

MOOKA'AM SEXUAL ABUSE TREATMENT PROGRAM

Evaluation of Impact

SUMMARY

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INTRODUCTION

The Mooka'am ("New Dawn") Sexual Abuse Treatment Program is a new initiative offered by Native Child and Family Services of Toronto. Beginning in 1990, the program combines traditional Native healing with contemporary social work practice. This report is the first impact evaluation of that program. The main evaluation question is: "Does Mooka'am make a difference?"

THE PROGRAM

Mooka'am offers services to adult victims, their families, and other children suspected of abuse. Also, Mooka'am staff offer community and professional education concerning the program.

The Mooka'am program focuses upon the following issues in the lives of adult Native sexual abuse victims:

- | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------|
| . second class citizen feelings:
damaged self, lack of Native
pride | . self-blame |
| . depression | . fear |
| . repressed anger | . low self-esteem |
| . confused role boundaries | . lack of, or superficial trust |
| . control issues in relationships | . difficulties with life decisions |
| . an imbalance in their lives | . ambivalent feelings or myths
concerning family members |
| | . multiple personality disorder |

Depending on the client's needs, staff work on a variety of treatment objectives, including: the enhancement of self-esteem, removal of self-blame for victimization, removal of negative stigmas related to the abuse, and acceptance of the body.

A core part of the program involves helping clients to understand and value their Native identity and culture. Ultimately, the Mooka'am Program seeks to help victims . . .

- . develop healthy and enduring relationships, based on non-victimization.
- . develop healthy coping, instead of the self-destructive use of alcohol or drugs
- . improve their physical health
- . increase their self-help potential, including the ability to participate in a healing community

- . appropriately parent
- . strengthen their family relationships

Program activities include healing circles, sweat lodges, individual counselling and therapy, relaxation and visualization techniques, cultural awareness, non-directive creative methods such as keeping diaries, writing, art work, poetry-writing; family therapy, and summer camp. Depending on the wishes of clients, the four traditional medicines (tobacco, sweet grass, cedar, and sage) are used throughout.

With cultural appropriateness and sensitivity, the targets of treatment include the spiritual, psychological, emotional, and physical parts of the person. Staff-client interactions are based on equality, and encourage mutual self-disclosure and non-intrusiveness. Therapy and healing are client-directed, respecting the client's "felt issues."

The Program is also available to Native children who are victims, or suspected victims. The goals are to assess whether children have been abused, and if so, to help them deal with their trauma. Mooka'am is also designed to strengthen the children's self-esteem, Native pride, and self-protection. The special relationship between children and staff is one of trust and role modelling. Program activities for children include play therapy, cultural learning, and summer camp.

THE EVALUATION

This evaluation phase concentrates on assessing the impact of the program on clients, asking "Does Mooka'am make a difference?"

Evaluation Goals

To answer this question, the evaluation documented client changes as they progressed through the program. For the adult women, attention was given to (i) changes in the psychological and social functioning targeted by services, and (ii) any unexpected changes. For the children, evaluation asked whether the program helped develop self-esteem, Native pride, and knowledge of safety practices.

Evaluation Design

For adults, a single group time-series evaluation study was used, combining qualitative and quantitative methods. A group of 12 women were interviewed three times, as they progressed through the program. Open-ended, conversational interviews were conducted by a Native woman, a retired nurse with research skills.

Information was gathered on intimacy relationships, coping, support system, parenting, safety practices, family relationships, leisure, and problem-solving. Information was also gathered on self-esteem, sense of self, capacity to trust, emotional well-being, Native pride, and self-blame.

Conclusions about impact were based on: (i) comparisons between the ways clients talk about themselves during the three interviews (ii) changes reported by clients as they thought about their personal change, and (iii) interviewer observations of client interaction. Case notes were studied for client background information, and therapy attendance.

The children filled out two questionnaires at four month intervals. Program impact was determined by comparing their scores on Native pride, self-esteem, and safety knowledge and practices.

