



Special Committee To Prevent The Abuse And Exploitation Of Children Through the Sex Trade

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**SPECIAL COMMITTEE TO PREVENT THE ABUSE AND EXPLOITATION
OF CHILDREN THROUGH THE SEX TRADE
2000**

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Carolyn Jones
Saskatoon Meewasin

Don Toth
Moosomin

Kevin Yates
Regina Dewdney

The committee met at 9 a.m.

The Co-Chair (Ms. Julé): — Okay, Ian, we'd like to welcome you today and we thank you ever so much for taking the time to prepare this report for us and also for being here so that we can utilize certainly your intelligence and your know-how and your understanding of the issue.

And we have been listening to people throughout the province. People such as yourself that are involved with support centres and support sometimes for a sexual assault and that kind of thing. And we've also been talking to youth on the streets and so on.

And so we're going to just get started with your presentation. Would you like us to review the mandate of the committee with you?

Mr. Wheeliker: — Sure.

The Co-Chair (Ms. Julé): — All right. We won't labour it, belabour it rather, but we will give you an idea of why the committee was formed and what our mandate is.

We'll just let you know first of all, Ian, who the members of the committee are. And we have a couple of people that are absent today, so we'll mention them all just so you're aware of who they are.

I'm Arlene Julé. I'm the MLA (Member of the Legislative Assembly) from Humboldt and I'm Co-Chair of the committee. Peter and I are co-chairing it and it's the first time that a committee, a legislative committee, has been co-chaired. It's an all-party committee. We addressed it as such so that the whole issue is very, very important and we wanted to make sure that it is addressed in a non-partisan way. So that's why the Co-Chair committee.

And we're just going to let maybe the members at the table introduce themselves.

Mr. Yates: — I'm Kevin Yates, the MLA for Regina Dewdney.

Ms. Jones: — Carolyn Jones, MLA, Saskatoon Meewasin.

Mr. Harper: — Ron Harper, MLA, Regina Northeast.

The Co-Chair (Mr. Prebble): — Ian, I'm Peter Prebble. I'm the MLA for Saskatoon Greystone. It's the university area of Saskatoon and I'm the other Co-Chair of the committee.

One of our members who's missing today is Don Toth. He's the MLA for Moosomin. Unfortunately he's snowed in. And the other member who's missing this morning is June Draude and she's the MLA for Kelvington-Wadena.

We'll just take you through some of . . . oh, I'm going to ask our staff who are here to introduce themselves as well, just so that you get a chance to meet everybody.

Margaret, why don't we start with you?

Ms. Woods: — Margaret Woods, Clerk of the committee.

Mr. Pritchard: — Randy Pritchard . . .

Ms. Klein: — Donelda Klein with *Hansard*.

Ms. Wells: — Kathy Wells with *Hansard*.

Mr. Bond: — Kerry Bond, broadcast services.

The Co-Chair (Mr. Prebble): — We'll take you through some of the key principles of the committee that I'll just review quite briefly for you, Ian, but just to give you kind of an overview of where we're coming from.

We've taken the view that every child is everyone's responsibility in the province. So we all have a collective responsibility for children who are being sexually abused in our communities.

We've also taken the position that the involvement of children in the sex trade is child abuse. That may seem fairly obvious, but there has been a general attitude in the province we found, in the past, that what's traditionally being called child prostitution wasn't seen as child abuse and often didn't fall under the sexual abuse protocols that had been established in communities.

And thirdly, zero tolerance is our goal. In other words, we want to eliminate child sexual abuse on our streets and in our communities.

Arlene, why don't you take over for me.

The Co-Chair (Ms. Julé): — So when the committee was formed, we set out to accomplish some tasks that were in front of us, and one of them was we wanted to address and make recommendations to stop the abuse and exploitation of children through the sex trade within Saskatchewan. And of course that's one of the main tasks we have.

And so the committee is going to be considering and reporting on . . . actually first of all, we're going to be consulting with stakeholders that have an interest, that's people throughout the province, and we're going to ask for their input on the next steps that we should take. And we've also determined that we wanted to look into the strategies that are employed by other jurisdictions and the effectiveness of their approaches.

So we talked with officials from Alberta and Manitoba, we talked with street outreach workers, groups within that city that have addressed this problem and we wanted to talk about it. So for instance in Manitoba some of the strategies there are to confiscate the vehicles of people that were convicted of child sexual abuse. And in Alberta they are . . . I think you probably heard of their legislation that they've put across and so on.

And we looked at the services also that are provided and where there are gaps in the system here as compared to other places. And also we looked at and heard from people in those jurisdictions as to where they still had gaps. And we also felt it

was important to consider the reasons why these children end up on the street in the first place. What are the underlying factors? What are the reasons that they end up on the streets and subjected to this sort of treatment?

The Co-Chair (Mr. Prebble): — Just to give you a brief overview of the public hearing process — we've basically done our hearings in two phases. We had a preliminary phase where we held hearings in Saskatoon and Regina, and a set of hearings by telephone primarily with other jurisdictions where we were seeking advice on what they were doing.

And then we had . . . we're now in the second phase of the hearings, which began in October and essentially means that we're going to about 13 or 14 communities across the province. We heard from 35 witnesses in the first set of hearings, and we've probably heard from, I don't know exactly, but at least 40 or 50 witnesses in this second phase.

Now you've got the interim report right? So I think you . . . we'll leave it with you to sort of review that in more detail. You'll see in the report that we've kind of basically dealt with six areas of concern and they're up on the screen in front of you now. And we want to give you as much time as possible.

So you can see that we've done a preliminary round of work. These are some of the themes that we're examining and are interested in hearing public comment on. We're also interested in hearing any other thoughts and advice that you might have to offer us. So we're really looking forward to your presentation and we'll let you start in on it in whatever way you'd like to.

Mr. Wheeliker: — I thought maybe just to begin what I'd do is just briefly go over the crisis centre, our mandate, and what we actually do in the community. As you can see we serve a very large area. We expand into three health districts — we cover all of Prairie West Health District, part of Midwest Health District, and extend north into the Greenhead Health District.

We cover a catchment area of about 10,000 square miles with a population of somewhere in the vicinity of about 20 to 25,000 people. We're not a mobile crisis centre. We operate a 24 crisis line, and so most of our calls from outside of our immediate area we're referring those people to services that would be available in their local area.

We also provide a walk-in service for clients who can get to us. The type of services that we provide people is basically crisis intervention, so when somebody contacts us they're usually in some form of crisis or have some major problem going on in their life. And what we want to basically do is to provide some assessment, some stabilization for that particular situation or individual or family. And then, depending on what their needs are, make an appropriate referral to a local agency that may be best able to meet their needs.

So we work closely with addiction services, with the mental health services in the three health districts, as well as with Social Services and any other type of community service — Canadian mental health, AA (Alcoholics Anonymous), schizophrenic society, etc.

Our main mandate is personal and family violence. We actually began in 1984 as a sexual assault centre. And the mandate began to expand in the late '80s, and then finally at the end of the '80s we became the West Central Crisis & Family Support Centre. Our mandate expanded to include personal and family violence, so sexual assault of course continued to be a part of our mandate but we expanded to deal with all the different types of abuse and violence that individuals and families may be experiencing.

For a period of time we operated safe homes in the community. We had a number of safe homes where women and children could go temporarily. That program hadn't been utilized very much in the past four years, five years. And what we've basically adopted now is a protocol where what we do is we assist the women and the children to get out of the home, with the help of the RCMP if necessary, and we transport them to the nearest shelter or to a shelter where they may have family, relatives, etc.

We also operate a parent aide service. We're contracted by the Department of Social Services. Are you familiar with the parent aide program? You've heard about it? Okay. So I don't need to explain that.

We have four parent aides who work with anywhere, during the run of the year, between 10 and 17 families — 17 different contracts providing the parent aide services.

We're a coordinating body for traumatic events response teams here and in Greenhead Health District. We partner with a number of agencies in the community. KICS is a local interagency; it's Kindersley Integrated Children's Services. And basically that committee is set up to look at and address the needs of children from an interagency perspective to address gaps that may be existing in the community and to try and enhance overall services for children and their family.

A subcommittee of that is the MAPS, which is a multi-disciplinary assessment, planning and programming. And in our community when a family or a child is involved with multiple agencies, any member working with that particular client can initiate a MAPS consultation where we bring in representatives from the agencies that they would be involved with and we do a . . . almost like a wraparound process, but MAPS began before wraparound was introduced to the province. But it's essentially a wraparound process. And so again what we're trying to do is to bring the services together and to coordinate a response to family needs.

We operate a resource library that's available to the public, and part of that is Internet services that are available to the public as well. They can come in and access — do research, look for articles, look for information on the Internet through the crisis centre. But we provide information on almost any type of mental health or family or social issue that you could imagine. A fairly extensive library. Most of the books are out — some come back, some don't. We're constantly upgrading that.

As soon as we became a crisis centre and expanded our mandate and advertised a 24-hour crisis line, our mandate sort of slowly crept into the mental health area as well. So we deal

basically because we're immediate . . . people have access to us immediately either in person or over the phone. We deal with a number of mental health issues as well. We deal with basically whatever comes over the phone.

We have a 1-877 number and we do receive a number of calls each year from outside of our catchment area as well. We've received calls from Eastend, we've received calls from Outlook, Davidson, P.A. (Prince Albert), La Ronge, and even north of that, along with B.C. (British Columbia), Alberta, and Manitoba. We get a lot of calls. I think that we're on a national directory as well because we have the 1-800 number and so we do get calls from sort of outside the province as well.

So of course the issues that we respond to, sexual assault, we are the service in this area that would provide initial and ongoing services to the victims of sexual assault. We provide programs on parenting. We are the suicide intervention agency in this catchment area. We deal with issues of depression, and of course we deal with all the marital and family problems that come up.

Marital problems not involving violence or abuse, we would refer to the local adult mental health workers, but when it comes to the family violence stuff, that's sort of our specialty and we will do some ongoing work in that area. We do the initial alcohol and drug work and then refer locally to the Danny Fisher Centre or to the appropriate agency in the other health districts.

So we provide a lot of services that are immediate and brief. Our mandate basically is to again do crisis intervention work and our guideline is to see the client initially for assessments, stabilization, and then brief intervention, looking at a guideline of three to six meetings after the initial contact.

Statistically . . . I'll just jump ahead here. Our annual contacts are in the vicinity now of about 575. We have sort of stayed at about that 575, 580 area for the last number of years. And as you can see, the follow-ups that we referred to would be how many times we see a client after the initial contact, and for the most part our work is very brief. For the most part we do one-point-something follow-ups and that's not with every client. With some clients we'll see them three to six times; with other clients we'll only have them that initial contact, but it averages out to just a little over one follow-up per client. So our mandate is sort of get in there, do some quick work, and make an appropriate referral.

Gender statistics. Because the crisis centre initially was a rape-sexual assault centre, men in the community really didn't access it. It was seen more or less as a service for women. With the change in the late '80s there's been an increase in men and in teenagers and children accessing our service as well, so we're happy to see that.

And then finally our youth statistics. In '93, sort of that was our peak in terms of seeing children, and it's the last couple of years we haven't seen quite as many. And I think that's partly due to the fact that children and youth services in our area has actually been able to meet most of the needs there.

There's a bit of a trend now where the schools are needing immediate service. And again, we're the agency that can provide immediate service to children and their families. So if it's an emergence type of situation, we will get the referral. If it can wait, Child and Youth Services will get the referral.

We're funded primarily by the Department of Social Services. We have a grant, a service agreement with the Department of Social Services and so that's the government department that we are responsible to.

We have been working with the health districts in terms of identifying to them that we also deal with a number of mental health issues. But as of yet . . . we have good working relations with them, but we don't have any service agreements with the health districts. So we'll just see how that kind of pans out.

In terms of the child abuse issue, I guess the parent aide program would play a pivotal role in terms of working with families that have either been identified to Social Services as there's children in need of protection. And then, Social Services will contact us and we will either provide counselling to the parents and the children or we will set up a parent aide service where the parent aide will go in and work with the family. And if the parent aide identifies that there's parenting issues that perhaps the parents need some additional counselling or if there's family violence issues, then we will actually work with the family in terms of addressing those issues as well.

I'm not sure what else I need to say about that. Maybe I'll just kind of answer some questions and kind of go from there.

The Co-Chair (Ms. Julé): — Okay. Thank you, Ian. That was a very good presentation and I was very impressed with the whole cooperative model, I guess I could say. I mean, you know, you were collaborating very well with other agencies and so on and you seem to have your act together as such. It's really quite impressive and I commend you for the work you're doing.

I have a few questions, as I'm sure Mr. Prebble does. We're going to turn over the questioning though to our other committee members at this time.

Mr. Yates: — Thank you very much, Ian.

My questioning is going to centre around the issue of youth involved in sexual abuse and is there an existence of that in your community.

Our primary mandate is to find the depth of this particular problem, the abuse and sexual exploitation of children through the sex trade. But we found, as we've gone throughout Saskatchewan and talked to various communities, that it presents itself in different forms in different communities, but is often there. And in more some of the small rural communities that we've actually had presentations in, we found that it's often associated with the exchange of drugs or goods for sexual favours in communities.

Is there any foundation or any existence of that in your community that you're aware of?

Mr. Wheeliker: — Yes, I think there is. I think that . . . We have a lot of transient workers with the oil patch coming into the area. And it's not a formalized prostitution, but it is child sexual exploitation in the regard that a lot of workers coming through the area will actually provide shelter, drugs, booze, the whole nine yards.

Lately, the past year, we've seen a lot of 13-, 14-year-old, 15-year-old young women leaving home and going to live with workers that are in the area. And these workers of course are adults. They're well over 18 years old.

So one of the problems that we're seeing here is that these young girls are leaving their family homes and they end up — there's a group of them that will live with this fellow or with that fellow and stuff like that. So that's more or less sort of the issue that we're seeing here.

I'm also aware of 14-year-olds, you know, under 16's, actually going out and making some money from the guys. So there is a bit of that going on, but it's not what I would call an organized or a formalized type of prostitution.

But that does happen. If they need some money, they know where the guys are and they go down and they make some money type deal. Again, I mean as your interim report indicates, these are kids who are coming from family dynamics that includes sexual abuse and violence and, you know, a great deal of dysfunction.

The bottom line is, I think, that kids who come out of families with high self-worth and self-esteem are not engaged in this type of activity. They're more focusing on future and, you know, where they're going in life.

So the children that I'm talking about would be children whose family backgrounds are quite dysfunctional and lots of different forms of abuse within the family.

Mr. Yates: — Just a couple of follow-up questions. Do you have any sense of the number of children involved in this type of activity in the community?

Mr. Wheeliker: — No, I don't have a statistical number in my head that I could share with you, no.

Mr. Yates: — My next question is, in this community — we've seen different demographics in various communities across the province as well — in this community would this be largely children of Aboriginal ancestry or of Caucasian ancestry or a mixture?

Mr. Wheeliker: — It would be largely Caucasian ancestry, yes.

Mr. Yates: — And they would be, by your explanation, largely people of lower socio-economic situations and dysfunctional behaviours in the family.

Mr. Wheeliker: — In terms of the economics, probably not so much lower. It would probably be what I would describe as middle. I mean certainly some lower, but probably equally, if not more, middle.

Mr. Yates: — Now my next question really comes to an issue sort of where if we had the ability to — and obviously we have the ability to make recommendations and changes — but what would you recommend in a community like yours that has some different demographics than some of the communities we've been in to deal with the particular problem you have with, you know, transient workers coming through and young children becoming involved in this exchange of shelter, food, and those types of things for sexual . . .

Mr. Wheeliker: — Well in this particular community — I'm kind of thinking that within a lot of communities, but I'll speak just about this community — I think that a coordinated response right from the government departments at the provincial level, a coordinated response that involves Health, Justice, Education, and Social Services, an interdepartmental committee addressing the issue at a government level with direct contact in perhaps that committee even with direct community representation developing a framework for action that would filter down to the community level here where we would actually mirror an interdepartmental or an interagency committee that again would involve Justice, Education, Social Services, and Health people. At this level addressing basically the legislative policy set at the government level.

And we're carrying it out on a front-line level with close coordination with that committee where we continually evaluate and address the problem. And where it's a coordinated response where it's . . . I mean, Arlene has pointed out that we have a good working relationship with a number of agencies, and in fact, we do. But we don't have a formalized coordinated response either to family abuse or to the issue of child sexual abuse in this community. And I think that's one . . . one approach that would help us to . . . it would help us to address issues of prevention.

For example, what I'm thinking of — just a quick example of that is — if we're working with education and with the public health nurses, we can begin at an early level to identify the families and the children of those families that are at risk with maybe a little bit of legislative adjustment to the children and family services Act that actually give us an opportunity to go in and work with these families once they're identified at an early level.

A coordinated response involving mental health, involving social services, involving parent aid programs, involving the public health nurses could be developed, perhaps through a wraparound process or something similar to that. But we could have the Health identifying, we could have Education identifying, we could have Social Services identifying that this is a family that has a lot of the high risk factors for children growing up and having not just difficulty, you know, in the sex trade, but difficulty period — you know, psychosocial social difficulties.

Identifying that there is abuse going on, or there is a high risk of abuse going on in this family and we could begin then to do the prevention and the intervention work. We could also, with a coordinated community response, we could take on the issue of education and awareness and, I think, constantly sort of evaluate what's going on in our community and what the

particular community needs are.

In my experience we've . . . I've worked in Nova Scotia and we developed in Nova Scotia a framework for action with that similar type of model on family violence. And you needed both the government interdepartmental committee working hand in hand with the front-line community interagency working.

And what we discovered was that that was the most effective way for us to intervene, to identify, to work with police, health, the whole nine yards. To identify that this is a family that's going to need some services. So you're doing prevention, but at the same time you're doing intervention, and then the committee's work is also promoting education and awareness on the whole issue as well.

I think that in our community that type of a model or that type of an approach would create the circumstances where we could begin to address this issue at a deeper level.

Does that answer your question?

Mr. Yates: — Yes.

Ms. Jones: — I'm just wondering, being as how you're on a main route between Saskatoon and Calgary, do you have any incidents or evidence of young people being recruited from your town to go to the cities and work in the sex trade?

Mr. Wheeliker: — We certainly have young people going to the cities, but not to my knowledge being specifically recruited here to go and work in the sex trade — not to my knowledge. But we do have people who run away from home and go to the cities and somehow or other survive on the streets there, yes.

Ms. Jones: — And in follow-up in a different direction to Kevin's question, the suggestions that you had are very good and valuable, I'm wondering if you have any suggestions on what to do on the other side of it, which would be the johns and how to deal with them.

I mean obviously we're looking at children as victims and all of your suggestions, I think, fit in with our view of young people in the sex trade as victims.

But there's also the other side, and how do you deter the johns and to a lesser extent the pimps. If you have any ideas, I'd love to hear that too.

Mr. Wheeliker: — Well I think that, you know, the criminal process, the justice process, in terms of arrest and you know whatever that process is, is probably all that we're going to be able to accomplish sort of at that reaction level. You know, arrest them, deal with them through the justice system. And I think that's fine. I think that's an important element.

I think the other aspect of it that perhaps legislators or policy-makers can begin to wrestle with, is the whole idea that the abuse of children in any form and the oppression of women, gender oppression, is a systemic problem.

And one of my concerns is that the men's agenda has sort of

co-opted the women's movement agenda and now are really lobbying quite sophisticatedly and quite effectively government, in terms of minimizing the issue of male violence against women and children. Somehow or other presenting that this is an issue of gender equality, that this is not a gender issue — women are just as abusive and women are just as violent and exploitive as men are. And the reality is that historically that's never been the case, nor is it the case now.

But the language and the power of the language is being presented to policy-makers and legislators asking them to rethink their position in terms of violence against women and children — and the sex trade being an aspect of that — and asking them to water down our views of that, water down our approach to male violence in this society, and to even shift some of the government and the community resources into men's issues.

And I think that the men's agenda is in fact making some headway. Not that men don't have issues. I'm a man and we have issues, right? But I think that we need to systemically understand that men's violence against women and children exist today. And it doesn't deny the fact that there is some violence from women and abuse from women to other women and children and towards men as well. That exists.

But if we don't address that issue and take on that issue head-on, we're not going to have any kind of significant impact on child sexual abuse or any other type of child or woman abuse. The reality is that we have to begin to address gender oppression and we have to begin to address as much as we can at a legislative level or support, addressing cultural attitudes towards women and children.

I think that in my experience the reason that the children are becoming younger and younger in the prostitution is because of the cultural attitudes, the cultural sexual objectification of women.

I mean the fashion industry uses young women who are 13 and 14 years old and portray them on, you know, major magazine covers as sexually alluring, as sexually attractive. And it supports and it maintains the cultural exploration, exploitation of women sexually. And of course a continuation or along the same, on the same continuum of that, is beginning to exploit children at a younger and younger age — women at a younger and younger age.

Now boys get exploited too. And I'm not saying that we ignore that aspect of it at all. We address violence as violence, abuse as abuse. But I think that one of my biggest fears is that we are going to hear more and more in the years to come about how women are equally responsible for the violence and abuse in the family and of children. And in my experience that is not the case at all. And women aren't angels, I'm not saying that, but the reality is that historically and systemically, power hierarchies and cultural attitudes and cultural beliefs exist that in fact maintain and reinforce the status quo.

And so a big aspect of our education and awareness has to be around addressing cultural beliefs and attitudes that men develop, young men — four-, five-, seven-year-olds,

eight-year-olds — develop about girls.

If we have men growing up, because most of our perpetrators that we're talking about are men, who have a deep respect for women, period, then it doesn't fit with their belief system to go out and exploit women or young girls. It doesn't fit with that.

If we don't address it at that level, as well as arresting and doing all of the interagency and the interdepartmental work, we're never going to really put a dent in this. It will continue as it is. The social structures will continue to support the exploitation of children and the oppression of women and children.

So that, in my view, is an aspect that needs to continue to be addressed and that is probably most powerfully addressed at a legislative policy level in terms of where do we put our dollars into education and into awareness. Do we shift dollars into the men's agenda? And you know if there's legitimate men's agenda stuff, that's fine, put money into that. Gender equality is what we want, but let's not let the men's agenda water down the reality in terms of the oppression of women and children.

Ms. Jones: — Thank you very much.

Mr. Harper: — Thank you for coming in this morning. Just a couple of questions. You indicated that your agency received on an annual basis approximately 575 contacts. Of those 575 contacts, how many contacts would be a result of sexual abuse or sexual assault?

Mr. Wheeliker: — Of sexual assault, a low percentage. I would guess that somewhere in the vicinity of about 10 to 15 per cent of our calls involve child sexual assault or adult sexual assault. Sort of combined would be about 10, 15 per cent.

Mr. Harper: — Okay. My next question was then, of those calls as a result of sexual assault, what percentage would be assault on children under the age of 16?

Mr. Wheeliker: — Specifically in terms of sexual assault that would probably be somewhere in the vicinity of about 5 per cent.

Mr. Harper: — And in your opinion, how would this reflect to the number of cases that you believe is out in the community of individuals under the age of 16 providing sexual favours in returns for a reward of some type?

Mr. Wheeliker: — How would that compare to . . .

Mr. Harper: — The number that's actually, the activity that's actually going on in the community. The number of people under the age of 16 that are providing sexual favours for rewards, whether it be housing, shelter, monetary, whatever, as compared to the number that's actually reported to your agency.

Mr. Wheeliker: — Yes. The statistics that I was giving you, I wasn't specifically referring to and I don't think even included in my mind because I haven't actually had a referral for somebody who's giving sexual favours to someone for something in return. What I'm talking about are children or . . .

yes, children who have disclosed either to a teacher, a social worker, or to a mom or dad that they have been sexually abused. That's what I'm thinking about. So that's what that statistic refers to.

It would be an even lower percentage. You know, it might even be lower than 1 per cent that I'm aware of, of cases that are referred to me where young women have given sexual service for some type of reimbursement. That would be very low in the referrals that we would receive.

What I wanted to say about that as well is that the number, you know, clearly, I mean I think it's obvious, but clearly the number of women and children who identify that they have been sexually abused, you know, that percentage is way lower than what's actually going on out there. I mean I think we know that, right?

Mr. Harper: — In just ballpark numbers, how many children do you think in this community under the age of 16 are being sexually abused in one manner, shape, or form, whether it be internally within the family structure, or whether it be in return for rewards?

Mr. Wheeliker: — Primarily it would be within the family, and I have no reason to believe that it would be anything less than the national statistics. My experience would tell me that it would right on par with what the national statistics are — one in four children, girls; one in six, boys.

Mr. Harper: — Thank you.

The Co-Chair (Ms. Julé): — Thank you, Ian. I've just got a couple of questions in regards to your comments earlier on the incidents surrounding the children . . . young women moving in basically with people working in the oil patch. Are these children, you know, you find out about this obviously, so I'm just wondering if it's their parents that bring that concern to you, and when and if . . . how that situation is usually handled as far as legalities go. Because these children are, some of them, 13, 14 years old, under 16, obviously underage.

And I'm wondering whether or not there is . . . it's probably a question I should be asking the police, but I'm just wondering from your point of view, has there been some action taken to remove them from those places?

Mr. Wheeliker: — The police and Social Services have . . . the reports have gone to both police and Social Services. And in some cases police and Social Services have actually been able to sort of remove the child from that place and return them to the family. In other cases, children that are sort of the 14 going on 15, and I think that's sort of one of the failings, and if we had a co-ordinator response we could address that better, but it's more or less seen as, well we can bring her back but she's only going to run away again, and do we keep bringing her back and bringing her back and bringing her back.

And so I think there is a bit of a failing there in terms of police not feeling that they have any type of significant intervention that they can offer.

Social Services in most cases have been involved with this family for a while, with this child for a while, and although sort of aware of the situation for whatever reason, basically are working with the family to try and get this child back. But for whatever reason, the child is kind of out there and doing their thing.

The Co-Chair (Ms. Julé): — So if there was a better coordinated approach, if you had an interdepartmental approach, working closer with your agencies and certainly with the support centre here, I'm just wondering if you can kind of follow up a little bit more on what you've just mentioned to us to indicate what difference it would make.

For instance, if there was an intergovernmental departmental approach to this so that in the scenario that you've just described to me, then what difference would it mean to that girl or to that family?

Mr. Wheeliker: — Well if, for example, we identified at community level that we've got a situation where people feel that they don't have much they can do, that our hands are tied because of mandates, because of legislation, whatever, if we're working closely with that government interdepartmental committee, we can identify situations to them where we're feeling unable to do an intervention. That interdepartmental committee can report to the house in terms of recommendations for perhaps more effective legislation, perhaps changes to The Child and Family Services Act.

It's an up and down process, where we can identify issues at a community level that can be heard at a government executive level and then perhaps addressed at a legislative or a policy level.

The other end of it is, is that if there's this provincial interdepartmental group where communities are feeding into it, we can feed up that we have this particular situation going on and we're at a loss as to how to handle it. They've got community links throughout the province and they're saying okay, we're going to contact our coordinators in each area and see if they've got a similar experience. And so we're going to be able to share what they've done in P.A. with you people here in Kindersley.

And so there's a flow of . . . What you have is a provincially coordinated response, not just an isolated community response.

The Co-Chair (Ms. Julé): — Okay. I thank you for that. In fact, you know, that was one thing that I wondered about as we have travelled throughout the province.

For instance, right here in Kindersley, the first thing I recognized is that you had a really good working relationship with the agencies and there's a willingness here, and obviously you're focused, as you should be, on the children and families. And there seems to be very little dispute between the agencies as such even though I'm sure there are some concerns that each and every one of them have as to how they're going to function.

But this kind of an interagency approach, I always wonder when you find a great model of it like you have here, then why

is this not shared with other areas of the province, for instance, that are sharing the same difficulties.

And you know, so your view is then if you did have a provincial approach to this, it would take care of that sort of thing and we could use models that we see are workable and implement them in other areas.

Mr. Wheeliker: — Exactly. It's the bridging or the linkage.

So the idea would be that this interdepartmental committee would have representation, perhaps community coordinators. They don't have to meet with every meeting, but certainly a few times throughout the year. They would be able to bring these community coordinators together and the bridging or the linkage throughout the province would be in place then, so you have a highway where information and models can travel.

You know, an annual conference — let's get together once a year and talk about what a great job we're doing in Kindersley or what a terrible situation we are faced with, you know.

The Co-Chair (Ms. Julé): — Okay, well that's good stuff, Ian. It really is very helpful. Thank you.

I'm going to turn the questioning over to Mr. Prebble.

The Co-Chair (Mr. Prebble): — Yes, Ian, I want to thank you for your very thoughtful responses. I do want to pursue a few additional questions.

And the first thing that I want to ask you about is in this area that you were describing, which Kevin and Arlene have already asked you some questions about, with respect to children who are known to be doing one of two things — either obtaining money from offering sexual services to adults in the community and you were mostly identifying oil patch workers, or are actually moving in with oil patch workers or other transient workers.

In those kinds of circumstances, what action is taken right now at the local level to try to stop that from happening? And you've partly responded to that, but I'd like you to elaborate. Because basically what I heard you saying is that first of all . . . well let's take each group one at a time. First of all with respect to children who are under 18 who decide to basically move in with a group of transient workers, in that kind of a circumstance what I hear you saying is that Social Services won't necessarily intervene if the children are 14 or older. Is that accurate? I don't want to misrepresent that in any way.

Mr. Wheeliker: — Well, Social Services can probably answer that better than I could. But my experience has been that there are certain circumstances where Social Services perhaps is involved. I mean we've even . . . there was a family where there was a parent aid service was involved, Social Services were involved, and the young lady took off and was living . . . Now this particular lady, young woman, wasn't living with a transient worker but she was, she was basically out living with another girlfriend of hers.

And there's no doubt that economically she's got to survive

somehow or other, and there's no doubt that there was sexual activity going on. And there's no doubt in my mind that the sexual activity was with a fellow over the age of 18. That, in my view, is child abuse.

So the idea was the parents were working with us at the crisis centre, they were working with the parent aid, and through the Department of Social Services in an attempt to get the child back into the family home. The police had been contacted when she first left. The police kind of said, well she's here, she's with her girlfriend. You know, what do you want us to do? We can bring her home but if she runs away tonight, you know, what do we do? Keep bringing her back home? The police are basically saying this is an ongoing problem and yes, we can go pick her up every night and bring her home but you're going to have to do something else.

So in that particular situation, the parents and the daughter, they just weren't communicating and the daughter did come into the crisis centre. And within a period of about a week and a half, the daughter made the decision to return home. But at 14 and 15, if she's making the decision to not return home and I mean, I think that Social Services basically put it to the child and to the family that if this child remains in an unsafe environment, we're going to have to do an apprehension. The apprehension you know would have come down the road. Meanwhile, I guess meanwhile, she's out and, in my view, being exploited.

The Co-Chair (Mr. Prebble): — And with a huge amount of damage being done to her.

Mr. Wheeliker: — I agree, yes.

The Co-Chair (Mr. Prebble): — So there's a significant delay basically in some of these circumstances in acting on them, and it's not clear necessarily who should take the action I guess.

Mr. Wheeliker: — Who should take the action and which course of action would be appropriate at this point in time? Is immediate apprehension the appropriate action, or is trying to work with the family and the child to remedy the situation?

And so that would more or less I think be something that would go up to the interdepartmental committee and then on to the policy makers in terms of what kind of a response do we want the Department of Social Services to make in these circumstances.

And again, if a framework of action or a protocol or a directive is issued, in these circumstances this is what the police shall do, Social Services shall do — boom, we've got that particular situation addressed. Children under the age of . . . this is the protocol for this type of event happening.

And I would say that that would be the biggest gap that we're missing right now, is that that cut and dried, more or less, either legislation or policy protocol doesn't exist. And I think it would be an opportunity to develop that and to actually follow that with the co-ordinated response that I talked about.

The Co-Chair (Mr. Prebble): — No, that's very helpful. With respect to situations where individual young girls who are 13,

14, 15, 16 years of age are exchanging sex for money, not in a live-in arrangement but just . . . can you elaborate on some of those circumstances that you see happening in the community and what action is taken now, and again what action you suggest be taken.

Mr. Wheeliker: — My information on that is limited and it's more or less second-hand information. So all I can really tell you about that is that I know that from time to time there have been circumstances where young women know where these workers are staying and they basically go out and they offer sex for money. And more than that, like, I really can't sort of elaborate on that.

The Co-Chair (Mr. Prebble): — Right. We can maybe pursue that a little further over the course of the day.

I just have two other questions that I'd like to ask, and one is with respect to whether you have any specific recommendations with respect to changes to The Child and Family Services Act, either as it pertains to what we've just been talking about in terms of when intervention takes place, and also you were making reference to the fact that there may be a need for changes to facilitate agencies intervening earlier, either to offer prevention services or to . . . or just early, basically early intervention and prevention initiatives.

And I'm just wondering if you have any specific changes to the Act that you would like to see us examine?

Mr. Wheeliker: — Well how I'm thinking about along those lines is that, like, when you work with teachers and with public health nurses and with, you know, other community workers, you can walk into a school or into almost any agency and the people, the frontline workers there can say, although we know the Jones's family, we know where those kids are going to end up — they're going to end up on the street or they're going to end up in the correctional system or they're going to end up in a psychiatric ward. And the frontline workers know this when these kids are, you know, in elementary school. They know where these kids are going.

If there was something in the Act that enabled, empowered . . . And I mean we've got to look out for people's rights and freedoms, etc., etc. So I mean that's . . . I can't figure that stuff out. But if there was something in the Act that empowered Social Services or a like agency to be able to step into that family and begin to offer some intervention at that early stage, I think that we could do a lot more good at that point than when we're trying to get the 14-year-old to come back to the home, or the 14-year-old on the street, you know, to move back somewhere safe. I And I think we're going to be more effective with that early intervention stuff than in a reactive policing. Now we've got to apprehend her and then what do we do with her?

The Co-Chair (Mr. Prebble): — The final question I have, Ian, is with respect to education. And you were saying earlier that, you know, you were talking about the change in cultural attitudes that's needed, particularly among men and men's attitude toward women. And I'm wondering if you've got any specific suggestions about the kind of public education

initiative that the province could help support at a provincial level and at a local level in this regard?

Mr. Wheeliker: — I have one suggestion. I've worked in a men's or batterers' program now since 1994 both in Nova Scotia and here in this province. And if I've heard it once I've probably heard it well over a hundred times. Men saying to me I wish that somebody had taught us this in junior high or in high school, this gender equality stuff, this healthy relationship stuff, this oppression of women stuff. I wish somebody had taught us this long before we moved into adulthood and got into family relationships.

And a lot of men have said to me why isn't this taught in the schools? You know we have, what's it called, the health course, PDR, what's that? Anyways it's lifestyles.

The Co-Chair (Mr. Prebble): — I mean there's lifestyle courses throughout the later elementary and high school years.

Mr. Wheeliker: — Exactly, and if some of the gender issues, if some of the family abuse, child abuse issues, healthy relationship issues, could be taught, you're going to reach a lot of people. You're going to be giving good information to women as well as very valuable important information to men.

You know, like I said, now I've probably worked with over a thousand men who have abused both their wives and their children, and these men, you know, cry and feel great remorse at the behaviour that they've imposed on other people. And I've never . . . well I've worked with one man who was a psycho but I've never worked other than that with a man who said I wanted to harm my wife and kids.

These men primarily grew up in families where there was great dysfunction — alcohol, violence, abuse, the whole nine yards — and it was a normalized relationship behaviour for them to behave this way. And I think that if we can . . . so that public beliefs, the individual beliefs, the social beliefs, the social behaviours that these men learn, basically equip them to go into their family life and abuse.

And I think that, you know, the vast majority of those men, having been taught or given even an alternate belief system, perhaps they would have abused less or less men would have abused. I think, you know, it frightens me when I hear some of the attitudes that even in the elementary grades that boys have towards girls in the high school and then of course in the adult world, the attitudes that . . . and it translates down to young, the young. And it's not just men's attitudes toward adult women. It translates down into women period, at every age. And if we could somehow build that into the educational system I think that would be of great value and great value.

The Co-Chair (Mr. Prebble): — I want to pass it back to Arlene who has another question. Ian, thank you. Thank you very much.

The Co-Chair (Ms. Julé): — Yes, I don't have actually another question, Ian, but I just felt it's so important to comment to you and to thank you for bringing up the aspect of gender oppression because we were at a conference, some of us

in Edmonton, that had to do with putting a stop to sexual abuse and actually healing and so on, and what forms of healing are needed.

And at that conference this issue was mentioned about the devaluing of women, the subordination of women and the whole historical attitude towards that. But it was mentioned quite quietly. It wasn't a prevailing theme of the conference there.

From time to time I've mentioned it to the media as being one of the underlying root causes of sexual exploitation on the streets as well as other places. But it doesn't . . . When I comment it doesn't invite much response.

And so I think that you mentioning this today is really very, very valuable because, you know, if we study women's history and so on you'd certainly see that there is a threat of oppression throughout history. And I would agree with you that it's something that should be taught through the health curriculum. And I thank you for that suggestion and think that it's one of the more valuable things that you presented — although everything you presented was extremely valuable.

Thank you. Thank you very much for coming today and we appreciate it. Are there any further comments that you'd like to make?

Mr. Wheeliker: — No. I just want to congratulate all the committee and the workers on tackling this issue. I think the work is extremely valuable and I think you're all to be congratulated on being so committed to it. So thank you.

The Co-Chair (Ms. Julé): — Thank you very much, Ian.

We've just had our committee Clerk mention that we'd probably be taking about a 15- to 20-minute break. Our next witness that was scheduled to appear before us is not here and so it provides us with a little more time.

The committee recessed for a period of time.

The Co-Chair (Ms. Julé): — We'll get started. And we have with us today Cheryl Brost from the child, youth . . . she's a child, youth, and family therapist from the Prairie West community counselling service. And we thank you for coming so much, Cheryl. And we welcome you and are glad to have you with us today.

Just before we get started, Cheryl, we'd like to have an introduction of the members of our committee as well as our support staff. So I'm just going to start with myself. I just met you previously, but Arlene Julé is my name and I'm the MLA for Humboldt. And I'm co-chairing the committee.

The Co-Chair (Mr. Prebble): — And I'm Peter Prebble, Cheryl, and I'm the member of the legislature for Saskatoon Greystone. And I'm also co-chairing the committee.

Mr. Yates: — Morning, Cheryl. I'm Kevin Yates, the MLA for Regina Dewdney.

Ms. Jones: — Carolyn Jones, the MLA for Saskatoon Meewasin.

Mr. Harper: — Ron Harper, MLA, Regina Northeast.

The Co-Chair (Ms. Julé): — And we have missing today, Don Toth; he's the MLA for Moosomin. He's snowed in the southeast part of the province.

As well, June Draude, MLA for Kelvington-Wadena, is a member of the committee. And June had some other matters that she . . . that were very immediate that she had to attend to, so she can't be with us today.

I'm going to have the support staff introduce themselves to you also.

Ms. Woods: — I'm Margaret Woods, the committee Clerk.

Mr. Pritchard: — Hi, I'm Randy Pritchard; I'm the technical adviser to the committee.

Ms. Klein: — Donelda Klein with *Hansard*.

The Co-Chair (Ms. Julé): — And just sitting back at the table over there.

Ms. Wells: — Kathy Wells, *Hansard*.

The Co-Chair (Ms. Julé): — All right. So we invite you to go ahead with your presentation, Cheryl, and just feel comfortable to go about it in any way that you see fit. Thank you.

Ms. Brost: — First of all I'd like to say thank you for inviting me and giving me this opportunity. I really appreciate the opportunity to have some input into something that is so important.

As I said part of my job — I was saying to the people at work — part of my job is often social advocacy and advocating for changes in social policy and very often that's occurring without being invited or asked. So it's really nice to have the opportunity for input here.

I'm just going to tell you briefly about our agency and what it is that I sort of do in the community. As was indicated I'm the child, youth, and family therapist for the Prairie West Health District.

The health district boundaries are fairly large and Kindersley is sort of the hub of most of our services and then delivered mainly from here, and we do some travelling out to outside communities and outlying areas. But a lot of our partnering work happens in Kindersley with various other agencies that are also based here, such as the Crisis Centre, RCMP (Royal Canadian Mounted Police), Danny Fisher Centre, and the school divisions and so forth, which I'm sure you've already heard part of that already.

In terms of my mandate, what I'm mandated to provide are the whole range of community counselling services — so that's assessment, intervention, and the whole gamut — to children

under the age of 18 and/or to their families. So typically who my clients are, might be an individual child but more often than not, it's either the family as a whole, or the child together with whatever parent they happen to be living with, and so on.

We accept referrals from basically any other agency or a self-referral. They don't have to be referred by a doctor or any other agency; they can self-refer. If they're under the age of 16, they require the consent of their custodial parent or guardian. And of course, it's a health service so it's covered through their health card, much the same as it would be if they visited their family physician and so forth.

Right now our offices are located in the community in a community-based office. We've been there for five years in our current location. But they're looking at making a change and moving us up to the integrated health facility, which was the hospital. So they're actually moving us out of community into facility, which is a bit of concern for myself in my program as well as for my colleagues in the other programs in mental health service delivery.

And especially when we start thinking about kids and kids that are living, you know, in sort of tenuous situations or on the street — not real accessible if they have to go into a health facility. And then just all of the community perception that that carries, you know, that you have to be sick in order to visit and so on.

And we really try to get away from that. We really try and promote the fact that it's a step towards health by coming to see myself, and for counselling. And it can be for any range of issues.

A lot of the issues are . . . The most commonly presented issues are listed on our pamphlet in terms of what people are presenting with. Very often who I'm working with are kids that have been abused; kids that are suicidal; kids that are self-mutilating; kids that have addictions, issues, or problems; kids that have some difficulty with their family at home.

Or families — parents — that are having some difficulty parenting their children; parents that are really stressed and overwhelmed and having some difficulties. Sometimes they have Social Services involved in their lives; other times, not. Receive quite a number of referrals from Social Services, of course.

Anything else that would be really helpful to you in terms of my agency or mandate? Anything else . . . okay.

In terms of children involved in the sex trade specifically. It was interesting to me because when I was talking with my colleagues I had mentioned that I was coming here today to do this bit of a presentation with you. And the response from one of my co-workers in mental health was he said, you know, no offence, but he says what would you know about that? Meaning you work in Kindersley so why would you . . . why would you have ever heard that or why would that have anything to do with you? And I said to him well the reality is, is that even though we don't have kids who stand on the street corner and solicit, that goes on here. And he was surprised by that — really

surprised.

And more what I would say it looks like here, in terms of my experience with kids, is something to the effect of we have quite a number of young girls, you know, 13, 14, 15, in that age range, who have had to leave their home situation for one reason or another — usually a combination of reasons — and basically they're being supported by men, 25, 26, you know, sort of mid-to-late 20s. They're being fully supported by these men in exchange for basically sexual favours.

And as a result these girls are dropping out of school. They are . . . a lot of them are showing up in the doctors' offices and in the hospital with sexually transmitted diseases. They're self-harming; they're self-mutilating; they're attempting suicide. And it's not just one or two. I mean we've got quite a number that this is happening to.

The other thing that also surprised my co-worker was, I said to him I also know of a situation where a mom, who had a history of working the streets in Saskatoon, who now has a teenage daughter, recently — in the last couple of years — has taken her daughter and turned her out onto the streets as well. That's small-town Saskatchewan. He was shocked, absolutely shocked. He didn't have a clue because he works in adult.

The Co-Chair (Mr. Prebble): — She turned her daughter out onto the streets here in this . . .

Ms. Brost: — In Saskatoon.

The Co-Chair (Mr. Prebble): — Oh, in Saskatoon. She took her to Saskatoon, okay.

Ms. Brost: — Yes.

The Co-Chair (Ms. Julé): — We've heard just incidentally, and I won't go on with this for a length of time, but we've heard of this happening in many . . . and in the rural communities also, so it's not an isolated sort of . . . Kindersley and the area is not an isolated place in Saskatchewan where this has happened.

Ms. Brost: — Yes, that doesn't surprise me a whole lot. And partly with Kindersley is we're sort of . . . in a way we have quite a population to support that, because we've got quite a number of oil field workers who tend to be young, you know, 20's, 30's, single men who've got access to a great deal of money. They've got vehicles, they've got houses, they've got the alcohol and the drugs to really entice these girls and sort of lure them away from whatever lifestyle they were previously living.

In terms of . . . you know, when I was thinking about this whole issue, one of the things that very often I find it easier to sort of think of things in terms of pictures. And actually one day I was reading my e-mail and I came across a picture, which is quite an amazing photograph just on its own.

But actually the more I looked at it; the more it sort of reminded me of these situations that these girls are living in. Because if we think about kids that are involved in the sex trade, obviously it's not just a simple choice. It's not that everything else in life

is really fantastic. And for some reason, some flaw in their character or some reason like that, that they're choosing to work the streets.

And so then in terms of solution and how we get them off the streets, I was thinking on a number of different levels and thinking okay, so it's not just an issue of taking these kids and getting them off the streets and away from their current lifestyle, but it's the whole gamut, taking care of the whole gamut of factors that led them there in the first place.

And so actually what the picture is of is a picture of a forest fire that was taken in the Bitter Root Forest in Montana. And it's a picture and there's two deer that have obviously sought to flee the fire, and you can see them in the picture. And they're standing in the midst of a river.

And obviously deer standing in the middle of a river can't live there forever. They can't stay in the midst of the place that they've sought refuge. And their forest that they previously lived in is all ablaze. You can see the hills ablaze behind them.

And I thought this a bit symbolic in terms of these kids and families. You know, there's the kids standing in the river — or out on the street, if you will — and no place to go back to, but obviously can't live very healthily for very long in the midst of that river.

So I thought that that was a helpful picture for me in terms of thinking about the scope of the problem and then the scope of the proposed solutions.

I don't really have a lot else to say in terms of presentation, so if you have questions for me.

Mr. Harper: — Thank you very much for coming in this morning. I just basically have one question. In your estimation, how many children under the age of 16 would find themselves in the situation where they are being supported by older males in return for sexual favours and so on and so forth, do you have in this community or in your area?

Ms. Brost: — In this community or this area — probably a ballpark figure just in terms of the ones that I know personally would probably be somewhere around 15 or 20. And most of them are 14, 15, in that age range.

Mr. Harper: — And in your estimation, what type of families would these children be from? Would they be from dysfunctional families for the most part or would they be from a cross-section?

Ms. Brost: — Working in child youth and family mental health, dysfunctional family has become quite a term for me. Because as I often explain to families, is you take people who aren't perfect, because of course none of us are, and you put them into relationships with each other and expect that relationship to be perfect. Obviously that's not going to happen. And then you start adding imperfect children to the mix as well, and of course every family's going to have some level of dysfunction.

But in terms of sort of specific issues, very often a lot of these kids have suffered some form of abuse in their past history. A lot of them have been sexually abused, but not all. Some of that's inside the family, some of that's outside the family.

Many of them have experienced some sort of abuse, usually at the hand of at least one parent — whether that's physical, whether that's verbal, whether it's just in terms of sort of neglect. You know, a lot of these kids have been, in a way, sort of taking care of parenting themselves for a while. You know, they maybe have a house provided for them or maybe some food provided for them and some clothing and so on, but in terms of sort of limits and structure, a lot of them have sort of been in charge of that for a long time. Some of them have also been in charge of younger siblings for quite a time, quite a number of years.

Mr. Harper: — Thank you.

Mr. Yates: — Yes, my question centres around the young women that are being sexually exploited and moving in with older men.

In these particular situations, are these, are the men in their 20's out seeking these types of environments? And if they are, where are they doing it and are there things that we can do to make that more difficult?

Ms. Brost: — I think sort of how it sort of happens or how it comes together around this community or in this community, is more that these guys have obviously their own place. They live on their own or together with another two or three other young men. And so then basically that becomes the party house, that becomes the place that hosts the parties for the kids. And of course word travels fast as to where is the place for them to party and what's going to be available there and so on. And often I think what happens is they provide the alcohol or the drugs or the access to both, or one or the other, and it just sort of comes about that way.

Mr. Yates: — Okay. My second question, from your experience, when the police or Social Services or other agencies are trying to, because these children are obviously underage and they being exploited and trying to intervene in these situations, what's the level of success? Where are the pitfalls in the system? How could we improve it to make the lives better for these children?

Ms. Brost: — That's not a small question. In terms of success, that's probably one of the biggest frustrations for me is of course in terms of my mandate, everyone who comes to me, comes to me voluntarily.

So just for example, Social Services can get involved in the lives of some of these families and part of the proposed solution then is for them to mandate these families into counselling or mandate these kids into counselling. But if the kids or the families don't want to be there, obviously . . . I mean I can't make them stay. And there's no value in that. There's no value in sort of trying to force them to do something that they don't want to do.

And I think that lots of times what happens is instead of it working in a helpful sort of way, what happens instead is it becomes sort of an adversarial sort of thing, whether it's the kids disliking the police because the police are picking them up and taking them home and that sort of thing. Then the police become sort of the adversary. And you know, it's the parents are mad at the police or the kids are mad at the police or some combination.

And same sort of thing with Social Services is that it can often become really adversarial. It's sort of the families very often feeling pitted against Social Services and working very hard to just get them to leave them alone. And it's like they start to focus all their energy on being defensive and hiding what's going on in their house and covering up what's going on in their home, and very often covering up their own stress as a parent rather than being sort of able to be open about it and say hey, you know, yes I do smack my kid around and I really need some help with it because I'm trying to stop.

Because very often that's exactly how the parents feel, is they realize that what is happening in their house isn't the most conducive or the most helpful. But instead of being able to sort of open up and ask for the help and receive the help that they want or they need, they get their back up and they get defensive because they feel threatened. So unfortunately it doesn't sort of work I don't think, in the way that it was intended. And I don't see that as a fault of the individual workers or of the front-line staff and so on. It has more to do with the way that the whole program is set up.

I mean, Social Services goes out and investigates and makes a decision and so forth. That right there sort of sets it up that they're not going to then be perceived as very helpful to most of these families.

Mr. Yates: — Okay. My final question has to do with . . . when you're talking about the mandate of your organization, that children under the age of 16 require consent signed by the parent or guardian, now can you give me the legal reasons for that? Because I would have a significant problem as both a parent and a legislator, I guess, if we had a 13-year-old who was having a problem at home with their family and they couldn't get help because their parents didn't want to acknowledge a behaviour in that family.

And if there are legal blocks to that type of system, I think we need to know about that and need to correct those. I need a clear understanding of why. Is that a policy regulation of the health board, is that an issue under some piece of legislation that you're dealing with, and why that's in place.

Ms. Brost: — As for, you know, sort of why it's in place, I'm not just sure exactly. I think there might be some reference to it in the mental health Act, but certainly it is in our own policies and procedures that were handed down to us by Sask Health some time ago, prior to the transfer to health districts.

And I find it really, really interesting, your comment about, you know, sort of, as a parent that really concerns me. Because as a front-line worker, in all honesty, it really concerns me too. And how it works in our agency is that we are permitted to see a

child twice without parent consent as sort of a bit of a loophole. Because obviously if a child doesn't want their parents to know that they're seeking service, there's obvious reasons for that. I mean, there's usually a real significant reason. Like they're afraid they're going to get beat up or they're afraid that they're not going to be permitted to get the help, or really severe consequences in most cases. And so these kids are afraid.

It's not very conducive. And I guess part of the reason for it probably is so that . . . because we've seen this, and we've seen this happen before when parents are really angered or upset if their child is receiving some sort of service that they didn't consent to or that they weren't aware of.

For example, the school counsellor can see children in the school setting around a variety of issues sort of without parent consent. And I know that there's been situations where those parents have absolutely lost control because of the idea of their child's having some access to service that they weren't aware of.

Now obviously it's an interesting reaction from a parent, and there's probably some reason why they're reacting the way that they are. So I'm not sure of the reason behind it, if it's to protect, you know, the parent and guardian's right to make decisions about their children, much the same as they do about other medical procedures, for example.

And we see that, you know, if the child needs a medical procedure and the parent won't consent for it because they don't believe in it, or because it's against their religious or cultural beliefs or whatever, then hands are tied, right?

Mr. Yates: — And I can understand that, perhaps, in the base of the medical procedures, but would it be possible for you to follow up for me what the particular issues are and get back to us with that? Because I'd very much like to know what the particular arguments are.

Ms. Brost: — Sure, I can try.

Mr. Yates: — And blockages to that particular issue.

Ms. Brost: — I'll make a note for myself, because otherwise I won't remember.

Mr. Yates: — Thank you very much, Cheryl.

The Co-Chair (Mr. Prebble): — Cheryl, I'll just give you . . . well just take your time and I'll give you a minute to write that down before the . . .

Ms. Brost: — That's okay.

The Co-Chair (Mr. Prebble): — I'm wondering, in terms of the problem that you're describing out in the community, I'm wondering, first of all, if you've got any suggestions with respect to changes in the law that might be required to deal with this. But more broadly — broadening it out now beyond that — what do you think at the local level is required to be able to tackle the sort of problem that you're seeing?

And it's very tough to tackle. I mean, it's very difficult to get a handle on, so I don't want to suggest that there are any real obvious answers. But are there . . . first of all, are there any legislative changes that are needed that would either . . . that currently impede your ability to act on the problem, or secondly, that would just make it easier for you to act on it?

Ms. Brost: — Okay. Obviously, you know, in terms of Kevin's question, obviously if the child can't consent for help that the child thinks that they need. I mean, if they're 15 and living on their own, or away from their family living with someone else and so on, I mean they're making most of their major life decisions; it would only make sense to me that they would be able to make, you know, something as significant as I think I need help and so I'm going to go get it. So it's things like that.

The other thing is I don't know in terms of sort of much . . . as much a law change, as much as, you know, sort of enhanced ability or . . . to sort of enforce the laws and the rules that are already there.

A major frustration for me is that it's public knowledge in the community and in the various small communities around who it is that's supplying these kids with drugs, with alcohol. You're not hard pressed to find that information and yet, obviously there's something that's getting in the way of those people being charged and those people being held accountable.

And in fact things are happening. Like, you know, things are being published in the paper and so on, where it's evident that it carries a larger fine, a larger penalty for people to be selling or giving alcohol to minors as opposed to drugs and so forth.

And I mean, the real perception of a lot of these kids is, so, you know, if I'm dealing drugs — because a lot of them are also involved in that as well, you know — so you get a little fine; it doesn't really matter a whole lot. I mean, they can easily make that up in the next day in their sales, sort of thing.

So it seems to be almost, from where I sit, an issue of just sort of enforcing some of the rules that are already in place. And I'm not sure if there's things that get in the way of that or not.

The Co-Chair (Mr. Prebble): — What rules do you see in place right now that are not being enforced?

Ms. Brost: — Well certainly access to drugs, alcohol, tobacco.

All of these kids that I'm thinking about that are living in these situations have an addiction of some description, if not a combination addiction. And none of them are old enough to use any of the substances. None of them are old enough to purchase any of the substances. And some of the substances are illegal, period, no matter how old you are. Obviously they're gaining access somewhere, from somebody, and those people aren't . . . nothing is happening to those people that are doing the supplying.

And that's one of the ways that they entice these — and in this situation, it happens to be all girls that I know of — that's one of the ways that they entice these girls out of whatever situation they're in and into sort of their hold, you know. Get them

addicted and then they can't leave. Then they are less likely to leave because then they lose their supplier as well.

The Co-Chair (Ms. Julé): — Thank you. Just following up to a bit of that, do you think there's an inability of the law enforcement officers to be able to identify where the drug trade is and who the drug traders are and sort of when it's happening? Do you think that's why . . . basically that has to be done first before you can basically charge anybody. So all of those factors, are those factors that for instance the police are having trouble with?

Ms. Brost: — I don't know if it's that they are having trouble identifying, because I'm sure that they know . . . I mean, if I'm just able to sort of casually hear a number of things on any given day, I can't imagine that it's that much of a secret from the police either.

And I know different times when I have phoned about situations that were going on, none if it was a surprise to the RCMP. They knew. Comments like, oh yes, you know, we're watching them or we're watching that house, or you know. Little comments that sort of lead me to believe that what I'm telling them isn't news to them.

So I'm almost wondering if that isn't the issue as much as . . . I'm not sure how the law works or how their rules work, but perhaps there's some details that make it more difficult for them to actually act on.

The Co-Chair (Ms. Julé): — To proceed with charging?

Ms. Brost: — Yes. And like I say, I don't know. I don't know sort of enough about the law and what their rules are. But I cannot recall a time in this community when I have ever read anything in the court news, for example, about anyone, any person of any age, being charged for providing alcohol to minors, for example. I can't recall a time.

The Co-Chair (Ms. Julé): — Okay, thank you. That's something that we'll have the opportunity to ask some of the police officers that present before our committee.

Ms. Brost: — One of the other things in terms of legalities would be sort of the law around statutory rape, because I suppose an argument could be made that these kids are being raped, in terms of the statutory definition, by these men that they're living with. And same thing — I can't ever recall a time when a statutory rape charge has ever gone to court in this community.

And even, you know, in terms of flexibility, because I know when I worked for the Department of Social Services there was a couple of times when issues came forth where parents were questioning, you know, what does the Criminal Code actually say about statutory rape and what's the definition. And it sort of sounds black and white, but in terms of exploring it further, you found that no, it isn't actually all that black and white. You know, there's a lot of flexibility, and well it sort of depends on the age of the offender and the age of the victim, and you know it becomes really very watered down.

And I think there again is the place where there might be some sort of legal clout, but it doesn't seem to be a piece of the law that's used a whole lot.

The Co-Chair (Ms. Julé): — Yes, that too has been identified by a number of people that have presented as to their concern as why in fact there's not enforcement of the laws and why convictions aren't coupled with penalties that meet the crime, etc.

So you know, unfortunately that goes into the hands of the judicial system and they do have the latitude to determine the judgment. But I think that there's public outcry about it and so we would hope that something would be done about that and that this whole matter would be taken more seriously by the courts.

I just wanted to ask you a little bit more about your knowledge as to whether or not some of the children are — whether they be girls or boys that have come to you — have, you know . . . or do you simply have any knowledge that there is danger that children that are subjected to sexual abuse, whether it be by transient workers or anyone else from this area, end up picking up that sort of lifestyle behaviour and going with it to the streets of the cities?

Ms. Brost: — We have quite a number of kids here who I would define as basically being street kids. And again that's kind of news to most people in the community. I know that same sort of thing even talking with my colleagues, you know — what? — you know, what do you mean? Like we've got street kids here? What are you talking about?

Or kids who go hungry on a fairly regular basis; kids that are going to school hungry. Kids that are stealing from stores in an effort to sell things in order to buy food for themselves. I mean that kind of stuff does go on here.

And yes, we have some kids that we have sort of lost to the streets of the cities. You know, they sort of live that way here for a time and then have moved to the city and continued that sort of a life.

The Co-Chair (Ms. Julé): — Yes. It's important to bring that information to the light of the, you know, to the light for the public to recognize this. Because there's sometimes in our societies a lot of covert activity that takes place that needs to be brought to the light in order to address it properly.

And this is one of those activities and it's certainly coming to our attention, as I mentioned to you before, more and more — that the rural areas basically supply the children for the streets of Saskatoon, Regina, Prince Albert, the larger cities, and sometimes even across the country.

So the demand is, I guess, lesser or not as visible, for this activity in rural areas. The demand is more visible in Saskatoon, Prince Albert, Regina.

Ms. Brost: — Because that's where a lot of the kids end up.

The Co-Chair (Ms. Julé): — But the suppliers come from the

rural communities, from the northern communities.

Ms. Brost: — A lot of the kids that I can think of who sort of lived the street life here and ended up on the streets in a larger centre like Saskatoon or Regina — a lot of those kids sort of ended up there after having been incarcerated. It's sort of they lived here and then were incarcerated for something — usually a theft, break and enter, combination of things — and then sort of didn't return. And very often that's where those kids have ended up. Or sometimes on the streets in Alberta, like in terms of Calgary and some of the larger cities like that.

The Co-Chair (Ms. Julé): — In your opinion do you feel that there is a possibility for successful treatment of pedophiles?

Ms. Brost: — I don't know. It's not something that I do. We don't do any treatment of sex offenders of any description. We don't provide that service here at all, because it is such a specialized service. I would imagine that, just like anything else, this is just sort of my own personal theory or personal philosophy, that if a pedophile really genuinely was remorseful for his or her behaviour and really wanted to change, then yes, I would imagine that they could probably be rehabilitated. There could, you know, there could be some successful treatment for them.

But very often that's not the case. Very often they're being mandated into treatment and not really wanting to sort of recognize that what they're doing is wrong or wanting to make that sort of a change and then I don't think treatment is ever very effective.

The Co-Chair (Ms. Julé): — Your work certainly revolves around services for family and youth, and, you know, there's every kind of services needed from A to Z it seems. You know, you've got counselling and referral to agencies that will help with different treatment and so on.

But I just appreciate, as a person, that you do have some opinions and certainly, as a woman, that . . . and I would like to have those opinions if you could give them to me. As far as how do you feel about, you know, the fact that, all right, children come to you, sometimes they want help and so on, and so, you know, we're trying very hard on this one front to provide the services to help children. On the other hand, we do have men that continue or women that continue harming children through sexual violence towards that child.

So what do you, you know . . . do you think that . . . how do you think we should treat that?

Ms. Brost: — Sort of in two words. I would say more seriously than historically we have. A lot of the kids that I work with have been abused, a lot of them sexually, and are very, very reluctant to ever come forward or to ever to consider pressing charges of any kind against their offender. And the reasons are sort of twofold. And that is because of course all of the stigma and the shame and the blame that's still attached and also because of what their understanding is in terms of sort of what happens . . . best-case scenario. They don't see the penalties being anywhere near severe enough compared to what they've had to endure as a result of the abuse.

And so I think then it sort of becomes a gamble that they're not willing to take, because, (a) they may not even get anywhere in terms of the charge, the person may be found not guilty; and, (b) that even if best case scenario happens and a person is charged, they're not just sure how much satisfaction it's going to bring because they perceive it to be almost a slap on the wrist. And many kids have sort of said that is, what's the point? What's going to happen to them anyway? That sort of thing.

The Co-Chair (Ms. Julé): — Do you think to deter the activity . . . could you give me some suggestions as to what you think might work to deter offenders, specifically those people that you know, are predators and are looking for young people and so on?

Ms. Brost: — I think something that might deter as well as might help kids to keep themselves safe would be to make it public, to somehow, you know, make it public, make their names known when these people are caught. Because then the people who are at risk of being offended against are in a better position to be aware.

The other part of it is that very often these are middle-class men with careers and jobs and families and so forth. And I'm assuming that the shame of that being made public would probably have some serious ramifications for them, some serious repercussion for them, as opposed to them being able to sort of be slapped at hand with a fine that they can very easily in most cases afford to pay.

Or one of the things I was reading about in your interim report was the ability to sort of take hold of their vehicle. And I found the comment in the interim report kind of interesting too where they're sort of saying, well most of these people have another vehicle or sort of a big whoop, I can go out and buy another one.

You know, I don't see anything sort of financially being necessarily having a whole lot of impact. I mean that's what we're seeing is that it doesn't work. And maybe even, for example, time in jail might work more effectively than a fine because then of course it's . . . I mean it's public to at least your circle of friends and your family and your employer because I'm not going to be around for two years because I'm going to jail — much different in terms of impact than financial, than fines and so forth.

The Co-Chair (Ms. Julé): — If in fact there were fines, you know, some of the people discussing this indicated that it might be the money should be used towards helping the healing services of that child that had been offended against.

Ms. Brost: — I would agree.

The Co-Chair (Ms. Julé): — All right.

Ms. Brost: — I would agree. And you know, it's sort of fun to even sort of play with the idea of okay, someone is actually charged for a specific crime against a specific individual, then in terms of sort of cost, financial cost, then perhaps it should be looked at, you know, a direct link to the cost that it's going . . . the amount that it's going to cost for treatment for the person

that has been offended against.

Because then I think you start to see how big, how big the impact and how big the cost in terms of sort of health services and counselling services and rehab. And that it's long term, that it's not just, you know, go for six sessions and you're fixed. So I think it would be interesting if there was an ability to sort of link that, you know, being financially responsible for the treatment of the person that you have offended against — not always a possibility.

The Co-Chair (Ms. Julé): — Yes, I think, you know, what you've touched on is the long-term costs to the people that are offended as well as to society as a whole. Tamara House in Saskatoon is, I understand, doing some research on that in accordance with the women that are coming there for help. They're trying to compile some information, although I am not sure it has been completed yet. So it's something that we need to do here, and we should do it to make sure that the impact of this crime is known by everyone generally.

Ms. Brost: — One other thing I just wanted to add is something that we haven't sort of touched on, but that I was thinking about as I was sort of preparing for today, was that we talk a lot about sort of the consequences and, you know, in terms of the children of the sex trade. But then I was thinking in terms of sort of it's bigger than that. It's also the way that we are treating women and adult . . . adult women and men who are being offended against. Because very often those people got their start as children as well, or many of them go on to be parents and have children and so forth.

And I think that we need to start treating that more seriously as well. I mean I don't see it that the two are necessarily separate.

The Co-Chair (Ms. Julé): — Actually Ian Wheeliker, he was in just before you presenting to the committee and you might want to pay attention to the recording, to the verbatim that is printed later on or that will be on the web site because he also concurs with you as to that aspect of things, that we need to understand that the continued devaluation and subordination of women and oppression cannot continue; otherwise this problem will continue.

So I think that that's something that needs to be brought to the public light a lot more too. And I thank you so much.

Peter, is there any other questions that you have?

The Co-Chair (Mr. