MOOKA'AM SEXUAL ABUSE TREATMENT PROGRAM

Evaluation of Program Impact

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July 1994

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ACKNOWLEDGEMENTS

SUMMARY

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 offers 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: . self-blame
  damaged self, lack of Native
  pride

. fear   . depression

. low self-esteem   . repressed anger

. lack of, or superficial trust   . confused role boundaries

. difficulties with life decisions .   control   issues   in
                                          relationships

. ambivalent feelings or myths   . an imbalance in their lives
  concerning family members

. multiple personality disorder

Depending on the client's needs, staff works 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 <u>spiritual, psychological, emotional, and physical</u> 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 <u>adult</u> women, attention was given to (i) changes in the psychological and social functioning targeted by services, and (ii) any unexpected changes. For the <u>children</u>, 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 was 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) <u>comparisons</u> 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 <u>observations</u> of client interaction. Case notes were studied for <u>client background information, and therapy attendance</u>.

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 guideline 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 children's study included four boys and two girls, aged eight to fourteen. Two boys were living with their natural parents. One was with his natural father, another with a stepfather. The other two were in the care of the Children's Aid Society. Three of the children had been sexually abused. The others were suspected victims.

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 that 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.

2.   <u>Native Pride</u>

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.   <u>The Damaged Self</u>

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:

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.

4.   <u>Towards Emotional Well-Being</u>

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:

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:

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:

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.

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.

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 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, <u>Therapy as Social Construction</u>, 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.

INTRODUCTION

The Mooka'am ("New Dawn") Sexual Abuse Treatment Program is a new initiative combining traditional Native healing with contemporary social work practice. This report is the first impact evaluation of that program. To assist program development at Native Child and Family Services of Toronto (NCFST) and other agencies across Canada, our fundamental question is "Does Mooka'am make a difference?"

Starting in the fall of 1990, the program came at a time when Native sexual abuse disclosures were increasing. Also, it was a time when Native people were expressing their discomfort with mainstream social services. An increase in sexual abuse cases at NCFST warranted a specialized program.

Native communities across Canada, on- and off-reserve are developing their own social service agencies and programs. To contribute to this development, NCFST has taken seriously the challenge of documenting, evaluating, and sharing their program development experiences with communities across Canada.

The report begins with a description of the program, followed by a review of NCFST services. Following these descriptions, we present the goals and design of the evaluation. The research results are the core of the report, followed in the last section with several recommendations.

THE PROGRAM

The Mooka'am Program is one among several examples of NCFST's integration of Native healing, contemporary social work and therapeutic techniques.

Recognizing that sexual abuse may be an intergenerational pattern, Mooka'am offers services to adult victims, their families, and other children suspected of being abused. As well, Mooka'am staff offer community and professional education concerning the program.

Working with Adults

Adult victims of child sexual abuse come to the program with a variety of dysfunctional thinking patterns, behaviors, relationships, and in some cases, physical health disorders. To help focus services, Mooka'am's program philosophy describes these as a series of therapeutic issues, as follows:

. second class citizen syndrome   . self-blame

. fear   . depression

. low self-esteem   . repressed anger

. lack of/superficial trust   .   blurred/confused   role
                                       boundaries

. difficulty with life decisions   . control issues in
  and daily tasks   relationships

. ambivalent feelings or myths
  concerning family members   . imbalance

. multiple personality disorder

These difficulties contribute to problems in living for Mooka'am clients, problems affecting close relationships, family and parenting roles, job-seeking, and other life stresses.

By working on the above issues, the program ultimately seeks to help victims . . .

.   develop healthy and enduring relationships with peers and members of the opposite sex, based on non-victimization.

.   develop healthy coping for dealing with life's demands, 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 family relationships

To achieve treatment focus, a range of treatment objectives guides the program. Treatment objectives are the specific changes which staff strives to bring about. Particular attention is given to: the enhancement of self-esteem, removal of self-blame for victimization, removal of negative stigmas related to the abuse, acceptance of the body. A core part of the program involves helping clients to understand and value their Native identity and culture.

Each client entering the program receives an individual assessment and service plan. Staff tailors specific service objectives to each client's needs.

Program goals and treatment objectives are pursued through a combination of Native and contemporary social work practices, including psychotherapy. These include healing circles, sweat lodges, individual counselling, relaxation and visualization techniques, cultural awareness, non-directive creative methods such as keeping diaries, writing, art work, poetry-writing; family therapy, and participation in summer camp. Depending on the wishes of clients, the four traditional medicines (tobacco, sweet grass,

cedar, and sage) are used throughout.

Also, all program activities and relationships are developed with cultural appropriateness and sensitivity. For example, with the emphasis on restoring balance to people's lives, the targets of treatment include the <u>spiritual, psychological, emotional, and physical</u> parts of the person. Staff encourages clients to see themselves in their <u>total</u> life-space of family, friends, community, work and their Native community or nation.

Staff-client interactions reflect norms of equality, mutual self-disclosure, and sharing. Building on the Native cultural value of non-intrusiveness, therapy is client-directed and respectful of "felt issues." Consequently, therapy may be slow and gradual in addressing sexual abuse concerns. Additional details on the adult program are available in the Phase 1 report (<u>A New Awakening</u>). Shortly, staff will revise the program model.

Working with Children

The Mooka'am Program is also available to Native children who have been victimized, or are suspected victims. The goals are to assess whether children have been abused, and if so, to help them deal with their trauma. The program aims to strengthen the children's self-esteem and Native pride. Within the context of the therapeutic relationship, Mooka'am's children's program also has a prevention component, to help children learn the ideas and skills to protect themselves against abuse.

The children's program is designed to achieve its goals through: (i) a special relationship of trust and role modelling with staff and volunteers (ii) play therapy, and (iii) cultural learning.

Relationships with children are also structured through the medium of play. Professional play therapy, adapted for Native children, is the main treatment modality. Staff uses play therapy for assessment, allowing traumatized children to express themselves indirectly through play. Therapeutically, play therapy is used to help young victims release the emotional trauma associated with abuse and violence.

For both assessment and therapy, the relationship is determined by

the child's needs and behavior. Two styles of play therapy are used in the Mooka'am Program: non-directive and directive. Non-directive play therapy allows the children the freedom to play and talk as they please. This is particularly useful for establishing a relationship with the child, and for working with very young children. Non-directive play therapy is also useful for assessing children with unidentified traumas or those with sexual abuse trauma.

In contrast, <u>directive play therapy</u> is more planned and structured. It could include such activities as: sketching a picture of the family, representing an animal for each family member, or drawing the perfect family. Directive play therapy is used when sexual abuse has been acknowledged and can be discussed more openly with the child.

Play therapy techniques reflect Native culture. Elders have taught that when children are abused their spirits go into hiding. Treatment therefore incorporates a spiritual healing component, including the sweat lodge.

Besides establishing special relationships with children, through interaction and play therapy, Mooka'am provides opportunities for the <u>children to learn traditional Native culture</u>. This happens through interaction with staff, and at summer camp where they are exposed to cultural teachers, elders, and traditionally-minded staff and volunteers. Here they learn Native traditional culture through teachings, arts and crafts, storytelling and ceremonies.

A holistic philosophy organizes children's treatment by responding to spiritual, psychological, emotional and physical needs. As well, the child's treatment plan recognizes the significance of interacting family relationships, and involves family members in treatment.

Program resources are also culture-based. Anatomically correct Native dolls are used for assessment and therapy. Smudging with sweet-grass is used to purify play situations which symbolically have been identified by the child as harmful.

The development of Native pride and self-esteem is an essential part of the healing dynamics in the children's program.
According to the program model, this happens through (a) trust and role modelling of Native staff and volunteers, and (b) the learning of traditional Native culture.

* * *

The above sections represent a "broad brush" description of the Mooka'am Program as it existed at the beginning of the evaluation. Four important points should be made.

First, the program has continued to grow. Staff regard the first few years as a development period for the evolution of ideas concerning organization, techniques, and relationships. Staff have attended several training sessions during this period. A group therapy component and a children's circle have been recently added. These will be described in the revised program description.

Secondly, each staff member has her or his own working style, reflecting personality, skills, and talents. These individual styles combine with a set of program principles, not procedures, to provide the actual experiences for the client. Everyone works towards the same goals.

Third, although clients are participating in a sexual abuse program, the issue of sexual abuse is not addressed until the client is ready. For some clients, this may happen immediately. Others may raise sexual abuse issues later, after establishing comfort or dealing with other issues. Where relevant, other issues may be linked to the sexual abuse.

Finally, the staff functions as a team. In some cases, two therapists may work with the same client, together or at different times. To capitalize on the different staff talents and perspectives, case experiences are continually shared in regular team meetings.

THE EVALUATION

Program Impact Evaluation

The evaluation of the Mooka'am Program is a comprehensive initiative for model-building, evaluation, and education. Phase 1 concentrated on model development and assessment of early program implementation. Phase 2, the subject of this report, evaluates the impact of the program on a group of clients. Phase 3, beginning in July 1994 is a dissemination phase for distributing educational materials, and holding workshops across Canada.

Evaluation Goals

This second phase evaluation concentrates on assessing what changes are produced by the Mooka'am Program. For the adult clients, attention is given to (i) changes in psychological and social functioning as targeted in the program model, and (ii) changes not anticipated in program planning. For the children in the program, evaluation asks whether the program helped develop self-esteem, Native pride, and knowledge of safety practices.

Evaluation Design

This evaluation was technically designed to achieve the proposed goals, and advance the process of program learning. As well, the information-gathering techniques were designed for sensitivity to the needs of Native sexual abuse victims.

For these reasons, a single group time-series evaluation study was proposed, combining qualitative methods and simple quantitative methods of data collection and analysis. Information was gathered from a treatment group of 12 women at three points in time, as they progressed through the program. The children's study was more quantitative in its approach, using a self-administered questionnaire with pre-structured questions.

For the adult study, qualitative evaluation methods are important for evaluating the Mooka'am Program for the following reasons:

1.   The program emphasizes individualized outcomes. Depending on client needs they are assigned different treatment goals and program experiences. To aggregate client change scores into statistical summaries, without documenting the nuances of individual differences, would be misleading.

2. Detailed in-depth information is needed on different types of clients (Eg. reserve or urban background) and different types of program experiences (Eg. participation versus non-participation in traditional Native healing, attendance).
3. Because of the program's uniqueness there is a strong interest in studying the positive and negative impacts on clients. An open-ended qualitative data-collection was needed to surface a free expression of subjective information.

4. Phase I evaluation of the Mooka'am Program indicated that personalized, face-to-face conversational interviews are best with Native sexual abuse victims.

5. Program staff requires rich interview data to promote learning about the program and its methods. As well, data is needed to test and elaborate the assumptions in the program model. Statistical analysis would be ill suited for this practitioner learning task.

The adult study provides an intensive analysis of the changes and experiences of Mooka'am Program clients. For all but three clients, information was gathered at three points in time, including early information from all new clients.

Specifically, inferences about the program's impact are made in three ways: (i) from comparisons between the ways clients talk about themselves and their lives during the three interviews (ii) the changes reported by clients when asked to reflect about their changes, and (iii) the interviewer's observations of client interaction during the interview, noted at the conclusion.

Initially, the project design included a study of staff ideas concerning impact. A document analysis of staff case notes on each client was planned. Since these notes record interaction during therapeutic sessions, and staff reflections of behavior and change, they would have strengthened the study. However, the client interview process was significantly more demanding and time-consuming than we had anticipated. To complete the project within budget, we dropped the case notes analysis from the project. Case notes were used primarily as client background information, and as a source of information on therapy attendance. The absence of staff perceptions of client change is one limitation of this project.

In the children's study, we inferred program impact from comparisons of scores on three instruments administered twice. To assist program learning, results will be presented as (i) total

scores on the three measures, and (ii) separate questions within each instrument. This will allow the identification of areas where the program is and is not producing change.

Types of Information: Adults

To learn the impact of the Mooka'am program on clients we adopted
the strategy of examining the changes in their psychological and
life space. These are specified in the program model.

Through interviews, information was systematically gathered on
several relationships and behaviors. These include:

- intimacy relationships

- coping behaviours

- personal support system

- parenting and relationships with children

- safety practices for protecting themselves and
  their children

- family relationships

- leisure and relaxation

- problem-solving: meeting life's demands

Information was also gathered on various psychological and
interpersonal dimensions of "self," specified as characteristics
which are the targets of treatment:

- self-esteem

- sense of self

- capacity to trust

- emotional well-being

- Native pride

- self-blame

By doing this, we documented the anticipated changes in behaviors
and relationships. We also examined the theorized outcomes of
treatment and other learning experiences in the program.

The measurements of "self-esteem" and "Native pride" are based on instruments from the literature. The sources are listed below.

Data-Collection Methods

For the adult clients, information-gathering was sufficiently
focused to gather information on specific variables. The interviews
were flexible enough to encourage broad reflection by clients. This
allowed a documentation of other changes or negative results.

In-depth, open-ended, probing interviews were conducted by a Native
woman with research and clinical skills. Her experience as a
professional nurse meant that she was clinically skilled for
interviewing vulnerable people on private matters.

Three interviews were conducted with each of nine adult clients.
For three clients, only two interviews were done. The interviews
were completed at intervals of approximately four months. Most
were conducted in their homes; some took place in the Mooka'am
offices at Native Child and Family Services.

To assess the program's impact on the children, we concentrated on
the most measurable aspects of the program: Native pride, self
esteem, and safety knowledge and practices. The assessment of
changes in trauma would have required an intensive clinical
assessment.

For each of these variables, we used or adapted instruments from
the literature, ones which had been developed and tested with
children. These are:

   . The Baltimore Self-Esteem Scale

   . A Native Pride Measure (An adaptation of a "Racial Group
     Disidentification" scale designed for black people)

   . Measure of Safety Knowledge and Practices

The original "Baltimore Self-Esteem Scale" (adult and children's
version) and the "Racial Disidentification" scale are reviewed in
Morris Rosenberg's Conceiving the Self (New York, Basic Books,
1979).

What we call "Measure of Safety Knowledge and Practices" is an
adaptation of an instrument described and tested by David Wolfe and
his colleagues in Child Abuse and Neglect, Vol. 10, pgs. 85-92,
1986. The original was used in a prevention program (skits and
discussion) for children in schools. We reviewed the instrument
with Mooka'am staff, and the content of the questions was deemed

suitable for children in the program.

The project instruments are included in Appendix "A".

Description of the Sample

This evaluation focuses on the program impact on two samples of Mooka'am clients: an adult sample of 12 women, and a children's sample of four boys and two girls. These were nearly all the clients in the Mooka'am Program at the time of the first interview.

We now introduce twelve women without whose cooperation we could not have completed the study: Judy, Molly, Pam, Michelle, Ruby, Jill, Ronda, Lisa, Tammy, Susan, Doris, and Tracy. To protect the confidentiality of these clients, we are not using their real names.

For the most part, the sample demographic characteristics match those of the general agency clientele. The ages of the women are between twenty and thirty-five years. Eight are single parents, and five are living alone.

Six women had full-time employment at the time of the study; two others secured occasional part-time work during the study. Four women receive financial support through the Family Benefits Allowance. One-half reported income difficulties.

Almost all have less than full High School education, although most have taken trades or community college courses since leaving school. A handful mentions cultural awareness training. Most are dissatisfied with their current level of education and have taken steps to upgrade.

Eight of the twelve are single, divorced or separated. One is married, and the others are living common-law. Eight have children living at home.

Most of the women rent apartments or share housing. Four live in subsidized housing; one owns her own house. For case-by-case details, see Figure 1.

The ages of children in the children's study ranged from eight to fourteen. Two boys were living with their natural parents. One was with his natural father, another with a step-father. The other two were in the care of the Children's Aid Society. Three of the children had been sexually abused. The others were suspected victims.

Presentation of Data

The data for this report are presented in several formats. To display change as the client progressed through the program, the data focuses on the two or three data collection periods.

Some formats display <u>individualized data</u> for each client. (eg. Figure 2). Other formats (<u>matrices</u>) provide summaries of answers to open-ended questions, often clustered according to a general topic such as "personal safety" (See Figure 16). These allow the reader to peruse data together with other related information.

Still other formats (Appendix "C") are <u>summaries of all answers</u> to the interviews. These summaries remain very close to the clients' words and phrases which are generally shown in quotation marks. This format will be of interest to the reader who wishes to read client information in its totality.

<u>Scatterplots</u> are used graphically to display the association between two variables. These are particularly useful with small samples. Figure 41, for example, illustrates the association between attendance at therapy sessions and personal change.

<u>Quotations from interviews</u> appear frequently throughout the report. These are used to illustrate the subtle themes and differences in the data, themes which are typically difficult to convey in quantitative terms. Also, given the emphasis on the changing "identity" in this report, people's self-presentations are nicely captured in quotations.

Finally, to illustrate one unique pattern, we present a <u>case study</u> of one woman whose self-defined substance abuse problem persisted throughout her program.

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║          A Note To Readers               ║
║                                          ║
║    In quotations or matrices, a series of║
║    periods (...) separates each interview.║
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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 are organized according to a culture-based service model which respects the supreme values of Native people and the extended family, and their right to self-determination.

Mooka'am's program goals, while addressing the needs of sexual abuse victims, are consistent with the organizational and service goals of the agency at large, namely:

1.   To create and maintain a culture-based agency of services, healing and well-being for Native individuals and families, that contribute to the development of whole and healthy Native communities.

2.   To develop an integrated network of effective programs and positive relationships for a caring and supportive environment.

3.   To develop awareness of the culture, along with the knowledge, skills, and attitudes for contemporary Native health and well-being, and self-determination.

4.   To provide Native-appropriate support services and resources, for child and family care, healing and well-being.

Agency Services and Links to Mooka'am

The evolution of Mooka'am services has gone hand-in-hand with the development of NCFST services. Agency services that exist today, and are planned for tomorrow, are much different. In other words, Mooka'am (and this evaluation) has developed within a constantly changing agency environment. In general, though, the agency has offered the following services:

Family support in which Family Service Workers support parents and

children, striving to keep the family intact, while monitoring for possible abuse and neglect. Some referrals to Mooka'am come from Family Service Workers. Similarly, they remain involved with sexual abuse clients in a supportive and case management capacity.

Customary care services for children needing temporary placement, are provided through the agency's Customary Care Program. Five core activities make up this program: recruitment of Native homes, home studies to assure suitability, orientation of customary care parents, parent training, placement of children at risk, and follow-up. If needed, customary care services are available to Mooka'am clients through internal referral, but this happened only once during the present evaluation.

Youth services target the Native youth of Toronto, providing services for enhancing self-esteem, providing AIDS prevention information and condoms, alcohol and drug awareness, and Native youth community-building. This program is a source of referral for Mooka'am.

Summer camp is available to the clients of the Mooka'am Program, and indeed has been used by both parents and children alike. NCFST's camp offers opportunities for learning, healing, and self-esteem building within a cultural environment of Native traditions.

Over the period of this evaluation, Mooka'am had at its disposal a range of **ancillary services** which are available to the agency at large. These include: psychological assessment, psychiatric services, medical services, cultural consultation, and program evaluation. As well, staff refers Mooka'am clients to local Native agencies, particularly Pedhabun Lodge and Anishnabeg Health.

