

MOOKA'AM SEXUAL ABUSE TREATMENT PROGRAM

Evaluation of Phase 2

SUMMARY OF PRELIMINARY FINDINGS

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INTRODUCTION

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 May, 1994 is a dissemination phase to distribute educational materials and hold workshops across Canada.

Evaluation Goals

The second phase evaluation concentrates on assessing the changes 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 concentrates on program development of self-esteem, Native pride, and knowledge of safety practices.

Methods

The study intensively analysed the changes and experiences of Mook'am Program clients as they progressed through the program. Using open-ended interviews, we gathered information at three points in time.

Judgements about the program's impact on clients will be made in three ways: (i) on the basis of comparisons between the ways clients talk about themselves and their lives during the three interviews (ii) the changes reported by clients when they are asked to reflect about their changes, and (iii) the interviewer's observations of client interview interaction as noted at the conclusion of each interview

Types of Information

Information was systematically gathered on several relationships and behaviors deemed important by the program model. These include:

- .relationships with peers
- .intimacy relationships
- .decision-making/life skills
- .problem-solving and coping behaviours

- .personal support system
- .parenting and relationships with children
- .safety practices for protecting themselves and their children
- .family relationships

Information was also gathered on the various psychological and interpersonal characteristics which are the targets of treatment:

- .self-esteem
- .sense of self
- .capacity to trust
- .emotional well-being
- .Native pride
- .self-blame
- .acknowledgement and expression of feelings

A. RESULTS: COMPARISONS OF INFORMATION OVER TIME

The changes discussed in this section are based on comparisons between the ways that Mooka'am clients talked about 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. Quotation marks are used around the words, phrases, and interview excerpts from clients. [Note: In this summary, most of the supporting data is omitted]

1. From "Second Class Citizen" to Native Pride

Native women who have been sexually abused have been doubly victimized. They feel damaged, dirty and soiled, and also bear the stigma of being Native, possibly an outcast in their family or community. They feel different and alone in their suffering.

Native Identity

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

Generally, the number of activities does not change as participants progress through the program. The newest participant to the program change dramatically in the number Native activities between the first and second interview, 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 twelve women changed from a private to a more public participation as they moved through the program. Five of twelve were "mixed private and public" at the first interview and remained that way.

Native Pride

From the first interview onward, the women express a high level of pride in themselves as Native people. This pride does not change as they progress through the program. Based on these results, we are in no position to claim that Mooka'am contributed to a new sense of Native pride. At best, we can say that the program sustained the pride that women brought into the program or that developed shortly after the beginning.

There is some evidence, though, that the program works quickly to instill Native pride. One woman, for example, from the first interview onward displayed a very strong sense of pride. Asked to describe herself 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!"

Another woman, the newest participant in the program, said:

"I was 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."

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

2.Casting Off A Damaged Self

When asked how sexual abuse had affected their lives, all interviewees expressed very clear ideas. In fact four people said that the abuse had thoroughly dominated or controlled their lives. The most dominant impact themes were as follows. Sexual abuse had:

.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, 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 themes related to the abuse itself, primarily concerns about **self-blame** (7), and 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 into negative or unsafe situations: "lived by the seat of my pants"
- .handling abusive relationships/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 her 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

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:

Most women (11 of 12) conveyed changes in a general sense of themselves in relation to their sexual abuse history:

.half (6 of 12) talked about positive changes in the way they think about others

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

From their perspectives, then, 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 since beginning Mooka'am. What, if anything, did these women have in common?

.all reported no change in their capacity for trusting others

.all had concerns about discomfort with men, and also had reported no change in these feelings

Changes in Self-Esteem

Seven of twelve women expressed a higher self-esteem as they progressed through the program. For three, there was evidence of slightly lower self-esteem at the third interview. For the remaining two, there was no change.

Changes in Trusting Others

Five of twelve women reported a more trusting attitude towards others as they progressed through the program. Three actually changed in a less trusting direction. Four reported no change in their trust of others, three of whom had difficulties.

