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An Evaluation of the Mamowichihitowin Community Wellness Program

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AN EVALUATION OF THE MAMOWICHIHITOWIN COMMUNITY WELLNESS PROGRAM: PHASE 1 PROGRAM DESCRIPTION AND LOGIC MODEL

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TABLE OF CONTENTS

EXECUTIVE SUMMARY 1

ACKNOWLEDGEMENTS 7

1.0 INTRODUCTION 8
- 1.1 Purpose of the Study 8
- 1.2 Research Activities 8
- 1.3 Organization of the Report 9
- 1.4 List of Acronyms 9

2.0 THE CONTEXT 10
- 2.1 Community Description 10
- 2.2 The Aboriginal Population 11
- 2.3 Child Sexual Abuse 12

3.0 MAMOWICHIHITOWIN COMMUNITY WELLNESS PROGRAM 17
- 3.1 Statement of Need 17
- 3.2 Community Development 17
- 3.3 Training 20
- 3.4 Program Mission 21
- 3.5 Rationale 21
- 3.6 Goals and Objectives 22
- 3.7 Program Characteristics 23
- 3.8 The Treatment Process 25
- 3.9 Inputs 27
- 3.10 Outputs 28
- 3.11 Indicators of Success 30

4.0 SUCCESSES AND CHALLENGES 31
- 4.1 Community Response 31
- 4.2 Alternative Measures 32
- 4.3 Aboriginal Ownership and Involvement 32
- 4.4 Processes and Protocols 33
- 4.5 The Hinton Friendship Centre 34
- 4.6 Internal Structure and Staffing 34
- 4.7 A Changing Context 35
- 4.8 Expectations and Program Development 36

4.9 Funding 37
4.10 Community Relationships and Partnerships 38
4.11 Client Eligibility and Referrals 39
4.12 Training, Education and Awareness 40
4.13 Sustainability 40

5.0 EVALUATION 42

6.0 CONCLUSIONS AND RECOMMENDATIONS 44

APPENDIX A: Goal Attainment Scale Template 47

APPENDIX B: Program Logic Model Diagram 51

APPENDIX C: Key Informant Interview Schedule 55

EXECUTIVE SUMMARY

The purpose of this research project was to conduct the first phase of an evaluation of the Mamowichihitowin Community Wellness Program (MCWP) located in Hinton, Alberta. Developed under the umbrella of the Hinton Friendship Centre, the MCWP is a holistic and comprehensive response to the issue of intra-familial child sexual abuse, with a specific focus on Aboriginal communities. The program takes a multidisciplinary approach to providing treatment for the offender and the victim, as well as for the immediate and extended family.

MCWP is a unique initiative and a pilot project for Alberta. An external evaluation is necessary to provide a comprehensive understanding of the program and its impact on offenders, victims, their families, and the community. Knowing the impact of such a program can lead to changes and improvements in the way in which the MCWP is carried out, can help determine the effectiveness of this approach to dealing with child sexual abuse, particularly within the Aboriginal community, and can inform others of the strengths, weaknesses and feasibility of replicating such a program in other jurisdictions.

Phase 1 of the evaluation involved three components: documentation of the initiative, an evaluation assessment, and creating a formative evaluation strategy. The following research activities were conducted to gain the information necessary to complete those components:

- 4 site visits
- 22 key informant interviews
- meeting with three of the Aboriginal Elders connected to the program
- review of available program information
- review of data collection methods on the program database system
- work with program therapist around measurement tools and outcomes
- discussions with Tony Martens, consultant and creator of the program model, regarding the program, the context, community development, and measurement
- development of a Goal Attainment Scale template[1] to measure client progress.

The research findings for Phase 1 are organized in the report as follows: The Context, Mamowichihitowin Community Wellness Program, Successes and Challenges, Evaluation, and Conclusions and Recommendations. Highlights of the findings are presented, by chapter, below.

The Context

- The MCWP serves an extensive region in Alberta, including the towns of Hinton, Jasper, Edson, Grande Cache, and the surrounding Aboriginal settlements and co-ops.

- The historical context of the region has contributed to many social issues today, such as domestic violence and sexual abuse. A large part of this history involves injustices towards Aboriginal people, such as the *Indian Act*, residential schools, forced relocation, and denial of First Nations status.

[1] Template needs to be further developed into a usable model for clients. This will be done by the Program Therapist with the appropriate time allowed.

- Due to their isolated position and their historical experiences, the Aboriginal community is often reluctant and may refuse to access services, resources and support from the non-Aboriginal community. In turn, non-Aboriginal service providers are often unable to provide appropriate and culturally appropriate supports to a community they are not part of and often do not understand.

Child Sexual Abuse

- Most key informants expressed concern about child sexual abuse in the region and indicated that this was an issue that needed to be addressed more effectively.

- This perception was not supported by statistical evidence in terms of reporting, investigations by RCMP or Children's Services, or cases processed through the court system. Lack of evidence does not mean that sexual abuse is not happening, but may be indicative of a breakdown somewhere in the process and/or a lack of trust in the system.

- The majority of key informants did not feel that sexual abuse in Aboriginal communities was more extreme than in non-Aboriginal communities, but rather because the MCWP was focused on this population, the issue seemed more prevalent. Key informants felt that the issue had been ignored to a greater extent in Aboriginal communities than in the non-Aboriginal context, in terms of providing resources, supports and services to address the issue.

- Key informants felt that the context of child sexual abuse was different from that of the past; family structure, public awareness of the issue, and reporting practices had changed.

Mamowichihitowin Community Wellness Program

Community Development

- Over two years of community development work took place before the MCWP was implemented. A Community Family Violence Survey, providing insight into the prevalence of family violence over time, was first distributed in the region. The findings indicated that child sexual abuse was a priority issue that needed to be addressed, particularly within the Aboriginal community.

- After researching leading practices in the field, a holistic treatment model was chosen to respond to the issue. The model, developed by Tony Martens, was adapted from the Yellowhead Family Sexual Assault Treatment Program (YFSATP), which previously existed in the region in the 1980s.

- A priority of the MCWP is to heal the Aboriginal community. Staff gained the support of Aboriginal Elders in the region and worked with them to develop a program that is culturally sensitive and appropriate.

- A number of family violence training workshops have been implemented in the region by the MCWP through Tony Martens and Associates. Workshops have been provided to frontline workers and service agency staff, to police, and to the general public.

Program Description

- The MCWP is an alternative to incarceration and was established to treat offenders, victims, and families of child sexual abuse, with a particular focus on the Aboriginal community, including survivors and descendents of residential school abuse.

- The program will also accept non-Aboriginal families, historical cases, and families in which the offender is no longer involved. If cases are not court-referred, referrals can be made through Children's Services, the RCMP, Social Services, community agencies, and by self-referral.

- The mission of the MCWP is to provide a holistic, community-based treatment program for family sexual assault, which is comprehensive, accountable, inclusive of Aboriginal culture, and reflective of the community's needs, through long-term therapy with offenders, victims, and other family members.

- The MCWP operates under the direction of the Hinton Friendship Centre. The program is directed by an advisory committee and a steering committee (not formally labeled as such). The advisory committee is made up of representatives from partnering and supporting agencies. The steering committee is a core group that directs activities and makes major program decisions.

- The internal structure of the MCWP is currently made up of the Program Therapist, the Program Coordinator, and administrative support. Day-to-day operations, such as administration, funding and public relations are the responsibility of the coordinator. Clinical service delivery, consultations and some community development are the responsibility of the therapist.

- A Volunteer Outreach Program is currently being developed and will be made up of community members who have completed the six-week Support Worker Training Course. Outreach workers will provide support to community members who disclose being victims of child sexual abuse.

- The intricacies of the program allow for cross-agency/department funding; funds have been obtained from a number of sources. The program is currently looking to Health Canada and to Alberta Health and Wellness for future funding.

The Treatment Process

- The therapeutic model of treatment employed by the MCWP takes a systemic, holistic approach to healing. While the treatment involves the whole family, attending to the needs of the individual is the first step.

- Individual treatment focuses on four main aspects of a person: psychological, physical, emotional and spiritual. The treatment model also addresses family interaction. Individual and family goals are created as part of each client's treatment plan.

- The therapy process is sensitive to the historical, cultural and spiritual aspects of people's lives. Cultural sensitivity is built into the therapeutic model, no matter what the client's culture is.

- At the time of this report (October 2004), there were 44 active clients[2], from 14 families. Twenty-nine of the clients were Aboriginal and 15 were non-Aboriginal. There were 23 victims and 11 offenders[3]. Four of the offenders were court-mandated referrals. It is important to note that many of the clients in the program are both victim and offender. There were 5 historical abuse cases and 5 families being treated without the involvement of the offender. Nine families were wait-listed for the program.

Successes and Challenges

- The MCWP has seen a number of successes and challenges through its development and implementation.

- Examples of successes include: offering the MCWP as an alternative measure, Aboriginal ownership and involvement, and training, education and awareness efforts.

- Examples of challenges include: a lack of formal processes and protocols, internal structure and staffing, funding, client eligibility and referrals, and sustainability.

- The MCWP has experienced both successes and challenges in community relationships and partnerships, expectations and program development, and the response of the community towards the program.

- By examining these, the program will gain a greater understanding of what is working and issues that need to be addressed. Strengths and weaknesses identified through this process will lead to recommendations for change and future success.

Evaluation

- Upon completion of Phase 1, it was determined that an outcome evaluation of the MCWP was not feasible at this time due to the small number of clients and the need for the program to develop more formalized processes and protocols. However, creating a strategy now can ensure that an evaluation will be feasible in the future.

- The following three components need to be in place in order to conduct an outcome evaluation: 1) an appropriate number of clients, 2) identification of outcomes, and 3) a database for tracking client progress.

- Determining a sufficient timeline in order to obtain a substantial sample of clients, developing the Goal Attainment Scale and using it as a systematic approach to measuring individualized client outcomes, and utilizing the program's database, MAXIMIZER, effectively are recommended to facilitate an evaluation in the future.

[2] Clients include victims, offenders, and other family members.
[3] Ten of those offenders were children or adolescents, or had been at the time of the offense (i.e., dated offenses).

Recommendations and Conclusions

The following recommendations are suggested to improve program effectiveness and to enable an evaluation in the future. These should be kept in mind when considering the MCWP as a model for replication.

Administrative Activities

- Create terms of reference for both the advisory committee and the steering committee.
- Finalize formal job descriptions.
- Define and document client eligibility requirements.
- Formalize the referral process.
- Summarize the program description.
- Review the screening process for new hires.
- Secure consistent funding.

Community Development

- Share program information with all agencies and organizations that would potentially refer clients to the program.
- Target problem relationships with community partners and develop a strategy to improve these relationships.
- Focus on strengthening the community development piece of the program.

Education and Awareness

- Continue education and awareness efforts to the community.
- Pursue development of the Volunteer Outreach Program.

Evaluation Strategy

- Decide on data to collect on the program's computerized information system.
- Ensure input and monitoring of data.
- Produce data reports at timely intervals to monitor activity.
- Create Goal Attainment Scale model.

- Implement Goal Attainment Scale into information system and utilize to monitor client progress.

- Decide on data collection timeframe and number of clients required for an evaluation.

- Consider a qualitative component to an evaluation.

Fairly new in its existence, all of those involved with the development and implementation of the MCWP should be commended for its success thus far. Much can be learned from the successes and challenges experienced by the program, and from how the program has responded to such situations. As the program continues to evolve and grow, suggested indicators of success, such as healthy families, a lower rate of child sexual abuse in the region, and a stronger connection between the Aboriginal and non-Aboriginal community will become more evident. Such successes are what make the MCWP unique and potentially an excellent model for replication in other parts of Canada.

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My appreciation goes out to all the individuals who participated in the key informant interviews, and to the Aboriginal Elders who met as a group with the author. These discussions have provided us with a greater understanding of the MCWP.

I would like to acknowledge Dr. Joseph Hornick, Executive Director of the Canadian Research Institute for Law and the Family, for acting as director of the project. Thanks to Dr. Hornick, Dr. Lorne Bertrand, and Ms Joanne Paetsch for consulting on the project and for reviewing the draft of this report. I would also like to thank Ms Linda Haggett for her assistance with editing and formatting the report.

Phase 1 of the evaluation was funded by the Hinton Friendship Centre with money from Public Safety and Emergency Preparedness Canada. Thank you to the project officers, Ms Kimberly Fever and Ms Corina Hayward, for their support of this project. The services of Ms Monica Pauls, Coordinator of Alberta-based Research Projects, were funded by the Alberta Law Foundation. The Canadian Research Institute for Law and the Family is supported by a grant from the Alberta Law Foundation.

1.0 INTRODUCTION

First Nations communities have unique challenges and circumstances in the area of family violence and sexual abuse. To address the issue of child sexual abuse in an effective, holistic, and comprehensive way, the Hinton Friendship Centre has recently implemented the program entitled, "Mamowichihitowin Community Wellness Program." This program takes a multidisciplinary approach to providing treatment for the offender and the victim, as well as for the immediate and extended family. Treatment addresses spiritual, emotional, mental and physical aspects of people's lives, by incorporating an integral cultural component into the therapeutic process that individuals are able to access if they are comfortable doing so.