The evolution of the agency at large continues, challenging Mooka'am to fit into a complex web of prevention, healing, and protection services. Of particular importance is the agency's development of mandated child protection functions.

Additional details on the NCFST service model and the proposed organizational and service system for child protection are available in two documents:

Native Family Well-Being in Urban Settings: A Culture Based Child and Family Services Model (NCFST, December 1990)

Native Family Well-Being and Child Protection: Strengthening the Circle (A Submission for the Designation of NCFST as a Mandated

Child Welfare Agency. NCFST, Feb. 1994)

The remaining parts of this report review the results of the evaluation, particularly the evidence for program impact on clients. We now turn to...

THE LEARNINGS

The changes discussed in this section are based on comparisons between the ways that Mooka'am clients described themselves, their lives, and the program during each interview.

To assist the utilization of this report, we use the terminology which is familiar to the staff. A few terms (eg. "emotional well-being") have been coined for the research, primarily to organize the findings into larger sections. We inserted quotation marks around the words, phrases, and interview excerpts from clients.

From "Second Class Citizen" to Native Pride

Native sexual abuse victims have been doubly victimized. They feel damaged, dirty and soiled, and bear the stigma of being Native, possibly an outcast in their family or community. They feel different and alone in their suffering.

Mooka'am addresses this "spoiled identity" in several different ways. In healing circles, program participants learn that they are not alone, and that they can feel proud of being Native. They learn a rich culture, heritage, and identity. These experiences are reinforced through their therapeutic interaction with staff, involvement with cultural teachers or healers, and their participation in summer camp.

To what extent did the interviews reveal that the twelve women had a sense of themselves as Native people as well as a sense of pride? To explore the question of Native identity, we asked:

> " **What words would you use to describe yourself as a Native person?**"
>
> "**Do you do things in life that you think of as particularly Native?**"

We regard language (particularly the words used to describe oneself) and behavior as clues and "cues" to a person's sense of self or identity. During behavior, a person's actions have meaning to themselves and others, yet not all actions reflect the core of oneself. This is why, in asking these questions, we asked people to link their words and behaviors to the sense of being Native.

Native Identity

All program participants are involved in some activities which they identify as making them "feel" Native. These include smudging, attendance at pow wows, traditional dancing, going to the Native Center, spiritual activities or thoughts, learning the language, bead-making, raising children traditionally, and the like.

For the most part, we found that the number of activities does not change as participants progress through the program (Figure 2). However, the newest participant changed dramatically in the number of Native activities between the first and second interviews, suggesting that Mooka'am helps create change on some level.

We distinguish "private" (eg. prayer, bead-making) from "public" behaviours, such as attending Pow Wows, traditional dancing and other more community-oriented behaviours.

Our interviews reveal that at some stage in their participation in Mooka'am all but one woman participated in both private and public Native activities. However, four of the twelve women changed from private to more public participation as they moved through the program. Five of the twelve were "mixed private and public" at the first interview and remained that way.

The three remaining women became more private in their engagement in Native activities as they progressed through the program. A few observations concerning their Native identity are noteworthy:

- **Michelle** had recently discovered that she was Native. As well, her previous religious beliefs interfered with her Native spirituality. She was living with a man who, although non-Native, had grown up respecting Native people and accompanied this woman to many Native events.

- **Ruby** speaks and reads Mohawk, respects the Earth and the elders, and generally "likes the way we do things, like laughing." However, she strongly misses her reserve and wants to go back to relearn the ways.

- **Susan** is a very troubled mixed blood woman who has faced a series of crises while participating in the Mooka'am program. She copes with life by using drugs. During the first interview she reported participating in many Native activities. By the second interview she admitted using drugs, and said that she does not do Native things while on drugs: "Why should I touch sacred things? Why would I smudge?"

Native Pride

From the first interview onward, all women expressed considerable pride in themselves as Native people (Figure 3). This pride did not change as they progressed through the program. Based on these results, we cannot claim that Mooka'am contributed to a <u>new</u> sense of Native pride. At best, we can say that the program sustained the pride that women felt initially or that developed shortly after.

There are at least four possibilities:

.   The assumptions that Native sexual abuse victims feel negative about themselves may not be warranted, at least for this sample.

.   Because most of these women had been in the program for a while, they had already developed a sense of pride by the first interview.

.   The program, <u>as a Native program</u>, may draw women who already feel good about themselves as Native people. The program merely reinforces these feelings and identity, and capitalizes on this identity as a leverage for personal change.

Finally, there is some evidence that the program works quickly to instill Native pride. **Michelle**, for example, from the first interview onward, displayed a very strong sense of pride. As a Native person, she 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!"**

Doris, the newest participant in the program, said:

> **"I <u>was</u> proud of being an Indian. Then I was called a 'fucking Indian' so many times that I didn't like being a Native person. Now I want to learn as much as I can about my culture. I want to learn as much I can before it is all forgotten...I'm not yet, but I'm going to be a good Native person. I'm just learning how to**

> **be one. For the first time in my life, I'm proud of being Native."**

All twelve women would take it personally if someone said something bad about Native people (Figure 4).

Being a "second class citizen" also involves the negative inner aspects of victimization. We now turn to the subject of the "damaged self."

The Damaged Self: Themes

When asked how sexual abuse had affected their lives, all interviewees expressed clear ideas which were consistent with the clinical and research literature (Figure 5). Dramatically, four people said that the abuse had thoroughly <u>dominated</u> or controlled their lives. Otherwise, the most prevalent themes were as follows. Sexual abuse had: (Number of women in parentheses)

- lowered their self-esteem (5)

- given them negative attitudes towards their bodies (2)

- inhibited their capacity for intimacy and the enjoyment of sex (7)

- contributed to negative attitudes (fear, discomfort) towards men (2)

- created an inability to trust (6)

- contributed to negative behaviours (keeping people distant, abuse, working the streets, anti-social) (4)

- strained relationships with family members (4)

- introduced control issues in their lives, making them either unable to control unwanted situations or else over-controlling (4)

- created inhibitions about voicing their feelings, sexual needs, and discussing the abuse (5)

Questions about the impact of the sexual abuse on their lives surfaced several <u>themes related to the abuse itself</u>. Predictably, these included several concerns about whether they were to **blame** (7), and their negative **feelings toward the perpetrators** (4).

Like others reported in the abuse literature, they reported difficulties in engaging a variety of social and interpersonal situations, including:

. Entering negative or unsafe situations: "I lived by the seat of my pants"

. handling abusive situations

. discomfort in situations with "men who show interest," and other situations which evoke feelings of "being judged"

. situations which invoke memories (and therefore anger) concerning the abusive situations

. situations in which people express opinions different from their own

. discomfort in groups requiring the ability to express oneself
. social settings evoking feelings of panic and "wanting to run"

. intimate situations requiring the capacity to trust and express affection

. approaching all situations with negativity or fear, "expecting bad things to happen" or "living in a glass bubble where no one could hear"

Changes as sexual abuse victims: the "sexual abuse self"

Evidently women in the program believe that their history of sexual abuse has affected their lives in negative ways. These beliefs may be summarized as the "sexual abuse self," which includes the way they think about themselves and others, or the way they approach certain situations and people.

At three points in time, respondents discussed how sexual abuse had affected their thinking and feelings towards themselves, towards others, and their comfort in specific situations. Comparisons of answers revealed that, as they progressed through the program:

Most women (11 of 12) conveyed changes in the general sense of themselves as sexual abuse victims (Figure 6):

. half talked about positive changes in the way they think about others

． less than half (5/12) talked about positive changes in their comfort in certain <u>situations</u>.

Thus, the program seems likely to produce changes in their sense of themselves, in the context of their history as victims.

Four interviewees reported no sense of change in the way they thought about others or situations, since beginning Mooka'am. What, if anything, did these women have in common?

． all reported no change in their capacity for <u>trusting</u> others

． all had concerns about <u>discomfort</u> with men, and had reported no change in these feelings

The Transformation of the Sexual Abuse Self: Themes

Healing as an interpretive process involves a transformation of identity. This transformation marks a conversion and commitment to a new way of life. The core of this new commitment lies in thinking about oneself differently. **For the women in Mooka'am...**

Progressing through the program helps to evolve a transformation in their identities as sexual abuse victims, which is both strong and consistent. When asked to think about themselves as victims, a**ll twelve women believe that since their involvement with Mooka'am, their thoughts and feelings about the effects of victimization have changed. They also believe that Mooka'am has contributed in a positive way.** Most report now having a <u>greater understanding of themselves</u> and their feelings, sometimes described as "a new perspective."

One-half <u>no longer blame</u> themselves for the abuse, though as **Susan** reports, it is an on-going struggle:

> **"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."**

Tracy's comments suggest that understanding why the abuse happened is an emotional process which most, if not all victims, must come to terms:

> "Yes, well I've learned to accept it, and have stopped asking "why?" I'm not saying I'm not angry anymore. Sure, I'm still angry."

Michelle's reflections also reinforce the struggles with self-blame, and the question "why?" Her comments also surface her Native identity, her growing self-esteem and the theme of survival:

> "Knowing other people have gone through it. I'm told its not my fault. I still feel that it is my fault. I still have a long road to walk down...Yes [my thoughts and feelings about the past sexual abuse have changed] obviously like I said, I am who I am. I'm learning to love myself. Being Native, practicing in the Native traditions. I'm happy and proud of being Native. I'm a proud Native woman who has had a lot of problems in life. But I will survive. The sexual abuse doesn't hurt anymore. What hurts is understanding why."

The ultimate damage to the self is to feel <u>emotionally dead</u>, to feel that one has not (or perhaps will not) survived. Michelle's answer introduces the theme of survival as a persistent theme for some clients as they reflect about their changing self.

Echoing Michelle, **Doris** says:

> "I have no idea how or why I have survived. Now I know that none of these things should have happened to me. Mooka'am is helping me. They are helping me to see that this should not have happened.."

The importance of "the surviving self" was conveyed collectively during a planning meeting for the Institute for the Prevention of Child Abuse's Conference. The women decided informally to call themselves "survivors," not "victims."

Ruby's initial comments suggest that her thoughts and feelings about her sexual abuse have not changed. Yet, as she continues to reflect in later interviews, a different picture emerges. Her comments surface some dynamics of healing, including the importance of insight:

> **"No, 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."**

Healing as a process of reinterpreting the past and gaining insight
will be taken up in the section on healing.

A change in the sexually abused self may begin before the issue is
explicitly raised in therapy. For example, although **Tammy** does not
report a substantial change in her thoughts and feelings about self
as sexual abuse victim, her comments suggest a healing process in
motion:

> **"No not really. We haven't really gotten into it yet.
> Charlene knows a little, but most of the time I'm there
> talking about [my partner] and my present situation. I'm
> more aware now. I can identify my feelings now. Yes, just
> helping me understand about my feelings, about sexual
> abuse and what it does, and the reasons why it
> happens...."**

For some, the changing self is reflected in comments that abuse no
longer dominates their lives. There is a new sense of being in
control. **Pam's** comments are remarkable for their insight:

> **"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."**

An emotional distancing from the events, or a new sense of control,
seems evident in **Judy's** answer during her third interview:

> **"I don't think about it anymore. I remember it. I can
> look back and remember it."**

Ronda is more explicit about control:

> **"Yes [my thoughts and feelings about the past sexual abuse have changed] to heal from the abuse. I wasn't in control of my life."**

As the women talked about their changing thoughts and feelings about being victims, many convey a better sense of themselves in a variety of roles, including parenting, social situations, and close intimate relationships. (See the above comments from Susan and Michelle).

Lisa recalls:

> **"Yes, I remember talking to Cindy about going into a room of people. I can do that now. I can go right in."**

And **Pam** again:

> **"Well, I like the intercourse, yet I still seem to follow previous patterns when I date men"**

Still others talk about having better feelings, increased self-esteem and Native pride.

Changes in Self-Esteem

Partly the result of the sexual abuse, partly the result of surrounding dynamics of the abuse, and partly the result of other events, sexual abuse victims have very low self-esteems. As we have shown, all program activities in one way or another attempt to raise the participants' esteem.

To obtain a reading on program impact on self-esteem, we adapted a self-esteem measurement tool from the literature. (See Appendix "A"). This tool consists of five structured questions, each asking for the respondents' sense of self-satisfaction, usefulness, attitudes and respect. Answers were quantified, and summed for an over-all measure of self-esteem. The individual scores for each interview are detailed in Figure 7.

The results indicate that for most women, the Mooka'am Program appears to raise self-esteem:

.   Seven of twelve women expressed higher self-esteem as they progressed through the program.

.   For three, there was evidence of lower self-esteem at the third interview.

.   For the remaining two, there was no change, although one of these initially conveyed very high self-esteem.

The inference that Mooka'am helped to make a difference is supported by other data, to be reviewed later in the report. **Most women, when asked to report on their experiences with the program and their sense of the dynamics, refer to their changing sense of their self-worth.** This theme is repeated again and again in elaborations to other questions.

Along with low self-esteem, the inability to trust others is another significant dynamic in sexual abuse. Consequently, we devote considerable space exploring ...

Trust and Intimacy

The Mooka'am Program assumes, along with other programs and therapists, that sexual abuse victims have difficulty trusting others. Throughout their lives, starting with the sexual abuse, others have consistently betrayed their trust. These assumptions concerning trust were confirmed in this research:

- Eight (8) of the twelve victims described themselves generally as either "having difficulty trusting other people" or "trusting too easily."

- All interviewees, including those satisfied with their capacity to trust, named types of people who they couldn't trust: men (5 women), a partner (5 women), people in authority (2 women), people who behaved a certain way (aggressive, lie, mean, conniving, con artists, not capable of being real, unaccepting, gossips, sarcasm, and uncaring) (3 women).

The Experience of Trust

The dynamics of interpersonal trust include how people experience others. A trusting or mistrusting response is very much affected by the subject's reaction to a person's qualities (eg. gender, colour, ethnicity, etc.), or behavior. The interpretations of another's behavior is important.

The interviews surfaced several patterns which begin to clarify the clients' experience of trust. Besides naming easy and difficult people to trust, their comments surfaced ideas about trusting behavior. Specifically, participants offered explanations or accounts of why they did or did not trust certain kinds of people. These accounts surfaced the following themes:

"Being let down"

Some want to trust others and "give them a chance" until they "screw up" or "take advantage" of the trust (2 cases). Similarly, "I basically trust in the beginning and when they do something to me I just step back and watch," and "in the past I trusted too easily. I always got hurt" (1 case)

"Reminders of bad experiences"

Others distrust certain kinds of people (eg. those in authority, older women because of bad experiences, including abuse, with such types in the past) (4 women).

"[Those who are difficult to trust are] authority figures, whites, blacks. I was abused by authorities, white people and black people as a child."

"[The most difficult to trust are] sarcastic, harsh, aggressive, people...They remind me of people who have

hurt me."

The sometimes fine distinctions that are made concerning objects of trust are evident in this woman's answer:

> **"..easiest [to trust] are women, but I've been hurt by this sometimes. Men are hardest to trust. I hurt more being hurt by a woman than by a man. What I've figured out..It's my mother and most women who have abused me. I can't trust them and I just stay away. The easiest to trust are women of my own age (Native). The most difficult are older women, because I don't have a good history of the women in my family. I want to trust them but it's hard."**

"Ambivalence towards partners and friends"

Still others harbour suspicions of even those with whom they are close, including <u>friends</u> ("a conspiracy kind of trust," "what is it they want from me?") and display ambivalence concerning whether to trust (1 case).

Ambivalence concerning trust also characterizes feelings towards <u>partners</u> (3 cases):

> **"people I will be romantically involved in because I feel vulnerable... they could hurt me, so I become wary of it";**

> **[Difficult to trust] .... it's a loving relationship and I question it because he is so good to me. He really cares about how I feel. He is honest"**

Trusting may mean "owing them something..an explanation, for instance".."[having] to answer to them"; for one person, this account of trusting difficulties with friends explains why "I don't hang out with my friends too much, and that's why"

"Making inferences about others"

Some peoples' explanations about their trusting or mistrusting feelings involve <u>inferences that they make about other people and their behavior</u>. Thus, people are difficult to trust because:

> **"They don't understand me; they look on the outside."**

"A spiritual basis for trust"

One woman's elaboration of her trusting feelings touches upon her spirituality:

> **"My spirit will trust another person's spirit...If your spirit is getting negative feelings, it's a warning not to get too close to them"**

> **"Healing as a basis of trust"**

For some (2 cases), having gone through healing provided a foundation for trust:

> **"[The easiest to trust] are the people I'm involved with on this healing journey...the people who have helped me. [The most difficult to trust are] are "anybody in everyday life who have not gone through this healing."**

<u>The dynamics of trust</u>

As indicated, the participants in the Mooka'am program were not entirely mistrustful of everyone in their lives. Almost all women named people or the types of people they could trust. As well, most offered glimpses into why some people were worthy of trust, although their descriptive words were very different.

Those worthy of trust were: understanding (1), kind (2), knew what they were talking about (1), not "know it alls" (1), know something about the person (1), respectful of the person (2), friendly/good natured (1), open (2), honest (2), those who the person understands (1,), men who "come back" (1), people who have "helped" (2), those who the person has no unrealistic ideals (1), people who have healed (1), and gentle people (1).

Although very different, these words convey the theme of <u>empathy</u> or <u>mutual understanding</u>. Words like "understanding," "know something about the person," "open," "honest," and "those who are understood" comprise nine (9) of the 21 references to persons deemed "easy to trust." In other words, these program participants are more likely to trust someone with whom they are in a relationship where mutual

understanding is paramount. This has implications for practice.

Changes in the Capacity to Trust

Mooka'am strives to offer experiences that will make their clients more trusting. Trust is established holistically through the dynamics of the therapeutic relationship, the structure of traditional healing, (eg. non-confrontational), and agency policy (eg. Native run, Native staff, offering clients part-time work, etc.).

Trust is promoted initially through an empathic therapeutic relationship in which clients feel safe and consistently valued. This extends to the healing circle where others, including staff, discuss their issues openly and without judgement.

To what extent does Mooka'am impact clients in their capacity for trusting others? The results (Figure 8), though not conclusive, are hopeful:

. **Of the eight persons describing themselves as having difficulties trusting others, five (5) showed patterns of change towards more trusting feelings.**

. Two of the three who did not change could not be interviewed a third time, but reported on-going difficulties during the second interview. One woman was at an early stage of her program, and trusted her therapist.

One who did not change over the course of three interviews appeared to fluctuate over time, and finally lose her ability to trust. Initially, she reported having a particularly difficult time trusting romantic involvements because **"I feel vulnerable, they could hurt me."** Yet, during the first two interviews, this woman finds it easiest to trust ...

> **"..people like therapists, because you don't know them personally, [and] they get paid to do what they are doing. They are objective," and family members because "I understand them, [and] have no superficial unrealistic ideals about them."**

By the third and final interview, she claimed that **"nobody is [easy to trust], and men are the most difficult"**

Trust and Comfort in Entering Certain Situations

**Those who changed in their capacity to trust others also became
more comfortable in social and interpersonal situations.** As
indicated in another section, several participants attributed this
discomfort to their history of sexual abuse.