A guide-line for interviewing adults was designed specifically for the project. This incorporated two instruments from other studies:

- . The Baltimore Self-Esteem Scale
- . A Native Pride Measure (An adaptation of a "Racial Group Disidentification" scale)

The children's instrument included adaptations of the above, as well as a ...

- . Measure of Safety Knowledge and Practices

Description of the Sample

The sample women were between twenty and thirty-five years old. Eight were single parents, and five were living alone. Six women had full-time employment at the time of the study; two others later secured part-time work. Four women received Family Benefits Allowance. One-half reported financial difficulties.

Most had less than full High School education; some took trades, community college courses, or cultural training since leaving school. A handful mentions cultural awareness training. Most are dissatisfied with their current level of formal education.

Eight of the twelve were single, divorced or separated. One was married, and the others were living common-law. Eight had children living at home. Most of the women rented apartments or shared housing. At the time of the study four lived in subsidized housing; one owned her own house.

THE AGENCY

Native Child and Family Services of Toronto

The Mooka'am Program is one of many initiatives of Native Child and Family Services of Toronto (NCFST). NCFST's mission is to provide for a life of quality, well-being, caring, and healing for the children and families in the Toronto Native community. Services reflect a culture-based service model which respects the supreme values of Native people and the extended family, and their right to self-determination.

The core agency services are: family support, customary care, youth services, summer camp, and a variety of ancillary services (eg. cultural consultation, psychological assessment). NCFST has added a Children Circle and Ninoshe ("visiting aunty") Program since the beginning of this study.

PROGRAM IMPACT: THE LEARNINGS

The Adult Study

Assessment of the Mooka'am Program's impact on the women in the program was based on evidence of personal change. Inferences were based on (i) comparing information from the three interviews (ii) information on the clients own perceptions of change, including Mooka'am's contribution to change (iii) interviewer's ratings of interaction, and (iv) participation at the IPCA (Institute for the Prevention of Child Abuse) Conference. A summary of these results follow:

1. Native Identity

From the first interview, adult participants were involved in activities which made them "feel" Native (eg. smudging, pow wows, traditional dancing, etc.). Although the number of activities did not change as they progress through the program, there is case evidence that Mooka'am quickly encourages participation in Native activities. Most participated in both private and community Native activities, some changed from private to more community participation as they moved through the program.

One woman described herself as:

"New and experienced. I was not given my culture as a child. Now I've involved myself in the Native community. I just found out this year I was Native...I'm getting there, more involved. I'd rather be Native, because we all know how to survive. We have the strength to survive...I'm damn proud!"

2. Native Pride

All women expressed considerable pride in themselves as Native people. This pride did not change as they progressed through the program, but there is evidence that the program quickly instills pride.

3. The Damaged Self

Asked how sexual abuse had affected their lives, the women talked about low self-esteem, negative body image, inhibited intimacy and sexual enjoyment, negativity towards men, inability to trust, negative behaviours, strained family relationships, control issues, inhibitions about feelings, self-blame, and confused feelings towards the perpetrator.

However as they progressed through the program, most developed a new sense of themselves as victims, positive attitudes towards others, or comfort in certain situations. Those who didn't change still experienced difficulties with men and trusting others generally. A particularly strong theme was that for most women, the program raised their self-esteem. One woman comments on her change:

"Yes [I have changed]. I no longer blame myself for it; sometimes I fall back. Working with Charlene [therapist] has shown me that it's not my fault, that I can have a sexually healthy relationship. I'm still working on that with Charlene. It's hard for me to get into it, that's why I left the last treatment centre. I felt I couldn't deal with it right there and then."

Those who initially mistrusted became more trusting, and more comfortable in social and interpersonal situations. Those unable to trust by the last interview, associated their discomfort in social situations to their sexual abuse history. The evaluation also suggests that Mooka'am is having some impact on the women's capacity for intimacy.

