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AN ECO-SYSTEMIC APPROACH TO FAMILY VIOLENCE AND RELATED RECIDIVISM :

COMMUNITY MINISTRY WITH EX-OFFENDERS

1992-09

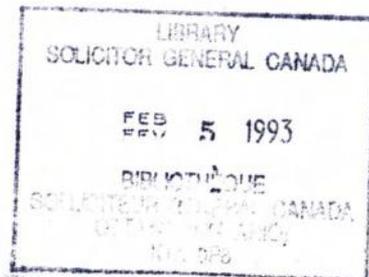
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Hedy L. Martens

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**AN ECO-SYSTEMIC APPROACH
TO FAMILY VIOLENCE AND
RELATED RECIDIVISM :**

COMMUNITY MINISTRY WITH EX-OFFENDERS

1992-09

This report was prepared on contract for the Corrections Branch, Ministry of the Solicitor General of Canada and is made available as submitted to the Ministry. The views expressed are those of the authors and are not necessarily those of the Ministry of the Solicitor General of Canada.

This document is available in French. Ce rapport est disponible en français, sous le titre: "La violence familiale et le cas connexes de récidive: Une approche écosystémique".

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**COMMUNITY MINISTRY WITH EX-OFFENDERS
AN ECO-SYSTEMIC APPROACH TO FAMILY VIOLENCE
AND RELATED RECIDIVISM**

"I can't say where C.M.E.O. should focus its work. Focus on everything. It's all connected (PARTICIPANT COMMENT V - 11i).

EXECUTIVE SUMMARY

Community Ministry with Ex-Offenders (C.M.E.O.) is an inter-denominational ministry in inner-city Winnipeg. It was initiated by Dr. Byron Eelsey and incorporated as a registered charitable organization in 1987. Through employment of Chaplain Eelsey, and other supportive staff as money permits, it seeks to provide a counselling service and full pastoral care for ex-offenders and their families. In 1990 it serviced approximately 75 families. Many more were helped on a casual basis. Most were referred by prison chaplains. Since a high percentage of Participants have done time in federal as well as in provincial institutions, both federal and provincial funding sources can be approached for financial support, in addition to church and community sources.

From the beginning it was evident that family violence played a significant role in the lives of the families serviced. On August 16, 1989, the Corrections Branch of the Solicitor General's office granted C.M.E.O. funding through the federal Family Violence Initiative. In return, C.M.E.O. was to evaluate and report on a program within the C.M.E.O. ministry which involved pre- and post-release counselling of offenders, ex-offenders, and their families with the purpose of reducing family violence and related recidivism.

The resulting evaluation has confirmed that a very high percentage of Participants struggle with violent family relationships, (e.g. 81% had reported domestic violence problems in 1990. See TABLE C - 2). It has also become evident that family violence is interrelated with other issues which need to be addressed simultaneously (e.g. lack of trust, anger, isolation, poor self-esteem, chemical dependencies, and economic deprivation). C.M.E.O. is having an impact on family violence precisely because it attends to all of these issues as they arise.

Interviews with Participants revealed strong support for C.M.E.O.'s holistic, family-oriented approach. Participants saw C.M.E.O. as a place that was always there for them in times of crisis, temptation, or need. As a result, many felt that their families were more stable, and that they experienced less conflict with the law.

Most effective initially, in addressing all of the above, was the time spent in informal individual, or marital counselling. This was facilitated by the Drop-in quality of the centre, which also helped to break the isolation which is characteristic of abusive families. Equally important was the 24 hour telephone availability in cases of emergency (e.g. domestic violence) and the willingness to intervene directly in such emergencies. Because such informal interventions are much harder to document than participation at a more formalized counselling service which can indicate precise counselling hours and exact issues addressed, its effectiveness can easily be lost, unless it is somehow measured and recognized. This report is an attempt to do so.

Other aspects some Participants found particularly helpful were the formal counselling sessions, the loosely structured Thursday night group, the women's group, the marriage retreats, the support with legal problems, the opportunity to explore spiritual issues, and the availability of emergency food. Above all, Participants appreciated the non-bureaucratic atmosphere and the friendship between staff and Participants.

Participants saw a need for more staff, both male and female, a more suitable facility which could be open more hours, and more Participant involvement in programs and in decision-making. Interviews and records indicated that some issues could not be addressed fully through the informal counselling or drop-in format. This was particularly true for issues related to childhood, such as those of survivors of child sexual abuse, where disclosure and thus direct counselling was minimal. At the same time, the trust required to enter such counselling required an initial informal trust-building stage, making the informal counselling/drop-in format an essential prerequisite for the more formal counselling stage where deeper issues could be addressed.

In response to complex Participant needs, C.M.E.O. is evolving into a complex intervention program which includes the following phases:

- 1) attending to basic human needs.
- 2) attending to the whole family.
- 3) building trust/entering informal counselling.
- 4) providing advocacy/response to violence.
- 5) attaining readiness for scheduled individual and marital counselling.
- 6) developing a sense of community.
- 7) becoming involved in mutual empowerment.

Because of the complexity of issues addressed, it seems appropriate that staff be expanded as indicated, and that staff continue to include persons trained in chaplaincy, systemic family therapy, and victim advocacy, in addition to other areas of expertise. An emergency intervention team might be important if

emergency interventions are to continue into the future. To maintain the "permanent address" trust-building component, the present explorations into a more suitable facility should be encouraged.

SPECIFIC RECOMMENDATIONS - The following is a summary of the more detailed recommendations following the evaluation (Part III).

A. That C.M.E.O. continue its good work in offering the following:

1. a holistic family-oriented approach.
2. a multi-faceted approach, maintaining the varied nature of interventions.
3. a cross-denominational chaplaincy component.
4. an atmosphere where Participants are free to explore faith issues in a non-threatening, interdenominational setting.
5. a non-bureaucratic structure.
6. 24 hour telephone availability.
7. an informal drop-in component.
8. an informal policy of helping Participants with basic emergency needs.
9. help with employment issues as it has until now.
10. a weekly loosely structured group experience (Thursday nights at present).
11. a weekly group meeting for women.
12. availability for emergency interventions and concern for victim safety.
13. a strong emphasis on marriage counselling.
14. contact with both parties in cases of separation, whenever possible.
15. attention to helping Participants take personal responsibility for abusive behavior.
16. alternative parenting models.
17. ways of connecting qualified therapists to the C.M.E.O. community.
18. attention to preferred issues in counselling (e.g. anger, self-esteem).
19. help with communication skills.
20. attention to illegal and prescription drug abuse.
21. the 12-step approach in counselling and continued discussions with Participants about the development of A.A. model support groups.
22. discussions with Participants about the need to provide a more suitable facility ("a permanent address").

B. That C.M.E.O. seek to do the following as soon as possible:

1. Increase the present chaplaincy position to full-time.
2. Hire an additional woman chaplain sensitive to women's needs.
3. Hire a volunteer co-ordinator
4. Include a native person on staff
5. Increase the hours the Drop-in Centre is open.

6. Provide chaplains, counsellors, and other volunteers with training in cross-cultural and in cross-generational systemic relating and counselling.
 7. Hire future staff members with the above criteria in mind.
 8. Pay more conscious attention to unresolved grief, and childhood abuse.
 9. Provide workshops, or other educational material that will encourage survivors of child sexual abuse to come forward, and that will break through denial among perpetrators.
 10. Provide ways to avoid staff burn-out.
 11. Make certain that Participants continue to have a sense of ownership in future planning.
 12. Plan a future facility that can facilitate all of the above.
- C. That C.M.E.O. explore implementing the following at some future time when staffing and funding permits.
1. develop emergency intervention teams.
 2. develop programs directly related to family violence, such as anger management groups, chemical dependency groups, emergency intervention teams, specialized family of origin counselling.
 3. provide more child-care.
 4. consider expanding telephone availability.
 5. explore informed and creative avenues for meeting the needs of the substantial number of Cree Participants, as indicated in this report.
 6. increase support to those seeking up-grading (e.g. volunteer tutors).
- D. In addition, as a matter of basic priority, that C.M.E.O.:
1. Increase staff and space BEFORE expanding membership size.
 2. Maintain as foundational the present structure which provides both women and men with the opportunity to build a basic trust relationship with a counsellor before entering a counselling relationship.

**COMMUNITY MINISTRY WITH EX-OFFENDERS
AN ECO-SYSTEMIC APPROACH TO FAMILY VIOLENCE
AND RELATED RECIDIVISM**

The self-help Ethos is not things being done to or for people, it is things done with people. This does not preclude assistance from government or professionals, but it opposes a dependent orientation It emphasizes giving help (and being helped by doing so), receiving help (and knowing how to receive help).
(Reisman, 1985, pp. 2-4)

INTRODUCTION

Community Ministry with Ex-Offenders (C.M.E.O.) was incorporated and approved as a registered charitable organization in 1987. Through part-time employment of a community chaplain, other supportive staff as money permits, and volunteers, it seeks to provide a counselling service and full pastoral care for ex-offenders and their families. This has helped bridge the gap between the institution and the community.

From the beginning it has been evident to C.M.E.O. staff that family violence plays a significant role in the lives of the families they service. On August 16, 1989, the Corrections Branch of the Solicitor General's office granted them funding through the federal Family Violence Initiative in order to evaluate and report on a program within the C.M.E.O ministry which involved pre- and post-release counselling of offenders, ex-offenders, and their families with the purpose of reducing family violence and related recidivism. The report that follows is a result of this evaluation process.

Like other programs of this nature, C.M.E.O. tends to emphasize involvement with people and programs over collecting statistical data. Therefore this report is largely descriptive. Data has been collected through interviews, and from the chaplain's own analysis of his daily schedule. It should be taken as a general indicator only.

PURPOSE OF THIS REPORT

This report is in partial response to funding received from the solicitor general's office, to enable Community Ministry with Ex-Offenders to develop a "family

violence project which consists of pre-and post-release counselling of offenders, ex-offenders and their families." The funds were designated to "allow the Community Ministry with Ex-Offenders Inc. to continue the development of this project and to produce a report for distribution to other communities."

It is hoped that the impact evaluation and report generated by this project will become a tool for soliciting funds, provide feed-back on the efficacy of the present approach, indicate areas of concern, and illuminate future directions. It is hoped, also, that it may encourage the development of similar programs around the country.

PART I

INFORMATION ON THE SPONSORING ORGANIZATION

BACKGROUND

Dr. Byron Eley, the community chaplain of C.M.E.O., originated the ideas for this program in 1986, when he left his chaplaincy position at Headingly Provincial Correctional Institution and followed up on some of his clients after they left prison. He discovered that persons making good progress in the institution did not find enough supports in the community to maintain their progress. As a result, he began counselling with them, working part time on the side. The ministry grew from that beginning. By now it is administered by a fully incorporated board of directors, representing a number of main-line churches. It accepts persons of any ethnic or religious background who have given some indication of wanting to change their life-style and of wanting to participate in C.M.E.O.'s "total family unit", whole person approach. Usually such persons are referred by a prison chaplain, or by family members already involved in this ministry.

STAFF

Dr. Eley is still the central person all Participants relate to. Additional counselling has been provided by assistants to the chaplain, who have come in through government employment programs and through Mennonite Central Committee Service Workers.

VOLUNTEERS

It should be recognized that this organization is still relatively new. It has not yet achieved its goal of two full-time chaplains. Dr. Eley is still being paid half-time. This means he puts in many volunteer hours himself, as have his assistants. At the beginning, most other volunteers were church related. They ranged from women's groups cooking the Christmas dinner, to secretarial help in the office, to lay persons with counselling skills helping out in the drop-in centre. Whenever assistants to the chaplains were employed, it was also possible to draw on more volunteer help from ex-offenders themselves. At present, ex-offenders may help with answering the phone or the door, typing, preparing publicity, and speaking on behalf of C.M.E.O. at fund-raising events.

THE TARGET COMMUNITY

C.M.E.O. is located in inner-city Winnipeg, It is readily accessible to lower-income persons and to persons on public assistance. A substantial number of native Canadians live in the surrounding area, and make use of the program. C.M.E.O. also services ex-offenders and their families in other areas of the city, and often

maintains contact with those who leave the city or with those native persons who move back and forth between city and reservation.

TARGET GROUPS

The primary persons targeted are those offenders and ex-offenders, with their families, who have demonstrated to a prison chaplain some desire for change, but who have no community support system to help them follow through when they leave prison. Participants can be of any racial, religious, or economic background.

At present, C.M.E.O. services approximately 75 persons. In most cases, this includes their families. This number refers to families who are contacted at least once a month; many are seen weekly, some drop in daily. In addition, many others are helped on a casual basis, but are not considered Participants in the program. Almost all have been incarcerated at some point in their lives, or have had a family member who was incarcerated.

LOCATION

The Ministry is located in several rooms in at the back of Broadway First Baptist church. The church provides a lounge area, a small office for the chaplain, and two counselling rooms which are shared for other purposes on Sundays. The location is cost free and fairly accessible to inner city people. The low cost, however, is off-set by the disadvantages of limited space, and limited access during week-ends and evenings.

REFERRAL SOURCES AND MECHANISMS

As indicated, most Participants are referred by a prison chaplain (See Table A-3). Many are seen by Dr. Elsey before they leave the correctional institutions. At this point Dr. Elsey also gets in touch with the family, and may arrange to meet them together for counselling before release. However, limited resources necessarily restrict the number of Participants. There are more requests than C.M.E.O. is able to handle at this time. For the first time since this ministry began, Participants are being asked to fill out an application form (See Appendix B).

QUALIFICATIONS AND SPECIAL TRAINING OF STAFF

THE CHAPLAIN

Dr. Elsey holds a doctorate of ministry from Trinity Evangelical Divinity School, Chicago, Illinois, 1983. His area of specialization was Family Counselling. He has experience as a marriage and family counsellor, pastor and prison chaplain.

ASSISTANTS TO THE CHAPLAIN

Two of the summer assistants were working on a masters of Divinity in the areas of chaplaincy and family therapy. One was majoring in social work. Another assistant chaplain had many years of experience as co-chaplain with her husband at Rockwood Penitentiary. A new assistant chaplain began in September, 1990. She has a counselling degree from a non-denominational seminary.

Staff also take part in prison retreats and workshops, training sessions sponsored by the Alcoholism Foundation, the Chaplain's Associations, Winnipeg Volunteer Centre, Evolve (a domestic violence intervention group), and the Federal Government, (e.g.: Dr. Elsey took part in a C.S.C. Chaplains Workshop, on Native Concerns, held February 10-14, 1990, in Edmonton).

VOLUNTEERS

A specific training program for volunteers has been developed.

GOALS AND UNDERLYING PHILOSOPHY

C.M.E.O. offers a distinct service with distinct goals. The following are some important characteristics that set it apart:

1. C.M.E.O. is an extension of the work begun through chaplaincy services already available in Canadian prisons. Thus it differs from some agencies because it is a spiritual ministry. It attempts to work cross-denominationally and cross culturally, without imposing individual theologies on Participants. Staff members work in the consciousness of being guided by their faith, and Participants have opportunities to explore their own.
2. C.M.E.O. is deliberately non-bureaucratic in its structure, because many Participants have either been so frustrated by more formal systems, or have had so little experience with them that initial interventions are only received as genuine if they are incidental and informal. The goal is to provide each person with competent counselling within their most productive level of structure.

3. C.M.E.O. provides opportunity to build a basic trust relationship with a counsellor before entering a counselling relationship, and before becoming part of a community. Because persons in trouble with the law or persons raised in abusive families often exhibit a lack of basic trust, both in people and in organizations, many are unable to enter a counselling relationship until such trust has been firmly established.
4. C.M.E.O. does not begin with many structured group programs; rather, it attempts to let these grow out of the felt needs of Participants, after trust has been established in less structured interventions. However, to facilitate this development, C.M.E.O. offers very loosely structured group experience one evening a week.
4. C.M.E.O. works with the entire family when possible. In this way it is hoped that even when offenders change only minimally, destructive effects in the family will be reduced, and children may be prevented from entering the same self-destructive cycle. Thus family counselling is an important service offered to Participants.
5. C.M.E.O. is aware that it is a stepping stone into the larger community for many. Part of its ministry involves helping Participants regain or develop a sense of control over their own lives. Thus Participants are not normally mandated to this program. This would be a violation of C.M.E.O.'s philosophy as a voluntary reintegration program. Also, though most Participants are referred by prison chaplains who have access to the Participant's records, C.M.E.O. feels it is inappropriate for such information to follow the offender into the C.M.E.O. program. Consequently, as in any community counselling service, it is up to the Participant to choose how much to disclose and when.

FUNDING

C.M.E.O. receives funding from participating churches, and through various agencies. Denominational funding is partial, but fairly consistent. Other agencies, including government agencies, tend to require yearly applications to obtain funding for specific projects within the ministry. In addition to church support, the ministry is seeking another stable source of funding, from the government or otherwise, which could be counted on year after year without the extensive expense and time required for applications and reports such as this one.

At present, C.M.E.O. is planning its first fund-raising banquet. Participants and other community volunteers will help in food preparation and serving.

PROJECTIONS INTO THE FUTURE

As more funding becomes available, C.M.E.O. hopes to hire at least two full time chaplains, male and female, and to purchase or rent its own space. Participants are already talking fondly about "Our House".

PART II

THE "APPROACH TO FAMILY VIOLENCE" PROJECT

PROJECT DESCRIPTION

This project was initially titled: "Pre- and Post Release Counselling of Offenders, Ex-Offenders, and their families to reduce Family Violence and Related Recidivism: An Evaluation and Report."

THE INITIATING PROBLEM

Almost all Participants in the C.M.E.O. program struggle with unstable family relationships. Family violence is frequently a component. (See TABLES C - 2 and C - 3). Thus it has become increasingly evident to C.M.E.O that long-term change in the life-styles and the recidivism rates of Participants require a service structured to respond to the high incidence of family violence in this population. It has also become evident that family violence is interrelated with many other issues which need to be addressed simultaneously, such as lack of trust, anger, isolation, poor self-esteem, chemical dependencies, social alienation, and economic deprivation. (See TABLES F - 6 and F - 7 for a list of the major issues addressed in formal and informal counselling at C.M.E.O.

RELATIONSHIP OF THIS PROJECT TO LARGER C.M.E.O. GOALS

At C.M.E.O, then, Family violence is not being addressed in isolation, but as one aspect of many problems faced by ex-offenders and their families. Therefore the family violence intervention program described in this report focuses on a particular area of need within the general framework of providing a supportive service to ex-offenders and their families.

THE RELATIONSHIP BETWEEN THE CYCLE OF FAMILY VIOLENCE AND RECIDIVISM

This evaluation also explores the relationship between the cycle of family violence and recidivism in order to find the most effective ways to intervene in both.

THE EVALUATION PROCESS

The following steps were taken towards the writing of this report:

1. THE CHAPLAIN'S VIEW

Dr. Byron Elsey, chaplain and director of the program, was given questionnaires to fill out. These were to indicate the following: number of Participants in the program, number of times seen, places and types of interaction, types and number of emergency interventions, issues addressed in counselling or groups, and outcome. Particular attention was paid to issues related to family conflict. Data was collected and will be analyzed in Part III of this report.

2. THE PARTICIPANTS' VIEW

29 Participants were interviewed, chosen randomly from those who are somewhat actively involved. Interviews lasted from 45 - 60 minutes, and covered the following areas: 1. The Participant's vision/evaluation of C.M.E.O.; 2. Demographic information; 3. Types of interaction experienced and preferred. 4. Effect of C.M.E.O on Chemical dependency history/patterns; 5. Effect of C.M.E.O on Criminal Offense history. 6. Effect of C.M.E.O. on family conflict issues 7. Issues addressed in counselling. Data was collected and will be analyzed in Part III of this report.

3. THE BOARD OF DIRECTOR'S VIEW

The board was observed at work and requested to share their vision of C.M.E.O. direction. Note: It proved difficult to obtain data on the prison records and past recidivism rates of Participants, since these are protected by tight confidentiality procedures. Also, in accordance with the vision of this ministry, Dr. Elsey, the board, and other staff operate on the basis of trust. That is, they have intentionally not required specific knowledge about a person's criminal record, unless the Participant chooses to give it. Participants indicate their appreciation of this; they see C.M.E.O. as a safe place where a prison sentence is not a hindrance to participation. This promotes a natural relationship with the chaplain and other counsellors or staff, on which an effective counselling relationship can be built. It seems clear from the interviews that such trust has been rewarded; Participants were amazingly open in sharing about past offenses. It seemed important then, to allow Dr. Elsey to maintain the level of trust he has so carefully worked to achieve, and not to pursue more objective data. In addition, it seems premature to measure long-range effects on recidivism at such an early stage in the ministry's development.

PART III

THE OUTCOME OF OBSERVATIONS AND EVALUATION

GENERAL OBSERVATIONS

1. THE CHAPLAIN'S VIEW

An examination of Dr. Elsey's records, observation of him and other staff, and conversations with Dr. Elsey and staff reveal that a major portion of this ministry is spent in informal individual, marital or family counselling, by Dr. Elsey. It is here that most family violence issues are addressed. This includes the possibility of leaving a message on Dr. Elsey's answering machine around the clock, and the probability that he will intervene directly in volatile family situations when this is requested. He may do this by going to the home, or meeting a family member at a nearby restaurant. As much as possible he attempts to look after the victim's safety first. After that, he will probably be in touch with both perpetrator and victim, hear both persons explain what happened, and assist either through relational counselling (often separately), to improve the relationship and reduce the violence, or through individual counselling to support a (permanent or temporary) separation.

In addition, members utilize the Drop-in Centre when open, receive counselling from temporary assistant chaplains, and attend the group meetings on Thursday night. A support group for women meets weekly. All of these provide significant opportunities to address issues related to domestic violence, through conversation, teaching, and media presentations. All of them also help break the isolation which is characteristic of abusive families. The isolation is addressed further through special community events, such as a yearly Christmas banquet and spring picnic. As already indicated, marriage retreats have already been held with good results, and will be offered again as funding permits. Groups for perpetrators and/or a Dependency Overcomers group are being explored because of Participant request.

2. THE PARTICIPANT'S VIEW

Interviews with Participants revealed strong loyalty and support for the role C.M.E.O. was playing in their lives, and particularly for Dr. Elsey. Many indicated particular appreciation for the attention given to families and felt that their families were more stable as a result. Many also felt that this had resulted in less conflict with the law. Participants also described C.M.E.O. as a place in the community that was always there for them in times of crisis, temptation, or need. Again, most felt that this availability was a definite help in reducing criminal activity, recidivism, and family conflict.

3. THE BOARD OF DIRECTOR'S VIEW

The board consists of representatives from many major denominations (See APPENDIX D). They view their major challenge to be the raising of funds for C.M.E.O.. They are beginning to explore ways of involving Participants in fund-raising projects. They have spent time discussing how to make Participants feel welcome to attend board meetings, and whether Participants should be on the board. They felt that this would be possible as long as, like all other board members, Participants were in agreement with the general philosophy and cross-denominational Christian emphasis of this ministry. Most recently, the board has restructured into various committees, to allow for easier inclusion of Participants in committees relevant to them, such as the program committee.

ANALYSIS OF THE DATA

"I can't say where C.M.E.O. should focus its work. Focus on everything. It's all connected (PARTICIPANT COMMENT V - 11i).

DEMOGRAPHIC FACTORS

The following statistics are based on C.M.E.O. records, and on interviews with 28 Participants. Not all questions were answered by all Participants, so totals vary. In addition, the population falling within Participant classification is constantly shifting. Therefore statistics should be taken as general indicators only.

Implications are based on the above and on interviews with the chaplains.

AGE/GENDER

Most male Participants fell rather equally between the ages of 26 and 40. Female Participants were younger, with the highest number between 21 and 30 (TABLE A - 1).

Of the 75 persons classified as Participants in early 1990, 51 (67%) were male, and 24 (33%) were female (TABLE A - 1).

Implications

"C.M.E.O. should focus its work on helping women when men are in trouble with the law. This is helpful to men" PARTICIPANT COMMENT V - 11d).

"C.M.E.O. shouldn't be narrowed to one area. Those inside/outside, individuals/families, all need help" PARTICIPANT COMMENT V - 11d).

Most Participants fall into the young-marrieds age group. Both male and female are well represented. Thus a holistic, family-oriented program is appropriate. A staff including males and females is indicated.

EDUCATIONAL STATUS

5 of 15 men interviewed, (33%), had completed grade 12. Two of these had some university education and one had taken accounting. Another 7 (47%) had completed grade ten or eleven. 3 (20%) ranged from grades three to six (TABLE A - 4).

3 of 10 women (33%) had completed grade 12. The remainder ranged from grades six to ten (TABLE A - 4). Not surprisingly, 10 out of 14 Participants questioned (71%) reported significant to desperate need for more education. Another 3 (21%) indicated some need.

6 (43%) had found C.M.E.O. from very helpful to extremely helpful in meeting this need (TABLE B - 1, B - 2). One client connected the need for more education directly to reducing abusive relationships (See V - 13v).

Implications

"What would replace the part C.M.E.O. has had in my life? Jail, probably. Certainly in the past. Now, maybe education. But this has failed so far because of fatigue related to medical problems" (PARTICIPANT COMMENTS V - 12a)

According to 43% of Participants interviewed, then, C.M.E.O. has demonstrated its ability to offer significant help in the area of education. However, more Participants indicate a need for such help than are receiving it. Additional volunteers to give attention to this area would be appropriate. Perhaps such volunteers could include tutors. The role of education in reducing domestic violence needs exploration. Certainly, increased ability to articulate emotions will reduce the need to express them physically.

EMPLOYMENT STATUS

27% of the Participants interviewed were employed. This included 5 men (33% of the men), and 2 women (18% of the women). Another 3 women were on Student

Aid and one woman was on unemployment. 38% of those interviewed were on social assistance. This included 6 men (40% of the men) and 4 women (36% of the women) (See TABLE A - 5).

36% of the 14 Participants questioned indicated significant to desperate need for employment (TABLE B - 1). 43% had found C.M.E.O. very to extremely helpful in this area. Another 14 percent had found it somewhat helpful (TABLE B - 1, B - 2).

Implications

"I've been fortunate; I've had work. But I mean that C.M.E.O. has open arms. They are willing to help; they give you hope"
(PARTICIPANT COMMENT V - 5i).

It is encouraging to see the high percentage apparently uncomfortable with remaining on social assistance. Exploring new ways of easing these persons into employment may be a future challenge. However, at present, Participants seem well satisfied with the help received from C.M.E.O.

RELIGIOUS ORIGINS AND PRESENT STATUS

17 Participants (65%) were born into either Anglican or Catholic families. Only one of these is still participating in an Anglican Church. A majority (54%) indicate no particular denomination now, though most are exploring faith issues at C.M.E.O.. 5 (19%) are active in native spirituality (TABLE A - 6). also V - 11v, 4r).

9 out of 14 Participants questioned (64%) indicated significant to desperate spiritual needs. Another 4 (29%) indicated some need. 7 (50%) had found C.M.E.O. from very to extremely helpful in meeting their spiritual needs. Another 6 (43%) received some help (TABLE B - 1, B - 2).

Implications

"C.M.E.O.'s greatest strength is their availability and attitude to people. They are not pushy with religion. They leave people free to make choices" (PARTICIPANT COMMENT V - 8u).

The high number of persons born into Anglican or Catholic families may be explained partly by the presence of so many natives who had originally joined these churches by virtue of their geography.

Most Participants indicated that they were being helped by their faith, but they felt out of place in traditional churches. C.M.E.O. had helped by providing an atmosphere where people were free to explore faith issues in a non-threatening, interdenominational atmosphere. Participants frequently made reference to this (See V - 2o,p; 3i, y; 4l, 5d; 8b, d, f, h, t; 11h; 12k, v). The single criticism of the women's groups indicated in PARTICIPANT COMMENT V - 13q may be an indication that some leaders of this group have not been as sensitive to the importance of such an atmosphere. More careful listening to what Participants are actually looking for may be important, particularly in the women's group. Also a salaried woman chaplain appropriately trained and sensitive to this need would add considerable stability to this group. Participants express some pain at the frequent changes in support staff, and female Participants ask for an additional female chaplain (V - 6j; 9q, t, x; 10k).

CHAPLAINCY SERVICES

"C.M.E.O. should focus its work on when people come out of prison, to stop them from having to return; on counselling with the spiritual aspect included" (PARTICIPANT COMMENT V - 11h).

MARRIAGES

"He counsels my sister a lot. He performed her marriage" (PARTICIPANT COMMENT V - 5n).

Occasionally the chaplain is asked to perform a marriage ceremony. For persons who have little other church contact and perhaps few family members available, this is a welcome service. It also gives the chaplain a natural avenue to follow up on the relationship and so hopefully reduce the potential for domestic violence.

DEATHS

"They supported my daughter through the loss of her mother. They were available to her" (PARTICIPANT COMMENT V - 5g).

A primary example of the holistic involvement of C.M.E.O. in the lives of Participant families is the involvement the chaplaincy component allows when there is a death in the family. For example, one Participant was widowed in 1988. Her husband, also a Participant, died of an over-dose. The ministry arranged a memorial service and helped arrange to have the body sent to a northern reserve for burial. This Participant receives on-going support from C.M.E.O. staff.

One Participant was murdered in 1989, leaving her husband, also a Participant, widowed. He is in prison but gaining appreciated support through the ministry.

HOSPITAL VISITATIONS

"When my nephew's wife overdosed he was at the hospital constantly with us -- a big help" (PARTICIPANT COMMENT V - 5n).

6 out of 29 Participants interviewed in 1990 (21%) indicated they had used this service. (V - 3l). All expressed appreciation (e.g. V - 3l; 5g,n).

ETHNIC ORIGINS

Outside of a large number of native Canadians (See TABLE A - 2), a wide range of ethnic groups are represented. The majority of natives are Cree. Outside of this, no particular ethnic group dominates (See TABLE A - 7).

Implications

"I would like to help by answering the phone and talking to people -- especially in Cree" (PARTICIPANT COMMENT V - 7w).

Interventions and programs at C.M.E.O, then, need to be geared for a multi-cultural, multi-ethnic population. In addition, the sizable Cree population would indicate feasibility of some separate group work done with these, perhaps even in the Cree language. This could be a particularly effective intervention, because this population tends to participate in "clan" groupings. In fact they may be impossible to reach individually because many do not vision reality in the way North American individualistic culture demands. This means that a learning stance needs to be taken towards their culture.

It would be advisable for chaplains, counsellors, and other volunteers to receive training in cross-cultural and in systemic (in addition to or instead of individualistic) relating and counselling. This need is intensified when domestic violence issues are so pervasive.

HOUSING/FOOD

3 of 14 persons interviewed (21%) indicated a desperate need for housing. An equal number had found C.M.E.O. extremely helpful in this area (TABLE B - 1, B - 2). (Note: Those who indicated no help were quick to point out that this was because they had not needed help in this area, not that C.M.E.O. wasn't helpful to those who needed help.)

3 of 14 persons interviewed (21%) indicated a desperate need for food. 29% indicated C.M.E.O. had been extremely helpful in this area. Another 36% indicated that C.M.E.O had been moderately to very helpful (TABLE B - 1, B - 2).

Implications

"Most helpful to me was getting food without having to lie -- just ask. No abuse or put-downs" (PARTICIPANT COMMENT V - 3bb).

"They helped my friend not to starve; they encouraged me" (PARTICIPANT COMMENT V - 3bb; fo).

According to Abraham Maslow, humans have a hierarchy of needs, beginning with the primary physical needs, and moving up to the more subjective needs. Maslow's research indicates that humans cannot attend to the higher needs on the scale until the lower ones are met. Thus C.M.E.O.'s response to legitimate emergency needs in the areas of food, clothing, and shelter, are appropriate, and do not in themselves necessarily indicate unhealthy dependency. Clients keep expressing appreciation because C.M.E.O. is always there for them in relation to these needs. Some of their comments also indicate that C.M.E.O. seems to be managing to do this in a way that fosters neither shame, nor undue dependency. (e.g. One client says "I only asked for groceries once." V- 2j).

Having a place to turn when the family faces a crisis in areas of basic physical needs should indirectly reduce family violence and recidivism. PARTICIPANT COMMENTS underscore this: (V - 2i, y; 3j, p, s, bb; 5h, i, o, v, lla).

REFERRAL SOURCES

Most Participants are referred by prison chaplains -- 54% in 1988, 49% in 1989. Another 17% in 1988, and 30% in 1989, came in through family members already involved. Those coming in through other sources decreased from 29% in 1988 to 21% in 1989 (TABLE A - 3, V - 6e, h).

C.M.E.O. prefers to take referrals from prison chaplains, partly because its ministry sprang out of the vision of following up on persons helped through the prison chaplaincy program, and partly because this defines a community of people around a common desire to include spiritual aspects in a search for a more productive life-style.

Implications

"Dad introduced us here. He passed away; he died ten days after release" (PARTICIPANT COMMENTS V - 6h).

To maintain its original vision, and to meet the multiple needs of present Participants, (including the need for a "permanent address"), present sources of referral cannot be expanded. As it is, more staffing and space is needed. The growing numbers of persons requesting the kind of help available through C.M.E.O. indicates that more places like this need to be initiated in other parts of the city.

PRISON HISTORY

57 (76%) of the 75 persons classified as Participants in 1990 have done time. Most of the remaining 24% have come in because of family connections.

61% of those who have been incarcerated have done some time in federal institutions (TABLE A - 8).

Implications

"He'll still be there when you get out of jail" (PARTICIPANT COMMENTS V - 5i).

C.M.E.O. is demonstrating good success in drawing family members into the program to support their efforts with ex-offenders. The above statistics indicate that nearly one-quarter fall into this classification. Many more are involved on an irregular basis, but not classified as Participants. Because so many family members are involved, it becomes hard for Participants to hide the violence in their own homes from workers at C.M.E.O.. Conversely, because Participants have gained trust in the responses of C.M.E.O. workers, they no longer feel the need to hide the conflicts they are having at home, so family members feel free to become involved.

Because such a very large percentage of Participants have done time in federal institutions, it would be appropriate to explore both federal and provincial funding sources.

PERSONS WITH KNOWN DOMESTIC VIOLENCE PROBLEMS

FAMILY VIOLENCE POTENTIAL

TABLES C - 2 and 3 reveal how widespread family violence actually is in this population:

The ministry began in 1987 with seven Participants, two of whom were known from the outset to have domestic violence problems. By 1988, the number of Participants had increased to 45, but the percentage of participants known to be struggling with domestic violence remained almost the same (47%). In 1989, the

number had increased slightly to 54, but the percentage remained nearly the same (45%) (TABLE C - 2).

The 1990 records show a sharp increase in both areas. 75 persons are now classified as Participants, and 81% of these are listed by the chaplain as having acknowledged domestic violence problems either as perpetrators or as victims. This is an increase of 36% -- a significant difference. 52% of these are male, 29% are female (See TABLE C - 2). 52% of these had required emergency intervention through C.M.E.O. (TABLE c - 3).

Implications

"They have decreased domestic violence between us"
(PARTICIPANT COMMENT V - 5v).

It seems apparent from these statistics that attention to domestic violence issues is indeed extremely relevant to working with ex-offenders and their families, and also that these families are finding the multi-faceted approach at C.M.E.O. relevant to this need.

However, the large percentage of Participants struggling with domestic violence issues also indicates a need for more specialized programs such as anger management groups, and emergency intervention teams. Also, when one adds to the above statistics the large number of participants who have also experienced violence in their families of origin, in foster homes, or in residential schools, the need for including experienced relational and family of origin counsellors as part of the C.M.E.O. staff becomes overwhelming.

EMERGENCY INTERVENTIONS

Only 2 of the 14 persons indicated on TABLE B - 2 (14%) indicated a desperate need for safety. However, 29% indicated a significant need and another 21% indicated some need. Thus 64% in total indicated some need. A high percentage, 71% had found C.M.E.O. very or extremely helpful in the area of safety.

Between 1987 and 1990, from 35 to 52% of Participants had required emergency interventions in relation to domestic violence or conflict. Most of these interventions were done personally by the chaplain (TABLE C - 3).

Implications

"I came for moral support. I could call Byron in a crisis in the family and he would come" (PARTICIPANT COMMENT V - 2i).

"In a crisis, Byron helped me find a safe place for a week" (PARTICIPANT COMMENTS V - 5x).

The above figures on emergency interventions are striking. One can't help wondering what would have happened without these interventions. It seems likely that the number with a desperate need for safety would increase dramatically if Participants did not have 24 hour telephone access to C.M.E.O. Clearly, This availability is made use of and appreciated tremendously by many Participants, male and female. Participants affirmed this aspect of C.M.E.O. again and again. (See PARTICIPANT COMMENTS V - 2j; 3h, l, v, w; 8j, o, u).

However, Participants are also very aware that not all needs can be met by one person. Most cite lack of staff and the need to have the Drop-in Centre open more hours when asked about the ministry's greatest weakness (See Participant Comments V - 9). Also, it seems unlikely that all future staff will feel comfortable or safe intervening alone, as Dr. Elsey often does now. As indicated above, trained male and female emergency intervention teams would seem an appropriate goal for the future. However, members of such teams would need to be part of the trusted community of C.M.E.O., in order not to lose the basic foundation on which the success of present C.M.E.O. interventions is built.

The 1990 increase in the number of Participants disclosing domestic violence problems (36%) is very significant. This increase as well as the increase in requests for emergency help can be explained partly by improved record keeping, but it also indicates an increasing level of trust that the multi-faceted interventions given here will be of a kind that Participants desire.

The following indicates areas in which C.M.E.O. is intervening:

ALCOHOL ADDICTION AND OTHER CHEMICAL DEPENDENCIES

14 Participants were asked to identify their strongest needs. 36% indicated a desperate need to overcome alcohol addiction. Another 21% indicated a strong or significant need. 29% indicated that C.M.E.O. had been extremely helpful in this area. Another 7% indicated C.M.E.O. had been very helpful, and 29% indicated C.M.E.O. had been moderately helpful (TABLE B - 1).

5 out of 14 (36%) indicated strong to desperate need for help with other chemical dependencies. 43% indicated C.M.E.O. had been very or extremely helpful (TABLE B - 1, also V - 5b, llf, k).

In addition, 58% of the total 29 Participants interviewed made spontaneous references to problems with drinking or drugs in their families of origin. 50% referred to fathers with a drinking problem. 35% referred to mothers with a drinking problem. TABLE B - 5 indicates that most Participants had begun drinking before age 15.

Implications

"C.M.E.O. stopped the violence. It stopped me from being a serious drug-user" (PARTICIPANT COMMENT V - 5b).

"I started drinking at age 12, started drugs at 16. My parents drank I have been three years without drinking. I go to A.A. once a week. I go to different groups over and over again" (PARTICIPANT COMMENT V - 14f).

The above underscores the need for family of origin therapies, particularly those approaches which pay attention to co-dependency issues and dysfunctional family systems typical of families organized around alcoholic members.

THE INFLUENCE OF POSITIVE FRIENDSHIPS

Participants indicate that they choose the bar, their own homes, and other people's homes most often for drinking (TABLE B - 2). They drink most with other relatives, and second most with friends (TABLE B - 3). 12 (almost half) indicate that they put a fairly high priority on drinking with people they first meet at the bars. This is not surprising, since many Participants report few friendships (See TABLE B - 4), and many indicate they drink to overcome shyness. Those who want to stop drinking have even greater problems, since very few have any friends who do not drink or take drugs (TABLE B - 4).

10 of 14 (71%) indicated that C.M.E.O. had been extremely or very helpful in providing positive friendships. All but one indicated some help in this area. (One had also indicated no need in this area).

The above casts light on non-directed Participant responses to the question: "How do you label your relationship to C.M.E.O.?" Most chose to relate that question to their relationship with a person or persons (Usually Dr. Eisey, occasionally a woman chaplain who had been on staff temporarily, and had played a significant

role in that Participant's life). 19 out of 25 Participants questioned (76%) included the word "Friend" in their label. In 11 cases (44%) it was the only word chosen.

Implications

"It gave me a place to turn to when I needed to talk to someone."

"They helped me see where my life was at and how tired I was of being in and out of prison, spending money on alcohol, etc."
(PARTICIPANT COMMENTS V - 3g, z).

"C.M.E.O.'s most helpful contribution to my life was Byron's being there as a friend who is available and can be phoned"
(PARTICIPANT COMMENTS V - 3h).

For many Participants, then, drinking together (and using other drug together) provides their only context for community or belonging. By providing an alternative place to meet and make friends, C.M.E.O. may be reducing chemical dependencies. In addition, the frequent request for help in this area indicates that Participants would probably welcome 12-step group programs (The Alcoholics Anonymous approach) or other group approaches. Those who have done 12-step work show strong appreciation (See Item 3, TABLE F - 7).

Clearly, a reduction in chemical dependencies will at the very least reduce the violent component in family conflict. And, again, since isolation is a common element in abusive relationships, the strong effect of C.M.E.O. in this area should also be directly effective in reducing family violence.

MANAGING ANGER

29% of Participants interviewed indicated a desperate need for help in managing anger. 43% indicated a strong or significant need for such help. 50% reported that C.M.E.O. had been extremely helpful in this area (TABLE B - 1, B - 2)

Implication

"C.M.E.O. changed my thinking about relationships, anger, and, criminal activity"

The connection to domestic violence is obvious. The above statistics indicate both that a large number of Participants feel that C.M.E.O. has been giving effective help in anger management, and also that more help is still needed. Since

Winnipeg's major anger management program related to domestic violence (EVOLVE) has long waiting lists, and since Participants do not necessarily have the motivation to go elsewhere, C.M.E.O. would probably be justified in seeking funding for its own group program in anger management.

GENERAL HELP WITH FAMILY PRESSURES

4 of 14 persons (29%) indicated a desperate need for help with family pressures. Another 29% indicated a strong or significant need in this area. 36% indicated C.M.E.O. had been extremely helpful in this area. Another 36% had found C.M.E.O. moderately to very helpful (TABLE B - 1, B - 2).

8 out of 11 Participants questioned more directly about present family relationships (73%) indicated that attitudes to and/or of a spouse and/or to children in their homes had improved because of involvement at C.M.E.O. (Attitudes to spouse - 55%, Attitudes of spouse - 36%, Attitudes to children - 45%).

Implications

"They gave me reassurance. They have been a support system for me and my spouse in dealing with him" (Participant Comments V - 3x).

Though the influence of preventative measures cannot be measured objectively, hopefully this direct indication that family pressures have been reduced will mean that family violence has been reduced as well.

RELATIONSHIP FACTORS IN FAMILY VIOLENCE SITUATIONS

"C.M.E.O. should focus its work on family counselling, broken homes and relationships" (PARTICIPANT COMMENT V - 11p).

MARITAL STATUS

MARRIED

27% of the 51 1990 male Participants are presently married and living together. 32% of the 24 female Participants were married. This means only 32% of the persons classified as Participants are actually married (TABLE -6).

These statistics can be expanded further as follows.

Presently married and living together:	24
Presently married and separated:	5
Presently married but co-habiting elsewhere:	1
Presently married, separated, and cohabiting:	2
Total married:	32

Number of married persons participating as couples	20 (10 couples)
Number of married women participating alone	01 (Husband in prison)
Number of married men participating alone	11
Total number of married couples represented	22

CO-HABITING

25 men (49%) and 10 women (42%) are co-habiting. Thus 47% of Participants are co-habiting (TABLE B - 6).

These statistics can be broken down as follows:

Presently co-habiting, and separated from a previous common-law relationship	07
Presently co-habiting, never married	04
Presently co-habiting/common law, previously widowed	01
Presently co-habiting/common law, previously divorced	06 (all men)
Presently co-habiting, separated from a previous marriage	02
Presently Co-habiting but still married:	01
Presently co-habiting, previous relationships unknown	13
Total number of common-law/co-habiting relationships:	34

Number of persons participating as co-habiting couples	14 (7 couples)
Number of co-habiting women participating alone	03
Number of co-habiting men participating alone	17
Total number of co-habiting couples represented	27

SEPARATIONS

Only 7% of Participants (8% of males and 4% of females) are presently separated (TABLE B - 6. Separated persons are not necessarily separated from a marriage relationship; some are separated from a co-habiting or common-law relationship, as indicated below (See also TABLE B - 7):

Presently separated, previously married	03
Presently separated, previously co-habiting	02
Total presently separated:	05

(However, at least another 9 Participants (12%) have been previously separated).

Presently co-habiting, previously separated from a co-habiting relationship:	07
Presently co-habiting, while separated in a marriage relationship:	02

DIVORCED

The present relational status of Participants indicates very few divorced people. This is somewhat deceiving; at least 6 (8%) have been married before, but are now in co-habiting relationships (TABLE B - 7). (According to TABLE C-5, their problems with domestic violence have not been solved through divorce).

Implications

"It helped us stay together" (PARTICIPANT COMMENTS V - 5j).

The above statistics help to clarify why dealing with domestic violence in this setting is very complicated. Many couples move in and out of relationships or from one relationship to another. Note that TABLE C - 5 does not indicate a particular difference in the incidence of domestic violence between married couples or co-habiting couples.

Most significant in the above data is the small number of actually separated persons, despite the high relationship flux indicated. Thus simply separating persons from a particular relationship without attempting to get at the underlying causes of violent behavior does not guarantee an end the perpetrator's violent behavior. Many Participants in this community will likely transfer quite quickly to another relationship. Others will not, but these also tend not to remain separated; rather, they remain in an on-off relationship with the same partner, tending to leave

when the violence escalates, then to return when things settle down temporarily, always hoping that this time things will be better.

CHILDREN OF PARTICIPANTS

Minimum number of children of married couples:	36
Minimum number of children of co-habiting couples:	31
Minimum number of children of divorced couples:	04
Minimum number of children of separated couples:	08
Total minimum number of children in Participant families.	79

Note: statistics are not available for 23 of 75 Participants. Thus there may be many more children than indicated above.

Implications

"My son is less depressed, less threatened than with Children's Aid" (PARTICIPANT COMMENT V - 5p).

This large number of children affirms C.M.E.O.'s attempt to provide a family approach to the needs of ex-offenders. More attention could be given to providing child-care so Participants can safely attend educational programs encouraging participation in parenting classes, and providing programs for the whole family or for the children themselves. (See TABLE A - 4) for statistics on educational needs).

As already indicated, a glance at TABLES C - 2, C - 3, and C - 5, makes it clear that children of parents who separate or divorce are not necessarily rescued from a violent home through this, since most Participants in this sample have again entered a potentially violent relationship. In fact, children often become even more vulnerable, since one parent is now not biologically related.

Participant comments indicate that attention to children of ex-offenders both before and after release is highly appreciated and also that more is requested (See V - 5d, e, g, p, t, u, v; 6d, e; 7o, q; 9y; 13l,n).

C.M.E.O.'S GENERAL RESPONSE TO ABUSIVE RELATIONSHIPS

"They gave encouragement for my spouse's stability, development of self-esteem, and acceptance, because of our separation" (PARTICIPANT COMMENTS V - 5f).

"They helped us get together; I'm talking to my wife again" (V - 5m).

Comments by Participants indicate that C.M.E.O. responds in two ways: by helping abusive relationships end peacefully, and by reducing violence within relationships through emergency interventions and counselling. In both cases, Participants express appreciation, (e.g. V - 5d, f; 6e; 11v; 5b,j, m; 11l, n, p, v; 13v).

THE COUNSELLING RELATIONSHIP

COUNSELLING PARTICIPANTS WITH KNOWN DOMESTIC VIOLENCE POTENTIAL

According to TABLE C - 5, 10 married couples, and 8 co-habiting couples are in some form of counselling related to domestic violence. This actually accounts for all persons participating as couples. In addition 1 married man, 1 married woman, 7 co-habiting men, 3 cohabiting women, and 4 separated men were receiving counselling in this area. Only three with known potential for violence were receiving no counselling.

Implications

"C.M.E.O. should focus its work on marriage counselling. Without the foundation of the two of you being strong, everything else will crumble" (PARTICIPANT COMMENT - 11aa).

Since C.M.E.O.'s interventions in domestic violence situations meets the approval of such a wide spectrum of Participants, male and female, perpetrator and victim, it may prove to be an instructive model for dealing with family violence. The following data explores what some of the components of such a counselling model might be.

ESTABLISHING TRUST -- THE ESSENTIAL FOUNDATION

"My husband could be honest here. There were no games to play."

"I probably wouldn't go anywhere else. I have never opened up to anyone else" (PARTICIPANT COMMENT V - 5p; 12p).

If issues leading to family violence are to be addressed effectively, both perpetrators and victims need a place where they can be completely honest about themselves, past and present. Often ex-offenders do not have enough trust in any agency or person to embark on such a journey. However, as already indicated, C.M.E.O. is different from more formal responses to family violence, since its structure provides both women and men an opportunity to build a basic trust relationship with a counsellor before entering a counselling relationship. This approach appears to be successful; many have subsequently entered a more formal counselling relationship (See TABLE C - 4). However, even then the counselling relationship may still remain rather unstructured and incidental. This is particularly true if there is some counsel to separate because of domestic violence or conflict. A study of TABLE C - 5 indicates that counselling such couples included an informal component for all but one couple.

THE PLACE OF MOST INTERACTION

This need for an informal, trust-building atmosphere has implications regarding the location of interventions in the lives of Participants. A simple, conventional counselling service alone cannot meet this need. Although the centre has been described earlier as three rooms in the back of a church, interaction with Participants takes place at many other locations (See TABLE D - 1). The quotation below highlights this complexity:

"It's excellent in a way. At the Drop-in Centre, we can sit around here, make phone calls, Byron will help you out, get stuff for you, etc.. He works 24 hours a day, never stops. I would have lost my stuff lots of times otherwise. He sometimes lets you make a long-distance call. He visits in the hospital. He's always there, like family" (PARTICIPANT COMMENT V - 3I).

Chaplain's Records: The chaplain's records indicate that outside of telephone contact, Participants make the most frequent contacts with C.M.E.O. by dropping in at the centre informally, without appointment. In 1989, 51% of the Participants received some of their counselling on this basis. Almost as many (49% in 1988, 43% in 1989), were seen at the Participants' homes, at the Participants' request,

again, an informal setting. 28% came to the centre by appointment (See TABLE D - 1).

Participants' Interviews: The 29 Participants interviewed underscored the above preferences. 64% indicated they received help by coming to the centre for help without appointment. 35% indicated they had been seen in their own homes.

THE MOST HELPFUL PLACES OF INTERACTION

It seemed important not to assume that frequency of use indicated which place of interaction was most helpful. 29 Participants were also asked which Place was most helpful to them. A study of TABLES D - 2 and 3 indicates that interaction at the Centre without appointment was indeed perceived as most helpful. Second, Participants chose the 24 hour availability of telephone contact. Very close in helpfulness they chose the Centre by appointment, groups, and the Participant's home, in that order.

"There is always someone here to talk to, to help with food, etc. -- especially someone to talk to" ((PARTICIPANT COMMENT V - 3s).

THE MOST HELPFUL TYPES OF INTERACTION

These varied places of interaction automatically effect the type of interaction.

As might be expected, the most common type of encounter chosen involved individual informal counselling and/or pastoral care. Often relational counselling was included (See TABLE E - 1, also C - 5). Interviews with Participants indicated that this was also the preferred type of encounter (See TABLES E - 2, 3, 4).

Second preference was given to the socializing and other aspects offered by a Drop-in Centre. Third preference was participation in a group (For most that means the Thursday night group, which is relatively unstructured). Scheduled counselling is important to some, but even marriage and family counselling was preferred when received on an informal basis (See TABLES E - 1-4).

Implications

"Most helpful was the support. People to sit down and talk with and have them know what we are going through. People who believe in us and have accepted us" (PARTICIPANT COMMENT V - 3o).

It is apparent from the above data on preferred places and types of encounter, that the core of the initial success at C.M.E.O. is linked to the 24 hour telephone availability (even though Participants must often leave messages on the answering machine because of insufficient staffing) and to the informal, drop-in quality of service offered. Because such participation becomes much harder to document than participation at a more formalized counselling service which can indicate precise counselling hours and exact issues addressed, this factor can easily be lost, unless its importance is somehow measured and recognized. This report is an attempt to do so.

ISSUES ADDRESSED IN FORMAL AND INFORMAL COUNSELLING

"C.M.E.O. shouldn't be narrowed to one area. Those inside/outside, individuals/families, all need help" (PARTICIPANT COMMENT V - 11m).

"C.M.E.O. should focus on counselling men and women" (PARTICIPANT COMMENT V - 11x. See also V - 2c, e, k, p, t, aa; 3a, c, f, j, m, r; 5i; 8c, l; 9q; 11e, g, h, j, k, l, p, x, y, aa; 13s).

Having established that much counselling at C.M.E.O. takes place on an informal, incidental basis (or in response to emergencies, as indicated in TABLE C - 3), it seemed important to ascertain what issues tend to be addressed on this basis. Both the chaplain and 28 Participants were given a list of possible issues, and were asked to prioritize these according to their significance in each person's counselling experience at C.M.E.O.. TABLES F - 1 to F - 3 indicate the choices made. Participants were also asked to indicate all issues addressed at some point in their counselling experience at C.M.E.O. These are indicated in TABLE F - 4.

NOTE: Because this population is somewhat transient, persons on the chaplain's list and the Participants interviewed are not exactly identical. When it became apparent that the chaplain and Participants had chosen rather differently in some areas, it seemed important to do a more direct comparison. 23 of the 28 Participants interviewed in early 1990 also appeared on the chaplain's late 1989 list. TABLES F - 5 to F - 7) compare issues chosen by the chaplain with those chosen by these same 23 Participants.

ANGER MANAGEMENT

Most striking in the data collected is the high priority both chaplain and Participants gave to anger management (See TABLES F - 1 to F - 7). 82% of the 28 participants interviewed indicated that anger management was addressed in counselling (TABLE F - 1). 39% chose it as one of the top six most significant issues addressed. 29% chose it as one of the top three.

The chaplain rated it even more highly than the Participants. He chose it as one of the top six for 52% of all Participants over all three years, (See TABLE F - 1), and as one of the top three for 48% of the Participants in 1989 (See TABLE F - 5).

Implications

"C.M.E.O. should focus on talking to people who are mixed up or in trouble; crisis interventions are needed or they'll get into trouble"
(PARTICIPANT COMMENT V - 11v).

This has several implications:

1. Some Participants have had difficulty getting into community anger-management groups. It may be that Participants are ready to begin such a group within the ministry.
2. The roots of anger are often linked to unresolved grief, childhood abuse, and various fears. According to the chaplain, these were addressed much less intentionally. In addition, much less attention seems to have been given to family of origin relationships, a category under which much unresolved grief, abuse, etc., would be addressed. Presumably, this is because the intense work required to work through these past issues requires more structured, private counselling setting.

However, the Participants interviewed have still indicated that these have been meaningful when addressed in counselling. This would indicate an awareness that these issues are relevant and so would also indicate a growing or potential readiness to begin more intensive work on them. To do so would require an expanded service that allowed for this without losing the foundational trust-building informal component.

SELF-ESTEEM

Low self-esteem is a primary target of counselling at C.M.E.O. The chaplain chose it as one of the three most important issues 51% of the time. (See TABLES F - 1-7). 61% of 28 Participants questioned were aware that it had been addressed in counselling (See TABLE F-4). However, only 22% chose it as one of the top six issues addressed (TABLE F - 5). This disparity is highlighted in TABLES F - 6 and 7.

Implications

"C.M.E.O. has given me truth, compassion, and understanding when it seemed that no one else gave a dam" ((PARTICIPANT COMMENT V - 3q).

The above disparity may point to the fact that before self-esteem can be raised, Participants need to overcome addictions, gain communication skills, improve in managing anger, gain spiritual and psychological peace of mind, stop criminal behavior, and improve their family relationships. Thus self-esteem is perhaps seen by Participants as a by-product once these issues are addressed, rather than as a primary target for therapy. Not inappropriately, the chaplain, from his perspective, approaches these other aspects as aids to enhancing self-esteem.

DEPRESSION/GRIEF

In 1989, the chaplain chose depression as one of the top six issues addressed 30% of the time (See TABLE F - 2), and grief 6% of the time. Participants chose depression only 17% of the time, and grief 13% of the time. This difference is reinforced by the direct comparison of TABLES F - 6 and 7.

8 of 14 Participants (57%) questioned indicated Significant to Desperate needs related to overcoming depression and grief. Another 29% indicated some need. 50% indicated they had found C.M.E.O. very to extremely helpful in overcoming depression or grief. Another 36% found C.M.E.O. somewhat helpful (TABLE B - 1, B - 2).

Implications

"It is starting to help me, in a spiritual way, to cope with separation. Also, three of my children are permanent wards. It is helping me to cope" (PARTICIPANT COMMENT V - 5d).

"I was just lost. I was suicidal" (PARTICIPANT COMMENT V - 2a).

Depression tends to be experienced as a condition in the present. However, often it hides unresolved grief and anger of the past. The chaplain's orientation towards working with depression rather than with grief may indicate a stronger orientation to the present than the past, while Participant responses indicate that attention to past issues are more appreciated, or more effective. Obviously, the chaplain, or other counsellors have been attending to both.

Relational and Marital Conflict Issues

On the average from 1987 to 1989, the chaplain chose spousal conflict as one of the top six issues 24% of the time. (TABLE F - 1; see also TABLE F - 2 for 1989 statistics which are lower.) Again, Participants give an interesting window on the issue. 46% acknowledged that it was addressed in counselling, but only 18% chose it as one of the six most significant issues addressed in counselling (TABLES F - 3 and 4).

However, statistics for this category must also be compared with statistics under spousal abuse (TABLES F - 1 to 7). In 1989, the chaplain chose psychological spousal abuse as one of the top issues only 4% of the time, while Participants chose it 22% of the time, and he did not choose psychological spousal at all, while Participants chose it 9% of the time. Again these discrepancies are reinforced by the direct comparisons of TABLES F - 6 and 7.

Implications

"C.M.E.O. should focus its work on the families -- the ex-offender himself and his family. On trying to build family strength, so we will be more united. (PARTICIPANT COMMENT V - 11n).

Spousal conflict is often a major entry point for counselling, particularly when the chaplain is called in for emergencies (See TABLE C - 3). By necessity, this must then become a primary target for counselling in such families, since the victim's safety is at stake.

The discrepancies indicated above seem to balance each other. The chaplain tends to report counselling related to domestic violence issues under spousal conflict, while clients refer more to spousal abuse (indicating that only one person is to blame). This is particularly noticeable in the direct comparison indicated in TABLES F - 6 to 7). The Chaplain chooses spousal conflict as one of the top three 43% of the time; Participants choose it only 9% of the time. On the other hand, Participants choose the related category, spousal physical abuse 17% against the chaplain's 4%, and spousal psychological abuse 9% of the time. It seems likely, then, that the chaplain has included some of these under the one category of spousal conflict. The remainder of this discrepancy may indicate, as already stated, that Participants are still denying that they have a problem in this area, or, again, that they tend to see it as a by-product that will be looked after automatically if issues like addictions, anger management, poor communication skills, etc., are looked after. Careful attention to the systemic process initiated by blaming the partner may help Participants take increased personal responsibility for and control of their part in the conflict. This may be aided by videos and other

group teaching events which show the circular components of shaming and blaming interactions.

FAMILY OF ORIGIN RELATIONSHIPS

As indicated under ANGER MANAGEMENT, the chaplain's work on family of origin relationships are rated as more significant by Participants than by the chaplain. The chaplain rated family of origin issues among the top six issues only 4% of the time (TABLE F - 1). Yet 61% of 28 Participants questioned were aware that family of origin relationships were addressed in counselling. 29% chose it as one of the six most significant issues addressed (TABLES F - 3-4; see also PARTICIPANT COMMENTS V - 14).

Implications

"My parents drank a lot. I started at age 12" (PARTICIPANT COMMENTS V - 14i).

Again this may indicate that Participants are entering a greater state of readiness to work on the grief and other issues underlying their problems with anger and depression. These statistics are certainly an encouragement to begin giving more conscious attention to this aspect of Participant needs -- this may mean including persons on staff with specific expertise in this area.

SPECIFIC FAMILY OF ORIGIN INFORMATION

CHILD ABUSE HISTORIES

PHYSICAL AND PSYCHOLOGICAL ABUSE: 14 out of 18 Participants interviewed (78%) indicated that they had been abused as children. 12 of these (67%) indicated physical abuse. The worst years were listed as follows: Ages: 1-4, 1-9, 1-12, 4-8, 5-13, 6-7, 10 and up, Birth -15. In addition, one person indicated mental abuse from ages 6-15.

Implications

"I used to smoke marijuana. I haven't for two years. I hate alcohol. My husband's father and my father were alcoholics" (PARTICIPANT COMMENTS V - 14j).

These statistics again indicate that attention to family of origin issues is imperative. It also highlights the need for alternative parenting models and classes or other educational attempts to reduce the perpetuation of child abuse in present families.

SEXUAL ABUSE: Only 3 of the above 18 Participants indicated that they had been sexually abused. However, more significantly, 4 indicated they might have been.

Implications

"Women need a woman to talk to about personal problems; they can't share with a man" (PARTICIPANT COMMENTS V - 9 - q).

The low reporting of child sexual abuse, combined with the uncertainty on the part of some, could indicate a high state of denial in this population. It could also mean they were not prepared to disclose something so intimate to an interviewer. It seems highly unlikely, then, that this area can be addressed unless Participants enter intense fairly long-term family of origin therapy with a trusted therapist.

Again, in order to enhance the likelihood of such trust developing, some method is needed to bring qualified therapists into the C.M.E.O. community so that trust can be built gradually. Otherwise, many C.M.E.O. Participants will never enter long-term therapy.

Dr. Colin Ross, Manitoba's Multiple Personality Disorder (MPD) expert, has come to the conclusion that one out of every 100 Manitobans may be suffering from a dissociative disorder at least bordering on MPD, and that 1 out of a 1000 have full blown MPD with many separate personality parts. This condition is almost invariably related to severe and pro-longed childhood trauma, usually including sexual abuse. He sees this as a condition that can often be treated and cured through several years of appropriate therapy when correctly diagnosed. Unfortunately, it usually isn't. Women, according to Dr. Ross, usually end up in the mental health system being given either traditional psycho-therapy or medication, neither of which are helpful and many of which are harmful. Men, he believes, usually end up in the prison system. These facts suggest that the percentage of persons suffering from MPD would be higher among C.M.E.O. Participants than in the general population. Appropriate consultation and testing might be helpful in directing chaplains and therapists where such a condition seems indicated. Dr. Ross is aware that some persons might conceivably try to fake MPD to avoid responsibility for their actions before the law. He believes this should be disallowed at the outset, since persons suffering from MPD are sane, and so responsible for the actions of their various personality parts.

During a conversation with Dr. Ross, he indicated that systemic therapies provided therapists are also sensitive to the general needs of adult survivors of child sexual abuse, are among the most appropriate responses to MPD. Again this underscores the need for systemically trained therapists to be included on C.M.E.O. staff. It also indicates a precise need for therapists sensitive to childhood sexual abuse issues.

SUICIDAL IDEATION

Suicidal ideation is common among child abuse and child sexual survivors. A very high number of Participants interviewed (71%) indicated that this had been an issue addressed in counselling (TABLE F - 4).

Implications

"I had no expectation. I was lost. I was suicidal" (PARTICIPANT COMMENT V - 2a).

Although only 11% of Participants chose attention to suicidal tendencies as one of the top six issues addressed, and none chose it as one of the top three, the high number who have struggled with this issue at some point highlights the pain in this population -- some of which is probably related to family of origin issues like child sexual abuse. Some, of course, will be related to the present pressures related to adjusting to life after release from prison.

CHEMICAL DEPENDENCIES

Since chemical dependencies are often implicated in family violence, the response of C.M.E.O. to this aspect of Participants' lives is important.

Drinking Patterns

According to the chaplain's 1989 records, alcohol abuse was among the top three issues addressed in counselling with 22% of the Participants. 29% of 23 Participants interviewed chose alcohol abuse as one of the most helpful six issues addressed. In total, 71% listed it as one of the issues addressed in counselling.

In addition, as already indicated earlier, 58% of the Participants interviewed made spontaneous references to problems with drinking or drugs in their families of origin. Most had begun drinking before age 15 (TABLE B - 5).

Illegal Drug Abuse

In total, the chaplain perceived illegal drug abuse as one of the top six issues addressed in 1989 only 15% of the time (See TABLE F - 2). Interestingly, 54% of the 28 Participants answering the same questionnaire indicated that this area was addressed at some point in counselling at C.M.E.O. (TABLE F - 4). 32% indicated that illegal drug abuse had been one of the six top issues (TABLE F - 3). A more

direct comparison indicates a smaller difference. (See TABLE F - 6). However, even here, Participants give this issue top priority.

Prescription Drug Abuse

A similar discrepancy was indicated in the area of prescription drugs. The chaplain indicated this area as one of the top six issues addressed a maximum of 1% of the time. Yet in 1990, 14 of 28 Participants (50%) indicated that it had been addressed at some point in counselling and 21% chose it as one of the most significant six.

Implications

"My mother drank a little. I started at age 14. I am trying to stop now. I have been in a lot of programs, but never took them seriously. I just took them because I was ordered to. Now I am sick of going to jail" (PARTICIPANT COMMENT V - 14k)

These differences seem great enough to be significant. Incidental counselling in the areas of illegal drug abuse and prescription drug abuse is perhaps more effective and certainly more appreciated than realized. Participants may also be indicating eagerness for more help in these areas. The strong appreciation for attention given to A.A. Steps would support this probability. 25% of Participants questioned chose this as one of three most significant areas addressed in counselling.

Because so many Participants come from families with alcoholic members, attention to dysfunctional family patterns typical of such families, and to relevant treatment approaches and therapies would be appropriate.

ADDITIONAL ISSUES

Other issues addressed frequently in counselling are indicated in TABLES 6 and 7. The ones discussed will suffice for this analysis, but clearly, many more conclusions could be drawn. For example, help with communication is seen as tremendously important by Participants. The connection between better communication and decreased need for physical violence to express anger could merit exploration. The connection between stress related to understanding the system ex-offenders must manage, and other anxiety producing factors and family violence also merits exploration. So does the effect of adoption, residential schools, and foster homes on adult Participants. It is hoped that these statistics will lead to further such explorations.

THE DROP IN CENTRE

(ITS ATTRIBUTES AND PROGRAMS)

"C.M.E.O. opens its doors and heart to those for whom no one else will do this" (PARTICIPANT COMMENTS V - 8a).

"C.M.E.O.'s greatest strength is getting people off the street -- someone there for them to talk to comfortably. Someone understanding a person [like me] who can't read or write (PARTICIPANT COMMENTS V - 8w).

At present, C.M.E.O. is open 9 a.m. to 4 p.m. Monday to Thursday, and 9 a.m. to 12 noon on Fridays. These times are especially important to Participants who have no telephone or who find it unsafe to walk or travel after dark.

AN ALTERNATIVE TO THE BAR

9 out of 15 Participants (60%) indicated they would drink less if the Centre was open more often. The same number felt that it would be most helpful if it could be open week-ends and evenings. But all stressed that having emergency help available 24 hours daily was the most important item in reducing drinking.

ATMOSPHERE

"C.M.E.O.'S greatest strength is its friendly, caring atmosphere. There is no phoniness. People are willing to help" (PARTICIPANT COMMENTS V - 8q).

"I felt comfortable. I am not usually comfortable getting involved" (PARTICIPANT COMMENTS V - 2u).

"Helping people who have nowhere to turn to -- like me. I had nowhere to turn to" (PARTICIPANT COMMENTS V - 8p).

THE TELEPHONE

"I came to use the phone. I liked the atmosphere; I felt trust. No bureaucratic requirements. I can feel at home here" (PARTICIPANT COMMENTS V - 2cc) (See also V - 2h, j; 3h, l, v).

"I came for advice about living, problems, insecurity. I was lost. I had no place to go. I use the phone here to make appointments. It's in the neighbourhood -- very convenient. It's central. Poverty makes this very important." (PARTICIPANT COMMENTS V - 3h).

A PLACE TO TALK AND LISTEN

"I know a lot of people who got into trouble who would not have if they had someone to talk to" (PARTICIPANT COMMENTS V - 8x).

This obvious human need deserves a separate entry because of the number of Participants who stressed the importance of it. (See PARTICIPANT COMMENTS V - 2f, l, m, n; 3b, g, o,p, s, t, v, w; 4a, b, c, g, j, k, l, o, aa; 5a, 6q, r, l, m, q, r, w, y; 8w, x; 11b, c, r, s, v).

Implications

"C.M.E.O. should concentrate its work on continuing to open the doors for people to come in; if only they had more staff to open it in the afternoon, too" (Participant Comments V - 11z).