Three of the four women who still could not trust by the last
interview, associate their discomfort in social situations to their
past sexual abuse.

Changes in Involvement in Intimate Sexual Relationships

The clinical and research literatures link issues of trust and the
capacity to enter intimate relationships. This is an important
assumption of the Mooka'am program, and our review of case notes
shows that considerable therapeutic time address issues of
intimacy.

Our evaluation suggests that **Mooka'am is indeed having an impact on
intimacy** (Figure 9):

.   At the time of the first interview, one-half of the women were
     involved in intimate sexual relationships. Of the six who were
     not, four had established intimacy by their last interview.
     One woman who was still not in a relationship expressed
     readiness, although she still admitted having difficulty with
     men.

                              *   *   *

Together, these results suggest that Mooka'am is having a moderate
**impact on the clients capacity for trust and intimacy as they
progress through the program. Later analysis of their over-all
reflection of change in this area lends further strength to this
conclusion.**

Towards Emotional Well -Being

Sexual abuse, with its consequences for thinking, self concept, and relationships is known to affect the victims' emotional state. Depression is frequently reported. Often there is a disjunction between the emotional and thinking self. In the most extreme case these splits in self are described clinically as the "multiple personality."

The Mooka'am Program, primarily through its therapeutic component, seeks to surface and normalize feelings, examine their foundation and refocus them towards functional living.

The study delved into each woman's emotional well-being. We asked about their state of mind early and later in the program, and explored the issues affecting their emotional states. We also explored their sense of coping and how these changed as they moved through the program (See next section).

Emotional well-being was assessed indirectly through three questions concerning...

.   Recent feelings of <u>nervous breakdown</u>

.   <u>Descriptions of feelings</u>, generally, "these days"

.   <u>Suicidal</u> thoughts

These questions, adapted from a community mental health study, replaced an in-depth clinical assessment. **The results confirm that Mooka'am program participants indeed suffer emotionally.**

.   All twelve participants reported feeling close to a nervous breakdown at some point during the preceding three months (Figure 10)

.   Ten of the twelve initially described their spirits as "low" or "very low" (Figure 11)

.   Six women admitted to thoughts of ending their life shortly before the first interview; another had similar thoughts at the time of the third interview; two others recalled suicidal thoughts before beginning Mooka'am, but not since (Figure 12)

What issues influenced the emotional state of Mooka'am participants?

To study the program's impact on emotional well-being as the participants progressed through the program, we probed the sources of their feelings, and the circumstances lifting or lowering their spirits.

Descriptions of being close to a nervous breakdown cluster around a few themes: current or past abuses (4 women); negative or broken relationships (4 women); difficulties with parenting (3 women); family issues (2 women).

The women associate their nervous breakdown feelings with certain events (eg. participation in court), relationships (eg. physical or emotional abuse by current partner) or mental processes (eg. obsessions, flashbacks). In turn, these evoke feelings (fear) or interpretations of one's situation, particularly "I am alone" or "I am losing control of my life."

The **sense of aloneness** as a triggering interpretation is illustrated in the following quotes:

> **"Discovered I was originally abused and it was the actual events of what they did to me. The hardest part was when I was in it all by myself. I did not know that others had gone through that abuse. I just needed a kinship and I couldn't find kinship with anyone."**

> **"Last February I was two months pregnant. [My partner] left me. He met a girl and stayed with her for three weeks. I was really frightened and alone. He said I drove him away because of the way I was behaving. I stayed away from work for two weeks."**

> **"Yes [I felt close to a nervous breakdown] twice, realizing that I'm alone, no matter how people are close to you, if you do something that they don't like or I say something that they don't like. Sometimes I don't know how to**

> **react. [My partner] sometimes beats me and threatens to leave me. I beg and beg him to stay because I don't want to be alone.."**

Three women also introduced the theme of "<u>losing control</u>" in their explanations of feeling close to a nervous breakdown.

> **"[Court] would get remanded and then I would have to psyche myself for going to court again. When I went to jail I lost total control of me.."**

> **"My kids are away. I feel guilt because they are in that situation. I feel like I'm not in control."**

> **"Yes [I did feel close to a nervous breakdown]. When the drug dealer lived with us. Because when [he] came in, he did what he wanted. I was getting back control of my life and someone came in and tried to destroy what I had done."**

Changes in Emotional Well-Being

By comparing responses over the course of the interviews (Figures 10-12), we found <u>dramatic positive changes</u> in the women's progressive sense of emotional well-being:

.   Nine (9) of twelve women no longer felt close to a nervous breakdown in the months before the last interview.

.   Seven (7) of twelve reported positive changes in their spirits

.   Of the six (6) women reporting suicidal thoughts before the first interview, <u>not one</u> reported such thoughts by the last interview. One woman who was not suicidal at interview 1 and 2, did in fact consider ending her life during the few months before the last interview.

Mooka'am partly counters the spectre of depression and threats to emotional well-being by teaching participants more appropriate coping methods. How did the Mooka'am participants cope with these threats to their emotional well-being? Were there any changes in their coping methods over their participation in the program? We now turn to methods of ...

Coping

Sexual abuse victims often find themselves in stressful circumstances, and typically use self-destructive methods for coping. One goal of the Mooka'am program is to teach program participants effective problem-solving, guiding them away from destructive patterns such as alcohol or drug use. In a preventative way, Mooka'am staff also strives to help clients relax and enjoy life.

Coping Methods

How do these women cope with the stresses and low periods of their lives? To determine this, we asked the participants to describe (i) their ways of handling feelings of being close to a nervous breakdown, and (for those who were suicidal) (ii) the thoughts and actions which prevented them from taking their own lives.

A variety of methods were described. We categorized these as follows:

- Private reflective methods in which the women try to change their thinking about issues, examine their attitudes towards problems and how they respond, stay away from negative thoughts, wait the problem out, or write.

- Traditional methods, such as smudging, prayer, and other spiritual means.

- Using drugs or overeating

- Seeking therapy or assistance from other community resources, such as the police or another agency.

- Talking and seeking advice from informal social supports such as friends, relatives, and partners.

- Attempts to change unsatisfactory relationships

- Other methods which include exercise and nutrition, and socializing.

The first three summarize somewhat solitary coping responses, usually done without the assistance of others. The others require

taking "actions": seeking help from professionals or others in one's life space, or directly trying to change the source or root cause of the problem.

<u>**Changes in Coping**</u>

Proceeding through the program, program participants reported subtle shifts in how they coped (Figure 13):

.   Three of the six women reporting changes in how they coped with suicidal thoughts used more private methods such as reflectively changing their thinking patterns or attitudes. Initially, suicidal thoughts prompted contacting friends, their therapist, or family members. One woman described how, through Mooka'am's therapy, she had learned specific ways of dealing with self-destructive thoughts.

.   Two women, also suicidal initially, reported the use of active problem-solving approaches. Both involved confronting their partners in a stressful relationship.

.   Still another woman, the most suicidal of the group, could offer few insights into what kept her alive, except that "she wanted to live."

Three other women, not suicidal during their early participation in Mooka'am, reported having suicidal thoughts before starting the program. Each of these reported no such thoughts as they proceeded through. Their explanations reflect a certain attitude: **"Life is a gift. I honour life"; "I know now that [such suicidal thoughts] are irrational"; "I am afraid to die."**

All twelve women in the study sample initially felt close to a nervous breakdown, although such feelings clearly disappeared as they progressed through the program. Our analysis suggests that the way they coped with such feelings also changed over time. Two patterns are evident (Figure 14).

The women became <u>more resourceful</u> over time as they responded to various threats to their emotional well-being. Initially they would try to cope with such feelings with limited or destructive means (eg. drugs, overeating, withdrawal, working things out on their own). As they progressed through the program, they began taking <u>more</u> actions to help themselves, actions which involved <u>human or traditional supports</u> (eg. talking to friends or relatives, seeking help through therapy or other community resources, traditional methods, etc.).

With a few exceptions, the women began to use more <u>active</u> problem-solving initiatives, talking to friends and relatives, taking action against the root causes of their unhappiness, seeking other

community help, and raising issues in therapy. The theme of "talking openly" or "expressing their issues" comes through repeatedly.

The Use of Alcohol and Drugs

Many people, including sexual abuse victims, are known to abuse alcohol or drugs to cope with stress. The Mooka'am model assumes that using substances in this way is inappropriate for solving problems or reducing stress, and may introduce more complications.

Mooka'am's efforts to counsel more appropriate coping or problem-solving aims to reduce the reliance on alcohol, drugs, or other activities such as overeating (Figure 15). Because Mooka'am is not equipped to provide in-depth substance abuse counselling, serious cases are referred to specialized agencies, such as Pedahbun Lodge.

What evidence do we have that participation in Mooka'am reduces the need for substances or overeating? Initially, five women (5) reported that alcohol or drugs were "too much" a part of their lives. Another interpreted eating disorders (anorexia and bulimia) as equivalent to the inappropriate use of drugs and alcohol. Three others see themselves as social but not problem drinkers. Another three do not use alcohol or drugs, although one of these was an abuser before the program.

- **As these women progressed through the program, most began to change in their use of drugs and alcohol.** Three of the five stopped regarding themselves as problem drinkers or drug users. One other still had problems by the second interview, but could not be contacted for a third interview. The woman with the eating disorder had taken concrete actions by enrolling in an eating disorder clinic. All of the other women sustained a social drinking pattern or did not use drugs or alcohol.

Tammy's self-assessment as having drug and alcohol problems remained unchanged throughout all three interviews. Yet, as the following case description shows, she conveys an important sense of change in the behaviours accompanying her use of alcohol and drugs. She also begins to change her interpretations of her behaviour.

Tammy: A Close Look at Persistent Alcohol and Drug Use

Tammy described alcohol and drug use as a "pretty big" part of her life at the times of the first and second interviews ("both cocaine and alcohol"). By the third interview she describes alcohol as "not a very big part of her life," but that she was "still fighting with it."

At the time of the first interview she reported using drugs or alcohol "every day," dropping to "every two days, one or the other or both" by the second interview. By the third interview she said that "she doesn't feel a need to" use drugs or alcohol.

Concerning the circumstances of her drugs and alcohol use, Tammy reports that it was "part of her life style for one and one-half years." She didn't use drugs or alcohol with "anyone in particular, just whoever is around. Nothing triggered the use of substances by the second interview, "no special reason, it's now a habit." By the third interview Tammy drank mainly with her boyfriend: "[Boyfriend] may have a six-pack, and I may want one." The description suggests mainly social drinking at his place, with friends, or at bars.

Tammy's descriptions of her moods during alcohol or drugs, and the way these episodes end are instructive. Descriptions of her mood shift from "happy..I guess so" (interview 1) to "There is no mood when you're on this. Just blank." (Interview 2) to "Pretty good" by the third interview.

Describing how drinking or drug use episodes end, Tammy says:

> **"It wears off. I don't like being drunk. I just drink to get a buzz. I drink 2-3 beers to keep me warm before I go out to work. Then I just sleep........ [Interview 1]**
>
> **I know when I drink I use "crack." Drinking sets it off...[Interview 2]**
>
> **Six is my limit now. If I drink more than that, we usually get into an argument" [Interview 3]**

During all three interviews, Tammy described herself as having a problem with drugs and alcohol. Elaborating on this, she explained:

> **"I'm not very good at managing money. If I don't put my money in the bank right away I will spend it all on dope. Then it's gone.." [Interview 1]**

> **I'm not very good at managing money. I sometimes spend my money on foolish things right away so I have nothing left over for drugs. An odd way of coping... [Interview 2]**

> **[I have a problem with drugs and alcohol] If it's around me. I like to do it, drugs or alcohol. I'm OK if I'm not anywhere where it is."**

Tammy believes that, since beginning Mooka'am, there has been a change in her use of drugs and alcohol, and the way she thinks about them. She describes the changes in frequency (binges now, then quits) and reasons, ("**There is no excuse to do it now; before, I had a trillion excuses to do it. Now, I just do it**"). Finally, in the third interview she states: **"I found that the use of drugs would put a barrier between me and my beliefs. I prefer to have my beliefs."**

By the third interview, Tammy believes that Mooka'am had contributed to the changes over several months:

> **"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."**

<div align="center">* * *</div>

Among those Mooka'am participants using drugs or alcohol, Tammy's self-concept as a problem user showed the least change over the program. Yet, even Tammy displays the beginnings of change. Although she still uses, the frequency and pattern (from "everyday" to "binge") are different. More importantly the "meaning" of alcohol and drug use is shifting from "a habit" to "a barrier between me and my beliefs." She feels that "problems seem a hundred times worse "when she abuses drugs or alcohol.

From Vulnerability To Self-Protection: Safety, Support and Relaxation

Adult sexual abuse victims are often physically or emotionally vulnerable in harmful circumstances or relationships. They are at risk of revictimization. They may even victimize others. Our data confirms what is known from the literature concerning why this happens:

. Some are financially strapped, and live in inexpensive, higher risk neighbourhoods

. Some, because of limited skills and/or negative self-concept, are drawn to high risk work, such as prostitution

. Others may lack the skills, confidence or assertiveness to control interpersonal situations which get out of hand

. Some, because of negative self-concept and circumstances, share their lives with partners who are emotionally, physically, and sexually abusive

. Still others live isolated, lonely lives without fun, relaxation and ways to alleviate their stress in a natural way

To a large extent, Mooka'am is preventative in its mission, giving victims the emotional strength and interpersonal skills to protect themselves. Efforts are also made to help women build strong supportive relationships within their life-space. Mooka'am addresses safety issues and dynamics through two of its goals:

"To help participants develop healthy and enduring relationships with peers and members of the opposite sex, based on non-victimization"

"To increase their self-help potential, including the ability to participate in a healing community"

To assess the program participants' movement towards these goals we examined <u>first</u>, their changing sense of safety, and their capacity for self-help through safety knowledge and actions. <u>Secondly</u>, we examined the strength of their support system of friends and family members. <u>Finally</u>, the study examined how participants look after themselves emotionally and physically through an appropriate use of leisure time and relaxation.

Safety Self-Assessment

Our research showed that, initially, eight of the twelve women felt at some risk of personal harm. This harm came <u>primarily</u> from themselves, their partners, or their family. Six of the nine women with children expressed concerns over their children's safety. However, **as they progressed through the program, these risks were less for several women, and most had become more sophisticated in the safety knowledge and practices (Figures 16 and 17).**

Over the three interviews the women identified as sources of possible harm either their relationships (i.e. boyfriends, partners) or themselves (eg. bad decisions, communication style, drinking, drugs, life-style, etc.). Some felt at risk from fellow tenants, peers, the city/neighbourhood, and family members.

Parents saw their children as vulnerable from many sources, including the <u>parent herself</u> (poor parenting, lifestyle), her partner, other family members, and the children themselves.

Concerning change in safety assessment, the results are positive though not dramatic.

- By the third interview, 4 of the 8 concerned women reported <u>feeling safe and generally free of harm</u>. Four did not feel safe at the beginning, nor by the last interview.

- <u>Concerning their children</u>, six of the eight concerned parents reported a more positive sense of their childrens' safety as they progressed through the program.

Given the concerns for the children of abuse victims, and the premise concerning "intergenerational abuse" the results for the children are encouraging.

Safety Knowledge

Beyond the simple assessment of how people felt about their own safety, other results suggest that Mooka'am's efforts to instill a greater sensitivity and perhaps sophistication concerning safety is bearing some fruit (Figures 16 and 17).

- Asked "What it takes to be safe and secure", 10 of 12 respondents shared quite specific preventative actions to secure their own safety or that of their children. Two people either had no specific ideas or talked about actions that would be taken after harm had occurred.

- For the group as a whole, preventative ideas were predominantly "action-oriented" (eg. take care in selecting friends, avoid potentially harmful situations) or were concerned with "self-development" (eg. stability, skills).

Preventative ideas fall into five broad thematic categories:

- <u>Parenting actions</u> (teaching, monitoring, recognizing implications of own actions); (2 people)

- <u>Self-development</u> (stability, self-knowledge, strength, esteem, skills); (5 people)

- <u>Seeking or staying in a certain environment</u> (safe neighbourhood, social support, Native environment, awareness of environmental threats); (5 people)

- <u>Following traditional beliefs or resources</u>; (1 person)

- <u>Actions</u> (control people in life, assertiveness, avoid potentially harmful situations, use legal authorities, maintain sobriety). (6)

Concerning the <u>scope of people's prevention ideas</u>, that is, whether people endorsed a narrow or broad (holistic) variety of ideas, ideas ranged over 1-3 of the above categories. For example: 4 people mentioned 1 type of prevention; 4 people mentioned 2; and three mentioned 3 types.

Concerning change in people's ideas as they progressed in Mooka'am, six people became more holistic in their thinking about prevention. That is:

- From interview one to three, 6 people <u>showed expansion in their prevention ideas</u>. Over time they expressed a broader variety of prevention ideas. One woman, for example, talked initially about the importance of her physical and emotional strength for safety and security, later adding the home environment.

<u>Safety Actions</u>

Questions concerning specific preventative actions surfaced a number of ideas (Figures 16 and 17). With program experience, some learning had occured:

- Asked what would they do <u>to protect themselves from harm</u>, a variety of actions were proposed in the group as a whole.

- **Over the course of their participation in the program, ten of twelve people proposed a <u>greater variety</u> of actions to protect themselves from harm.**

- Asked what they would do <u>to protect their children</u>, participants would: remove them from the situation or eliminate the source, such as ending a relationship or changing their own behaviour (8 cases); contact Mooka'am (3 cases); contact legal system (4 cases); contact other authorities (2 cases); physical vengeance or defence (3 cases); contact a friend or family (3 cases); communicate/instruct children (2 cases).

- **Over the course of program participation, 7 of 9 participants who had children in their care changed in the direction of <u>proposing a greater variety of actions to protect their children</u>.**

<u>Handling Potentially Harmful Circumstances</u>

One of Mooka'am's assumptions is that victims of violence may re-enter harmful circumstances, running the risk of becoming victims again. One of Mooka'ms goals is essentially to empower the participants to avoid a re-victimizing process. Whether this happens, and how, is the subject of this section (Figure 18).

Program participants were asked whether they sensed any changes in their handling of potentially harmful circumstances since beginning Mooka'am, and if so, in what ways? **All but one felt able to handle such circumstances differently, and all of these described ways that Mooka'am had helped.** One woman had not experienced such circumstances, and felt unable to comment on change.

Close inspection of the data suggests a simple model for reporting these results. The model summarizes the experiences with harmful situations in terms of four central processes:

- <u>entering</u> harmful circumstances

- developing an <u>emotional</u> (fear, anger) or <u>cognitive</u> ("this is dangerous!) <u>response</u> to unfolding events

- <u>behaviorally</u> responding (withdrawl, talking, fighting); and,

- <u>reflecting</u> about harmful circumstances "away from the scene".

The data suggest that Mooka'am empowered the program participants to avoid or deal with harmful circumstances, by responding differently in or one or more of these "phases".

One theme, for example, voiced by three participants, reflected a sense of being aware of "potentially harmful situations" or "how situations become harmful if not stopped." **Tammy** shares her insights into why she no longer finds herself in risky situations.