Commenting on their past abuses and changes, these women said:

"... I'm just ready to accept that it did happen. Yeah, I guess it [Mooka'am] has [contribute to changes]. The support and reinforcement I get from Cindy are real...It reinforced a lot of what I've learned through therapy. We focussed a lot on relationships. It helped me to link up the way I am today and what the abuse taught me as a child: why there was a boogie man in the closet, why I felt dirty, why I couldn't trust. Mooka'am was the first time I directly dealt with the abuse. Before Mooka'am I took full responsibility for all that happened and I kept secrets."

"Yes [my thoughts and feelings about the sexual abuse have changed]. I don't feel I'm so traumatized by them. No longer feel they are a part of my daily life and I choose to get into it when I choose."

4. Towards Emotional Well-Being

The study delved into each woman's emotional well-being, as reflected in their feelings of nervous breakdown, suicidal thoughts, and their spirits or moods. The results confirm clients' emotional suffering. However, as they progressed through the program, dramatic positive changes became apparent. Fewer felt close to a breakdown; a majority reported more positive spirits; and none conveyed suicidal thoughts.

5. Coping

Proceeding through the program, program participants changed in how they coped with their feelings of nervous breakdown or suicide. They became more resourceful and active as they responded to various threats to their emotional well-being. Most took more actions to help themselves, seeking human or traditional supports (eg. talking to friends or relatives, seeking help through therapy or other community resources, traditional methods, etc.).

Those who abused alcohol, drugs or food either quit, changed their patterns, or sought specialized help. During the third interview, one woman talked about how Mooka'am had helped:

"Yes, [Mooka'am helped] I went through a rough time and I was using drugs everyday because I didn't want to face things. Now, today, I don't have the need to use. The spirited side would be affected. My problems (with boyfriend) seem a hundred times worse when we've drunk too much."

6. Self-Protection

Safety Assessment, Ideas and Practices

Only half of those women who felt unsafe or at risk at the beginning felt safer as they moved through the program, despite greater sophistication in their safety knowledge and practices. Slightly more than half felt that their children were safer.

Concerning their ideas about safety, as they progressed in Mooka'am, six people became more holistic in their thinking about prevention. They proposed a greater variety of ideas and actions for assuring the safety of themselves and their children.

All but one woman felt better able to handle potentially harmful circumstances. All described ways that Mooka'am had empowered them to avoid or respond differently to harmful circumstances. Quoting from one interview:

"...Most things are different now. I don't go to bad areas, nor have [I] had bad situations [to] get out of...I don't go to bad areas anymore, I can now go to places and feel comfortable. I used to go to bad areas because I was feeling bad and felt that's where I belonged."

Support Systems

As Mooka'am's clients progressed through the program, the strength of their supportive relationships increased. For everyday help, they felt that they could count on more people, and even a greater variety (friends, relatives, neighbours). A majority became more satisfied with the quality of support in emergency situations, even though the numbers may have decreased. Most included Mooka'am staff among those they could count on for everyday help.

Although the results are not quite so dramatic, half of the women increased the number of emotionally close people in their lives. Most even increased the scope of emotionally close people. Nothing suggests an emotional dependence on staff.

Initially distant from their families, most indicated greater reliance on at least one family member for everyday help. Some women felt emotionally closer to family members. For the majority, the scope of the family network expanded as they moved through the program, to include for example, natural family members or their partner's relatives.

The Changing Use of Leisure Time

Because of mistrust, financial difficulties or isolation, adult victims may not set aside time for play, socializing or simply "getting in touch with their inner child." Initially, most Mooka'am participants were dissatisfied with how much they relax and have a good time. A woman comments on the changes:

"I stayed in bed before. The word is 'alive'; why am I sleeping my life away? I would think this way. Now, I'm feeling good about myself. I stay awake now until 10 p.m.; that's different. When I was on the pills, and I would lose patience with my son, I would try to explain to him that there was something terribly wrong with me, and I didn't mean to be so impatient. And I didn't want to hurt him. I just seemed to yell at him a lot. He seemed to understand. I spent a lot of time sleeping...I didn't know that I could do this for myself."