The above indicates that having the Drop-in Centre open more hours might decrease drinking and other chemical abuse. Indirectly and directly, this would of course reduce family violence at many levels.

The consistent emphasis on the need for a safe place to listen and talk also highlights the importance of keeping the Drop-in Centre going. Thus increasing staff and trained volunteers in order to increase the hours the Drop-in Centre is open would seem a primary focus for future expansion. Participant responses indicate however, that this should not be at the expense of 24 hour telephone access to C.M.E.O. personnel.

GROUP MEETINGS AT THE CENTRE

THE WOMEN'S GROUP

As indicated, Participants indicate appreciation for this group, but are frustrated by the frequent turn-over of leadership.

Implications

"The Women's group . . . was a social outlet, a free place to talk. It offered support while my husband was in prison"

"Women need a woman to talk to about personal problems; they can't share with a man."

"I was hoping for a woman's group -- something Winnipeg didn't have."

"I liked the women's meetings and talking to Byron."

"My wife attended women's meetings which were good for her."

"I used to go to the women's group before my son's illness."

"My wife was a regular attender on Wednesday. I tried to help everyone out. There are just a few women coming now."

"Another woman is needed for women."

"We need more people, organizational ability people. Another women's leader is needed, also a liaison to people in prison, people to connect families to. Main Street project is different. People just work with prisoners."

"Nancy first talked to me about going back to school. Also some Participants at the women's group planted the seed" (PARTICIPANT COMMENTS V - 3t; 9q; 2bb; 3w; 5o; 6d, i; 9t, x; 15v).

The above comments point to the strong desire for a long-term female chaplain.

THE THURSDAY NIGHT GROUP

Participant Comments generally indicate this is a stable and popular group. The 38% of rating given to groups in TABLE D - 3 refers essentially to this group, though some refer to the women's group as well.

Implications

"Getting together, talking to release some of my feelings" (PARTICIPANT COMMENTS V - 3k).

"My husband talked with people [at the drop-in centre and at the Thursday night group]."

"C.M.E.O.'S greatest strength is the members of the group -- the people. A group is only as strong as its weakest limb"

"Being accepted. Getting involved with the spiritual side of the group."

"C.M.E.O.'s most helpful contribution to my life has been the Thursday group, supportive friends, and the opportunity etc. -- especially, someone to talk to.

"Listening in the group and listening and talking to others at the Drop In". (PARTICIPANT COMMENTS V - 3k; 6q; 8n; 2o; 3b; 4b).

Clearly this group has become a part of C.M.E.O. identity. It should be retained.

STAFFING

This, too, requires a separate entry, because of the consistent reference made to it by Participants. 16 of 29 persons asked to indicate C.M.E.O.'s greatest weakness (55%) chose to comment on the need for more staff. Six others (21%) chose to comment on the need to have the Drop-in centre open, or to have more activities or funding, which by implications is also a request for more staff. (See PARTICIPANT COMMENTS V - 9).

Implications

"In my opinion, C.M.E.O.'s weakness is lack of staff; lack of funds, lack of proper facilities."

"We need more staff, definitely; Byron spreads himself too thin" (PARTICIPANT COMMENTS 9a, s).

Given the complexity of family violence dynamics in general and the needs of this group in particular, finding a way to increase the staff seems a major area to address. Much has been accomplished with limited staff. However, as indicated by the Participant quoted above, it seems unlikely, that this can be continued

without serious staff burn-out; Participants need "more Byrons!" (PARTICIPANT COMMENT 13m).

PARTICIPANT PARTICIPATION

"I only felt uncomfortable at the Christmas Party. I felt like we were Salvation Army rejects. It would help if the women were helping in the preparation. I had a hard time just sitting there. Even my husband has a real good way with teen-age boys. It may seem strange, but he could be a good influence on these boys. What better person to set them straight than someone who had been through it." (PARTICIPANT COMMENTS V - 10u).

A very large percentage of Participants indicate that they are already involved or would like to be involved in a helping capacity. (See PARTICIPANT COMMENTS V - 4, 6, 7, 10u).

Implications

The above answer to the question, "What mistakes has C.M.E.O. made in your life or in your family's life is an exception. In fact, 20 out of 26 (77%) could not think of a single mistake that had been made, (other than not having enough staff). The above answer indicates that some Participants are ready and eager to help with the shortage of staff. This means that the addition of some staff, like a volunteer coordinator and a child-care worker, could immediately lead to significant expansion because of Participant volunteers waiting to be involved. It also indicates again that this ministry is being run in a way that gives Participants a desire to be part of what is happening.

The following comments indicate further how Participants see themselves helping:

"I would really like to help Byron out if I could -- by talking to people, to other women; I realize even more now what a deep adjustment faces them. I could start a support group for women who have husbands coming out of prisons. I could write a letter to the government, indicating the need for more programs addressing this need. I could run a children's group. There is so little information available about re-entry issues and the effect on children. There is no one to tell you which way to go."

"We would like to help. I would like them to have a drop-in-centre, a house. And we would help the kids, to prevent them from growing up on drugs and booze -- so as not to go through what I've been through" (PARTICIPANT COMMENT V - 7q, j).

OUR HOUSE

"We're close, we're loved here. We don't have to feel alone."

"I would work for nothing if they bought a house. I could do general labour"
(PARTICIPANT COMMENTS V - 5y; 7b)

With the exception of one person, the longest period any of the 28 persons interviewed indicated they had been in one place in their adult years was 5 years. Most indicated less than three years in one place. 8 indicated directly that they were moving less because of C.M.E.O.. Most express appreciation particularly because C.M.E.O. is always there, and already, after only three years, many could not imagine what they would do without it. The following are some of their answers to the question, "What would replace the part that C.M.E.O. has had in your life?" (See V - 12 for more).

"That would be terrible! I'd feel lost. It's become home. One gets attached to people."

"It can't be replaced; I surely would miss it"

"I probably wouldn't go anywhere. I have never opened up to anyone else."

"Nothing. I can't imagine being without it".

"Nothing else is the same thing. Nothing else relates to families and people out of prison."

"The beer parlour" ((PARTICIPANT COMMENTS V - 12aa, i, q, z, e).

In conjunction with this appreciation for the stability C.M.E.O. is adding to their lives, many Participants are expressing the desire for a more suitable location (e.g. V - 9a, 12aa, 13i, m, p, r).

Implications

"First of all I'd have a C.M.E.O. HOUSE. I'd keep it open seven days a week" (PARTICIPANT COMMENTS V - 13r).

For this population to talk with animation about coming "home", or of building "Our House" is understandable. The positive impact of having a "permanent address" cannot be measured objectively, but should not for that reason be underestimated. This applies also to its impact on family violence, which thrives

on isolation and insecurity. The power of this aspect of C.M.E.O.'s ministry is highlighted by yearly events like the Christmas banquet, where Participants who may have had little contact with C.M.E.O. for awhile show up much like adult children tend to come home at Christmas (e.g. V - 5u, v, 6f, l, s; 7j).

RECOMMENDATIONS

The following is a summary of the recommendations embedded in the above evaluations.

A. That C.M.E.O. continue its good work in offering the following, because of evidence that these are appreciated by Participants and/or that they have generated positive changes:

1. a holistic family-oriented approach with the primary focus on young to middle-aged marrieds with children.
2. a multi-faceted approach, maintaining the varied nature of interventions, via telephone, home visits, hospital visits, etc.
3. a cross-denominational chaplaincy component with a continuation of chaplaincy services such as hospital visitations and presiding at marriages and funerals.
4. an atmosphere where Participants who are not comfortable in traditional churches are free to explore faith issues in a non-threatening, interdenominational setting.
5. a non-bureaucratic structure.
6. 24 hour telephone availability.
7. an informal drop-in component which allows Participants to build a basic trust relationship with a counsellor before entering a counselling relationship, and before becoming part of a community.
8. an informal policy of helping Participants with basic emergency needs (e.g. food, clothing and housing).
9. help with employment issues as until now.
10. a weekly loosely structured group experience.

11. a weekly group for women.
12. emergency interventions and concern for victim safety.
13. a strong emphasis on marriage counselling, (in spite of the high incidence of domestic violence, since most Participants simply move into another violent relationship anyway, unless underlying issues are dealt with).
14. contact with both parties in cases of separation, whenever possible.
15. attention to helping Participants take personal responsibility for abusive behavior through counselling and group teaching events (See suggestions, under **Relational and Marital Conflict Issues**).
16. alternative parenting models (e.g. male/female staff, encouragement to attend parenting classes).
17. ways of connecting qualified therapists to the C.M.E.O. community so that Participants can gain the trust to enter more intense therapy when ready.
18. attention to presently preferred issues in informal counselling such as anger management, self-esteem, depression, suicidal ideation, (with perhaps increasing attention to past (particularly childhood) grief that underlies these).
19. help with communication skills.
20. attention to illegal drug use and prescription drug abuse in informal and formal counselling.
21. the 12-step approach in counselling and continued discussions with Participants about the development of A.A. model support groups for various dependencies.
22. discussions with Participants about the need to provide a more suitable facility ("a permanent address").

B. That C.M.E.O. seek to do the following as soon as possible:

1. Increase the present chaplaincy position to full-time.

2. Hire an additional woman chaplain sensitive to women's needs within a cross cultural interdenominational setting, and to provide all Participants with both male and female models.
3. Hire a volunteer co-ordinator
4. Include a native person on staff
5. Increase the hours the Drop-in Centre is open.
6. Provide chaplains, counsellors, and other volunteers with training in cross-cultural and in cross-generational systemic relating and counselling, particularly those approaches which pay attention to co-dependency issues and dysfunctional family systems typical of families organized around alcoholic members and/or experiencing incest or other abuse.
7. Hire future staff members with the above criteria in mind.
8. Pay more conscious attention to unresolved grief, and childhood abuse (In families of origin, foster homes, residential schools, etc.).
9. Provide workshops, or other educational material that will encourage survivors of child sexual abuse to come forward, and that will break through denial among perpetrators.
10. Provide ways to avoid staff burnout.
11. Make certain that Participants continue to have a sense of ownership in future planning.
12. Plan a future facility that can facilitate all of the above.

C. That C.M.E.O. explore implementing the following at some future time when staffing and funding permits (possibly utilizing volunteers including Participant volunteers):

1. develop emergency intervention teams as more staff and volunteers become available, while taking care that members of these teams are already part of the trusted community at C.M.E.O.
2. develop programs directly related to family violence, such as anger management groups, chemical dependency groups, emergency intervention teams, specialized family of origin counselling. Eventually, support groups

for male and female survivors of child sexual abuse and therapy groups for perpetrators may be called for.

3. provide more child-care.
4. consider expanding telephone availability (through additional staff members or volunteers).
5. explore informed and creative avenues for meeting the needs of the substantial number of Cree Participants, as indicated in this report.
6. increase support to those seeking up-grading. This could include helping with application forms, volunteers tutoring, and volunteer child-care. Perhaps Participants have gifts to offer in some of these areas.

D. In addition, the following priorities should be noted:

That C.M.E.O.:

1. Increase staff and space before expanding membership size. (Instead it might encourage the replication of this ministry in other parts of the city.
2. Maintain as foundational the present structure which provides both women and men an opportunity to build a basic trust relationship with a counsellor before entering a counselling relationship.

PART IV

ANALYSIS OF PROGRAM AND RECOMMENDATIONS FOR FUTURE DEVELOPMENT

BACKGROUND PHILOSOPHY FORMING THE BASIS FOR THIS ANALYSIS

(Terms in bold print are defined in the glossary at the end).

DEVELOPMENTAL ASSUMPTIONS

According to psychologists of many persuasions (Erikson, 1959/80), the first task a child needs to learn in order to become a healthy, functioning adult, is a viable balance between trust and mistrust. Without it, children learn early that the universe is a hostile place in which significant adults cannot be trusted. Many C.M.E.O. Participants indicate that this foundation was not laid in their childhood. Unless this is addressed, progress in other areas will remain very difficult, if not impossible.

Ironically most societal responses to this group only serve to deepen the mistrust, making successful intervention increasingly unlikely. Even those who are referred for counselling often derive minimal benefit.

Perhaps this is because the initial stage of trust building is not being addressed first. The usual counselling environment may not be naturally conducive to rebuilding what has been lost in earliest childhood; small children, after all, do not make appointments to see their parents. This is not so much because they do not yet have a sense of time. Rather, they perceive their parents as they perceive God -- as always there for them. This is what makes the world of a helpless infant a safe place to exist in. C.M.E.O.'s initial success with a more informal structure which emphasizes relatively unconditional availability underscores the above probability.

This is not an attempt to say that offenders should be treated like children. It is imperative that they be treated with respect, as persons who have as much to teach and to give as to learn and to receive. However, adults who have felt helpless as children, with no one to protect them, have a psychological need to experience a safe place in which love is relatively unconditional, before they can benefit from other interventions. The Part III analysis of this report indicates that this ministry may be providing such a place of safety for a significant number of ex-offenders.

CO-DEPENDENCY CONCERNS

A growing volume of literature is being developed at present, which indicates that persons who lack early affirming experiences are highly vulnerable to co-dependent relationships. This indicates that Participants may develop co-dependent relationships with staff unless conscious efforts are made to prevent this. All of the following would be helpful in preventing this.

SHAME-BASED FAMILIES

Systemic family therapy research has been uncovering the particular dynamic of families who possess a shaming family secret. Child abuse and alcoholism are common components. Inevitably, the Participants at C.M.E.O. fall into this category, often at multiple points along the spectrum. C.M.E.O. is uniquely structured to meet some of the basic needs of such families. Most central is a need for restored dignity and self-respect. Comments by Participants speak to the ministry's effectiveness in providing this essential ingredient -- an ingredient which in the very nature of things cannot be supplied by a prison system, and yet which must be undone somehow if recidivism, chemical dependency, and family violence are to end (See Fossum and Mason, 1986).

ADDRESSING COMPLEXITY AND INTERRELATEDNESS OR INTERDEPENDENCY

According to Linda Macleod in a discussion paper prepared for The Government of Canada 1989 National Forum on Family Violence, increased responses to wife abuse are revealing that one-dimensional or quick solutions are proving ineffective in preventing this multi-dimensional problem. Thus it seems appropriate and necessary not only to continue and even to expand the emphasis on marital and family counselling, but to include a more systemic model that could incorporate this complexity. C.M.E.O. has chosen the most obvious way to do this by including some counsellors with **systemic family therapy** training (Foley, 1989).

ADVOCACY CONCERNS

Even family therapy used in isolation can miss the mark. Although systemic approaches to family violence are more capable of responding simultaneously to the many interrelated issues like child sexual abuse, or low self-esteem, they may overlook the individual woman's safety needs, or the offender's need to take responsibility for violent actions. To offset this, Macleod proposes a more generalized ecological approach, which can take into account both the individual and the larger systems in which the family is embedded. Again, C.M.E.O., is moving in this direction, through its immediate interventions in families experiencing conflict, and through its direct responses to Participants in their

complex social and legal environment (through efforts to aid in finding employment, educational opportunities, housing, etc.)

LARGER SYSTEM CONCERNS

To address all of the above concerns simultaneously, Macleod proposes a model integrating the "Ecological Perspective", a "Reshaping Values Approach", and "Community Development Model" (See Macleod, pp. 8-12). An examination of C.M.E.O. indicates it already has a basic framework for incorporating all three. It has been responsive to societal and legal complexity from the beginning. It is in the process of moving from simple linear responses towards more eco-systemic responses through its multi-dimensional and family emphasis and also through the intermittent hiring of women chaplains who have both training in systemic family therapy, and a sensitivity to the need for victim advocacy. The chaplaincy component provides a built in "reshaping values" component. Special events and the weekly group meetings provide the beginnings of community.

CONCLUSIONS AND APPLICATIONS

C.M.E.O.'s success, then, seems to be partly due to an evolving progression which allows for the first stage a child needs to learn to be addressed first; thus a flow-chart of successful intervention should frequently move from friendship and informal counselling to more formal counselling, and from individualized attention to present issues to more intensive attention to systemic relational issues and to unresolved grief and anger within the larger family and community systems. The following outline of the process at C.M.E.O. is both a description of what seems to have been happening naturally, and an attempt to set up more conscious guidelines for this process in the future:

THE THERAPEUTIC PROCESS

Phase One: Attention to basic human Needs

C.M.E.O. attempts to be holistic in its service delivery. This is in keeping with its chaplaincy/pastoral care emphasis. At the beginning this simply means that each person is addressed at his or her point of greatest need. This could include providing any of the following to the ex-offender.

- prison visitations
- help with emergency food, clothing and/or shelter,
- a place to drop in and talk to anyone available.
- use of the telephone (many Participants do not have their own).
- telephone contact to talk over concerns or to get help in emergencies.
- home visits by chaplain including domestic violence interventions

- hospital visitations
- officiation at weddings, funerals, etc.

As indicated in Part III, many of the Participants interviewed for this project identified this responsiveness and absence of bureaucratic hurdles as healing in their process of reintegration. It gives back control and dignity to people who had lost it.

Phase Two: Including the family

Though the initial contact is usually with the offender or ex-offender, this ministry makes it clear from the beginning that the whole family may draw on C.M.E.O. resources. This is greatly facilitated by the chaplain's willingness to visit the homes of Participants. This willingness and availability often leads to direct interventions in situations of family violence.

Phase Three: Building Trust/Entering informal Counselling

Some Participants had already begun scheduled individual or marital counselling sessions with the chaplain while in prison. Most, however, are not ready for something so structured once they are on their own. Gradually, through the above contacts, Participants begin to trust the persons at C.M.E.O., and to count on them. Informal, unstructured, individual and marital counselling follows naturally for many.

Phase Four: Providing Advocacy/ Responding to Violence

In addition to emergency interventions, advocacy may involve beginning to address the role of co-dependency in family violence. It must certainly include providing protection and counselling for victims, helping abusers take responsibility for their actions, and immediate steps to help abusers with anger management. It may mean helping a spouse or a live-in partner to separate from a co-dependent relationship so as no longer to enable continued abuse. This is very difficult to accomplish unless other supports are in place first. C.M.E.O. has been doing credible work in this area by maintaining supportive contact with both the abuser and his family even when separation has been necessary.

Phase Five: Scheduled individual and marital Counselling (to work on unresolved grief/anger, family of origin issues.)

Unremitting emphasis on the "unconditional love", "nurturing", "trust-building", unstructured stage of development and healing may lead to co-dependency, unless it proceeds forward to intense family therapy with attention paid to the "child

within" (e.g. Whitfield, 1987), and to systemic and eco-systemic blocks to growth and healing (Foley, 1989).

Also, unlimited emphasis on problem solving in the present may feed into denial of past hurts (abuse, etc.) and so become just one more way of avoiding the pain of growth. Most Participants in this ministry come from families of origin who are stuck in ways of relating that were once needed for survival, but which are now working against them. If this area is not addressed at some point, other interventions will remain band-aid solutions, and co-dependency between staff and Participants may be inevitable. Primary characteristics of such families include unresolved grief, anger, child abuse, child sexual abuse, spousal abuse, chemical abuse, perfectionism, co-dependence, unclear or rigid boundaries and dysfunctional spirituality. A cross-cultural, multi-generational, systemic family therapy approach would seem most advisable at this stage. This is particularly true in cross-cultural families who still have a more communal sense of identity (Augsburger, Bowen, Friedman, 1985).

It is encouraging to see an increasing number of C.M.E.O Participants beginning to enter the more structured intense counselling required to work through the issues mentioned above. As this readiness increases, the ministry will need to find ways of connecting Participants to additional counsellors or therapists.

Phase Six: Developing a sense of Community

Understandably, many ex-offenders who come to C.M.E.O. do not trust other ex-offenders. Nevertheless, some group programs are provided, and Participants are encouraged to participate in them, as well as in community programs offered through the Alcohol Foundation, native chemical addiction centres, family violence programs, upgrading programs, churches, etc.. Interviews with Participants reveal that for some C.M.E.O. is the only community they have. As Participants enter more structured family therapy counselling, their trust and sense of community should be enhanced. This in turn will be reflected in greater participation in groups -- within this community or in the community at large.

Phase Seven: Becoming involved in mutual empowerment (to address co-dependencies, addictions, and self-esteem issues.)

At this stage, Participants are beginning to feel they "belong" at C.M.E.O., and so to want a part in the decision-making of the organization. Many Participants at C.M.E.O. are beginning to voice such an interest. C.M.E.O. is attempting to remain open to such changes, and to structure the ministry in a way that allows Participants to take initiative when they are ready and anxious to do so, without imposing it on them when they are not. It has taken a step in this direction by dividing the board into committees. Participants are then encouraged to participate

in committees most relevant to them, such as the program committee. C.M.E.O. also tries to facilitate mutual self-help groups, even though at times they may not meet the standards professionals set for competency. This aspect could be encouraged to develop further. The increased sense of control over the self and its destiny will compensate for reduced competency. Studies indicate that "in the realm of both material and social support, mutuality seems to have more positive outcomes than just providing or just receiving." In addition, "People in need are turned into resources". According to Riesman, help obtained from people who have similar problems creates an energizing sense of control rather than dependency (Riesman, 1985, pp. 19-20).

Phase Eight: Addressing the larger system

Though Participants are working at taking responsibility for their own lives and their own relationships, society is not always supportive to these efforts. Women fear loss of their children and other repercussions if they report their husbands. Police fear escalating the violence, so often avoid reporting as well. (See Macleod, pp. ii, iii). Participants face discrimination because of their criminal record, race, poverty, or lack of experience and education. As the sense of community and trust grows, Participants, together with staff, may begin to take responsibility for finding creative solutions to these and other larger system dilemmas.

QUALIFICATIONS AND CHARACTERISTICS OF COUNSELLORS

We need a language that is steeped in symbols that communicate the powerful force for change contained within ourselves, our significant others, and our communities." ... This language will cause us to confront the paradox that even people most incompetent, in need, and apparently unable to function require more, rather than less, control over their own lives; and that fostering that control does not necessarily mean ignoring them. For both of these requirements, self- and mutual help groups are a potential source for intervention and learning.

(Rappaport, 1985, pp. 16,18.)

QUALIFICATIONS OF SUITABLE COUNSELLORS

According to the 1989 National Forum on Family Violence, people with needed expertise and sensitivity are presently being replaced with "generic managers" just when an understanding of the complexity of wife abuse is increasing. Because C.M.E.O. works within a limited budget in the context of high level need, it is constantly pressured to take any help it can get, whether or not these helpers have

the needed expertise or sensitivity. To this point, C.M.E.O. has done quite well in resisting this tendency. Hiring mature masters level students or persons with long-standing chaplaincy experience has helped them maintain credibility at reasonable cost. Volunteer training is becoming more intense.

Given the complexity of the process described above, the following qualifications for counsellors and chaplains might be considered minimal.

Recommendations:

A. That Counsellors engaged in the future possess the following qualifications:

1. Some chaplaincy and/or seminary training with a counselling emphasis (possibly within CAPE since it is multi-denominational and nationally recognized).
2. Some therapy training at least at a masters level. This should include some **systemic family therapy** training (**cross-generational systemic therapies** would be especially helpful for working with immigrant and native families who have a less individualistic world view.)
3. Cross cultural, cross denominational training/experience.

B. That counsellors engaged at present be required to take courses in the above areas as part of their on-going education.

CHARACTERISTICS OF SUITABLE COUNSELLORS

The following qualities and characteristics have been present at C.M.E.O., and might serve as useful criteria for staff additions or for other ministries:

- Counsellors should understand and have experience with the dynamics of family violence -- including the willingness to become more confrontive and directive than in traditional therapies. (See Browning, pp. 27, 37). (Dr. Elsey speaks of making this transition after trust is established with Participants.)
- Counsellors should have some understanding and experience with group dynamics.
- Because low self-esteem is naturally a strong component among ex-offenders, counsellors need to use the "Power of Empowerment Language" as psychologist Julian Rappaport (1985) terms it, that is, words like growth and development of potential, instead of "the traditional medical terms of the

helping professions where words are used like health and illness and prevention and disease and cure."

- Both formal and informal counsellors must have clear internal boundaries so they can avoid co-dependency without putting the Participants one-down.
- Counsellors need to understand the value of **Phases One and Two**. As Dr. Elsey explained it, formal counselling feels more "meaty". People who want formal counselling appear higher on the social scale, because of a common human tendency to focus on measurable results. However, phases one and two are essential if we are to respond in a non-discriminatory manner to all Participants desiring health and growth.
- Counsellors need to feel comfortable with the fact that some persons may never move to phase three. This may be because of so-called learning disabilities (better named alternative ways of learning). Some may however heal in their own way, and move on to phases four, five and six.
- Counsellors need to be comfortable cross-culturally and cross denominationally. Pushing a particular denominational stance or language is inappropriate. Counsellors need to know how to affirm the Participant at her/his level of growth.

PLANNING FOR THE FUTURE

Responses by Participants indicate not only support for the present program but also ideas about how the program might grow in the future. Many desire more opportunity to take greater responsibility within the organization. This has direct implications regarding more suitable facilities and more paid support staff. Most particularly, it probably calls for the following in addition to the work done by Dr. Elsey:

1. A salaried assistant to the chaplain (preferably a woman) (till now this has been a semi-volunteer or a summer position).
2. A salaried volunteer co-ordinator.
3. Approved personnel to keep the Drop-in Centre open longer hours.
4. A systemic family therapist.
5. A more suitable facility.
6. More Participant involvement (made more possible through the above).

The importance being given to work with families indicates that staff should include women. The large number of native Participants indicates that staff should

include native persons. Obviously, one staff person may combine a number of the above qualities, and other modalities can be added as specialized needs increase.

"OUR HOUSE"

Spending an hour in the Community Ministry with Ex-Offenders and Their Families' lounge area can offer a Kaleidoscope of activity. In some ways, nothing is predictable. The place may be empty one minute, filled the next. At the point where I enter, the chaplain's phone begins ringing and he goes to answer it, leaving Participants and volunteers or others alone in the lounge. A Participant is at the lounge phone, talking to a relative, trying to find an affordable and immediate place to live. Several people are listening intensely to one man's painstaking account of his life-story. A young mother and two small children come in and check the refrigerator for some emergency food to tide them over until the next welfare check comes in. Several people are sitting on the floor, gluing pictures of the last annual picnic on to a red poster. There is no clear way of knowing which are staff and which are Participants. Most dominant in the room is the sense of at-homeless among the people. Coupled with this is the sense that this place is too small for the immense hope for a better future being placed on it by so many. Before long, I am one with them all, staff, Participants, board, and other supporters, longing for another place which can be called "Our House."

A BRIEF GLOSSARY

CO-DEPENDENT RELATIONSHIP - A relationship which is bound together by the complementary roles of the persons participating in it (e.g. the neediness of one and the need to be needed of the other). In such a relationship neither person is relating as a whole authentic self.

SYSTEMIC - viewed as a system -- that is as a whole unit made up of interconnected and interdependent parts in a feedback relationship to each other, so that the whole stabilizes and begins operating in a predictable way.

SYSTEMIC FAMILY THERAPY - A treatment approach which focuses on the family system as a whole, changing relationship between members within the system until the symptom emerging in an individual member is decreased or eliminated. Within this context, a **DYSFUNCTIONAL** family is a family in which a member reveals through some symptom (e.g. alcoholism, obsessive behavior) that the family system has stabilized in a way which does not allow the needs of each member to be met. Foley (1989) identifies four systemic family therapy modalities: Object Relations, Family Systems, Structural Family Therapy, and Strategic Interventions (pp. 462-464). Family Systems, linked to Murray Bowen, is the most **CROSS-GENERATIONAL** of the four.

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PARTICIPANT COMMENTS

1990 COMMENTS BY PARTICIPANTS
(All actual answers are included)

How do you label your relationship to C.M.E.O.?

Participants were asked to answer in a word or phrase. Most chose to relate the question to their relationship to a staff person (usually Dr. Elsey; occasionally a woman chaplain who had been temporarily employed by C.M.E.O.).

- | | |
|--|---------------------------------|
| a) Friend. | q) Friend. |
| b) Friend, counsellor. | r) Good adviser, helps you on. |
| c) Friend. | s) Volunteer. |
| d) Friend. | t) Personal friend, helper. |
| e) Member of women's group. | u) Good friends, caring people. |
| f) Friendship. | v) Counselling friend. |
| g) Friend, counsellor. | w) Friend. |
| h) Support, counsellor, friend,
encourager. | x) Friendship. |
| i) Fair chaplain. | y) Friend. |
| j) Friend. | z) At home. |
| k) Trust, counsellor, friend. | |
| l) Friend. | |
| m) Friends. | |
| n) Friend, counsellor. | |
| o) Best Christmas present. | |
| p) Friend, helper. | |

What did you first hope to get out of C.M.E.O?. What attracted you?

RESPONSES BY PARTICIPANT MEN

- a) I had no expectations. I was just lost. I was suicidal.
- b) I came at first to finish my fine options.
- c) Family Counselling.
- d) To turn my way of life around.
- e) Marriage counselling.
- f) Companionship, friendship, someone to talk to and listen to.
- g) A place to get away from the criminal aspect of prison and the half-way house.
- h) Advice about living, problems, insecurity. I was lost. I had no place to go. I use the phone here to make appointments. It's in the neighbourhood -- very convenient. It's central. Poverty makes this very important.
- i) I came for moral support. I could call Byron in a crisis in the family and he would come. I only asked for groceries once.
- j) I had no expectations.
- k) Marriage Counselling
- l) Someone to talk to who cared.
- m) To talk.
- n) I needed to talk to someone.
- o) Being accepted. Getting involved with the spiritual side of the group.
- p) I had been away from Winnipeg many years. I wanted to meet people and get Christian counselling. This place seemed welcoming and open.

RESPONSES BY PARTICIPANT WOMEN

- q) I had no expectations.
- r) I came to satisfy my husband when invited to help.
- s) I had no expectations: I came with my husband.
- t) Counselling, because Byron has expertise re law and marital issues.
- u) I liked Byron. I began by involvement in special events; I felt comfortable getting involved.
- v) A support group. I couldn't trust anyone in the system.
- w) Help for my spouse.
- x) I was hoping I'd get help with a long-term problem.
- y) Help with finding a job and a place to live.
- z) I was referred for help by a friend.
- aa) Counselling.
- bb) I was hoping for a woman's group -- something Winnipeg didn't have.
- cc) I came to use the phone. I liked the atmosphere; I felt trust. No bureaucratic requirements. I can feel at home here.

What have been the most helpful contributions C.M.E.O. has made to your life?

RESPONSES BY PARTICIPANT MEN

- a) He (the chaplain) stuck by me when in jail. Counselling. He knows what everything's about, so we don't con him.
- b) The Thursday group, supportive friends, and the opportunity to talk.
- c) C.M.E.O. helped with cashing cheques (no proper I.D.) and with chemical dependency counselling.
- d) It changed my thinking about relationships, anger, and criminal activity.
- e) It offers to get me involved in programs. It calls up with open invitations.
- f) Counselling
- g) It gave me a place to turn to when I needed to talk to someone.
- h) Byron's being there as a friend who is available and can be phoned.
- i) It help me gain understanding of the Bible and many things.
- j) Counselling assistant/support in situations present and past -- groceries, clothes.
- k) Getting together, talking to release some of my feelings.
- l) It's excellent in a way. At the Drop-in Centre, we can sit around here, make phone calls, Byron will help you out, get stuff for you, etc. He works 24 hours a day, never stops. I would have lost my stuff lots of times otherwise. He's always there. He sometimes lets you make a long distance call. Byron visits in the hospital. He's always there -- like family.
- m) Marriage Counselling. Helping me to get parole.
- n) Learning to look at a point of view opposite from my own.
- o) The support. People to sit down and talk with, and have them know what we are going through. People who believe in us and have accepted us.
- p) Someone to talk to, once or twice helping with emergency food.
- q) "C.M.E.O. has given me truth, compassion, and understanding when it seemed that no one else gave a damn".

RESPONSES BY PARTICIPANT WOMEN

- r) The Drop-in Centre/Counselling.
- s) There is always someone here to talk to, to help with food, etc. -- especially, someone to talk to.
- t) The Women's Group. It was a social outlet, a free place to talk. It offered support while my husband was in prison.
- u) Helping me to focus on where the real problem lie, personally. Helping me to take personal responsibility and to deal with co-dependence.
- v) Support. It was always there when needed; the chaplain can always be contacted, even between 2 and 3 a.m. -- the only one I can talk to.
- w) Knowing they are here all the time/ not judgmental/ regular. I like the women's meetings and talking to Byron.
- x) Reassurance. They have been a support system for me and my spouse in dealing with him.
- y) Nancy (an assistant chaplain) helped me do a Bible Study.
- z) They helped me see where my life was at and how tired I was of being in and out of prison, spending money on alcohol, etc.
- aa) The marriage retreat. My husband was out on a pass. This came in handy later when he came home.
- bb) Getting food without having to lie -- just ask. No abuse or put-downs.

What have been the most helpful contributions you have made to C.M.E.O.?

RESPONSES BY PARTICIPANT MEN

- a) Sharing my thoughts and taking time to listen to others.
- b) Listening in the group and listening and talking to others at the Drop-in.
- c) Making coffee, cleaning up, talking at the Drop-in Centre.
- d) Speaking at churches to encourage others and working in the Drop-in Centre. (Answering phone and doorbell, cleaning, doing artistic promotional work.)
- e) Contributing musical talents, telling others about the help here.
- f) I have attended programs, shared ideas/thoughts with people.
- g) Sharing/talking in the Drop-in Centre and at Thursday night meetings. I am very regular in coming to these.
- h) I have been out of jail 4½ years. I go to A.A.
- i) I attended the Thursday group.
- j) I look after phone messages, groceries, clothes, and spend time at the Drop-in Centre talking.
- k) Telling others it's here; listening to others; participating in groups.
- l) Showing my respect by not drinking or using drugs. Dropping in, talking, taking care of my insecurity. I have turned to the Lord in the last month. I realize I was hurting myself by drinking, and taking drugs.
- m) Talking to churches on behalf of ex-offenders. I went two times. I will get involved in summer.
- n) My experience and understanding.
- o) Sharing about what's happened in my life and about what can happen when you really make a change in your life. I sang spiritual songs.
- p) Attending groups at times.
- q) I tell people about it all the time, if anyone has a problem.

RESPONSES BY PARTICIPANT WOMEN

- r) Sharing experiences about native culture and white man's way. I worked for them at the Drop-in Centre.
- s) I have brought food, worked off fine options which I appreciated a lot, and helped with office work.
- t) I am one of the older women, so I encouraged others. I helped people see the funny side of things. I provided a good model of making it against great odds.
- u) I came to a few group meetings, I always came to special events. I helped get others to come.
- v) Regular attendance at women's meetings.
- w) Kids Christmas gifts. I attended initial meetings.
- x) I used to come to meetings.
- y) Volunteering my time. Sharing at churches, giving my testimony and hoping it will open doors to C.M.E.O. and ex-cons.
- z) Modelling a new life-style. I gave testimony to a group to help people.
- aa) Attending the Ladies Group regularly. Helping others open up, by open sharing. I used to be shy, but here I was called their best talker.

What are the most helpful contributions C.M.E.O. has made to your family's life?

RESPONSES BY PARTICIPANT MEN

- a) C.M.E.O. has listened to me when I need patience, love and understanding. They have given and do give me direction, so I can stay straight.
- b) It stopped the violence. It stopped me from being a serious drug user.
- c) Giving me more understanding re prison systems, and helping the family to deal with it.
- d) It is starting to help me, in a spiritual way, to cope with separation. Also, three of my children are permanent wards; it is helping me to cope.
- e) Hospital visits. When my son was in the hospital, the chaplain came and prayed.
- f) Encouragement for my spouse's stability, development of self-esteem, and acceptance, because of our separation.
- g) Supporting my daughter through the loss of her mother. They were available to her.
- h) They help them; e.g. my cousin comes for clothing, picks up food for Auntie, etc.
- i) He helped a lot with groceries, advice, marriage counselling. If you have nowhere to go, he'll store things till you have a place. He won't rush you. He'll still be there when you get out of jail.
- j) It helped us stay together.
- k) None.
- l) I've been fortunate; I've had work. But I mean that C.M.E.O. has open arms. They are willing to help, they give you hope.
- m) Helping us get together; I'm talking to my wife again.
- n) He counsels my sister a lot. He performed her marriage. When my nephew's wife overdosed at the hospital he was at the hospital constantly with us -- a big help.
- o) My wife attended women's meetings which were good for her. They helped my friend not to starve. They encouraged me.

RESPONSES BY PARTICIPANT WOMEN

- p) My husband could be honest here. There were no games to play. My son is less depressed, less threatened than with Children's Aid.
- q) Helping us to know what was in store for us when he got out. Helping us to keep it on track. He was in prison seven years.
- r) It hasn't helped yet. My sister is not trying yet.
- s) Not applicable.
- t) Detriangling my daughter in parental conflict. Helping with legal problems.
- u) Christmas Concerts, gifts for children; support, friendship -- children love Byron --, Friendship for husband, who calls him "Daddy".
- v) Talking is MOST IMPORTANT. Also the Christmas party. Food hamper was really helpful, emergency financial aid, outing for the children, who loved it; there were other children to play with. They have decreased domestic violence between us.
- w) It hasn't yet.
- x) In a crisis Byron helped me find a safe place for a week.
- y) We're close. We're loved here. We don't have to feel alone.

What are the most helpful contributions your family has made to C.M.E.O.?

RESPONSES BY PARTICIPANT MEN

- a) They brought food for special events.
- b) My wife has attended and gotten involved in Women's meetings. She has bought clothes for another person's baby, and been helpful to others.
- c) They are supportive to the cause. They feel it's better to keep someone out of prison if possible.
- d) I used to go to the women's group before my son's illness.
- e) When my daughter broke up with her common-law, she introduced him to Byron.
- f) They participated at Christmas and came two other times. They would come again.
- g) My wife used to come here all the time to talk with Byron, before I have sent her back to the reserve.
- h) Dad introduced us here. He passed away; he died ten days after release.
- i) My wife was a regular attender on Wednesday. I tried to help everyone out. There are just a few women coming now.
- j) None.
- k) Participating and being a part of programs, being an example of families that can actually make it.
- l) We came to the Christian party; we joined in.
- m) I don't know; my sister and her husband are more in touch. He gave speeches.

RESPONSES BY PARTICIPANT WOMEN

- n) We draw a lot from it. We express appreciation, have spoken for Byron several times, help in fund-raising, and attended Thursday meetings at the beginning.
- o) Not applicable. My partner still in prison or half-way house.
- p) My husband helps a lot at the Centre.
- q) My husband talked with people (at the drop-in centre and in Thursday night group).
- r) They volunteered at the Drop-in Centre to talk/share.
- s) My spouse played Santa Claus, spoke in churches in support of C.M.E.O. He helped Byron talk to kids at the youth centre.
- t) None yet.
- u) My husband provides entertainment/music. Our family serves as a model for other couples.
- v) None yet.

What gifts could you or your family contribute that C.M.E.O. has not yet made use of?

RESPONSES BY PARTICIPANT MEN

- a) Self: Computer programming, artistic drawing, etc.
Family: Getting involved, coming to meetings, speaking.
- b) Self: Janitorial skills, carpentry. I would work for nothing if they bought a house. I could do general labour.
Family: My wife would be willing to help with anything she was called for. She is a good volunteer.
- c) Self: Book-keeping
Family: Summer activity. Mother would be willing to help; she is a good organizer.
- d) I give of myself to all; at C.M.E.O. and where I walk.
- e) Painting
- f) Volunteer for whatever able.
- g) After I have straightened myself out, I would like to help others that come along.
- h) I could attend groups when I have time.
- i) Already contributing.
- j) We would like to help. I would like them to have a drop-in-centra, a house. And we would help the kids, to prevent them from growing up on drugs and booze -- so as not to go through what I've been through.
- k) None I can think of.
- l) Speaking for myself and even for my wife and I, being able to share, and also to express the hard times we had; a lot of people in prison find it hard to let their guard down. We are living proof for them that the organization could help.
- m) Not many that will do it. It's been a hard 6-7 months, but we're sticking it out. The few talks with Byron help us stop/reflect, and not let everything tumble down. They give us hope.
- n) Talking to youth about my experience in jail, once I've straightened out.
- o) We would like to participate more. This is easier in summer with the children.

RESPONSES BY PARTICIPANT WOMEN

- p) Singing Christian songs. My husband plays the guitar.
- q) I would really like to help Byron out if I could -- by talking to people, to other women; I realize even more now what a deep adjustment faces them. I could start a support group for women who have husbands coming out of prisons. I could write a letter to the government, indicating the need for more programs addressing this need. I could run a children's group. There is so little information available about re-entry issues and the effect on children. There is no one to tell you which way to go.
- r) I wish I could help -- bring in more people, talk to people at the Drop-in Centre.
- s) I don't know. One usually has something on one's mind.
- t) Anything asked of me not interfering with my work schedule.
- u) Visit lonely people, sharing how I survived life's problems in the last four years.
- v) I read and write well. My husband has musical talent, personality, he gains respect easily.
- w) I would like to help, by answering the phone, and talking to people, (especially in Cree).
- x) Volunteering at the Drop-in Centre.
- y) Anything if asked; volunteering, cooking a supper, decorating, talking to people at the Drop-in Centre.

What is C.M.E.O.'s greatest strength?

RESPONSES BY PARTICIPANT MEN

- a) C.M.E.O. opens its doors and heart to those for whom no one else will do this.
- b) Helping other people out spiritually.
- c) Helping others through counselling.
- d) Communicating Christ.
- e) The ministry is still new to me. The Women's group. Helping with emergency needs.
- f) The spiritual emphasis.
- g) Reaching out to people who need help. Always being ready to do this.
- h) Byron. He has a non-judgmental, non-prejudiced approach.
- i) Helping people and families especially when broken.
- j) Availability to people anytime.
- k) Thursday night meetings, the Drop-in, open during the day.
- l) Counselling.
- m) Trying to keep families together. Preventing suicide and going back to crime.
- n) The members of the group -- the people. A group is only as strong as its weakest limb.
- o) Byron. He has been there whenever you need him. Even if you call him at 3 a.m.
- P) Helping people when they have nowhere to turn to -- like me. I had no one to turn to.

RESPONSES BY PARTICIPANT WOMEN

- q) The friendly caring atmosphere. There is no phoniness. People are willing to help.
- r) Byron. He really understands. He is not a hypocrite. He talks to people at the same level no matter where they come from or who they are. (Also his wife is very nice.)
- s) Acceptance of ex-offenders and families.
- t) Having the Lord/re Byron and Nancy/Prayer at Women's meetings.
- u) Availability. Attitude to people. They are not pushy with religion; they leave people free to make choices. They offer helpful advice. There is someone there when you need them.
- v) Byron's personality.
- w) Getting people off the street -- someone there for them to talk to comfortably. Someone understanding a person (like me) who can't read or write.
- x) Supporting people that need help; I know a lot of people who got into trouble who would not have if they had had someone to talk to.
- y) Love for people, caring.
- z) Encouragement.

What is C.M.E.O.'s greatest weakness? (Most people answered "nothing", till asked, "What do they need?")

RESPONSES BY PARTICIPANT MEN

- a) In my opinion, C.M.E.O.'s weakness is lack of staff; lack of funds; lack of proper facilities.
- b) Not enough staff. Too much change over in staff.
- c) Not enough workers/staff.
- d) It is understaffed. They don't have enough money.
- e) Better communication is needed with prisoners -- needed most then.
- f) Need more staff, more programs, like Alcoholics Anonymous, addiction programs.
- g) Not enough money/staff. No proper residence.
- h) Nothing.
- i) A place and funds.
- j) Not open weekends. There is no other place like this to go to. Main Street project is different. People just work there. They don't look after/counsel people there.
- k) The time the Drop-in Centre is open. It should be open more.
- l) A Drop-in Centre is needed -- like a half-way house.
- m) It must be staffed so that people can be seen when they have problems or are in crisis. We need paid staff to make a volunteer organization work. "Wait, we'll see you tomorrow", becomes a fact of like - sad.
- n) If there could be someone -- while he (the chaplain) travelled...
- o) We need more activities. We need more people in the groups. I would come more often then.
- p) We need more finances to expand. Byron's doing too much by himself, at Headingly, etc.

RESPONSES BY PARTICIPANT WOMEN

- q) It needs more people to join the program, more Bible Study, more counselling, more staff. Women need a woman to talk to about personal problems. They can't share with a man.
- r) We wanted to help them, me and my sister -- my brothers and sisters they were not able to help us.
- s) More life style programs are needed. A screening process. More staff, definitely; Byron spreads himself too thin.
- t) Another woman is needed for women.
- u) Not enough staffing.
- v) Not too much happening lately; fewer groups, not enough staff.
- w) Nothing.
- x) Lack of staffing. We need more people, organizational ability people. Another women's leader is needed, also liaison to people in prison, people to connect families with prisoners.
- y) There is not enough for the children. It should be advertised.
- z) I don't see any. More funding.
- aa) It is understaffed. There is not enough help. Byron could be doing more if he had time.

What mistakes has C.M.E.O. made in your life or your family's life which you could help them to learn from?

RESPONSES BY PARTICIPANT MEN

- a) None.
- b) None.
- c) None.
- d) None.
- e) None. I can't think of one bad thing Byron has done.
- f) None.
- g) None.
- h) None.
- i) None that I know of.
- j) Not really.
- k) Workers shouldn't leave without telling me, without saying goodbye, as ___ and ___ (names of additional staff no longer at C.M.E.O.) did. They shouldn't exclude use if things are changing.
- l) Directing and organizing meetings. They need to be more scattered throughout the week.
- m) None.
- n) None.
- o) Inability to differentiate between needy/unneedy. Not all need both spiritual and physical needs met. Some don't need physical things.
- p) None as far as I know.
- q) C.M.E.O. has made no mistakes in the direction of my life. My family has become people. All people, all races they are, and I am the same.
- r) No, I don't think so.
- s) None I can see.
- t) None.

