IS THE AIM OF THE STUDY?

The study has two goals: 1) to promote the health of individual Aboriginal women through interventions adapted to each woman, and 2) to promote the health of all indigenous women by helping to shift public understanding of women's experiences of structural and interpersonal violence as being inseparable. In this first phase of this three phase study, we redesigned an existing intervention called the *i*HEAL within a broader intervention framework developed by Aboriginal women and Elders for Aboriginal women in an urban setting.



## WHAT DID WE DO IN THE PILOT PHASE?

- 21 adult women were recruited to participate in the pilot project who: a) identified as Aboriginal, b) had experienced experience violence from an intimate partner, c) were able to speak and understand English, and d) lived in or near Vancouver's Downtown East Side.
- A total of 28 Circles led by an Elder were held between December 6, 2012 to June, 27, 2013
- 8 out of the 21 women (38%) attended more than half the Circles.
- 18 women spent an average of 6.25 hours each with the nurses.
- 16 women participated in one-on-one interviews to talk about their experiences in the study.
- 12 women completed both the surveys at the start and at the end of the study.

**Elder and 'The Circles':** An important part of the intervention was the weekly Circles led by Elder Roberta Price. Starting as an 'information circle' to recruit women, the Circle drew regular attendance even after women joined the study. It evolved from a focus on cultural teachings to sharing and providing emotional, spiritual and social support. The Circle emphasized the importance of cultural protocols, norms, and traditional teachings such as an opening prayer, introductions, talking feather, smudging, and arts and crafts. The Circle also helped to promote respectful communication and the development of supportive relationships among women.



**Nurses:** The weekly Circles were complemented by nurses meeting with women on an individual basis to discuss their health and other concerns. They connected with the women through the Circle and outreach within the community. They were able to follow up on health issues with the women and assist in many other ways such as going with women to clinic visits, meeting with women one-on-one to discuss health concerns, or visiting women in hospital.

### WHAT DID WE LEARN FROM OUR SURVEYS AND INTERVIEWS?

Information About Women Who Participated (21)	Number (%)	Average
Age in years (32 to 58)		46
Employed full or part-time	6 (28.5)	
Unemployed	15 (71.4)	
On disability assistance	14 (93.3)	
Experienced abuse from a partner in the last 12 months	8 (38.1)	
Experienced abuse as a child (19)	17 (89.5)	

- All of the women had experienced multiple forms of abuse/violence and identified that they live with pain that affects both “body and soul.”
- Over 90% of the women identified that they had at least one health condition. The most common symptoms (affecting over half of the women) included: *difficulty sleeping, fatigue, feeling sad or depressed, back pain, swollen and painful joints, headaches, difficulty concentrating, upset stomach/heartburn, general aches and pains, and bowel problems.*
- *However,* the women were quite positive about their health, and rated it as fair (38%), good (38%) or very good (24%).



What was measured	Average Score Before the Study	Average Score End of Study
Depressive symptoms (0-60)	28.83	23.43
Trauma symptoms (0-136)	50.58	41.42
Interpersonal agency (5-20)	13.33	15.33
Personal agency (14-32)	25.09	27.36

- Among the 12 women who completed surveys at the end of the study, there was a trend towards a **decrease** in depressive and trauma symptoms.
- Women also reported an **increase** in their sense of control over their lives (personal and interpersonal agency).

### WHAT DID WOMEN SAY ABOUT THEIR EXPERIENCE IN THE STUDY?

Women provided detailed feedback and suggestions on revisions to the future study and these recommendations are currently being incorporated into Phase 3 and they will help to shape how the intervention is designed and delivered in the future.

#### What women liked...

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

#### Some benefits of participating

*Women described feeling more*

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



#### What women suggested

- More traditional teachings
- Guest speakers
- Two Elders leading Circle
- Smaller groups
- More alone time with Elder and nurses
- Having Circle twice a week
- Having more time for each Circle
- Holding Circle outdoors, in nature
- Peer mentoring
- Help finding free workshops, classes or volunteer opportunities
- More access to trauma counselling
- Aboriginal nurses with training in trauma/sexual assault
- More on intimate partner violence and safety planning
- Working separately with women who are struggling with addiction

*...It was very interesting and great experience for me to get back into the tradition of being an Aboriginal... it made me feel more comfortable and made me want to be around more and talk to more people about what life is really about.*

*You don't realize just how much you have in common with the other woman sitting next to you or across from the table. You know, that you've gone through the same experiences but in different places in the world, right? And when we come together and we hear each other's stories, in all honesty, it makes you stronger.*

*I think we need a couple more nurses that do the same thing as they do. You know, because it helps. This was a good and honest program. And being with the nurses was good and honest.*

### **WHAT DID THE ELDER AND NURSES SAY?**

**Elder:** *...I think I've been probably saying for a long, long time [that] Aboriginal people and especially ones who have experienced trauma, such as these women, do not fit in timelines. They do not fit in boxes. ...The response has to come from, from them when they feel safe, they feel a little bit more trusting and even though that trusting isn't a hundred percent*

*What I want them to walk away with [as] a message is...just being with other women made me feel good."*

**Nurses:** *It's very exciting to be involved in something that you think might be helpful, that might be helpful down the road to many women.*

*...the Circle was just amazing to me, how much... just how much some people shared and how supportive the other women could be to each other and how much we learned about each woman."*

*...for these women to have come, so many of them, so consistently to this when there is a lot of other things on their time...[saying] I've got to do that...that's an important part of my week, which so many of the women have started saying that.*

*[The women said] "This is my favorite time. This is my favorite day of the week, this is where I want to be, I don't want it to end", all of those things. That is pretty powerful.*

### **WHERE DO WE GO FROM HERE?**

In **Phase 3** we will test the revised intervention with 130 Aboriginal women (two groups of 65). At every step, Aboriginal experts in our team will guide the intervention. We also will engage the wider community as much as possible, building in sustainability by connecting women to ongoing supports and programs.



## THE PROPOSED INTERVENTION FRAMEWORK AND FORMAT

### iHURT

- Integrating the historical colonial and neo-colonial aspects of Aboriginal women's lives into what is shared with the women during recruitment and "workshops."
- Women will meet individually with a nurse.

### iHEAL

- Workshops in a circle format will introduce the components, including how to manage pain and other symptoms, increase personal safety, connect with people and family safely, and budget for and obtain basic needs.
- Women will meet individually with a nurse to develop and work on their own plans.

### iHELP

- There will be explicit attention to 'mentorship' throughout – from other women, Elders, nurses, and then building from one group of women to the next.
- Women will be invited to participate in work to change social attitudes and social conditions.

## **WHAT ARE SOME OF THE OPPORTUNITIES FOR WOMEN WHO PARTICIPATED IN THE PILOT TO BE INVOLVED?**

As Phase 3 moves forward, there will be opportunities for women who participated in the pilot phase of the study to be involved:

- As **mentors**, for example, being paired up with a woman who is new to the study to provide her with support and encouragement.
- As **helpers**, for example, assisting with ceremonies such as traditional openings or smudging.
- As **messengers**, for example, telling other women who may be interested in participating, or making public presentations.
- As **teachers**, for example, leading workshops or assisting the Elder or guest speakers with a particular session.

**Thank you for your participation and taking the time to share your thoughts, insights, and feedback. If you have questions, or would like to participate in Phase 3 of the study, please contact Koushambhi Khan at 604-827-3076 and [Koushambhi.Khan@nursing.ubc.ca](mailto:Koushambhi.Khan@nursing.ubc.ca).**