The Mamowichihitowin Community Wellness Program (MCWP) is a unique initiative and a pilot project for Alberta and, in fact, Canada. An external evaluation is necessary to provide a comprehensive understanding of the MCWP and its impact on offenders, victims, their families and the community. Knowing the impact of such a program can lead to changes and improvements in the way in which the MCWP is carried out, can help determine the effectiveness of this approach to dealing with abuse and, in particular, child sexual abuse, particularly within the Aboriginal community, and can inform others of the strengths, weaknesses and feasibility of replicating such a program in other jurisdictions.

1.1 Purpose of the Study

This report presents the results of the first phase of an evaluation of the MCWP located in Hinton, Alberta. Phase 1 involved: documentation of the initiative, an evaluability assessment, and creating a formative evaluation strategy.

The specific objectives of this study were to:

- document the initiative, including pre-program community development, funding, community partners, training and education, etc.;
- develop a program description and logic model;
- determine the feasibility of conducting an evaluation of the program;
- provide recommendations that will improve program delivery and will assist in conducting an evaluation; and
- develop a strategy for an evaluation, if it is feasible.

1.2 Research Activities

The research team consisted of the project director, Dr. Joseph P. Hornick, the project co-director, Monica Pauls, senior data analyst, Lorne D. Bertrand, and administrator/research associate, Joanne J. Paetsch. The timeline for Phase 1 was March to October 2004. The following research activities, which provide the information for this report, were accomplished during that time:

- 4 site visits

- 22 key informant interviews conducted with program staff, representatives from the advisory and steering committees, and agency partners (e.g., RCMP, Children's Services, Aseniwuche Winewak Nation, etc.)
- meeting with three of the Aboriginal Elders connected to the program
- review of available program information
- review of data collection methods on the program database system
- work with program therapist around measurement tools and outcomes
- discussions with Tony Martens, consultant and creator of the program model, regarding the program, the context, community development and measurement
- development of a Goal Attainment Scale template[4] to measure client progress.

1.3 Organization of the Report

Chapter 2.0 of this report describes the context within which the MCWP operates, including information on the participating communities, the Aboriginal population, and child sexual abuse in the region. Chapter 3.0 documents the initiative and provides a description of the MCWP. A description of the community development work that occurred before the program was implemented is included here. Chapter 4.0 discusses the successes and challenges encountered through the development and implementation of the program. This is an important component of the report. When considering the MCWP as a model for the rest of Canada, much can be learned from these experiences. Chapter 5.0 discusses the feasibility of an evaluation at this time and suggests what needs to be in place in order to conduct an evaluation. An evaluation strategy is outlined in this section. Chapter 6.0 consists of conclusions and recommendations. A Goal Attainment Scale template and Logic Model diagram are included as appendices.

1.4 List of Acronyms

The following acronyms are used throughout the report:

- MCWP – Mamowichihitowin Community Wellness Program
- YFSATP – Yellowhead Family Sexual Assault Treatment Program
- HFC – Hinton Friendship Centre
- AWN – Aseniwuche Winewak Nation
- RCMP – Royal Canadian Mounted Police
- CWIS – Child Welfare Information System
- PIRS – Police Information Retrieval System
- UCR – Uniform Crime Report

[4] Template needs to be further developed into a usable model for clients. This will be done by the Program Therapist with the appropriate time allowed.

2.0 THE CONTEXT

2.1 Community Description

The Mamowichihitowin Community Wellness Program (MCWP) is located in the town of Hinton, Alberta, but serves an extensive region including the towns of Jasper, Edson and Grande Cache, as well as the surrounding Aboriginal settlements and co-ops.

The town of Hinton is 300 km west of Edmonton and 90 km east of Jasper National Park. The predominant industries in the region are lumber, coal, and oil and gas. The nature of this economy has led to an in-migration of individuals; the development of the pulp mill, in particular, moved Hinton from a village to a town. Many people moved into the area from other provinces for employment. This has resulted in a community with histories of violence that still affect generations today.

Approximately 10,000 people live in Hinton. The town has a large Aboriginal population (approximately 12% of the total), many of whom are indigenous to the area. There is one reserve outside of Hinton, Alexis Cardinal River, on which the Small Boys Camp is located (a population of approximately 120 people). Many of these Aboriginal people are survivors of residential school abuse.

Edson has a population of approximately 7,500 people. Similar to Hinton, industries such as oil and gas, lumber and coal have dictated a transient population, accompanied by many social problems. In town, there are approximately 1,000 Aboriginal people, the majority of whom are Métis. Marlboro, which was considered to be a Métis settlement in the past, is now also home to First Nations people and is located just west of Edson.

Grande Cache is located 150 km northwest of Hinton. The historical context of this area includes large numbers of Aboriginal people forced by the federal government to move from Jasper National Park and relocate in the Grande Cache area in 1907. Aboriginal people were also migrating from across the Prairies and British Columbia and chose to settle in the area. Among the population were numerous survivors of sexual abuse from at least four residential schools with a demonstrated history of abuse. The mid-1900s saw an influx of miners and railway workers. Grande Cache became the camp town for hundreds of men when the coal mine developed in 1960. The community was introduced to alcohol and rates of sexual abuse soared. Grande Cache remained isolated until the early 1970s, when a road was built into the community and the town itself began to develop.

During this time, the provincial government designed separate agreements to create four First Nations cooperatives and two enterprises around Grande Cache. However, the agreements were not compensation, as understood by Aboriginal people. The Treaty Commissioners never approached the people in this area for treaty and they have been denied First Nations status twice. The land is now separated into seven co-ops: Susa Creek, Kamisak Enterprise (Grande Cache Lake), Victor Lake, Muskeg Ceepee (Muskeg), Joachim Enterprise, Wanyandie Flats East, and Wanyandie Flats West. Similar to settlements, co-ops are small, isolated parcels of land along a 45 km stretch of road. They are managed by mini-boards, required to pay a co-op tax, and have specific rights to the land. Living conditions are inadequate and have been

compared to Third World communities. Many issues have arisen from a lack of understanding between the Aboriginal and non-Aboriginal communities. The cycle of social problems continue in this area today.

Currently, Grande Cache has approximately 3,500 people. A portion of the population is quite transient due to the presence of the Grande Cache Institution nearby; a number of people move in and out to be close to inmates. Much of the base population belongs to the Aseniwuche Winewak Nation (AWN). The AWN, a non-profit society that represents the local Aboriginal people, works to get increased services to the community and compensation for past issues.

The town of Jasper is somewhat different from its neighbouring communities and has a unique set of dynamics. Known as a "tourist town," the base population is largely made up of wealthy residents who own the majority of town, and transient workers who are employed by the service industry. Low wages earned by those in the service industry are not proportionate to the high cost of living in this area; this leads to many social issues that are often well hidden under the guise of a healthy community. Approximately 6,000 people live in Jasper, very few of whom are Aboriginal. Aboriginal families, while few in number, are in particularly high need as they struggle with severe poverty issues and find themselves extremely resource dependent.

2.2 The Aboriginal Population

A significant proportion of the population in this region is Aboriginal, both First Nations and Métis. While there is only one reserve in the area, there are a number of established settlements and co-ops, as well as many Aboriginal people who live in town.

First Nations people have a history of mistreatment and exploitation, which has led to extensive problems of family violence in communities today. The *Indian Act*, the introduction of alcohol, and residential schools are only a few examples of the injustices experienced by First Nations people, which have, in turn, created environments that are conducive to violence and abuse.

Residential schools, in particular, have had a detrimental impact on the lives of Aboriginal people. The effects of this experience have been felt not only by those who were directly involved, but also by their families and descendents. Residential schools predate confederation and were utilized by the Federal Government to meet its obligation under the *Indian Act* to provide an education to Aboriginal people. In order to "Christianize" First Nations, the government structured residential schools to educate Natives with non-Native methods and values. The government claimed that these schools were a treaty right, and a way of preserving values and culture; in reality, residential schools were an attempt to assimilate First Nations people into mainstream society.

Children experienced numerous injustices living in the residential school structure. Some of these include: institutionalization, inadequate living and nutritional conditions, division of families (outside of, and within, the institution), cultural oppression and denial of cultural identity, extensive physical and sexual abuse, and even death. For the survivors, many do not realize the extent to which their attitudes, beliefs, values and identity today have been affected by this experience. It has impacted how they live their lives, how they treat and influence their own

family, and how they understand their cultural identity. Although these experiences happened in the past, the resulting issues need to be addressed.

Today, Aboriginal people, both in and outside of town, often find themselves quite isolated from non-Aboriginal society. In town, it has been difficult for Aboriginal people to form their own community; the Hinton Friendship Centre and the Edson Friendship Centre have provided nuclei for Aboriginal people to come together. If individuals are not connected to these centres, the potential of becoming isolated from both the Aboriginal and the non-Aboriginal community increases. Aboriginal people who live on the surrounding settlements and co-ops are more connected amongst themselves, but are far more isolated from life in town.

Due to their isolated position and their historical experiences, the Aboriginal community is often reluctant to access services, resources and support from the non-Aboriginal community. Non-Aboriginal service providers are often unable to provide appropriate and culturally appropriate supports to a community they are not part of. Children's Services and the RCMP, in particular, are challenged to find ways to work effectively with this population. First Nations people have had negative experiences with government and social services in the past; the relationship between much of the Aboriginal community and systems such as Child Welfare and the police are characterized by distrust and fear. This being the case, when the Aboriginal community needs assistance to deal with social issues, they often feel that they have nowhere to go.

2.3 Child Sexual Abuse

To assist in determining whether or not the MCWP is meeting the needs of the community, specific questions were asked in interviews with key informants to gain a greater understanding of the context of sexual abuse in the region. Respondents revealed diverse perceptions of the issue. Most of the key informants expressed concern and indicated that sexual abuse was an issue that needed to be addressed more effectively. However, this perception was not supported by evidence in terms of reporting, investigations by RCMP or Children's Services, or cases processed through the court system.

Statistical data on child sexual abuse were obtained from the Provincial Child Welfare Information System (CWIS) and from the RCMP Police Information Retrieval System (PIRS) (see Table 1). The information request included: number of child sexual abuse investigations, including historical cases, from 2000 to present, for the towns of Hinton, Edson, Jasper and Grande Cache, and the surrounding region.

Table 1: Investigations of Child Sexual Abuse by Child Welfare and the RCMP by year and location, 2000 to 2004

DATA SOURCE	Child Welfare[1]	RCMP[2]
YEAR	**1999/2000**	**2000**
Location[3]		
Hinton[4]	0	1
Edson	3	0
Grande Prairie/Grande Cache[5]	25	0
Total	**28**	**1**
YEAR	**2000/2001**	**2001**
Hinton	3	0
Edson	1	0
Grande Prairie/Grande Cache	25	0
Total	**29**	**0**
YEAR	**2001/2002**	**2002**
Hinton	0	0
Edson	0	0
Grande Prairie/Grande Cache	19	0
Total	**19**	**0**
YEAR	**2002/2003**	**2003**
Hinton	3	0
Edson	4	13
Grande Prairie/Grande Cache	29	0
Total	**36**	**13**
YEAR	**2003/2004**	**2004[6]**
Hinton	0	0
Edson	2	0
Grande Prairie/Grande Cache	16	0
Total	**18**	**0**

*Note: there were no completed investigations by RCMP in Jasper from 2000 to 2004.

[1] Child Welfare investigations include: sexual abuse by guardian, risk of sexual abuse by guardian, and guardian unable to protect from sexual abuse.
[2] RCMP investigations include: child sexual abuse, male and female (victim).
[3] Location refers to jurisdiction; includes the town and surrounding areas.
[4] Child Welfare includes Jasper in the Hinton count.
[5] Child Welfare includes Grande Cache in the Grande Prairie count. RCMP report Grande Cache alone.
[6] Total is *not* for entire year (data not available).

Child Welfare and the RCMP collect and report data using different formats. Differences must be kept in mind when reviewing the data; **direct comparisons cannot be made**. Child Welfare reports on completed investigations by fiscal year. Investigations are categorized by outcome, three of which are related to child sexual abuse: 1) sexual abuse by a guardian, 2) risk of sexual abuse by a guardian, and 3) guardian unable to protect from sexual abuse. Data for this region are collected by town and surrounding area; however, Jasper is included in the Hinton count and Grande Cache is included in the Grande Prairie count. A completed investigation by Child Welfare means that protective services were required, but does not mean that criminal charges were laid.

In 1999/2000, Child Welfare completed 28 investigations of child sexual abuse in the region; the majority of these cases were located in Grande Prairie (Grande Cache is included in the count). In 2000/2001, 29 investigations were completed; in 2001/2002, 19 investigations (all from Grande Prairie) were completed; in 2002/2003, 36 investigations were completed; and in 2003/2004, 18 investigations were completed. Table 2 provides the percentage of total Child Welfare cases (completed investigations) that relate to child sexual abuse, by year and location.

