

Evaluation Report
for the
North Central Community
Association
Regina Anti-Gang Services
Circle Keeper Project

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CONFIDENTIAL DRAFT May 10, 2011

This report is dedicated to the memories of two young women who died far too young. Trish Ewenin died of a drug overdose and Patience Bruce was stabbed to death. They contributed greatly to their families, friends and the Circle Keeper Program.

Letter to Trish

Hey girl it's me Loretta,¹ I've been praing for you lots girl. Now that I know whats really going on with you, I pray even harder, I know our gone, but not forgotten. My heart aches to know what You went through, but I know it must have been time for you to go. I'm sad, I'm happy but most of all I'm glad that you aint suffering anymore, your up in the hinting grounds, probably with your mom now. At least your happy, thinking you are happy helps me grip reality in a positive way. Imma miss you girl. One day I shall see you again, and when tat day comes I know your will be there with open arms. I wont forget you Trish, you opened up to me because you felt comfortable, that makes me feel good inside, knowing I can be that person you can open up to. I really miss you already, but I still got love for ya. I'll be strong for you. Much love home girl.

Your home girl Loretta.

¹ Not her real name. Pseudonyms are used to protect the identity of participants.

As a First Nations Women why is my body important to me?

My body is important to me because it's the only one that I have, and my body is the reason why I'm breathing, eating, drinking water, and just basically living. So it is very important.

How do I respect myself?

I take pride in how I look. I take pride in my cleanliness.

I buy ~~myself~~ myself nice clothing.

(I have a lot of work to do) I have to start respecting my health, and body a lot more than I do

How do I disrespect myself?

I disrespect myself in a lot of ways, that I am ashamed to say.

I prostitute my body to old disgusting men for money, in most cases to buy drugs, not intentionally to self destruct, but to feed my addictions. I draw ~~me~~ myself in drugs day after day.

I stick needles in my arms to feed them with drugs just to feel an artificial happy, that just never comes.

I have a lot of work to do on myself. Hmmm? Where to begin?

(written by Nora, aged 20, a Circle Keeper participant)

ACKNOWLEDGEMENTS

This report would not have been possible without the support and critical feedback of many persons. The authors would like to thank the following individuals: Jacqui Wasacase, Director of the RAGS project; Bonnie Peigan and Vicky Ward, Circle Keeper staff; Superintendent Bob Mills, Officer in Charge F Division, Operation Strategy Branch, RCMP, and Chair of the RAGS Advisory Committee; Neil Hintz, Indian and Northern Affairs Canada; Rob Deglau, North Central Community Association; and Barb Rawluk, National Crime Prevention Centre. Last, special thanks are owed to the young women involved in the Circle Keeper Project. Your participation in the evaluation is commendable. You have given freely of your time and your voices form the foundation of this report.

Mark Totten

This program has helped me recognize my faults and my difficulty to find who I really am. To mentally be able to think positive when negative thoughts try win my thinking. To be able to clear my mind of all the bad memories and be able to forgive and to learn to forgive others, teach myself more respect for others and others belongings. And to be a better parent and now to control my anger and angry outbursts.

(written by Loretta aged 21 years)

What are your greatest strength? My abitily to be independent on my self no one else. What would you choose to change? I choose to change my seenaeary around me, everything around me. What makes me happy? Wht makes me happy to think by bay boy is on his way. Describe who you are today: I am a women who been though ups down and still got back up. What do you love most about yourself? I love my nationality.

(written by Julie, six months pregnant, 21 years old)

1. EXECUTIVE SUMMARY

The purpose of this report is to provide an overview of the evaluation activities for the Circle Keeper Program of the Regina Anti-Gang Services Project for the period of December 2010 – March 2011. The RAGS Project is a unique initiative for gang-involved Aboriginal youth and young adults aged 16 – 30 years living in the North Central neighbourhood of Regina. It is the only Canadian project of its kind. The RAGS program engages clients in intensive daily services aimed at reducing their involvement in gang life and facilitating their exit from gangs. Circle Keeper is one of the four core programs. The other programs are Life Skills Programming for Young Men; Intensive Gang Exit Counselling; and Outreach to schools and institutions.

Both quantitative and qualitative methods were utilized in the evaluation. Fourteen young women completed a baseline interview and eight completed a follow-up survey. Two of the young women who completed baseline surveys died prior to completion of the follow-up surveys. A pre and post design was used for the measurement of change over time. The post measure was administered three months following the baseline measure. It is clear that the Circle Keeper intervention has had a positive effect on the treatment group.

The mean and median ages of the fourteen participants were 21.4 years and 20 years respectively. Of the eight young women who completed follow-up surveys, all continued to have close friends who were gang members. Seven young women reported that they frequently partied with gang members at baseline, and these same seven reported having continued partying with gang members throughout the three month program. The one participant who did not party with gang members at baseline did not party with them during the program. Seven participants had a gang-involved boyfriend at baseline whereas only four had gang-involved boyfriends at the time of the follow-up survey. The remaining young woman was in a relationship with a severely abusive partner at baseline and she terminated this relationship during the program. Two exited their gangs and another remained an active gang member. Three participants who were using intravenous drugs daily at baseline got off these drugs in February 2011 and were in a methadone program. An additional woman stopped hard drugs during the program and was only using marijuana at the three-month follow-up. Three women continued their intravenous drug usage throughout the group. Two participants stopped dealing drugs whereas three continued to deal drugs at follow-up. Six decreased their involvement in non-violent crime and four women decreased their involvement in violent crime. Four were active in the sex trade at both time periods, two had reduced their involvement, and one young woman had gotten out of prostitution completely at follow-up. Seven participants engaged in frequent binge drinking at both baseline and follow-up. Seven had frequent contact with police at baseline, whereas only one woman had contact with the police during the group program.

Each participant attended on average 38% of all group sessions, or 21 days of programming. On average, the total cost per case was \$10,053.86, or \$2,513.46/month. This includes all administration costs, such as rent, staffing, evaluation and participant stipends. Given the relatively low attendance rate, this was an expensive program to deliver. Costs are considerably higher compared to the average male RAGS client.

Key conclusions of the evaluation include reductions in the overall risk levels and individual risk levels of participants over time. The Circle Keeper program should be replicated in Canada.

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3. INTRODUCTION

My baby daddy and couple of other boyfriends were gang members. All were part of NS. I wouldn't fuck with anybody who was not – I'd get a minute. They are family. I will never leave. My best friends are in the gang. My sisses and friends. I have never got a minute from NS. I am affiliated, that's all. Lots of people say that I am, some are my best friends. I have easy access to money, drugs, anything I need for people who are looking – drugs – I am always the connection person. My Mom started bringing her buddies around (to abuse me) when I was very young. (written by Loretta, aged 21 years)

The sponsoring organization of the Circle Keeper (CK) program was the North Central Community Association (NCCA), located in the heart of the North Central neighbourhood at 1264 Athol Street in Regina. The CK program is part of the Regina Anti-Gang Services Project. Due to challenges the CK program experienced during the first three years of the RAGS Project, \$140,000 in additional funding by the Urban Aboriginal Strategy (UAS) and the National Crime Prevention Centre (NCPC) was provided for the four month period, starting in December 2010 and ending in March 2011. The Interim Evaluation Report of the RAGS project describes the challenges related to the delivery of the CK program.² The goal of the additional funding was to inject additional resources into the Circle Keeper program in order to fully implement the program and conduct a solid evaluation. The Project was evaluated by Totten and Associates.

The Regina Anti-Gang Services Project (RAGS) was developed in 2007 in response to the high level of gang activity in the North Central neighbourhood of Regina. At the time, active Aboriginal gangs included Native Syndicate, Native Syndicate Killers, Natives Looking To Get Paid, and Indian Posse. Regina Anti-Gang Services was a direct result of community consultation with experiential youth involved in gangs and research on gang exit projects in North America. The RAGS proposal to the NCPC was the outcome of a community coordinating committee, which had been developing a strategy to address the gang problem in Regina.

Historically, Regina's North Central has had the presence of socio-economic disadvantage which plays a part in a high crime rate. It has the highest Crime Location Quotient (LQV) in the city of Regina³. The Regina population is roughly 200,000 individuals; approximately ten percent are Aboriginal. Not including the Downtown East Side in Vancouver, Regina's North Central is likely the most deprived neighbourhood in Canada. About one-third of all residents are on social assistance, and many depend on food banks to make it through the month. Fully one-quarter of all police calls originate from the 175 blocks of North Central, with a population of 10,500 transient residents. The rates of serious and violent crime are exceptionally high compared to all other areas of Regina.⁴ Almost one-half of the residents are Aboriginal (many move from the intolerable conditions of their reserves to North Central), and their numbers are ballooning given the fact that the Aboriginal birth rate is very high in Canada.⁵ The incidence of 'babies having babies' (young teens having children) is estimated to be just

² Totten and Dunn, 2010.

³ Statistics Canada, 2006.

⁴ Parnes and the Regina Inner City Community Partnership, 2003.

⁵ Statistics Canada, 2006.

about the highest in Canada. The average family income is about one-half of the Regina average (\$25,000).

There are four elementary schools in North Central and most kids have multiple school moves in any given year. Multiple school transitions is one of the key risk factors for school drop-out and failure. In 2006, the Regina Qu'Appelle Regional Health Authority's Needle Exchange program⁶ distributed about 1.8 million needles. Some studies suggest that that North Central has a higher incidence of intravenous drug users than the Downtown Eastside.⁷ This is not surprising given that in Canada in 2002, Aboriginal persons accounted for 14.1% of the total reported AIDS cases where ethnicity was known.⁸ It is common to see very young Aboriginal girls trading sex for money, drugs, food or a place to stay in North Central. This is commonly referred to as 'survival sex'. Violence against sex trade workers is widespread.

Given the above situation, the North Central Community Association positioned itself to be a key spokesperson for the community, and worked with the community to enhance the quality of life by representing, promoting, developing partnerships and unifying community through programs and services. In 2007 it was part of the Regina response to a larger gang strategy that included two other initiatives: 1) The Regina Regional Intersectoral Committee (RRIC), a collective forum of human services leaders working in partnership and with others in the community to develop and deliver human services in a coordinated responsive and effective manner. The RICC made gangs one of its top five priorities in 2007 and worked on a city-wide strategy; and 2) The Ganging up on Violence Committee, a sub-committee of the North Central Community Association.

⁶ www.rqhealth.ca/programs The Street Project van is on Regina streets Monday to Friday evenings. The program helps prevent the spread of HIV/AIDS, Hepatitis B and C, and other blood borne and sexually transmitted diseases. There is counselling for sex trade workers and street youth, and a Needle Exchange program for injection drug users and condom distribution. Needle exchange services are also available at Carmichael Outreach (1925 Osler Street) and through the STD clinic at 2110 Hamilton Street.

⁷ Findlater et al., 2000.

⁸ Public Health Agency of Canada, 2003.

4. PROJECT DESCRIPTION

4.1 Description of Model and Literature Review

In October 2007, NCCA was awarded \$2.6 million over four years through the NCPC Youth Gang Prevention Fund. There are five key programs in the RAGS Project (including the CK program). Each program employs elements of Multi-Systemic Therapy, Wraparound, harm reduction, and provides cultural and faith-based support to participants. Traditional circle practices, which focus on the mental, emotional, physical, and spiritual aspects of life, frame the activities. Participants who do not wish to reconnect with traditional Aboriginal culture are provided with other faith-based alternatives. All services are gender-responsive – whenever possible, female staff work with female participants, and the content of the programs for female participants addresses the unique needs of young women.⁹ All group programming is gender-specific – male and female participants are never mixed in the same group. All programming for young men addresses their unique needs and a mixed gender staffing model is employed. These practices are evidence-based, adhering to the guidelines of quality programs in other countries.

Wraparound Process (WP) and Multi-systemic Therapy (MST) models were modified to better suit the needs of gang-involved Aboriginal young people. MST focuses on the multiple determinants of criminal and anti-social behaviour, and provides services in the youth's own neighbourhood. Offending is viewed as having many causes; therefore, interventions focus on the multitude of factors influencing anti-social behaviour. The family is the primary area of work, and building on the youth and family's strengths is a main focus of the intervention. There is an average of 60 hours of contact with families over a four month period (a couple of hours weekly).¹⁰

WP has been successfully used with adolescents who have serious emotional disturbances and are at risk of out-of-home placement. WP refers to a specific set of policies, practices, and steps which are used to develop individualized plans of care that are based on the unique strengths, values, norms and preferences of the youth, family and community. WP has emerged as a major alternative to the traditional treatment planning processes inherent in the 'categorical' services (meaning restrictive, pre-developed services which youth and families must 'fit into') for children and adolescents with serious emotional and behavioural disorders. The Wraparound Milwaukee model is integrated with the child welfare, mental health and juvenile justice systems.¹¹

RAGS focuses on both the social context in which gang-related behaviours develop, while at the same time targeting individual change. Education, employment, social service, addictions, child welfare and justice sectors are key partners. Staff members employ an intensive case management model. Individual and group counselling targets problems that predict known risk and protective factors. The intensity of programming is much higher compared to that in MST and Wraparound (for example, MST averages approximately 60 hours over a typical four month intervention, whereas RAGS intensive cases average roughly 385 hours over 77 weeks).¹²

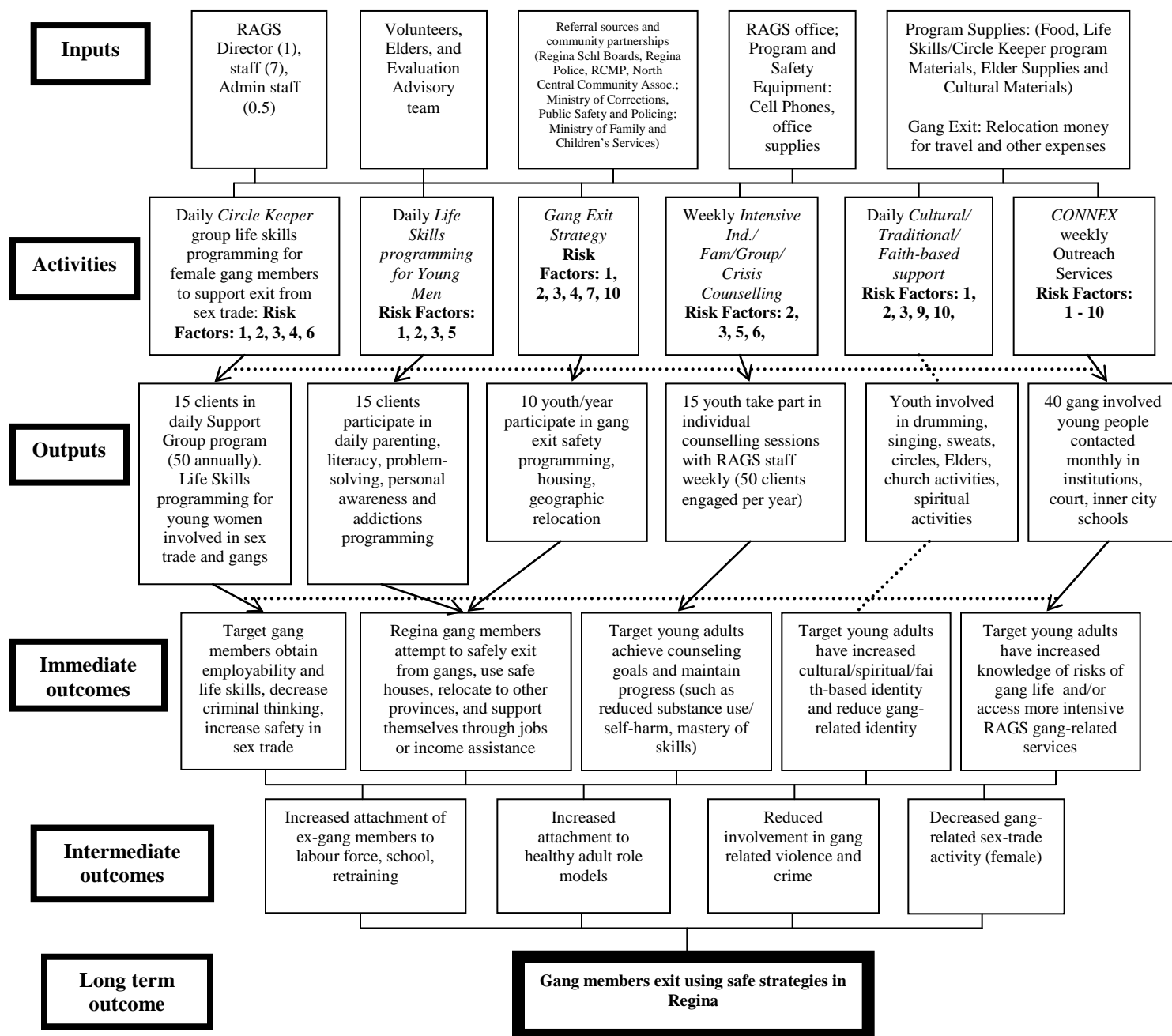
⁹ Totten, 2004.

¹⁰ Interventions follow the trademarked MST intervention of the Family Services Research Centre at the Medical University of South Carolina. See Henggeler et al., 2002.

¹¹ Kamradt 2000; Burchard, Bruns and Burchard, 2002.

¹² Totten and Dunn, 2011.

4.2 Figure 1: Logic Model



The dotted lines connecting the various activities and outputs indicate the interconnectedness of services and outcomes.

4.3 Program Activities

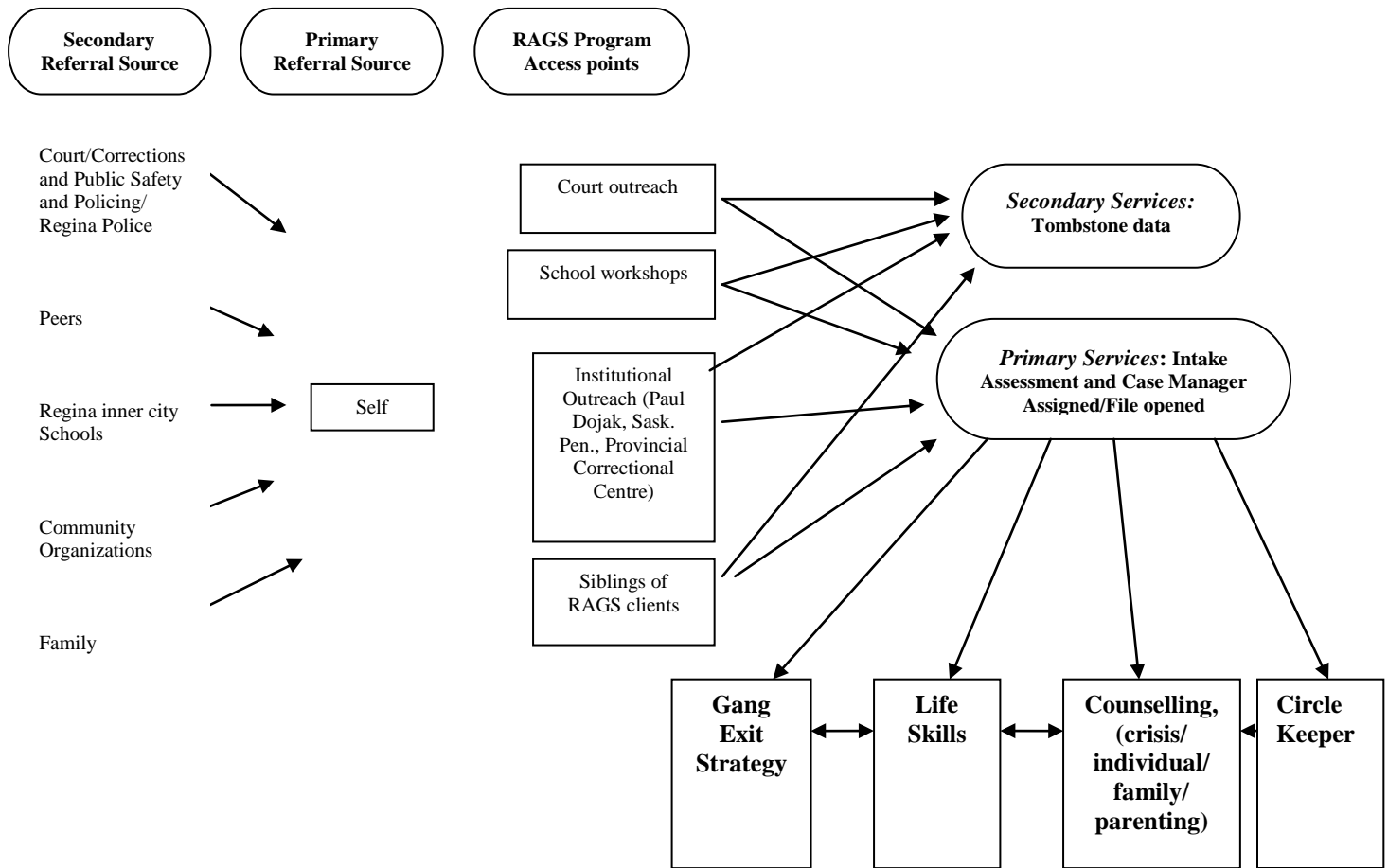
The objectives of the Circle Keeper program were to: increase protective factors and decrease risk factors for gang involved young women and those who are gang - affiliated (through male partners, partying and the sex trade) through group programming, cultural supports and a harm reduction approach; increase protective factors and decrease risk factors for gang-involved and gang-affiliated young women involved in the sex trade through group programming, cultural supports and a harm reduction approach; increase attachment to the labour market and to school; and reduce substance and alcohol abuse.

