Service Use Patters in Canadian Aboriginal and Non-Aboriginal Survivors of Intimate Partner Violence

University of Regina

Chelsea Millman BA Hon Jennifer Langille BAA Hon Meghan Woods MA Mary Hampton EdD

First Nations University of Canada

Carrie Bourassa PhD

Transition House Regina

Maria Hendrika, Executive Director

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The Healing Journey (SSHRC/CURA)

- Tri-provincial study examining women's experience of intimate partner violence (IPV):
 - Principle Investigator: Jane Ursel (University of Manitoba)
- 7 waves of interviews at 6 month intervals examining:
 - Impact of IPV on health and parenting
 - Utilization and satisfaction with services
 - Detailed labour force questionnaire for cost analysis study
- In-depth qualitative interviews
- Data collected with the help of community partners
- The Current Analyses used data from:
 - Waves 1 and 2
 - Saskatchewan and Manitoba

Objective

- To discuss differences of service use patterns between Aboriginal and Non-Aboriginal women in the Healing Journey project.
- Hymen et al. (2009) has suggested that helpseeking behaviors are not statistically different for racial minority and White women in Canada.
- To discuss statistically significant differences in service use patterns of Aboriginal and non-Aboriginal women.
- Is there something unique happening in the Saskatchewan/Manitoba population?

Demographic Information

Age: 34.0 years (median)

Cultural Background	Wave 1	Wave 2
Aboriginal	255 women (58.4%)	217 women (55.6%)
Non-Aboriginal	188 women (41.6%)	173 women (44.4%)

Geographic Location	Wave 1
Urban	405 women (92.5%)
Rural	20 women (4.6%)
Northern	13 women (3.0%)

Results: Shelters, Second Stage Housing, Counseling, and Crisis Lines

	Service					
Background	Women's Shelters (*)	Second Stage Housing	Counseling Program (*)	Crisis Line (*)		
Aboriginal	Yes: 65.5%	Yes: 16.9%	Yes: 78.4%	Yes: 35.7%		
	No: 34.5%	No: 83.1%	No: 21.6%	No: 64.3%		
Non-	Yes: 48.9%	Yes: 12.6%	Yes: 90.7%	Yes: 57.7%		
Aboriginal	No: 51.1%	No: 87.4%	No: 9.3%	No: 42.3%		

Note: statistical significance tested using Chi-square analyses. Statistically significant results are denoted by an asterisk (*)

Results: Education & Job Training, Social Assistance, and Social Housing

	Service					
Background	Education & Job Training	Social Assistance (*)	Social Housing (*)			
Aboriginal	Yes: 63.9%	Yes: 93.7%	Yes: 60%			
	No: 36.1%	No: 6.3%	No: 40%			
Non-	Yes: 58.8%	Yes: 66.5%	Yes: 49.5%			
Aboriginal	No: 41.2%	No: 33.5%	No: 50.5%			

Results: Involvement with Legal System

	Service					
Background	Never Involved	Family Law (*)	Police	Criminal Courts	Protection Orders	All of the Above
Aboriginal	Yes: 20.7%	Yes: 30.2%	Yes: 77.3%	Yes: 45.9%	Yes: 59.6%	Yes: 24%
	No: 79.3%	No: 69.8%	No: 22.7%	No: 54.1%	No: 40.4%	No: 76%
Non-	Yes: 19.5%	Yes: 52.2%	Yes: 76.4%	Yes: 44.5%	Yes: 59.3%	Yes: 32%
Aboriginal	No: 80.5%	No: 47.8%	No: 23.6%	No: 55.5%	No: 40.7%	No: 68%

Results: Legal Representation

	Service (*)						
Background	No Legal Counsel	Legal Aid	Private Counsel	Legal Aid and Private Counsel	Difficulty Securing Legal Counsel (*)		
Aboriginal	64.9%	29.4%	5.7%	0%	17.8		
Non- Aboriginal	45.3%	28.6%	23.6%	2.5%	29.6		

Results: Called Police

	Frequency (*)					
Background	No	Yes, Once	Yes, 2 or 3 Times	Yes, Many Times		
Aboriginal	20.7%	14.7%	30.0%	34.6%		
Non- Aboriginal	23.9%	26.4%	20.2%	29.4%		

Results: Someone Else Called Police

	Frequency				
Background	No	Yes, Once	Yes, 2 or 3 Times	Yes, Many Times	
Aboriginal	41.1%	22.4%	20.6%	15.9%	
Non- Aboriginal	53.7%	20.4%	16.7%	9.3%	

Results: Health Services

	Service					
Background	Annual Physical	Doctor or Nurse (*)	ER Patient	Overnight Hospital (*)	Walk-in Clinic (*)	Specialist
Aboriginal	Yes: 56.5% No: 43.5%	Yes: 49.3% No: 50.7%	Yes 50.5% No: 49.5%	Yes: 29.2% No: 70.8%	Yes: 63.3% No: 36.7%	Yes: 32.9% No: 67.1%
Non- Aboriginal	Yes: 56.4% No: 43.6%	Yes: 64.3% No: 35.7%	Yes: 41.2% No: 58.8%	Yes: 18.7% No: 81.3%	Yes: 47.4% No: 52.6%	Yes: 41.8% No: 58.2%