> **"...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."**

<u>All</u> but one participant <u>believed that Mooka'am made an impact on their ways of handling potentially harmful situations</u>. Mooka'am accomplished this by:

- helping them to reflect on, or "cope with," such situations (1 case)

- helping them gain "new perspectives" on harmful situations (2 cases), or approach situations with a "clearer mind" (1 case), such that they do not respond angrily, or otherwise escalate the threat (1 case)

- teaching them to find better solutions (1 case)

- improving self-esteem, thereby allowing a more assertive approach in harmful situations (1 case)

- "drawing emotional strength" (1 case), sometimes through prayer (1 case)

- improving parenting skills, such that harm is not brought to children (1 case)

- helping participants "gain new awareness" of potentially harmful circumstances (3 cases); or awareness of themselves (3 cases), such that they avoid certain situations (1 case), or respond differently (2 cases).

- promoting the development of <u>assertiveness</u> (4 cases) (such that participants can control others' harmful actions), or <u>independence</u> for more appropriate decision-making (1 case)

- developing communication skills for "talking out," or "talking calmly" in harmful situations (1 case)

- being available or supportive during crises (2 cases)

Self-help and protection also come about through the strengths of one's natural support systems of friends, relatives, neighbours or others. Abused women are often isolated in the city, with no one to turn to during times of emotional need or severe crises. Their difficulty in trusting others may hamper the development of close ties with others.

We now turn to an examination of...
<u>Support Systems</u>

To examine, and document changes in Mooka'am participants' support systems, we asked the women to identify:

- who they can rely on for help in <u>everyday matters</u>

- the number of people that could be contacted in an <u>emergency</u>

- numbers and categories of people they <u>feel close</u> to

Supplementing this information, we also probed their own <u>sense of satisfaction</u> with their support system in case of emergencies, and their satisfaction with their emotional closeness to others. Again, information was gathered on three separate occasions as the women progressed through the program (Figures 19-26).

In the following summary we present the numbers and the scope of people in the various support systems. "Scope" refers to the different categories of others, including friends, relatives, neighbours, and therapists.

<u>Who can they count on?</u>

Our over-all judgement is that as the women progressed through the

Mooka'am program, the strength of their supportive relationships increased.

.   Nine of twelve reported increases in the <u>number of people</u> they could rely on for "help in everyday matters" (Figure 19); almost all involved changes in the scope of their network (Figure 20).

.   The picture changes in <u>emergencies</u>. Five women reported increases in the numbers of people they could contact for help in an emergency. Five women reported decreases in emergency support people. Those who decreased could call on 1-4 people (Figure 21).

.   Eight of the twelve expressed <u>satisfaction</u> with their emergency network, though the actual numbers decreased for some women (Figure 22).

The third finding may suggest that, though the numbers of "emergency support people" decreased for some, an improved "quality" of support (eg. responsiveness, helpfulness, trustworthiness) may have created more comfort.

One interesting set of findings (Figure 23) confirms the quality of trust in relationships between staff and clients. **Eleven of the twelve women included Mooka'am staff among those they could count on for everyday help.** Further, this pattern persisted over all three interviews.

<u>**How many do they feel close to?**</u>

Having a sense of closeness to others fulfills both psychological and social functions. For this study, we believe that having emotionally significant others reflects an individual capacity to create or sustain a special kind of relationship. As well, once in place, such relationships of trust, identification, and belonging are known buffers against emotional crises, including threats to one's core identity. They are places where one can "be oneself," and even test out what one might want to become.

The results for the women's sense of <u>closeness to others</u>, although not so dramatic, are nevertheless encouraging (Figure 24).

- Six of twelve women increased the <u>number of people</u> they "felt close to." Three did <u>not</u> change, although they had several emotionally significant others to begin with. (4,5, and 8 people, respectively). Two of twelve decreased the number of emotionally close people, one of these quite substantially.

- Five of twelve women increased the <u>scope</u> of people they feel close to; five showed no change in this regard. Two decreased the scope slightly (Figure 25).

- Four of twelve women expressed greater <u>satisfaction</u> with the number of close people as they progressed through the program. Another five were satisfied through all the interviews (Figure 26).

One question that is frequently raised about therapeutic programs is whether clients become emotionally dependent on the staff. There is one indirect indication that this is not so at Mooka'am. Only four of the twelve women count staff among those they feel closest to, over the three interviews (Figure 23). Most women only named friends, relatives or partners as their emotionally significant others.

Towards Stronger Family Relationships

The family relationships of sexual abuse victims are often estranged. Some of this estrangement flows directly from the abuse (anger towards a perpetrator) or indirectly (anger towards the non-perpetrating parent). Yet other estrangement flows slowly from the kinds of lives lived by the victim and family members.

Our review of case notes confirmed this estrangement for several women, yet in their progress through the program, change is evident (Figure 27):

. By the third interview, eight of twelve participants indicated reliance on at least one family member <u>for help in everyday matters</u>. In four of these cases there was a notable change over the three interviews.

. By the third interview, six expressed <u>feelings of closeness to at least one family member</u>. Three of these had changed over time.

Our most dramatic finding pertains to "scope." The scope of the family network refers to the different types of family members identified as significant in their lives. Thus one woman may feel close to siblings only, whereas another's significant family includes siblings, a parent, aunts, uncles and so on.

. **In eight of twelve cases, the scope of the family network expanded as they moved through the program.** Some (4) expanded to include their natural family members as significant; others (3) expanded to include their partners' family. Of interest, in two cases unrelated people were included as "family."

*   *   *

Although the results are not as dramatic, there is a certain consistency of change in people who can be counted on, and those who are emotionally significant. We get a clear picture of less isolation over time, and a sense of closer bonds.

Common sense and research suggest that finding time for relaxation is another useful preventative approach, particularly for emotional well-being. Mooka'am's program philosophy, consistent with the traditional Native values of harmony and balance, teaches the importance of looking after physical and emotional health. Turning now to...

The Changing Use of Leisure Time

Organizing for leisure time and relaxation is an important part of the lives of sexual abuse victims. Often, because of mistrust, financial difficulties or isolation, adult victims do not set aside time for play, socializing or simply "getting in touch with their inner child."

Depending on individual need, Mooka'am staff provides direct teachings for relaxation, relaxation exercises, and help with self-esteem. Also, staff teaches the importance of leisure and "having fun." Whereas the above is typically done in therapy, the agency's summer camp provides direct opportunities for healing, recreation, and teaching - all in a traditional atmosphere.

To examine how the women used their leisure time, we asked: "Tell me the story now of how you relax and have a good time." We probed for descriptions of what they do, where, how often, with whom, and their satisfaction with their relaxation. As in other parts of the interview, we asked whether any changes in their leisure had happened since Mooka'am. Also, we asked if the program had contributed to change. The results follow:

At the beginning, most participants (9 of 12) were <u>not satisfied</u> with how much they relax and have a good time. As time went by, four women developed a greater sense of satisfaction; two fluctuated between satisfaction and dissatisfaction, but were dissatisfied at the last interview. Four of the dissatisfied showed no changes (Figure 28).

A close examination of the stories told by <u>those expressing clear or even fluctuating satisfaction</u> with their leisure shows that in most cases behavioral changes had occurred as they progressed through the program:

. Most had changed from a solitary use of leisure time in the home to <u>more social or community activities</u>. They became more involved with friends, family, or Native community events. Occasionally, they talked about relationships with new boyfriends.

. A few women connected their new-found relaxation to limiting their use of drugs or alcohol. Such changes provided more money for other things, and removed the tendency to "run to drugs to solve their problems."

. Women with children shifted from "spending <u>most time</u> with the

kids" to "doing some things for <u>themselves</u>."

Doris' story illustrates that relaxation and enjoyment of leisure need not be accompanied by substantial changes in activities or relationships. During both interviews, her times of relaxation consisted of solitary activities within the home (eg. word puzzles, reading, crocheting) or time with her children "just sitting and talking." By the second and last interview, however, she expressed an inner sense of satisfaction: "Now I take that time for myself." Commenting on her changes since beginning Mooka'am, Doris explained:

> **"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."**

From their own descriptions and perceptions of their leisure, what can we say about <u>the four women who showed no change</u> in their satisfaction? Although each was very different in their leisure activities, all relax alone (Figure 29). Two openly yearned for someone to share their recreational time, though both participated in Native community activities. Both women were missing something, more in their inner experiences than in their outer activities.

Pam, a woman heavily involved in Native spirituality, community activities, exercise and writing, declares:

> **"No [I am not satisfied]. I don't do it enough. And I have a hard time accepting, as it's all new to me. I never had it before...No [not satisfied] I feel I would like to be more peaceful inside. I have more work to do on that and I would like to see me do this with a nice Native mate!**

Lisa, also interested in dancing and physical exercise, links her sense of dissatisfaction to her anxieties in company:

> **"No [I'm not satisfied], I feel I should be doing something. I feel like I still have to be pleasing. I'm afraid of looking silly. That fear keeps me from doing things."**

These public fears draw Lisa to more solitary forms of relaxation, activities encouraged by Mooka'am:

> **"I really like writing in my journal. I really enjoy it; it's therapeutic and relaxing. I just sit there and enjoy, I don't have to prove anything or feel guilty."**

Susan is a very troubled woman who was heavily into drugs at the time of the interviews. The second interview was completed while she was in the hospital. Describing her times for enjoyment and relaxation, she pictures a solitary ritual for "doing cocaine":

> **"I set my candle. Get all my stuff ready. Put my music on. Do my toke."**

And, like the others, Susan is very dissatisfied:

> **"No I don't usually have a good time. [Sleeping is] an escape. It helps me stop the things in my head...No [doing cocaine] is not a good time. Now I'm using the experience of the last three months [to think about] how I would relax. I'm in the hospital now and relaxing, in a way."**

Given the number of people who remain dissatisfied with their ability to relax and enjoy themselves, we can claim only moderate program success in this area.

Breaking the Cycle of Abuse: Parenting

The Mooka'am Program aims to prevent an intergenerational cycle of abuse. Some, though not all, abuse victims have difficulty parenting. This, along with poverty, stress, or isolation, may create a risk of child abuse or neglect.

The medium for improving parenting practices and knowledge is the therapeutic relationship. Should parents raise parenting problems, staff focus on these either as psychodynamic issues (eg. self-esteem, abuse-related memories) or as learning needs (eg. parenting skills and knowledge). The women also have the option of raising parenting issues in the healing circle for consideration by the group.

Some women have children in the children's program, and certainly the child-parent relationship may be addressed in play therapy. Finally, the summer camp provides perhaps the best opportunity for staff to observe the interaction between parents and children. As well, parents can observe other parenting styles.

To assess program impact on parenting, the evaluation asked women with children to tell their parenting story. We asked them to cover the best and most challenging parts of parenting, their sense of success, and perceptions of change since starting Mooka'am.

As they reflected about their parenting and their own growth, several ideas surfaced. Some of these refer to values acquired as they learn more about themselves and parenting. Other themes touch upon issues which, though not resolved, are on-going targets for change in their own work.

. the importance and difficulty of <u>patience</u>   (3 women)

. having <u>fun</u> being a parent; playfulness   (4 women)

. being a parent should allow gratification
  for the parent (eg. can be a kid)   (8 women)

. balancing parenting responsibilities with
  other roles   (6 women)

. the difficulty and importance of handling
  anger   (5 women)

. the appropriate kind of discipline
  (eg., avoiding corporal punishment)   (6 women)

. parenting knowledge and skills   (5 women)

In a broad sense, these themes show that the women were struggling for balance in their lives. The role of parenting as a specialized social responsibility has its own bundle of skills and knowledge. These "technical" requirements often come into conflict with emotional responses evoked by memories of childhood, or perhaps a troubled life in the present. On top of this, is their need for gratification from parenting and life generally, and of course the need to attend to other roles in their life space.

If these are the general dynamics affecting these women's parenting roles, some very specific challenges also emerged.

The Experience of Parenting: Challenges

Asked to identify the most challenging part of parenting, the participants gave answers that cluster in five categories:

(1) Learning or applying parenting techniques or knowledge

- dealing with rebellion (1 case)

- disciplining and limit setting (2 cases)

- teaching (2 cases)

- knowing what is right (9)

- balancing love and other parenting responses like discipline and smothering (2 cases)

- knowing the developmental stages of children and the implications for child-rearing (4 cases)

- conflict management (1 case)

- communication difficulties (1 case)

- problem-solving (1 case)

- individuality (1)

- keeping the children happy (9)

(ii) Dealing with current life factors which influence parenting

- many people giving advice, lowering self-esteem as parent (1 case)

- the demands of work (2)

- the need for personal rejuvenation (1 case)

- not letting unhappy life control parenting (1 case)

(iii) <u>References to Parenting Progress</u>

- still learning (1 case)

- working on parenting, managing ok (1 case)

- now having fun..support..different expectations (1 case)

(iv) <u>References to limitations of own childhood</u> (4 cases)

(v) <u>References to protection concerns</u>

- drinking (1 case); safety (1); abuse from other parent (1)

Change in Parenting

The information on parenting leads us to believe that **most parents have undergone some change in the quality of their parenting since beginning Mooka'am.** We draw this conclusion from the women's reflections about their parenting, the number of unsolicited references to change, and their emphasis on strengths over weaknesses.

Nearly all persons interviewed reported parenting change since beginning Mooka'am. What separated the group was the enthusiasm and details with which they reported changes. We distinguish between those who conveyed a strong, clear sense of change (4 cases) from those who moderately spoke of changes (6 cases).

Strong Sense of Change

The following quotations illustrate a strong sense of change. We begin with a woman who attributes much of her change in parenting to traditional Native values.

CASE 1

"[I'm a pretty good parent. I have faults but

I try my best with my kids...I'm a better parent now and still better as time goes on. I'm a loving parent...I'm becoming a better parent as I learn more about our traditions. I'm learning more about discipline."

CASE 7

"I was really scared that I wasn't a good parent when I had that crisis 3 months ago. Now, I'm a very good parent. Yes, I'm a good parent...I don't feel as frustrated as I used to be. My tolerance is good. I know when to be good to myself...They all tie in together. To accept that I'm not perfect. There are times when I am overwhelmed by things. I would feel horrible when I yelled at my daughter. That has all changed. I'm firm with her now...[I am] still learning about myself. Parenting is talking, always talking things out. Apologizing and talking things out. Be consistent in disciplining."

CASE 8

[Asked to describe herself "as a parent" in the first interview, this woman replied..]

"Failure. I'm confused about parenting skills. I feel inadequate. [By the second interview she described herself as..] Good! [Describing her changes...] "Yes, yes [there has been a change]. I don't use corporal punishment anymore. The issue of the control with the nagging. I learned what discipline meant, appropriate rules, appropriate consequences... [Mooka'am staff] knew that I hit them too much. I told the kids they could tell on me if I hit them again. I told the kids that they could tell on me. That's the trust factor...Oh yeah! [Parenting changed] The control issues, letting go of the guilt, breaking the cycle or pattern. Helping then make their own

decisions, and learning to accept those decisions."

CASE 11

"[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."

["She draws from her own feelings about what it was like to be six and sixteen and attempts to understand what her children are expressing emotionally, through this process. Her 16 year old son has returned after a long absence. He lived with his father until recently. She also states she can now feel comfortable about helping him see alternatives and choices open to him when making decisions for himself" --- Interviewer's notes during interview]

Moderate Sense of Change

Six women convey a qualitatively different sense of change. What distinguishes this group from the others is a possible lack of enthusiasm for the parenting and parenting changes, mixed with references to on-going negative parenting. These women tend to emphasize changes in their inner selves but, unlike the others, few details are offered about changes in parenting behaviour, techniques or skills.

CASE 4

"[The best part of being a parent is] that I know that if I bring up my son with a lot of love he will never turn away from me. The

> child will love you till the end...I know that if I bring up my son with a lot of love, understanding and respect he will always be there for me. He will love me even after I die. If you do your job as a parent, then they will do their job for you as a child...I'm a good parent. I'm poor financially but I'm a good parent. [The best part is] seeing the smiles, hearing him tell me he loves me."

The next woman expresses consistent doubts about her parenting abilities over the three interviews, but balancing these with several positive comments:

> "I'm not patient enough. I try to give as much love to my kids as I can...I could be a better parent. I've been real grouchy with my kids...could be better.
>
> [The best part] is that I have healthy children and there is a lot of things I'm trying to deal with, with each new child...Seeing them grow. I'm seeing results now and they're good. Putting so much energy into it, it's good to see those results..Seeing them grow and growing with them.
>
> [Concerning the challenges of parenting] Dealing with each of their personalities. You have to be careful because they're so precious and the right decision has to be made and that's the challenge...Working on the same things. I used to think my kids were so bad. Now we have so much fun together. I have support now. I would dread talking about [parenting] before. My expectations are different now. I was a people pleaser. I would try to please the people over my child. Now I don't do that. I try to please my child...The children develop their own person. The challenge is to help him and allow him to be that person. The challenge is that you have to be really careful what you teach them."

"The best things about parenting"

Five (5) of nine women described more positive things about parenting over the course of the interviews, in comparison to the initial interview.

A close examination of the types of positive things mentioned shows that some focussed on themselves (i.e. behavior, feelings, or children's responses to the parent). Others focussed on the children's behavior, characteristics, or the relationship with the parent. We distinguish between "self-focussed" versus "child-focussed" descriptions of the positive experiences of parenting.

Seven (7) of nine participants referred to the child over the course of the interviews; two (case 5 and 11) focussed on themselves as the best part of being a parent.

References to Personal Change as Parents

In answers to questions about parenting there was a noteworthy variation in the numbers of times each participant referred to themselves as "changing." Some people (4) made no such references; one (1) person made one reference. Four people (4) made three or four references to having changed.
Of the four people who made frequent references to personal change, three of these conveyed a <u>strong sense of change</u> (see above) when asked specifically about whether they had changed since starting Mooka'am.

Strengths and Weaknesses in Parenting

During each interview the women were asked to talk about their sense of success as parents, including their strengths and weaknesses. We use this information first to assess their over-all self-concept as parents, and secondly to document any changes as they progressed through the program.

The results, summarized in Figure 30, although not dramatic, reflect change in a positive direction.

.   Over all three interviews, seven of the nine women make more references to positive qualities of their parenting than negative.

.   By the last interview, five of the nine women showed a greater rate of change in positive parenting self-concept. That is,

these women made increasingly more references to successes in parenting over weaknesses.

*   *   *

Complicating the challenges of parenting, many sexual abuse victims face obstacles in the material conditions of their lives. Some are ill-prepared to overcome such obstacles, and these may take priority over sexual abuse issues. The next section examines how Mooka'am clients engage in...

Problem-Solving: Meeting Life's Demands

Growing up in dysfunctional families, many sexual abuse victims did
not meet their developmental tasks during childhood and
adolescence. Inadequate development of life skills, combined with
low self-esteem and emotional immaturity, often create
complications in solving problems as adults. For some, the stress
is increased by social isolation, poverty and dysfunctional
relationships.

Mooka'am tries to help by counselling victims through major life
issues such as job-finding, supporting their problem-solving
efforts, and generally helping them to become well-rounded human
beings. Depending on the client's level of functioning, this may
require staff's direct intervention (eg. telephoning, completing
applications for housing) or support of their independent
initiative. Counselling may focus upon specific tasks or the
psychological blocks, such as low self-esteem. For some clients,
this can become quite time-consuming, prompting staff to wonder at
times whether other agency resources might be used.

