

The Healing Journey: A Longitudinal Study of Aboriginal Women Affected by Intimate Partner Violence

FINAL REPORT

March 29, 2010

Introduction

The project reported on here is part of a tri-provincial longitudinal cohort study examining the health and wellbeing of abused women living in Alberta, Saskatchewan, and Manitoba (the Prairie Provinces). The full project was funded by Social Sciences and Humanities Research Council (SHHRC) from January 2004 to December 2009. The Alberta Heritage Foundation for Medical Research (AHFMR) funding was for two years (October 2006 – September 2008), with the term extended to December 2009. A diverse sample of participants was recruited, which enables the team to identify commonalities and regional differences that will assist population health planners.

The funds from AHFMR enabled the Alberta team to recruit a large sub-sample of Aboriginal women in Alberta. The team recognized the importance of this population in planning interventions, their health needs, and their relevance to the Alberta context. Furthermore, we are exploring systemic factors that support, or are barriers to, Aboriginal women's health. The data collected provides a picture of the physical and psychological health concerns, as well as the strategies for healing and survival, of Aboriginal women who live in Alberta and have experienced intimate partner violence (IPV) and allows comparisons to non-Aboriginal populations.

This report will provide an overview of study recruitment and attrition data to date. This is followed by a brief description of the demographics of the Aboriginal and non-Aboriginal participants, followed by data on their abuse experiences. The training opportunities that were provided during this study are described and the conclusion is a discussion of proposed dissemination.

Study Recruitment

The study was designed to minimize attrition by recruiting women from a number of different agencies who were not presently in crisis. Participants were assigned a specific interviewer to facilitate the development of a positive interviewer-participant relationship. Women were provided with fact sheets about the study twice per year, and had multiple contacts with their interviewer each year. Every attempt was made to keep the same interviewer for each participant throughout the project. This was not always possible as a few interviewers were not able to continue in the job. We hired 17 interviewers and ended with 9; therefore, some interviewers took over follow-up of participants when their assigned interviewer had left.

As can be seen in Appendix 1, our commitment to recruitment of at least 75 Aboriginal women meant that recruitment continued longer than originally expected. Thus, each subsequent Wave of data collection overlapped as they were six months apart. A total of 7 Waves of data were collected.

As one might expect given the marginalized lives of many of our participants, we faced challenges in retaining participants at the level we had set for ourselves. We projected 10% attrition per Wave among Aboriginal women and 5% among non-Aboriginal women (Appendix 2). Recruitment of the original sample was completed in the spring of 2007 and the final

interviews were completed in December 2009. We recruited 76 Aboriginal women (target sample was 75) living in rural and urban sites across Alberta. Our total Alberta sample, including Aboriginal women, is 231 women. At Wave 7 we had 103 remaining participants. As the data is still being cleaned for Waves 5, 6, and 7, the attrition rates are not available for those waves for Aboriginal and non-Aboriginal women separately. The average overall attrition was 13%, higher than the 10% we anticipated for Aboriginal women. We lost twice as many Aboriginal women in Wave 2 as non-Aboriginal women; Wave 3 had similar rates for the two groups; and attrition doubled again for Aboriginal women in Wave 4 though the rates went down in this Wave for both groups.

Sample Characteristics Wave 1

Cultural background was self-reported. Of the 76 women who self-identified as Aboriginal, First Nation, Inuit, or Metis, 66% were First Nation or Aboriginal, 17% specified Metis, and 17% stated Aboriginal or Inuit combined with some other background (e.g., Aboriginal/Ukrainian).

Of the Aboriginal women, 95% had children compared to 92% of the non-Aboriginal women. Aboriginal women had more children on average. The mean number of children for Aboriginal women (n=72) was 3.18 and for non-Aboriginal (n=142) was 2.51. This is statistically significant when the numbers of children are grouped (1 or 2; 3 or 4; 5+) (p=.039). Among Aboriginal women 17% had five or more children compared to 8% of non-Aboriginal women.

Table 1 indicates that the Aboriginal women tended to be younger. The average age for all women (n=231) was 38 and they ranged from 19 to 74 years of age. The average age of Aboriginal women was 36 and for non-Aboriginal (n=155) was 40. Aboriginal women were more likely to be under 40.