Changes in Their Involvement in Intimate Sexual Relationships

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 intimate sexual relationships by their last interview. One of the women who was still not in a relationship expressed readiness, although she still admitted having difficulty with men.

All women preferred a long-term sexual relationship at the beginning, but one opted for short term by her last interview.

3. Towards Emotional Well-Being

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, how they coped, and their sense of change as they moved through the program.

Emotional well-being of Mooka'am clients was studied through three questions pertaining to their...

- . Feelings of almost having a nervous breakdown in the last three months
- . Descriptions of feelings, generally, these days (Probes: good spirits? very good spirits? low spirits? very low spirits?)
- . Consideration of ending their life

The answers confirm that Mooka'am program participants indeed suffer emotionally.

- . All twelve participants reported feeling close to a nervous breakdown at some point during the three months preceding the first interview.
- . Ten of the twelve described their feelings generally as "low" or "very low", at the time of the first interview.
- . Six women, at the time of the first interview, admitted to thoughts of ending their life "recently"; another had thoughts of ending her life at about the time of the third interview; two others, reported having had suicidal thoughts before beginning Mooka'am, but not since.

Changes in Emotional Well-Being

By comparing responses over the course of the interviews, it is evident that dramatic positive changes occurred in their 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 feelings, from either low or very low "spirits".

.Of the six (6) women reporting suicidal thoughts prior to the first interview, not one 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 prior to the last interview.

4.Coping

Sexual abuse victims often find themselves in stressful circumstances, and typically use self-defeating methods for coping. One of the goals of the Mooka'am program is to teach program participants to use more useful coping methods, guiding them away from destructive patterns such as alcohol or drug use, and helping them to learn to relax and enjoy life.

Changes in Coping

As they progressed through the program, program participants reported subtle shifts in how they coped with life pressures and challenges to their emotional well-being.

.Three of the six women reporting changes in how they coped with suicidal thoughts appeared to use more private methods such as reflectively changing their thinking patterns or attitudes. Initially, such 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 in their thoughts, reported the use of active problem-solving approaches. Both of these 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 being 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.

The women became more resourceful 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 to take more actions to help themselves, actions which involved human or traditional supports (eg. talking to friends or relatives, seeking help through therapy or other community resources, traditional methods, etc).

Also, with a few exceptions, the women began to use more active 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

Some 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 an inappropriate way to solve problems or reduce stress, and in the long run may complicate life further.

What evidence do we have that participation in Mooka'am reduces the need to resort to alcohol? Initially, five women (5) reported that alcohol or drugs was "too much" a part in their lives. Another identifies the eating disorders of anorexia and bulimia as equivalent to the inappropriate use of drugs and alcohol. Three others see themselves as social but not problem drinkers. 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 considered having problems by the second interview and could not be contacted for a third interview. The woman with the eating disorder had taken concrete actions by enrolling in a eating disorder clinic. All of the other women sustained a social drinking pattern or did not use drugs or alcohol.

One woman's descriptions of herself as having problems with drugs and alcohol remained unchanged throughout all three interviews. However, as the case description will show, "Tammy" conveys an important sense of change, both in the behaviours surrounding alcohol or drug use and her own interpretations of her behaviour.

(Case summary to be inserted in full draft)

5. Vulnerability to Self-Protection: Safety, Support, and Relaxation

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

The Mooka'm Program 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 first, their sense of safety and their capacity for self-help through safety knowledge and actions. Secondly, we examined the strength of their support system of friends and family members. Finally, the study examined how participants look after themselves emotionally and physically through an appropriate leisure time and relaxation.

Safety Self-Assessment

Our research showed that the women felt that they and their children were at risk of personal harm. This harm came primarily from themselves, their partners or their family. However, by the last interview there is evidence that these risks were less for some women, and that most had become more sophisticated in the safety knowledge and practices.

1. 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.

2. By the third interview, 7 of 12 participants reporting feeling safe and generally free of harm. Four of these had not felt that way at the beginning of our interviews. Another four women did not feel safe at the beginning, nor at the end.