Results: Health Services

	Service					
Background	Dental Check- up/Treatme nt	Brest self- exam or mammogram (*)	Home Care	Naturopath, chiropractor, physiotherapist, etc (*)		
Aboriginal	Yes: 60.4%	Yes: 38.8%	Yes: 6.3%	Yes: 21.1%		
	No: 39.6%	No: 61.2%	No: 93.7%	No: 78.9%		
Non-	Yes: 59.3%	Yes: 53.5%	Yes: 5.9%	Yes: 38.6%		
Aboriginal	No: 40.7%	No: 46.5%	No: 94.1%	No: 61.4%		

Results: Health Services

	Service						
Background	Counselor, social worker, psychologist (*)	Indigenous Traditional Healer (*)	Religious Leader (*)	Self-Help Group (health- related)	Drug or Alcohol Treatment (*)		
Aboriginal	Yes: 51.9%	Yes: 35.5%	Yes: 46.9%	Yes: 24.9%	Yes: 25.2%		
	No: 48.1%	No: 64.7%	No: 53.1%	No: 75.1%	No: 74.8%		
Non-	Yes: 68.2%	Yes: 8.9%	Yes: 32.7%	Yes: 32%	Yes: 10.1%		
Aboriginal	No: 31.8%	No: 91.1%	No: 67.3%	No: 68%	No: 89.9%		

Traditional Indigenous Healing Usage

- Aboriginal Participants:
 - -Yes: 35.3% (73)
 - No: 64.7% (134)
- Non-Aboriginal Participants:
 - Yes: 8.9% (15)
 - No: 91.1% (153)

Traditional Indigenous Healing Usage

- Puchala, Paul, Kennedy, & Mehl-Madrona (n.d.) suggest that symptom severity in victims of abuse declined after speaking with "traditional healing elders".
- Evans-Campbell, Lindhorst, Huang, & Walters (2006) found that in reference to Alaska Native/American Indian women the following numbers of women sought "traditional native healing":

Child Physical Abuse	Rape	Touched Against Will	Domestic Violence	Multiple Victimization	No Abuse History
71.0%	77.4%	82.2%	65.9%	73.0%	57.9%

Why don't more Aboriginal women use traditional healing?

- Evans-Campbell, Lindhorst, Huang, & Walters (2006) state that one possible explanation for high usage rates could be "an increasing number of services available". It may then be that the services simply are not available within the population in the Healing Journey study.
- It may also be because "traditional healing [has] declined because of the colonial process" (NWAC, 2007). This may lead to:
 - Embarrassment
 - Christianization
 - Believed financial strain
 - Lack of knowledge
- What does the term "traditional Indigenous healer" mean? There are different ways to define the term.

Shelter vs. Transitional Housing Use

- 65.5% (167) of Aboriginal women stayed had stayed in a "battered women's shelter" as compared to 48.9% (89) of non-Aboriginal women.
- 16.9% (43) of Aboriginal women had stayed in "residential second stage housing", as compared to 12.6% (23) of non-Aboriginal women. In this case, there was no statistically significant difference between the two groups.

Shelter vs. Transitional Housing Use

- Although there is a lack of research on this topic regarding the general female Aboriginal population, Shepherd (2001) purports that on-reserve First Nations women are less likely to use second stage housing because:
 - Strong value placed on family
 - Living on husband's First Nation
 - Fear/unwillingness to leave their community
 - Ability to flee to "safe houses" rather than to formal shelters or transitional housing.

Breast Health

 In the current study, our Aboriginal participants were more likely to report that they have NOT performed a breast self-exam, or had a mammogram, in the past 12 months:

Aboriginal	38.8%
Non-Aboriginal	53.5%

• If Aboriginal women are less likely to access preventative breast care, then they may also be at risk to be diagnosed at later stages of breast disease (McMicheal et al., 2000)

Breast Health

- A 2002 study out of New Brunswick reported concern about breast cancer in First Nations communities
- 65% of the women reported having a mammogram in the last 2 years (Tatemichi et al., 2002)

Breast Health

Access to the Health Care System

- Locations of services are not always accessible (i.e. having to fly to another city to have a mammogram)
- Lack of health care workers with shared background and experiences (McMicheal et al., 2000)
- Health care workers behaving in inappropriate, racist, or disrespectful ways

What do Service Providers in Regina think?

- Is traditional healing accessible and/or appealing for survivors of IPV who wish to participate in it?
- Is transitional housing accessible and/or appealing for survivors of IPV who wish to participate in it?
- Is breast cancer screening information available and/or appealing for Aboriginal women?