The RCMP uses an internal data system called the Police Information Retrieval System (PIRS) to collect information on calls for service. PIRS records all calls for service, by location, date and reason for the call. The police then categorize the calls that are investigated with survey codes and are able to generate summaries of investigations for certain time periods. Investigations of the *Criminal Code* offence of sexual abuse against children are coded as "child abuse – sexual, male or female." Male or female refers to the gender of the victim. Investigations are reported by jurisdiction for the years requested. Jurisdictions include not only the town, but also the surrounding areas. The Edson Detachment, for example, may investigate a child sexual abuse case in Marlboro.

In 2000, the RCMP investigated one child sexual abuse case; this fell under the jurisdiction of the Hinton Municipal Detachment. No cases were investigated by RCMP in the region in 2001 or 2002. A surprising number of cases were investigated in 2003; the RCMP report 13 investigations that year. Investigations are reported by victim, so it is possible that one offender may be responsible for a number of offences. For example, if a father offends on his four children, four investigations could take place if they were reported separately. This may explain the high number of investigations in 2003, but the author is only speculating. There were no completed investigations of child sexual abuse by RCMP in Jasper and area from 2000 to 2004. There were also no investigations completed in Grande Cache and area.

Table 2: Percentage of Child Welfare Cases[1] Dealing with Child Sexual Abuse by year and location, 2000 to 2004

Location (town and municipality)	**Hinton[2]**	**Edson**	**Grande Prairie/ Grande Cache[3]**
YEAR			
1999/2000	0% (0/144)	1% (3/204)	3% (25/925)
2000/2001	2% (3/184)	.5% (1/209)	3% (25/926)
2001/2002	0% (0/180)	0% (0/247)	2% (19/1045)
2002/2003	1% (3/204)	2% (4/220)	3% (29/1092)
2003/2004	0% (0/165)	1% (2/164)	2% (16/804)

[1] Completed investigations.
[2] Child Welfare includes Jasper in the Hinton count.
[3] Child Welfare includes Grande Cache in the Grande Prairie count.

Key informants from Children's Services stated that on average they receive 30 reports of suspected child sexual abuse per year; approximately 6% of Children's Services' caseload is related to sexual abuse. Of those reports, key informants from the Crown Prosecutors' Office stated that only about 2 or 3 results in criminal charges and are processed through the court system, as cases often do not meet the parameters of the full court process. Currently, four clients in the MCWP are court-referred offenders.

The lack of evidence from Child Welfare and the RCMP does not mean that sexual abuse is not happening, but may be indicative of a breakdown somewhere in the process (e.g., reporting, obtaining disclosures, laying criminal charges, convicting offenders in court). It is important to note that the statistics may not reflect all the issues a family is experiencing. For example, if sexual abuse is not a presenting concern during an initial Children's Services investigation, it may not be included in the primary coding of a case. Through the investigative process, such information may be discovered, but not recorded, because it is not a current risk (e.g., sexual abuse in the past). While such factors may affect a family, they may not require the immediate intervention of Children's Services. All of the key informants interviewed agreed that there is likely more sexual abuse occurring in the community, but it is either going unreported or there is not enough evidence to proceed with criminal charges. They also agreed that the context of sexual abuse in this area is typical of the situation in other rural regions in Canada.

Key informants expressed mixed opinions when asked whether sexual abuse was more of an issue in Aboriginal communities than in non-Aboriginal communities. For the most part, respondents did not feel that sexual abuse in Aboriginal communities was more extreme, but rather because the MCWP was focused on this population, the issue seemed more prevalent.

Key informants suggested that if there is an offender in an Aboriginal family, sexual abuse often directly affects a greater number of individuals within that family system due to the extended family structure often seen in Aboriginal communities.

Most key informants felt that sexual abuse has been ignored to a greater extent in Aboriginal communities than in the non-Aboriginal context, in terms of providing resources, supports and services to address the issue. Aboriginal communities are often geographically isolated, and individuals feel they cannot access services from outside of their own support systems. There has been a lack of reporting and a lack of response.

The MCWP previously existed in this region in the 1980s as the Yellowhead Family Sexual Assault Treatment Program (YFSATP). The program was created to address the needs of the community at that time. In terms of child sexual abuse, this meant providing individual and group therapy to victims, families and regressed sexual offenders[5] of incest and sexual abuse. Key informants were asked if they felt that the context of sexual abuse had changed since the YFSATP had ended.

Key informants described a number of differences from the context in the past. While they agreed that the traditional regressed offender still exists, they pointed out that family structure has now changed. Adults in parental roles are still offending, but because of the increase in blended or mixed families, those adults are not necessarily biological parents (e.g., step-parent, aunt/uncle, cousin). In addition, because of extended family living situations, abuse is seen in a generational context. Many incidents of abuse occur within the same family, with different combinations of offenders and victims. Cases of child victims offending on other children in the home are also surfacing; while the child cannot be classified as a regressed offender, he/she offends in response to his/her own abuse.

Key informants felt that reporting practices have also changed. Increases in education and awareness, improvements in resources and support services, and the willingness of people to talk about the issue have resulted in a surfacing of abuse allegations. More historical cases[6] have been uncovered in this process, including victims of residential school abuse, and while they have occurred in the past, they still need to be addressed and treated appropriately.

[5] Regressed offender is defined as an individual who is sexually attracted to people of the same age, but offends to meet emotional needs. The offender blocks out the age of the victim and objectifies the child as someone who can meet his or her needs. The sexual abuse occurs within the family, but there is not necessarily a biological connection (relationship can exist through marriage, sibling relationships, relatives, etc.).

[6] Historical abuse refers to any act of child sexual violence that a survivor defines as part of their personal history. The abuse was likely not addressed in any way when it actually occurred.

3.0 MAMOWICHIHITOWIN COMMUNITY WELLNESS PROGRAM

3.1 Statement of Need

There is a lack of treatment options for families dealing with intra-familial child sexual abuse, particularly those in Aboriginal communities. There is a need for an effective, holistic, and comprehensive response to this issue.

3.2 Community Development

The idea to initiate a response to child sexual abuse evolved out of a discussion between Lisa Higgerty (Program Coordinator, MCWP), Yvonne Oshanyk (Executive Director, Hinton Friendship Centre (HFC), and Betty Osmond (Director of Community Services, Town of Hinton). Ms Higgerty and Ms Oshanyk had received several disclosures of sexual abuse from the Aboriginal community, and felt that these cases were handled inappropriately by the RCMP. They felt that child sexual abuse was a growing crisis in the Aboriginal community and wanted to find an effective solution. The group decided that the first step was to conduct a needs assessment in the region to determine if their concern was valid and to provide direction for an appropriate response.

In September 2001, with funding from the Town of Hinton, a Community Family Violence Survey was distributed in Hinton, Edson, Grande Cache, Evansburg, Jasper and the surrounding areas. The survey was not designed specifically for Aboriginal communities, but a significant number of respondents were of Aboriginal descent. The response rate was 72%; 397 out of 550 surveys were completed and returned due in large part to them being hand delivered with personal follow up. The survey addressed all types of family violence and abuse: physical, sexual, alcohol, drug, solvent, spousal and senior, as well as counselling services and community agency resources. Respondents were asked of people they know experiencing abuse, and not of their own personal experiences. The survey was designed by Tony Martens of Martens and Associates; Tony Martens developed the Yellowhead Family Sexual Assault Treatment Program in 1983.

The results of the survey provide insight into the prevalence of family violence over time in this region. It is important to distinguish this type of survey from an incidence study. Prevalence of sexual abuse describes the percentage of the population ever affected by the issue during their lifetime; in this case, a large percentage of respondents were affected by family violence through people they know. These cases of abuse had not necessarily been substantiated through formal processes (e.g., criminal charges). Incidence of sexual abuse refers to the rate of occurrence during a specific time period (usually one year). The survey is unable to provide this information because of its design; no timeframe was specified and there were no controls in place for multiple reporting. For example, if five respondents know the same individual victim and each report that they know someone who was abused; this could be misinterpreted as five different victims. In the same way, a respondent may report on knowing someone who was victimized several years ago; this would not be included in the incidence rate of abuse for the present year.

Survey findings were presented to the HFC Board of Directors for review and recommendations. The prevalence of child sexual abuse in the region over time indicated to the group that this was a priority issue that needed to be addressed, particularly within the Aboriginal community. Ms Higgerty and Ms Osmond began to investigate possible program models. They were aware of the Yellowhead Family Sexual Assault Treatment Program and its success. Ms Higgerty and Ms Osmond traveled to Surrey, British Columbia to learn about the model from Tony Martens, and chose to resurrect a modified version of the program based on their research of leading practices. The therapeutic model implemented was based upon the following principles:

1. family safety is paramount;
2. the behaviour of offenders accepted into the program is changeable; and
3. to ultimately break the cycle of abuse within families.

In order for this initiative to be successful, three key components needed to be in place:

1. an appropriate coordinator who could secure funds for program implementation and delivery, could create community partnerships, and could motivate public support;
2. an appropriate treatment model, which was sensitive to the current context, responsive to cultural needs and included education and training for the community; and
3. an appropriate therapist who could implement the model effectively.

Over two years of community development work occurred in order to create this scenario. The HFC took ownership of the initiative, under the direction of The Executive Director. Lisa Higgerty filled the role of Program Coordinator, working without pay for the first nine months. The Coordinator drove the initiative in the community and was responsible for funding proposals and applications. Results from the needs assessment survey were used in the development of the proposals. The Coordinator explored numerous funding options; the first successful application was one to the Aboriginal Healing Foundation.

Findings from the survey were also presented at meetings in each community. Informing the public helped raise awareness of the issue and encouraged acceptance of, and support for, the program. Interagency collaboration led to community partnerships that were essential for program implementation. The Hinton Friendship Centre, the Edson Friendship Centre, and the Town of Hinton (through Community Services) formed the foundational partnership of the MCWP. Support from the town strengthened the credibility of the program. Another originating partner of the MCWP was the Aseniwuche Winewak Nation (AWN). The AWN did a lot of preparatory work with the community in Grande Cache. Having the AWN, the HFC, and the Edson Friendship Centre as partners provided strong Aboriginal voices in the process.

As a justice-based model, the MCWP provides an alternative sentence to incarceration. Therefore, support from Alberta Justice was requested. The program proposal was reviewed at all levels of Alberta Justice and a representative is now consistently updated on program developments. Alberta Justice values this relationship; they feel it is important to be informed in order to address criticisms and public concerns about such programs. Their support of the MCWP is reflective of their support for alternative measures.

A priority of the MCWP is to assist in the healing of Aboriginal community members; this priority is realized in a number of ways. First, the HFC, an Aboriginal non-profit organization committed to promoting and supporting a strong Native community, is the foundational organization for the program. Second, a large portion of the funding that supports the MCWP is specifically allocated to Aboriginal programming; the majority of the program's clients are Aboriginal. Third, a significant part of the treatment model addresses clients' Aboriginal heritage and culture.

Creating a relationship of trust and acceptance with the Aboriginal community was therefore critical for program success. Such a relationship did not exist between Aboriginal people and social or government services, and therefore, the needs of the community were not being addressed appropriately. Ms Higgerty, who is Aboriginal and who already had a strong connection to the Aboriginal community, worked with the Elders in the region from the inception of the program.

The Coordinator first approached the Elders to inform them of the initiative and to request their involvement in the program. As is the case in all program activities, the Coordinator followed the traditional protocols when meeting with the Elders. Her knowledge of, and personal connection to, the Aboriginal culture and community has proven to be a powerful asset in program development. The Elders participated in a three-day workshop with Tony Martens to learn more about the MCWP. The Elders gave their approval of the program and advised that they would inform the Aboriginal community about the program. The approval and involvement of the Elders was extremely important and the program could not have been implemented without it.

The Elders took it upon themselves to name the program. The Elders chose the traditional Cree name "Mamowichihitowin" (all working together). Because different Aboriginal communities use different dialects, the Elders also used the word, "Nanatowihkamik" (healing place) to describe the program. The Elders were prepared to accept a western therapeutic approach to healing coupled with traditional Aboriginal values. They understood the value of bridging the gap between cultural ideas on wellness and a clinically-based model of treatment. The name Mamowichihitowin is representative of this partnership.

By the fall of 2002, things were starting to fall into place for the MCWP. They had a program coordinator who was successful in building partnerships, in gaining community support, and in securing funding. They were connected to the Aboriginal community; Aboriginal culture was a large component of the program development and continued to play a role in the decision-making process. They had a holistic treatment model, which was sensitive to the historical, cultural and spiritual aspects of people's lives, and combined traditional First Nation values with western therapeutic methods. They were educating the community; training workshops were being implemented to raise awareness of child sexual abuse, to address issues within the Aboriginal community, to inform the community about the program, and to teach individuals how to respond to disclosures with an appropriate and effective strategy (see section 3.3 Training).

Now, all they needed was a therapist, however, finding an appropriate professional to fill this role proved to be more difficult than initially anticipated. While the program would have liked an Aboriginal therapist, their main pre-requisites were that the person was healthy, capable of delivering treatment, and supported the philosophy of the model. After reviewing more than 50 applicants from across Canada, the MCWP found an appropriate fit for the position, and hired Shauna Walker in February 2003. Ms Walker started accepting clients in May 2003. The Mamowichihitowin Community Wellness Program had begun.