The evaluation studied program participants' ability to solve
problems. We gave particular attention to issues in housing,
income, and education. We probed for any dissatisfactions in these
areas, what plans the women had for addressing these
dissatisfactions, and whether changes (or movement towards change)
were evident over time. Figure 31 summarizes the results.

**The results were quite positive: most of the women with issues took
steps to address their problems:**

.   All twelve women shared some dissatisfactions with housing,
    income level, or education. Six expressed dissatisfactions in
    all three areas.

.   Nine of the twelve women took specific actions to address
    these dissatisfactions. Depending on the nature of the
    problem, these involved:

    - moving to another location

    - enlarging or otherwise making their home more comfortable

    - enrolling in courses

    - obtaining a job or moving from part-time to full-time

employment

- consolidating debts

As we shall see below, most women believe that Mooka'am helped with these changes.

This information prompts us to conclude that program initiatives made an impact in these areas of life. Changes in housing, education or income have occurred, although we cannot comment on whether such changes have been accompanied by new life skills.

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

Introduction

We said that the analysis of program impact would be done in two ways. The <u>first</u> is to compare the women's answers in the three interviews. The information and inferences in Section A are based on this method. Clearly many changes occurred as clients progressed through the program. For a documentation and summary of all changes, see Figures 33 and 34.

The <u>second</u> method for inferring change uses the <u>reflections of the clients themselves</u> about their changes. Specifically, for each of twelve areas of functioning, clients were asked whether they felt they had changed since starting Mooka'am, and whether the program had made a difference. The following sections draw upon this information.

We begin with a general summary of these results. From there, we look specifically at each area of functioning, specifying the nature of changes and the program dynamics producing the changes.

Overview

An overview of the results for all areas of functioning produce clear and consistent results. **In all areas, most clients believe that participation in the Mooka'am program contributed to changes in their lives (Figure 34).**

Despite this general trend, there are some differences among individuals. Not all clients believed that Mooka'am contributed in <u>all</u> areas. <u>All clients</u> believed that Mooka'am contributed to <u>how they thought and felt about themselves generally.</u> All believed that the program contributed to <u>how they felt about themselves as sexual abuse victims</u>. All clients who initially saw themselves as having problems with alcohol, drugs or eating habits, believed that Mooka'am had positive benefits as they progressed through the program.

<u>Most (i.e. 9-11) clients</u> believe that Mooka'am made a positive difference in their moods and feelings, their plans for future education or training, keeping themselves safe, their sexuality and intimacy, and parenting. Slightly fewer, but still a majority,

believed that Mooka'am helped with their housing circumstances or environment, their family relationships, and their ability to relax and enjoy themselves. Finally, only one-half thought that the program helped with their financial situation.

We now look closely at each functional area, and the client's specific reflections on the program's impact on their lives. This analysis should contribute to program development in two ways: (i) by assessing whether actual program impacts are consistent with the program's initial planning assumptions, and by (ii) assessing other kinds of changes which, although beneficial, may not have been anticipated in initial planning.

The Dynamics of Personal Change in Relation to Sexual abuse Victimization

Program participants were asked to elaborate on how Mooka'am made a difference to their thoughts and feelings about the sexual abuse. Their answers provide a rare glimpse into the dynamics of healing from a client's perspective.

Some welcomed the opportunity and the encouragement to <u>talk about the abuse for the first time</u>. Several spoke about the beneficial effects of <u>talking</u>. Many talked about the <u>support</u> received within the program, including the feelings of <u>not being alone with the problem</u>, and the <u>sense of safety</u>.

In Evaluation Phase 1, we noted the <u>positive and respectful sentiments</u> expressed about the staff. This pattern continues into this phase, as person after person singled out one or other staff members, or qualities of the helping relationship.

People also referred to the helping features of specific program components. <u>Within the group</u> and the circle, participants found helpfulness from the discussion, "knowing you weren't alone with the problem," and the "release of emotions."

<u>Counselling</u> proved to be an important program component affecting participants' thoughts and feelings about themselves as sexual abuse victims. The counselling relationship has several components and therapeutic intentions. From the clients' perspective, though, the important processes were:

- support

- reinforcement of other treatment

- staff's non-judgemental, accepting attitudes

- staff expression of emotions

- teaching and guidance

- the release of feelings

- the client's own contributions to their personal change
- staff empathy

- the normalization of feelings

Safety

Ten of twelve clients feel that they are handling potentially harmful circumstances more positively. Briefly, Mooka'am helped them to...

- avoid or remove themselves from threatening situations

- stop the escalation towards interpersonal violence or emotional abuse

- seek help

- change their partners' behaviour

Mooka'am contributed to these actions by giving clients (5 cases) what they regarded as helpful new skills for heading off escalating situations. They learned to "control their own anger," be "more assertive," "talk calmly," and in some cases "better manage" the relationship.

Education

Ten (10) of twelve **women said that Mooka'am helped them in their planning for improving their education** (eg. upgrading). Group therapy (2 cases) or counselling (5 cases) contributed to a new sense of esteem, self-understanding, "personal strength," or "getting rid of the emotional baggage." This gave them the "confidence," "hopefulness," or "motivation" to consider pursuing their education.

Impact on Self

All twelve women firmly believed that Mooka'am had helped to create important changes in the way they thought of themselves. What is most important, Mooka'am helped them to . . .

- learn or strengthen their Native identity

- gain stronger self-esteem or self-respect

- achieve greater self-understanding

- develop assertiveness or independence

- become more trusting of self or others

The changing "self" is a dominant theme of change throughout.

Impact on Moods and Feelings

Eleven of twelve women talked about how Mooka'am had made a difference in their moods and feelings. Their answers reflected changes in ...

- their ability to express and deal with their feelings

- changes from negative to positive or constructive feelings

Social Network and Supports

Seven of the twelve women believe that the number of people they count count on, or feel close to, has changed since starting Mooka'am (Figure 32). Even the others reported a positive shift in the quality of their support system, brought on mainly by opening up to people they know.

Upon further reflection, the women reported that new or stronger relationships come about through the following program dynamics:

- achieving a greater awareness about issues, oneself, others

- having an opportunity, through the camp and healing circle, to meet other people

- through healing, they became clearer about choices of friends; learned to respect their own thoughts and feelings, became more open, and began to feel no shame

. changing relationships by establishing more appropriate boundaries, avoiding destructive behavior, trusting others, and building a relationship

Impact on Family Relationships

Eight of twelve women reported changes in their family relationships as a result of Mooka'am, including:

. greater closeness

. locating and building their natural families, and

. improved communications

Improvement in Parenting

Nine of the ten women with children reported positive parenting changes, through:
. appropriate anger management

. identifying children's needs

. meeting their own needs

. other parenting skills, such as communication, appropriate discipline, support of independence.

Improvement in Leisure

Nine of twelve women sensed that Mooka'am made a difference in the quality of their lives, through better use of leisure time, relaxation and generally enjoying themselves.

This happened primarily through...

. the personal healing process and "inner peace"

. learning to take time for themselves

. and other isolated changes such as establishing life goals, greater comfort when alone, and having opportunities (eg. camp) for leisure and making friends.

Capacity for Intimacy and Positive Sexuality

Eleven of twelve women reported a greater capacity for intimacy and in some cases improved sexual relations as they progressed through the program.

Interestingly, the explanations offered in this area suggest that the processes towards these changes may be more varied, in comparison to other areas of functioning. Women described their improved relationships as resulting from...

. 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

. a new capacity for intimacy through accepting another's love, not having flashbacks, and a new "fearlessness" regarding intimacy.

. learning to wait for appropriate relationships

The Abuse of Drugs, Alcohol and Food

As reported earlier, six women saw themselves initially as having problems with alcohol, drugs, or over-eating. Of these, five believed that positive changes resulted from participation in Mooka'am. The changes resulted from ...

.   being referred to specialized help

.   learning how to avoid drug or alcohol abuse

.   developing new feelings about drug or alcohol abuse

.   developing greater insight into the reasons for use

.   addressing the underlying factors

Housing

Eight of twelve women believe that being part of Mooka'am had helped them make changes in their housing situation or environment. Some were quite troubled and needed to make fundamental changes, such as relocation. Others simply needed to make their current housing more comfortable, pleasant or safe. Those <u>not</u> reporting changes did not see housing as an issue.

How did Mooka'am help? Again, the dynamics of help varied:

.   Some were helped to contact new housing programs

.   Others were supported in making decisions about purchases for their homes

.   Still others gained clarity about their needs, wants and priorities, prompting a decision to move

.   In a few cases, changes in housing came about through an improvement in relationships

Income

Many abused women have low incomes. Some are living in poverty. This is an issue for a sexual abuse program for two reasons. First, sexual abuse may not be an issue to tackle until the material problems are addressed. Secondly, some sexual abuse victims do not have the self-esteem, problem-solving or life skills for assuring appropriate finances.

One-half of the women in the program believe that Mooka'am helped with their material circumstances. This happened mainly through the development of "self-awareness," "self-esteem," or "personal growth" for discipline, coping, or "getting through the job."

Sometimes this involved acquiring financial or other material help.

To summarize:

The Mooka'am participants consistently and firmly believe that the program is making changes in their lives. The program seems most consistent in promoting a positive sense of self generally, and specifically in changing their self-concept as sexual abuse victims. More often than not, the women's emerging self-esteem and other personal strengths represent emotional resources to continue educational pursuits, job planning, and improvements in their housing situations. Impacts on family relationships, parenting and intimacy were also noted.

PRESENTATION OF SELF

The general message from information so far is that Mooka'am makes a difference to most women in the program. This conclusion is supported by information collected at three points in time. It is also supported by the clients' own reflective sense of change as they thought about themselves, their changes and the impact of Mooka'am.

To explore further, we now turn to other sources of information. These come from systematic observations from a woman who interacted closely with these women, sometimes for many hours...the interviewer for the project.

Changes in Interview Interaction

At the conclusion of each interview, the interviewer systematically rated the interviewee on sixteen qualities of interaction, in four categories: verbal language, mood and energy, posture and gestures, and the involvement in the interviews. Also, in post-interview notes, the interviewer shared her own global reactions to the session. She conveyed particularly her "sense of change," and other noteworthy parts of the interview.

The number and types of interaction rating schemes and tools in the literature are endless! We chose one which is easy to administer, requires little training, and uses commonsense categories. Also, this rating scheme was used in a Canadian community mental health study (The Yorklea Survey) by moderately skilled interviewers.

For verbal interaction, the interviewer rated the interviewee's interaction as primarily (i) uncertain or confident (ii) dull or lively (iii) open or guarded, and (iv) simple or complex.

For mood and energy, the interviewee was rated as primarily (i) refreshed or weary (ii) happy or sad (iii) restless or inactive, and (iv) serious or humorous.

For postures and gestures, interviewees were rated as either (i) tense or relaxed (ii) strong or weak (iii) fast or slow.

Finally, in involvement in the interview the interview rated their interaction as either (i) cautious or rash (ii) critical or accepting (iii) warm or cold (iv) excitable or calm, and (v) attentive or preoccupied.

If the interviewer could not make a judgement for a rating she
simply left a blank. If the interviewee displayed both types of
interaction (eg. tense and relaxed), she showed both. Although not
requested, sometimes she indicated which part of the interview
evoked which response (eg. tense when talking about her mother).
The details of the systematic ratings for each client are available
in Figures 36 to 39. The post-interview notes are interesting and
informative, and are included in their entirety (Appendix B). We
turn first to the results of the systematic ratings.

Interaction During Interviews: Results of Ratings

In the interviewer's judgement of verbal interaction, over all
three interviews most of the women were confident, lively, and open
in their verbal expression. Most of the women explained their
answers in a simple fashion. Those who changed over the interviews
became more confident, lively, open and shifted from simplicity to
complexity (Figure 36).

Some positive changes were also noted in the mood and energy of
some participants. Those who were judged weary and sad at the
beginning more likely appeared refreshed and happy by the last
interview. About half the women were mainly serious at first, but
were humorous by the last interview. There was, however, a
persistent restlessness in everyone's manner (Figure 37).

In her assessment of posture and gestures, the interviewer saw most
of the women as relaxed and strong during all interviews. However,
those appearing tense or weak at the beginning, became relaxed and
strong as the interviews proceeded. The few women appearing "slow"
in their movements initially, were seen as more "quick moving" by
the last interview (Figure 38).

The women's involvement in the interview was seen as extremely
positive and consistent. Through all three interviews, most were
seen as cautious in their answers, accepting of the interview and
the questions, and warmly involved with the interviewer. Only two
women were judged "excitable" initially, and both became calmer as
time went on. Only two women were preoccupied, and they, too,
became more attentive by the last interview (Figure 39).

We conclude that 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 looser,
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 apparent changes were also reflected in the interviewers closing comments, to which we now turn.

Interviewer comments

The impact of personal change is experienced by "the other" with whom one interacts. In this project, with its probing and repeated contacts over many hours, the interviewer became a <u>significant</u> other. It was essential that we capture her human responses to the interviews and the women.

As each interview concluded, the interviewer shared her "off the top" comments. Although totally unstructured, these covered issues in the interaction and her sense of change. This was done in a strictly common sense, unstructured fashion to capture her parting observations and emotions. We strove for important impressions or observations which we may have lost.

Again, the overall impression is one of change. We quote liberally to convey Merle's shifting reflections and emotions from the interviews, and her strong sense of personal change. The full information is contained in Appendix B.

What have we learned from examining these post-interview comments? First, through Merle's voice, <u>we have a stronger sense that indeed the women have changed over the course of their involvement in the program</u>. For nine of twelve women, the comments are sprinkled with Merle's sense of change. Excerpts from some of these are as follows:

> **"Following the second interview, the interviewer remarked that there had been "a dramatic change" since the initial interview of December 1992. [NOTE: THIS REFERS TO THE INTERVIEW FOR PHASE 1]. She found Judy to be 'happier', 'more confident', and 'full of plans'...The interviewer also assessed how Mooka'am had helped her. Her impression was that Judy had 'truly benefited' from the therapy she had received. She had acquired 'a new sense of maturity' and was acting this out as well as speaking out. She also stated that Judy understood 'victimization' and attributed this to her 'acting out encounters with ---'."**

Again:

"The first interview went well with nothing 'negative to report'. It was felt that Pam was 'on her way to total healing'. The interviewer also felt that her newly found Native beliefs and traditions would be a great help to Pam's healing process.

The interviewer notices considerable positive change during the second interview. She was happier, more talkative, more trusting (she indicated she wanted to visit the interviewer) The interview was very lengthy, and consequently exhausting for Pam, perhaps the reason for her fluctuation between feeling confident and uncertain about herself.

Pam's answers in the third interview are also 'well thought out and lengthy'. The interviewer reported Pam was more at ease, content, and laughed a lot. She discussed sex openly with the interviewer. She disclosed she was "horny," and attributed this to a past boyfriend who was quite demanding sexually. She enjoyed sex, and said that this enjoyment of sex was a new experience for her.

The interviewer commented on Pam's relaxed and candid manner when they were discussing issues around sex, and this made it easier for the interviewer to discuss the topic with her. The interviewer noted that this was a fun interview for her."

The next comments incorporate **Michelle's** final comments as well:

"The second interview was also a 'good interview' and the interviewer felt Michelle was 'coming along great' and that she liked the style of interviewing. Michelle's own thoughts indicated that she too felt that she had healed a lot and had come a long way since the first interview. She mentioned that it was interesting to see how much she had grown and found it a 'very positive exercise...She told the interviewer that she hopes 'her therapy

will result in a happier and more balanced life'. She also said that she thought she had reached a stage in her therapy that she felt ready to 'look into the really difficult part of her sexual abuse'.

The next summary conveys Merle's clear sense of **Lisa's** change (note reactions to hug), as well as the impact of interviewing:

"The interviewer found the first questionnaire 'exhausting'. She thought that Lisa had 'come a long way' since the first meeting they had [PHASE 1 INTERVIEW] and she found it was 'quite a change'. They hugged both before and after the interview. Lisa appeared 'more relaxed and trusting'. Following the interview, they went out for something to eat and they talked 'mostly about Anishnabe country'.

The second interview 'took a long time'. The interviewer thought Lisa 'looked great', had lost some weight, and noticed her 'smiles' were 'real and spontaneous'. The interviewer believed she was 'happier' and 'more confident' than she had been in the first interview. She also noticed that Lisa was 'confident' answering questions, was 'very aware of making the right responses', and 'thought out her answers very carefully'. The interviewer was careful not to 'rush' Lisa."

Merle's comments about the interview with **Tammy** are summarized in full:

"Following the first interview, the interviewer noted that Tammy was 'busy with the baby' and was interrupted a couple of times by telephone calls. Alfred came home towards the end of the interview, which broke Tammy's 'mood and concentration'.

By the second interview, Tammy appeared 'more positive and happy'. She was making plans, setting goals, planning her future, and feeling more confident. Tammy wanted to return

to school and take an accountant's course.

After the third interview, the interviewer perceived that the changes Tammy was making in her relationships were giving her a more positive outlook. She also felt that Tammy had become more assertive. For example, she cancelled an appointment for an interview because she did not want, or did not feel up to it. She told the interviewer in 'a nice way', who understood her and rescheduled Tammy."

The interviewer noticed some changes around Tammy's home, she made "pretty curtains" for her kitchen window, the atmosphere was "warm and caring" and "comfortable."

The following summarizes notes after the interviews with one woman who responded least to the program. Note Merle's emotional responses:

"Following the end of the first interview, the interviewer commented on the relationship Susan has with her ex-husband and her boyfriend. The interviewer expresses her 'uneducated opinion', stating that she thought the two men were 'draining the little bit of positive energy she had left'. She perceived that they 'feed off her' and that they were 'both cowards and unable to begin their own healing'. She noted as well that Susan was 'absolutely exhausted looking'.

The second interview was 'the hardest interview' the interviewer had done 'so far'. She found Susan to be 'depressed with a capital D" and called her a 'pathetic girl-child'."

Lastly, Merle's comments on her last interview with **Tracy** convey general impressions and details:

"The third interview went very well according to the interviewer. Tracy was no longer coming in for therapy. She stated that she was strong

enough to handle situations as they arise. She appeared 'really confident' and 'full of positive plans' for upgrading her education. Apparently Tracy had 'surprised herself' by getting an "A" in a course she was taking. She stated that she did not know she was 'smart'.

 The interviewer felt she was 'happier, more positive, and full of good self-esteem', and that 'Mooka'am really helped'."

A careful review of Appendix B will also reveal other important themes related to: the substance of changing issues, incidents affecting the interview process, Merle's observations of the women in natural situations, challenges in completing interviews, client feedback about the program, and emotional interaction around specific client issues.

A Public Presentation of Self: The IPCA Conference

Typical of qualitative evaluations, an unplanned opportunity arose to obtain additional data for the evaluation. One of the goals of Mooka'am is to provide professional and community education concerning the program. Staff presentations have been done, and will continue during Phase 3.

Once during 1993, staff was invited to present the program during The Institute for the Prevention of Child Abuse Annual Conference, held in Toronto. The Mooka'am staff decided to involve the clients in the presentation, for a "client's perspective" on the program, and as another vehicle for empowerment. Nearly all clients were initially invited to participate. The "program" stretched its boundaries to incorporate, indeed to shape, a new opportunity for growth.