Table 2 indicates Aboriginal women tended to have less education than non-Aboriginal women. As Table 3 indicates, most of the women in the study were living in poverty, but Aboriginal women also tended to be in lower income brackets than non-Aboriginal women. These results are not unexpected given the demographics of Aboriginal people in Alberta.

Table 1: Aboriginal and Non-Aboriginal by Age Group

Age Group	Aboriginal	Non-Aboriginal	Total
29 and less	18 (24%)	29 (19%)	47 (20%)
30-39	30 (40%)	53 (35%)	83 (36%)
40-49	24 (32%)	41 (27%)	65 (28%)
50-59	4 (5%)	21 (14%)	25 (11%)
60+	0	9 (6%)	9 (4%)
	76 (100%)	153 (100%)	229 (100%)

Table 2: Aboriginal and Non-Aboriginal by Education Level Obtained

Education Level Obtained	Aboriginal	Non-Aboriginal	Total
Grade 1 -9	18 (24%)	14 (9%)	32 (14%)
Grade 10-11	25 (33%)	27 (18%)	52 (23%)
Grade 12	11 (14%)	38 (25%)	49 (21%)
GED	2 (3%)	0	2 (1%)
Some or Completed College	16 (21%)	40 (26%)	56 (24%)
Some or Completed University	4 (5%)	35 (23%)	39 (17%)
Total	76 (100%)	154 (100%)	230 (100%)

Table 3: Aboriginal and Non-Aboriginal by Total Family Income Last Year

Total Family Income	Aboriginal	Non-Aboriginal	Total
<15,000	47 (62%)	63 (41%)	110 (48%)
15,000 – 20,000	11 (14%)	32 (21%)	43 (19%)
21,000 – 25,000	9 (12%)	11 (7%)	20 (9%)
26,000 – 30,000	1 (1%)	15 (10%)	16 (7%)
>30,000	8 (10%)	34 (22%)	42 (18%)
Total	76 (100%)	155 (100%)	231 (100%)

The majority of the Aboriginal and non-Aboriginal women recruited come from urban centres (Table 4) – Lethbridge, Calgary, Red Deer, and Edmonton – which will limit our ability to address rural and reserve issues. Again, however, this is not unexpected since the recruitment was through services, most of which tend to be in centres, and the fact that the majority of Aboriginal people now live in urban centres.

Table 4: Aboriginal and Non-Aboriginal by Town of Current Residence

Town	Aboriginal	Non-Aboriginal	Total
Calgary	20 (26%)	73 (47%)	93 (40%)
Drumheller	1 (1%)	0	1 (.4%)
Edmonton	33 (43%)	42 (27%)	75 (32%)
Fairview	0	1 (.6%)	1 (.4%)
Grande Prairie	2 (2.6%)	4 (2.6%)	6 (2.6%)
Lethbridge	13 (17%)	11 (7%)	24 (10%)
Lloydminster	1 (1%)	6 (4%)	7 (3%)
Medicine Hat	0	9 (5.8%)	9 (3.9%)
Okotoks	0	1 (.6%)	1 (.4%)
Peace River	4 (5%)	7 (4%)	11 (5%)
Red Deer	2 (3%)	1 (.6%)	3 (1%)
Total	76 (100%)	155 (100%)	231 (100%)

The Abuse Experience Reported

The average length of time that women reported being with their ex-partner was significantly shorter for Aboriginal women (8 years) compared to non-Aboriginal women (11 years) ($p=.028$). The Aboriginal women reported that that relationship was abusive for an average of 6 years (75% of the length of the relationship) compared to an average of 9 years (82% of the length of the relationship) for non-Aboriginal women ($p=.034$).

The Composite Abuse Scale asked questions to get at physical, emotional abuse and harassment. For each item a woman indicated whether the experience happened Never, Only Once, Several Times, Once a Month, Once a Week, or Daily. Thus, higher scores indicate more frequent abuse experiences. A total score for severe forms of abuse can also be calculated. As Table 5 indicates, Aboriginal and non-Aboriginal women had similar average scores on the various scales. Non-aboriginal women reported more frequent emotional abuse.