3.3 Training

Training workshops have been implemented in the region by the MCWP through Tony Martens and Associates. Workshops have been provided to frontline workers and service agency staff, to police, and to the general public as outlined below.

Community Support Worker Training (6 weeks)

The Community Support Worker training workshop is based upon a model entitled "Understanding Family Violence." Materials were developed by Tony Martens of Martens and Associates. The training is targeted towards First Nations community residents in the hope that the participants will be able to provide support to their communities.

At the time of this report, one six-week workshop had been delivered. Advertisements for the training workshop were distributed throughout the region to invite "community-minded" people to participate. The participant group was fairly large at the start of the workshop, but only 15 people completed the entire process. While anyone was welcome to participate, many people were connected to an agency or organization dealing with sexual abuse in some capacity. There is a screening process that occurs after the training is complete; however, no screening was done on individuals before they participated in the training workshop.

At the completion of the workshop, participants leave with a clear understanding of what is expected of them and how to use the information they have learned. A strong message is communicated that the training does not qualify participants as therapists and that they cannot act in such a role; the resulting worker is to provide support during disclosures and assist in resource referral. Five participants indicated that they were interested in becoming part of a Volunteer Outreach Program. The MCWP will discuss what future role the support workers wish to play in their community (e.g., support worker through their employed position, volunteer crisis worker, respite service worker, etc.).

Police Training (2 weeks)

A separate training workshop was offered to RCMP officers in the region. This workshop, entitled "Family Violence Investigators Training," was delivered over a two-week time period (fall 2002). The purpose of the training was to provide information on the nature, development and ramifications of family violence, particularly in First Nations communities. Topics included the regressed offender, investigations, and interviewing. The RCMP does not provide training

around this issue through their recruitment training. One social worker also attended this workshop.

Family Violence Workshops (1 week)

Four Family Violence Workshops have been delivered to frontline workers and service agency staff. The workshops provide an overview of the MCWP and address issues of family violence, particularly within the Aboriginal context. One additional workshop on Screening and Recruitment was also delivered. This workshop provided information to approximately 25 community members.

3.4 Program Mission

The program mission is to provide a holistic, community-based treatment program for family sexual assault, which is comprehensive, accountable, inclusive of Aboriginal culture and reflective of the community's needs, through long-term therapy with offenders, victims, and other family members.

3.5 Rationale

Due to the relationship of trust between the Aboriginal community and the Hinton Friendship Centre (HFC), the HFC has seen an increase in the number of disclosures of child sexual abuse in the Aboriginal community over the past several years. While increased reporting has not been substantiated by the RCMP or Children's Services, the results from the needs assessment survey provide the rationale for initiating a response to this issue.

Aboriginal people disclosing to the HFC have indicated that they are not confident in the mainstream system to deal with their issues in an appropriate manner and, consequently, have chosen to not report to mainstream agencies.

The HFC is committed to promoting and supporting a strong Native community. Aboriginal people come from a damaging historical context, which has led to a unique community structure, serious social issues and needs that are different from non-Aboriginal society. The HFC believes that healing Native communities is a priority. This provides the rationale for focusing on the Aboriginal community, and addressing the needs of survivors and descendents of residential school abuse.

Healing of Aboriginal people requires an alternative and long-term approach. A holistic program, dealing with all components of an individual and of the family, that is sensitive to the historical, cultural and spiritual aspects of people's lives, is necessary and the only way to address the needs of the Aboriginal community. It is the most effective approach to breaking the violent cycle of child sexual abuse in families. This provides the rationale for choosing the model for treatment.

Organizations, agencies and individuals who work in the family violence field know that incarceration is not the answer to healing offenders, victims or families of child sexual abuse.

Particularly when dealing with regressed offenders, rehabilitation is possible if the appropriate treatment is engaged. This creates healthy individuals and healthy families, which in turn, results in healthy communities. In addition, having treatment mandated by the courts as part of an offender's sentence gives the program more strength. Individuals are required to attend and actively participate; the alternative is jail. The power of the court system leads to greater success in families. This provides the rationale for offering the program as an alternative measure.

3.6 Goals and Objectives

Goal

The overall goal of the MCWP is to develop emotionally**,** mentally, physically and spiritually healthy individuals, thereby creating healthy family systems and healthy communities.

Objectives

In order to meet this goal, the MCWP works to provide a holistic, community-based treatment program for family sexual assault, which is comprehensive, accountable, inclusive of Aboriginal culture and reflective of the community's needs, through long-term therapy with offenders, victims, and other family members. The following program and therapeutic objectives have been defined.

Program Objectives:

- To educate and increase the awareness of child sexual abuse in the community.
- To encourage community involvement.
- To be respectful of the Aboriginal culture and people.
- To bridge the gap between the Aboriginal and the non-Aboriginal communities.
- To address the effects of residential school abuse.
- To have all key agencies collaborating with, and referring to, the Mamowichihitowin Community Wellness Program, if appropriate.
- To train support people for the program.
- To work with other helping professionals to ensure sustainability within the community.

Therapeutic Objectives:

While several objectives are created for, and vary by, the individual, the following core objectives are in place for each client:

- Short-term objectives include stability, disclosure and a commitment to working through the therapy process.

- Long-term objectives include the processing and resolving of issues, and ending the impact of those issues on self and on daily life activities.

3.7 Program Characteristics

The MCWP is an alternative to incarceration and was established to treat offenders, victims and families of child sexual abuse, with a particular focus on the Aboriginal community, including survivors and descendents of residential school abuse. The program serves the towns of Hinton, Edson, Grande Cache and Jasper, as well as the surrounding region. At the time this report was written, there were 44 active clients receiving treatment.

The Regressed Offender

Part of the program mandate is to treat "regressed offenders." A regressed offender is defined as a person who is sexually attracted to people of the same age, but who offends on children in order to meet emotional needs. The offender blocks out the age of the victim and objectifies the child as someone who can meet his or her needs. Abuse occurs within the family, but not necessarily on the offender's biological children; the relationship may exist through a blended family structure, extended family relations, etc.[7]

An Aboriginal Focus

A priority of the MCWP is to address the needs of the Aboriginal community, particularly survivors and descendents of residential school abuse. Extensive efforts have been made to connect to the Aboriginal community and create a relationship of trust. Disclosures have come forward and a majority of the program's client base is Aboriginal. The founding organizations (HFC), as well as many agency partners, are Aboriginal. A significant component of the treatment model addresses clients' Aboriginal heritage and cultural identity.

The cultural component is implemented and determined by the Elders. Recognizing that not everyone is comfortable with their culture or practice it, the cultural component is not compulsory for the clients that attend treatment. It is, however, available if to those who want to access it.

In the region where treatment is being provided, people come from different Aboriginal backgrounds, predominately Cree and Saulteaux, although there are others. This can make it difficult to find appropriate Elders as well as medicines to assist them in their healing journey. This is a challenge that the program continues to struggle with. However, the fact that there is no

[7] There are differing opinions about this profile. The term "regressed offender" is not identified in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* and is seen as archaic by some agencies. While using the term is controversial, the MCWP staff believe the above definition is useful and applicable to the clients they treat.

other culturally appropriate treatment available, makes this program open and inviting to the Aboriginal community and has resulted in a waiting list for families to receive treatment.

In line with Aboriginal philosophy, this treatment model deals with all aspects of the human condition (mental, physical, emotional and spiritual). This is different from the majority of mainstream treatment models, which will only deal with one or two of these aspects.

Alternative Measures

The MCWP is intended to be a court-referred program and participation is a possible alternative to incarceration. An offender, who is criminally charged with sexual abuse, must plead guilty to the charges in court. Under the court's direction, a 2-3 month assessment takes place to determine if the individual is a regressed offender (this assessment is done out of house). The program therapist determines if he or she is an appropriate client and willing to participate in the treatment process. Conditional on the agreement of the whole family, the offender can then enter the program in place of serving jail time. The offender is still required to report to a probation officer twice a month. The probation officer and the therapist work collaboratively to complete monthly progress reports for the court. This process has been outlined in a temporary protocol with the Crown Attorney.

Client Eligibility and Referrals

The court-referred component, and the HFC's commitment to supporting the Aboriginal community, including survivors and descendents of residential school abuse, determines the priorities for the MCWP. The program also accepts non-Aboriginal families if space is available. The program will accept historical cases, even if the offender is no longer involved with the family (e.g., missing, deceased). In such cases, treatment would be for the victim and extended family. If cases are not court-referred, referrals are made through Children's Services, the RCMP, social services and community agencies, and by self-referral. Criminal charges, or other formal processes, are not required for a referral to be made. As in court-referred cases, an assessment process is in place to determine eligibility, the types of services the family requires and the methods by which those services should be delivered. The assessment is conducted by the program therapist and needs to be completed, and accepted, by the whole family. The final decision to accept a family into the program lies with the therapist.

Program Structure

The MCWP operates under the direction of the HFC. The MCWP is one of many programs that fall under the HFC umbrella; other programs include the Aboriginal Head Start Program, the Hinton Native Youth Group, the Family Support Program, and the Urban Multipurpose Aboriginal Youth Centre. All MCWP staff are contracted through the HFC. Through its Board of Directors, the HFC oversees all financial matters of the MCWP; this includes authorizing expenditures, reviewing and submitting funding proposals, and allocating funds on a daily basis through the Program Coordinator. The HFC Board of Directors has the final say on all program decisions.

The internal structure of the MCWP at the time of writing this report was made up of the Program Therapist, the Program Coordinator, and the Administrative Support. Day-to-day operations, such as administration, funding, public relations, interagency relationship building and maintaining the connection to the HFC, are the responsibility of the coordinator. The Coordinator also maintains a strong connection to the Aboriginal community. Clinical service delivery, as well as some involvement in training workshops, consultations with the RCMP and Children's Services, and some community development, is the responsibility of the therapist. As of October 2004, the therapist was clinically supervised by Tony Martens.

The MCWP is directed by an advisory committee and a steering committee (not formally labeled as such). The advisory committee is, in effect, a policy board made up of representatives from partnering and supporting agencies (see list of partners, section 3.9). This committee meets quarterly to receive updates on the program and is involved in decision-making at the macro level.

The steering committee is a core group that directs activities and makes major program decisions. This committee is made up of the Executive Director of HFC, the Director of Community Services for the Town of Hinton, the Executive Director of AWN, the Executive Director of the Edson Friendship Centre, and the Director of the Community Outreach Services from Jasper. The group addresses specific program decisions and activities, internal conflicts, staffing and hiring issues, and greater community concerns.

A final piece of the MCWP structure is the Volunteer Outreach Program. The Volunteer Outreach Program will be made up of community members who have completed the six-week Support Worker Training Course. At the time of this report, approximately 15 people had completed the course and steps were being taken to organize the outreach program. Outreach workers (see section 3.3 Training), will provide support to community members who disclose being victims of child sexual abuse.

The MCWP takes a multi-disciplinary approach to addressing sexual abuse and believes the community should work together in response to this issue. This means collaborating and cooperating with everyone involved in family violence: social services, the police, the court system, and the justice system. The MCWP has made efforts to partner with these agencies in developing and implementing the program.

3.8 The Treatment Process

The therapeutic model of treatment employed by the MCWP takes a systemic, holistic approach to healing. While treatment involves the whole family, attending to the needs of the individual (victim, offender, non-offending parent(s) or siblings) is the first step. The family is viewed as a system in which individuals strive to maintain balance. Any change in one part of the system has implications for every other member. The system may include immediate family, extended family, and even the community as a whole, depending on the context.

As mentioned above (see Alternative Measures), if a disclosure is reported to police and an offender if charged with sexual abuse, the offender will be removed from the home by a bail order. This is done for the safety of all and to ensure minimal disruption for the victim(s). In order to participate in the MCWP, the offender must plead guilty to the charges in court.

Before treatment begins, the offender is assessed to determine if he/she will benefit from therapy. Not all sexual offenders will change their behaviour due to therapeutic intervention. If assessed as "treatable" (i.e. a regressed offender), the in-house psychologist will also do a "treatability" assessment that includes all family members who are affected by the abuse. This will include people that may not be involved with the therapeutic process.

Setting the treatment plan for the family take two to three months and includes individual treatment plans as well as a family treatment plan.

Individual treatment focuses on four main aspects of a person: psychological, physical, emotional and spiritual. Goals are created to address healing in those areas. Therapy sessions start at an individual level, where clients attend one-on-one sessions with the therapist.

At the same time, group therapy begins[8]. Group therapy is exactly that; intense therapy in a group setting. In the past some offenders preferred jail to this time consuming and intrusive process. Individuals join groups with others who share their circumstances (e.g., a victim would join a victims' group, an offender would join an offenders group, etc.). Groups meet once a week for 3 to 6 hours.

After a period of individual therapy, dyadic (two family members at a time) sessions begin, consisting of the victim and one other family member (not the offender at this time). The offender also has dyadic sessions with the siblings of the victim and with his or her spouse. When the victim is ready, he or she will start dyadic sessions with the offender. All therapy sessions are ongoing.