3. Concerning their children, five participants reported a positive

sense of their childrens' safety. Four felt that their children were not that safe; three of these expressed a positive sense at the beginning. Three people did not have children in their care at that time.

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

Safety Knowledge

1. 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.

2. 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:

Parenting actions (teaching, monitoring, recognizing implications of own actions); (2 people)

Self-development (stability, self-knowledge, strength, esteem, skills); (5 people)

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

Following traditional beliefs or resources; (1 person)

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

3. Concerning the scope of people's prevention ideas, that is, whether people endorsed a narrow or broad (holistic) variety of ideas, people's 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.

4. **Concerning change in people's ideas over their involvement in Mooka'am, six people became more holistic in their thinking about prevention.** That is:

.From interview one to three, 6 people showed expansion in their prevention ideas. Over time they expressed a broader variety or holistic conception 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.

Safety Actions

1. Asked what would they do to protect themselves from harm, a variety of actions were proposed in the group as a whole.

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

3. Asked what they would do to protect their children, participants would: remove them from the situation or eliminate the source, such as ending a relationship or change 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).

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

* * *

Self-help and protection can 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 at 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...

Support Systems

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 everyday matters
- .the number of people that could be contacted in an emergency
- .numbers and categories of people they feel close to

Supplementing this information, we also probed their own sense of satisfaction with their support system in case of emergencies, as well as their satisfaction with their emotional closeness to others. Again, information was gathered on three separate occasions as the women progressed through the program.

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.

Who can they count on?

Our over-all judgement is that, generally, as the women progressed through the Mooka'am program the strength of their supportive relationships increased.

1. Nine of twelve reported increases in the number of people they could rely on for "help in everyday matters"; almost all of these changes involved changes in the scope of their network.
2. The picture changes in case of emergency situations. 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.
3. Eight of twelve expressed satisfaction with their emergency network, even though as indicated above, the actual numbers went down for some women.

How many do they feel close to?

1. Six of twelve women increased the number of people they "felt close to". Three did not change, although they had some to begin with. (4, 5, and 8 people, respectively). Two of twelve decreased the number of emotionally close people, one of these quite substantially.
2. Five of twelve women increased the scope of people they feel close to; five showed no change in this regard. Two decreased the scope slightly.
3. Four of twelve women expressed greater satisfaction with the number of close people as they progressed through the program. Another five were satisfied through all the interviews.

Towards Stronger Family Relationships

1. By the third interview, eight of twelve participants indicated a reliance on at least one family member for help in everyday matters. In four of these cases there was a notable change over the three interviews.
2. By the third interview, six expressed feelings of closeness to at least one family member, three of whom had changed over the course

of the interviews.

3. The scope of the family network refers to the different types of family members identified as significant in their lives. **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. (include quote re: "spiritual family").

* * *

Common sense and research suggests that finding time for relaxation is a useful preventative approach for promoting 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 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 the dynamics of each individual, Mooka'am staff provide direct teachings for relaxation, (including relaxation exercises), help with self-esteem, and emphasize the importance of leisure and "having fun". The summer camp component of the program emphasizes healing, recreation, and teaching - all in a traditional atmosphere.

To study their use of leisure time, we asked each woman to "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 and if, in their opinion, the program had contributed to change. The results follow:

At the beginning, most participants (9 of 12) were not satisfied 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 change.

A close examination of the stories told by those expressing clear or

even fluctuating satisfaction 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 more social or community activities. They became more involved with friends, family, or Native community events. In some cases, they talked about relationships with new boyfriends.
- .A few connected their new-found relaxation to their efforts to stop or limit 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 most time with the kids to doing some things for themselves.

What can we say about the four women who showed no change in their satisfaction? Although different in their leisure activities, all share a somewhat isolated pattern for relaxing. Two openly yearned for someone to share their recreational time, even though both participated in Native community activities. Both women were missing something, more in their inner experiences than in their outer activities.