The focus of Circle Keeper group was on education and skill training. The Circle Keeper Program used therapeutic support groups with female-only staff to address needs in the areas of personal safety, addictions, family, parenting, employment, self-esteem, healthy relationships, and literacy. In January, group sessions were held Monday – Friday from 1 p.m. – 4 p.m. Starting in February, group sessions took place Monday – Friday from 9 a.m. – 4 p.m. Women were paid a daily stipend of \$40 for attendance at full day groups and \$25 for attendance at the half-day groups. The stipends were reduced if participants were late or chose to leave early. If participants failed to show up for a session, they were not paid for that day. The intention was to make the CK group as close as possible to an actual job experience. Individual counseling sessions were also provided to participants who indicated that they wanted to pursue personal issues related to specific goal areas.

Figure 2 below describes the RAGS service flow. Although there is a self-referral process, secondary referral sources include the justice system (courts, police, Corrections, Public Safety and Policing), Regina inner city schools, other community organizations serving high-risk youth (social services, faith-based, youth agencies), peers (who tell gang-involved friends about the programs), and gang-involved family members. Referrals flowed through four main access points into RAGS programs. These access points were: court outreach; presentations to high-risk students in inner city schools; outreach into institutions (Sask. Pen., Paul Dojak Youth Centre, Provincial Correctional Centre); and siblings of RAGS clients. As *Figure 2* illustrates, contacts by young adults with these access points resulted in one of two outcomes: 1) the case remained as an informal ‘contact’ (secondary case) with the RAGS program (this decision was made by the young person), with ongoing participation in services designed to provide information, referral, and engagement in more intensive services; or 2) the case was designated as ‘intensive’ (also referred to as a ‘primary’ case). This decision was again made by the young person. Intensive cases were assigned a case manager and the intake assessment was initiated. ‘Intensive cases’ were defined as those youth who met the minimum risk criteria and who had regular (at minimum bi-weekly) contact with program(s) for a minimum three months - 30 hours over 90 days minimum. ‘Contact’ (or non-intensive) cases had irregular contact with the RAGS Project, primarily through the Outreach Program to schools and institutions. At minimum, monthly face-to-face contact with program(s) for three months (ten hours over 90 days minimum) was required for the ‘secondary’ designation.

The intake consisted of the standard set of baseline instruments (see *Appendix A*).

Figure 2: RAGS Project Service Flow



4.4 Target Group:

Young women aged 15 – 30 who are gang members or who are affiliated with gangs through a boyfriend/husband, partying or the sex trade. The eight key risk factors addressed by the CK program included individual-level factors (prior delinquency and criminal behaviour; aggression and violence; addictions; involvement in the sex trade), peer group-level factors (boyfriends/husbands who are gang members), family-level factors (family violence; family members in a gang; extreme economic deprivation).

Circle Keeper Program

1) Why do I come to the Circle Keeper Program?

I come to the circle keeper program because it is a clean place to come to keep busy, and learn meaning and useful techniques on yourself and everyday life.

2) What do you want to achieve from this program?

I would like to get a better understanding of myself, of why I do the things I do, and how it effects every aspect of my life.

What have you learned?

I have learned ~~different~~ about different types of relationship both healthy, and unhealthy, and I've gotten a better understanding on my self worth. I just need to put more practice into it. I am in the process of learning more.

5. EVALUATION QUESTIONS AND OBJECTIVES

The purpose of the CK evaluation was to thoroughly document the program implementation in order to contribute to the knowledge of what components work best to prevent or reduce gang involvement and gang affiliation. The Evaluation collected information from participants to determine their level of gang involvement/affiliation and/or their level of risk of becoming involved in or affiliated with a gang; collected baseline and three month follow-up information which indicate if there was a change over time in participants' level of risk and their level of gang involvement or affiliation; measured and reported on whether participants join or remain in gangs and their involvement in gang-related crime; and measured specific risk and protective factors which were addressed in RAGS activities.

The key outcomes which were measured by the Evaluation include:

- increased protective factors and reduced risk factors for young women involved in gangs and young women affiliated with gangs through male partners, partying and the sex trade.
- Increased protective factors and reduced risk factors for participants involved in the sex trade;
- Increased protective factors and reduced risk factors for participants involved in hard core drug and alcohol abuse;
- increased attachment to the labour market and school

There are three primary categories of questions for the RAGS Evaluation: process questions, outcome questions and descriptive cost analysis questions.

- a) **Process-related questions:** How was the CK program implemented? What will facilitate the replication of the CK program? What are the recommendations for implementation of a project such as CK in order to increase the likelihood of achieving desired outcomes?
- b) **Outcome-related questions:** What were the specific goals and objectives of the CK program? What was the effect of the CK interventions on clients? Was the dosage of intervention (intensity) related to outcome?
- c) **Descriptive cost analysis:** This cost analysis instrument is found in *Section 8.2* of this report. The following question guided the descriptive cost analysis: What was the average cost per participant?

6. METHODOLOGY

Dear (two daughters),

Hello my girls! I think of you both often and miss you very much. I wish I could be there for you both, but, I can't right now. I'm sorry I haven't written you girls for a long time, but I'll try to write more. I love you, I want you to always remember that, no matter what. I hope you both understand one day why I wasn't there. But don't listen to other people. Always know that I love you and I want to be a part of your lives, just that things bad happened and maybe one day I'll be able to see you both again. Please don't give up on me, because I will never give up on you both, no matter what. I love you.

(written by Carolyn, aged 30 years)

6.1 Evaluation Design

A pre and post design was used. Given the very tight timelines of the program (funding was secured in early December 2010 and the program had to be completed by March 31, 2011), the post measure was administered three months following the baseline measure. It was not possible to use a control group. A variety of data collection sources and methods were employed, including quantitative (baseline and follow-up surveys with clients) and qualitative (field observations; focus groups at baseline and follow-up; life stories, poetry and other writings completed by participants). The baseline tools for the evaluation were selected and reviewed with CK staff in June 2009, based on feedback from clients and staff. *Appendix A* provides the final version of the Evaluation Survey Instrument.

6.2 Data Collection Methods

A variety of quantitative and qualitative analytical techniques were used. Indices were created from survey questions that scored each youth in terms of their behaviour. The Evaluator administered almost all evaluation measures with program participants (baseline and follow-up). CK staff completed two baseline surveys and two follow-up surveys. Each client was assigned a unique identifying number based on a simple coding system using ten-characters. Each unique client number consists of the last two digits of the year of the first contact with RAGS, the rolling number of total youth accessing services in the given year, the first initial of the client's first name, the month the client was born, the first letter of the client's last name, and finally the last two digits of the year the client was born. All pre and post evaluation tools were coded with client numbers, permitting the Evaluator to track behavioural changes over the three month period.

6.2.1 Quantitative Instruments

All tools for the Evaluation Survey were selected from the menu of acceptable tools proposed by the NCPC and were reviewed with the RAGS staff team. Revisions were

made to the tools based on feedback from staff and a small group of clients. Each instrument was used as a baseline and follow-up measure.

Two instruments in *Centre for Disease Control Measuring Violence-related Attitudes, Behaviors, and Influences Among Youths* were selected. They include:

- ◆ *Rutgers Teenage Risk and Prevention Questionnaire* (Nakkula et al., 1990 [Additional items developed by Institute of Behavioral Science, 1990]);
- ◆ *Depression – Rochester Youth Development Study* (Adapted by Rochester Youth Development Study from Radloff, 1977) (slightly revised by Totten, 2008)

The final instrument is the *Gang Member Interview* (OJJDP, 2002, revised by Totten, 2008). Questions were added on experiences in the child welfare and correctional systems (number and length of placements); gang affiliation through boyfriends and partners; sexual abuse; involvement in the sex trade; and self harm (slashing, burning, etc.).

6.2.2 Qualitative Methods

While quantitative measures are required to tell the full story of the CK program's ability to achieve its outcomes, the use of qualitative measures provides an in-depth and rich context to the evaluation. There were three types of methods used in the Evaluation: field observations; focus groups with participants; and life stories submitted by young women. Field observations were conducted in early January 2011 and again in late March 2011. Focus groups were held at these times as well. *Section 8.1.3* provides findings from these qualitative measures.

Data from field observations consist of detailed note taking by the Evaluator during and immediately after observing program activities. The focus was on the process and quality of staff interventions (i.e. how was the group program delivered; were the interventions being delivered as they were intended [i.e., did they follow the basic foundations of Wraparound Process and Multi-systemic Therapy?]). Focus groups were facilitated by the Evaluator and followed the series of open-ended questions found in the *RAGS Youth Focus Group Questions* (Totten, 2008) interview guide contained in *Appendix A*. Finally, the primary function of asking participants to write their life stories was to verify and supplement quantitative data from the evaluation surveys, investigate key areas of the participant's lives in order to gain a better understanding of pathways into gangs, the gang exit process, and the mechanics of the CK program (i.e., how did the participants understand the role of the program in their own lives, did they see their current gang status as being related to CK), and to provide participants with the opportunity to have their voices heard.

6.3 Methodological Limitations

There are a number of methodological limitations to this evaluation study. First, there is room for bias in the completion of evaluation surveys given that the Evaluator administered the questionnaires with young people. It is possible that participants may have attempted to show themselves in the best possible light given the presence of the Evaluator. However, there was no other way to get accurate information from

participants given that almost all had low levels of literacy. During pre-testing of these tools, youth were given the option of completing surveys on their own or with other youth present in the same room. Data from these initial surveys were replete with errors and inaccuracies due to both the negative dynamics within the group and a lack of comprehension by youth regarding the survey questions.

Two measures were put in place to address the potential of bias during survey completion: interviews with program staff on each case; and reviewing the written life stories of participants. These strategies are based on those used in previous studies with comparable samples.¹³

Finally, a control group design was not used given the time constraint and the low number of participants in the treatment group. This places limitations on the evaluation.

1) A letter to my heart: The only heart I have.
I apologize for all the damage that I've caused you.
For taking you for granted, and causing you pain,
when on numerous occasions even now, you've told me
enough; enough! I would like to take the time to get to
know you, and begin to understand your worth, and why
you are so important to me. You are my only heart,
and I would like to start off fresh, and begin to value
the great heart that I have. I'm sorry for the pain that
I have endured you, and myself. Yours truly, [REDACTED]

2) A letter to my body: The only one I have
Dear body of mine, I am extremely sorry for the disrespect
and filth of disgusting old men that I've brought upon you.
I do love you. I need to learn to love you more, and I need
to learn your true value. I have a lot of work to
do, and that has to come within. I'll do my best to respect
the one and only beautiful body

I love my body and my heart. But not to the best
of my ability. I've put it through destruction pain, and
deadly situations with no care at all.
It is my job to take care of my body and my heart, and
in my case I haven't. If I continue to put my body and heart
in self destruct any longer, I WILL DIE.
I don't want to die. I have a lot of work to do on myself and
in order to learn to value my body and its worth, and I need
to learn what my body and heart is actually worth.
(I'm stuck in a rut) I am a beautiful person. And that
I need to tell myself everyday! Along with no longer
abusing myself with fucking DRUGS!

¹³ For example, see Totten, 2000; Totten, 2001; Kelly and Totten, 2002; Totten and Kelly, 2005.

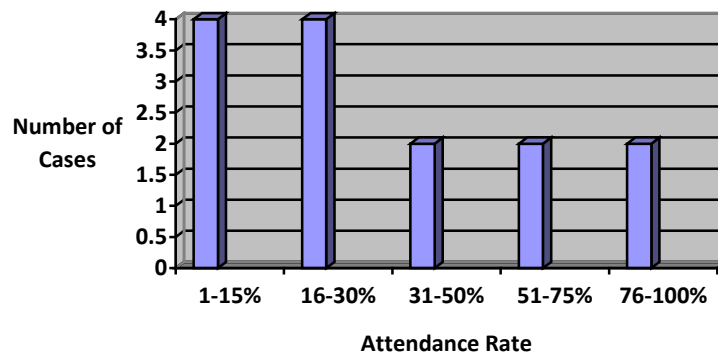
7. PROCESS EVALUATION FINDINGS AND INTERPRETATION

The following process-related questions, outputs and indicators are addressed in this section: length and intensity of programs; attendance rates; and baseline survey data.

7.1 Length and Intensity of Program

On average, the fourteen young women in the program attended 38% of all sessions (56 days in total), or seven days per month. *Figure 3* presents the breakdown of attendance rates for the fourteen participants.

Figure 3: Attendance Rate (N = 14)



7.2 Baseline Data

The mean age for the 14 clients who completed baseline surveys was 21.4 years and the median age was 20 years. The age distribution is found in *Figure 4*. Ten young women identified as Cree and four said that they were Métis.

Figure 4: Age Distribution (n=14)

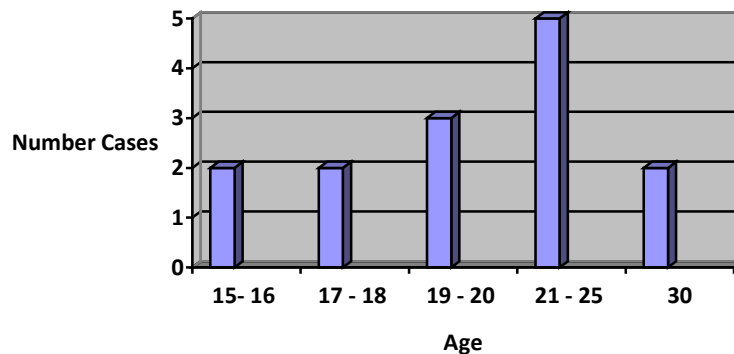


Table 1 provides an overview of the types of risk faced by participants. All were either current or ex-gang members and/or had a boyfriend who was a gang member. All had serious substance abuse issues, close friends and family members who were gang-involved, and had dropped out of school at a young age.

Table 1: Types of risk factors experienced by participants (N = 14)

Types of risk factors	Number of participants with these risk factors	Percentage of participants with these risk factors
Current/Former Gang Member/Affiliated Through Boyfriend	14	100%
Substance Abuse Past 6 Months	14	82%
Friends Who are Gang Members	14	88%
Family Who are Gang Members	14	90%
Violent Crime Past 6 Months (beaten up/ battered someone)	10	%
Suicide Ideation Past 6 Months	8	%
School Exclusion (dropped out)	14	%
Violent Victimization Past 6 Months (beaten up by another person)	11	%
Limited employment skills (unemployed)	12	%
No Risk factors present	0	0%
Total no. of participants	14	N/A

At intake, eight young women were scored as being high risk and six were scored as being medium risk. Analyses used to derive these data are described on page 34.

Eight young women had at least one child and one participant was pregnant (see *Figure 5*). Just under one-quarter of these participants reported that they were sixteen years or younger when they had their first child. *Figure 6* summarizes the age of birth of first child. Only two participants were directly involved in looking after their own child(ren); most were cared for by child welfare or other family members.

Figure 5: Clients with Children (n=14)

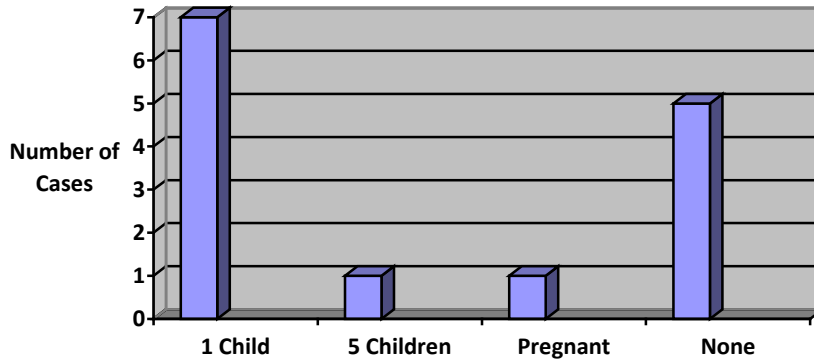
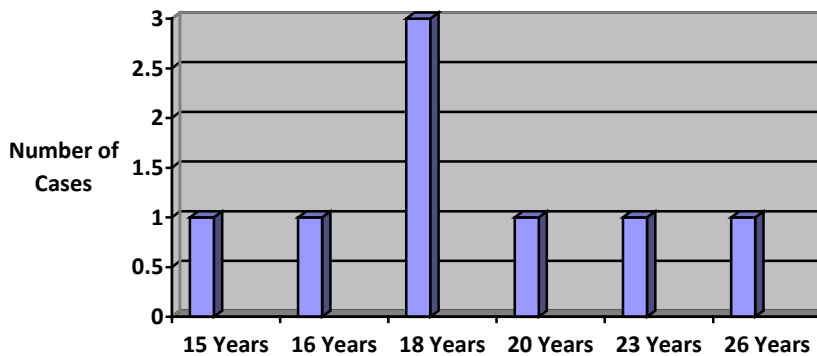
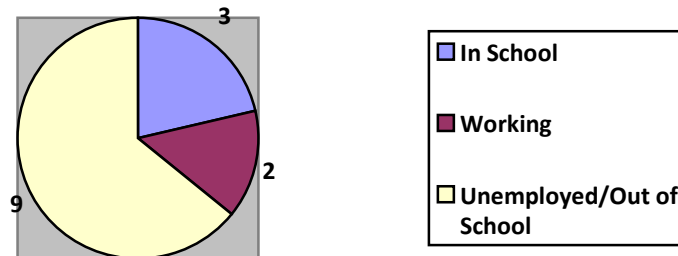


Figure 6: Age at Birth of First Child (n=14)



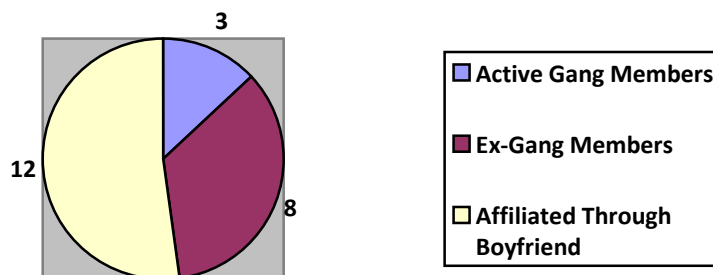
Employability and academic performance are both important risk factors for gang involvement and protective factors which can support gang exit. Nine participants reported that they were neither employed or in school at the time of the baseline survey. The three young women who reported being in school were in an adult education program working on grade twelve. Both participants who were working had jobs in the food industry. *Figure 7* reports on these data. Of the eleven youth who were not in school at the time of the baseline survey, two had a grade seven education, one had completed grade nine, three had their grade 10, two had completed grade eleven, two had their grade twelve, and one had completed two years of university.

Figure 7: School/Employment Status (n=14)



Three participants reported that they were current gang members, eight had been gang-involved during the recent past, and twelve were currently affiliated through a boyfriend. (see *Figure 8*).

Figure 8: Gang Status (n=14)



Of the 11 gang-involved participants who were active or ex-gang members, one reported being a leader, four said that they were affiliates, two were soldiers, four youth stated that they were peripheral members. *Figure 9* reports on these data.

Figure 9: Rank in Gang (n=14)

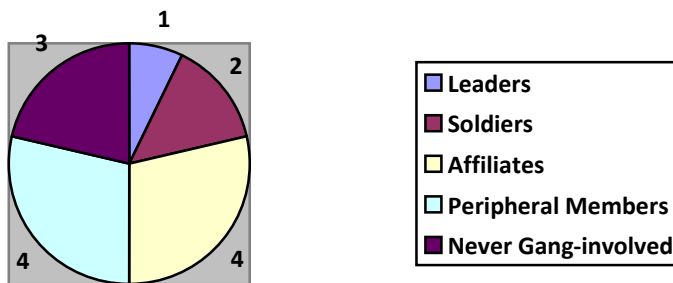


Figure 10 provides data on age of participants when they first joined a gang. Over one-half joined before age 14 years.

Figure 10: Age Joined Gang (n=14)

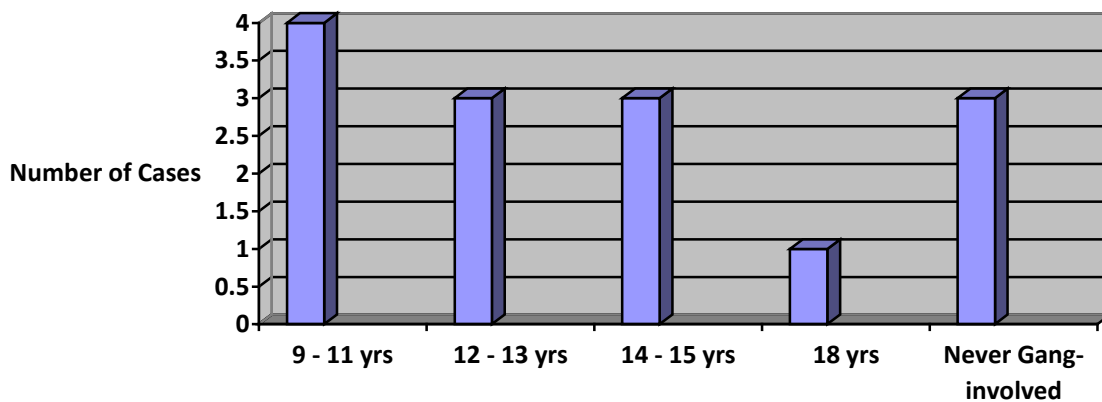
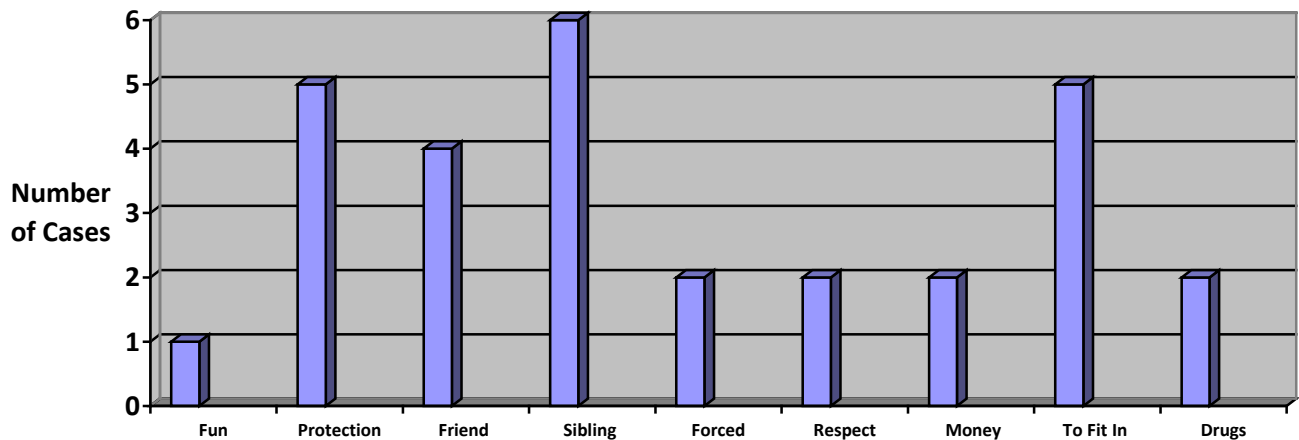


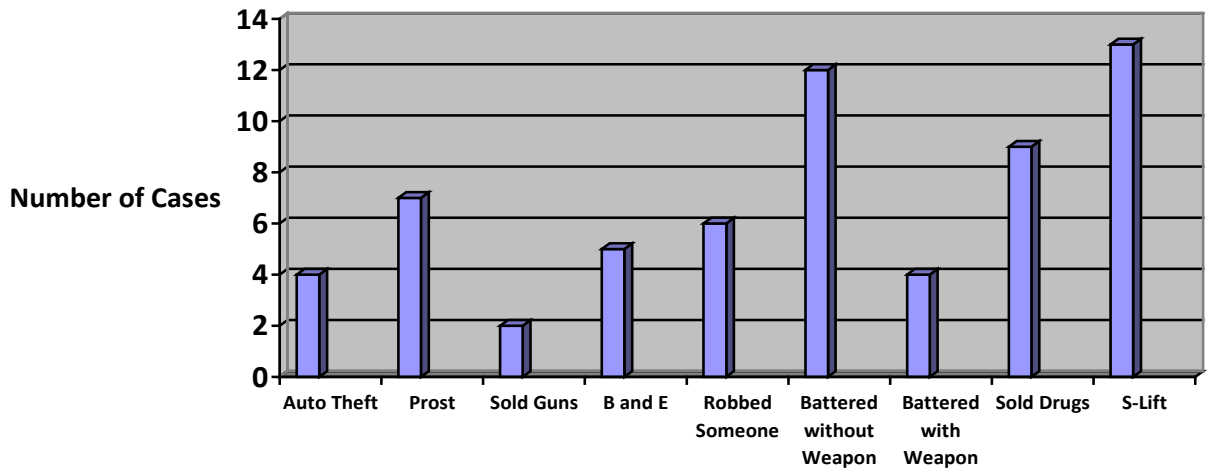
Figure 11 provides a summary of the participants' top ranked reasons for joining their gangs. The most frequently top ranked reasons were for protection, because friends or siblings were in the gang, and to better fit in.

Figure 11: Top Ranked Reason for Joining Gang

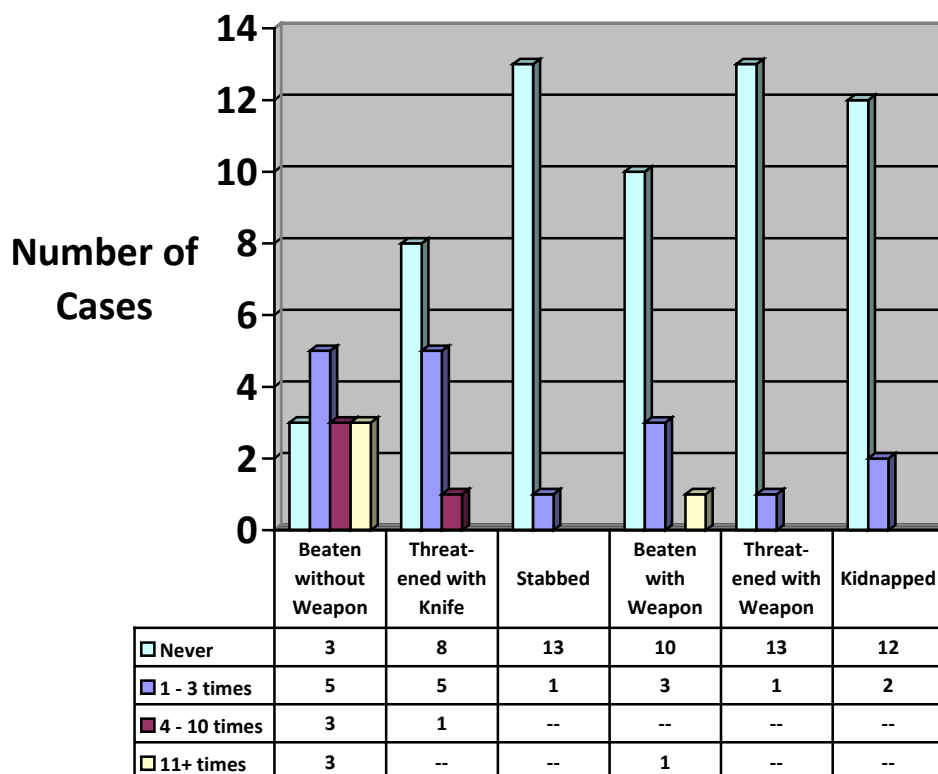
Two key risk factors for gang membership are having family members and close friends who are gang members. All participants reported that they had both family members and close friends who were gang-involved. The actual number of family members and/or friends who are gang members is also an important risk marker for gang involvement. All participants reported that they had many (five or more) close and extended family members who were gang involved – and often these family members were involved in different gangs. All participants reported that they had many friends who were gang members.

Participants were involved in serious crimes, whether gang members or not, for the six month period of time preceding survey completion. *Figure 12* summarizes these data. Of particular concern is self-reported perpetration of severe violence on other persons. Twelve participants reported that they had beaten or battered someone without using a dangerous weapon and four said that they had done this using a dangerous weapon during the past three months (some did both). Another commonly reported crime was drug dealing. Nine participants said that they had sold drugs over the past three months. All but one reported having shoplifted, and seven engaged in prostitution-related offences. Thirteen participants reported that they had been arrested or had other forms of police contact during the previous three months, with five young women having three or more arrests.

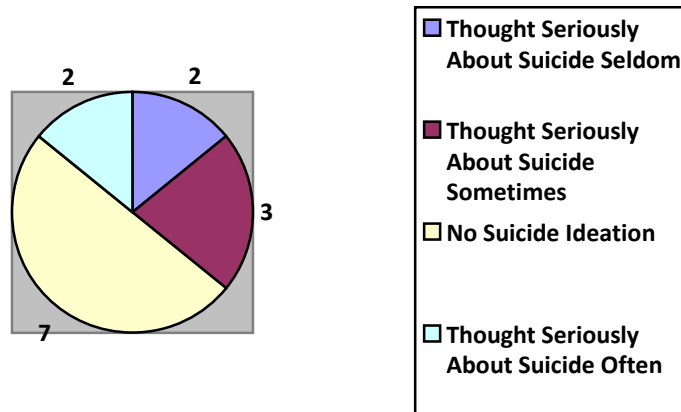
Figure 12: Gang Crimes Past 3 Months (n=14)



Not only did these young adults perpetrate severe violence; they were also victimized by serious violence as well (see *Figure 13*). In the past three months, eleven had been beaten at least once, including six who had been beaten four times or more. Four had been beaten with a weapon. Six reported having been threatened with a knife at least once; one had been stabbed three times in the past three months; and two had been kidnapped at least once in the past three months.

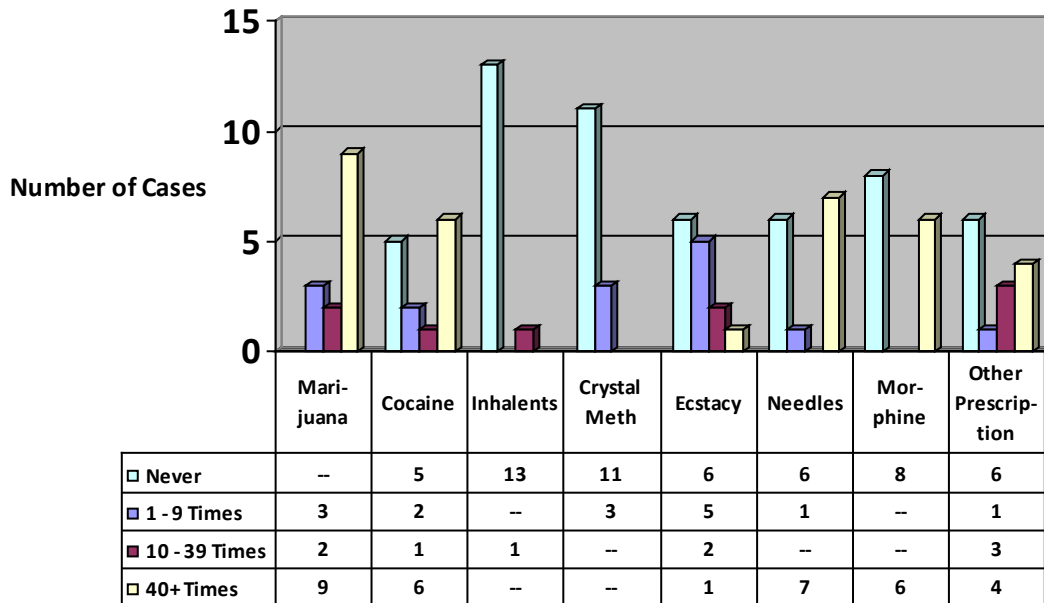
Figure 13: Violent Victimization Past 3 Months (n=14)

It is rare for gang members to admit to being emotionally vulnerable – most have long histories of dealing with childhood trauma by engaging in severe violence. Seven participants were highly depressed at baseline and seven were moderately depressed. Seven participants reported having thought seriously about suicide sometimes or often during this same period of time and one had attempted suicide during the past 3 months. All but one had attempted suicide at least once during their lives: four had tried on one occasion, one had attempted twice, two had attempted three times, one had tried on four occasions, and the remainder had attempted five times or more. *Figure 14* summarizes the suicide data.

Figure 14: Suicide Ideation Past Three Months (n=14)

All participants report having serious addictions issues. All but three indicated that they had used drugs, prescription or non-prescription drugs to get high during the previous three months on a daily basis (of the three young women, two reported using every second day and the third said she used five days monthly). All but one participant reported that they had used alcohol to get drunk during the past three months: eight indicated that they had engaged in binge drinking every day; two reported that they binged approximately every second day; two said that they did this twice per month; and one young woman said that she binged about three times monthly. *Figure 15* summarizes the frequency of various types of drug abuse during the past six months. The most frequently reported drugs which participants abused, in rank order, are: marijuana, cocaine, ecstasy and morphine. Seven young women injected morphine and/or cocaine on a daily basis. Nine used marijuana daily. All seven intravenous drug abusers were HIV+.

Figure 15: Type of Drugs Used Past Three Months (n=14)



Ten participants were actively involved in the sex trade at the time of the baseline survey. Although all ten reported working the streets, five also set up dates using their cellular phone and serviced their tricks in their own house or apartment. Six women said that they worked daily and two reported that they worked roughly every second day (see *Figure 16*). All ten women also had “Marks” (sugar daddies). These men were reported to be Caucasian, in their 50s or 60s, and working in professional jobs. These Marks reportedly bought groceries and occasionally paid the rent for these young women. All seven women who injected drugs daily were actively involved in the sex trade.

Figure 16: Frequency of Sex trade Involvement Past 3 Months (N = 14)

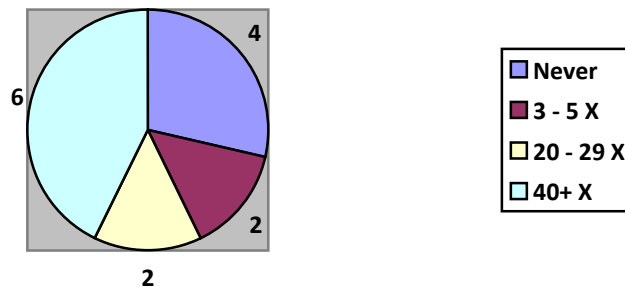
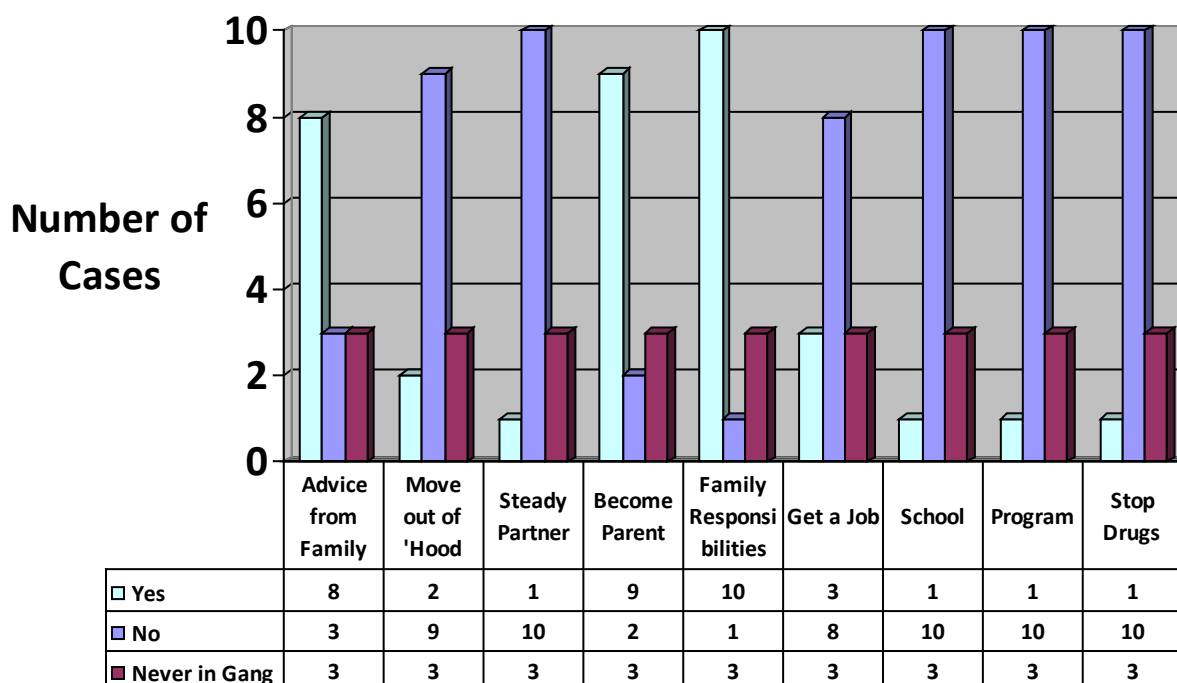


Figure 17: Reasons for Gang Exit (n=14)

All participants were asked to identify the reasons why they had exited or will exit their gangs. Their reasons for exiting are summarized in *Figure 17*. Family-related issues were the most commonly cited reasons, including ‘family responsibilities’, becoming a parent, and advice from family members.

When my children and I lived on (reserve), I began a GED prep class. There was a man there that I finally noticed after 2 weeks of attending. One lunch hour he and I were having a smoke and he finally got the nerv to talk to me. After we talked he tot in his car and I was turning to go home. He than asked my if I wanted a slurpee and I said yes, so we went. The first few times we spent time together we talked as friends, than as time went on, I introduced him to my family. I liked the way he carried himself, he had a great smile and dressed really nice. So one day, he finally asked me to go out with him and I said yes. The one thing I loved about him and how we got together is we took our time, we were both sober and we were working towards a goal. Now after several months of being g.f., b.f. We decided to move in together. He worked, I stayed home. We split everything from making meals, shopping, cleaning and spending family time. He took care of us. As for us, just him and I! The whole time we were together, when he came into the same room as me my heart would jump in excitement. We talked, laughed and always wanted to just be together. It was great. Then he died. I was glad we took our time to come together, and I still love him.

(written by Carolyn, age 30 years)

8. OUTCOME EVALUATION FINDINGS AND INTERPRETATION

Bitchz

This goes out tu all u bitchz, fake ass hoez. 'N' scandalous chickz...two faced trickz you know who u iz (written by Susan, aged 16 years)

8.1 Outcome Evaluation Findings

8.1.1 Outcome Analyses Across Time

This section summarizes the findings related to the outcome-related questions. As outlined previously, there are seven basic questions that inform the evaluation process. The questionnaire administered to participants contained sets of questions that address each of the program goals identified. To answer each evaluation question, one or more indices that measure the youths' attitudes and behaviours relevant to the evaluation area were created from sets of questions in the surveys. Participant's scores on each index at the initial entry-point into the program (Time 1) were then compared to their scores from the eight participants at the three month follow-up (Time 2) surveys to determine whether or not there had been any change over time in their behaviours. Given the very small sample size, it was not appropriate to run any tests of statistical significance. Instead, descriptive data are presented. Due to the fact that T2 surveys were only completed on eight participants, it is only possible to present baseline data on these same eight cases.

Attendance rates for these eight women varied widely. The average rate was 48% (overall participants attended 27 out of 56 days). Four young women attended 25% or fewer sessions, two attended between 51% - 75% of sessions, and two women attended 76% or more days.

For each of the evaluation questions, a detailed explanation of how the index was created, including the questions it is based on and how the responses are scored, can be found in *Appendix B*.

Question 1. Did the project support exit from gangs and the gang lifestyle among participants?

There is one index that relates to the question of whether or not RAGS programs supported the participants' exit from gangs: the Gang Affiliation Index. This index is made up of two questions that asked whether or not the participants were currently members of a gang, or had been in a gang in the last six months (these data are based on self-reports from participants). The index values are:

0. not currently in a gang, nor in the last 6 months.
1. in a gang in last 6 months but not currently.
2. currently in a gang.

One young woman, Melanie, who was a gang member at baseline remained a gang member at Time 2. She attended only seven percent of group sessions. However, there was positive change related to having relationships with gang-involved boyfriends. At

baseline, seven participants had partners who were gang members. Nicki told me *“I still party sometimes with my friends but I’m not a gang member now. My boyfriend is NS (Native Syndicate).”* Carolyn reflected on her relationships with boyfriends who were gang members:

My boyfriend is NS and I live with him. He drinks every day. When his bros’ come over, I don’t go over and try to get noticed. My ex was president of the Manitoba Warriors. I was President by association. I left him and came to Saskatchewan. I ran away from him – he beat me. I was his property. He would give me to them (pass her around to other gang members for sex). I was the almighty woman, the boss, what I said goes. It was because of my relationship to him. I had to sign an oath, a blood oath and do one minute. Drugs, girls, home invasions, partying. I did it because I was told to do it – to save my own ass. I ran my own crew of girls, warriorettes. It was prostitution, I put them out. It was horrible – he said “you have to bring me this much all by this time.” He gave me a minute and broke my collar bone and fractured my wrist, my face was pretty unrecognizable. He took me to Calgary from Edmonton. He put me out. I snuck out, called the cops, they put me in hiding. I pretended I was drunk and waited for him to pass out. I have been in hiding ever since.

Three months later at follow-up, three young women had broken off these relationships and an additional participant had a boyfriend who exited his gang during this same period of time. Unfortunately, there was no change in having friends who were gang members – all eight women reported that they had close friends who were gang-involved at baseline and again at the three month follow-up. As well, there was no change in the number of participants who partied with gang members pre and post. Melanie, who had Hepatitis C, said *“I have been around gangs all my life, stealing cars, go fighting girls, robbing people. All my boyfriends have been gang members and I have partied with gangs forever.”*

Lorraine did not engage in partying with gang members at baseline and was again the only one who did not party with gang members at the three-month follow-up. She attended 95% of all group sessions. She said:

My boyfriend dropped his rag after I joined Circle Keeper. He was NLTP (Natives Looking to get Paid). I did not grow up in it. I was not raised in a gang. (My boyfriend) grew up in the middle of it. He was starved, abused, neglected. Although I hang out with gang members, they never pressured me and were respectful. They knew that I never wanted to do gang things. I told my boyfriend that you don’t’ come visit him (his son) when you are drinking or high. You don’t bring that to my place...It is hard because they are everywhere. In every bar I go to. I could stay away from them but that would mean I would stay home all the time. When I used to hang with gang members it was through him and before that other friends. You go out with girlfriends and their families are filled with gang members. Then you date one of them. It’s all around you.

Julie had made many positive changes since the start of the program. She had grown up in a gang family where working the streets was not only common but expected. She was six months pregnant at the end of the program. Over the previous three months she had

gotten out of a severely abusive relationship with a boyfriend, quit drinking and had reduced her drug use, and had not worked in the sex trade. Her housing situation had stabilized. She had attended all group sessions. She told me about the violence: *"I split with him. We were fighting too much. He tried to intimidate me, make me scared. I couldn't risk my baby. He would use wrenches and hammers, not nice, especially when carrying a baby. He made me miscarry in September then I got pregnant again. He beat me, hit me with hammers, and threatened me with knives and bats."* However, she had just gotten into a relationship with another man who was a gang member. She said: *"He just got out of jail and is a NS gang member. When he gets up he is drinking and gets high. He has to leave when he is using. But he is really sweet. He is not violent towards me. I know I have to split with him once my baby is born."*

Question 2. Did the project support exit from the sex trade of participants?

Four women were actively involved in the sex trade both at baseline and at follow-up. None had attended more than 23% of group sessions. Carolyn told me: *"I put myself out two years ago because of my morphine addiction. It has lasted for a couple of years."* Ruth worked in the sex trade very frequently. She had been commercially sexually exploited recently. She had also put other girls out. She told me:

I put girls out to work a couple of years ago. They got a hold of me right away and put me away (in jail). I put one girl out. I told her to basically, she'd go and I would do my own thing. We'd go together but she gave me her money for rent. My cousin was two or three years older than me. I was twelve and she got me started in it. Now I work every week. I keep the money or give it to my Mom to help her out. I can make anywhere from \$80 to \$900 a night. It depends if I get calls. I go out or wait around for people to phone me. I have a couple of marks (sugar daddies) – they help me when I need it...Last month I got drunk and my friend ditched me. I got gang raped and kidnapped, they forced me to go to (another city) and work the streets. One guy held me down and two others raped me. Then I went running out and they let me go. They pulled my hair out, busted open my lip and punched me all over.

Both Carolyn and Ruth maintained their involvement in the sex trade at 40+ days at baseline and 40+ days at the three month follow-up.

The frequency of involvement for three young women dropped considerably: one participant reduced her involvement from 29 times over three months at baseline to 9 times at follow-up; one participant reduced her involvement from 40+ days to 9 days; and one young woman reduced from 40+ days to 20 days. The case of Nicki is illustrative of those young women who reduced their involvement in the sex trade. She recounted how she got started in prostitution and how she got commercially sexually exploited:

I was eleven when my friend showed me, she was sixteen, she was supposed to be my best friend but not no more. Last year I got taken to (name of city in another province) by six black guys, they forced me to work the streets and gang raped me. I was kidnapped with (two female friends). They were part of the (African) gang. (My friend) left me there. They said they would kill me if I did not work for them. Then, (RAGS staff) got ahold of me and got me home on the bus and took

me to the hospital. My ankle was wrecked and I was covered in bruises and had to get stitches. They'll get what's coming to me. I am HIV+. (Nicki)

Nicki had completely stopped her involvement in the sex trade at follow-up: *"I stopped working the streets in January. I made thousands when I was a pro. (prostitute) and my ex was dealing."*

Question 3. Did the project increase employability in participants?

The index of employment for the RAGS youths is scored as follows:

0. not currently employed, nor in the last 6 months.
1. employed in last 6 months but not currently.
2. currently employed.

There was no change in the employment status of the participants. Only one young woman was working (part-time) at baseline, and she was the only one who was working at follow-up. However, many participants developed their CVs and made cold calls to potential employers throughout the group. Julie, six months pregnant, developed a plan over the course of the program. She told me: *"I want to move and get a job. Work with kids. Daycare. I'll stop having boyfriends who are gang members. It's different now. It feels good to make legit. money that I worked hard for."* Loretta stated: *"I wanted to be able to fix myself and all the bad I do. I wanted to be able to control my thinking, like the negative thoughts and how I control myself through thinking. To gain full time employment, and keep that job, so I can pay off all my debt. Practically pay off all my debts and start fresh with my new credit."*

Question 4. Did the project increase attachment to school in participants?

There was no change in the school status of participants over time. Three were engaged in Adult Ed. (grade 12 upgrading) at baseline and again at follow-up. Lorraine had plans to complete her post-secondary education: *"I am registered to go back to (university) in the fall for psychiatric nursing."* Julie stated: *"I'm going to graduate and I'm going to be a Mom. Finish off school to get a better job. And move outta this city. Finish off my credits I need to get my grade 12 then I will look after my baby until he gets old enough to get into daycare they I will get into university and take my Early Childhood Education training hopefully to get a better place a better area or maybe even a better city."*

Question 5. Did the project reduce depressive symptoms in participants?

This index is based on 14 questions relating to the common symptoms of depression, including feeling anxious or sad, not eating or sleeping well, and having thoughts of suicide. The scale ranges from 14 to 56 with high scores indicating high levels of depression.

Average depression scores for three women declined over the course of the program and remained the same for the other five women. Two women who scored as highly depressed at baseline scored as moderately depressed at the three month follow-up.

Lorraine experienced a clear drop in her depressive symptoms over the course of the program. She scored as moderately depressed at baseline and dropped to slightly depressed at follow-up. She related how depression had been a constant in her life:

I have had depression ever since I was a child. It got to the point where I tried to kill myself in my teens a couple of times. My Doctor increases the dose in winter and decreases in the summer. It helps. I take Zoloft 100 milligrams. I have been on them since age fifteen or sixteen. I am still in the post partum stage for one and a half years. I have lots of bad memories I am triggered to. My real Dad sexually abused me while I lived with him on a farm in Edmonton. It happened in July and August lots. Depression runs in my family. That's why I have become very knowledgeable. My parents both grew up in abusive homes. They have their issues and never got help. Lots of violence and anger. I'm not saying they are bad parents. They'll kick your ass instead of sitting you down and talking. I took a whole bottle of Effexor twice – over 30 pills each time. I was hospitalized for two weeks each time. We were kept in line by fear. You were too scared to cross that line. I binge drank when I was a teenager until age nineteen. When you drink like that you let men do things to you. You are putting yourself in danger. Maybe it was intentional, maybe not. I was promiscuous. I just didn't care. I was not worthy of a normal relationship.

Loretta's depression also diminished over the three months of the program. She wrote about how her suicide attempts and self –injurious behaviour were connected to suffering severe and long-term sexual and physical abuse. She indicated that abandonment by her family was a key concern:

My Mom and Grandma didn't want me anymore. I was acting out because of my sexual abuse when I was little. I ran for weeks on end. Partied, stayed with friends, then I get sent out to live with my Aunt. My Dad molested my younger sisters. He tried killing me because I was a girl. I was in my Mom's foetus. I was three years old when it started. Two brothers and three cousins sexually abused me – two years and seven years older. I was with my biological Mom. I don't give a shit about my brothers or cousins. Everybody in my family knows. Some of them believe me and some don't. Both my Moms believe me. I got raped when I was twelve by two street males. I didn't know how to fight then – not until I was thirteen. I couldn't stick up for myself. I attempted suicide five times by overdosing when my family was trying to give me up for adoption. I felt like a complete failure. I was slicing my wrists when I was younger. My family sexually molesting me, disowning me, abandoning me. I got raped by two junkies – old men when I was twelve. My Mom used to beat the shit outta me. She stabbed me here (pointing to her hand) when I was late getting home. She beat me black and blue, but not on my face where you could see it. I'm handling my anger better now.

Three young women remained highly depressed. All had poor attendance in the program. Susan remained highly depressed and was an infrequent participant in the program (she attended 27% of group sessions). She wrote about early childhood sexual abuse set the stage for unhealthy relationships, depression, violence and substance abuse:

I was five. My cousin was 20. He forced it on me. I was sexually abused many other times. My ex-boyfriend did it too. physical reaction – Wouldn't eat cuz I

was too depressed or hy, wore clothes that showed off a lot of my body 'cuz I thought thatz all I was 'n' what every will like me lookin' like a hoe.

Moodz – depressed and also angry on the inside, covered those feelingz on the inside, pretending tu be happy or just being quite, stressed out cuz of my feelingz

Behaviorz – violent – lashed out everyone, didn't give a shit about anything or anyone around me, drank all the time to and used I.V. drugz to flush away my feelingz

Thoughtz – I wanted to die, didn't see anything worth living for, thought I was worthless 'n' unwanted and unloved.

Two remained moderately depressed, including Julie. She attended all group sessions. She related this to anxiety and fear around being pregnant. She stated: *“It's about being pregnant, being scared. I am going to be a good mother, but how come all Indian girls are losing their babies? People tell me that I'm going to lose my baby. I have cut down lots on smoking weed.”* Her fears were well-founded. She herself had grown up in care all of her childhood and adolescence.

Four participants had suicide ideation at baseline, whereas two of these women had no ideation at follow-up. Ruth's case is illustrative. She told me that love for her brother was the main reason she was not suicidal any more: *“I have tried to kill myself about ten times. Overdosing on my Mom's anti-depressants, penicillin that I am allergic to, my brother's sleeping pills. For four or five years I cut myself every week. Whenever I felt bad about myself. It made me feel better I guess. I cut on my arms and lower legs. My little brother was the reason I stopped. He is fourteen and he is my everything.”*

Question 6. Did the project reduce levels of substance abuse and alcohol abuse in participants?

The index of substance abuse indicates the number times over the previous three months participants had used various types of drugs. The index ranges from a low of zero to a possible high of 400 instances of drug use. Substance abuse among most young women showed a clear reduction between Time 1 and Time 2. Despite the fact that all eight women reported abusing substances at baseline and follow-up, many had stopped their intravenous use and had gotten off the hard drugs. Three had quit IV drug abuse and had been clean for six weeks. All three were abusing cocaine, morphine intravenously at baseline and were on the methadone program at follow-up. They were smoking marijuana frequently at baseline. Nicki, who was HIV+, stated: *“I got off needles in January because I was sick of being sick, sick of working the street to pay for it. I am not taking care of my illness (HIV) – it will kill me. I went from using needles every second day in January for Mo and coke to only doing weed now. I have been on methadone since then.”*

Kim told me that she had quit hard drugs and was going into treatment. Alcohol abuse was clearly still problematic for her: *“I registered to go to (treatment) in February. Drug treatment. I quit meth., heroin, E, Peyote, crack. Going off meth. got me off the other drugs. I drink for days. Crack open a beer when I wake up. We broke into the Reserve liquor store four times.”* Likewise, Carolyn, who attended 55% of group sessions, had been on the methadone program to ease withdrawal from morphine.

Earlier, she told me that the loss of a close friend and severe sexual abuse were root causes of her addictions: *“One and a half years ago I tied shower curtain around a pole in the basement. My friend who just died found me. I went to the hospital and was put in the Psych. Ward. I also overdosed eleven times in my life. It was morphine that I slammed most of the time. I’ve been on methadone for a while and am almost off now.”*

Two participants remained at 40 instances pre and post (they attended 23% and 21% of sessions respectively), whereas three others experienced reductions in their chemical abuse: one dropped from 164 to 4 instances; one dropped from 58 to 40 instances; and one dropped from 39 to 34 instances

Seven women reported many instances of binge drinking at baseline and at follow-up. Four had binged on a daily basis at baseline, one did not drink, two were binging every second day, and one binged twice monthly. Carolyn, who was HIV+, told me: *“I have been off hard drugs for a while. I still smoke weed everyday and drink a couple of times a month. I quit drinking the day I joined Circle Keeper. I drank everyday for eight months straight – just Coolers. Since I started here, I have been able to slow down on my drinking, it has given me something to look forward to.”* Ruth continued to binge drink many days every week throughout the program. She related this to the tragic loss of her sister and her relationship with her mother. She told me:

My sister passed away two years ago. I am kind of grieving now. She died of hypothermia – she passed out. We found her four months later. She was out partying and froze to death. My Mom does not know how to cope. She blames me for my sister’s death. I freak right out in my Mom’s house. I hit her with candle holders, plates, I am angry. I black out when I drink. She said she was going to stab me up and I told her I was going to stab her in the face.

Question 7. Did the participants reduce involvement in violent and non-violent crime?

Two indices assess the extent of involvement in illegal activities: the Non-Violent Crime and Violent Crime indices. Both count the number of different types of illegal activities the young women participated in over the past 6 months. (Note: because the responses to these questions are in a “Yes/No” format, the scales do not count the actual number of crimes committed, only the number of types of crimes respondents engaged in.) The Non-Violent Crime index counts the types of crimes that do not involve violence towards others and ranges from 0 to 13 different types of crimes. The Violent Crime index counts the types of crimes that do involve violence, or the threat of it, against others and ranges from 0 to 9.

Positive changes are observed for both indices over the two time intervals. Six participants had decreased their involvement in non-violent crime after being in the CK program for 3 months. The violent crime scores also declined: Four youth in the program had lower scores after 3 months. One participant reported no involvement in non-violent or violent crime at either time period (she attended almost all group sessions) and an additional young woman reported no involvement in violent crime at baseline or follow-up (she attended 21% of sessions). One participant remained at the same level for non-violent crime pre and post-intervention. Finally, two participants had slight increases in

violent crime from baseline to three month follow-up. These increases were related to fighting back in domestic assaults (in response to attacks by a mother and a boyfriend).

Nicki's case is illustrative of those participants who slightly reduced their involvement in crime. Whereas her involvement in non-violent crime remained the same (two instances), her engagement in violent crime was reduced (two instances to one instance). She told me *"I only shoplifted and did one B and E the past three months. I threatened a bitch to stab her because she told me she was going to stab me. I prostituted lots in January but not since then."* The case of Loretta is illustrative of those young women who were able to dramatically reduce their involvement in both non-violent and violent crime. She reduced her non-violent crime from seven to four instances and her violent crime from six to two instances. She attended 71% of group sessions. At baseline, she had thrown rocks and bottles at people and property, destroyed property, stolen bikes, stolen car parts, fenced stolen goods, shoplifted, threatened to attack someone with and without weapon, committed robbery with and without weapons, beaten up people with and without weapons and dealt drugs. At the three month follow-up, she had thrown rocks and bottles at people and property, fenced stolen goods, shoplifted, committed a break and enter, threatened to attack someone without a weapon, and beaten someone without a weapon.

8.1.2 Total Risk Analysis

To assess the level of risk for each participant, we constructed an overall risk index that combines five of the scales from those discussed above along with information on the whether or not the respondent had friends who were gang members. The measures included in the Total Risk Scale are those that assess levels of non-violent crime, violent crime, present or past gang membership, gang-involved friends, substance abuse, and lack of access to adult role models (a simple reverse scoring of the adult role-model index). This index provides an overall assessment of the extent to which the CK program reduced the risky behaviours that predispose participants to involvement with gangs.

The construction of this index is described in detail in *Appendix B*, but in brief, the scores for five component indices are grouped into three categories representing low, medium and high scoring groups. The Adult Role Model index is reverse-coded for inclusion in the Total Risk Index.

The grouped scores from the six component scales are then assigned to the Total Risk Index in the following manner:

0. Very low Risk: Low scores on all six component scales.
1. Low Risk: Any combination of Low or Medium scores but no High scores on all six component scales.
2. Medium Risk: A High score on only 1 of the component scales and Low or Medium scores on the others.
3. High Risk: High scores on 2 or more of the component scales.

Low levels of risk reflect scores on the component scales that indicate no involvement in any of the negative behaviours and high access to adult role models. Levels of high risk are assigned to individuals who report any two (or more) of the following: 4 or more instances of non-violent crime; 3 or more instances of violent crime;

are currently gang members; have used drugs or alcohol 20 or more times in the last 6 months; and have 2 or fewer adult role models.

When total risk is assessed on the 4-point scale from very low to high, there is a clear decline in risk scores after entry into the CK program for one-half of the participants. The entry level of risk remained constant for four of the youth (all remained a medium risk), and declined for four young women after 3 months in the program (all reduced to medium risk from high risk). There appears to be a link between time spent in the program and risk level. Those young women who attended more group sessions were more likely to experience a reduction in risk level over the three month period.

Julie is a good example of a participant who managed to decrease her risk over the duration of the program. She attended all group sessions. She was high risk at entry and had dropped to medium risk at the end of the program. She described a childhood and teen years full of violence, gang involvement and work in the sex trade:

I was in too many group and foster homes to count, since I was a baby. I hated them. My mother drank and did too much drugs. Mostly all of my family were into gangs. Brothers, sisters, cousins. Native Syndicate. I associated with them because they were my family. I was four years when it started. I used needles for a long time – coke and Mo. When I was eight years old I was in a foster home and I got raped lots. That’s why I started looking after myself when I was thirteen. I shacked up with my ex – I was twelve and he was sixteen. I just managed to do it. I couldn’t get on welfare, no allowance. When I was sixteen I started robbing tricks. I went with one guy and he said “you remind me of my daughter.” I took all his money and took off. My brother had gone away for twelve years for shooting a guy in the chest. That same guy was trying to get with me.

Julie was able to stop hard drugs and prostitution while in the program. She registered in adult education and attended school after each group. She had stabilized her housing and was no longer with a violent boyfriend.

Nora is a good example of someone who remained at medium risk throughout the program. At the start of the program, she was injecting cocaine and morphine daily, binge drinking daily, as well as trading sex for money, drugs and shelter on a daily basis. She overdosed regularly, usually resulting in hospitalization. She had a gang-involved boyfriend, partied with gang members, and remained moderately depressed throughout the program. She had suffered brutal physical and sexual attacks regularly from traffickers and tricks. She had been commercially sexually exploited four months prior to the CK group:

I got trafficked to Calgary by six black men, they took me out on the stroll. I made money, gave it to them, they gave me drugs. I ended getting lost. I did not get much money for them. My friend did not work. They got mad at her and threatened to kill her. I was trying to smooth out shit and they threatened to kill me. They told me “you are blood money. You can’t go.” It was the Jamaican Mafia. They threw us out of a moving car and gang raped us. My friend’s dad called the cops. We stayed with an Auntie. My friend said I’m safe, I have a knife. I said please (name), you are not safe. They will kill you.”

Both young women sustained serious injuries and were transported back to Regina with the help of RAGS. They went to live with a family member who subsequently pimped them out.

8.1.3 Qualitative Findings

Field Observations

The Evaluator conducted field observations on two occasions. This entailed observing group programming delivered by staff. The focus of these observations was on *how* they intervened and *if* they were adhering to the core practices of the intended model of service. Detailed notes were taken during and immediately after each activity. Feedback was then provided to the Director and staff. The observation process follows accepted guidelines in the literature.¹⁴

In general, observations revealed that staff members employed acceptable methods of intervention, adhering to the basic ingredients of the evidence-based models upon which the programs are based. For example, it was evident that the principles of gender-responsiveness and cultural competency permeated CK interventions. A separate program space was obtained and rented for a three month period. The staff team was female. There was a strong focus on harm reduction, safety planning, and addressing the unique needs of young women.

The staff persons who facilitated the CK group program had a particularly challenging job. It is extremely difficult to engage gang-involved women who are active sex trade workers and have serious addictions, let alone deliver the content, when most of these young women were affiliated through boyfriends and partying in rival gangs. Some were homeless and others were craving cocaine and morphine in group sessions. Most participants had life-threatening communicable diseases. Staff demonstrated skill in engaging participants to critically examine their lives, reduce the harms associated with working in the sex trade and being affiliated with gangs, improve health, and develop plans related to school and employment.

Focus Groups and Written Feedback from Participants on the CK Program

Two focus groups were held with participants: January 4, 2011 and March 30, 2011. The first group took place at the RAGS office and the second group was held at the Circle Keeper office. Each took roughly 30 minutes. Group #1 involved 12 young women and group #2 involved eight young women. The groups were facilitated by the Evaluator and data were recorded using accepted methods in the literature.¹⁵ Women were also invited to submit written feedback.

A systematic search for themes was conducted and organized around three questions posed to the group by the Evaluator. The questions were: 1. What do you like about the Circle Keeper program? 2. Have you made any changes while in the Circle Keeper project?; and 3. What suggestions do you have to make things better? The dialogue in each group was free-flowing and little probing was required by the Evaluator to generate discussion. Participants spoke openly and were not hesitant to identify any concerns. There were general themes which were generated by the discussion. They are:

¹⁴ For example, see Emerson, Fretz and Shaw, 1995; Lofland and Lofland, 1995.

¹⁵ For example, see Morgan, 2002.

general impressions of the Circle Keeper group; difficulties dropping sex trade involvement, hard drugs and gang affiliation; and personal changes made as a result of the CK program

1. Circle Group Impressions: Almost all participants in the two focus groups spoke very highly about the program and cited numerous personal changes they were trying to make as a result of taking part in the program. The young women reported that they liked the following aspects of the program: beading, companionship, journaling, group discussions, job preparation, and the stipends. Loretta wrote:

I came here to better myself, and to help my well-being, coming to this program and learning in life skillz, helps me better myself, teaching me that what I do is wrong and how stupid it is for me to do such a dumb thing. I'm learning new ways to cope with situations that will get me into trouble, this program stabilizes me and shows me a better way to do things. It helps me with my decisions, the positive (meaning the girls) that are trying to change their lives, gives me a better crowd to hang with, and pushes me toward positive situations. People who want to change help me also, gives me encouragement. I come here because I want change in my life, I'm only 21 years old and a single mother to a 3 year old. My son is the whole reason why I'm here, Circle Keeper is the perfect environment because I don't sell myself for sex, I'm not into hardcore drugs, but I am a troubled female dealing with my past, I'm not in a gang but I am affiliated, a lot of my family and friends are in gangs, which pull me into. I'm in this program to better my life and better myself.

Her sentiment was echoed by many other young women. Nikki wrote:

I come here because this program means something 2 me. It gives me some kind of direction, it helps me have some subilitaly in life. I would rather come to program and talk about drugs and alchol and sex then sit at home an actually do it. I like the direction it is taking me. Myself and others can see the change. I learned a lot, how to be strong to say no to drugs and alchol. I never knew how 2 talk about what happened in my past or my feelings until I came here. They taught me I am somebody not a nobody.

All said that they liked the food and snacks.

Three young women identified that the program was very rushed and ideally should take about six months to deliver. Others reported that the discussions were frequently off topic and poorly organized. Julie wrote:

This program really needs a little more time then 10 months squeezed into 3 months it was to sqished together we learned a little about everything but we didn't get to learn everyitng. Yes it did help me out lots we were learning about a lotta good things. If it was my program I would see what every one wants to do at the bening then start off slow but keep them busy like help them with whatever they needed like see if they wanted their derivers lisens. I would do a program about hoe to get you drivers or even help them get their ids or teach us about parenting or STDs-HIV-AIDS, herpes and how to be safe and learn a little about every thing.

Six young women had concerns about staffing. Comments about one staff member were very negative, whereas comments about the second staff member were very positive. Loretta told me: *"I haven't met a person like (staff person) before, and she's the main person I talk to, and I'm the type to have a hard time talking to people, and the first day I met her, we clicked. Because she knows how it feels to go through what I been through. Nikki, aged 20, stated: (Staff person) has been there 4 me when I really needed someone. I could have died but (the staff person) saved me. I don't know what Id do if this program came 2 an end there is to many girls out there what need the help they provide. I want 2 achive a lot all that they give I want my son back, I want 2 stay out of jail and get a job but I need help before I do that and that's where Circle Keeper comes in.*

Concern was expressed by some participants that one staff member was difficult to get along with and she had disclosed confidential information regarding an illness of one participant to the rest of the group. The young woman who was ill was not present when this disclosure was made. Most participants also reported that they would not return to program if this same staff person continued to work at CK program.

All participants were asked to rate the program on an scale of one – ten (1 = poor; 10 = excellent). Four young women rated the program as "ten", two rated it as "6" and two young women rated the program as "7".

2. Dropping Gang Affiliation and Sex trade Involvement: There was general agreement that it was much easier to remain affiliated with gangs through partying, the sex trade and boyfriends rather than make the decision to exit. Some spoke of the dangers they had experienced when exiting –such as getting gang raped and "doing minutes". Others reported that they still had not been beaten as a consequence of leaving their gang – and were very concerned that they would be attacked at any time. Susan, aged fifteen, talked about these challenges in her written submission:

I constantly keep going back to the street life; family and illegal activity. Im so fustrated and misirble with myself because I don't know why I keep going to this way of living and sick and tired of having to life the same thing every single day of living to die! Living to die slowly having to feel better because of the feeling of hurting someone else! I want happiness I want a happy life even though I know I will always have struggles going on but know for myself that there will be something to live for and not always have to think Im useless, and that living in Regina isn't have to feel like living in a cruel world.

Carolyn spoke about how she had been street and gang involved for most of her life: *"I have been part of gang or street life for 17 years. We had a part in all kinds of gang activity. From stealing to selling and buying drugs to pimping and prostitution. For me, that was just the way life was! I had to make money to survive in the world. I had to do drugs, to make the money, to survive in the world.*

3. Personal changes: Some participants provided written material on changes they had been able to make as a result of the CK program. All indicated that the program had helped them make positive changes. Christine, aged 24, wrote about her drinking problem and support from staff and peers in the program:

Before I heard about this program, I sat at home and drank all day with my partner. Day in, day out we would find different ways to feed our addictions. I knew for myself, I need a change! I would talk to my friends and tell them "I am bored, I am tired of drinking and getting high everyday, I want to do something! My friend had told me about this program and it seemed like it came to me just in time. I liked the fact that it is there, when I don't want to be at home. I liked the other girls here, because they are in the same situation that I am, willing to change ourselves and others. I like the workers here because they are non-judgmental, open-minded and willing to help or just be there. I like the program because it gets me thinking about where I been, where I am, and where I wanna be. It shows me the different things I need to change my life and achieve my goals. I am here because this is the support I need in my life!

Susan wrote about her hopes for the future and the support she had gotten from CK participants:

The reason I came to RAGS because But now bieng in RAGS, I have somewhere to get out of the real world and some where to discuss the person who I am, the person I can be, and the achievements I can make with my life. I love that I have some where I can come, call home and talk to someone truthfully how I feel and what I can do to improve myself. What have I learned? I learned that I have somewhere to go who supports me, and the real me that I feel comfortable sharing my life experiences. I learned I can be a positive person, who can be sober knowing I have my supports here to help me achieve the life I want for myself. What do I hope to achieve? Out of RAGS just coming in for only a week, Because I know that if I deal with my problems that I've gone through for the in my life, I will be more and more of a happier person and know there is a reason for me Living.

Finally, Lorraine, aged 24 years, talked about the sense of belonging and excitement she felt about gaining insights into her life:

I come to this program because I feel good when I'm here. I have lots of support here. The thing I like most is that I can come here and get guidance from (staff person), and the other girls in the program. For once in my life I feel like I belong somewhere. I come to group and nobody judges me, nobody tries to fuck with me, nobody tries to hurt me. I feel comfortable and safe when I am here. When I'm not here, I think about the next time I will be here. I get excited about what were gonna learn, who I'm gonna see. Most of all I get excited about working on myself and becoming a happier, healthier person. I have learned a lot about myself and my behavior. I've learned about why I do the things I do. I've learned to recognize things about myself that I've never recognized before. I'm still learning, and I'm excited about what I am learning. I've learned how to do things that I never thought I could do. This program gives

me confidence. I am slowly learning how to feel good about myself. I would like to achieve self confidence, self understanding, self esteem. I just want to be able to look in the mirror and like the person looking back at me. I don't want to say or think bad things about myself, but that is all I know how to do at this point.

Life Stories

Due to time limitations, it was not possible to conduct in-depth interviews with participants. Instead, all participants were asked to write brief snapshots of various aspects of their lives, including early childhood, the teen years, parenthood, mental health issues, pathways into the sex trade and gang life, roles played in gangs, addictions, and plans for the future. There were a number of objectives in analyzing the narratives, including to: verify and supplement quantitative data from the evaluation surveys; identify participation levels in CK programs; probe key areas of the participant's lives in order to gain a better understanding of gang affiliations, the gang exit process, and the mechanics of the CK program (i.e., how did the participants understand the role of the program in their own lives? Did they see their current gang status as being related to the CK program?); and to provide participants with the opportunity to have their voices heard.

All fourteen young women submitted narratives pertaining to some aspects of their lives. The women who participated sporadically in the program understandably submitted fewer narratives.

One of the benefits of writing narratives is to give participants the opportunity to describe their world, from their own viewpoint. This is particularly important given the closed questions contained in the evaluation surveys. There were eight such themes identified by participants in the interviews: personal strengths and challenges; family experiences; mental health; the sex trade and street life; gang involvement and affiliation through the 'Man'; and personal goals.

Personal Strengths and Challenges

All participants were asked to list their personal strengths, describe who they are, whether or not they were happy, identify support systems, and explore their own personal safety. Carolyn, who suffered brutal violence at the hands of her boyfriend while he was leader of a gang, wrote the following:

I'm Kind, open minded, generous. I need to get boundaries, to become assertive I suppress my feelings or needs, to avoid being vulnerable. Survival, consequences. I avoid physical, sexual intimacy. I pretend to agree with others to get what I want. I'm happy when I'm with my kids. I'm happy in the morning, when there is no drama. I'm quiet, giving, understanding, kind, non-judgemental. I love my nails cause they look nice when I take care of them.

Trina, who later died of a drug overdose, wrote:

Im a young lady also a mother, a daughter, a niece, a smart lady. Im the way I am today cause I got taught from the best (my mom. Im a very quiet person, very shy (at times) a loving person caring person. I would honestly say my drinkin is stopping me from achieving my full potential.

Lorraine, who was HIV+ and highly depressed, stated:

At the moment I am not content. My spirit is restless. I am becoming more aware of my behaviours that are detrimental (I hope I spelled that right) to my well-being. I want to change then, or even understand them better, but shit doesn't change overnight.

Loretta, who had suffered severe sexual abuse throughout her life, wrote:

My greatest strengths are my personality – I'm funny, I'm outgoing, I'm talkative, I listen when you need/want someone to talk to. I would choose to change the way I thing (negative). The way I act out when I'm angry. The way my body looks right now. What makes me happy? My son, sex, weed, dancing pow-wow, my friends. I'm confused about the situations I'm going through. I'm not sure of who I am yet, still figuring the out. I'm the way I am right now cuz of my ex. He plays with my head, made me confused, I' slowly coming back from it. I like to party, I love being a mom, I enjoy being myself, I am an honest person and trust worthy, just don't get me mad. I need to know where I have been. My past is what makes me a stronger person, it makes me who I am today, for me to accomplish my goals I first have to face my demons of my past.

Julie, six months pregnant and frequently beaten by her boyfriend, wrote about what is right and wrong in her life:

In stressful situations I find out the problem, try to talk it out, fight don't talk to them, shout it out, got high. Right from wrong? I Know it cause we need to make thugh's decion's. Going to school is right, going to school to selling drugs is wrong. Being beaten by our boyfriend is wrong, being a parent doing the right thing is right. Leaving your kids when you can stay. Ditching kids for booz, drugs. Not making them a priority is wrong. Leaving cause you dont wana be a parent is wrong. Taking a time out (1 hour), walks, coffee, visiting is right. My support is friends, boyfriend, family/his, cyrcle keepers, guidance councelors

Julie also discussed safety and challenges in her life. Her struggle regarding her violent boyfriend is apparent. She wants him to be an involved father:

My baby daddy make me feel safe cause I feel like Im never alone. The thing that made me feel afared was when I miscarried I never thought I could have another baby. I have difficulty indenifying what I am feeling. I minimize what I feel. I don't know if I am going be a good mom. I compromise my own values and integrity, to avoid rejections or other angers. I am extremely loyal remaining in harmful sitituation or relationship. I wanna be loyal to my baby to have a father in his life cause I didn't. I have difficulty making decisions. I am embarrassed to received recognitions and praise or gift. I don't accept others to meet my needs. I demand that my needs be met by others. I alway need to be the boss of my house. I used sex to gain approval and exceptance. Soon to be mother I am a sister and daughter. Had to learn from my mistakes. I try to be a good person. I really don't know what is holding me back. I know where Ive beenand where I am going.

Family

Young women were asked to reflect on their family experiences as children and teenagers. It is not surprising that they all identified severe abuse, addictions, gang involvement as pervasive in their families. Most spoke of feelings of abandonment when placed into foster homes and group homes. Trina was torn between negative memories of a mother who had abused her and fond memories of this same woman who had recently died of cancer:

I learn how to grow up early how to take n the adult role...I was a child of abuse...yes I took on some of my mother's habits, like I drink, smoke...I'm like my mom cause...right now Im tryin to get my shit together,I would have to say my life situation would be grieving for my mother. Depressed, hung over, wanna be alone. At dayz, most dayz I feel sad, mad, anger, lonely ...I just go party, wanna fight...I miss my mother, why did she have to go? When I am stressed out I get really tired, feel depressed and drink. When I was 20 years old I was 8 months pregnant and I had mother named Michelle she was like my best friend our family found she had cancer it was totally hard on the family she had it for maybe over a year then it spread to her hole body she passed away in the hospital after that happen I felt so depressed.

Lorraine, a young mother who had suffered physical and sexual violence during her childhood, also discussed good memories of her family. She also was terrified of becoming pregnant again due to severe post-partum depression she had experienced:

I learned hard work and an explosive anger from my dad. I learned violent reactions from him to. I learned fear and shame from my biological father. He sexually abused me. I also learned intimidation from him. I learned love, hard work, independence, and laughter from my mother. I also learned fear from my mother. I learned the victim role and using the victim role to manipulate people from my grandmother. I learned generosity from my grandmother. I learned about God and spirituality from my grandmother. Mo mother and father taught me how to survive. They taught me how to have fun. I have a blanket that my great Auntie made me. She has since passed on. Every time I put that blanket around me it feels like I'm being hugged. The thing that scares me is being/getting pregnant. I don't ever want to be pregnant again. In stressful situations I write all my angry/sad thoughts in my journal. Afterwards I sort through them and try to make sense of them. If I don't do this then I just smoke weed to forget about the stressful situation. (Lorraine)

Loretta related how she had survived a childhood characterized by severe physical, sexual and emotional abuse, neglect, gang involvement and addictions. She also wrote about her love for her mother. Loretta was suicidal at the time she completed this narrative:

I learned physical, verbal sexually, mentally emotional abuse. I grew up with my parents being very abusive and dealing with my mom on drugs. I see myself in my mom, especially her anger, the way she smokes weed, I have her personality, her looks. I am trying my best to lose my mom's habits. My mom hit and beat me, she always yelled at me and called me down. I was sexually abused by my family, my

mom always put negative thoughts in my head, always made me think I was ugly and not wanted, my mom always played with my emotions always making me cry and getting me mad. My mom was very abusive, she had a problem with her drugs, always drinking and having gang members at the house wearing white and black bandanas. A few times actually more than that, my mom would disappear for days and my brother would have to take care of us. There were times when we had no food and I don't know how my brother did it but he always had something to eat for me and my other brother.

I take my mom's habit of being generous and her habit of smoking weed. I took her habit of getting mad and doing the silent treatment. I took my mom's habit of being a cuddly. She always cuddled with me, always after she got mad at me and when she was happy...I was so messed up I'm not sure on how I behaved, I always got drunk, always got high, I acted out by fighting. (I thought) I'm not beautiful (I'm ugly), I'm not wanted, nobody loves me WHY?, I wanna Die!

Julie wrote about being neglected by an alcoholic mother and being raised by her sister, who had recently died. She admitted having learned to be in unhealthy relationships like her mom: “Yes I taken my moms habit by taking on abusive relationship.

Well when I lost my sister every one was telling me to be strong but it was and when you just loose someone you spent most of your life with she was my blood and I didn't even tell her how much I loved her but hope fully I get to see her face one day.”

Ruth also had suffered prolonged abuse. Her mother, an alcoholic, was unable to protect nor care for her, so she ended up being bounced around in the child welfare and youth justice systems. She attributed these experiences to being “crazy”:

My mom was a drunk. While she was a drunk she left me with people she trusted. I got sexually and physically abused. My brother and sister were always with my Mom but I was bad. I acted out and was miserable. I used to beat myself up a lot, blame myself. All my life I was in group homes and foster homes, since I was a baby. Every group home in (two cities). Since age twelve I have been in Juvie and jail. My uncle raped me when I was three or four years old. At age eight my older brother raped me. My family did not believe me. That's what fucked me up. Ever since then I've been crazy. Then when I was thirteen I was molested by random people. I was always running away and foster parents could not handle me. We got moved lots and physically abused by foster parents.

Barb likewise wrote about growing up in care and feeling abandoned by a neglectful mother: “My mom could not take care of me. She passed away four years ago. She was a drug addict and an alcoholic and all that stuff. I was in ten different foster homes for about ten years. I ran away constantly.”

Christine talked about fighting back against her abuser:

My Mom's ex-husband sexually molested my twin sister and I chopped off his fingers. I was eleven years old. He got acquitted and I was never charged. He lost one finger and the other was mangled. I was molested by him too but I was

afraid to tell anyone at his trial. He held my hand on the stove burner to threaten us not to tell. I get this urge to do something fucked up to him when I see him walking...I have been in group homes and foster care all of my life, about 30 different places. I have been in jails for seven years.

Most families of the participants were gang-involved. Barb told me “All of my uncles, cousins, my dad, all members of NS and the Manitoba Warriors. These two gangs don’t get along. I don’t care and I don’t ask.” Christine said “My sisters, brothers, cousins, uncles, most of them were NS.” Carolyn had also come from a gang family and got involved with a leader of the Manitoba Warriors. He “passed me around in the gang to all the other guys. They would each take their turn with me. Most of the young women had also forced girls into prostitution and dealt drugs while involved with gangs. Loretta wrote: “I used to put girls out on the street when I was fifteen. One girl I filled her with needles and she overdosed. I saw a kid I sold to overdose. One girl I sold to turned into skin and bones.”

Mental Health

All participants had attempted suicide and engaged in self-injurious behaviour (cutting and burning) many times while growing up. Susan stated: “I tried to hang myself when I was fourteen at home with a rope. My little sister stopped me. I got into a fight with my baby daddy, before my child was born... I stopped cutting about one year ago. I did it whenever I was upset.” Barb said “I cut all the time. It numbed the pain. It was related to losing people.” Most spoke of suffering depression and related suicidal and self-harming behaviour to this. Kim wrote “I have been depressed since my Mom passed three years ago. She got murdered by her husband. He then shot himself...In 2005 after Mom died I cut my wrists. In that year I tried to kill myself 50 times, overdosing, knives, tried to get myself killed. ..I stopped in 2005. Whenever I felt bad I cut myself – many times every month. I was sixteen when I started.” Lorraine said “I overdosed two times on anti-depressants when I was fifteen. I was hospitalized both times. When my depression got bad I slashed my arms and legs.”

Many young women related their mental health problems in part to the loss of loved ones. Cutting and burning oneself was viewed as a way to cope with this pain. Trina wrote: *I tried (to kill myself) three or four times. I was seventeen then eighteen. I lost my mom to cancer. Two of my Kokums died, an auntie and uncle. Two died of cirrhosis, one was hit by a car, the other had that flesh eating disease thing. I slashed my wrists two times and I o.d’d on pills and drugs...I cut myself up until a couple of years ago. I started when I was seventeen. It made me feel good, the pain go away.*

Likewise, Carolyn had suffered many losses in her short life, including the death of her mother and daughter. She attempted suicide numerous times as a result of these losses. She wrote:

I tried to kill myself four times. The first time was after my Mom dies of a brain aneurism. They decided to do brain surgery and I lost her after Boxing Day. I was fifteen and was the oldest one to make decisions for my brothers and sisters.

The second time was after my first daughter passed away – she was nineteen months and died of SIDS. The first time I took pills, the second time I threw myself from the fourth floor down the stairs. I had broken bones and concussions. The third time I overdosed on coke I was so depressed and the fourth time I overdosed on anti-depressants.

The Sex Trade and Street Life

All but one young woman had extensive histories engaging in street crimes, working in the sex trade, and living on the streets. These experiences started at a very young age for most. Despite denying that they were forced into prostitution, it was clearly evident that this was not the case. Barb wrote: *“It started with drugs. I started slammin’ and I liked it and I needed my supply. I had some family who were looking out for me – spotting. They were using me. I was sixteen. My family members never made me. They just chiseled me for dough. Sabrina said: “I was fourteen and a guy asked me and said he would give me drugs.” Susan, who lived with a 21 year-old male, said: “I was thirteen. I just started in the ‘hood on my own. I work the street every day.” Finally, Christine said “A friend got me into it. She told me that we were going to a place and what to do. She was seventeen and she had influence. I was thirteen. I got picked up on the stroll and a john picked me up. He put something in my drink to fuck me up. There were a couple of incidents of sexual assault.”*

It was common for young women to speak of an older family member who got them involved in prostitution. For example, Trina wrote: *“I started in Edmonton, I was nine years old. My cousin showed me. She was eleven years old. No one has ever made me. I keep all the money. Once a trick beat me up. When I was seventeen years old. My face was swollen and I got cut inside (in her vagina).”* Christine spoke of how she was born into a gang family and what would happen to her if she refused to work the street:

I ran around in a car because I had a license. A lot of my family are higher ups. A lot of girls I know worked the streets. I used to work the streets, dealing drugs. I was pressured by family. If I said no I would have gotten a licking. I would have gotten disowned. Family is all I have. I felt used, it’s pointless. They killed their own people. When my brother died I was them for something that they were.

She also revealed how violent street life was, stating: *“My boyfriend stabbed me in the arm last month. My best friend who killed herself stabbed me in my arm. I got stitches the first time. I taped it with duct tape second time so cops would not ask me questions.”*

It was common for the participants to either have forced or be currently forcing girls into prostitution. Often, these girls were family members or friends. Kim wrote about how drug dealing, prostitution, addictions, and the struggle to meet basic needs were commonplace in her young life:

I was selling drugs, finding new clients, driving to get drugs. I put people out on the street, my cousin, my auntie, my friend. I went on the street with them and asked if they wanted me or her. They usually choose her – I’m not as pretty. I would write down license plates and call the cops if they did not come back. I was fifteen when I started. I needed money to get high. I watched Pretty Woman

– she needed rent money. I kept the money for myself. I gave my uncle \$600 once for rent money...I'm homeless now. I've been waiting for my own place on my Reserve six years but I don't have kids. I'm going to a shelter tonight. I have to be there by 9 p.m. I went to a church (to sleep) last night.

Gang Involvement and Affiliation through the "Man"

Participants had a variety of pathways into gang life. Some were born into gang families, some were affiliated through friends and male partners, and others were beaten in. Barb stated *"I was ten when I started to affiliate, I was drinking and getting high with them."* Kim talked about her family: *My uncle tried every day to recruit other people. He was in a (penitentiary). He was a founder of NS. I got beaten up by my uncles to get in. It's weird because my family started the gang up in jail. I was twelve. I got out of my gang after I left B.C. My uncle got mad at me. "You're just a pussy." He is a gang member, trying to start NS on the west coast. All my family and friends are members of gangs.*

Some young women spoke of happy times with their boyfriends, yet most revealed that they have suffered extreme violence by these same gang-involved men. Trina said: *"Every morning my man always waken me up with a lot of kisses tell's me he loves me at least 50 times."* Julie, six months pregnant and in a severely abusive relationship at the time she wrote this, seemed to forget about the abuse she suffered on a daily basis:

The love of my life would have to be have to be my baby daddy cause he blessed me with my first baby and he was there with me when everyone else ditched me when the rent was due. I loved the way he did things for me when I couldn't he held my hand when I found out we lost our baby. He stayed by my side when ever I didn't wanna be alone even if I pushed him away. This summer we were partying together then he told me that he liked me so we spent a couple nights alone. I told him I wasn't gonna sleep with him unless we were official. So he moved in with me and then about a month and a half later we finally did it!! Then he became my baby daddy and I live him for giving me a chance of being a mom.

Sixteen year-old Susan reflected on the violence perpetrated by her man: *"I was defending myself with my baby daddy. I used a baseball bat on him. He is in jail now because he beat me up. Kim spoke about a boyfriend who is currently in jail for assaulting her. She fears for her life when he gets out: "One of my boyfriends went to jail. He pulled my hair out, ripped off my clothes. Since November 2010 he has been in jail. My cousins beat him up in jail. Stole his canteen money, hit him with (weapon). I don't know what to do when he gets out."* Finally, Christine wrote about how her daughter was apprehended because of her boyfriend's violence and gang involvement. She also added that her brother was recently killed by his gang for attempting to exit.

He used to beat me and (my daughter) got caught in the middle. Child welfare took her away. I hope to get her back (next month). He is doing three and a half years in the Pen for something. He was just sentenced. I never talked to him for two months before. I want a divorce. He was solo then got into gangs...My

boyfriend now does a lot of gang intimidation now...My brother just got murdered (name). He was murdered by (gang name). His two minutes killed him. They tortured him. He was 26.

Personal Goals

The participants were asked to identify personal goals which they hoped to achieve shortly after the CK program was completed. Carolyn's list is illustrative of that of other young women. Her primary goal was to "*sober up, get my kids.*" Carolyn came up with the following list:

Short-term goals next 30 days:

- To slow down on drinking = done*
- computer training with Can Sask (Enroll)*
- Find different apartment For May*
- Attend all visits with kids*

Long-term goals next 6 months:

- Attend all visits with kids*
- Start drug screens for Social Workers and lawyer*
- Do another parenting program*
- Enroll in upgrading for Sept or buisniess mgt*

Loretta stated: "*I want my cooking degree and my youth working degree.*" Melanie wrote "*I've learned a little it since I've been here. My short term goals are just to show up everyday get up in the mornings I've learned not to talk behind each other's backs. My long term goals are to keep going to work hard at whatever I do. My steps are to go to bed early get up on time, listen what I'm being taught and learn from it. The short time I've been here I learned to trust myself keep things to myself if its in confidentiality how it can hurt others by talking somebodys business.*"

Many participants pictured themselves working as youth workers or social workers in the future. Melanie stated: "*If I was to run a program like this I'd talk to other programs to see how they run there programs, get input from street people and (from) street prople get some people who are experienced do my research on what Im tryin to teach. I would buy a nice building with all the accommodations and staff.*" Loretta wrote: "*I want to work with youth, teaching them how to cook, do their taxes, make resumes, find jobs, just basically helping them and teaching them things they need to know. Being there for them when they need it.*"

8.2 Cost Analysis Findings

Figure 17 provides a budget summary.

Figure 17: Circle Keeper Budget

	December 1, 2010 – March 31 2011
INCOME/GRANTS	
UAS/NCPC	\$140,754
Local Partners	--
Total Income/Grants	\$140,754
HARD EXPENSES	
<i>Salary, Wages, & Benefits</i>	<i>68,176</i>
<i>Other Direct Costs</i>	<i>41,600</i>
Program Delivery	5,000
Nutrition	2,000
Program Supports (stipends etc)	21,6000
Transportation	6,000
Rent/Utilities	4,000
Cell phones	3,000
Evaluation	20,000
<i>Administration (10%)</i>	<i>\$10,978</i>
TOTAL REVENUES	140,754

The overall cost per participant (n = 14) is \$10,053.86, or \$2,513.46/month. The average cost per client for each CK group session was \$478.76 (each participant attended on average 21 sessions). This is roughly three times more expensive than what it costed for each male participant in the RAGS project (\$747.37 monthly). The CK program thus appears to be a very expensive program to deliver. It is difficult to compare the CK costing per case with comparable programs elsewhere because of the uniqueness of the project – programs which target the exit of young gang affiliated women from gangs and the sex trade are rare and there are no other such programs in Canada. Rough comparisons can be made to two intensive programs targeting high-risk juvenile offenders: Multi-Systemic Therapy (\$5,500 - \$9,500 U.S. per participant for completed program [4 months in length on average]) and Iowa Intensive Supervision (\$5,959 per participant for completed program). The Washington State Institute for Public Policy document “The Comparative Costs and Benefits of Programs to Reduce Crime” (2001) is a good point of reference for this analysis. It costs approximately \$300,000 per year to implement a MST program serving 40 – 50 families yearly.¹⁶

¹⁶ mstservices.com

9. LESSONS LEARNED

It is very challenging to set up a program for women who are gang-affiliated, and to maintain momentum. Typically, gang projects such as RAGS focus on gang-involved males. There are a number of reasons for this: 1) Almost all gangs are male-dominated and women tend to play tertiary roles; 2) The men tend to be involved in serious crimes and therefore are higher profile and get more attention from the justice system; 3) Female partners may be reluctant to access services because of a code of silence related to domestic violence – it may not be safe for them to disclose victimization by physical and sexual violence; 4) Male partners may not wish to have their girlfriends or wives involved in programming; 5) Those women who are affiliated to the gang through other means, such as partying and the sex trade, are very marginalized and tend to have serious addictions problems. These factors prohibit them from accessing services; 6) Women have issues related to their children. Daycare problems may prohibit them from participating in programs. For those whose children are in the care of child welfare, they may not want it to be known that they are in a gang program. This could have negative repercussions related to getting their children back from foster care.

The Circle Keeper program faced many challenges over the first three years of the Project (2008 – 2010). These hurdles included a proportionally small budget compared to the young men's program, turnovers in staffing, lack of a separate building to house the program, and unclear practices related to services for the girlfriends and wives of male participants. Compared to male participants, there were significantly fewer women in the RAGS Project and the average hours of intervention received by female participants was far less than that of the male participants. Young women were far less likely to come to the RAGS office for appointments due to the nature of their unique needs and the fact that the environment was male dominated. It was not surprising, therefore, that exit from gangs and the sex trade exit were very challenging for these young women.

As a result of these challenges, NCPC and the Urban Aboriginal Strategy provided \$140,000 in additional funding in December 2010 to kick start the Circle Keeper program. Each woman was paid a daily stipend for attending and child care was provided. The budget included rent money for a separate programming space, funds for food and program supplies. The budget also provided for a part-time coordinator, a full time staff person, a half-time group co-facilitator, and an evaluation.

Lessons learned are categorized into two broad areas: 1) Those related to the evaluation of the CK Project; and 2) those related to the CK intervention.

Evaluation Lessons Learned:

- *Cultural Competency:*

From the start of the original RAGS evaluation in 2007, cultural competency was a foundation of the evaluation. This resulted in the selection of tools responsive to Aboriginal culture and frequent consultation with Aboriginal staff and young people.

- *Gender Responsiveness:*

Programs that address the unique needs of gang-involved young women should have evaluation tools that are gender sensitive. For example, survey questions addressed issues related to care of children, involvement in the sex trade, and depression.

- *Client Friendly Processes, Tools and Feedback:*

From the start of the original RAGS evaluation in 2007, young women were engaged through four main methods. These included piloting of tools, consultations with Evaluators, focus groups, and feeding back results from each annual report. Young women participated in the following areas:

- Development of tools: a small group of clients participated in the piloting of baseline and follow up surveys.
- Use of honorariums: All participants were provided with \$20 honorariums each time they completed an evaluation survey. This resulted in a high degree of motivation on the part of youth and also provided them with money to meet basic needs. Given the fact that the participants were very marginalized and often homeless and/or unable to provide for basic needs, the honorariums were critical. As well, it also provided youth with an opportunity to reflect on their lives and address important risk factors which surfaced in the interviews.
- Administration of surveys: During the piloting of the surveys in 2008, it became apparent that the best way to ensure accurate responses was to have the staff person who knew the youth best to interview the participant, and record their responses. Youth literacy levels were low and some of the standardized scales used confusing answer categories.
- Feeding back results: In order for youth to be included in meaningful ways in the evaluation, it was decided to regularly feed back results in individual meetings and during other group activities. Youth had the opportunity to ask questions and ask for clarification. A number of revisions were made to the survey tool as a result of the observations by participants.
- Focus groups: During the Circle Keeper groups, the Evaluator met with clients and recorded their feedback on satisfaction with programming, exit from gang life and the sex trade, and the evaluation process.

Intervention-related Lessons Learned:

- *Building Long-term Relationships with Participants:*

Baseline surveys have demonstrated that young women in the Circle Keeper program are extremely high risk and have many complex needs. Many have not had the opportunity to bond to healthy adult role models and as a result were initially wary of members of the staff team. Some were marginally involved in programming for many months at the start of the original RAGS project in 2008, carefully checking out the staff prior to gaining their trust. Attendance rates for some CK participants were low. For these reasons, it is imperative that any intervention for this population, no matter what the model, be long-term and permit young women to bond to staff in appropriate ways. It is not surprising therefore that outcome data seem to indicate that the duration of exposure to CK (dosage) increases the likelihood of significant positive changes.

- *Cultural Competency:*

Data clearly show that cultural programming is very important with gang-involved Aboriginal young women. In part, this requires that the staff team makeup reflect the diversity of the client group and the involvement of female Elders in meaningful ways. All group programming was founded upon cultural teachings. Elders were engaged in programming.

- *Developing and Implementing Successful Partnerships with Police and Corrections:*

Sound working relationships with local police and correctional institutions are critical to the success of any Project. RAGS developed an innovative working agreement with the Regina Police Gang Unit in 2008, wherein there was ongoing information sharing and collaboration. As well, the CK program had good working relations with correctional institutions for women, such as Pine Grove. Positive relations with Probation and Parole were also evident.

- *Partnerships with Addictions and Employment Programs:*

Key ingredients which contribute to successful gang and sex trade exit include treatment for addictions and employability skills. The CK program had good working relationships with organizations delivering these services. Placement in these programs was facilitated by CK staff. In addition, employment programs are critical to successful gang exit. Ex-gang members need a source of steady income to replace the money made from gang activities. Many CK clients were planning on participating in local employability programs upon completion of the CK program.

- *Artistic Programming:*

Painting and beading activities provided opportunities for staff to initiate in-depth discussions with young women who may have been reluctant to share personal information in more traditional counselling settings. This in turn allowed for a better understanding of the complexity of needs presented by individual youth. Program staff has also reported that these activities promoted bonding between clients, many of whom were enemies on the street prior to entering the CK project.

- *Implementing a Case Management Process:*

Case management is an integral component of the Wraparound Process and Multi-systemic Therapy, two interventions upon which CK was modeled. Recreational, artistic and mentoring programs, if the only interventions used, cannot address the complexity of needs of this population. Intensive counselling is needed. The primary function of the case manager is to coordinate the case plan, ensure that the needs of their client are addressed, provide regular counselling interventions, and maintain the case file.

- *Adequately Resourcing the Women's Program:*

Only female staff and female Elders should provide services to young women. This is an important ingredient of any model of intervention, particularly given the high rates of sexual violence experienced by many young women at the hands of men. A separate program space should be utilized for the women's program. Due to the high rates of

violence suffered by gang affiliated young women at the hands of their “Man”, CK staff and staff from the men’s program should share information. The goal of this communication is to increase the safety of female participants.

- *Risk of Violence Towards Clients:*

Delivering a gang exit program is inherently risky for both staff and clients. The risk of violence by active gang members towards themselves and others is high. Tragically, the CK program experienced the deaths of two young women: one overdosed on drugs and the second young woman was stabbed to death.

- *Human Resource Issues*

There were a number of challenges in this area, including a lack of administrative and clinical supervision of staff, professional conduct issues, and a lack of training.

One of the key skills of CK staff members was their capacity to relate to and understand the needs of clients – and to be perceived by clients as healthy role models who have overcome personal challenges. This unique capacity of staff was in part due to the fact that staff members had direct personal experience with gangs, the sex trade and addictions.

10. CONCLUSIONS

The CK program is a unique initiative which has supported the exit from gang and street life of extremely high risk Aboriginal young women. It is the only project of its kind in Canada. It is difficult to imagine a group of more marginalized and victimized young people who are in such ill health. Almost all have life-threatening communicable diseases, such as HIV and Hepatitis C. All have been severely sexually abused by men, starting at a very young age and continuing throughout their young lives. All but one have been frequently involved in the sex trade, again beginning at a very young age. All but one either are or have recently been intravenous drug abusers. These participants are truly the 'walking wounded.'

It is within this context that we evaluate if and how behavioural changes have been made by participants over time. Arguably, merely coming to the program day after day is a success, as is not getting raped, overdosing on drugs, or getting killed over the weekend. Thus, the process of exiting from gangs is an incredibly difficult and often treacherous journey, taking years to accomplish. Making the decision to leave the gang is often made following survival of a brutal attack on one's life or after the loss of a family member or friend. The disengagement process itself is also very violent.

Overall, the project was moderately successful. It reached the right target population, delivered the intended interventions, and resulted in a reduction in risk for about one half of the participants. Key conclusions of the CK project include:

Positive Change in Overall Levels of Risk for Individual Participants Over Time:

Overall, the CK program seems to have produced reductions in the risk levels of one-half of the participants. When total risk is assessed on the 4-point scale from very low to high, there is a clear decline in risk scores after entry into the CK program for four participants (all reduced to medium risk at follow-up from high risk at baseline). The entry level of risk remained constant for four of the youth (all remained at medium risk).

Positive Change in Most Individual Risk Domains Over Time: There is evidence that gang-affiliation, substance abuse, depression, suicidal thoughts and both non-violent and violent criminal behaviour have all improved over the three month program for most participants.

11. RECOMMENDATIONS

The outcome data indicate that the CK program reached its intended target population and achieved some success in reducing gang affiliation, sex trade involvement and chemical dependency for participants. This Project should be replicated. Notwithstanding this, there were challenges related to both implementing the evaluation and the intervention. Recommendations related to these challenges are categorized into two broad areas: 1) best practices related to the evaluation of similar type projects; and 2) best practices related to the administration of similar type intervention programs. The recommendations below are directed at groups intending to deliver similar gang exit projects.

Evaluation-related recommendations are focused on conducting future projects of a similar nature with high risk Aboriginal young women. They include:

Create an Evaluation Culture which Engages and Collaborates with Agency Staff from the Start:

It is often the case that not-for-profit youth serving agencies have little exposure to outcome evaluation. Some have negative impressions of evaluation, assuming that 'Ottawa' will descend upon their agency and dictate the terms of the evaluation. In order to address these challenges, Evaluation Team members should spend lots of time with agency staff demystifying the concept of evaluation and addressing their concerns. The Team should develop practices which will feed back to staff the results of the evaluation and provide opportunities to reflect on how the data can be used to enhance programs.

- *Engage Young Women as Partners from the Start:*

Young women need to know that their voices are important and that their ideas and concerns will be recorded and addressed. When they are meaningfully engaged in the evaluation from day one, young women develop a sense of ownership over the tools and the methodology. Paying young women honorariums for survey completion is an excellent way to motivate participation and also give youth the clear message that their voices are important.

- *Ensure Cultural Competency:*

This means that the evaluation methodology and tools should be reflective of First Nations and Métis culture, including language and cultural traditions. Include measures of cultural attachment and identity. Describe the activities involved in cultural programming. Spend time with female Elders and listen to their concerns. Listen to the questions and concerns of young women related to cultural programming. Participate in cultural activities with youth, including feasts, ceremonies, sweats and circles. This gives the clear message to Elders and youth that the evaluation is paying special attention to culture.

- *Ensure Gender Responsiveness:*

Methods and tools need to reflect the unique risks and protective factors of young women. Use qualitative interviews to supplement quantitative data. Baseline risk assessment and follow-up surveys need to address issues such as parenting, sexual health,

involvement in the sex trade, self-harm and depression. When assessing gang membership and affiliation, ensure that questions are sensitive to the gendered experiences of gang involvement.

- *Use Quantitative and Qualitative Methods and Triangulate Data Sources:*

Often, evaluations of gang intervention projects rely solely on quantitative methods. Although important, these tools cannot identify on their own the dynamics and fine details of complex issues such as mental health, gang affiliation and exit, the sex trade, and cultural attachment or identity. In-depth interviewing, observation of program activities, client file reviews and focus groups are methods well-suited to complement quantitative measures.

- *Develop Control Group Options at the Start:*

Recruiting a control group sample is challenging even under the best of circumstances. Yet, matching the treatment group to a control group is essential to rule out alternative explanations of behavioral change. It is best to pursue at least two options at the beginning of the evaluation. When working with government to gain access to a sample of high risk offenders, keep in mind that working within the bureaucracy is painstakingly slow. A youth court judge's order, pursuant to the Youth Criminal Justice Act, is required in order to have access to young offender files. Conducting follow-up surveys with high risk female gang members who are not involved in daily programs is very hard given the transient nature of their lives.

Administration-related recommendations are focussed on the implementation and delivery of similar gang intervention projects with high risk Aboriginal young women. They include:

- *Assess the Quality of Leadership and Management of the Host Agency:*

Solid evaluations and therapeutic programs depend on sound leadership, quality human resource practices and good financial management. Evidence-based models of intervention cannot be implemented properly without high quality administration. This means that there should be quality administrative and clinical supervision, adequate training for staff, and clear policies and procedures. Lines of accountability should be transparent.

- *Implement Multi-year Programs Instead of Short-term Projects:*

Long-term interventions are best suited to meet the needs of gang-affiliated high risk young women. Short-term projects cannot address the complex needs of this population. Many have grown up in the care of child welfare and justice facilities, often experiencing a high number of different placements. Many have been imprisoned for lengthy periods of time. Almost all have suffered severe maltreatment, including long-term and chronic sexual abuse, by adults known to them. It is very hard for these young people to trust adults, particularly those in positions of authority. For this reason, it takes time for participants to engage in programs.

- *Situate the Project within a Broader Continuum of Holistic Services:*

Gang projects that are nested within a larger social services organization and/or within a community-based spectrum of services have a greater chance of success. Given the complexity of their needs, young women require interventions which address basic needs (food, clothing, shelter, medical), schooling, employability, use of leisure time (such as arts activities), and specialized health issues (such as mental health services, HIV and Hepatitis treatment, and FASD programs).

- *Expect that the Processes of Exiting from Gangs and Reducing Gang Affiliation will be Uneven and Difficult:*

Often, it seems that gang-affiliated young women take one or two steps backward for every two steps forward. This is normal and should be expected. For young women who have grown up in gang families, not joining or getting out of the gang is incredibly difficult. In many cases it means disowning biological family members. For those young women who have been affiliated with gangs through male partners, reducing affiliation is challenging and can be violent. Leaving, or refusing to join in the first place, can be life-threatening and extremely risky. Approaches which prioritize safety, such as the harm reduction model, should be implemented. It is helpful to pay stipends for participation in life skills programs. This will compensate for lost income from gang activities such as drug dealing.

- *Expect that the Process of Exiting from or Reducing Involvement in the Sex Trade will be Difficult:*

Often, gang affiliated young women have extensive histories in the sex trade, usually beginning at a very young age. Many have been victims of commercial sexual exploitation, often at the hands of gang members. Many have experienced extreme violence from traffickers and Johns. Approaches which prioritize safety, such as the harm reduction model, should be implemented. It is helpful to pay stipends for participation in life skills programs. This will compensate for lost income from prostitution.

- *Expect that Reducing Hard Core Drug Abuse and Alcohol Abuse will be Challenging:*

Often, gang affiliated young women have engaged in severe substance abuse for lengthy periods of time, often starting in early adolescence. In particular, many women have been addicted to intravenous drugs (crack cocaine and morphine seem to be common drugs). It is important that these young women have access to detox. programs and treatment. Approaches which prioritize safety, such as the harm reduction model, should be implemented. Programs should have clear policies on drug and alcohol use prior to attending programs. It may not be realistic for participants to abstain totally prior to group sessions, however it is reasonable to expect that they are able to function appropriately in programs.

- *Permeate all Aspects of Programming with Traditional Teachings and Practices:*

The assumption here is that gang identity will decrease with increased attachment to Aboriginal culture. This involves ongoing use of talking circles, sweats, ceremonies,

drumming and singing, dancing, restorative justice, and other cultural teachings. The staff team should be diverse, reflecting the Aboriginal status of participants.

- *Develop Quality Programs for Young Women which Address their Unique Needs:*

Programs for young women should not simply replicate male-oriented programs. Therapeutic programs for young women should be separate and distinct from those programs geared to young men. Female staff and Elders should be engaged in such programs. Although there may be skilled male staff and Elders who can deliver these programs, it is not safe for many high risk young women. In the eyes of traumatized young women, any male can potentially be an abuser. It is critical that programming address the physical and sexual violence these women experience at the hands of their male partners. Other important factors of this programming include:

- Implementing a separate and secure young women's space at a confidential location. Female clients do not feel comfortable, nor is it safe, to mix with male participants in the same program space. Female staff assigned to the women's program should not work with the men.

- Providing access to short-term transitional housing services: Many clients need short-term housing, even for one or two nights, when they are escaping from violence or the control of gang members. Programs should establish a network of beds in the community, including shelter offered by other social agencies.

- Providing access to medical services: Many women have serious health problems, including communicable diseases (particularly HIV, sexually transmitted infections), addictions, mental health disorders, and high risk pregnancies. They need immediate access to Doctors and nurse practitioners.

- *Ensure that Case Management is a Key Ingredient of Programming:*

As discussed earlier, clients involved in gang intervention programs have complex needs which cannot be addressed only through mentoring, recreational, or employment services. These young people have a history of falling through the cracks of traditional services. It is imperative that there be one staff assigned to each case whose job is to develop and review case plans and broker in relevant services.

Focus on Health Issues: Most gang affiliated young women who abuse drugs and are involved in the sex trade have serious communicable illnesses, including HIV, Hepatitis, and other sexually transmitted infections.

Treat the Life Skills Program as a Job: This means that young women are paid a stipend for full participation, and the stipend is reduced if women are late or miss sessions. Most gang-affiliated young women have limited employment skills and resort to trading sex and/or dealing drugs to pay for child care, rent, food, and drugs. Paying stipends motivates women to attend programming consistently and also decreases their involvement in criminal activities (they are not forced to work the streets or deal drugs for income).

- *Train Staff Members on Maintaining Appropriate Boundaries with Young People:*
This is particularly important for paraprofessional staff, who rely on their life experiences as past gang members, sex trade workers or addicts as the backbone of their interventions. Although there is nothing inherently wrong with using this type of staff, there are common ethical dilemmas which arise. Staff should be effectively supervised and trained. Typical boundary problems include: associating with gang-involved family or friends outside of work hours; having knowledge of serious criminal activities of family or friends and withholding such information from the police; having siblings, nieces or nephews involved as participants in programming; and frequenting bars and clubs at the same time as clients. Staff should participate in ongoing training on these issues, as well as regular supervision from the program manager.
- *Develop Collaborative Partnerships with other Service Providers:*
Gang intervention projects can't do it all on their own. The needs of gang-involved Aboriginal young women are so complex that no one organization can address all of these areas. Partnerships should be developed with local health, addictions, counselling, shelter, recreational, artistic, child welfare, domestic violence, employment and school programs. It is important that case-related information be shared as much as possible between the Project and relevant professionals in these organizations. This can only be done with the written consent of the young woman.

*When I think about all things that I've learned
 I got to deal with loss and fully know how to hurt
 When I think about loss I'm always thinking bout my homegirl
 Trish may you rest in peace girl
 Understanding death not knowing when its coming
 I have knew friends that I met
 While going to the Circle Keeper project
 They opened up my eyes helped me get my goals set
 And I'm loving life taking it all step by step
 I'm not ready to give it all up just yet
 Keep living life as if never knowing
 Keep your head up and keep on going
 (Loretta)*

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14. APPENDICES

A: EVALUATION SURVEY INSTRUMENT

B: INDEX CONSTRUCTION AND METHODOLOGICAL
PROCEDURES

APPENDIX A: EVALUATION SURVEY INSTRUMENT

FINAL RAGS CIRCLE KEEPER EVALUATION SURVEYS TOTTEN AND ASSOCIATES REVISED DECEMBER 2010

#1. Rutgers Teenage Risk and Prevention Questionnaire

CLIENT I.D # _____ TODAY'S DATE (DD/MM/YY) _____

STAFF NAME: _____ PROGRAM: _____

MONTH/YEAR YOU FIRST HAD CONTACT WITH RAGS PROGRAM: _____

These items measure the extent to which there are adults in the home of community that the young people admire and go to for support.

1a. Are there any adults who you admire and would want to be like:

☐ Yes ☐ No

1b. If yes please check any of the following categories that include adults you admire.

- ☐ Mother or stepmother
- ☐ Father or stepfather
- ☐ Older sister
- ☐ Older Brother
- ☐ Other female relative
- ☐ Other male relative
- ☐ Other female adult in community
- ☐ Other male adult in community
- ☐ Sports or entertainment star
- ☐ Other _____

2a. If you needed some information or advice about something, is there someone you could talk with?

☐ Yes ☐ No

2b. If yes, please check any of the categories that include persons you could go to for advice.

- ☐ Mother or stepmother
- ☐ Father or stepfather
- ☐ Older sister
- ☐ Older Brother
- ☐ Other female relative
- ☐ Other male relative
- ☐ Other female adult in community
- ☐ Other male adult in community
- ☐ Sports or entertainment star
- ☐ Other _____

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3a. If you were having trouble at home, is there someone you could talk to?

☐ Yes

☐ No

3b. If yes, Please check any of the categories that include persons you could talk to.

☐ Mother or stepmother

☐ Father or stepfather

☐ Older sister

☐ Older Brother

☐ Other female relative

☐ Other male relative

☐ Other female adult in community

☐ Other male adult in community

☐ Sports or entertainment star

☐ Other _____

4a. If you got an award or did something well, is there someone you would tell?

☐ Yes

☐ No

4b. If yes, please check any of the categories that include persons you would tell.

☐ Mother or stepmother

☐ Father or stepfather

☐ Older sister

☐ Older Brother

☐ Other female relative

☐ Other male relative

☐ Other female adult in community

☐ Other male adult in community

☐ Sports or entertainment star

☐ Other _____

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#7. Depression—Rochester Youth Development Study

CLIENT I.D. # _____ TODAY'S DATE (DD/MM/YY) _____
 STAFF NAME: _____ PROGRAM: _____
 MONTH/YEAR YOU FIRST HAD CONTACT WITH RAGS PROGRAM: _____

These items measure the frequency of depressive symptoms. Respondents are asked to indicate how often they have felt certain symptoms in the past month.

In the past 30 days, how often did you ...

	<i>Often</i>	<i>Sometimes</i>	<i>Seldom</i>	<i>Never</i>
1. Feel you had trouble keeping your mind on what you were doing?	4	3	2	1
2. Feel depressed or very sad?	4	3	2	1
3. Feel hopeful about the future?	4	3	2	1
4. Feel bothered by things that don't usually bother you?	4	3	2	1
5. Not feel like eating because you felt upset about something?	4	3	2	1
6. Feel that everything you did was an effort?	4	3	2	1
7. Think seriously about suicide?*	4	3	2	1
8. Feel scared or afraid?	4	3	2	1
9. Toss and turn when you slept?	4	3	2	1
10. Feel that you talked less than usual?	4	3	2	1
11. Feel nervous or stressed?	4	3	2	1
12. Feel lonely?	4	3	2	1
13. Feel people disliked you?	4	3	2	1
14. Feel you enjoyed life?	4	3	2	1

After question #14:

* If participant indicated in #7 that they had thought seriously about suicide (seldom, sometimes, often), ask:

7a) Did you try to kill yourself?

i. Yes

ii. No (if No, go to #7b)

iii. Not sure

NEXT PAGE →

What happened? _____

7b) Do you have a specific plan to kill yourself now?

- i. Yes
- ii. No
- iii. Not sure

If participant indicates that has a specific plan, conduct suicide risk assessment. If assessed to be at high risk (realistic plan and the means to carry plan out; s/he believes that has no supports/people can depend on; recent loss of loved one or friend; recent suicide attempt) get medical attention immediately.

7c) Have you tried to kill yourself at any other point in your life?

- i. Yes
- ii. No
- iii. Not sure

If yes, how many times did you attempt suicide? _____

How did you try to kill yourself? _____

7d) Have you hurt yourself on purpose, without wanting to kill yourself, at any point in your life (cutting, slashing, burning, overdosing, etc.)?

- i. Yes
- ii. No
- iii. Not sure

If yes, how many times did you self-harm? _____

How did you hurt yourself? _____

Description of intervention, if any:

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#8. CK Client Interview

CLIENT I.D. # _____ TODAY'S DATE (DD/MM/YY) _____
STAFF NAME: _____ PROGRAM: _____
MONTH/YEAR YOU FIRST HAD CONTACT WITH RAGS PROGRAM: _____

1. What is your date of birth? _____

2. Are you: ☐ Female ☐ Male

3. What race/ethnicity do you consider yourself to be? (Choose one best answer.)

☐ Aboriginal (if yes, indicate which group) ☐Saulteaux ☐Cree ☐Dakota ☐Nakota ☐Other

If you are Aboriginal, which Reserve/Band do you come from? _____

- ☐ Metis
☐ White/Caucasian
☐ Other (Please specify) _____

4. What is the language you use most often at home? ☐English ☐Cree ☐Saulteaux ☐Other _____

Experiences in child welfare and correctional facilities

5. Are you living in a correctional facility now (jail, prison, half-way house, youth facility)? ☐No ☐Yes

If yes, where: _____

5a) Have you lived in a correctional facility during the past 6 months? ☐No ☐Yes

If yes, where and for how long: _____

5b) During your life, about how many years in total have you been in correctional facilities (youth and adult): _____

5c) Have you ever been in care of social services (foster home, group home)? ☐No ☐Yes

5d) How many different places (group/foster homes) have you been in care? _____

☐1 ☐2 ☐3-6 ☐7-10 ☐11 or more

5e) About how many years in total have you been in care? _____

☐1 year ☐2 years ☐3-6 years ☐7-10 years ☐11 years or more

5f) Do you have an adult criminal record? ☐No ☐Yes

If yes, what have you been convicted of: _____

5g) Do you have a youth criminal record? ☐No ☐Yes

If yes, what have you been convicted of: _____

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6. What is your current relationship status?

- ☐ Dating ☐ Married
☐ Divorced ☐ Common Law
☐ Separated ☐ Not in a relationship

7. Do you have any children?

- ☐ No (if no go to question #8) ☐ Yes, If yes, how many? ____
 7a) How old were you when you first had a child? ____
 7b) Who looks after your child(ren): ☐ I do ☐ Family member
 ☐ The other parent ☐ Child Protection

8. Has any of your family ever been in a gang?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

If yes, specify number of family members and relationship _____

9. Are you currently employed (in a job, not including crime)?

- ☐ Yes ☐ No (if no go to #9a)
☐ Do Not Know ☐ No Response

If yes, do you have a full-time job (35 hours/week or more)? _____

If yes, do you have a part-time job (less than 35 hours/week)? _____

What type of work do you do? _____

9a) Have you had a job (not including crime) in the past 6 months?

- ☐ Yes ☐ No (if no go to #10)
☐ Do Not Know ☐ No Response

If yes, did you have a full-time job (35 hours/week or more)? _____

If yes, did you have a part-time job (less than 35 hours/week)? _____

What type of work did you do? _____

School and Training Programs

10. Are you currently in school in the community or in a facility?

- ☐ Yes, in the community ☐ Yes, in a facility ☐ No
 ☐ Do Not Know ☐ No Response

11. If you are currently in school, what grade are you in? _____

12. If you are not in school, what is the highest grade you have completed?

- ☐ Grade _____ ☐ Do Not Know
☐ No Response

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13. Generally, what are/were your grades like?

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> Mostly As | <input type="radio"/> Mostly Bs |
| <input type="radio"/> Mostly Cs | <input type="radio"/> Mostly Ds |
| <input type="radio"/> Mostly Fs | |

14. Are you currently in a training or treatment program in the community or in a facility?

- | | | | | |
|---|--|--------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Yes, in the community | <input type="radio"/> Yes, in a facility | <input type="radio"/> No | <input type="radio"/> Do Not Know | <input type="radio"/> No Response |
|---|--|--------------------------|-----------------------------------|-----------------------------------|

If you are in a program, please describe it (what is it, which organization runs it, what does it deal with?).

15. Have you ever dropped out of school?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Do Not Know | <input type="radio"/> No Response |

If yes, what were the most recent reasons for dropping out? _____

16. Have you ever been suspended from school?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Do Not Know | <input type="radio"/> No Response |

If yes, what were the most recent reasons for suspension? _____

17. Have you ever been expelled from school?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Do Not Know | <input type="radio"/> No Response |

If yes, what were the most recent reasons for expulsion? _____

NEXT PAGE →

18. In the last 3 months, how often have you witnessed any of the following gang activities at your school/Jail/Prison?

- Use a 7-point scale:
- (1) Never/No Times
 - (2) 1 to 3 Times
 - (3) 4 to 10 Times
 - (4) 11 to 26 Times
 - (5) More than 26 Times
 - (6) Do Not Know
 - (7) No Response

- ___ Gang members selling drugs
- ___ Fights between members of different gangs
- ___ Fights between members of your own gang
- ___ Shooting
- ___ Gang intimidation
- ___ Gang recruiting

Community

19. Are there areas right now in your community where you are afraid to walk alone?

- ☐ Yes
 - ☐ No
 - ☐ Do Not Know
 - ☐ No Response
- If yes, is it because of gang-related concerns?
- ☐ Yes
 - ☐ No
 - ☐ Do Not Know
 - ☐ No Response

Please explain: _____

20. In the last 3 months, how often have you witnessed any of the following gang activities in your community/jail/prison?

- Use a 7-point scale:
- (1) Never/No Times
 - (2) 1 to 3 Times
 - (3) 4 to 10 Times
 - (4) 11 to 26 Times
 - (5) More than 26 Times
 - (6) Do Not Know
 - (7) No Response

- ___ Gang members selling drugs
- ___ Fights between members of different gangs
- ___ Fights between members of your own gang
- ___ A drive-by shooting
- ___ Gang intimidation
- ___ Gang recruiting

NEXT PAGE →

21. In the last 3 months, for each crime, please rate how serious a crime problem you think this is in your community/jail/ prison?

Use a 7-point scale:

- (1) No Problem
- (2) A Small Problem
- (3) A Moderate Problem
- (4) A Serious Problem
- (5) A Very Serious Problem
- (6) Do Not Know
- (7) No Response

- ☐ Vandalism/Graffiti
- ☐ Burglary
- ☐ Car Theft
- ☐ Robbery
- ☐ Threats/Intimidation
- ☐ Gang to Gang Confrontations
- ☐ Drug Dealing
- ☐ Alcohol Use
- ☐ Drive-By Shooting
- ☐ Possession of Knife
- ☐ Possession of Gun
- ☐ Firearms Use
- ☐ Firearms Dealing
- ☐ Arson
- ☐ Assault/Battery
- ☐ Homicide/Murder
- ☐ School Disruption
- ☐ Other, please specify _____

22. Do you think there is a gang problem in your community/jail/prison?

- ☐ Yes
- ☐ No
- ☐ Do Not Know
- ☐ No Response

23. If so, what do you think are the top three causes of the gang problem in your community/jail/prison?

- ☐ Poverty
- ☐ School problems
- ☐ Police labeling
- ☐ Gang members move to community from other places
- ☐ Boredom
- ☐ Family problems
- ☐ Power
- ☐ Protection
- ☐ Lack of activities
- ☐ Prejudice
- ☐ Family/friends in gangs
- ☐ To feel loved/sense of belonging
- ☐ Other, please specify _____

NEXT PAGE →

24. What do you think should be done about the gang problem in your community/jail/prison? _____

25. About how many people over the age of 18 years have you known personally who in the last 6 months have:

- ___ Used marijuana, crack, cocaine, or other drugs?
- ___ Sold or dealt drugs?
- ___ Done other things that could get them into trouble with police such as stealing, selling stolen goods, mugging or assaulting others?
- ___ Gotten drunk?

26. Are any of your friends gang members?

- ☐ Yes
- ☐ No
- ☐ Do Not Know
- ☐ No Response

27. If you wanted to get a handgun, how easy would it be for you to get one?

- ☐ Very Hard
- ☐ Somewhat Hard
- ☐ Somewhat Easy
- ☐ Very Easy
- ☐ Do Not Know
- ☐ No Response

28. If you wanted to get drugs like cocaine, LSD, amphetamines, crack, etc., how easy would it be for you to get some?

- ☐ Very Hard
- ☐ Somewhat Hard
- ☐ Somewhat Easy
- ☐ Very Easy
- ☐ Do Not Know
- ☐ No Response

29. Are there people over the age of 18 years in your neighborhood or facility you can talk to about something important?

- ☐ Yes
- ☐ No
- ☐ Do Not Know
- ☐ No Response

Gang-Related Activities

30. Are you currently a gang member?

- ☐ Yes
- ☐ No
- ☐ Do Not Know
- ☐ No Response

31. In the last 3 months, have you been an active gang member?

- ☐ Yes
- ☐ No
- ☐ Do Not Know
- ☐ No Response

31a) Do you hang out or party with gang members? ☐ Yes ☐ No

Details: _____

31b) Do you have a boyfriend who is gang-involved? ☐ Yes ☐ No

Details: _____

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32. What is your most recent position or rank in the gang?

- ☐ Leader (President, Captain, Boss, King Pin)
- ☐ Core member/influential (with gang all of the time – also called Striker, Soldier, Higher Up)
- ☐ Regular member (involved most of the time – also called associate, affiliate)
- ☐ Peripheral member (minimally hangs out)
- ☐ Wannabe (staff identified)
- ☐ Veteran/Heavy/Old Gangster/Senior Gang Member
- ☐ Do Not Know
- ☐ No Response

33. Why did you join or associate with a gang? Please rank your answers from 1 (Most Important) to 9 (Least Important)

- ___ For fun
- ___ For protection
- ___ A friend was in the gang
- ___ A brother or sister was in the gang
- ___ I was forced to join
- ___ To get respect
- ___ For money
- ___ To fit in better
- ___ Prostitution
- ___ Other, please specify _____

34. How old were you when you first belonged to a gang?

About _____ years old

35. How much do you agree or disagree with the following statements?

- Use a 7-point scale:
- (1) Strongly Disagree
 - (2) Disagree
 - (3) Neither Agree nor Disagree
 - (4) Agree
 - (5) Strongly Agree
 - (6) Do Not Know
 - (7) No Response

- ___ Being in my gang makes me feel important.
- ___ My gang members provide a good deal of support and loyalty for one another.
- ___ Being a member of a gang makes me feel respected.
- ___ Being a member of a gang makes me feel like I am a useful person to have around.
- ___ Being a member of a gang makes me feel like I really belong somewhere.
- ___ I enjoy being a member of my gang.
- ___ My gang is like a family to me.
- ___ Being in a gang is a good way to make money.

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The next few questions ask about your activities involving crime, drugs, and alcohol.

36. In the last 3 months, have you:

Written gang graffiti on school property, neighborhood houses, stores, etc.?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Thrown rocks or bottles at persons, vehicles or property?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Destroyed property worth less than \$300?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Destroyed property worth \$300 or more?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Set fire to building or property?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Stolen bicycle or bike parts?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Stolen a motor vehicle?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Stolen parts or property from a vehicle (hubcaps, stereo, cell phone, etc.)?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Fenced or sold stolen goods (other than weapons)?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Shoplifted?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Entered a house, store, or building to commit a theft?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Broken into a house, store, or building to commit a theft?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Fenced or sold weapons or firearms?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

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Threatened to attack a person without using a gun, knife, or other weapon?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Threatened to attack a person using a gun, knife, or other weapon?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Robbed someone by force or by threat of force without using a weapon?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Robbed someone by force or by threat of force using a weapon?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Beaten up or battered someone without using a weapon?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Beaten up or battered someone using a weapon?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Forced someone to have sex with you (used physical force, the threat of physical force, drugs or alcohol to get any kind of sexual contact – oral, vaginal, anal, touching)?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Participated in a drive-by shooting?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Participated in a homicide?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Participated in other crimes, such as a home invasion, prostitution (specify) _____

37. In the past 3 months, have you used or tried any drugs, inhalants, prescription or non-prescription drugs to get high?

- ☐ Yes ☐ No (if no, go to question #38)
☐ Do Not Know ☐ No Response

If yes, about how many days per month do you use any drugs?

___ Days ___ Do Not Know ___ No Response

37a) in the past 3 months, have you used marijuana (also called pot, hash, weed, reefer) to get high?

- ☐ 1 or 2 times ☐ 3 to 5 times ☐ 6 to 9 times ☐ 10 to 19 times ☐ 20 to 29 times ☐ 30 to 39 times
☐ 40 + times

37b) in the past 3 months, have you used any form of cocaine (including crack, powder, freebase)?

- ☐ 1 or 2 times ☐ 3 to 5 times ☐ 6 to 9 times ☐ 10 to 19 times ☐ 20 to 29 times ☐ 30 to 39 times
☐ 40 + times

NEXT PAGE →

37c) in the past 3 months, have you used heroin (also called smack, junk, China White)?

- | o 1 or 2 times | o 3 to 5 times | o 6 to 9 times | o 10 to 19 times | o 20 to 29 times | o 30 to 39 times |
|----------------|----------------|----------------|------------------|------------------|------------------|
| o 40 + times | | | | | |

37d) in the past 3 months, have you sniffed glue, breathed the contents of aerosol spray cans, inhaled any paints/sprays/gas?

- o 1 or 2 times o 3 to 5 times o 6 to 9 times o 10 to 19 times o 20 to 29 times o 30 to 39 times
o 40 + times

37e) in the past 3 months, have you used methamphetamines (also called speed, crystal meth, crank, ice)?

- | o 1 or 2 times | o 3 to 5 times | o 6 to 9 times | o 10 to 19 times | o 20 to 29 times | o 30 to 39 times |
|----------------|----------------|----------------|------------------|------------------|------------------|
| o 40 + times | | | | | |

37f) in the past 3 months, have you used ecstasy (also called MDMA)?

- | o 1 or 2 times | o 3 to 5 times | o 6 to 9 times | o 10 to 19 times | o 20 to 29 times | o 30 to 39 times |
|----------------|----------------|----------------|------------------|------------------|------------------|
| o 40 + times | | | | | |

37g) in the past 3 months, have you used a needle to inject any illegal drug into your body?

- | o 1 or 2 times | o 3 to 5 times | o 6 to 9 times | o 10 to 19 times | o 20 to 29 times | o 30 to 39 times | o 40 + times |
|----------------|----------------|----------------|------------------|------------------|------------------|--------------|
| | | | | | | |

37h) in the past 3 months, have you used prescription drugs to get high (such as morphine, anti-depressants, Oxycontin, Ritalin, painkillers, etc.)?

- | | | | | | |
|----------------|----------------|----------------|------------------|------------------|------------------|
| o 1 or 2 times | o 3 to 5 times | o 6 to 9 times | o 10 to 19 times | o 20 to 29 times | o 30 to 39 times |
| | o 40 + times | | | | |

37i) in the past 3 months, have you used over-the-counter drugs to get high (such as Gravol, Tylenol, cold medication, etc)?

- o 1 or 2 times o 3 to 5 times o 6 to 9 times o 10 to 19 times o 20 to 29 times o 30 to 39 times
o 40 + times

37j) in the past 3 months, have you used any other drug to get high (please state which drugs)?

- | o 1 or 2 times | o 3 to 5 times | o 6 to 9 times | o 10 to 19 times | o 20 to 29 times | o 30 to 39 times |
|----------------|----------------|----------------|------------------|------------------|------------------|
| o 40 + times | | | | | |

38. In the past 3 months, have you sold any drugs?

- ☐ Yes
 ☐ No
☐ Do Not Know
 ☐ No Response

If yes, did the money go to:

- ☐ Benefit the Gang ☐ Personal Use
☐ Do Not Know ☐ No Response

NEXT PAGE



39. In the past 3 months, have you used any kind of alcohol to get drunk?

- ☐ Yes ☐ No (if no, go to question #40)
☐ Do Not Know ☐ No Response

If yes, have you drunk:

- ☐ Wine
☐ Beer
☐ Hard Liquor

39a) Have you had 5 or more alcoholic drinks at one time (in a row, within a couple of hours)?

- ☐ 1 or 2 times ☐ 3 to 5 times ☐ 6 to 9 times ☐ 10 to 19 times ☐ 20 to 29 times
☐ 30 to 39 times ☐ 40 + times

40. In the past 3 months, have you had any arrests or police contacts? This may include being stopped, searched, questioned, or being brought to the police station at any time.

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

If yes, how many times? _____

If yes, please describe the incident(s) _____

41. For the incident(s) described above, please indicate if you were:

- ☐ Treated fairly by the police MOST of the time.
☐ Treated fairly by the police SOME of the time.
☐ NOT treated fairly by the police SOME of the time.
☐ NOT treated fairly by the police MOST of the time.
☐ Do Not Know
☐ No Response

42. Do you think you will ever leave the gang?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

42a) Have you already left your gang?

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

42b) When did you leave your gang? _____

43. If you will leave the gang/if you have left your gang, which of the following are reasons that will get you out of a gang/got you out of a gang? Identify all that apply.

Advice/pressure from a family member/relative

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Advice/pressure from someone else (specify who _____)

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

Move out of neighborhood

- ☐ Yes ☐ No
☐ Do Not Know ☐ No Response

NEXT PAGE →

Because of a steady girlfriend/boyfriend/spouse

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Get married

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Become a parent

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Family responsibilities (specify what _____)

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Obtain a job

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Get into school/education program

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Recreation/sports program

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Go to jail/prison

☐ Yes ☐ No ☐ Do Not Know ☐ No Response

Other, please specify _____

The next section asks about the sex trade in the past 3 months:

44) Have you traded sex to get something you wanted (money, drugs, place to stay)?

☐ Yes (if yes go to #44a) ☐ No (if No, go to #47)

44a) If yes, how often did you trade sex in the past 6 months?

☐ 1 or 2 times ☐ 3 to 5 times ☐ 6 to 9 times ☐ 10 to 19 times ☐ 20 to 29 times ☐ 30 to 39 times ☐ 40 + times

45) What have you traded sex for?

☐ money ☐ drugs ☐ food ☐ a place to stay ☐ to be part of a gang

46) How old were you when you first traded sex?

☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17
☐ 18 or older

46a) How did you get started in it? _____

46b) How old were you when you had your first sexual experience (probe for sexual abuse)? _____

47) Has anyone made you trade sex for something in the past 3 months?

☐ Yes ☐ No (if No, go to #49)

NEXT PAGE →

48) Who was it? (Circle all that apply)

- ☐ parent/other family member ☐ male friend ☐ female friend ☐ gang member
☐ other

48b) Have you ever made anyone work the street?

- ☐ Yes (*if yes go to #48c*) ☐ No (*if No, go to #49*)

**Please provide
details:** _____

48c) If yes, how often did you do make someone work the streets in the past 6 months?

- ☐ 1 or 2 times ☐ 3 to 5 times ☐ 6 to 9 times ☐ 10 to 19 times ☐ 20 to 29 times
☐ 30 to 39 times ☐ 40 + times

The final section asks about victimization by serious violence in the past 3 months:

49) In the last 6 months, how often have you had these things happen to you?

- Use a 7-point scale:
- (1) Never/No Times
 - (2) 1 to 3 Times
 - (3) 4 to 10 Times
 - (4) 11 to 26 Times
 - (5) More than 26 Times
 - (6) Do Not Know
 - (7) No Response

- ___ been punched or beaten by another person (no weapon involved)?
___ been threatened with a knife?
___ been stabbed with a knife?
___ been threatened with another kind of weapon? List weapon(s): _____
___ been beaten with another kind of weapon? List weapon(s): _____
___ been threatened with a gun?
___ been shot at?
___ been kidnapped (taken and held against your will in a place you could not escape from)?

50) Please describe the injuries you have suffered and medical attention you received as a result of any of these attacks:

You are now done the survey. Thank you very much for your time

CK Focus Group Questions

GROUP ID. #. _____

TODAY'S DATE: _____ (MM/DD/YY)

STAFF NAME _____

LOCATION: _____

1. Are you satisfied with how the CK project is working?
2. Have you seen any changes in the participants in the CK Project?
3. Do you have any suggestions to improve the CK project?
4. On a scale of 1 – 10, with 1 = poor and 10 = excellent, how would you rate the CK program?

APPENDIX B: INDEX CONSTRUCTION AND METHODOLOGICAL PROCEDURES

This section describes in detail the procedures used to create the indices employed in the evaluation of changes in the behaviours of the youth participating in the project. *Table 1* outlines the indices used in the program evaluation. In this section, question numbers refer to those in the survey instrument.

Section 1 Gang Affiliation Index

The index for gang-affiliation was made up of two questions that asked whether or not the youths were currently members of a gang, or had been in a gang in the last six months. The questions were:

30. Are you currently a gang member?

1. Yes 2. No 3. Do Not Know 5. Affiliated through family/boyfriend 9. No Response

31. In the last 6 months, have you been an active gang member?

1. Yes 2. No 3. Do Not Know 5. Affiliated through family/boyfriend 9. No Response

The “no”, “do not know” and “affiliated through family/boyfriend” categories were combined as “no” responses (not a gang-member). “No response” was treated as missing data.

The index values are:

- 0. not currently in a gang, nor in the last 6 months.
- 1. in a gang in last 6 months but not currently.
- 2. currently in a gang.

The means and standard deviations for the indices used in the t-tests are presented in *Table 3* (below).

Section 2 Employment Index

The Employment index was made up of two questions that asked whether or not the youths were currently employed, or had been employed in the last six months. The questions were:

9. Are you currently employed (in a job, not including crime)?

1. Yes 2. No 3. Do Not Know 9. No Response

9a) Have you had a job (not including crime) in the past 6 months?

1. Yes 2. No 3. Do Not Know 9. No Response

The categories “Don’t know” and “No response” was treated as missing data.

The index values are:

- 0. not currently employed, nor in the last 6 months.
- 1. employed in last 6 months but not currently.
- 2. currently employed.

Section 3 Depression Index

The Depression Index is taken from the Rochester Youth Development Study.

In the past 30 days, how often did you ...

- 1. Feel you had trouble keeping your mind on what you were doing?
- 2. Feel depressed or very sad?
- 3. Feel hopeful about the future?

4. Feel bothered by things that don't usually bother you?
5. Not feel like eating because you felt upset about something?
6. Feel that everything you did was an effort?
7. Think seriously about suicide?
8. Feel scared or afraid?
9. Toss and turn when you slept?
10. Feel that you talked less than usual?
11. Feel nervous or stressed?
12. Feel lonely?
13. Feel people disliked you?
14. Feel you enjoyed life?

The point values and response categories for all questions were:

1. never
2. seldom
3. sometimes
4. often

Responses to questions 3 and 14 are reverse coded. The responses are summed to produce an index that ranges from '14' indicating a low level of depression to '56' indicating a high level of depression.

Section 4 Substance Abuse Index

This index is made up of 11 questions about substance use in the past six months. The first is a "skip" question that streams those who had not done any drugs in the past six months past the drug use questions in the survey. The next 10 questions ask about the frequency of use of various types of drugs:

37. In the past 6 months, have you used or tried any drugs, inhalants, prescription or non-prescription drugs to get high?

1. Yes 2. No (if no, go to question #38)

37a) in the past 6 months, have you used marijuana (also called pot, hash, weed, reefer) to get high?

37b) in the past 6 months, have you used any form of cocaine (including crack, powder, freebase)?

37c) in the past 6 months, have you used heroin (also called smack, junk, China White)?

37d) in the past 6 months, have you sniffed glue, breathed the contents of aerosol spray cans, inhaled any paints/sprays/gas?

37e) in the past 6 months, have you used methamphetamines (also called speed, crystal meth, crank, ice)?

37f) in the past 6 months, have you used ecstasy (also called MDMA)?

37g) in the past 6 months, have you used a needle to inject any illegal drug into your body?

37h) in the past 6 months, have you used prescription drugs to get high (such as morphine, anti-depressants, Oxycontin, Ritalin, painkillers, etc.)?

37i) in the past 6 months, have you used over-the-counter drugs to get high (such as Graval, Tylenol, cold medication, etc)?

37j) in the past 6 months, have you used any other drug to get high (please state which drugs)?

The response categories for the 10 drug-use questions indicate the number of time the respondent had used the particular drug in the last six months. These categories were recoded to category mid-points and scored in the following fashion, with those who answered “no” to question 37 (the skip question) assigned a ‘0’ on all 10 drug-use questions:

0 times= 0

1 or 2 times=2

3 to 5 times=4

6 to 9 times =7

10 to 19 times=14

20 to 29 times=24

30 to 39 times=34

40 + times=40

The scores for all 10 drug use questions are summed to produce an index that ranges from 0, indicating no drug-use of any kind to a high of 400 instances of drug-use over the past six months. Any respondent who had a missing response on any question receives a missing value for the index.

Section 5 Criminal Behaviour

There are two indices created to measure the youths’ involvement in illegal activities; the Non-violent Crime Index and the Violent Crime Index. Both count the number of different types of illegal activities the respondents have participated in over the past 6 months. Note: because the responses to these questions are in a “Yes/No” format, the scales do not count the actual number of crimes committed, only the number of types of crimes respondents engaged in.

36. In the last 6 months, have you:

Non-violent crimes:

1. Written gang graffiti on school property, neighborhood houses, stores, etc.?
2. Thrown rocks or bottles at persons, vehicles or property?
3. Destroyed property worth less than \$300?
4. Destroyed property worth \$300 or more?
5. Set fire to building or property?
6. Stolen bicycle or bike parts?
7. Stolen a motor vehicle?
8. Stolen parts or property from a vehicle (hubcaps, stereo, cell phone, etc.)?

9. Fenced or sold stolen goods (other than weapons)?
10. Shoplifted?
11. Entered a house, store, or building to commit a theft?
12. Broken into a house, store, or building to commit a theft?
13. Fenced or sold weapons or firearms?

Violent crimes:

14. Threatened to attack a person without using a gun, knife, or other weapon?
15. Threatened to attack a person using a gun, knife, or other weapon?
16. Robbed someone by force or by threat of force without using a weapon?
17. Robbed someone by force or by threat of force using a weapon?
18. Beaten up or battered someone without using a weapon?
19. Beaten up or battered someone using a weapon?
20. Forced someone to have sex with you (used physical force, the threat of physical force, drugs or alcohol to get any kind of sexual contact – oral, vaginal, anal, touching)?
21. Participated in a drive-by shooting?
22. Participated in a homicide?

The responses to questions 1 through 22 are scored as follows:

0 = no or don't know

1 = yes

Non-responses are treated as missing values.

Non-violent Crime Index: This index is created by summing items 1 to 13. The index ranges from 0 to 13, and indicates the number of types of non-violent crime the respondent engaged in.

Violent Crime Index: This index is created by summing items 14 to 22. The scale ranges from 0 to 9 and indicates the number of types of violent crime the respondent had engaged in.

Section 6 Adult Role Models

The index of adult role models indicates how many adult role models the respondent has in his or her life. The questions used in the index are:

- 2a. If you needed some information or advice about something, is there someone you could talk with?
 1. Yes
 2. No
- 2b. If yes, please check any of the categories that include persons you could go to for advice:

Mother or stepmother
 Father or stepfather
 Older sister
 Older Brother
 Other female relative
 Other male relative
 Other female adult in community
 Other male adult in community
 Sports or entertainment star
 Other

3a. If you were having trouble at home, is there someone you could talk to?

1. Yes 2. No

3b. If yes, Please check any of the categories that include persons you could talk to:

- Mother or stepmother
- Father or stepfather
- Older sister
- Older Brother
- Other female relative
- Other male relative
- Other female adult in community
- Other male adult in community
- Sports or entertainment star
- Other

The index counts the number of “yes” responses to the two sets of questions, with those who answered “No” to questions 2a or 3a scored “0” for no adult role models. The index ranges from 0 to 20, with the high score indicating that the respondent had 20 adult role models they could go to for advice and/or talk to when in trouble.

Section 7 Total Risk Index

The Total Risk Index is created by combining the scores from the Gang Affiliation, Substance Abuse, Non-Violent Crime, Violent Crime, and Adult Role Model scales described above, along with information on the whether or not the respondent had friends who were gang members.

The scores for five component indices are grouped into three categories representing low, medium and high risk groups as outlined in Table 2 below. Note that the Adult Role Model index is reverse-coded for inclusion in the Total Risk Index. The information on gang-involved friend comes from Question 26 in the survey and is coded 0 = low for “No” and “Don’t Know” responses, and 1= medium for a “Yes” response. The grouped scores are then assigned to the Total Risk Index in the following manner:

0. Very low: Low scores on all six component scales.
1. Low: Any combination of Low or Medium scores but no High scores on all six component scales.
2. Medium: A High score on only 1 of the component scales and Low or Medium scores on the others.
3. High: High scores on 2 or more of the component scales.

Table 1: Scoring Criteria and Substantive Meaning for Component Scales Used to Construct Total Risk Scores

Total Risk Scoring Procedure			
Index	Low=0	Medium=1	High=2
Gang Affiliation	0	1	2
Substance Abuse	0	1 through 19	20 and higher
Non-Violent Crime	0	1 through 3	4 through 13
Violent Crime	0	1 or 2	3 through 7
Adult Role models	5 to 20	3 or 4	1 or 2
Gang-involved Peers	0	1	
Substantive Meaning			
Index	Low	Medium	High
Gang Affiliation	no affiliation	was a gang-member in last 6 months but not currently	currently a gang-member
Substance Abuse	did not use any	used drugs 1 to 19 times	used drugs 20 or more times
Non-Violent Crime	none	committed 1 to 3 types	committed 4 or more types
Violent Crime	none	committed 1 or 2 types	committed 3 or more types
Adult Role models	5 or more role models	3 or 4 role models	1 or 2 role models
Gang-involved Peers	none	has gang-involved friends	(not possible)