RESPONSES BY PARTICIPANT WOMEN

- u) None I can think of. I only felt uncomfortable at the Christmas party. I felt like we were Salvation Army Rejects. It would help if the women were helping in the preparation. I had a hard time just sitting there. Even my husband has a real good way with teenage boys. It may seem strange, but he could be a good influence on these boys. What better person to set them straight than someone who has been through it.
- v) Not any yet.
- w) I don't think it's made any I know of.
- x) Do fewer things. Do what you do well. You are spread too thin at this point.
- y) They have had difficulty understanding me.
- z) I can't think of any except not having enough staff for crisis times.

Where do you feel C.M.E.O. should focus its work if it could only choose one area? In other words, what is the most important thing C.M.E.O. does?

RESPONSES BY PARTICIPANT MEN

- a) On helping out e.g. shelter.
- b) On talking to people with understanding, compassion, truth.
- c) On the Drop-in Centre. It is a place to talk with the chaplain and get new ideas against present ideas.
- d) On helping women when men are in trouble with the law. This is helpful to the men.
- e) Counselling.
- f) On addiction groups.
- g) On counselling.
- h) On when people come out of prison, to stop them from having to return; counselling with the spiritual aspect included.
- i) I can't say. Focus on everything; it's all connected.
- j) On informal counselling.
- k) On Counselling, drinking, drugs, I guess.
- l) On keeping families together. On counselling.
- m) It shouldn't be narrowed to one area. Those inside/outside, individuals/families, all need help.
- n) On the families. The ex-offender himself and his family. On trying to build family strength -- more united together.
- o) On the groups. Then more people would come out.
- p) On family counselling, broken homes and relationships.

RESPONSES BY PARTICIPANT WOMEN

- q) On the social aspects -- the Drop-in Centre plus the special events. It is hard to integrate into society socially because of discrimination.
- r) On the availability of someone to talk to.
- s) On talking to people about their problems.
- t) On the Drop-in Centre. More advertising is needed. Families need to know even if the husbands don't come.
- u) On the conflict between the native culture and who God is. Why natives are turning to other churches -- this is a spiritual war; it is confusing families.
- v) Talking to people who are mixed up or in trouble; Crisis interventions are needed or they'll get into trouble.
- w) On men as they leave prison, helping them to re-adjust to society.
- x) On counselling men and women.
- y) On counselling re grief.
- z) Continuing to open the doors for people to come in; if only they had more staff to open it in the afternoons, too.
- aa) Marriage counselling. Without the foundation of the two of you being strong, everything else will crumble.

What would replace the part that C.M.E.O. has had in your life?

RESPONSES BY PARTICIPANT MEN

- a) Jail, probably. Certainly in the past. Now, maybe education. But this has failed so far because of fatigue (related to medical problems).
- b) I don't know.
- c) A church.
- d) I don't know. I'm not very connected yet.
- e) The beer parlour.
- f) Nothing. It shouldn't be replaced. Alcohol would probably replace them.
- g) A.A.
- h) Find another group.
- j) It can't be replaced; I surely would miss it.
- k) Drinking, drugs, I guess. Walking around.
- l) Another organization.
- m) I don't know. I probably would not do much of anything, as before.
- n) I don't think anyone. I can't talk to just anybody. Some religious organizations are strong. I guess I'd join a Church -- that would be hard to do.
- o) Bars perhaps, like before when I had nothing to do. The pool hall.
- p) I probably wouldn't go anywhere. I have never opened up to anyone else.

RESPONSES BY PARTICIPANT WOMEN

- q) Nothing. I can't imagine being without it.
- r) Probably a marriage counsellor; we have one now.
- s) The church.
- t) Nothing. I am in school, so can't go anywhere.
- u) I can't think of anything that would.
- v) A church group/but I have had bad experiences there.
- w) Probably nothing.
- x) Nothing, I wouldn't go anywhere else; I would probably get reinvolved (with past problems).
- z) Nothing else is the same thing. Nothing else relates to families and people coming out of prison.
- aa) That would be terrible. I'd feel lost. It's become home. One gets attached to people.
- bb) Cigarettes, loneliness, confusion.

If you were in charge of C.M.E.O., how would you change it?

RESPONSES BY PARTICIPANT MEN

- a) I would have group gatherings or meetings during the day-time, three times a week, and during the evening twice a week and twice on weekends. I would have the Drop-in Centre five days a week, 8-4 p.m.
- b) I would have more staff.
- c) I don't wish to be in charge of C.M.E.O. I don't have the formal education.
- d) I wouldn't.
- e) Can't answer.
- f) Change the board. Have participants on the board. To have ex-offenders and the poor represented is very important.
- g) I wouldn't.
- h) Nothing. I'd do the same thing.
- i) Try to get a place, an office to oneself. Have a mixed meeting on Wednesday night.
- j) I'd have rules re conduct and behavior, plus a "bad guy" to enforce the rules -- someone around to say "no".
- k) I wouldn't at all.
- l) I would make the place busier -- have more activities. Baby-sitting is needed.
- m) Use more volunteers. Buy a home -- shelter, so it can be open all day. More Byrons!

RESPONSES BY PARTICIPANT WOMEN

- n) Get more people into the women's group. I would have a children's group. At the beginning my husband had three transfers due to his security rating drop. I never realized how hard it was on my daughter.
- o) Call people to come for a woman's group.
- p) Add staff and facilities.
- q) I would have membership cards so people would know who is a participant. I would have socials monthly or weekly, Bingo, etc. I would be less in the religion angle -- it's overemphasized. (Note, this refers to Women's Group). For those with husbands in prison, a clubroom, where people can smoke, etc.
- r) First of all I'd have a 'C.M.E.O. house'. I'd keep it open seven days a week.
- s) Have it open 24 hours a day, available for temporary shelter, food, counselling.
- t) I would have it open more hours.
- u) I wouldn't; it does a good job of whatever it does.
- v) More volunteers to work with people/visit them in their homes/very lonely? helping people go to school -- key to reducing abusive relationships.
- w) I'd have the doors open more hours -- afternoons, too, plus emergency calls.
- x) I would ask for more money.

PARTICIPANT COMMENTS -- FAMILY OF ORIGIN

MALES

- a) I was an alcoholic since age 15. I became addicted to the prescription drug, ritalin between 1987 and 88. Drinking and Pot are still there. I have decreased by about 1/3 since January.
- b) I began life in foster care, till five or six. I was in an adopted home till 13 and in group homes for 2½ years. I got into trouble and landed in Stoney.
- c) I was in Winnipeg until 5, foster homes at 6, detention home, 1 year. When Dad remarried it was good for awhile. Stepmother was a problem. Detention home, 2 years.
- c) I am learning to communicate. I couldn't talk to anyone before unless drunk.
- e) I've been on alcohol and drugs since ten years old. I finally quit, 16 years later.
- f) I started drinking at age 12, started drugs at 16. My parents drank; my father died in '78. I have been three years without drinking. I go to A.A. once a week. I got to different groups over and over again.

FEMALES

- g) Lived at home for 2½ months. I was in a foster home until age four, then adopted. I moved three times while at home there. My running away years, from 14 to 17, included a foster home, the youth care centre for 1 week, Savan Oaks, 5 weeks, group home, 2 months. I was on the run till 17.
- h) I began drugs in '84 in prison. The girls taught me. I began drinking at 13, on the reserve. I quit drugs in February, Alcohol in April.
- i) My Parents drank a lot. I started at age 12. Break-in's, etc., were always alcohol related. I told myself I'd stop in prison, but I started again in two months. I regret it. It was never to get food; I didn't care about that.
- j) I used to smoke marijuana. I haven't for two years. I hate alcohol. My husband's father and my father were alcoholics.
- k) My mother drank a little. I started at age 14. I am trying to stop now. I have been in a lot of programs, but never took them seriously. I just took them because I was ordered to. Now I am sick of going to jail.

ADDITIONAL COMMENTS

PARTICIPANT MEN

- a) I was incarcerated for too long. I will be helped through Byron, because of my different life style.
- b) I never worked before at all. I stole and did drugs. Work was a swear word before.
- c) My employment history will change through the encouragement I receive here.
- d) It helps stabilize you in relation to alcoholism, and staying out of jail.
- e) It's peaceful here. I read a lot of books here.
- f) It has made my faith stronger. It keeps me in tune with my spirituality.
- g) I took grade 7, plus upgrading to 10 in jail. I took a building maintenance course in prison but can't get bonded -- frustrating.
- h) Byron has given me brochures. Now I am planning to take a residential care course to respond to youth. Byron has inspired me.
- i) Byron has given me good points -- to help me stop and look at the pattern (of employment) and how it could be broken.
- j) I feel spiritual awakening and growth. I am changing my attitudes about life, self, and others.
- k) The books you read here make you realize that we take advantage of freedom so much. People in jail can't go anywhere.
- l) I was helped to stay out of prison through support, emergency food, counselling.
- m) I give my wife credit for sticking with me. I wouldn't have made it without her.

PARTICIPANT WOMEN

- n) I have been at my current address for 6 months. I chose to face my problems. This is a miracle!
- o) We will move less now. Our child has a place to go with problems. We used to move every year.
- p) Seeing God working through people reaffirms trust in people and so in God.
- q) Nancy helped me grow.
- r) I find native culture and religion very confusing, so seeing the same people consistently will help.
- s) I am going back to school in six months. I want to counsel teenagers/people in trouble, to warn them.
- t) C.M.E.O. has helped with decisions in the area of education. It has helped with responsible parenting.
- u) I want to get off welfare when children leave home, but I feel supported here.
- v) Nancy first talked to me about going back to school. Also some participants at the women's group planted the seed.
- w) I want to go into music now, because of my singing involvement here.
- x) By me being a Christian, observing Byron, makes me want to help them. I have part-time work now.

TABLES

A. DEMOGRAPHIC FACTORS

ALL TOTALS BELOW REPRESENT THOSE PERSONS C.M.E.O HAS SOMEWHAT ARBITRARILY CLASSIFIED AS "PARTICIPANTS"; MANY MORE PERSONS COME TO C.M.E.O. BECAUSE OF SHORT TERM NEEDS. BECAUSE C.M.E.O. DELIBERATELY AVOIDS RESPONDING TO CLIENTS IN A BUREAUCRATIC WAY (FORMS TO FILL OUT, REQUIREMENTS TO MEET, ETC., - NO RECORDS ARE KEPT OF THESE).

AGE OF C.M.E.O PARTICIPANTS

1990 - 75 PARTICIPANTS - TOTAL

AGE	MALE	FEMALE
21 - 25	3	4
26 - 30	12	9
31 - 35	14	5
36 - 40	15	3
41 - 45	5	3
46 - 50	0	0
51 - 55	0	0
56 - 60	1	0
UNKNOWN	1	1
TOTAL	51	24
PERCENT OF TOTAL	67 %	33 %

TOTAL MALE AND FEMALE 75

NON-PARTICIPANT WOMEN WHO COME ONLY FOR RELATIONAL COUNSELLING WITH THEIR PARTNERS - 5

NON-PARTICIPANT MEN WHO COME ONLY FOR RELATIONAL COUNSELLING WITH THEIR PARTNERS - 2

TABLE A - 1

NATIVE PARTICIPANTS - 1990

TREATY			METIS	
AGE	MALE	FEMALE	MALE	FEMALE
21 - 25	1	2	1	1
26 - 30	5	6	3	1
31 - 35	5	4	1	0
36 - 40	2	1	3	0
41 - 45	1	0	2	1
46 - 50	0	0	0	0
51 - 55	0	0	0	0
56 - 60	0	0	0	0
TOTAL	14	13	10	3
PERCENT OF TOTAL	28 %	52 %	20 %	12 %

MALE/FEMALE TOTAL - 27 - 13
 PERCENT OF ALL PARTICIPANTS - 36 % - 17 %

NON PARTICIPANT WOMEN WHO COME ONLY FOR RELATIONAL COUNSELLING WITH THEIR PARTNERS - 3
 NON-PARTICIPANT WOMEN WHO COME ONLY FOR RELATIONAL COUNSELLING WITH THEIR PARTNERS - 0

NON-PARTICIPANT MEN WHO COME ONLY FOR RELATIONAL COUNSELLING WITH THEIR PARTNERS - 2
 RELATIONAL COUNSELLING WITH THEIR PARTNERS - 0

TABLE A - 2

REFERRAL SOURCES

1987:	REFERRED BY PRISON CHAPLAINS:	7 OUT OF 7 = 100%
1988:	REFERRED BY PRISON CHAPLAINS:	25 OUT OF 46 = 54%
	REFERRED OR INCLUDED BY FAMILY MEMBERS:	8 OUT OF 46 = 17%
	REFERRED BY OTHER AGENCIES/PERSONS:	4 OUT OF 46 = 9%
	ENTERED BY OTHER MEANS	9 OUT OF 46 = 20%
1989:	REFERRED BY PRISON CHAPLAINS:	33 OUT OF 67 = 49%
	REFERRED OR INCLUDED BY SPOUSE:	20 OUT OF 67 = 30%
	REFERRED BY OTHER AGENCIES/PERSONS:	6 OUT OF 67 = 9%
	ENTERED BY OTHER MEANS:	8 OUT OF 67 = 12%

TABLE A - 3

THE STATISTICS BELOW ARE BASED ON INTERVIEWS WITH 29 C.M.E.O. PARTICIPANTS:

EDUCATIONAL STATUS

	MALES	FEMALES
GRADE 3	- 1	
GRADE 5	- 1	
GRADE 6	- 1	1
GRADE 8	-	2
GRADE 9	-	1
GRADE 10.	- 6	1
GRADE 11	- 1	
GRADE 12.	- 2	4
UNIVERSITY	- 2	
ACCOUNTING	- 1 (3 YEARS)	
UNKNOWN	- 1	4

TOTAL - 16 13
 4 OF THE MEN AND 5 OF THE WOMEN
 ALSO HAD ADDITIONAL SKILLS TRAINING.

TABLE A - 4

EMPLOYMENT STATUS

	MALES (16)		FEMALES (13)		TOTAL (29)	
	N	%	N	%	N	%
EMPLOYED	- 5	31%	2	15%	7	24.0%
SOCIAL ASSISTANCE	- 6	38%	4	31%	10	35.0%
STUDENT AID	- 0		3	23%	3	10.0%
IN PRISON	- 1	06%	0		1	3.5%
IN HALFWAY HOUSE	- 2	13%	0		2	7.0%
UNEMPLOYMENT	- 0		1	08%	1	3.5%
DISABILITY	- 0		1	08%	1	3.5%
LIVING WITH PARENTS	- 1	06%	0		1	3.5%
UNKNOWN	- 1	06%	2	15%	3	10.0%

TABLE A - 5

RELIGIOUS ORIGINS

	PAST	PRESENT
ANGLICAN	- 6	
BAPTIST/ROMAN CATHOLIC	- 1	
CHRISTIAN	- 1	- 1
NATIVE SPIRITUALITY	- 1	- 5
PENTECOSTAL	- 1	
PROTESTANT	- 1	- 1
ROMAN CATHOLIC	- 10	- 1
ROMAN CATHOLIC/MENNONITE	- 1	
UNITED	- 2	- 1
UNKNOWN	- 2	- 1
NO PARTICULAR RELIGIOUS DENOMINATION		- 14
NO INVOLVEMENT		- 1

TABLE A - 6

ETHNIC ORIGINS

CREE	- 5
FRENCH/CREE/IRISH	- 2
FRENCH/CREE/RUSSIAN	- 1
FRENCH/ENGLISH	- 1
FRENCH/SAULTEUX/WELSH	- 1
GERMAN	- 2
GERMAN/FRENCH	- 1
ICELANDIC/NORWEGIAN	- 1
ITALIAN	- 1
ITALIAN/UKRAINIAN	- 1
IRISH	- 2
OJIBWAY	- 2
OJIBWAY/ ENGLISH	- 1
OJIBWAY/SAULTEUX	- 1
POLISH/UKRAINIAN/RUSSIAN	- 1
SAULTEUX	- 1
UKRAINIAN	- 1

TABLE A - 7

1990 PRISON HISTORY OF THE 75 PERSONS CLASSIFIED AS PARTICIPANTS

1. NO. OF MEN WHO HAVE DONE TIME IN FED. PENITENTIARIES:	- 33
NO. OF WOMEN WHO HAVE DONE TIME IN FED. PENITENTIARIES:	- 02
(27 HAVE ALSO DONE TIME IN PROV. CORRECTIONAL INSTITUTIONS)	
TOTAL NO. WHO HAVE DONE TIME IN FED. PENITENTIARIES:	- 35
2. NO. OF MEN WHO HAVE DONE TIME IN PROVINCIAL CORRECTIONAL INSTITUTIONS ONLY:	- 17
NO. OF WOMEN WHO HAVE DONE TIME IN PROVINCIAL CORRECTIONAL INSTITUTIONS ONLY:	- 05
TOTAL NO. WHO HAVE DONE TIME IN PROVINCIAL CORRECTIONAL INSTITUTIONS ONLY:	- 22
3. TOTAL NUMBER OF PARTICIPANTS WHO HAVE DONE TIME:	- 57
4. NO. OF WOMEN WHO ARE IN PROGRAM ONLY BECAUSE A FAMILY MEMBER HAS BEEN OR IS INCARCERATED:	- 18
5. NUMBER OF MEN WHO ARE IN PROGRAM ONLY BECAUSE A FAMILY MEMBER HAS BEEN OR IS INCARCERATED:	- 0

TABLE A - 8

B. LIFE STYLE ISSUES

PARTICIPANT NEEDS (14 PARTICIPANT RESPONSES)	SCALE OF NEED					SCALE OF C.M.E.O. HELPFULNESS IN EACH AREA				
	DESPERATE	STRONG	SIGNIFICANT	SOME	NONE	EXTREMELY HELPFUL	VERY HELPFUL	MODERATELY HELPFUL	SLIGHTLY HELPFUL	NOT HELPFUL
HOUSING	3	-	1	2	6	3	1	1	2	5
FOOD	3	-	-	5	4	4	3	2	2	1
EMPLOYMENT	2	2	1	3	4	4	1	1	1	5
EDUCATION	1	4	5	3	-	2	4	-	3	4
SAFETY	2	-	4	3	3	6	4	-	1	3
POSITIVE FRIENDSHIPS	3	1	3	5	1	8	2	2	1	-
HELP W. FAMILY PRESSURES	4	2	2	2	1	5	1	4	-	-
OVERCOMING ALCOHOL ADDICTION	5	2	1	2	3	4	2	3	2	2
HELP WITH OTHER DEPENDENCIES	3	2	-	1	5	4	2	1	-	4
SPIRITUAL QUESTIONS	2	3	4	4	-	5	2	4	2	-
OVERCOMING DEPRESSION/GRIEF	3	4	1	4	-	6	1	5	-	1
MANAGING ANGER	4	2	4	2	1	7	1	1	3	1

TABLE B - 1

LIFE-STYLE ISSUES (SELF-DESCRIPTIONS OF 26 PARTICIPANTS - 1990)

PLACES PARTICIPANTS DRINK/USE DRUGS

	MOST										LEAST	
	1	2	3	4	5	6	7	8	9	10	9	10
TAVERN/BAR	-	7	2	3				1				
RESTAURANTS	-			2	1			1	1			
AT HOME	-	5	3	3	1							
OTHER PEOPLE'S HOMES	-	4	5	1								
AT WORK	-				1	1	1	1	1			
PRIVATE CLUB	-			2			1			1		
SOCIAL EVENTS	-		1	3		1						
WHILE DRIVING	-				3					1		
OUTDOORS	-		2		2	1			1			

TABLE B - 2

PERSONS PARTICIPANTS DRINK WITH

	MOST										LEAST	
	1	2	3	4	5	6	7	8	9	10	9	10
ALONE	2		1	1	1	1						
WITH SPOUSE			1	1	2			1				
WITH OTHER RELATIVES	5	2	3	1	2							
MALE FRIENDS ONLY	3		2	1		1				2		
FEMALE FRIENDS ONLY	3	4										
MALE & FEMALE FRIENDS	2	5	1	1	1							
PEOPLE I MEET DRINKING	1	3	2	3		2					1	
PEOPLE I WORK WITH		1	2		4							1
NOT APPLICABLE - 4												

TABLE B - 3

NON DRINKING FRIENDS SEEN

	ONCE A MONTH	MORE THAN WEEKLY	WEEKLY	MORE THAN DAILY	DAILY
MALE 1	2	0	0	4	0
MALE 2	0	0	0	0	0
MALE 3				1-2 (NO REAL FRIENDS)	
MALE 4					1
MALE 5	ONLY BYRON AND GROUP AT C.M.E.D.				
MALE 6		4			
MALE 7	0	0	0	0	0
MALE 8	1		1		
MALE 9				1	2
MALE 10				5	
FEMALE 1	0	0	0	0	0
FEMALE 2					1
FEMALE 3	1		2	2	
FEMALE 4	0	0	0	0	0
FEMALE 5	0	0	0	0	0
FEMALE 6	0	0	0	0	0

AGE PROBLEM DRINKING/DRUGS BEGAN

	MALE	FEMALE
1-10	-1	1
11-15	-7	4
16-20	-	1
21-25	-1	
UNCLEAR	-2	2
NO PROBLEM	-4	3

TABLE B - 5

DRINKING FRIENDS SEEN

	ONCE A MONTH	MORE THAN WEEKLY	WEEKLY	MORE THAN DAILY	DAILY
MALE 1	2				
MALE 2			2		1
MALE 3	THESE RELATIONSHIPS ALL ENDED				
MALE 4			1		
MALE 5	0	0	0	0	0
MALE 6	MANY				6
MALE 7	NOT ANYMORE				
MALE 8	0	0	0	0	0
MALE 9	4		2-3		
MALE 10					10
FEMALE 1	SEVERAL	SEVERAL	MANY	MANY	SEVERAL
FEMALE 2			1		
FEMALE 3	0	0	0	0	0
FEMALE 4			20	20	5
FEMALE 5	0	0	0	0	0
FEMALE 6	NOT ANYMORE				

TABLE B - 4

RELATIONAL STATUS - 75 PARTICIPANTS - 1990

MALE

(TOTAL 51)

AGE	SINGLE	MARRIED	CO-HABITING	SEPARATED	DIVORCED	WIDOWED
21 - 25		1	2			
26 - 30	2	2	9			
31 - 35	1	4	7		1	
36 - 40		5	5	3	3	
41 - 45		1	1	1		1
46 - 50		0	0			
51 - 55		0	0			
56 - 60		1	0			
NOT KNOWN			1			
TOTALS	3	14	25	4	4	1
% MALES	6 %	27 %	49 %	8 %	8 %	2 %

FEMALE

(TOTAL 24)

AGE	SINGLE	MARRIED	CO-HABITING	SEPARATED	DIVORCED	WIDOWED
21 - 25		1	3			
26 - 30	2	2	3			
31 - 35		1	3		1	
36 - 40		3	1			
41 - 45		2		1		
46 - 50						
51 - 55						
56 - 60						
NOT KNOWN		1				
TOTAL	2	10	10	1	1	
%/FEMALES	8 %	42 %	42 %	4 %	4 %	
MALE/FEMALE						
TOTAL	5	24	35	5	5	1
% TOTAL	7 %	32 %	47 %	7 %	7 %	1 %

TABLE B - 6

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PREVIOUS RELATIONAL SITUATIONS OF PARTICIPANTS

UNKNOWN SINGLE MARRIED CO-HABITING SEPARATED DIVORCED WIDOWED

	UNKNOWN	SINGLE	MARRIED	CO-HABITING	SEPARATED	DIVORCED	WIDOWED
MALE							
NOW SEPARATED	-	-	2	1	-	-	-
NOW DIVORCED	-	-	4	-	-	-	-
NOW WIDOWED	-	-	1	-	-	-	-
NOW CO-HABITING	8	5	1	-	5	6	-
FEMALE							
NOW SEPARATED	-	-	-	1	-	-	-
NOW DIVORCED	-	-	-	-	-	-	-
NOW WIDOWED	-	-	-	-	-	-	-
NOW CO-HABITING	4	-	-	1	4	-	1

TABLE B - 7

C. DOMESTIC VIOLENCE DATA:

TOTAL NUMBER OF PERSONS CLASSIFIED AS PARTICIPANTS

	1987	1988	1989	1990
	7	45	54	75

NOTE: MANY MORE PERSONS ARE SEEN AT C.M.E.O. ON A MORE CASUAL BASIS.

TABLE C - 1

PERSON'S WITH KNOWN DOMESTIC VIOLENCE PROBLEMS - CHAPLAIN'S RECORDS

	1987	%	1988	%	1989	%	1990	%
MALE	2	29 %	15	33 %	16	30 %	39	52 %
FEMALE	1	14 %	6	13 %	8	15 %	22	29 %
TOTAL	3	42 %	21	47 %	24	45 %	61	81 %

TABLE C - 2

PARTICIPANTS REQUIRING EMERGENCY INTERVENTIONS RELATED TO DOMESTIC VIOLENCE OR CONFLICT - CHAPLAIN'S RECORDS

	1987	%	1988	%	1989	%	1990	%
MALE	2	29 %	11	24 %	8	15 %	22	29 %
FEMALE	1	14 %	5	11 %	8	15 %	17	23 %
TOTAL	3	42 %	16	35 %	16	30 %	39	52 %

TABLE C - 3

FORMAL SCHEDULED COUNSELLING

PERSONS WHO ENTERED FORMAL COUNSELLING WITH C.M.E.O. AFTER TRUST HAD BEEN ESTABLISHED THROUGH MORE INFORMAL INTERACTION:

1987: 5 OUT OF 7 = 71%

1988: 25 OUT OF 46 = 54%

1989: 41 OUT OF 76 = 54%

PERSONS WHO ENTERED FORMAL COUNSELLING ELSEWHERE AFTER PARTICIPATING AT C.M.E.O.

1987: 2 OUT OF 7 = 29%

1988: 10 OUT OF 46 = 22%

1989: 16 OUT OF 67 = 24%

C.M.E.O. PARTICIPANTS ALSO INVOLVED IN NATIVE AGENCIES:

1987: 2 OUT OF 7

1988: 15 OUT OF 46

1989: 23 OUT OF 67

TABLE C - 4

COUNSELLING PARTICIPANTS WITH KNOWN DOMESTIC VIOLENCE POTENTIAL (75 PERSONS - 1990)

COUNSELLING TYPES	PARTICIPANT COUPLES			OTHER PARTICIPANT MEN				OTHER PARTICIPANT WOMEN			
	MARRIED	CO-HABITING	SEPARATED	SINGLE	MARRIED	CO-HABITING	SEP/DIV.	SINGLE	MARRIED	CO-HABITING	SEP/DIV.
1. FORMAL RELATIONAL ONLY (S. C. INCLUDED)*	-
2. INFORMAL RELATIONAL ONLY (S. C. INCLUDED)	-	1 (2)	.	.	.	.	.	.	.	.	.
3. INFORMAL/FORMAL RELATIONAL- (S. C. INCLUDED)	-	1 (2)	1 (2)	.	.	.	.	.	.	.	.
4. INFORMAL INDIVIDUAL AND RELATIONAL/ BOTH PARTIES. (S. C. INCLUDED)	-	1 (2)	2 (4)	.	.	1	.	.	.	.	.
5. FORMAL INDIVIDUAL AND RELATIONAL/ BOTH PARTIES (S. C. INCLUDED)	-	.	1 (2)	.	.	.	.	.	.	.	.
6. INFORMAL RELATIONAL PLUS INFORMAL INDIV. COUNSEL/ MAN (S. C. INCLUDED)	-	1 (2)	.	.	.	.	.	.	.	.	.
7. INFORMAL RELATIONAL PLUS INDIVIDUAL COUNSEL/WOMAN (S. C. INCLUDED)	-	1 (1)	(HUSBAND IN JAIL)	.	.	.	.	.	.	.	.
8. FORMAL/INFORMAL INDIV/REL (S. C. INCLUDED)	-	2 (4)	1 (2)	1 (2)	.	1	1	.	.	1	.
9. SEPARATELY ONLY/FORMAL (S. C. INCLUDED)	-
10. SEPARATELY ONLY/INFORMAL (S. C. INCLUDED)	-	.	1 (2)	1 (2)	.	.	.	.	1	.	.
11. INDIVIDUAL FORMAL (S. C. INCLUDED)	-
12. INDIVIDUAL INFORMAL (S. C. INCLUDED)	-	.	.	.	1	1	4	3	.	.	2
13. IN JAIL	-	1 (1)	.	.	.	1	1	.	.	.	.
14. POTENTIAL VIOLENCE/ NO COUNSELLING	-	.	.	.	1	1	1	.	.	.	.
15. NO RECENT DOMESTIC VIOLENCE - NO COUNSELLING	-	2	1	.	.	.	1
16. NO KNOWN D.V. PROBLEMS	-	.	.	.	2	2	3	1	.	.	.

* (INCLUDING SOME COUNSEL TO SEPARATE BECAUSE OF DOMESTIC VIOLENCE OR CONFLICT)

TABLE C - 5

NUMBER OF PERSONS SOMETIMES SEEN AT EACH OF THE FOLLOWING SITUATIONS/LOCATIONS:

	CHAPLAIN'S RECORDS		CHAPLAIN'S RECORDS		PARTICIPANT RESPONSES	
	1988		1989		1990	
	NO. OF PARTICIPANTS	%	NO. OF PARTICIPANTS	%	NO. OF PARTICIPANTS	%
TOTAL NUMBER	45		53		29	
PRISON	14	31 %	12	23 %	8	28 %
AT THE CENTRE BY APPOINTMENT	13	28 %	15	28 %	11	38 %
AT THE CENTRE WITHOUT APPOINTMENT	23	51 %	27	51 %	18	62 %
AT THE PARTICIPANT'S HOME (PARTICIPANT'S INITIATIVE)	22	49 %	23	43 %	11	38 %
AT THE PARTICIPANT'S HOME (CHAPLAINCY INITIATIVE)	04	9 %	08	15 %	5	17 %
HOSPITAL	04	9 %	06	11 %	6	21 %
REMAND CENTRE	03	7 %	02	4 %	5	17 %
COURT	06	13 %	04	8 %	5	17 %
TELEPHONE	32	71 %	37	70 %	20	69 %
AT THE CHAPLAIN'S HOME					6	21 %
IN GROUPS					14	48 %
MARRIAGE RETREATS/RETREAT CENTRE					3	10 %
SPECIAL EVENTS					3	10 %

NOTE: PARTICIPANTS ADDED SOME CATEGORIES.

THE ABOVE TABLE DOES NOT INDICATE WHICH PLACE WAS USED MORE IN TOTAL, BUT SIMPLY HOW MANY PERSONS USED IT.

TABLE D - 1

MOST HELPFUL PLACE OF INTERACTION - 29 PARTICIPANT RESPONSES (1990)

	1ST CHOICE	2ND CHOICE	3RD CHOICE	4TH CHOICE	5TH CHOICE	6TH CHOICE	7TH CHOICE
AT THE CENTRE BY APPOINTMENT	6	2	1	2	1	1	1
AT THE CENTRE WITHOUT APPOINTMENT	10	5	3	2	-	-	-
AT THE PARTICIPANT'S HOME (PARTICIPANT'S INITIATIVE)	2	2	4	3	0	1	-
AT THE PARTICIPANT'S HOME (CHAPLAINCY INITIATIVE)	0	0	2	2	1	1	-
HOSPITAL	0	1	-	-	2	-	-
PRISON	1	2	-	-	1	1	-
REMAND CENTRE	1	-	-	-	1	2	-
COURT/PAROLE BOARD	-	1	2	1	1	1	-
TELEPHONE	4	9	2	3	1	-	-
AT THE CHAPLAIN'S HOME	1	1	2	0	1	2	1
GROUPS	3	2	4	2	0	2	-
MARRIAGE RETREATS/RETREAT CENTRE	2	2	4	2	-	2	-
SPECIAL EVENTS	-	-	-	1	2	-	-

TABLE D - 2

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BY ASSIGNING A VALUE OF 13 TO 1ST CHOICE AND 1 TO 13TH CHOICE, THE FOLLOWING ORDER AND RATIO IS INDICATED:

1. AT THE CENTRE WITHOUT APPOINTMENT	130	60	33	20	-	-	-	243	64 %
2. TELEPHONE	52	108	22	30	9	-	-	221	59 %
3. AT THE CENTRE BY APPOINTMENT	78	24	11	20	9	8	7	157	42 %
4. GROUPS	39	24	44	20	-	16	-	143	38 %
5. AT THE PARTICIPANT'S HOME (PARTICIPANT'S INITIATIVE)	26	24	44	30	0	8	-	132	35 %
6. MARRIAGE RETREATS/RETREAT CENTRE	26	24	44	20	-	16	-	130	34 %
7. AT THE CHAPLAIN'S HOME	13	12	22	0	9	16	7	79	21 %
8. COURT/PAROLE BOARD	-	12	22	10	9	8	-	61	16 %
9. AT THE PARTICIPANT'S HOME (CHAPLAINCY INITIATIVE)	0	0	22	20	9	8	-	59	16 %
10. PRISON	13	24	-	-	9	8	-	54	14 %
11. REMAND CENTRE	13	-	-	-	9	16	-	38	10 %
12. HOSPITAL	0	12	-	-	18	-	-	30	8 %
13. SPECIAL EVENTS	-	-	-	10	18	-	-	28	7 %

TABLE D - 3

MOST USED TYPES OF ENCOUNTER AT C.M.E.O.: CHAPLAIN'S RECORDS

	1987 - 7 PARTICIPANTS					1988 - 46 PARTICIPANTS							
	1ST CHOICE	2ND CHOICE	3RD CHOICE	4TH CHOICE	5TH CHOICE	1ST CHOICE	2ND CHOICE	3RD CHOICE	4TH CHOICE	5TH CHOICE	6TH CHOICE	7TH CHOICE	8TH CHOICE
1. SCHEDULED INDIV. COUNSELLING (M & F COUNSELLING INCLUDED)	- 2 (1)					4 (3)	12 (2)	8 (3)	6 (2)	2 (1)	2 (2)		
2. SCHEDULED M & F COUNSELLING	- 0	2	2			0	0	0	0	0	1	1	
3. INDIVIDUAL/INFORMAL COUNSELLING/PASTORAL CARE (M & F COUNSELLING INCLUDED)	- 4 (1)	1 (0)	0 (0)	1 (0)		13 (3)	13 (1)	12 (0)	4 (1)	0			
4. M & F/INFORMAL COUNSELLING/ PASTORAL CARE	- 0	2	2			2 (1)	1 (0)	2 (0)	0 (0)	1 (0)			
5. COUNSELLING IN PRISON	- 0	0	1	1		3	10	1	1				
6. CRISIS INTERVENTIONS	- 2	1	1			3	3	5	1	8	7	1	2
7. GROUP PARTICIPATION	NO GROUP YET					0	5	4	6	3			
8. CHAPLAINCY SERVICES (WEDDINGS/FUNERALS, ETC.)	- 0	0	0	2		0	0	2	3	1	0	2	1
9. SPECIAL EVENTS	- 0	0	0	2		1	1	8	10	6	2	1	
10. DROP-IN/SOCIALIZING/ INFORMATION/REFERRAL	- 0	1	1	0	5	20	2	3	3	3			

MOST USED TYPES OF ENCOUNTER AT C.M.E.O. IN 1989 - 67 PARTICIPANTS

	1ST CHOICE	2ND CHOICE	3RD CHOICE	4TH CHOICE	5TH CHOICE	6TH CHOICE	7TH CHOICE	8TH CHOICE	9TH CHOICE	10TH CHOICE
	1. SCHEDULED INDIV. COUNSELLING (M & F COUNSELLING INCLUDED)	- 5 (5)	22 (14)	23 (14)	4 (2)	1 (1)				
2. SCHEDULED M & F COUNSELLING	- 0	0	0	2						
3. INDIVIDUAL/INFORMAL COUNSELLING/PASTORAL CARE (M & F COUNSELLING INCLUDED)	- 18 (2)	25 (0)	14 (1)	5 (1)						
4. M & F/INFORMAL COUNSELLING/ PASTORAL CARE	- 0	1	0	0	1					
5. COUNSELLING IN PRISON	- 2	12	1	2						
6. CRISIS INTERVENTIONS	- 3	2	6	5	12	8	3			
7. GROUP PARTICIPATION	- 3	3	9	8	4	0	1			
8. CHAPLAINCY SERVICES	- 0	0	1	3	2	1	2			
9. SPECIAL EVENTS	- 2	1	6	15	10	4				
10. DROP-IN/SOCIALIZING, ETC.	- 34	0	2	2	2					

TABLE E - 1

MOST USED AND PREFERRED (MOST HELPFUL) TYPES OF ENCOUNTER AT C.M.E.O. (1990)

BASED ON 29 PARTICIPANT RESPONSES

	1ST CHOICE	2ND CHOICE	3RD CHOICE	4TH CHOICE	5TH CHOICE	6TH CHOICE	7TH CHOICE
1. SCHEDULED INDIV. COUNSELLING	4	0	1	1	0	1	
PREFERRED	5	0	2	1	0	0	1
2. SCHEDULED M & F COUNSELLING	0	3	1	1	1		
PREFERRED	1	3	1	2	0		
3. INDIVIDUAL/INFORMAL COUNSELLING/PASTORAL CARE	11	6	2				
PREFERRED	10	8	3	1			
4. M & F/INFORMAL COUNSELLING/PASTORAL CARE	2	6	3				
PREFERRED	2	4	1	1			
5. GROUP PARTICIPATION	6	5	4	5	1	3	0
PREFERRED	5	5	7	2	2	2	
6. CHAPLAINCY SERVICES	0	0	2	0	2	4	1
PREFERRED	0	0	2	2	0	3	
7. SPECIAL EVENTS	0	2	2	6	5		
PREFERRED	0	2	2	4	5	1	1
8. DROP-IN/SOCIALIZING/INFORMATION/REFERRALS	6	6	3	2	1	0	0
PREFERRED	8	6	7	3	1	0	

TABLE E - 2

MOST USED AND PREFERRED (MOST HELPFUL) TYPES OF ENCOUNTER AT C.M.E.O. (1990) - 29 PARTICIPANT RESPONSES

(FIRST THREE CHOICES CONSIDERED ONLY.)

(FIRST CHOICE INCLUDED ONLY)

	TOTAL	PRESENT USE	FUTURE PREFERENCE
1. INDIVIDUAL/INFORMAL COUNSELLING/PASTORAL CARE	19	66 %	
PREFERRED	21		72 %
2. DROP-IN/SOCIALIZING/INFORMATION/REFERRALS	15	52 %	
PREFERRED	21		72 %
3. GROUP PARTICIPATION	15	52 %	
PREFERRED	17		59 %
4. M & F/INFORMAL COUNSELLING/PASTORAL CARE	11	38 %	
PREFERRED	8		28 %
5. SCHEDULED INDIV. COUNSELLING	5	17 %	
PREFERRED	7		24 %
6. SCHEDULED M & F COUNSELLING	4	14 %	
PREFERRED	5		17 %
7. SPECIAL EVENTS	4	14 %	
PREFERRED	4		14 %
8. CHAPLAINCY SERVICES	2	7 %	
PREFERRED	2		7 %

TABLE E - 3

1. INDIVIDUAL/INFORMAL COUNSELLING/PASTORAL CARE	38 %	
PREFERRED		34 %
2. DROP-IN/SOCIALIZING/INFORMATION/REFERRALS	21 %	
PREFERRED		28 %
3. GROUP PARTICIPATION	21 %	
PREFERRED		17 %
4. SCHEDULED INDIV. COUNSELLING	14 %	
PREFERRED		17 %
5. M & F/INFORMAL COUNSELLING/PASTORAL CARE	7 %	
PREFERRED		7 %
6. SCHEDULED M & F COUNSELLING	0 %	
PREFERRED		3 %
7. CHAPLAINCY SERVICES	0 %	
PREFERRED		0 %
8. SPECIAL EVENTS	0 %	
PREFERRED		0 %

TABLE E - 4

TOP SIX ISSUES ADDRESSED IN (FORMAL OR INFORMAL) COUNSELLING:

CHAPLAIN'S RECORDS

MOST SIGNIFICANT ISSUES ADDRESSED IN 1989 ONLY

	TOP SIX ISSUES ADDRESSED IN (FORMAL OR INFORMAL) COUNSELLING:				PERCENT '87-'89	MOST SIGNIFICANT ISSUES ADDRESSED IN 1989 ONLY			
	1987	1988	1989	'87-'89		FORMAL OR INFORMAL COUNSELLING			
NUMBER OF PARTICIPANTS:	5	46	54			Top 3 ADDRESSED	%	Top 6 ADDRESSED	%
FAMILY									
SPOUSAL CONFLICT	3	15	7	16	24%	6	11%	7	13%
MARITAL	3	8	3	10	15%	3	6%	3	6%
FAMILY CONFLICT	1	3	4	4	6%	3	6%	4	7%
FAMILY OF ORIGIN RELATIONSHIPS	0	3	0	3	4%	0	0%	0	0%
PARENT/ADOLESCENT	1	2	0	2	3%	0	0%	0	0%
ADOPTION/FOSTER HOMES	1	0	0	1	1%	0	0%	0	0%
SEPARATION/DIVORCE	0	0	1	1	1%	1	2%	1	2%
BLENDED FAMILY					0%	0	0%	0	0%
SINGLE PARENTING					0%	0	0%	0	0%
PARENTING					0%	0	0%	0	0%
PARENT/CHILD CONFLICT					0%	0	0%	0	0%
COMMUNICATION					0%	0	0%	0	0%
SEXUALITY					0%	0	0%	0	0%
ABUSE									
ABUSE/CHILD/PHYSICAL					0%	0	0%	0	0%
ABUSE/CHILD/SEXUAL	0	1	0	1	1%	0	0%	0	0%
ABUSE/CHILD/PSYCHOLOGICAL					0%	0	0%	0	0%
ABUSE/SPOUSAL/PHYSICAL	0	1	0	1	1%	0	0%	0	0%
ABUSE/SPOUSAL/SEXUAL					0%	0	0%	0	0%
ABUSE/CHILD/PSYCHOLOGICAL					0%	0	0%	0	0%
ABUSE/ELDER/PHYSICAL					0%	0	0%	0	0%
ABUSE/ELDER/SEXUAL					0%	0	0%	0	0%
ABUSE/ELDER/PSYCHOLOGICAL					0%	0	0%	0	0%
CHEMICAL DEPENDENCY									
ALCOHOL ABUSE	0	8	12	16	24%	12	22%	12	22%
ILLEGAL DRUG ABUSE	2	9	8	13	19%	6	11%	8	15%
PRESCRIPTION DRUG ABUSE	0	1	0	1	1%	0	0%	0	0%
A.A. STEPS	0	0	1	1	1%	0	0%	1	2%
COMMUNITY									
HOUSING/FINANCE	1	4	2	4	6%	1	2%	2	4%
EDUCATIONAL	0	2	1	2	3%	1	2%	1	2%
RESIDENTIAL SCHOOL/EFFECTS	0	1	0	1	1%	0	0%	0	0%
NEIGHBOURHOOD CONFLICT RES.					0%	0	0%	0	0%
VOCATIONAL					0%	0	0%	0	0%
MEDICAL					0%	0	0%	0	0%
NETWORKING/SYSTEM					0%	0	0%	0	0%
PERSONAL									
ANGER	2	21	26	35	52%	26	48%	26	48%
DEPRESSION	3	17	16	23	34%	14	26%	16	30%
GRIEF	0	3	3	6	9%	3	6%	3	6%
SELF-ESTEEM	2	18	25	30	45%	24	44%	25	46%
ANXIETY/STRESS	0	14	15	23	34%	13	24%	15	28%
ISOLATION/LOMELINESS	0	7	4	9	13%	4	7%	4	7%
COMPULSIONS	0	5	3	6	9%	2	4%	3	6%
DEVELOPMENTAL STAGES	0	4	4	7	10%	4	7%	4	7%
SUICIDAL TENDENCIES	0	3	3	6	9%	3	6%	3	6%
SPIRITUAL/VALUES	0	9	9	13	19%	5	9%	9	17%
LEGAL									
CRIMINAL BEHAVIOR	0	3	4	4	6%	2	4%	4	7%
COURT SUPPORT/ADVOCACY	2	5	1	6	9%	0	0%	1	2%

TABLE F - 1

TABLE F - 2

MOST SIGNIFICANT ISSUES ADDRESSED (1990) - 28 PARTICIPANTS' PERSPECTIVES - 1990

NUMBER OF PARTICIPANT'S ADDRESSED ON EACH ISSUE

	TOP 3 ADDRESSED		TOP 6 ADDRESSED		TOTAL NO. PARTICIPANTS ADDRESSED	
		%		%		%
FAMILY						
COMMUNICATION	9	32%	10	36%	19	68%
FAMILY CONFLICT	7	25%	8	29%	14	50%
MARITAL	6	21%	6	21%	15	54%
FAMILY OF ORIGIN RELATIONSHIPS	5	18%	8	29%	17	61%
SPOUSAL CONFLICT	4	14%	5	18%	13	46%
PARENT/CHILD CONFLICT	4	14%	4	14%	7	25%
SEPARATION/DIVORCE	3	11%	5	18%	12	43%
BLENDED FAMILY	3	11%	3	11%	11	39%
PARENTING	2	7%	2	7%	10	36%
ADOPTION/FOSTER HOMES	2	7%	4	14%	5	18%
SINGLE PARENTING	1	4%	3	11%	8	29%
PARENT/ADOLESCENT	1	4%	1	4%	4	14%
SEXUALITY	0	0%	3	11%	5	18%
DEVELOPMENTAL STAGES	0	0%	0	0%	6	21%
ABUSE						
ABUSE/SPOUSAL/PHYSICAL	4	14%	5	18%	9	32%
ABUSE/CHILD/PHYSICAL	3	11%	4	14%	8	29%
ABUSE/SPOUSAL/PSYCHOLOGICAL	3	11%	3	11%	8	29%
ABUSE/CHILD/SEXUAL	3	11%	3	11%	5	18%
ABUSE/CHILD/PSYCHOLOGICAL	3	11%	3	11%	6	21%
ABUSE/ELDER/SEXUAL	2	7%	2	7%	2	7%
ABUSE/SPOUSAL/SEXUAL	1	4%	1	4%	2	7%
ABUSE/ELDER/PSYCHOLOGICAL	1	4%	1	4%	2	7%
ABUSE/ELDER/PHYSICAL	1	4%	1	4%	1	4%
CHEMICAL DEPENDENCY						
A.A. STEPS	7	25%	7	25%	16	57%
ILLEGAL DRUG ABUSE	6	21%	9	32%	15	54%
PRESCRIPTION DRUG ABUSE	6	21%	6	21%	14	50%
ALCOHOL ABUSE	4	14%	8	29%	20	71%
COMMUNITY						
EDUCATIONAL	2	7%	3	11%	15	54%
NETWORKING/SYSTEM	2	7%	2	7%	5	18%
HOUSING/FINANCE	1	4%	1	4%	8	29%
NEIGHBOURHOOD CONFLICT RES.	1	4%	1	4%	5	18%
RESIDENTIAL SCHOOL/EFFECTS	1	4%	1	4%	3	11%
MEDICAL	0	0%	1	4%	4	14%
VOCATIONAL	0	0%	0	0%	5	18%
PERSONAL						
ANGER	8	29%	11	39%	23	82%
SPIRITUAL/VALUES	7	25%	8	29%	17	61%
DEPRESSION	5	18%	6	21%	19	68%
ANXIETY/STRESS	5	18%	6	21%	19	68%
ISOLATION/LONELINESS	7	25%	10	36%	20	71%
SELF-ESTEEM	5	18%	6	21%	17	61%
GRIEF	2	7%	3	11%	15	55%
COMPULSIONS	2	7%	2	7%	10	36%
SUICIDAL TENDENCIES	0	0%	3	11%	14	50%
LEGAL						
CRIMINAL BEHAVIOR	5	18%	9	32%	16	57%
COURT SUPPORT/ADVOCACY	2	7%	2	7%	10	36%
LEGAL SYSTEM	1	4%	1	4%	05	18%

TABLE F - 3

TABLE F - 4

SEE EXPLANATION/ NEXT PAGE	CHAPLAIN TOP 3		PARTICIPANTS TOP 3		CHAPLAIN TOP 6		PARTICIPANTS TOP 6	
	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE	NUMBER	PERCENTAGE
FAMILY								
FAMILY OF ORIGIN								
RELATIONSHIPS	1	4%	3	13%	1	4%	6	26%
MARITAL	6	26%	3	13%	6	26%	4	17%
COMMUNICATION	0	0%	7	30%	0	0%	8	35%
SEXUALITY	0	0%	0	0%	0	0%	3	13%
ADOPTION/FOSTER HOMES	1	4%	2	9%	1	4%	4	17%
FAMILY CONFLICT	3	13%	4	17%	3	13%	5	22%
PARENT/CHILD CONFLICT	0	0%	1	4%	0	0%	1	4%
PARENT/ADOLESCENT	1	4%	1	4%	1	4%	1	4%
SPOUSAL CONFLICT	10	43%	2	9%	11	48%	3	13%
SEPARATION/DIVORCE	0	0%	3	13%	0	0%	3	13%
BLENDED FAMILY	0	0%	2	9%	0	0%	2	9%
SINGLE PARENTING	0	0%	2	9%	0	0%	2	9%
PARENTING	0	0%	1	4%	0	0%	1	4%
ABUSE								
ABUSE/CHILD/PHYSICAL	0	0%	3	13%	0	0%	4	17%
ABUSE/CHILD/SEXUAL	0	0%	3	13%	0	0%	3	13%
ABUSE/CHILD/PSYCHOLOGICAL	0	0%	3	13%	0	0%	3	13%
ABUSE/SPOUSAL/PHYSICAL	1	4%	4	17%	1	4%	5	22%
ABUSE/SPOUSAL/SEXUAL	0	0%	1	4%	0	0%	1	4%
ABUSE/SPOUSAL/PSYCHOLOGICAL	0	0%	2	9%	0	0%	2	9%
ABUSE/ELDER/PHYSICAL	0	0%	1	4%	0	0%	1	4%
ABUSE/ELDER/SEXUAL	0	0%	2	9%	0	0%	2	9%
ABUSE/ELDER/PSYCHOLOGICAL	0	0%	1	4%	0	0%	1	4%
CHEMICAL DEPENDENCIES								
ALCOHOL ABUSE	10	43%	4	17%	10	43%	6	26%
ILLEGAL DRUG ABUSE	6	26%	9	39%	6	26%	9	39%
PRESCRIPTION DRUG ABUSE	0	0%	4	17%	0	0%	5	22%
A.A. STEPS	1	4%	6	26%	1	4%	6	26%
COMMUNITY								
EDUCATIONAL	0	0%	2	9%	1	4%	3	13%
RESIDENTIAL SCHOOL/EFFECTS	1	4%	1	4%	1	4%	1	4%
NEIGHBOURHOOD CONFLICT RES.	0	0%	1	4%	0	0%	1	4%
VOCATIONAL	0	0%	0	0%	0	0%	0	0%
MEDICAL	0	0%	0	0%	0	0%	1	4%
HOUSING/FINANCE	1	4%	1	4%	3	13%	1	4%
NETWORKING/SYSTEM	4	17%	1	4%	5	22%	2	9%
PERSONAL								
ANGER	11	48%	6	26%	11	48%	8	35%
DEPRESSION	6	26%	4	17%	7	30%	4	17%
GRIEF	1	4%	2	9%	2	9%	3	13%
SELF-ESTEEM	13	57%	4	17%	13	57%	5	22%
ANXIETY/STRESS	7	30%	5	22%	7	30%	6	26%
ISOLATION/LONELINESS	3	13%	4	17%	4	17%	6	26%
COMPULSIONS	1	4%	2	9%	1	4%	2	9%
DEVELOPMENTAL STAGES	3	13%	0	0%	3	13%	0	0%
SUICIDAL TENDENCIES	4	17%	3	13%	4	17%	3	13%
SPIRITUAL/VALUES	4	17%	6	26%	6	26%	7	30%
LEGAL								
CRIMINAL BEHAVIOR	1	4%	5	22%	1	4%	8	35%
COURT SUPPORT/ADVOCACY	1	4%	1	4%	3	13%	1	4%

TABLE F - 5

NOTE: 23 OF THE 28 PARTICIPANTS INTERVIEWED IN EARLY 1990 ALSO APPEARED ON THE CHAPLAIN'S 1989 LIST. TABLE F - 5, ABOVE, AND TABLES F - 6 AND F - 7, BELOW, COMPARE ISSUES CHOSEN BY THE CHAPLAIN WITH THOSE CHOSEN BY THESE 23 PARTICIPANTS.

THE THREE MOST SIGNIFICANT ISSUES WORKED ON WITH 23 PARTICIPANTS
- CHAPLAIN'S PERSPECTIVE

	PARTICIPANTS		CHAPLAIN	
	NUMBER - PERCENTAGE		NUMBER - PERCENTAGE	
1. SELF-ESTEEM	4	17%	13	57%
2. ANGER	6	26%	11	48%
3. SPOUSAL CONFLICT	2	9%	10	43%
3. ALCDHOL ABUSE	4	17%	10	43%
4. DEPRESSION	4	17%	6	26%
MARITAL	3	13%	6	26%
ILLEGAL DRUG ABUSE	9	39%	6	26%
5. NETWORKING/SYSTEM	1	4%	4	17%
ANXIETY/STRESS	5	22%	4	17%
SPIRITUAL/VALUES	6	26%	4	17%
SUICIDAL TENDENCIES	3	13%	4	17%
6. FAMILY CONFLICT	4	17%	3	13%
DEVELOPMENTAL STAGES	0	0%	3	13%
ISOLATION/LONELINESS	4	17%	3	13%

TABLE F - 6

THE THREE MOST SIGNIFICANT ISSUES WORKED ON AT C.M.E.O
23 PARTICIPANTS' PERSPECTIVE

	CHAPLAIN		PARTICIPANTS	
	NUMBER - PERCENTAGE		NUMBER - PERCENTAGE	
1. ILLEGAL DRUG ABUSE	6	26%	9	39%
2. COMMUNICATION	0	0%	7	30%
3. ANGER	11	48%	6	26%
A. A. STEPS	1	4%	6	26%
SPIRITUAL/VALUES	4	17%	6	26%
4. ANXIETY/STRESS	7	30%	5	22%
CRIMINAL BEHAVIOR	1	4%	5	22%
5. FAMILY CONFLICT	3	13%	4	17%
ALCOHOL ABUSE	10	43%	4	17%
ISOLATION/LONELINESS	3	13%	4	17%
ABUSE/SPOUSAL/PHYSICAL	1	4%	4	17%
PRESCRIPTION DRUG ABUSE	0	0%	4	17%
SELF-ESTEEM	13	57%	4	17%
6. FAMILY OF ORIGIN REL.	1	4%	3	13%
ABUSE/CHILD/PHYSICAL	0	0%	3	13%
SEPARATION/DIVORCE	0	0%	3	13%
ABUSE/CHILD/SEXUAL	0	0%	3	13%
ABUSE/CHILD/PSYCHOL.	0	0%	3	13%
SUICIDAL TENDENCIES	4	17%	3	13%
7. ADOPTION/FOSTER HOMES	1	4%	2	9%
EDUCATIONAL	1	4%	2	9%
GRIEF	1	4%	2	9%
ABUSE/SPOUSAL/PSYCHOLOGICAL	0	0%	2	9%
ABUSE/ELDER/SEXUAL	0	0%	2	9%
BLENDED FAMILY	0	0%	2	9%
SINGLE PARENTING	0	0%	2	9%
COMPULSIONS	1	4%	2	9%
SPOUSAL CONFLICT				

TABLE F - 7

APPENDICES

THE COMMUNITY MINISTRY WITH EX-OFFENDERS INC.
790 Honeyman Avenue, Winnipeg, MB, R3G 0Y1, Phone 783-8684

APPLICATION FOR MEMBERSHIP

Name:

Mailing Address:

City:

Province:

Postal Code:

Telephone Home:

Business:

Church Affiliation:

I would like to be a supporting member of the Community Ministry with Ex-Offenders by:

- Being considered to serve on the Board of Directors
- Financial support through regular monthly, yearly donations. (Donations are tax deductible)
- Becoming a friend to a client and/or family
- Helping at special events
- Volunteering regular time doing office (or other) work
- Other (Please specify)

Remarks

A donation (membership fee) of \$10.00, \$25.00, \$_____ accompanies this application.

_____ Date

_____ Signature

Thank You for your interest in and support of the Community Ministry with Ex-Offenders. Feel free to call for more information or drop in.

THE COMMUNITY MINISTRY WITH EX-OFFENDERS INC.
790 Honeyman Avenue, Winnipeg, MB, R3G 0Y1, Phone 783-8684

APPLICATION FOR MEMBERSHIP

Name:

Mailing Address:

City:

Province:

Postal Code:

Telephone Home:

Business:

I have begun a spiritual journey. Yes _____ No _____

I want to change my life style. Yes _____ No _____

I am interested in counselling. Individual _____ Group _____

I want to work on my problems in the following areas:

- Chemical addiction _____
- Criminal behaviour _____
- My goals _____
- Sexual addiction _____
- Relationships _____
- Anger management _____
- Self-esteem _____
- Others (list) _____
- _____
- _____
- _____

_____ Date

_____ Signature

INTERM REPORT

This is an interm report concerning the Volunteer Training Program of the Community Ministry with Ex-Offenders funded by a Winnipeg Core Area Initiative Grant.

Following is our Project Description:

We are proposing that we have two streams in our Volunteer Training Program: one for Community Volunteers, and one for Participant Volunteers.

Community Volunteers

Presentations will be made to Community groups to increase awareness of the needs of ex-offenders and their families. Volunteers will be recruited and trained to work in the drop-in centre, to counsel, lead groups, and to work as sponsors. Community groups will be recruited and trained to be part of Operation Lovegift (a program designed to bring reconciliation and healing to families who have come into conflict with the law).

Participant Volunteers

Participant Volunteers will be trained in the skills needed to do volunteer work within and outside the Community Ministry with Ex-Offenders; will be trained to supervise the drop-in centre, trained to do peer counselling, and will be trained to lead groups.

Community and Participant Volunteers will work together. We estimate training 20 volunteers.

From July 1 to December 31, 1990 we made 9 presentations to community groups to increase awareness of the needs of ex-offenders and their families. This resulted in 8 new community volunteers, 5 of these have become involved in our program. Each new volunteer recieved a one hour orientation session as well as careful monitoring as they began their work with us.

During the same period 3 new participant volunteers were recruited and recieved a lengthy hands on orientation.

Two training workshops were held for our volunteers. 12 volunteers attended a workshop on Native Spirituality and 13 volunteer s attended a workshop on Chemical Addiction.

We will continue our recruitment and training of volunteers for January to June 1991. Two workshops are planned. The one will deal with Family Violence and the other with Basic Counselling Skills.

A manual for volunteers containing orientation material and notes on the 4 workshops will be prepared.

Statistics of Volunteer Involvement:

	<u>Volunteers / Hours</u>	
Pastoral Counselling	3	23
Spons ring	4	15
Office Work	4	25
Housekeeping	3	26
	<u>14</u>	<u>89</u>

(average monthly - July - December 1990)

Two staff people spent an average of 27 hours monthly supervising and training volunteers.

MEMBERSHIP OF C.M.E.O. BOARD, 1989

	ROLE	AFFILIATION
Janet Atwood	President	Manitoba Area Executive Baptist Federation
Ron Starozuk C.A.	Vice President	Institutional Ministries Commission Anglican Diocese of Rupert's Land
Lew Dahl	Treasurer and Secretary	Broadway First Baptist Church
Hugh Lloyd	Member	Presbyterian Church
Rev. Bill Holland	Member	Baptist Church
Rev. Melita Rempel	Director, Open Circle (MCC prison visitation service)	Mennonite Central Committee (MCC) representative
Bill Ward	Executive, Manitoba Area of Baptist Churches	Riverside Community Church
Joyce Densmore	Member	United Church
Rev. Eric Griebing	Member	Lutheran Church
Wes Dymaa	Member	Pentecostal church

MEMBERSHIP OF THE C.M.E.O. BOARD, 1990

	ROLE	AFFILIATION
Janet Atwood	Acting chair until June	Manitoba Area Executive Baptist Federation
Rudy Friesen.	Vice Chair	Mennonite Central Committee
Lew Dahl	Treasurer	Broadway First Baptist Church
Joyce Densmore	Secretary	United Church
Bruce Cameron	Member	Broadway First Baptist
Rev. Eric Griebing	Publicity	Lutheran Church
Rev. Bill Holland	Member	Baptist Church
Hugh Lloyd	Member	Presbyterian Church
Ingrid Peters	MCC representative	Home Street Mennonite
Bill Ward	Membership Drive Committee Chairperson	Riverside Community Church Executive, Man. Area of Baptist Churches
Rev. Peter Williams	Member	Young United Church
Walter Wiens	Chaplain, Headingly Correctional Inst. (back-up/crisis calls)	Mennonite Brethren Church

Ron Starozuk is looking for a replacement from the Anglican church.

Advisory Persons

Rev. David Bloom	Pastor	Trinity Baptist Church
Rev. Wes Dymaa	Pastor	Assiniboine Pentecostal Church
Rev. Hardy Engler	Chaplain	Stoney Mountain Correctional Institution
Rev. Bruce Faurschau	Chaplain	Headingly Correctional Institution
Dr. Bill Jacyk	Drug Rehabilitation	St. Boniface Hospital
Rev. Rudy LeMaitre	Chaplain	Headingly Institution
Father Fred Olds	Drug Rehabilitation	R.C. Chaplain, Misericordia Hospital
Rev. Stan Richards	Pastor	Sherwood Park Lutheran Church
Paul Robinson	Member	Pentecostal Church
Rev. Bernard Pinet	Coordinator Chaplaincy Services, Prov. of Man.	Manitoba Youth Centre
Sister Anita Sobell	Chaplain	Stoney Mountain Correctional Institution

Employed Staff, 1989

Dr. Byron Eisey, chaplain and Director of C.M.E.O.

Nancy Johnson - Assistant Chaplain, Part Time, April to November, Mennonite Central Committee Service worker

Renate Edge Assistant to Chaplains, May to August, Government Challenge Grant
Volunteer counsellor since that time.

Volunteer StaffFull Time

Dave DuPont - Coordinator, May, 1988 to March 1989

Part Time

Rev. Dick Friesen	- Group Leader	February to March
Elijah McKay	- Group Leader	April to August (Has left to become chief of band)
Millicent Montour	- Counsellor	September to November
Douglas Murray	- Supervisor	October to December
Estelle Watson	- Typist	October to December
Jo-Anne Stefasson	- Group Leader	April to December

C.M.E.O. is actively seeking to replace Nancy Johnson with another Mennonite Central Committee service worker.

Volunteer Staff added in 1990

Helga Roehr -- Counselling, Drop-in Supervision
Hannelor Luedtke - Counselling, Drop-in Supervision

Additional 1989/90 Volunteers (Includes Participant Volunteers)

Wayne Agg	Promotion
Wally and Eleanor Arnold	Drop-in supervisor/transportation.
Jackie Ash	Sponsor
Thelma Rudy	Promotion
Norman Brasseur	Supervisor, Drop-in Centre/peer counsellor
Edna Cameron	Coordinator of Christmas dinners, last two years.
Marilyn Derksen	Co-facilitator, Women's Group.
Matt Derksen	Assistant to chaplains
Margaret Dyck	Sponsor
Mary Dyck	Sponsor
Joan Eisey,	Co-facilitator, Couples' Retreats; presently, Women's Group leader.
Norman Gross	Supervisor, Drop-in Centre
Tibor Haite	Supervisor, Drop-in Centre
Brian Kennedy	Supervisor, Drop-in Centre
Ken Lavaller	Supervisor, Drop-in Centre
Ted Pshedavak	Promotion
Dwight Rupert	Supervisor, Drop-in Centre
Alan Schnell	Supervisor, Drop-in Centre
Mike Spencer	Supervisor, Drop-in Centre

Many other Volunteers contributed in many ways.

NEWSLETTER

COMMUNITY MINISTRY WITH EX-OFFENDERS INC.
790 Honeyman Ave. Winnipeg, MB. R3G 0V1

SUMMER 1990



Alone again

OUR INTERVIEW

with Helga and Helge, two CMOO volunteers

Helga had never anticipated a ministry such as this. She conducts her own business and when Byron spoke to the women's group of her church she felt a call to do something that might make a difference. She had seen some time previously when a young man had come to her home and she had seen him at the time she had given him a glass of water and watched as he ran to the phone that could be used to call the police. She thought, "What was the man doing there? Why was he there? Why was he there?"

When she was going to start, Helga had wanted to do some volunteer work and her pastor had tried to interest her in CMOO. She was afraid of her family's response to her decision to volunteer at CMOO and didn't tell her husband about it until she had started. Her pastor has thought that this was one too dangerous for her and said she must be crazy. But Helga doesn't agree. She simply does what she's done for many years - be a mother.

In January, Helga and Helge began visiting to CMOO. They met with some apprehension, but knowing what to expect, Helga had told them a few basic rules. Her eyes were on their son when they started. They were alone at CMOO for an hour where a man and a woman sat in the room, next directly to the entrance. The man was nervous and called passed them ignoring them. They tried to talk with him and finally he asked that they show to his friend. She was still in the confusion she was brought, Helga and Helge were told Helga and Helge were old and Helge had told the story from when they had been evicted from their home. The woman had been beaten by her son and Helge and they had to sleep

Announcing

WOMEN'S GROUP

A group of women meet for personal support and prayer. It's a time to talk about problems and give an ear to each other. In addition, we have a speaker at the end of the month. Helge, our volunteer, has a message about the importance of prayer. All are welcome to join in every Wednesday throughout the summer.

are invited to attend. Helge and Helge are needed to assist in organizing the group. Call Helge at the office.

CAN YOU HELP?

CMOO uses a variety of methods to reach women. We need your help in the following areas:

- coffee
- paper
- baby necessities
- jewelry
- a fridge with a freezer

YOUTH CAMPING

Last year 14 children and teens sponsored by CMOO attended a fun-filled week at a Christian camp. This year we hope to be able to send even more young men to this wonderful time in their young lives. If you know of any teenagers who would be interested in going, please contact Helge before June 15.

SOME OF THE PAIN

by Heats Edge, summer writer in 1988.

There is a thought that lingers in my mind when I think of the ex-offenders I've talked to and worked with this summer. It is the impression that people are trapped and imprisoned even though they are no longer serving time. Many of the men and women CMOO works with are caught by

institutions such larger than headingly or Stony Mountain, and the sentence is indefinite. They are imprisoned by poverty, drug and alcohol addictions, abusive relationships, and a violent society.

When examining Christ's life, it is not difficult to discover that Christians are

called to be a part of the lives of people who are hurting. Jesus Christ singled out all kinds of people marginal to society. It has been a growing experience for us just to share some of the pain people have experienced in their lives. It is always with a mixture of pleasure and pain that I listen to someone's story.

There is a need for hope when a participant says: "All I've known is foster home, Kamies School for Boys, youth centre and prison. I'm 33 and want to live a Christian life, but my life has been so inconsistent. No one believes I'll stay out of prison. They see me back here and they laugh. I'm scared to go back to headingly. I'm too old for that now."

Both Christian counselling and a sound substance abuse program are necessary when an ex-offender says: "My mind is being torn apart by thoughts, thoughts to do bad

things, awful things...to hurt people. I used to be into the occult, and I drank and then blacked out, and got into a lot of trouble. I think I need someone to keep me from going back to all that."

There is a need to be active with the facilities of ex-offenders when a woman cries: "I think I've lost both my house for good Children's aid wants to keep this house. I'm on and threaten to evict me. I guess they've been in danger too. I don't know how to forgive him any more. Sometimes he says he'll kill me, and I wish he would."

There is an such depression, loneliness and despair in the lives of ex-offenders. Community Ministry needs to be here on these voices are heard by prayer in that CMOO can involve our churches and concerned individuals in the lives of the ex-offenders and the running of this ministry.



CMOO LAWN CARE

- Spring Cleaning-
- Lawn Care-
- House Cleaning-

REASONABLE RATES - prompt SERVICE
Phone 783-8684

SPONSORED BY THE COMMUNITY MINISTRY WITH EX-OFFENDERS

help a person go straight

NEWSLETTER - SUMMER 1990
COMMUNITY MINISTRY WITH EX-OFFENDERS INC.
790 Honeyman Ave. Winnipeg, MB. R3G 0V1
Rev. Byron Elroy, Chaplain, 783-6666

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Martens, Hedy L.
An eco-systemic
approach to family
violence and related
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Community Ministry
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