Table 5: Comparison of Scores on Composite Abuse Scales

Composite Abuse Scale	Aboriginal	Non-Aboriginal	Total	p-value
Emotional Abuse Score	20.42	24.28	23.01	$p=.021$
Physical Abuse Score	16.53	14.23	14.98	$p=.097$
Harassment Score	12.47	12.62	12.57	$p=.892$
Severity Score	6.38	6.74	6.62	$p=.687$
Total Abuse Score	49.05	49.56	49.39	$p=.885$

When asked if they had ever had sex against their will, 84% of Aboriginal women and 80% of non-Aboriginal women said yes. Aboriginal women tended to be younger when this happened (average 13 years) than non-Aboriginal women (average 18 years) ($p=.001$) when this happened.

When asked if they had thought about killing themselves to feel better after abuse, 60% of Aboriginal women compared to 48% of non-Aboriginal women said yes ($p=.062$). The two groups were equally likely to report that this was not a helpful strategy. There was no significant difference in the percentage of women who tried to hurt themselves (Aboriginal 43%, non-Aboriginal 37%) or tried to commit suicide (Aboriginal 33%, Non-Aboriginal 26%) because of the abuse.

Training Opportunities Provided

From May to August 2007, two graduate students, a Masters student in Psychology (Courtney Chasin) and a doctoral student in Social Work (Kendra Nixon), were employed to do analysis of the demographic and abuse history data. These data were presented at the RESOLVE Research Day on November 6, 2007. Ms. Chasin went on to doctoral studies at the University of Windsor in Clinical Psychology and Dr. Nixon is now on faculty at the University of Winnipeg and a member of the Healing Journey research team.

With support from Alberta Heritage Foundation for Medical Research through the summer studentships program, two undergraduate students worked on the project from May to August 2007 (Deinera Exner, Elicia Miller). They focused on two topics: Aboriginal women's mental and physical health needs and service utilization and Aboriginal women's sexual and reproductive health. They completed comprehensive literature searches for both topics and coded 24 open-ended questionnaire items from Survey 1. The latter work allowed us to begin a coding manual. Ms. Exner went on to a Masters in Public Health at Boston University and is now at Cornell University in the College of Human Ecology in the PhD program.

In the 2007/2008 academic year, Elicia Miller, an undergraduate Psychology student, did an independent studies course on reproductive health outcomes and an Honours thesis on parenting experiences.

Two Bachelor of Health Sciences (BHSc) students (Mia Jovic, Ndidi Metuh) completed their research practicums, MDSC 408, with Dr. Thurston and Dr. Radtke from January to April 2008. They continued working on coding of open-ended variables and assessing inter-rater reliability of the codes. In 2008/2009 Mia did her Honours thesis on the data concerning reported bowel problems and Ndidi did her Honours thesis on the parenting data.

From May to August 2008, Elicia, Mia, and Ndidi continued working on the project. These students were supported by funds from the summer studentship programs of AHFMR, UofC O'Brien Centre, and UofC Markin Undergraduate Student Research Project (USRP). As part of her USRP project, Mia did an analysis of disabilities in the health data and presented her results at three different undergraduate research symposiums, winning the award for best poster at one:

Jovic, M., Radtke, L., & **Thurston, W.E.** (2008). Rates of Disabilities and/or Illnesses in Women After Having Experienced Intimate Partner Violence.

- The Student Union Undergraduate Research Symposium, University of Calgary, Calgary, Alberta, November 13, 2008. Recipient of Joint Provost / VP Research Award for Best Poster.
- O'Brien Center Research Symposium, University of Calgary, Calgary, Alberta, October 2, 2008.

- Undergraduate Student Research Project (USRP) Symposium, University of Calgary, Calgary, Alberta, September 18, 2008.

From May to August 2009, Ndidi was employed again on the project, supported by funds from the summer studentship program of AHFMR. She worked with the Waves 1-3 data, coding the open-ended responses, and completing inter-rater reliability calculations to prepare the data for univariate and bivariate analysis.

Elicia was accepted into the Masters program in Clinical Psychology at the University of Calgary in September 2008; Mia Jovic entered the Engineering program at the University of Calgary in 2009, and Ndidi began medical school at the University of Alberta in September 2009.

Knowledge Dissemination

As the results reported above indicate, there are some interesting similarities and differences in the data comparing Aboriginal and non-Aboriginal women. These are a few selected variables from the many collected in the project. Analysis will now proceed in earnest, and once data are cleaned, with the assistance of a biostatistician, Dr. M. Eliasziw from the Department of Community Health Sciences, analysis of the longitudinal data will begin.