[Insert quotations from the women to illustrate these themes]

6. 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. As needed, Mooka'am counselling addresses parenting issues.

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

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 sentiments of the four women conveying a strong sense of change are illustrated through the following quotations, beginning with a woman who attributes much of her change in parenting to learning and teaching traditional 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 any more. 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 them make their own decisions, and learning to accept those decisions."

CASE 11

"[The best part of being a parent] is loving my kids...Now its 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 its 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 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 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, 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, its 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."

* * *

In addition to 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 issues may take priority over sexual abuse issues. The next section examines how Mooka'am clients engage in...

7. Problem-Solving: Meeting Life Demands as Adults

Coming from dysfunctional family backgrounds, many sexual abuse victims do 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 and accomplishing life tasks. 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.

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.

The results were quite positive, in that the majority of women with such issues, took steps to address their problems:

.All twelve women shared some dissatisfactions with their housing, income level, or education. In six cases, dissatisfactions were expressed 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.

B. PERSONAL CHANGE AND MOOKA'AM IMPACT: REFLECTIONS FROM CLIENTS

Introduction

We said that the analysis of program impact would be done in two ways. The first is to compare the information that people provide at different points in time concerning their lives. The information and inferences in Section A are based on this method, and it appears that many changes did occur as clients progressed through the program.

The second method for inferring change is based on the reflections of the clients themselves 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, the majority of clients believe that participation in the Mooka'am contributed to changes in their lives. [Insert summarizing table]**

Despite this general trend, there are some differences among individuals. Not all clients believed that Mooka'am contributed in all areas. All clients believed that Mooka'am contributed to how they thought and felt about themselves generally, and all believed that the program contributed to how they felt about themselves as sexual abuse victims. 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.

Most (i.e. 9-11) clients believe that Mooka'am made a positive difference in their moods and feelings, their plans for future education or training, keeping themselves safe, 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 of those interviewed thought that the program helped with their financial situation.

From an overview we now look closely at each functional area, and the client's more 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 (ii) assessing other kinds of changes which, although beneficial, may not have been anticipated in initial planning.

Sexual Abuse

All women in the program believe that their history of sexual abuse has affected their lives in negative ways. This happens because of the way they think about themselves and others, or because of the way they approach certain situations and people.

Similarly, all twelve women believe that since their involvement in the program, their thoughts and feelings about their past sexual abuse in the context of their current lives have changed, and that Mooka'am has contributed in a positive way.

.Most report now having a greater understanding of themselves and their feelings, sometimes described as "a new perspective".

.One-half no longer blame themselves

.For some, the abuse no longer dominates their lives; others report simply "accepting the abuse as a fact"

.Others have a better sense of themselves in a variety of roles, including parenting, social situations, and close or intimate relationships.

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

[Insert several quotes illustrating these and other themes]

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.

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

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

Apart from general comments, people made reference to the helping features of specific program components. Within the group and the circle, participants found helpfulness from the discussion, "knowing you weren't alone with the problem", and the "release of emotions".

Counselling proved to be an important program component affecting participants' thoughts and feelings about themselves as sexual abuse victims. The counselling relationship has a number of 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 believe that they were handling potentially harmful circumstances more positively. Mooka'am helped them to...

- .avoid or remove themselves from threatening situations

- .stop the escalation towards interpersonal violence or emotional abuse
- .seek help
- .change partner's behaviour

Mooka'am contributed to these actions by giving clients (5 cases) what they regarded as helpful new skills for heading off escalating situations: "controlling their own anger", being "more assertive", "talking calmly", and in some cases through "better management" of 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 "confidence", "hopefulness", or "motivation".

Impact on Self

All twelve women believed that Mooka'am had helped to create important changes in the way they thought of themselves. Most importantly, 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 one of the most dominant themes of change throughout the study.

Impact on Moods and Feelings

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

- .their ability to express and deal with their feelings
- .changes from negative to positive or constructive feelings

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
- .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, or
- .other parenting skills, such as communication, appropriate discipline, supporting independence.