Five women volunteered at the beginning: Judy, Molly, Pam, Michelle, and Tammy. All five were involved in the initial planning sessions, but only four participated in the final conference presentation. Pam was unable to attend.

Three pre-conference planning sessions were held in the Mooka'am area of Native Child and Family Services. Two staff members {Charlene and Cindy}, and the evaluation team, {Frank and Merle}, also helped. In the final format, Charlene and Cindy talked about program philosophy and methods. Judy, Molly, Michelle and Tammy shared their experiences as clients, emphasizing both program experience and impact on them. Frank and Merle talked about the evaluation, highlighting the interview process and preliminary results.

We include this event as part of our program impact study for several reasons. First, it is unlikely that the five women could have comfortably participated in such a public event a year ago. Confidence, self-esteem, presentation skills, and the public presentation of a "new self," helped to make it possible. The women presented themselves not as isolated victims, "damaged goods," or "second class citizens." They were optimistic survivors, willing to

share themselves with a community of helpers and victims.

Secondly, the <u>workshop roles</u> for these women allowed opportunities for "presentation of a new self." Here, they tested their new sense of themselves. This, of course, is empowerment of sorts, and is reflected in each woman's choice of topics and medium which were once threatening or confusing. To illustrate...

Judy knew nothing of herself as a Native woman upon entering Mooka'am. Now she spoke proudly (and with considerable expertise) of Native values and traditional program activities. In her words and gestures she gave more than a glimpse of her emerging Native identity. For her: "in my roots are my healing powers"

We have seen, earlier in this report, how sexual abuse victims associate certain behaviors, feelings and self-attitudes with their victimization. And we have seen how, over the course of program involvement, this changed. One of **Michelle's** issues was panic in social situations, "anxiety attacks" to use her words. Although these fears did surface from time to time during planning sessions and the actual presentation, she ultimately took the risk. Michelle completed her task well, and felt good about it.

Molly, a woman working hard to improve her parenting skills, publically talked about "parenting". She traced her own deficiencies to her mother's experience in residential schools where she was robbed of the opportunity to learn parenting within her own family. Parenting skills were not passed on through the generations, something that Molly has made great strides to overcome. She talked about all of this in her presentation, linking personal circumstances, behavior, and historical events. Although not casting off personal responsibility, she conveyed a holistic perspective which helps her to avoid a burdening self-blame. As Erik Erikson taught us, the healthy identity learns to integrate one's current sense of self with historical realities. Molly demonstrated this for nearly one hundred people.

In **Tammy's** words to the group, she began Mooka'am "carrying around a feeling of not being whole." <u>Tammy</u> chose to present herself as someone with greater self insight, who validates her confused negative feelings towards men as she overcomes a false sense of personal shame. She reflected about, and indeed publicly demonstrated, how she has "found her voice." Tammy's new identity also includes a sense of skilfulness in handling relationships, learned through the teachings within Mooka'am, which she likens to a "parenting" relationship.

These four women gained enormous benefits from the Mooka'am Program, but unfortunately some were not so fortunate. We now turn to .....

WOMEN WHO BENEFITTED LEAST FROM THE PROGRAM

It is evident from the results that some women do not benefit from the program as much as others. The next analysis will focus on the small group who appeared less responsive. Hopefully, the insights from this analysis will stimulate critical reflection among staff, leading to further program refinement.

Identification

The identification of those who benefited least from the program was done in three ways: analytically, interactionally, and clinically. The <u>analytical</u> identification was based on the interview data as reported above. Summary change measures were computed for each client, based on the number of positive changes, negative changes, or absence of change. <u>Interactionally</u>, the project interviewer was asked to provide a global identification of three women who, based on the interview content and process, appeared to change the least. The <u>clinical judgement</u> resulted from a simple question to the one staff member who had interacted most with nearly all women: "In your opinion, which three women seem to have benefited least from the program?"

Three women were identified through analytical means as changing least: Susan, Pam, and Ruby. To identify these, we looked at the least positive changes, the most negative changes and number of "no change" measures. <u>Susan</u> was identified by the interviewer and the therapist as responding least. <u>Pam</u> was identified by both the analyst and the interviewer. Therefore, there was not perfect agreement in the selection of these three women.

Common Factors

What do these three women have in common? A close analysis of all the information available from the interviews does indeed identify some common factors:

- none feel particularly safe in their lives

- each has a relatively narrow scope of people they feel close to

- none feel close to any family members

- none were employed at the time of their last interview

.   their Native pride was either lowest for the group as a
whole or else was wavering over the three interviews
(high but decreasing gradually)

One thing is important to note. All three women are still in
contact with the Mooka'am program. One is interested in joining
group therapy. Their healing journey with Mooka'am continues.

PROGRAM ENGAGEMENT: VARIATIONS IN CLIENT INVOLVEMENT

Our opening description of the Mooka'am program may give the
impression that clients are exposed to a common set of experiences
as they progress through the program. This is not the case. The
actual interaction with the program may be described as "client
driven." Clients negotiate their service goals, their participation
in program activities, who to bring with them (i.e. self, children,
partner, whole family), and the nature of their program
experiences.

Two examples of client choices are particularly important:
addressing the issue of sexual abuse, and participating in culture-
based healing. Clients raise and discuss the issue of sexual abuse
when they are ready, and some do not address this issue until later
in their program.

Choice of culture-based treatment is also optional. Two women in
this sample rarely participated in healing circles.

Finally, although program participation is expected, there are no
sanctions for missing meetings, allowing extended time gaps between
sessions, or changing focus. We describe the clients' participation
as one of "negotiation" in which staff and clients co-participate
in establishing understandings about mutual roles, participation,
and contributions. If staff is concerned about progress (eg. missed
appointments) they may raise their concerns, hear the client out,
and negotiate new understandings about participation. Sometimes, a
written contract formalizes future involvements. Staff extends
respect to the client, honours their choices, yet challenges when
they see fit.

This program policy and its accompanying practices imply that
clients have different interactions with the Mooka'am program. This
section examines first whether the women identified as "benefitting
least" show similar patterns of program engagement. This refers to
their patterns of involvement, use, and apparent commitment to
various program activities.

The section then reviews attendance at counselling sessions, and whether this makes a difference in personal change.

Dimensions of Program Engagement

Our review of assessment and case notes revealed several dimensions of program engagement:

- scope of involvement: the range of program activities chosen by the client (counselling, healing circle, camp, fasting, etc).

- unit of program involvement: involvement as individual client, with children, with partner, with whole family.

- orientation to Native cultural/ethnic thinking and activities within the program (eg. smudging, talking about Native identity issues, cultural participation)

- off-location activities: "homework" activities, including writing, listening to tapes, use of program resources such as dolls, books on sexual abuse, etc.

- attendance: gaps between sessions or meetings, missed appointments, cancelled sessions.

- issue focus: concentrating on a set of issues over an extended period versus changing issues frequently

- concurrent service involvement: Whether the client is receiving other services while at Mooka'am

- staff involvement: involvement with one or more Mooka'am staff

- involvement in other agency roles: some clients, for example, contributed volunteer or paid work activities.

- program acceptance: ranging from passive acceptance of staff and program activities, to a challenging posture in which

clients criticise the staff, activities, resources, policies, etc.

Program Engagement by Those Benefitting Least

Our analysis of the patterns of program engagement by the three clients who benefitted least reveals a few interesting patterns:

.   Two of three women were concurrently involved in other services while attending Mooka'am.

.   Two of the three women scored very low in average monthly attendance at therapy sessions. The third, however, attended consistently and frequently.

Implications

We now examine, in an exploratory way, some implications of what these clients have in common.

First, the social support network, including family members, is clearly an important part of the healing process. In a previous section we discussed social support as a preventative function, someone to turn to at times of need.

Emotionally important friends, family and others, may also serve to validate their personal identity changes, and in this sense reinforce the work of programs like Mooka'am. Those <u>without</u> such ties, particularly if they are not involved in the program's community of healers, may lack this natural source of validation. The three women's <u>unemployment status</u> further deprives them of interacting with others.

Second, all three women lack a <u>strong sense of safety</u>. Emotional and physical safety may be important to achieve, before other changes are possible. Also, this absence may go hand in hand with the absence of natural social support. If this is true, the program should consider augmenting its present methods for assuring client safety. We will return to this in a later section.

Third, two of the three women have <u>relatively low attendance at therapy sessions</u>. This may mean that staff need to revisit the principle of "client choice" in program participation.
Before discussing this in the last section, we will first look at therapy attendance for the entire group.

Attendance at Therapy: Does it Make a Difference?

As indicated, the Mooka'am Program policy does not require steadfast attendance at all program activities. Consistent with the principle of "individualization," the structure of program involvement during the early development period has been "loose" rather than "tight" or highly structured. Thus: (a) there is no specificity of agreement between practitioner and clients to work in a given area (b) there is no attempt to be highly specific concerning what behaviors are to be carried out (c) there are no consequences for the client for program compliance or noncompliance.

These arrangements are not "written in stone," but are subject to revision. Results on the impact of attending therapy sessions should contribute to this program policy deliberation.

To examine the effects of attendance, we computed monthly averages for therapy attendance over the first several months of each client's program. This information was taken from staff case notes, in which staff routinely document attendance and cancellations. The data, summarized in Figure 40, indicate that for the twelve women, average monthly attendance ranges from a low of one session per month (Tammy) to six sessions (Pam).

What effect average attendance has on program impact is the main question. To address this, we examined the effect of attendance on the total number of positive changes for each client (Figure 41).

The results are interesting. First, there is no perfect association between therapy attendance and personal change. That is, we cannot say that "if clients attend therapy frequently, they are more likely to benefit from the program in terms of personal change." However, this is the case for some clients. Four of five women who attended more frequently, were in the group with more positive changes. But below about 1.7 sessions a month, it really doesn't make a difference! This suggests that Mooka'am consider a policy of requiring the attendance of at least two therapy sessions per month.

THE CHILDREN'S STUDY

Mooka'am's work with children strives to assess 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.

The evaluation of the program's impact on children used self-administered questionnaires as the data-gathering tool. These measured changes in self-esteem, Native pride, and the knowledge of preventative actions. Staff instructed each child to check off answers that came closest to what they believed. Questionnaires were administered twice, four months apart. Program impact was assessed by comparing answers from the two questionnaire administrations. For copies of the instruments, see Appendix A.

We began by testing eight children, six girls and two boys. Two of these moved out of Toronto and were unavailable for the final test. One of these, a young girl, showed a positive self-esteem during the first administration of the questionnaire. The following results are based on the remaining six children.

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. The results for all tests are summarized in Figure 39.

Children's Self-Esteem

The self-esteem ratings were consistent with the idea that the Mooka'am program contributes to a positive change in children's self-esteem. **Four of the six children completing the questionnaires showed changes in a positive direction** (Figure 42, column 1).

Do we have clues about children who <u>did not</u> gain in self-esteem. A closer look at three cases, "Sammy," "Jack" and "Tim" may be useful for the program's evolution as a whole.

Sammy, whose self-esteem clearly falters over time, is an exceptional case. His score should be considered in the context of his family dynamics. His mother "Susan" is a former client in Mooka'am's adult program, and was a participant in this evaluation sample. From the staff's clinical perspective, she is possibly the program's most challenging case, an observation confirmed by the

interview results. Susan benefitted least from the program.

During the period of the evaluation, Susan endured and contributed to hardships, which inevitably introduced stress and inconsistency in the parenting relationship. For example, on the bus trip back from summer camp, Susan and her son almost came to blows.

Jack and Tim are two brothers whose self-esteems both increased over their participation in the program. Their mother Molly, also a participant in the Mooka'am program, contributed to this evaluation. She, too, was a challenging case but, according to interview results, has benefitted enormously from the program.

In contrast to Susan, Molly participated extensively in the program's cultural activities and traditional healing, and volunteered to help plan and participate in the IPCA conference. Her participation in individual therapy was, on average, twice as frequent as Susan's. And, again in contrast to Susan, Molly's family, including sons Jack and Tim, and her husband, were involved in family sessions. Individual service goals included attention to improving the quality of parenting and the marital relationships.

Without delving into all the comparisons and contrasts of these two families (and there are many), one idea is worth considering. It appears that, in some cases, the children's program may be more beneficial when the family as a whole is involved. A more systematic family systems focus is indicated, particular where the case dynamics are crying out for such an approach. This would begin with a thorough family systems assessment followed by an integrated service plan in which various levels of intervention are mutually reinforcing. We will return to this in our recommendations.

Native Pride

Half the children in the sample increased their pride in themselves as Native people as they progressed through the program. A fourth child scored very high initially, and remained high by the final test (Figure 42, column 2)

Another child, Ruthy, scored very high on the first administration, but was much less proud of being Native by the last questionnaire. An accidental third administration of the questionnaire allowed us to confirm this dramatic change.

Although the program assumes that an increase in Native pride will contribute to the development of self-esteem, the results suggest that these may change independently of one another. Despite Ruthy's

apparent loss of pride, her self-esteem increased over time. Also, despite Sammy's loss of self-esteem over time, his self-pride as a Native child improved dramatically.

Based on Sammy's situation, our suggestion is 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.

Safety Knowledge and Preventative Actions

To what extent did children's participation in the Mooka'am program change their attitudes towards personal safety, and knowledge of preventative actions? Our answer to this question is based on completed questionnaires from three children.

Results suggest that this part of the program may not be working as well as expected. Based on a total score which takes into account answers to all questions, only one child showed any indication of change in a positive direction (Figure 42).

However, when we examine answers to each question separately, clearly there is some information getting through. There are two areas, thoough, where children are expressing attitudes which are not in their best interest for safety.

.   Two of three children agree that "If someone comes up to you and does thimgs that make you afraid or uncomfortable, or perhaps even shows you a private part of his or her body, you should leave and try to forget the problem happened."

.   Two of three also agreed that "If children tell someone they trust that an adult is hurting them, probably no one will believe them"

Both questions contain ideas which ar understandably confusing to children. However, the expectation that children at risk should take some action is enormously important. It is crucial that staff develop the means for conveying this message in the most powerful way.

LOOKING TO THE FUTURE

"Mooka'am" is an Ojibway word which, translated into English, means a "dawning" or "new beginning". This section looks back over the report, and asks whether in fact there was a new beginning for Judy, Molly, Pam and all the others in the program. Or, as we began this report: "Does Mooka'am make a difference?"

Summary

We begin our summary with a simple comment: Mooka'am does indeed make a difference. Over the course of several months, we entered the lives of twelve women to hear their stories. We gently probed their thinking about themselves, and their experiences with the Mooka'am program. We also became acquainted with eight children, although less directly, and certainly in less detail.

During our work, we tried for thoroughness without disruption. The subject matter prompted us to avoid the cold, factual approach of social science data-gathering. Merle, our interviewer, walked a careful path towards meeting our research goals, without sacrificing human sensitivity. Where conflicts occured between the need for information and appropriate treatment of human beings, decency always prevailed. We believe we were successful in our efforts. Obviously, we would do some things differently.

The results speak very favourably about Mooka'am, with qualifications. Program staff are carrying out a well-planned program, one which continues to evolve. The goals, methods and structure are summarized early in this report.

Mooka'am promises a "new dawning" for women and children from abusive experiences. For sexual abuse victims, the new dawn casts a brighter light on their self-images, and how they feel. But, as we have seen, there is more than this. New beginnings include new sets of relationships, support systems, parenting and life skills. Above all, there is a refreshing optimism throughout most of their stories.

The new dawn is particularly evident in the women and children's sense of themselves generally, and as Native people. Their stories carry themes of emerging self-esteem, sustained by strong Native pride. Dark emotional shadows are replaced by a brighter and clearer sense of well-being. The women enjoy their children and express a new faith in their own abilities as parents.

The program also instills some practical life and safety skills. Sexual abuse victims have their "ups-and-downs", and need the tools to handle these. Our evidence is that these women are not as debilitated by their sexual abuse past. They are more resourceful in coping with stress. Those with drinking, drug or eating problems were changed markedly or were taking specific actions to change. Substance abuse was no longer a crutch.

The new dawn brings strength and safety. They feel much more capable of avoiding or handling harmful situations. At times of vulnerability, they can count on more people to respond to their everyday needs, emotional crises, and emergencies. Some have become more comfortable and skillful in helping others.

There is every indication that the women are able to take action on very practical issues, such as locating work, upgrading their education, finding safer or more comfortable housing. Practical life skills complement their new emotional coping capacity.

In the above, Mooka'am is doing an exceptionally good job. However, like all innovative programs, there are some areas for improvement. We turn now to areas where change was evident with some, but not all women.

Our research indicates that some Native sexual abuse victims need even more help to become more trusting. Also, despite more sophistication in assuring their own personal safety, some are still uncomfortable about their children. This theme repeats in the children's program. Only one girl demonstrated new sophistication in her personal safety knowledge.

Although some women are better able to relax and enjoy themselves, others cannot. Loneliness still casts a shadow over some lives.

Lastly, despite great strides in building satisfactory natural sources of support, some women still lack the closeness and support of family members. Those benefitting least from the program seem most estranged from their families.

An important indication of program impact is client satisfaction. Throughout evaluation Phases 1 and 2, the satisfaction with the program, activities, and staff was strong and, for the most part, consistent. The level of trust in the Mooka'am staff was enormous. Nearly every woman felt that they could count on them, without feeling emotionally dependent.

The clients expressed the benefits of turning to a Native agency in

many ways. The majority chose to participate in traditional Native healing. Those who did not, missed the community healing process, and ultimately showed the least impact from the program as a whole. Mooka'am instills a sense of Native pride early in the program, and continues to build on this. For some, their self-respect as a Native person begins in a private way, then shifts to a public Native community participation.

Finally, every adult women in the program conveyed a strong sense of personal change. By probing deeply about how they had benefitted, we learned about the healing dynamics from a client perspective. Their experiences were astonishly close to what program planners had hoped to achieve.

Recommendations

We do not anticipate that every program recommendation will be endorsed. Even if supported, we do not expect that every idea is immediately feasible, given budget restraints, time priorities, or other agency changes (eg. the process towards mandate), staff training needs, or other conditions within the agency or the program.

Organizational growth is a complex process in which ideas, resources, and existing structures, interact creatively towards new possibilities. Such creativity cannot happen without at least some conversation about the issues raised by this program learning process.

The recommendations in this report are guided by two broad considerations. First is the assumption that the Mooka'am program aims to help people in the program change their lives. Where change has <u>not</u> occurred, we assume that program planners are eager to improve in some ways.

Secondly, we have tried to make recommendations which are <u>consistent with the goals, objectives and principles of the agency at large</u>. There is nothing in the life of the agency so far, nor in this evaluation, warranting a restructuring of mission or philosophy. Our recommendations are consistent with the fundamental identity of the agency and the program. If anything, the recommendations should further assist the realization of this identity.

For these reasons, we begin each recommendation with our finding, and the agency principle for which the recommendation is deemed

relevant.