The treatment process is designed to treat the entire family and it is important that all members attend therapy for the family to fully recover from the trauma of abuse. However, if due to circumstances beyond anyone's control, not all family members are able to participate, it is possible to proceed with some or even one family member participating. It needs to be recognized that the primary effects of treatment will be limited to those who attend. Each family member attends individual, dyad and group therapy and will be in therapy between 20-25 hours per month.

If all family members are ready to have the offender return home for visits, family reconstruction begins with short visits (usually around eleven months after treatment begins). The whole family comes back (individually) to discuss with the therapist how they felt about the visit.

The offender will continue day visits until the entire family is ready to move forward. They will then move into night visits where the offender goes to the home from 6:00 pm to 10:00 pm. This

[8] At the time of this report there were no groups running.

will progress to overnight visits. At all points along this reconstruction continuum the therapist will talk to the family members individually and in a family setting. Family therapy beings at this time as well. This will be the first time the whole family has to sit down to talk in a therapeutic setting since the disclosure.

If everything is going well with the overnight visits the offender will begin to live at home on a full time basis (usually during the 12th or 13th month of therapy). The family members will continue to attended therapy during this time.

The gradual withdrawal of services is necessary for the family. The program is so involved with the family that it is impossible for the therapist to abruptly cut off services and support. As a result, the program begins to withdraw services at about the sixteenth to seventeenth month. Services ramp down for several months until the program is complete (usually somewhere within the eighteenth to twentieth month).

There is a five-year follow up to ensure that everything is fine with the family unit. The therapy process is sensitive to the historical, cultural and spiritual aspects of people's lives. Cultural sensitivity is built into the therapeutic model, no matter what the client's culture is. The therapist invests time, effort and energy into understanding the client's background. Together, they explore how the client feels about his/her culture, how involved the client is, and whether or not that involvement will increase in the future. For Aboriginal clients, this includes understanding practices and beliefs, and exploring how the past has influenced their culture. If Aboriginal clients so desire, they can be connected to an Elder in an effort to examine this area of their life. The program leaves it up to the Elders to determine what the cultural component will be for each individual.

For many people, their culture helps to define who they are. It is therefore important that treatment looks at healing through a cultural lens. The MCWP believes that this model is the only way to address the issue of child sexual abuse, particularly in Aboriginal communities. It is a process that combines traditional First Nation values and western therapeutic methods. The model can be adapted to treat child sexual abuse in any context.

3.9 Inputs

Staff/Personnel

When this report was written, the following individuals made up the MCWP staff:

- Program Coordinator: Lisa Higgerty
- Program Therapist: Shauna Walker
- Administrative Support: Tammy Hayes

Costs and Funding

The program allocates money to the following areas:

- facility costs
- staff salaries
- training workshops
- Elder honorariums
- education and community awareness (e.g., information sessions, conferences, presentations, community meetings, etc.)

The intricacies of the program allow for cross- agency/departmental funding. Funding has been obtained from the following:

- Hinton Friendship Centre (HFC) (in-kind donations)
- Hinton United Way (funds for renovations and phone system)
- Public Safety and Emergency Preparedness, Aboriginal Corrections Policy Unit, Government of Canada
- The Aboriginal Healing Foundation (limited funds for program delivery)
- The Town of Hinton, Family and Community Support Services (funds for needs assessment survey)
- The Waln Foundation (funds for specific training projects)
- RCMP, Federal and Provincial, K-Division (funds for RCMP training workshop)
- The United Church of Canada and the Anglican Church of Canada (funds for Community Support Worker training workshop)

The program is currently looking to Health Canada, Heritage/Status of Women, Justice Canada, Alberta Justice, and to Alberta Health and Wellness for future funding.

Partners

The MCWP receives support from a number of agencies and organizations in the region. The following partners sit on the Advisory Committee:

- Edson Friendship Centre
- Aseniwuche Winewak Nation (AWN), Grande Cache
- RCMP
- Town of Hinton, Family and Community Support Services
- Grande Yellowhead School Division
- Provincial Children's Services
- Alberta Justice
- Community Outreach Services (COS), Jasper
- Yellowhead Emergency Shelter
- Crown Prosecutor's Office, Alberta Justice
- Public Safety and Emergency Preparedness Canada

3.10 Outputs

The MCWP was implemented with estimated outputs in mind. These numbers are affected by the resources available and the demands on the program. Based on the employment of two

therapists, it was estimated that the program would treat approximately 72 participants per year; 12 families with an average of 6 members per family. It was expected that most of these participants would be court-mandated, regressed offenders and their families. It was also expected that the majority of clients would be of Aboriginal descent, and survivors and descendents of residential school abuse.

At the time of this report, there were 44 active clients from 14 families. Twenty-nine of the clients were Aboriginal and 15 were non-Aboriginal. There were 23 victims and 11 offenders. Four of the offenders were court-mandated referrals. It is important to note that many of the clients in the program are both victim and offender. There were 5 historical abuse cases and 5 families being treated without the involvement of the offender. Nine families were wait-listed for the program (see Table 3).

Table 3: MCWP Client Demographics (October 2004)

Client Characteristics	Active	Inactive	TOTAL
Total Clients	44	19	63
Adults	20	14	34
Male	7	3	10
Female	13	11	24
Children (under 18 years)	24	5	29
Male	12	3	15
Female	12	2	14
Aboriginal[1]	29	18	47
Non-Aboriginal	15	1	16
Location			
Hinton	7	12	19
Edson	19	0	19
Grande Cache	12	6	18
Jasper	6	1	7
Total Families	14		
Victims[2]	23	8	31
Offenders[3]	11	4	15
Court-Mandated Offenders	4	1	5
Historical Cases	5	n/a	5
Families without Offender	5	n/a	5
Client Wait List (families)[4]	n/a	n/a	9

[1] Includes First Nations on reserve, First Nations off reserve, Métis, and Non-Status.
[2] Some clients are both victim and offender – counted in each category.
[3] Ten of those offenders were children or adolescents, or had been at the time of the offense (i.e., dated offenses).
[4] An average family consists of seven people.

3.11 Indicators of Success

At the time of this report, none of the clients in the MCWP had completed the entire treatment process. Therefore, key informants were asked how they would define a successful program. Respondents discussed the following outcomes as being indicative of success:

- healthy families
- the family being treated no longer experiences abuse in any way
- clients demonstrate: the ability to function in daily life, healthy interaction with others, communication skills, positive relationships, the ability to resolve conflict appropriately, appropriate expression of emotions, appropriate intimacy among family members
- children are safe in their homes
- offenders are no longer offending
- trust from the Aboriginal community; members are willing to participate in treatment and access support
- bridging the gap between the Aboriginal and non-Aboriginal community
- lower rate of child sexual abuse in the region
- higher rate of disclosure, reporting and accessing services
- support for the program comes from the entire community
- the public gains a greater understanding and awareness of the issue of child sexual abuse

4.0 SUCCESSES AND CHALLENGES

The MCWP has seen a number of successes and challenges through its development and implementation. By examining these, the program itself will gain a greater understanding of what is working and issues that need to be addressed. Strengths and weaknesses identified through this process will lead to recommendations for change and future success. This information will also be particularly useful for those who wish to establish similar programs in other jurisdictions.

4.1 Community Response

The MCWP was very much aware of the fear that exists within the community around the issue of child sexual abuse. Sexual offenders are often viewed as predators and the general sense among the public is that they should be locked up in jail. The program feels that this fear is based on a lack of knowledge; people are uninformed about the issue in terms of offender types, treatment options and the other factors at play in child sexual abuse cases. Because of this, the program has made special efforts to educate the community. Public awareness and information sessions were held before the program was implemented to explain the purpose, the type of clients and the approach of the treatment. The MCWP emphasized that the program would only accept regressed offenders; they would not take the same approach if dealing with pedophiles or other types of abusers.

The community response to the MCWP has been both a challenge and a success. The program was overwhelmed, and somewhat surprised, by the support they received. The public acknowledged that child sexual abuse was an issue that needed to be addressed. They saw the need for an appropriate response in the Aboriginal community and supported the approach proposed by the MCWP.

However, the program did experience some opposition during implementation. The initial physical location of the program was met with adversity from various community groups in Hinton. Originally, the program was housed in a building near an elementary school and a Boys' and Girls' Club. Community members raised concerns that the program posed a threat to children in the area. A Community Action Committee was formed to protest the location. The local MP met with officials from all groups; this individual was not supportive of the program and put pressure on both the funder and the HFC to move the location. While the MCWP felt that the public's fears were unfounded, they also understood that a lack of knowledge drove these concerns and agreed to move locations.

There has also been some resistance to the MCWP's efforts to educate and increase awareness about sexual abuse to children in schools. An objective of the MCWP is to conduct workshops and give out information packages on "good touch bad touch" to students in Kindergarten to Grade 9. The program was hoping to address 32 schools across the region, but has experienced resistance from the educational system. It is likely that the school system fears such information will lead to greater issues and problems, such as false allegations. The MCWP feels educating children on this issue is extremely important and necessary. The coordinator will continue to

pursue the implementation of these workshops by working with the educational system to raise support for such an initiative.

The MCWP realizes that the entire community needs to support the program in order for it to be successful. The families being treated are part of the community and continue to live and function there as they go through the program. Strong, positive ties to the community encourage clients to participate and create a healing environment. Fear and lack of knowledge are powerful agents that cannot be ignored. Through acknowledgement and appropriate action, the program has successfully addressed this obstacle, and has gained strong public support.

4.2 Alternative Measures

The MCWP can be offered as an alternative to incarceration for offenders, if the court finds it appropriate. The justice component of this program was strongly supported by all of the respondents in the key informant interviews. All agreed that a jail sentence does nothing in terms of rehabilitating a regressed offender. Not only would a therapy process be more appropriate for healing the whole family, but having participation mandated by the court gives the program more strength. In addition, it is possible that having the program available as an alternative to incarceration may increase reporting by victims and admission of guilt by offenders.

Key informants from the RCMP were open about the opposing views of alternative measures within their organization. They stated that the RCMP generally maintains traditional attitudes and many officers see their role as putting offenders in jail. However, there are a growing number of progressive thinkers within the force who realize that jail is not always an appropriate solution. Respondents felt that if there were a greater understanding of the issue within the RCMP as a whole, in terms of how a regressed offender is defined and the possibility of rehabilitation, then alternative measures, such as the MCWP, would receive more support.

Support for alternative measures from Alberta Justice is also strong. The general sense from Alberta Justice is that if the program is appropriate for the offender, then it leads to sentencing in a timely fashion; a goal the justice system currently struggles with. If Alberta Justice did not value alternative measures, the MCWP would not exist as a justice program. Providing the MCWP as an alternative measure has contributed to the strength of the program and the rehabilitation of offenders.

4.3 Aboriginal Ownership and Involvement

One of the greatest successes of the MCWP is the connection that has been established with the Aboriginal community. The “marriage” between Aboriginal values and western therapeutic practice has made the MCWP unique and respected as a treatment model to follow. The model is able to deliver clinical therapy, while at the same time addresses cultural issues and is inclusive of Aboriginal values.

Not only has the program been able to gain the trust of the Aboriginal community, but First Nations people have been involved in the development of the program since its inception. The

Elders were approached from the very beginning; had they not given their approval and support, the program could not have been implemented.

A meeting with some of the Elders from the Aboriginal community highlighted their involvement in the development process and their support for the program. All activities carried out in the development process have been done in a manner that is inclusive and respectful of the Aboriginal culture. Traditional protocols and rituals have been followed; this has assisted in creating a relationship of trust with the Aboriginal community. The ceremonial naming of the program created a sense of ownership for the Aboriginal Elders, which is represented through the time they contribute and through their willingness to talk to their communities about the program. The name itself, Mamowichihitowin, is indicative of their hope to bridge the gap between the Aboriginal and the non-Aboriginal communities.

Gaining the trust of Aboriginal communities is a difficult task, and the MCWP should be commended on its success in this area. Not only has the program encouraged the participation of community members who need help, but it also has involved Aboriginal people in program development and continues to remain inclusive of Aboriginal culture. The Elders in the meeting expressed their resistance to being part of a "white" mainstream program; they do not feel comfortable or trust programs that are not connected to the Aboriginal community. From their perspective, having the HFC as the foundational organization, having an Aboriginal voice on the program staff, and doing things in an "Aboriginal way" has created a relationship of understanding. If any of those components were missing, that relationship may not exist. This is a struggle for many initiatives that try to address issues in the Aboriginal community. The MCWP may be seen as an example of success.

4.4 Processes and Protocols

The MCWP has struggled with process and protocol from the very beginning. A lack of formalized processes and documented protocols has led to some problems when working with other agencies, and within the program itself. Staff in the program have been unclear about expectations, roles and responsibilities; this has caused internal conflict. The program has learned that roles and responsibilities need to be clearly defined and documented to avoid confusion around expectations.

The MCWP is in the process of developing appropriate documentation to formalize partnerships, protocols and job descriptions. There are currently no terms of reference for the advisory or steering committees, and no formal protocols regarding client eligibility or referrals. Formal job descriptions are currently under review. Prior to this report, a comprehensive description of the program did not exist; this has created problems in communicating and informing the community about the program. Information has not been consistently delivered because there are no standardized documents to refer to. This has resulted in diverse perceptions from the community and partnering agencies (e.g., RCMP, Children's Services) on the program, who it serves, how it works, and what is expected of their own involvement. Formal program documentation will prevent misunderstanding and miscommunication; this is a key component of sustainability.