Improvement in Leisure

Nine of twelve women sensed that Mooka'am made a difference in the quality of their lives by helping them make better use of leisure time, relax and generally enjoy themselves.

This happened primarily through...

- .the personal healing process and promoting inner peace

.learning to take time for themselves

.and other isolated changes such as establishing life goals, not fearing being 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
- .a greater self-respect, 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 "fearlessness" regarding intimacy.
- .learning to wait for appropriate relationships

[Several quotes]

The Abuse of Drugs, Alcohol and Food

Seven of the twelve women saw themselves initially as having problems with alcohol, drugs, and over-eating. Of these, six believed that positive changes resulted from participation in Mooka'am. The changes resulted from ...

- .being referred to specialized help
- .using drugs or alcohol in a less abusive way
- .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 of these 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. Most of those not reporting changes were satisfied, and did not see housing as an issue.

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

- .Some were helped to access new housing programs
- .Others were supported in making decisions about purchases for their homes
- .Still others were helped to gain clarity about their needs, wants and priorities, leading up to a decision about moving
- .In a few cases, changes in housing came about through improving their relationships

Income

Many abused women have low incomes or 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".

In some instances this involved acquiring financial or other material help.

APPENDIX A

PROGRAM DEVELOPMENT AND THE
EVALUATION OF PROGRAM DEVELOPMENT

[INSERT PORTIONS OF "EXECUTIVE SUMMARY" OF PHASE 1)

Phase one results

The results of Phase I are contained in a report entitled:

Evaluability

The phase one report concluded that the Mooka'am program was evaluable in the sense that a program model was documented, making explicit the intent of the program and a rationale for the various activities. The model specified (i) target persons for the program (ii) client issues and treatment implications (iii) program goals and treatment objectives (iv) program principles (v) program format (vi) general treatment principles (vii) helping roles (viii) the helping situation,

and (ix) program activities and techniques.

Phase I evaluation, through interviews and a sample review of case notes, also confirmed that the proposed program activities (eg. counselling, healing circles, cultural learning) were being implemented as planned. As potential impact evaluators, we were assured that the clients were indeed engaged in the kinds of healing activities that were proposed in initial planning.

Finally, this phase also confirmed the feasibility of depth interviewing with sexual abuse survivors, as the core data-gathering tool for an impact evaluation.

Appropriateness

Our second conclusion from the first evaluation phase was that the program seemed appropriate. This conclusion was based on the following:

First, the assumptions made in the program model concerning the needs of sexual abuse victims ("client issues") were consistent with recent literature on sexual abuse.

Second, there were program mechanisms in place to contribute to the on-going growth and adaptability of the program. These mechanism included (i) on-going opportunities for staff training (ii) regular case consultation with clinical experts (iii) consultation with Native cultural teachers, and (iv) in-house Native and non-Native technical resources.

Third, consistent with initial program planning and with the agency's general service model, the Mooka'am Program had a strong cultural component in its healing activities. This included, and still includes, a traditional healing circle, the use of traditional medicines (smudging with sweet-grass, cedar baths, etc.), fasting, spirituality, and cultural education.

Finally, Phase I confirmed that although clients consistently reported extreme discomfort and alienation from main-stream agencies, they were extremely comfortable with the Mooka'am program and the agency. Thus, clients reported positive experiences during initial engagement with the program, with the staff, with Mooka'am's physical environment, and with the core program activities. There was a very clear expression of trust in the staff, comfort with the Native atmosphere in the agency, and above all, a strong appreciation of the choices within the program and during treatment. At the time of the evaluation, most clients were hopeful and optimistic.

Factors contributing to early implementation of the Mooka'am Program

The early evaluation of Mooka'am included several observations concerning factors which supported early development, and those which presented challenges. These were shared with staff during a wrap-up session after the evaluation, and will be incorporated into the educational materials of the educational phase.

In our view the following features made positive contributions to Mooka'am program development:

- .staff and management had considerable social work experience with Native people, sexual abuse, and with development of new initiatives; as well, there was a strong commitment to the importance of traditional healing.
- .the front-line staff openly shared their innovative practice efforts, both successes and frustrations; in our view the staff scored high on mutual trust and respect.
- .the program was given considerable leeway, from the Board of Directors, agency management, and funders to be creative and experimental in its early efforts
- .there was adequate financial support for cultural consultation during early development and evaluation
- .management and staff experienced a sense of external support from other agencies and professionals
- .there was a respectful attitude towards clients as sources of valuable information about the program in its early development; this was manifest in the evaluation process as well as in the staff-client relationship

A number of concerns were also raised during the Phase I evaluation process. These were as follows:

- .The principle evaluator sensed a slight "gap" between the evaluation and development processes. The evaluation was supported by staff and management, and the co-operation was excellent. However, the

evaluator's ways of thinking about and describing the program, seemed somewhat alien to staff, perhaps due to the different professional backgrounds.

- .The program's cultural base at that time seemed to reflect traditional Ojibway culture, giving little acknowledgement to other Native cultures, including the possibility of a distinctive urban Native culture.
- .The program's access to Native cultural teachers and healers was at times interrupted. The urban location of the agency, unlike those in First Nation communities, means that resource people are typically from out of the city.
- .The clinical consultation to staff emphasized contemporary therapeutic methods, which in turn were adapted for the Native clientele. At the time of the first evaluation phase, a parallel system of traditional and contemporary methods were in place, without knowing their compatibility.
- .The scope of services in the Mooka'am program is quite broad, incorporating case-work, contemporary and traditional healing activities. The time demands on the staff, coupled with the emotional demands of work with sexual abuse victims, may take a toll in terms of burn-out and effectiveness.
- .At the time of the first evaluation phase, the integration of the Mooka'am program and the agency at large was not complete. This led to some difficulties in the involvement of Mooka'm clients in agency-wide services, such as summer camp and customary care. Improvements have been made since then.

APPENDIX B

PHASE III: DISSEMINATION OF MOOKA'AM MODEL

Introduction

Native Child and Family Services of Toronto is committed to the principle of community education concerning its innovative programs. A dissemination phase for the Mook'am project will take place during 1994.

Dissemination Goals

Four major goals are proposed for the dissemination of the Mook'am model:

1. To acquaint potential users with a description of the model and the Mook'am program.
2. To assist potential users to make a decision concerning the feasibility of adopting the model in their organization
3. To assist the adopters in planning for implementing the model
4. To assist the implementation of the model by providing a service manual, and other implementation materials

A proposal for the development of a community education and training video has also been submitted.

Dissemination Steps

The first priority of the dissemination process is to share a description of the model to other agencies, with sufficient details to help potential users decide whether the Mook'am model is appropriate for them.

The dissemination process will target potential user agencies in the Native communities as well as other parties (eg. referral agencies) whose responses are important to ultimate success.

The second priority of the dissemination phase is to assist those adopting the Mook'am model to implement the model within the context of their own service agency, and their own communities. This will be done through the circulation of an implementation planning tool (eg. a check list of important considerations, such as staff skills, clinical consultation priorities, material resources, etc.).

Implementation will also be assisted by a practical service manual.

The third priority process will provide opportunities for interaction between adopters of the model and the staff and consultants of the Mook'am program, through the medium of a training workshop. These interactions will address both the content of the model and issues related to initial adoption and implementation.

Educational materials on the model will utilize popular educational materials suitable for Native agencies. For example, written materials will be translated, and supplemented by visual modes.

The disseminated materials will provide practical details on the substance of the model as well as technical aids to making adoption and implementation decisions. Such assistance must carefully address the differences between on- and off-reserve agencies and programs. These aids will build on the learnings from the evaluation phases of Mook'am.

Finally, two academically-oriented articles will be written in journals reaching teachers of Native social service courses. Articles on the Mook'am program have already been written by staff.