The changes in this area were not overwhelming. Only about one-third became more satisfied with how they relax and have a good time. Those who did, changed from solitary leisure in the home to more social or community activities. They became more involved with friends, family, boyfriends, or Native community events. Parents began to do more things for themselves. Even those whose leisure did not change outwardly, began to enjoy their time alone.

6. Breaking the Cycle of Abuse: Parenting

By helping women improve their parenting through therapy, healing circles, and the children's program, Mooka'am aims to interrupt an intergenerational cycle of abuse.

Several parenting themes surfaced during the evaluation interviews. Some women talked about newly acquired values (eg. patience, having fun as parents) as they learned about themselves and parenting. Other themes touch upon issues (eg. anger management) which were on-going targets for change. Their most difficult challenges involved using appropriate parenting techniques, not letting life stresses affect their parenting, overcoming childhood memories, and assuring their children's protection.

Most parents felt the quality of their parenting had changed since beginning Mooka'am. Those with the strongest sense of change spoke confidently about their parenting knowledge and skills. Others conveyed more enthusiasm about their parenting responsibilities and their relationships with their children.

One woman talks about her parenting changes:

"[The best part of being a parent] is loving my kids...Now it's all so great. Its all so much fun. That I'm capable of loving them. Before there was nothing good about being a parent. Now it's great."

The biggest challenge is loving them without smothering them. I want to be a better parent than my mother was. I don't know that. I try not to smother them...Keeping my kids safe. Teaching them. I'm still learning. Growing up with my kids. Waking up in the morning to face the challenge of a new day. It amazes me that I'm happy."

7. Problem-Solving: Meeting Life's Demands

Coming from dysfunctional families and experiencing troubled lives, Mooka'am clients often face difficulties in solving problems as adults. Mooka'am helps by counselling victims through life issues such as job-finding, and by supporting their problem-solving.

The evaluation studied the women's ability to solve problems, particularly in housing, income, and education. We probed for their dissatisfactions, their plans for making changes, and whether changes were evident over time.

The results were positive, showing that most clients took concrete steps to address their issues. For example, those with housing concerns changed their residences or made their current homes more comfortable and safe. Others with income difficulties started full- or part-time work. Still others began up-grading their education, or took specific training.

Although program initiatives made an impact in these areas, we cannot say conclusively that such changes reflected permanent new life skills.

THE SENSE OF PERSONAL CHANGE AND MOOKA'AM DYNAMICS: REFLECTIONS FROM CLIENTS

The study also explored the clients' thoughts about their own changes. For twelve areas of living and self experience, they were asked if they had changed since starting Mooka'am, whether the program had made a difference, and in what ways.

The Sense of Change: An Overview

All clients believe that participation in the Mooka'am program had made some changes in their lives. They spoke about how Mooka'am contributed to new thoughts and feelings about themselves generally. All believed that the program began to alter how they felt about themselves as sexual abuse victims. Those who initially saw themselves as having problems with alcohol, drugs or eating habits, believed that Mooka'am had contributed to change.

Most, though not all, clients believe that Mooka'am made a positive difference in their moods and feelings, plans for future education or training, keeping themselves safe, their sexuality and intimacy, and parenting.

A smaller majority believed that Mooka'am helped with their housing circumstances, family relationships, and their ability to relax and have fun. Finally, only one-half thought that the program helped with their financial situation.

Mooka'am Healing Dynamics

We now review the clients' own reflections about how the program made a difference in their lives.

Concerning their changes as sexual abuse victims, some welcomed the opportunity and the encouragement to talk about the abuse for the first time. Many talked about the support received within the program, including the feelings of not being alone with the problem, and their sense of safety. Client after client praised staff members, and specific qualities of the helping relationship.