4.5 The Hinton Friendship Centre

As previously explained, the HFC maintains ownership of the MCWP. For the program, this relationship is critical and largely responsible for program success. Although the HFC itself is rather young (approximately 10 years old), Aboriginal Friendship Centre's across Canada have been around for over 50 years. The HFC is able to provide the program with a strong foundation, commitment and support. In addition, the HFC maintains a positive tie to the Aboriginal community and represents an Aboriginal voice in program delivery.

The HFC has been commended for supporting such an initiative. However, it has also been criticized for influencing the program in a biased way. Various community members who have connections to the HFC view the MCWP in the same light; if those connections are politically driven or negative in any way, it appears to affect cooperation and relationships with the MCWP. Children's Services, for example, reports a cautious relationship with the HFC; this was reflected in the key informant interviews with Children's Services representatives. While the MCWP is appreciative of the support they receive from the HFC, the program also works to maintain its own individuality. Staff hope that others will see and respect the program as an independent initiative.

The existence of kinships was also identified as being potentially problematic. More specifically, the fact that the Executive Director of the HFC is related to the MCWP Coordinator has been raised. However, everyone is aware of the situation and efforts are made to keep the relationship professional by involving others in the decision-making process. The HFC Board of Directors maintains the ultimate power for all decisions, and they play an active role in any situation that may involve conflicting interests. Both parties involved view their positions in a professional light and consider the impact of their actions on the HFC and on the program. Traditionally, in Aboriginal communities, strong families were expected to give back to the greater community as a whole. Families blessed with multiple "gifts" or talents were expected to utilize those gifts for the benefit of all. Further, it should be noted that in rural communities like Hinton, with limited professional resources and small populations, kinships in business and professional services are a common occurrence.

Key informants also suggested that there might be some confusion around "who" the MCWP is for, because of the program's connection to the HFC. Because the HFC is an Aboriginal organization, the perception exists that the MCWP serves Aboriginal families exclusively. However, while the program's priority is to heal the Aboriginal community, they will also accept non-Aboriginal clients. Confusion around this issue should be addressed through increased communication to the community.

4.6 Internal Structure and Staffing

The MCWP has experienced some challenges around staffing. As stated earlier, it was essential that the program find an appropriate therapist who could implement the model effectively. This was the missing component for program implementation and delivery. It was important to the program to try to find an Aboriginal therapist; however, the most important criteria were that the individual was qualified and healthy. This proved to be more difficult than initially expected.

They could not find an appropriate Aboriginal therapist, and in fact, struggled to find a therapist at all.

After reviewing over 50 resumes from across Canada, they found a very capable, qualified and healthy therapist in Shauna Walker. While not Aboriginal, Ms Walker fully supported the treatment model and demonstrated a willingness and ability to be able to address cultural issues in her treatment. She maintains a sensitivity to Aboriginal culture in her clinical practice. Ms Walker was hired in February 2003 and started taking clients in May of that year.

The internal structure of the MCWP has changed since the program was first implemented. Responsibilities for each staff position were discussed at the outset of the program. The Program Coordinator would control all program operations and the Program Therapist would control all clinical activities. Some challenges arose when the therapist was required to report to the coordinator within the hierarchy of the internal structure. The steering committee intervened and it was realized that the two positions needed to run parallel to each other, considering the diverse responsibilities of each position. While the clinical and operational components of the program are separate, the coordinator and the therapist collaborate and communicate openly around general program needs and concerns.

The MCWP is now looking to fill another position, Therapist Assistant. The program is carrying a full client load and the therapist puts in extensive hours. This is too much for her alone, and the MCWP cannot commit to taking more clients without filling the assistant position. However, like the initial therapist search, the MCWP is struggling to find an appropriate person. It should be noted that difficulties in hiring are not an issue of the program itself, but rather, challenges stem from a lack of qualified professionals in a rural setting.

The program implements an intense screening process when hiring staff. This process is carried out over several months and reveals a tremendous amount of information about the applicant. Many individuals have withdrawn themselves before the screening has been completed. While the program feels it is necessary to screen applicants in-depth, a shorter time-frame or a less intrusive process may encourage applicants to follow through with the screening requirements. In September 2004, the program filled the assistant position by an individual who resigned almost immediately. This is not easy work; the program needs to find a person who is a fit for them, but the person also has to believe that the job is a fit for their own capabilities. The program will continue this process until the position is filled.

4.7 A Changing Context

The MCWP existed in the 1980s as the Yellowhead Family Sexual Assault Treatment Program (YFSATP). YFSATP was based on a treatment model that provided individual and group therapy to victims, families and regressed sexual offenders of incest and child sexual abuse. Clients in the program at that time were predominantly Caucasian, offenders could be clearly labeled as regressed offenders, and abuse within the families was occurring in a traditional pattern (i.e., adults in parental roles abusing their children).

The YFSATP has been resurrected as the MCWP, but the question of whether the model is still applicable and effective in the current context still remains. The majority of families in the program are now Aboriginal. The types of clients are very diverse; some offenders are regressed in the traditional sense, but because of the extended and blended family structures that exist today, there are other types of offenders and victims surfacing. Intergenerational abuse leads to situations where a victim is also an offender, and many child and youth offenders are being seen. With increased education and awareness of the issue, historical cases of abuse are now being reported; often the offender is no longer accessible for treatment with the victim and other family members.

The program's ability to meet the needs of the community today was subject to mixed opinions from key informants. Some felt that while the program cannot address every issue in the community, it is achieving what it set out to do. The model is very effective in dealing with regressed offenders; this has been proven by the success of the YFSATP. Those working in the program believe the model can also be adapted to treat other types of offenders, victims and families in different contexts.

Other key informants were not convinced that the program was meeting community needs. They felt that program priorities and client eligibility requirements made the program too specialized, meeting only select needs. However, is it reasonable to expect that one program address all the needs of a community?

A better question may be:

Is the program achieving what it set out to do?

4.8 Expectations and Program Development

Key informants were asked if they felt the MCWP was running as expected. While it was acknowledged that the program has accomplished a number of successes in a very short time, respondents did not feel it was necessarily running as expected. The program has had to change and evolve based on the families being served. There is a diverse set of clients and the program is responding to the referrals being made. In this way, the program is meeting the needs of the community today.

The program expected to have more referrals from the court system; this is an important component of the MCWP. The belief that people will be more successful in treatment if they are mandated to participate supports alternative measures and provides the rationale for funding the MCWP as a justice program. However, it may be necessary to lessen the expectation that cases need to come through the courts. Child sexual abuse cases often do not have enough evidence to proceed criminally, and when they do, the court process is very long. If the program maintained treatment exclusively for court-referrals, they would not be treating all the families that need healing in their community.

The presence of the MCWP was expected to correlate with an increase in disclosures and families who access treatment and support. A full client load is evidence that this is happening.

When people see that there is another option than criminal proceedings and jail, they start to feel more comfortable with the idea of disclosure. The program believes this trend will continue, particularly within the Aboriginal community. Aboriginal people will wait and watch; when they have trust and confidence, they will come forward.

Some key informants expected to have more involvement in the program, in terms of the referral process and agency collaboration on cases. Weak communication and a lack of formalized protocols have impacted program involvement. Some people were surprised by the community support of the program, while others were surprised by public criticisms and resistance. Continued efforts on behalf of the program to build positive relationships and partnerships, as well as increased communication, will encourage collaborative work.

It is difficult to accurately predict what will happen with such a new initiative. Considering that the program has only been operating since May 2003, many people felt that it was too soon to assess whether things were "working" or not. Understandably, when a program is in its infancy, there are a lot of unexpected obstacles. It is a time of figuring out what works best and gaining a realistic understanding of what is possible. The fact that the program is not running exactly as planned is not necessarily a negative thing; it is a natural part of the development process. It is important to ask "why" expectations have or have not been met, in order to make appropriate decisions for the future.

Concern was expressed by some in the key informant interviews that the program is taking on too much. Staff are working on various initiatives that build on the MCWP (e.g., developing a FAS assessment team), while the foundational components of the program are not yet fully established. Some key informants emphasized the need to focus on the program itself; consulting, advising and developing new initiatives are important, but should be done once the program and its processes are functioning successfully.

On the other hand, the program staff feels that it is important to identify such needs as they are discovered. The need for an FAS assessment team was realized as the program was treating more and more undiagnosed clients. The MCWP does not necessarily want to be the driving force behind these initiatives, but rather is looking for resources in the community that will improve program delivery. Such messages should be better communicated.

4.9 Funding

As in many social service and community programs, funding is an ongoing concern for the MCWP. Money is not secure from year to year and the life of the program depends on ensuring funds from various organizations. Applying for this money takes a lot of time and effort, sometimes without success. Certain people drive the fundraising efforts for the MCWP, and there is a fear that if those people leave, the program will suffer.

There is no easy solution to this issue. Much of the funding for the MCWP depends on the program maintaining eligibility criteria and focusing on Aboriginal communities; this works as long as priorities remain the same and the need exists (i.e., the program can be filled with those types of clients). As time limited funding ends, the program must look to new sources. The

reality is that funding is a major determinant of sustainability; without money, the program cannot survive over time.

4.10 Community Relationships and Partnerships

The MCWP made extensive efforts, pre-program, to inform the community about the program and to develop positive relationships with social service agencies. Some connections started strong and remain so today; the AWN and the RCMP appear to have cooperative and supportive relationships with the MCWP. Other connections have been more difficult to establish and maintain; the weakest relationship of the program appears to be the one with Children's Services.

The MCWP coordinator met with regional representatives from Children's Services during the initial stages of program development. The message was communicated that the entire social service community would be working together to address the issue of child sexual abuse. Individuals interviewed from Children's Services do not feel that this has happened. A lack of communication on behalf of the MCWP, and a lack of understanding on behalf of Children's Services, has resulted in a somewhat strained relationship between the two.

Children's Services has had minimal involvement with the program and the referral process. There has been a substantial breakdown in communication; this is seen through the confusion around client eligibility and the inconsistent process of referrals and acceptance. According to Children's Services, the MCWP indicated that cases *must* go through the courts before they will be considered for treatment. Children's Services also understands that the first priority of the program is to serve the Aboriginal community. However, at the time of this report, Children's Services had put forward two referrals; neither case had gone through the court process and only one family was Aboriginal. The first referral was accepted, but the second was initially refused. The MCWP came back to Children's Services at a later date, willing to reconsider the case; the reasons for this decision were not clear. Such situations highlight the need for fixed and formal protocols regarding client eligibility.

Children's Services did not participate in the training workshop held for service agency staff and frontline workers. Although invited, management did not feel they could afford to relieve staff for the two-week period, particularly when Children's Services provides their own training to new workers. Some efforts were made by management to work with the MCWP to adapt material and to ensure that a broad range of topics were covered, consistent with the issues addressed by service workers. However, Children's Services did not feel they were given enough information to effectively assess the training and could not justify attendance by their staff.

The MCWP has also acknowledged the challenges they have encountered in working with Children's Services. They report experiencing resistance when trying to collaborate on cases, and believe this is due to territorial dynamics within the field. The MCWP is also challenged by relationships that already exist with Children's Services, outside of the program. For example, there is a severe lack of trust and understanding between the Aboriginal community and Children's Services. The MCWP tries to bridge this gap through their own connection with the Aboriginal community.

Many questions exist. The program may be accepting a large number of historical cases where children are no longer involved or at risk. Referrals may be coming from the Aboriginal community where there is reluctance to inform Children's Services or the RCMP. There is confusion around program activities and who the program is serving; even those respondents who reported having a positive relationship with the MCWP were somewhat unclear about the various components, processes and criteria of the program. Although those agencies support the MCWP, some have little actual involvement in the program; lack of information is not as serious in such cases. However, when key service providers lack knowledge of a program that addresses the issue of child sexual abuse and are, at the same time, expected to work collaboratively through the treatment process, miscommunication becomes very serious.

Despite the community development efforts that have already been made, the MCWP needs to invest more time and energy into strengthening and maintaining all community relationships. Information about the program needs to be communicated in a clear, consistent manner; those delivering the information need to be open to questions, criticisms and collaboration. Politics, history and personal connections naturally impact relationships between agencies. The MCWP needs to learn how to deal with such issues appropriately and professionally in order to repair negative relationships and nurture positive ones. The MCWP therapist has recently organized several meetings with Children's Services to try to improve the situation. Her efforts to collaborate with staff and maintain open communication are creating a more positive and cooperative relationship.

This is an on-going effort; once a relationship has been established, both sides need to follow through on what is expected. Those expectations need to be clearly defined and agreed upon; if expectations change, then that also needs to be communicated. This may require extra work on behalf of the MCWP, but efforts will be much appreciated and strong partnerships will ultimately impact the success and sustainability of the program. The greatest success will be seen if information can be shared and agencies can work collaboratively toward the same goal.