1. **A Total Life Space and Family Systems Approach to Treatment**

Adult clients and children who benefitted least from the program were involved in individually-oriented treatment when the dynamics of their case warranted a family systems, or at least a couples approach, to treatment. Also, those clearly benefitting had strengthened their emotional bonds with family members and others in their lives.

Consistent with the agency's service principles which emphasize 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. It would build on the successes of the summer camp program.

The family systems approach would include family and individual assessments. Goals would be set for changes in family relationships, as well as individual psychodynamics, cultural learning and healing. Children and parents would be involved in treatment. Family therapy, individual work, couple work, and play therapy could coordinate towards family and individual change. A treatment team should be considered, and team case reviews would be put in place to monitor changes.

2. **Balance between Client-Driven Planning and Consistency in the Change Process**

Given what appears as a relatively low average attendance at therapy sessions, and the association between average sessions and impact, we recommend a review of the client-driven nature of the service process. We believe that some 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.

Further, we recommend that each session should have some continuity from previous sessions. The continuity of focus with the client should reflect the over-all service plan. Sessions which respond

only to "client issues" may not build on the processes and gains of previous sessions. This was particularly evident with Susan who gained least from the program.

We appreciate that some clients lead particularly difficult lives, and that it is difficult for therapists to ignore their immediate needs. We also believe that a therapeutic balance is needed, one which provides structure, continuity, and adaptability. To achieve this balance, we recommend a "team approach" to servicing difficult clients, even during individual sessions.

3. <u>Making the Healing Community Available to All</u>

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 <u>unanticipated outcome</u> of their choices: these women lost opportunities to interact with the <u>community of healers</u>, 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. The transformation or modification will occur if the following things are true:

.   a strong emotional identification with the agents of change

.   the substance and activities associated with the new self is believed to be legitimate; this is more likely to happen in a social/community setting particularly when some members part of that setting (eg. therapist, cultural teachers, elders) are respected and trusted.

.   members have an opportunity to behave in ways reflecting their new sense of self, and have their behaviors validated by the program "community"; validations from a community which is a microcosm of the community at large will reinforce validations from the therapist.

These and other contributions of the community of healers are missed by those opting only for individual therapy. We support any efforts by the staff to find alternative ways to promote <u>interaction</u> between those not espousing traditional values, and others in the program.

4. <u>Involving Clients in Program Activities</u>

Native Child and Family Services has a policy of hiring clients in certain supportive program roles, such as baby-sitter in the Customary Care Program. Sometimes this appears very beneficial, conveying as it does the agency's trust and natural opportunity for building self-esteem. However, in at least one case, the arrangement led to unfortunate tensions.

Should this arrangement continue, the program 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 supervisory program for clients who are acting as 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 when they were ready. We recognize the severe debilitating trauma of sexual abuse and the implications for clinical sensitivity. Staff has also acknowledged the differing viewpoints concerning the appropriate timing.

Our interviews surfaced some evidence that some clients were more willing to address sexual abuse issues than was evident in the therapeutic context. 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?

Rather than debating theories and methodologies concerning readiness, these are questions which might usefully be put to the client group while discussing this report.

6.   Making Client Story-Telling a Part of the Healing Process

Merle noted that some women appeared to enjoy and even benefit from the evaluation interview process. This may have been partly social, Merle being a nice woman and all. Perhaps a more important part was that the interview presented a new occasion for presenting themselves, particularly their "changing selves."

For most women, the interview provided an opportunity for presenting "personal change" both subjectively and objectively. Subjectively, prompted by Merle's questions, the women felt a sense of change since they were talking about themselves, their changes through Mooka'am, and through other life experiences.

For research purposes, Merle was trained to probe for deeper understanding, elaboration, and clarification. Her verbal responses to their answers helped "make public" their new selves. This is part of the objectification, since words and meanings are shared. This objectification was even stronger when, to identify change, the women reviewed their previous answers. The words on paper referred to themselves at one point in time, and in a process of change. I believe that this process accomplished something important for what I have called the "transformation of self." The women were given the opportunity to engage (reflect about) their own sense of self ("yes that's me!" "no, I'm now that!" "now I can do this or that") which both supports and perhaps extends the learning process in therapy. I am convinced that the questioning process during interviews both supports and enhances the healing process. One cannot avoid it, if one stimulates self-reflection and "self-talk."

I suggest in this recommendation that program planners consider some way of having clients tell "stories" of their program experiences and their sense of self. A modification of the questionnaire could be a tool to prompt such story-telling. A periodic review of their personal stories in a public situation may accomplish the same transformation of self-dynamics hypothesized above. An adaptation of this to family systems work is another interesting possibility.

To assist the staff's deliberation, I recommend the article "A Proposal for a Re-authoring Therapy: Rose's Revisioning of her Life and a Commentary," by David Epston, Micheal White and Kevin Murray (In: Sheila McNamee and Kenneth Gergan, Therapy as Social Construction, Sage Publications. London. 1992)

7.   Enhancing the Sense of Safety

Enhancing Mooka'am clients' sense of physical and emotional safety is clearly an important part of the program, for adults and children. The research with adults confirms this, particularly our finding that the "least impacted women" all felt vulnerable. We even suggested that the sense of safety may be a prerequisite to

other changes.

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. There are several models available which could be made culturally-based.

MOOKA'AM SEXUAL ABUSE TREATMENT PROGRAM

Program EvaluatIon

Research Instruments

APPENDIX A

NATIVE CHILD AND FAMILY SERVICES OF TORONTO

Mooka'am Program Evaluation

Story-Telling Guide

A1
I WOULD LIKE TO HEAR YOUR STORY....

In your story please talk about how things are going these days.

Try to talk about..

.   your material circumstances: financial situation, education and training,
         and your housing situation (page 2)

.   your feelings about safety and well-being (page 8)

.   your contacts and feelings about other family members (page 27)

.   how things are going as a parent (page 25)

.   your feelings about yourself and other people (page 16)

.   your leisure (page 31)

.   how past sexual abuse affects your life (page 23)

.   your comfort with intimacy (page 21)

.   who you can turn to for support (page 14)

In your story please say as much as you wish. I will ask questions about your
story, but let your comfort guide you. There are no right or wrong answers. Where
would you like to begin? Start with your present concerns if you like.

A2
Your Material Circumstances
Housing

1.   **Description of housing arrangements**

        .   **apartment? flat? room? house?**

        .   **payment arrangements and difficulty?**

2.   **Mobility**

        .   **how long here?**

        .   **frequency of moves: last year**

        .   **reasons for last three moves?**

3.   **Who usually lives here?**

        .   **most of time?**

        .   **occasionally?**

        .   **any issues concerning those who share or come and go?**

A3

4. **Description of how housing affects your life in terms of ....**

    .   **comfort (explain)?**

    .   **roominess/privacy**

    .   **feelings of being safe?**

    .   **quality of your life?**

    .   **other satisfactions or issues?**

5. **Plans for making changes in your housing?**

    .   **what changes?**

    .   **how would these changes affect your life?**

A4

6. Steps to make these changes?

Since the beginning of Mooka'am, have any changes in your housing circumstances or housing plans taken place?

> **If yes, did your Mooka'am experiences help with these changes in any ways? If "yes" in what ways?**

A 5

Income

8. Various sources?

9. Do you have enough?

10. If not enough, where do you cut corners? (do without? lacking? how life affected?)

11. Chances of increasing your income in the near future?

    How? (In what way? What steps should be taken? From what sources?)

12. Since beginning Mooka'am, have any changes in your income taken place?

    If yes, did your Mooka'am experiences help with these changes in any ways? If "yes" in what ways?

A 7

Education and Training

13. **Educational and training background? (Details? grade? programs?)**

14. **Satisfaction with present education and training?**

15. **Plans to increase education or take specific training?**

    What training or education?

    Where?

    What needs to be done to make this happen?

16. Since beginning Mooka'am, have any changes in your education or training taken place?

    If yes, did your Mooka'am experiences help with these changes in any ways?
    If "yes" in what ways?

A 8
Your Safety and Well-Being

1.   **Personal ideas for what it takes to be safe and secure: self and children.**

2.   **Feelings of personal safety or harm in present circumstances?**

        <u>If feel vulnerable to harm</u>

        Nature of possible harm?

        Possible source of harm?

        <u>If feel safe</u>

        Always felt this way?

        Source of security?

A 9

3. **Children's safety or vulnerability?**

If feel that children are vulnerable

Nature of possible harm?

Possible source of harm?

If feel that children are safe

Always felt this way?

Source of security?

4. **If you felt threatened by harm against yourself, what would you do?**

Probes   what steps?   who   would
                                  you go to?

5. **If you felt that your children's safety was at risk, what would you do?**

A 10

6.   **Since beginning Mooka'm, are you handling potentially harmful circumstances any differently than before Mooka'm? If yes, in what ways?**

**Did Mooka'am help with these experiences in any way?
If "yes", in what ways?**

A11

Emotional Well-Being

THE NEXT FEW QUESTIONS ARE QUITE PERSONAL. I WILL BE ASKING ABOUT YOUR MOODS AND LOW FEELINGS. REMEMBER, ONLY TELL ME AS MUCH AS YOU WISH. THESE ARE YOUR FEELINGS AND I RESPECT THEM.

7.   **Feelings of almost having nervous breakdown: last three months**

       Source of such feelings?

       How handled?

A12

8.   **Descriptions of feelings, generally, these days.**

      Good spirits? Very good sprits? Low spirits? Very low spirits?

9.   **Circumstances lifting and lowering your spirits?**

A13

10.   **Anything ever make you consider ending your life?**

        Recently?

        Thoughts or actions to change mind about suicide?

11.   **In general, since beginning Mooka'm, have your feelings and moods changed in any way? If yes, in what ways?**

        Did Mooka'am help with these changes in any way?

        If "yes", in what ways?

A14

A 15
Your Support Systems

1.   **People rely on for help in <u>everyday matters</u>? ....**

   <u>Number</u> who are......

   relatives

   friends

   boyfriend/girlfriend

   neighbors

   fellow empoloyees

   therapist/counsellor

   others?

2.   **Number people would could be contacted for help <u>in an emergency</u>? ....**

3.   **Satisfaction with number of people who can be contacted in an emergency.**

A16

4.   **People <u>feel close</u> to?**

   Number who are...

   relatives   ....

   friends ....

   neighbors ....

   fellow empoloyees ....

   others ....

5.   **Satisfaction with number of close people? (more? fewer? just right?)**

6.   **Since beginning Mooka'm, do you...**

   have more people you can count on regularly or in crises?

   have more people you feel close to?

   Did Mooka'am help with these changes in any way?

   If "yes", in what ways?

A 17
Feelings About Yourself

I WILL NOW ASK YOU TO TALK MORE ABOUT YOURSELF. HOW YOU FEEL ABOUT YOURSELF. HOW YOU WOULD DESCRIBE YOURSELF AND SO ON. REMEMBER, SAY AS MUCH OR AS LITTLE AS YOU FEEL LIKE SAYING. WE CAN ALWAYS CHANGE THE SUBJECT.

1.   **What words to describe yourself....**

      generally?

      as a friend?

      as a lover?

      as a parent?

      as a worker?

      as a family member?

      as a Native person?

A 18

2. **Would you "agree", "strongly agree", "disagree", or "strongly disagree" with the following statements? (Merle: Circle)**

"On the whole I am satisfied with myself"   A SA   D   SD

"I certainly feel useless at times"   A SA   D   SD

"I take a positive attitude towards myself"   A SA   D   SD

"At times I think I'm no good at all"   A SA   D   SD

"I wish I had more respect for myself"   A SA   D   SD

A19

3. **If someone said something bad about Native people, would you feel almost as if they had said something bad about you?**

   yes...... no.......

4. **Do you feel proud of being a Native person, pretty proud, not very proud, or not at all proud?**

   proud..... pretty proud...... not very proud.... not at all proud....

5. **If you could be born again, would you like to be born Native or non-Native?**

   Native...... non-Native......

6. **Do you think you would be happier if you were not Native?**

   Yes... Maybe.... No.....

A20

7.   **Do you do things in your life that you think of as particularly Native?**

Consider "big" or "small" things, or even things that may not make you feel particularly good.

no....

yes...   What things?

Probes

smudge?

pow wows?

traditional dancing?

go to Native Centre?

spiritual activities or thoughts?

certain characteristics?

[For things that may not be "obviously" Native, probe for <u>why</u> those things make her feel Native.]

Other Comments About Being Native

A21

8.   **Tell me your story about trusting others.**

     Do you...

     trusting others too easily? ....

     trusting others about right? ....

     have a difficult time trusting others?....

9.   **Easiest and most difficult people to trust?**

     Why is this so?

10.   **Since beginning Mooka'm, are you thinking about yourself any differently than before Mooka'm? (self-esteem? Native identity?) If yes, in what ways?**

     Did Mooka'am help with these experiences in any way?

     If "yes", in what ways?

A22

Intimacy

1.   **Are you presently intimately and sexually involved with someone?**

yes.....   **no.....**

If "yes"

How would you describe your level of comfort with the sexual part?

Probes: Emotional enjoyment? Physical enjoyment? Blocks to full enjoyment? (in self?) (in other person's thoughts or behavior?) (in relationship?)

Changes which may bring about fuller enjoyment?

If "no"

Ask person to think back to their most recent intimate relationship with another person, which involved more than brief sexual contacts.

Ask the same questions as above.

A23

2.   **Which do find the most emotionally and physically satisfying ...**

   brief sexual encounters?....   sex with someone in a longer relationship?.......

   Please explain the reasons for your preference (Probe for details)

3.   **Since beginning Mooka'am have you found that your feelings or enjoyment of intimacy and sex have changed in any way?**

   If "yes", in what ways?

   Did experiences in Mooka'am help in some ways? If "yes" how?

A24

Your Sexual Abuse Story

YOUR STORY ABOUT BEING A SEXUAL ABUSE VICTIM MAY BE THE MOST DIFFICULT TO TELL. SHARE AS MUCH AS YOU CAN OR AS AS MUCH AS YOU WANT. CONCENTRATE ON HOW THINGS ARE NOW.

1.   **Effects on the way you think about yourself?**

2.   **Effects on the way you think about others?**

A25

3.   **Effects on your comfort in certain situations?**

4.   **In general, since beginning Mooka'am, have your thoughts and feelings about your past sexual abuse changed? If yes, in what ways?**

        Did Mooka'am contribute to these changes in any way?

        If "yes", in what ways?

A26
Your Parenting Story

Talk about yourself as a parent.

1.   Best part of being a parent.

2.   Most challenging part of being a parent?

Probe for details on <u>what</u> these challenges are? <u>why</u> (or what makes them) they are challenging?

A27

3. **Sense of success in parenting?**

Strengths?

Weaknesses?

4. **Since starting Mooka'am have there been any changes in parenting abilities?**

If "yes", what changes?

Has the Mooka'am experience helped in any way? If "yes", in what ways?

A28
Your Family Relationship Story

Tell me about your family. Start with...

1. **Who are the significant members of your family in your life now?**

2. **Reasons for the significance of these particular people?**

3. **Which family members did you <u>not</u> name?**

4. **Why did you not describe these people as significant?**

A29

4.   **Since starting Mooka'am, have there been any changes in your family relationships? If "yes", what changes?**

Has the Mooka'am experience helped in any way? If "yes", in what ways?

A 30
Use of Alcohol or Drugs

1. **What part does alcohol or drugs play in your life at present?**

   <u>Probes</u>

   Frequency of use?

   Circumstances in which alcohol or drugs is used? (occasion; activities)

   Persons present; (who usually?)

   Locations

   Moods of participants

A31

2. **How such occasions usually end? (eg. pleasant feelings, arguments? drunkeness? passing out? black-outs? violence?)**

3. **Would you say that you have problems with drugs or alcohol?**

   yes.... no....

   If "yes", in what sense do you have problems?

4. **Since starting Mooka'am, have there been any changes in your use of alcohol or drugs, or the way you think about this? If "yes", what changes?**

   Has the Mooka'am experience helped in any way? If "yes", in what ways?

A 32
Your Leisure

Tell me the story now of how you relax and have a good time.

1.   What would I see you doing?

2.   Where?

3.   How often would I see you doing these things?

4.   Who would I see with you?

5.   Are you satisfied with how much you relax and have a good time? If not, why not?

A33

6.   **Since starting Mooka'am, have there been any changes in your leisure time or activities? If "yes", what changes?**

Has the Mooka'am experience helped in any way? If "yes", in what ways?

A34

Merle's Description of Interview

Describe the interviewee in terms of....

1. <u>verbal language</u>

uncertain.....confident....

dull........lively........

open........guarded.......

simple.......complex.......

2. <u>mood and energy</u>

refreshed.......weary.......

happy...........sad.........

restless.......inactive.....

serious ....humourous....

3. <u>posture and gestures</u>

tense.........relaxed.......

strong........weak..........

fast.........slow..........

4. <u>involvement in interview</u>

cautious.......rash

critical.......accepting

warm...........cold

excitable......calm

attentive......preoccupied

5. <u>Other comments about interview interaction</u>

A35

Mooka'am Program Evaluation Project

Children's Self-Esteem Measures

Child's name.....

Date of application.........

1. Everybody has some things about him\her which are good and some things about him\her which are bad. Are more of the things about you...

    Good.....   Bad.....   Both about the same....

2. Another kid said: "I am no good." Do you ever feel like this?

    Yes.....   No.....

3. A kid told me: "There's a lot wrong with me." Do you ever feel like this?

    Yes.....   No.....

4. Another kid said: "I'm not much good at anything." Do you ever feel like this?

    Yes....   No.....

5. Another kid said: "I think I am no good at all." Do you ever feel like this?

    Yes.....   No.....

6. How happy are you with the kind of person you are? Are you...

Very happy with the kind of person you are...

Pretty happy....   A little happy..... Not happy at all.....

7.   If some kid said something bad about Native people, would you
     feel almost as if they had said something bad about you?

     yes......   no.......

8.   Do you feel proud of being a Native person, pretty proud, not
     very proud, or not at all proud?

     proud..... pretty proud...... not very proud.... not at all
     proud....

9.   If you could be born again, would you like to be born Native
     or non-Native?

     Native......   non-Native......

10. Do you think you would be happier if you were not Native?

     Yes...   Maybe....   No.....

MOOKA'AM PROGRAM EVALUATION PROJECT

KNOWLEDGE OF PREVENTATIVE ACTIONS

Children's Questionnaire

A 38

PLEASE ANSWER "AGREE" OR "DISAGREE" TO EACH QUESTION.

1. If someone comes up to you and says or does things that make you afraid or uncomfortable, or perhaps even shows you a private part of his/her body, you should leave and try to forget the problem happened.

    Agree.....   Disagree....

2. When something frightening or embarrassing has happened to you, it is usually best to keep it to yourself.

    Agree.....   Disagree....

3. If you are in a situation where you become very uncomfortable or afraid of what might happen, it is alright to attract attention in a way that you can get help.

    Agree.....   Disagree....

4. If an adult has tried to do something that has made you feel hurt, embarrassed or uncomfortable, you should tell someone you trust, even if you are afraid or uncertain of what to say.

    Agree.....   Disagree....

5. Children are often to blame for causing adults to hit them.

    Agree.....   Disagree.....

6. If children tell someone they trust that an adult is hurting them, probably no one will believe them.

    Agree.....   Disagree.....