People also referred to the helpfulness of specific program activities. They praised the discussions within the healing circle. Counselling was especially important for changing participants' thoughts and feelings as sexual abuse victims. The clients drew particular attention to the support, the reinforcement of other treatments, and the importance of the staff's non-judgemental, accepting attitudes.

Most women felt better able to handling potentially harmful circumstances. They explained how Mooka'am helped them to avoid threatening situations, stop the escalation towards violence or

emotional abuse, seek help, and in some cases change their partners' behaviour. Clients described helpful new skills, such as assertiveness, for handling potentially abusive circumstances.

Almost all women said that Mooka'am 's therapy or counselling helped them to work towards improving their education. The Program helped them gain a new self-esteem, self-understanding, confidence, hopefulness, and motivation.

Again, most described how Mooka'am had helped to create positive changes in the ways they thought of themselves. Mooka'am helped them to strengthen their Native identity, gain self-esteem or self-respect, achieve self-understanding, develop assertiveness and independence, and become more trusting.

Almost all talked about how Mooka'am had made a difference in their moods and feelings. They began expressing and dealing with their feelings, which generally became more constructive.

Concerning support, a majority of women felt able to count on and feel close to more people. Others began opening up to their current friends and relatives. New or stronger relationships resulted from better insight into themselves and others, as well as the opportunity to meet others. They gained new clarity about their choices concerning people, and learned to respect their own thoughts and feelings about others. Others became more open, felt no shame, and began changing existing relationships.

A majority of women reflected on changes in their family relationships through greater closeness, locating and building their natural families, and improved communications. Those with children talked about becoming better parents through appropriate anger management, identifying children's needs, meeting their own needs, and developing other parenting skills.

Most of the women described how Mooka'am helped them make better use of their leisure time, relax and enjoy themselves. They attributed this to such things as personal healing, a new "inner peace", learning to take time for themselves, establishing life goals, being comfortable when alone, and seeking opportunities for leisure and making friends.

Most confided about a new capacity for intimacy and in some cases better sexual relations. This reportedly happened through a number of different processes, including

- . a reduction of self-blame for the past abuse
- . greater self-respect, positive body image, and "self-love"
- . having more insight into relationships, abuse, sex, and feelings
- . becoming aware of their right to have needs and experience pleasure
- . accepting another's love, not having flashbacks, and a new "fearlessness" regarding intimacy.

. learning to wait for appropriate relationships

Nearly every woman who initially described problems with alcohol, drugs, or over-eating attributed some improvement to the program. The changes resulted from referrals to specialists, learning how to avoid substance abuse, developing new feelings about abuse, greater insight, or addressing the underlying factors.

Most, though not all, believe that being part of Mooka'am had helped them make housing changes. They talked about the help received in accessing new housing programs, support for decision-making about change, achieving clarity about their needs and priorities, and improving relationships.

One-half of the women in the program believe that Mooka'am indirectly helped them materially. This happened mainly through the development of self-awareness, as well as self-esteem to seek work, or self-discipline on the job.

In summary, Mooka'am participants believe that the program has made changes in their lives. The program consistently promotes a positive sense of self, and changes their self-concept as victims. For many, their new self-esteem and other personal strengths helped them continue educational improvement, job planning, and housing improvements. Positive changes in family relationships, parenting and intimacy were also noted.

PRESENTATION OF SELF

Our conclusion that Mooka'am clients had changed as they progressed through the program is supported by another body of information: systematic observations from the project interviewer.

Changes in Interview Interaction

After each interview, the interviewer rated the interviewee on verbal language, mood and energy, posture and gestures, and their involvement in the interviews. In post-interview notes, she shared her own reactions to the session, particularly her perceptions of client change.

Most women were positive and consistently engaged in the interview process, in the tasks required and their emotional involvement with the interviewer. Those who had difficulty initially, changed over the three interviews. They became more confident, relaxed and happy. By the last interview, the vast majority of the women seemed fully engaged in the interview task, despite enormous demands on their time and privacy.

The ratings of interaction were supported by the interviewer's written comments at the end of each interview. The overall impression is a strong sense that the women have changed over the course of their involvement in the program.

A Public Presentation of Self: The IPCA Conference

An unplanned opportunity arose to obtain additional evaluation data. During 1993, staff was invited to describe Mooka'am during The Institute for the Prevention of Child Abuse Annual Conference. Clients participated in the presentation.

Nearly all clients were initially invited to participate. Five women volunteered. Pre-conference planning sessions were held. During the presentations, they shared their program experiences as clients, as well as their sense of personal change.

The workshop provided opportunities for a "presentation of a new self." They tested their new sense of themselves. This empowerment was reflected in each woman's choice of topics and medium which were once threatening or confusing. For example, one woman knew nothing of herself as a Native woman upon entering Mooka'am. Now she spoke proudly of Native values and traditional program activities. Another, overcoming panic in social situations, completed her task well. Each, in her own way, risked talking in ways reflecting a new identity.

WOMEN WHO BENEFITTED LEAST FROM THE PROGRAM

The evaluation indicated that all women receive some benefits from the Mooka'am program. For three women, though, the program's impact was not as great as the others.

What do these three women have in common? None felt particularly safe in their lives. Each reported a relatively narrow scope of close people in their lives, in comparison to others. None felt close to any family members. None were employed at the time of their last interview.

Of particular interest, their Native pride was either low or else wavered over the three interviews.

Two of three were involved elsewhere in services, and two of three were among the lowest monthly attenders of Mooka'am therapy sessions.

Three implications of these findings should be considered: First, the social support network, including family members, is an important part of the healing process. Secondly, all three women lack a strong sense of safety. Emotional and physical safety may be important to achieve, before other changes are possible. Finally, two of the three women have relatively low attendance at therapy sessions. It may be that staff need to rethink the amount of client choice in program involvement, particularly in regards to attendance.

PROGRAM ENGAGEMENT: VARIATIONS IN CLIENT INVOLVEMENT

Mooka'am clients do not have a common set of experiences as they progress through the program. Interaction with the program is "client driven", in which clients negotiate their service goals, participation in program activities, who to bring with them (i.e. self, children, partner, whole family), and the nature of their program experiences. For example, clients address the issue of sexual abuse when they are ready. Also, choice of culture-based treatment is optional. Finally, although program participation is expected, there are no sanctions for missing meetings, allowing time gaps between sessions, or changing focus.

Attendance at Therapy: Does it Make a Difference?

For the twelve women, average monthly attendance ranges from a low of one to six sessions per month. What effect does attendance have on program impact? To answer this, we examined the effect of attendance on the positive changes for each client.

The results indicate no perfect association between therapy attendance and personal change. We cannot say that "if clients attend therapy frequently, they are more likely to benefit from the program" However, this is the case for some clients. Four of five women who attended more frequently, were in the group with more positive changes. Below 2 sessions a month, it doesn't make a difference! This suggests that Mooka'am consider a policy of requiring attendance at two or more therapy sessions per month.

THE CHILDREN'S STUDY

Mooka'am's work with children assesses sexual abuse, helps abused children deal with their trauma, builds self-esteem and Native pride, and teaches preventative actions. These goals are pursued through a therapeutic relationship, play therapy, and the summer camp.

Program evaluation concentrated on self-esteem, Native pride, and preventative safety. Our results suggest that the program has a positive impact on the children's self-esteem and Native pride. However, its contribution to the development of safety knowledge and preventative actions is less compelling.

In some cases, the children's program may be more beneficial when the family as a whole is involved. Based on case analyses, it appears that home circumstances and program experiences combine in the change process. Home circumstances may undermine program experiences in their impact on self-esteem, moreso than Native pride.

With reference to the children's knowledge of safety and preventative actions, results suggest that this part of the program may not work as well as expected. Only one of three children showed any indication of positive change in their total scores. When answers are analyzed individually, however, clearly the children are learning something. There is some confusion, though, concerning whether they should take action when at risk. It is crucial that staff convey this message clearly and powerfully.

LOOKING TO THE FUTURE

Loosely translated, "Mooka'am" means a "dawning" or "new beginning". Looking back over the report, it is clear that Mooka'am had a profound impact on most of the women clients, and some of the children.

Despite this success, we believe that certain program issues are worth discussing. Drawing upon the negative evaluation results, we raise these issues in the form of recommendations. We recommend:

1. A total life space and family systems approach to treatment

Consistent with the agency's service principles emphasizing holistic and family-focussed understanding, treatment, and learning, we recommend that Mooka'am incorporate methods for strengthening the total life space of sexual abuse victims. This would include a strengthening of family relationships, friendship networks, partnerships, relationships with neighbours, links with the Native community, and those in the program. An emphasis on building relationships would complement the program's psychodynamic and cultural learning perspectives.

2. Balance between client-driven planning and consistency of program participation

Given the relatively low average therapy sessions attendance, and the association between average sessions and impact, we recommend a review of the client-driven nature of the service process. Expectations for client attendance can be conveyed without undermining the principle of non-intrusiveness. Clients can still be empowered through their involvement in identifying issues, negotiating service goals, and reviewing progress.

3. Making the healing community available to all

For different reasons, two of three "least impact" clients were rarely involved in the traditional healing activities. Allowing the clients to choose program activities is a good program principle, since it honours each client's own sense of who they are. However, there is one unanticipated outcome of their choices: these women lost opportunities to interact with the community of healers, i.e. staff and clients in the program. Traditional healing tends to occur in a community context.

From the perspective of healing as a "transformation of self," the program's community of healers notion makes enormous sense. We support any efforts by the staff to find alternative ways to promote interaction between those not espousing traditional values, and others in the program.

4. Involving clients in program activities

Native Child and Family Services's policy of hiring clients in certain supportive program roles, should be rationalized and made organizationally sound. Important questions are: Who are desirable candidates? How can the work activity be integrated with the healing program? What are the role definitions, ethics, skills, and supervisory arrangements? We strongly recommend a thorough

orientation, training, and supervision for those who are helpers within the agency.

5. The timing of sexual abuse treatment

To date, Mooka'am staff has allowed clients to pursue their sexual abuse issues at their own pace. Evaluation interviews surfaced evidence that some clients were more willing to address sexual abuse issues than was evident in therapy. Although we have no quick answers concerning why this happened, we do believe that it is worthy of discussion.

- . What is the meaning of this?
- . Are some clients readier than assumed?
- . What characteristics of a research interview prompted this discussion of sexual abuse issues?
- . Is staff fully comfortable with addressing sexual abuse issues?
- . Could the program benefit from better indicators of client readiness to discuss sexual abuse?

6. Making client story-telling a part of the healing process

The project interviewer noted that some women appeared to enjoy and even benefit from the evaluation interview process. Perhaps the interview presented a new occasion for presenting themselves, particularly their "changing selves."

I suggest that program planners consider a way of having clients tell "stories" of their program experiences and their sense of self. Story-telling as a therapeutic technique is discussed in Shiela McNamee and Kenneth Gergan, Therapy as Social Construction, Sage Publications. London. 1992)

7. Enhancing the sense of safety

For children and adults, safety knowledge and practices are conveyed primarily in the therapeutic context, supplemented by reading. This is important, but we recommend that Mooka'am develop a specialized group program of safety training. For children, this could nicely happen through the new "Children's Circle." For the women, some new arrangement should be considered.