4.11 Client Eligibility and Referrals

The biggest challenge, and the one causing the most confusion, is client eligibility. The MCWP is based on a model designed to treat regressed offenders; this was particularly appropriate for the context in the 1980s. The context has changed since that time and the client group has become more diverse. The definition of client has required modification in order to adapt to the needs of the current population.

Multiple funding sources also have their own requirements in place. The MCWP is trying to ensure that conditions are met, but at the same time, is trying to balance those criteria with the needs of the community. The funders are aware that the program will make decisions on who to accept into the program based on best fit. Because the program is still very much in the development stages, program staff have been more lenient in whom they will accept in order to fill the spaces. This, however, has created confusion around the program mandate and client eligibility for partnering agencies.

The real issue around client eligibility and referrals is that agencies are not getting consistent information from the program. Some agencies are under the impression that the MCWP has a "tight door," and therefore will not refer clients they think are ineligible, when in fact, those clients may be accepted. Other agencies feel that the program is flexible in who they will accept. Some respondents reported that they do not even consider eligibility requirements; because of their positive relationships with program staff, they just need to call and the client will be considered. Other agencies do not understand the eligibility requirements at all.

The MCWP states that all clients meet the criteria for the program or they would not be accepted. This needs to be communicated to the community through clear, documented eligibility requirements and formal referral processes. These standards and protocols need to be consistently followed by the program. If one agency is given the message that the program is full, every other agency needs to be given the same message. Perhaps the rationale for accepting one client over another should be shared with referring agencies, so that misunderstandings do not occur. Inter-agency communication, without breaching trust or confidentiality, should be improved so that all agencies are aware of the issues that exist within their community.

4.12 Training, Education and Awareness

An objective of the MCWP is to raise awareness of the issue of child sexual abuse in the community. The program has been very successful in doing so through educating participants in the training workshops. They have been able to provide workshops not only to professionals in the social service field, but also to community members who have an interest in offering support to others.

With increased education and awareness, the public is becoming more informed about child sexual abuse, the reality of the problem in their own community, and appropriate treatment options. Disclosures have increased as people are starting to feel more comfortable talking about the issue and realize that they can get culturally appropriate treatment for the entire family. The MCWP is proposing future training workshops in the community and should be commended for their commitment to education in this area.

4.13 Sustainability

A challenge in any socially funded initiative is sustainability. While obtaining consistent funds to keep the program running would appear to be the greatest determining factor, there are a number of other issues that affect the life of a program. For the MCWP, these include staff changes, relationship with the Aboriginal community, and legislation around child sexual abuse.

The MCWP currently has strong, capable and effective individuals who occupy their staff positions. Fear has been expressed that if those individuals leave, components of the program may deteriorate. It is important for the program to establish itself in a way that it is not dependent on individual people. This can be done by ensuring that the program is documented, formal processes and protocols are implemented and followed, and strong community relationships are in place. Once the program is running smoothly, new individuals with equivalent capabilities should be able to fill the spots of current staff, if necessary.

The MCWP has been successful in establishing a relationship of trust with the Aboriginal community. Working with the Aboriginal Elders through the development of the program has resulted in support from the community and willingness to access treatment. Having an Aboriginal person on staff has contributed greatly to this relationship. In meeting with the Elders, they stated that they would not participate if there were no Aboriginal presence in the program. A withdrawal of support from the Elders would influence the entire Aboriginal community, and could be detrimental for the program. Considering the fact that a priority of the MCWP is to help in the healing of Aboriginal people dealing with child sexual abuse, it is critical that the program remain connected to the Aboriginal community and that people feel they can access culturally appropriate support.

At a national level, federal legislation around the issue of child sexual abuse and definitions of terms can also have serious implications for the MCWP. The paradigm in this area has shifted somewhat from the past, affecting terminology. The term "regressed offender," as defined in this report, is not recognized or acknowledged by everyone in the field. This can affect support and funding for treatment programs, such as the MCWP, that believe rehabilitation is possible for regressed offenders. Justice Canada is also considering a move towards registering offenders and standardized sentencing. These types of changes in legislation may eliminate the possibility of alternative measures. While the need for treatment will still exist, this challenge will be more difficult to overcome. Increased education and public awareness, along with proven success in treating families may change thinking and perceptions in this area.

5.0 EVALUATION

Upon completion of Phase 1, it was determined that an outcome evaluation of the MCWP was not feasible at this time. The program is still in its development stages; it is a time of figuring out what works best and gaining a realistic understanding of what is possible. Clients have only been receiving treatment since May 2003 and some components of the model were not engaged at the time of this report. There is currently not enough data on clients to effectively assess the impact of the program.

However, this is not to say an evaluation is not possible in the future. Creating a strategy at this time can ensure that an evaluation will eventually be feasible. Now is the time to implement tools, collect data, and monitor program activities.

Three components need to be in place in order to conduct an outcome evaluation. The first component is an appropriate number of clients. A substantial number of clients must be receiving treatment, and must have completed most, if not all, of the therapy process. This requires determining a sufficient timeline from now until an evaluation takes place. Since the MCWP started accepting clients in May 2003, it is reasonable to assume that some of the initial clients will complete the program by May 2005. Taking a case study approach, a proposed evaluation could, therefore, potentially be conducted beginning November 2005. The sample at that time should be substantial enough to assess the impact of the program on those who have completed a majority of the treatment process.

The second component is identification of outcomes. Measurement of outcomes is the way in which program effectiveness will be assessed. Outcomes that are appropriate for the client base need to be clearly identified and defined. In Phase 1, key informants were asked to identify expected program outcomes. Expected outcomes are included in this report (section 3.11). While these are important, most of them are long-term program outcomes that will be seen at a community or societal level. Outcomes also need to be identified at an individual level, particularly considering the diverse client needs of the MCWP and the importance of evaluating the therapeutic approach.

Given the diverse range of needs of clients, the MCWP Therapist, in collaboration with the research team in this study, decided upon Goal Attainment Scaling as a systematic approach to measuring individualized outcomes. A Goal Attainment Scale template was developed to define, monitor and measure client goals. The template is a 5-point scale of potential outcomes. The goal area is defined, a range of possible outcomes is created, the therapist sets a target for the client at periodic intervals, and then assesses where the client is on the scale in relation to that that target. Numerical scores can be attached to each possible outcome. Client progress can be monitored over time; measures can be taken between target and assessment scores or between assessment scores alone (see Goal Attainment Scale template in Appendix A). Further development of the scale is necessary to create a usable model for clients.

The third component necessary for an outcome evaluation is a database for tracking client progress. The MCWP currently has an effective information system in place called MAXIMIZER. This system allows for the collection of demographic information on clients.

Summaries and reports of this information can be produced quickly and easily through MAXIMIZER, providing the data are input into the program first. This is a time consuming job, but needs to be done to utilize the database effectively.

Implementation of the Goal Attainment Scale into MAXIMIZER would be ideal. Once a generic template is completed and set up on the system, monitoring client progress on the defined goals should be easy and efficient. This measurement tool can be used throughout the therapeutic process and for evaluation purposes.

An evaluation of the MCWP will benefit not only the program, but also others who are interested in replicating such an initiative. The value of an evaluation is evident, but the question of "when" one is feasible still remains. Feasibility depends on an appropriate timeframe, and ensuring that the three components discussed above are in place. This will allow for an evaluation in the future.

6.0 CONCLUSIONS AND RECOMMENDATIONS

Fairly new in its existence, all of those involved with the development and implementation of the MCWP should be commended for its success thus far. The program has been able to provide holistic clinical treatment to offenders, victims and families of child sexual abuse; the model addresses the needs of each individual and of the family as a whole. Through this process, the program remains sensitive to the historical, cultural, and spiritual aspects of people's lives. In addition to clinical treatment, the program has been successful in raising awareness and educating the community on the issue of child sexual abuse, and in developing strong community partnerships. The MCWP can be utilized as an alternative sentence to incarceration, providing an option other than jail, which may lead to the rehabilitation of regressed offenders.

A priority for the MCWP is to assist in the healing of Aboriginal people. The program has developed a relationship of trust with the Aboriginal community, has involved Aboriginal Elders in program development and decision-making, has a client base that is predominantly Aboriginal, has created partnerships with Aboriginal organizations and agencies, and is respectful of Aboriginal culture and values in all program activities.

These successes are what make the MCWP unique and potentially an excellent model for replication in other parts of Canada. Appropriately addressing needs of Aboriginal communities using "western" thought and strategies is difficult and often unsuccessful. Much can be learned from the actions followed by the MCWP, and the resulting success; this is also true of the challenges experienced by the program. As with any new initiative, the MCWP has encountered various obstacles in implementation and delivery. The program has been able to address and overcome some of those challenges; others still require further attention.

The following recommendations are based on the information revealed in this study. These are suggested to improve program effectiveness and to enable an evaluation in the future. These should be kept in mind when considering the MCWP as a model for replication.

<u>Administrative Activities</u>

- Create terms of reference for both the advisory committee and the steering committee identified in this report (steering committee was a label used by the author). Clearly define and document purpose, processes, membership, roles, responsibilities and activities.

- Finalize formal job descriptions. Establish clear definitions, roles and responsibilities that are agreed upon by stakeholders.

- Define and document client eligibility requirements. Start with a clear definition of "client." Outline criteria that must be met. Describe the process followed in assessment and acceptance of clients. Highlight that the program therapist uses her own discretion and makes the ultimate decision on who the program will accept, based on need, appropriateness, and best fit.

- Formalize the referral process. Document the protocol (appropriate steps) that should be followed when making a referral.

- Summarize program description. While this report provides a detailed program description, a condensed version may be preferred in order to easily share the information with the community.

- Review the screening process for new hires. The advisory and steering committees may want to consider alternatives. The information collected may be necessary, but there may be other options on how to go about collecting it (e.g., shorter time frame).

- Secure consistent funding. This would eliminate the need for the program coordinator to seek out and apply for money, a job that is very time consuming and sometime unsuccessful. It would also provide a level of comfort and security when considering the future life of the program.

Community Development

- Share information. A program description, client eligibility requirements and referral protocol should be made available to all agencies and organizations that would potentially refer clients to the program. This could be done through information sessions, mailing out "fact sheets" (a one-page outline of program, requirements and protocol), individual meetings with representatives from each agency, etc. This will ensure that the entire community is receiving consistent information and is following standardized processes.

- Target problem relationships with community partners. Develop a strategy to improve the relationship. For example, Children's Services maintains a cautious relationship with the program. The program therapist has conducted additional meetings with Children's Services in order to improve the situation. These efforts need to continue. The program should determine what is needed by the individual/agency/organization and decide on the best action to meet those needs.

- Focus on strengthening the community development piece of the program. Building new partnerships, maintaining and improving existing relationships, education and awareness, motivating community support, securing resources, and improving program effectiveness through delivery of services should be priorities at this time. When the program is functioning at an optimal level, new initiatives should be considered.

Education and Awareness

- Continue education and awareness. Training workshops are dependent on funding, but there may be other ways to inform the community about the program, and to educate and raise awareness of the issue that are less costly. This should be an ongoing effort.

- Pursue development of the Volunteer Outreach Program. This piece is critical. If such an initiative is not followed through on, it will lessen the impact and purpose of the successful training workshops. The Volunteer Outreach Program will bring theory into practice and the community will see the benefit of the training at a practical level.

Evaluation Strategy

- decide on data to collect on the program's computerized information system;
- ensure input and monitoring of data;
- produce data reports at timely intervals to monitor activity;
- create Goal Attainment Scale model;
- implement Goal Attainment Scale into information system and utilize to monitor client progress;
- decide on data collection timeframe and number of clients required for an evaluation; and
- consider a qualitative component to an evaluation (e.g., interviews with clients).

APPENDIX A:
Goal Attainment Scale Template

Goal areas under the four aspects of a person addressed in treatment (psychological, physical, emotional, and spiritual) will be identified and a model will be created for each area. The model is a 5-point scale of potential outcomes for a specific goal area. The scale is a generic description that goes from the worst possible scenario to the best. The program therapist will decide on the goal areas and create the models. Once the scales have been created, they can be applied to any client who has those goals. The therapist will also set targets for the client at periodic intervals and assess where the client is on the scale in relation to those targets.

Please note: for the purpose of the example, the author created generic templates for 3 goal areas (self-perception, depression, and commitment to therapy) under the psychological aspect of a person. These are non-clinical scales and were developed to provide the reader with a better understanding of goal attainment scaling. This example should not be used in clinical treatment or to measure client progress. The author used six-month intervals for the example, but intervals can be changed to meet the needs of the clients and the program.

GOAL ATTAINMENT GUIDE
Psychological

Goal Area	Assessment	Target	Assessment	Target	Assessment	Target	Assessment	Target	Assessment
Self-Perception	Intake	6 mnth	6 mnth	1 year	1 year	18 mnths	18 mnths	Final	Final
Client's self-perception has not improved. Self-condemning and only has (-) thoughts about self.	X		X						
Client can identify some good qualities in self, but overall considers self in a (-) way		X		X	X				
Client's self-perception has improved. Feels more (+) about self. Still has some (-) thoughts.						X	X		X
Client accepts and likes self. Critical at times but looks to improve in those areas.								X	
No (-) thoughts about self. Loves and accepts self. Strives to self-improve.									