The original research team includes representatives from community organizations that are knowledgeable about the policy questions that need to be addressed. Their involvement in all aspects of the project has been ensured through operating agreements. In order to ensure additional community oversight by members of the Aboriginal community, Dr. Thurston joined the Strengthening the Spirit Committee of the Alliance to End Violence in Calgary in 2009. Strengthening the Spirit coordinates community work on efforts to end violence in Aboriginal communities in Calgary and surrounding areas. Two presentations of preliminary data have been shared with the committee to obtain feedback on the expected nature of the results. This committee is very interested in obtaining reports as they are completed.

As the funding has ended, researchers are striving to accomplish the remaining data entry and cleaning, analysis, and literature updates with the assistance of students. Team members continue to apply for funds to hire research assistants to help with this, but sources are few and the competition is great. Provincial coordinators continue to meet by telephone to coordinate the overall strategy as well as looking after the provincial data. The team no longer has the funds to hold face to face meetings but continue to meet by teleconference with the support of RESOLVE Alberta and RESOLVE Manitoba. To date, the team members remain very committed. The academic members are taking on various aspects of analysis and the community members are participating in interpretation. Given the potential impact of the results, the team will continue to work on this data, albeit more slowly than desired. Presentations of results will be made at conferences for both academics and practitioners. Manuscripts will be submitted to peer reviewed journals and articles will be prepared for community newsletters.

Appendix 1: Proposed Data Collection Schedule - Alberta

The following chart outlines the original proposed data collection schedule for the study conducted in Alberta and the actual period for each data collection. The table also shows the study foci and interview package at each time.

Time	Proposed Time	Actual Time	Focus	Interview Package
Time 1	Oct. 2005 ¹ – March 2006	Oct 2005 – April 2007	(1) Demographics, history of abuse (2) Coping, quality of life, support and service utilization	(1) Data Management Form (2) Package 1 ²
Time 2	April – Sept. 2006	May 2006 – April 2008 (Aboriginal Women Still being recruited)	(1) Physical and mental health (2) Parenting issues (3) Narrative account of history of abuse, coping, and life changes	(1) Package 2 ³ (2) Package 1 Update (3) Semi-structured interview schedule
Time 3	Oct. 2006 – March 2007	Dec 2006 – May 2008	(1) Re-victimization (2) Coping, quality of life, support and service utilization	(1) Package 1 (2) Package 2 Update
Time 4	April – Sept. 2007	July 2 007 – Nov 2008	(1) Physical and mental health (2) Parenting issues	(1) Package 2 (2) Package 1 Update
Time 5	Oct. 2007 – March 2008	Jan 2008 – Feb 2009	(1) Re-victimization (2) Coping, quality of life, support and service utilization	(1) Package 1 (2) Package 2 Update
Time 6	April – Sept. 2008	Aug 2008 – Dec 2009	(1) Physical and mental health (2) Parenting issues (3) Update of narrative account – experience of abuse, coping, and life changes	(1) Package 2 (2) Package 1 Update (3) Semi-structured interview schedule
Time 7	Oct. 2008 – March 2009	March 2009 – Dec 2009	(1) Re-victimization (2) Coping, quality of life, support and service utilization	(1) Package 1 (2) Package 2 Update

¹ Manitoba and Saskatchewan began participant recruitment in September and October 2005 respectively.

² Package 1 = Demography and History Survey and General Functioning and Service Utilization Survey

³ Package 2 = Physical and Mental Health and Parenting Survey

Appendix 2: Attrition of Aboriginal Participants over Time and Number of Interviews Completed

Wave	Number of Aboriginal Participants	Projected Attrition*	Actual Attrition	Number of Non-Aboriginal Participants	Actual Attrition	Total Sample (Overall Attrition)
Wave 1	76	10% =8		155		231
Wave 2	63	10% =7	17%=13	142	8%=13	205 (11%)
Wave 3*	47	10% =6	25%=16	110	22%=32	157 (23%)
Wave 4	42	10% =6	11%=5	105	4%=5	147 (6%)
Wave 5		10% =5				131 (10%)
Wave 6		10%=5				117 (18%)
Wave 7						103 (12%)

Attrition* Estimated at 10% per six-month period. Overall attrition rate, 38/75=52%
 Time 3*AHFMR period of support