7. Persons who try to hurt or frighten children are easy to spot, just like on television.

    Agree.....   Disagree.....

APPENDIX B

Summaries of Interviewer Comments
About Interaction During Interview

B41
INTERVIEWER COMMENTS ABOUT INTERVIEW INTERACTION

The following are summaries of the interviewer's comments about
each interview. The project Research Assistant wrote these
summaries under instruction to retain the key words and phrases
used by the Interviewer as she recorded her thoughts.

1.   **JUDY**

Comments About Interview Interaction

There were no notes for the first interview.

Following the second interview, the interviewer remarked that there
had been "a dramatic change" since the initial interview of
December 1992. [NOTE: THIS REFERS TO THE INTERVIEW FOR PHASE 1].
She found Judy to be "happier", "more confident", and "full of
plans". She described it as a "good" interview.

The day of the third interview, Judy had experienced a crisis. She
had been fired from her job and she and the interviewer talked
about this at first. She stated that Judy "cried" and was "upset"
for most of the day, and Ned helped her through the crisis. By the
time the interviewer arrived for the appointment Judy appeared
"calm" and was "joking and making new plans". The interviewer
offered to postpone the interview, but Judy declined and "wanted to
get on with it". The interviewer listened to Judy's story and
"believed her side of the story". Apparently Judy's problems began
because she "had a personality conflict with ---- which grew from
the time they were at a "retreat" at Cape Croker. Judy appeared to
have "lost her trust in --- and was "singled out" at times and was
labelled as "uncooperative".

The interviewer also assessed how Mooka'am had helped her. Her
impression was that Judy had "truly benefited" from the therapy she
had received. She had acquired "a new sense of maturity" and was
acting this out as well as speaking out. She also stated that Judy
understood "victimization" and attributed this to her "acting out
encounters with ---.

At the time, Judy was no longer with Mooka'am, the door was open
for further talks with Charlene if Judy felt that she needed them.
 Judy called this "graduating" from Mooka'am. She was also
planning to go to university, and upgrading first.

The interviewer thought she appeared "stable and positive" despite

the "low blow to her self-esteem" she had just "suffered". The interviewer described Judy as "quite a girl" and a "true Mooka'am success".

2. **MOLLY**

Comments About Interview Interaction

Molly's first interview had to be completed in two parts because she had to go to work. The interviewer remarked that the first part of the interview was "very good". She was "warm, relaxed, talkative" and her answers were well thought out. The second part of the interview began at the "support systems" section of the questionnaire. The interviewer got the impression that Molly's feelings and behaviour were quite different from the first time she saw her. She appeared "uptight, unhappy", "her responses were short and quick". At times, the interviewer remarked Molly appeared "angry" because her husband repeatedly walked in and out of the kitchen, where they happened to be conducting the interview. The interviewer noticed a "change" in Molly since the first part of the interview, that she "kept gapping out". The interviewer also perceived a growth "in awareness".

Following the second interview, the interviewer talks about Molly being a "very private person" who "does not easily open her life to anyone". She attributes Molly's difficulty in revealing herself to the interviews taking so long. She adds that Molly did "consent" to the interviews and did the best she could each time. She stated that Molly is a "good example" of "Anishnabeque" having difficulty talking freely about what goes on in their lives. She felt that the consultant would agree with her analysis when he meets Molly.

The interviewer remarked mostly about Molly and her performance at work after the third interview. Molly had become very busy with her job, family, and therapy. It had taken four appointments before they could complete the interview. The interviewer seemed very impressed with Molly's ability to handle situations at work. She stated that she "laughs a lot", "is a good problem solver at work", "she is the one person sought out for help in many situations", many times not related to her job description". Molly takes on many roles in the workplace where she is "executive secretary, confidante to other staff, nurse, counsellor to the children, mechanic, etc...". The interviewer noticed that she has "a very stable aura about her" and maintains a "positive reaction to many situations". She concluded by stating that she is quite "a girl" and that she "likes her a lot".

3. __PAM__

Comments About Interview Interaction

The first interview went well with nothing "negative to report".
It was felt Pam was "on her way to total healing". The interviewer
also felt that her newly found Native beliefs and traditions would
be a great help to Pam's healing process.

The interviewer notices considerable positive change during the
second interview. She was happier, more talkative, more trusting
(she indicated she wanted to visit the interviewer in Barrie
because Pam has a brother there). The interview was very lengthy,
and consequently exhausting for Pam, perhaps the reason for her
fluctuation between feeling confident and uncertain about herself.

In Pam's own comments about the interview, she found herself very
frustrated with the Mooka'am program at the time of the second
interview. She was not satisfied with the way the Healing Circles
were run (she felt they had become too conversational), she felt
there was not enough counselling being offered, and not enough
opportunities for women to learn new approaches. Furthermore, she
was upset that the Healing Circles had been cut back in frequency
and they were not available to her as often as she needed them.
Pam mentioned it would be helpful to have circles every 2 weeks
with different people alternating each time. Workshops would also
be helpful, as well as sweats, guest speakers. She also suggests a
meeting every few months for all the women in the program to find
out what their needs are. Pam reiterates by saying that outside
sources are needed to advise program directors to get things
happening. She also cites problems with main reception. She
complains of a women who hangs up on her, or on other occasions
messages getting lost or mixed up.

Pam's answers in the third interview are also "well thought out and
lengthy". The interviewer reported Pam was more at ease, content,
and laughed a lot. She discussed sex openly with the interviewer.
 She disclosed she was "horny", and attributed this to a past

boyfriend who was quite demanding sexually. She enjoyed sex, and said that this enjoyment of sex was a new experience for her.

The interviewer commented on Pam's relaxed and candid manner when they were discussing issues around sex, and this made it easier for the interviewer to discuss the topic with her. The interviewer noted this a fun interview for her.

4. <u>MICHELLE</u>

<u>Comments About Interview Interaction</u>

Following the first interview, the interviewer commented that Michelle had been "very co-operative" and a "good and easy" interview for her. She got the impression that Michelle "longed for mothering" and felt her pain. The interviewer hugged Michelle after the interview, which surprised her but she allowed herself to be hugged anyway. Michelle seemed please when the interviewer shook her son's hand before leaving.

The second interview was also a "good interview" and the interviewer felt Michelle was "coming along great" and that she liked the style of interviewing. Michelle's own thoughts indicated that she too felt that she had healed a lot and had come a long way since the first interview. She mentioned that it was interesting to see how much she had grown and found it a "very positive exercise".

Michelle also commented on the Mooka'am program. Mooka'am was a link to the Native community for Michelle, and that Mooka'am, Charlene, the other women, and the Native community have all helped her. She learned that she has a right to be afraid of
help because it means "admitting you have problems". Michelle reports that when you get help, "you improve emotionally, physically, spiritually, mentally. She comments that it is better to seek help when you are young, but it is never too late. Perhaps she implies that if you are healed when you are younger, you can be better to your family, children and "enjoy yourself and lead a life that is healthy and better".

The third interview had to be rushed through towards the end. Michelle was interviewed during her lunch hour at the First Nations

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School and the interview went beyond the time she was allowed. She had become very busy as a full time volunteer at the First Nations School. She told the interviewer that she hopes "her therapy will result in a happier and more balanced life". She also stated that she thought she had reached a stage in her therapy that she felt ready to "look into the really difficult part of her sexual abuse". The interviewer noticed she felt confident, but a bit tired. The interviewer also remarked that Michelle has a lot of responsibilities for a volunteer, and that the interview went well, only "rushed".

5. RUBY

Comments About Interview Interaction

Following the first interview, the interviewer remarked that Ruby appeared "relaxed" and had a "confident air about her". She "smiled and laughed a lot" during the course of the interview, and "appeared very happy". The interviewer felt that she and Ruby were able to "communicate in sync".

The interviewer's comments following the second interview start off on a frustrated note. Apparently, Ruby had "stood up" the interviewer four times before she could finally track her down. When she showed up at Ruby's home for their appointment, Ruby had "forgotten" all about it. The interviewer was aware that Ruby was not interested in being interviewed that day, but asked her to "just answer two or three pages at a time until it was completed". Ruby eventually "consented" to the interview, and they were able to finish it in "one sitting". The interviewer commented that once they were "underway", Ruby began to relax and open up and "didn't seem to mind being interviewed". They talked after they finished the interview as well.

Ruby's own comments following the second interview are as follows. She felt that "everything", including her feelings. were "much the same". She felt that she perceives things "differently", that her ability to "look at people" is "better" than what it was before. She also noticed how much she had grown in some areas, but at the same time, noticed that there is work still to be done in other areas. She thought it was "funny", looking back at certain areas.

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She found the changes in her intimate relationships with men "interesting". She mentioned that it took her "a whole year of counselling" until she was ", comfortable with the sexual abuse". She added she had been going to Mooka'am (NCFS) for three years.

6. <u>**JILL**</u>

<u>Comments On Interview Interaction</u>

At the beginning of the first interview, the interviewer noted that
Jill was in a "very formal mode". Jill "appeared to relax" when
the interviewer shared her own story of her healing. Jill seemed
to feel that her fears were understood by the interviewer, and she
was able to relax to complete the interview.

At the end of the interview, she talked freely with the interviewer
about her fears and inability to respond "appropriately" in
relationships. This fear she feels precipitated her getting in
touch with Mooka'am, as she was experiencing "confusion" after a
relationship ended. Apparently the relationship became "abusive on
both sides" and now from Mooka'am she was beginning to understand
the rationale for her fears. Jill talked about discovering more
problems, she used the onion metaphor in describing how layers of
problems are seen after other layers are pealed back. The
interviewer thought Jill "appeared confident" that her problems
would work themselves out in time. The interviewer's overall
impression of Jill is as follows:

> "She is a lovely, and super intelligent young
> lady who has a lot of courage but needs
> support and more talks and support from
> positive people. She spends a lot of time
> alone. I met her before and we recognized one
> another, maybe that is why she was more formal
> at the beginning".

Jill was "extremely cooperative and confident in every way" during
the second interview. She had met a man at a Circle who was an old
acquaintance. She was "fascinated by her reactions to this man",
described it "walking up to whole new set of feelings". She is
planning "to go slow" to see how this unfolds.

Jill told the interviewer that she is experiencing behaviours that
are new to her, like "really listening", and has "awakened" to a
whole new set of values she knew she had but did not display. The
interviewer's impression was that she thought Jill was "talking in
a more mature way, appropriate to her age and life and
responsibilities". Jill found this exercise "very interesting".
She was "amused" throughout the whole questionnaire, looking at the
first one and appearing surprised at saying something. Her former
boyfriend that "sent her into this confusion" was out of her life.

She was now wondering "what all the confusion was about". Jill swears that she will "never put herself in a situation like that again". She made a face when she was talking about her former boyfriend. She liked this interview. The interviewer noted that it was disappointing the consultant could not "sit in" on these interviews. She found them truly "interesting to watch and to respond to". She also indicated that "one could get caught up in the comparison exercise, like it was a fascinating game".

There is no analysis from the interviewer for the third and final interview.

7.   RONDA

Comments About Interview Interaction

Following the first interview, the interviewer remarked that Ronda was a "delightful client to interview". She felt she was "carried along" by Ronda's "enthusiasm and high energy". She also believed that Ronda "had a long journey that turned out very well". It was a "good" interview.

There were no additional comments following the second interview.

During the third interview, the interviewer noticed that she often spoke of the incident that occurred "three months ago" as the factor in her "bottoming out". Ronda explained that her anger had surfaced in ways that were completely unfamiliar to her while she was under the influence of alcohol. Apparently her "acting out" resulted in her daughter being taken into temporary care by the Children's Aid until her grandmother could arrange for "interim custody". Ronda attributes "the incident" to her sobering up. Even though Ronda is not attending her AA meetings, she assures that she is helped by the group members.

The interviewer remarked that Ronda was "fun" to interview "this time around". Ronda invited her to stay for dinner and she accepted. She indicated that it would have been "difficult" for her to refuse the invitation because they both knew this was the last interview. The interviewer had a feeling she would meet Ronda "in the future, on the Anishnabe Trail helping others heal".

8.   LISA

Comments About Interview Interaction

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The interviewer found the first questionnaire "exhausting". She thought that Lisa had "come a long way" since the first meeting they had [PHASE 1 INTERVIEW] and she found it was "quite a change". They hugged both before and after the interview. Lisa appeared "more relaxed and trusting". Following the interview, they both went out for something to eat and they talked "mostly about Anishnabe country".

The second interview "took a long time". The interviewer thought Lisa "looked great", had lost some weight, and noticed her "smiles" were "real and spontaneous". The interviewer believed she was "happier" and "more confident" than she had been in the first interview. She also noticed that Lisa was "confident" answering questions, was "very aware of making the right responses", and "thought out her answers very carefully". The interviewer was careful not to "rush" Lisa.

When asking her questions in the "Intimacy" section, Lisa became "tearful", and "said she was feeling sorry for herself". The interviewer reflected that there "were a lot of unspoken fears", but she "didn't want to pry" and "just let her talk around" her feelings.

9. TAMMY

Following the first interviewer, the interviewer noted that Tammy was "busy with the baby" and was interrupted a couple of times by telephone calls. Alfred came home towards the end of the interview, which broke Tammy's "mood and concentration".

By the second interview, Tammy appeared "more positive and happy". She was making plans, setting goals, planning her future, and feeling more confident. Tammy wanted to return to school and take an accountant's course.

After the third interview, the interviewer perceived that the changes Tammy was making in her relationships was giving her a more positive outlook. She also felt that Tammy had become more assertive, for example she cancelled an appointment for an interview because she did not want or did not feel up to it. She told the interviewer in "a nice way", who understood her and rescheduled Tammy.

The interviewer noticed some changes around Tammy's home, she made "pretty curtains" for her kitchen window, the atmosphere was "warm and caring" and "comfortable".

10. **SUSAN**

Comments About Interview Interaction

Following the end of the first interview, the interviewer commented on the relationship Susan has with her ex-husband and her boyfriend. The interviewer expresses her "uneducated opinion", stating that she thought the two men were "draining the little bit of positive energy she had left". She perceived that they "feed off her" and that they were "both cowards and unable to begin their own healing". She noted as well that Susan was "absolutely exhausted looking".

The second interview was "the hardest interview" the interviewer had done "so far". She found Susan to be "depressed with a capital "D"" and called her a "pathetic girl-child". The interviewer had difficultly setting up and getting on with the interview because of the visitors Susan had in her hospital room. Finally, the interviewer had to get on with it, and had to allow Susan's friend to "sit in". She broke the confidentiality "with consent" from Susan. She thought the interview went well while the friend was present, but Susan was "obviously drained after she left". The interviewer thought that Susan was "putting up a good front while she had an audience", and was sure Susan would sleep after the interview. The interviewer felt that this stage would really be a "turning point" for Susan, that she had bottomed out and had nowhere to go "but up". She mentioned to the interviewer that her children "keep her going". Susan hugged the interviewer before she left with "tears in her eyes".

Susan's friend "expressed an opinion" that she thought "some things are hard to crack", referring to Susan's sexual abuse. She seemed to feel Susan's sexual abuse was "too hard for Susan to face", only going so far, then backing off.

The interviewer suggested that perhaps a Medicine Woman and Pipe Carrier could help Susan with her pain and shame. She mentioned that presenting people to Susan, who she could trust, "would do wonders for her". The interviewer asks the consultant's opinion: "what do you think?".

11. **DORIS**

Comments On Circumstances Of Interview

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The interviewer arrives to talk to Doris, and immediately she said that Doris began to talk about a tragic incident that had just occurred. Apparently the father and sister of a friend of Doris had been murdered. The interviewer found the story confusing and was not able to write it down. Doris's speech was also accelerated, appeared to be in great pain, restless, and unable to sit still. The interviewer assessed through Doris's gestures and actions that Doris wanted to get the interview done as quickly as possible.

Comments About Interview Interaction

Following the first interview, the interviewer remarked that this was the most difficult interview for her "to date". She noted that she "hates what has happened to this Anishnabeque". Doris did not hesitate in telling her story. The interviewer perceived that even though Doris was angry, she appeared to be "free from bitterness and malice or hatred".

At the end of the first interview, they "chatted" about Doris's sources of strength, her "real" father whom she found out about at her sister's funeral last year. Doris told the interviewer that when she was an infant, her father was "loving and devoted to her". They both wondered that perhaps she was able to draw from these pleasurable experiences early in life, and maintain some good feelings for the rest of her life. Doris did not know what kept her going. She thought that it could be the "Indian" in her.

The interviewer thanked Doris for sharing so much with her, she hugged Doris and Doris was unresponsive. The interviewer made her way back home "in a fog mentally and emotionally".

The second interview was also long and exhausting for the interviewer. She says this interview "speaks for itself". She got the sense that Doris had "come a long way" with her therapy. Even though her past sexual abuse is something Doris has not begun to explore in depth, the interviewer had a feeling that she is close to starting to work on it.

Many things were disclosed to the interviewer that have not been discussed with the therapist yet. The interviewer was impressed with Doris's new confidence and optimism: "What a change from the first interview!". This time the interviewer left with a "a feeling she is going to be ok and will contribute much to others who need help".

12. __TRACY__

Comments About Interview Interaction

During the first interview, the interviewer noticed Tracy became
guarded only when speaking about her family. Tracy's "body
language" told her "when to start and stop the interview". She was
very careful. She found Tracy to be "naturally curious" in the
beginning, then "bored" and "relieved" the interview was over.
When she got up to leave, the interviewer asked her if she wanted a
"hug". Tracy looked "surprised", hugged her, then "took off down
the hall and disappeared".

During the second interview, Tracy was "visibly tired" towards the
end. She told the interviewer that she had been doing drugs the
night before and "let it slip" she was using crack. She got the
impression Tracy feel guilty about the fact that she has "no
control" over her drug use and that she just "gives in" to it. The
interviewer felt "very concerned" for her. She suggested they
postpone the interview, but she did not want to and "endured the
interview under duress". Tracy stated that she felt "good
contributing something to the Native community.

The interviewer had gotten her appointments mixed up and arrived in
the morning instead of later. Immediately, Tracy thought it had
been her fault, but was "later amused" by the interviewer's "klutzy
behaviour". She "laughed and laughed" at her. She thought that
this broke Tracy's "guard" and she relaxed and went on with the
interview. The interviewer thought that this would be a good way
to start all the interviews because it "really sets the mood".

Tracy made her own notes following the second interview as she read
back the notes from the first one. She thought that she appeared
"snotty", and a lot of things that came out were from her "street
side". She thought she was more relaxed for the second interview,
that she was doing things "differently". She thought that before
she was "dead honest to the point of being rude", that she had
"bragged a lot", and found some of it "funny". Some things she did
not remember saying at all. She thought that she had answered some
questions "bluntly". She noticed she had "grown and changed" and
it was "interesting to look back".

The third interview went very well according to the interviewer.
Tracy was no longer coming in for therapy. She stated that she was
strong enough to handle situations as they arise. She appeared

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"really confident" and "full of positive plans" for upgrading her
education. Apparently Tracy had "surprised herself" by getting an
"A" in a course she was taking. She stated that she did not know
she was "smart".   The interviewer felt she was "happier, more
positive, and full of good self-esteem", and that "Mooka'am really
helped".