Target = expected outcome at next assessment
Measure the gain or loss between target and assessment (target met =0)
Measure the gain or loss between assessments (+or -)

GOAL ATTAINMENT GUIDE
Psychological

Goal Area	Assessment	Target	Assessment	Target	Assessment	Target	Assessment	Target	Assessment
Depression	Intake	6 mnth	6 mnth	1 year	1 year	18 mnths	18 mnths	Final	Final
Scores under 30 on Beck's test for Depression									
Scores under 50 on Beck's test for Depression									
Scores between 50 and 75 on Beck's test for Depression					X				
Scores over 75 on Beck's test for Depression	X	X	X	X		X	X	X	X
Scores over 90 on Beck's test for Depression									

Target = expected outcome at next assessment
Measure the gain or loss between target and assessment (target met =0)
Measure the gain or loss between assessments (+or -)

GOAL ATTAINMENT GUIDE
Psychological

Goal Area	Assessment	Target	Assessment	Target	Assessment	Target	Assessment	Target	Assessment
Commitment	Intake	6 mnth	6 mnth	1 year	1 year	18 mnths	18 mnths	Final	Final
Attends 50% of therapy sessions; valid reasons not provided. Rarely follows through on homework.			X						
Attends 50 - 75% of therapy sessions; reasons are questionable. Follows through on homework 50% of the time.				X	X		X		
Attends all therapy sessions unless valid reason. Follows through on homework 75% of the time.	N/A	X				X		X	X
Attends all therapy sessions unless valid reason. Follows through on homework 90% of the time.									
Attends all therapy sessions unless valid reason. Always follows through on homework.									

Target = expected outcome at next assessment
Measure the gain or loss between target and assessment (target met =0)
Measure the gain or loss between assessments (+or -)

APPENDIX B:
Program Logic Model Diagram

Mamowichihitowin Community Wellness Program
Program Logic Model

Statement of Need

There is a lack of treatment options for families dealing with child sexual abuse, particularly those in Aboriginal communities. There is a need for an effective, holistic, and comprehensive response to this issue.

Program Mission

To provide a holistic, community-based treatment program for family sexual assault, which is comprehensive, accountable, inclusive of Aboriginal culture and reflective of the community's needs, through long-term therapy with offenders, victims, and other family members.

Rationale

There has been an increase in the number of disclosures of sexual abuse in the Aboriginal community over the past several years, coupled with an ineffective and inadequate response by social service agencies. Assisting in the healing of Aboriginal people is a priority, as they come from a damaging historical context, which has led to a unique community structure, serious social issues and needs that are different from non-Aboriginal society. A holistic program, dealing with all components of an individual and of the family, that is sensitive to the historical, cultural and spiritual aspects of people's lives, is necessary and the only way to address the needs of the Aboriginal community. Offering this program as an alternative measure can lead to increased disclosures, greater success in family participation, and the ultimate rehabilitation of regressed offenders.

51

Mamowichihitowin Community Wellness Program
Program Logic Model

Goal

The overall goal of the MCWP is to develop emotionally healthy individuals, thereby creating healthy family systems and healthy communities.

Objectives

Program

- To educate and increase awareness of child sexual abuse in the community.
- To encourage community involvement.
- To be respectful of the Aboriginal culture and people.
- To bridge the gap between the Aboriginal and non-Aboriginal communities.
- To address the effects of residential school abuse.
- To have all key agencies accepting and referring to the Mamowichihitowin Community Wellness Program.
- To train support people for the program.
- To work with other helping professionals to ensure sustainability within the community.

Therapeutic

- Short-term objectives include stability, disclosure and a commitment to working through the therapy process.
- Long-term objectives include the processing and resolving of issues, and ending the impact of those issues on self and on daily life activities.

Mamowichihitowin Community Wellness Program
Outcome Implementation and Evaluation Plan

INPUTS	ACTIVITIES	OUTPUTS (October 2004)	EXPECTED OUTCOMES	INDICATORS OF SUCCESS	EVALUATION TOOLS
▪ Staff: program coordinator, program therapist, administrative support ▪ Facility ▪ Funding ▪ Training workshops ▪ Elder honorariums ▪ Education and community awareness	▪ Referral ▪ Assessment ▪ Individual and family treatment ▪ Individual, dyadic and family therapy sessions (includes addressing cultural identity) ▪ Group sessions ▪ Family reconstruction ▪ Training workshops ▪ Volunteer Outreach Program ▪ Education and awareness activities ▪ Consultations	▪ 44 active clients ▪ 11 total offenders ▪ 4 court-mandated offenders ▪ 5 historical cases ▪ 5 families without offender in treatment ▪ 29 Aboriginal clients	▪ Healthy families ▪ The family being treated no longer experiences abuse in any way ▪ Clients demonstrate: the ability to function in daily life, healthy interaction with others, communication skills, positive relationship, the ability to resolve conflict appropriately, appropriate expression of emotions, appropriate intimacy among family members ▪ Children are safe in their homes ▪ Offenders are no longer offending ▪ Trust from the	▪ Clients are completing treatment ▪ Families are reconstructed ▪ Clients are meeting goals ▪ Client notes are reflective of a healthy individual ▪ Decreased rates of sexual abuse in the region OR increased rates of disclosure, reporting and accessing supports ▪ MCWP operates at full capacity ▪ Healing in the Aboriginal community ▪ The Aboriginal community is more connected to services and	▪ Goal Attainment Scale ▪ Client notes ▪ MAXIMIZER (program database) ▪ Rates of sexual abuse, reporting/disclosure, and reoffending in the region (CWIS and PIRS) ▪ Feedback from training workshops ▪ Qualitative component (interviews with clients, partnering agencies, community members, etc.)?

53

			Aboriginal community; members are willing to participate in treatment and access support ▪ Bridging the gap between the Aboriginal and non-Aboriginal communities ▪ Lower rate of child sexual abuse in the region, OR ▪ Higher rate of disclosure, reporting and accessing services ▪ Support for the program comes from the entire community ▪ The public gains a greater understanding and awareness of the issue of child sexual abuse	supports in the non-Aboriginal community ▪ Social service agencies are working together to address the issue of child sexual abuse ▪ The public is more informed about child sexual abuse, they are aware of the situation in their own communities and they have a greater understanding of treatment options ▪ Individuals are trained to provide support to community members struggling with the issue ▪ The justice system accesses the MCWP as an alternative to incarceration for regressed offenders of child sexual abuse	

APPENDIX C:
Key Informant Interview Schedule

Mamowichihitowin Community Wellness Program

Key Informant Interview Schedule

(Note: These questions are NOT equally relevant to the different key informant interviews and not all will be asked of each respondent)

1.0 Introduction

- Introduce interviewer: brief description of CRILF and what we do
- Provide overview of topic, explain the purpose of the study and provide rationale for conducting the interview

> *The Community Wellness Program was initiated in response to the need to address family sexual abuse within First Nations communities. The program takes a multidisciplinary approach to providing treatment for the offender and the victim, as well as for the immediate and extended family. Treatment addresses spiritual, emotional, mental and physical aspects of people's lives, and incorporates an optional cultural component into the therapeutic process.*
>
> *This program is considered a pilot project for the rest of Canada. An evaluation is needed to inform others of the strengths, weaknesses and feasibility of replicating such a program. Knowing the impact of such a service can lead to changes and improvements in the way in which the program is carried out.*
>
> *However, the Community Wellness Program is relatively new in its existence. We would like to gain a greater understanding of the context of sexual abuse in your community (i.e., what type of abuse is occurring? what types of clients are being served by this program? are the needs of the community being met?) Before an evaluation takes place, it is important to ensure that a detailed and comprehensive program description exists, and to assess whether there is enough available and measurable information regarding program activities and outcomes. That is what we hope to do in Phase 1 of the study: document the initiative and program, evaluation assessment, and implement tools to measure future success.*
>
> *In order to do this, I need to talk with people to get a greater understanding of the program and the community. You were identified to me because you have been involved with the program in a certain capacity. I would like to learn about your involvement in, and experiences with, the program.*

- Outline how the interview will run and set out ground rules

  I hope this discussion is relaxed and open. I have certain questions I would like to ask, but also welcome any comments and opinions that you feel are important. Some of the questions may not be relevant to you. If so, please let me know and we'll move on to the next question.

  Let me share some ground rules. Please be assured of complete confidentiality; no names will be used in the report and comments will remain anonymous. I ask that you be honest and reflective in the interview; I am interested in both positive and negative comments, as these will provide the most accurate picture of how the program is working. I also want to be clear that what is said in this session does not determine the future of the program, good or bad, for that is not the purpose of the evaluation. CRILF is a neutral party responsible to provide an accurate description of the program and its impact.

- Ice breaker question

  The interview will last about forty minutes. Do you have any questions before we get started? Why don't you tell me how long you have lived in the community and what you do for work.

2.0 The Community (all respondents)

2.1 Describe your community.

- ❖ population
- ❖ ethnicity
- ❖ economy/industry/employment
- ❖ crime

2.2 Describe the context of sexual abuse in this area.

- ❖ what **TYPE** of sexual abuse is occurring or being reported in your community
- ❖ e.g., regressed offenders, pedophiles, female offenders, youth offenders, extended families, historical abuse, intergenerational abuse
- ❖ issue of concern – increasing numbers
- ❖ problem in comparison to other towns/cities/regions
- ❖ reporting
- ❖ Aboriginal issue

2.3 This program is focused on serving "regressed" offenders and individuals from First Nations communities. Is this type of treatment program for sexual abuse needed in your community?

- why
- is the program serving the needs of the community
- is there a greater need in Aboriginal communities
- is the program being utilized effectively
- what are the alternatives

2.4 Is this program an effective alternative to incarceration?

- why
- what are some of the weaknesses or limitations of the program
- what changes/improvements could be made
- **AB Justice, RCMP, and Children's Services:** What are the policy issues involved around alternative measures? How do you, or your organization, view alternative measures for sexual abuse charges specifically? How do you, or your organization, view Aboriginal-specific focused programs? Does this program "fit" with the provincial government's stance on family violence?

3.0 Program Involvement (all respondents)

3.1 What is your involvement with the Community Wellness Program?

- advisory committee
- referrals
- consultations/collaboration/decision making
- funding
- program activities
- participant in training

3.2 Were you involved in any of the pre-program/community development work that was done before the program was implemented?

- how
- what was done
- was this necessary - why
- is there existing work that still needs to be done
- **Program Staff, Advisory/Steering Committees:** describe, in-depth, the pre- program work that was done

4.0 Program Description (Program Staff, Advisory/Steering Committees)

4.1 What is the overall goal of the Community Wellness Program?

- what is the vision of the program (the desired social condition)
- what does the program hope to accomplish, short and long term (objectives)

- ❖ what is the theoretical foundation
- ❖ why was this approach chosen

4.2 What is the structure of the program?

- ❖ how does the program fit into the organizational framework of the Hinton Friendship Centre
- ❖ what is the structure of the Hinton Friendship Centre
- ❖ what are the roles of the various players (who does what, hierarchy, etc.)
- ❖ supervision and management structure
- ❖ who/what is the program accountable to

4.3 What positions make up the program staff?

- ❖ what are the qualifications required
- ❖ are other positions needed

4.4 What is the cost of the program?

- ❖ what inputs/resources were initially, and are currently, needed for the program
- ❖ who are the funders
- ❖ what have been/are the challenges to funding this program
- ❖ what does the future look like in terms of funding

4.5 **ALL RESPONDENTS:** Can you give me a general description of the program and how it runs? What are the program activities?

- ❖ describe the different components of the program (i.e., training, community awareness, etc.)
- ❖ describe the referral process
- ❖ **RCMP, Children's Services:** discuss your involvement in the training workshops
- ❖ **Program Staff:** training – participants, process, support workers completing program
- ❖ **Program Staff:** intake and assessment
- ❖ **Program Staff:** therapeutic process/components

4.6 Is the program running as expected?

- ❖ activities
- ❖ referrals
- ❖ following guidelines (e.g., eligibility, etc.)

4.7 Can you describe the current clients in the program?

- client characteristics
- how did they get connected with the program
- offenders
- victims
- families
- non-offenders

5.0 Impact, Outcomes, Success and Sustainability (all respondents)

5.1 How would you define success in this program?

- it is successful if…
- it is not successful if…

5.2 How can this success be measured?

- what evidence exists
- what tools are being, or can be, used to measure effects

5.3 What would you expect the impact of the program to be on participants?

- offenders
- victims
- families
- non-offenders
- why

5.4 Has the program impacted the issue of family sexual abuse in the region? How? **OR** What would you expect the impact to be?

- decreases in abuse
- reported incidents
- charges laid
- alternative to incarceration
- reoffending
- greater access and use of support services

5.5 **Program Staff, Advisory/Steering Committees:** What are the expected outcomes of the program?

- what does the program hope to accomplish overall
- what does the program hope to accomplish for individual clients? families? the community?
- what does the program hope to accomplish short and long term

5.6 **Program Staff, Advisory/Steering Committees:** What are some of the outputs foreseen for the program?

- ❖ number of individuals/families participating
- ❖ number of individuals/families completing program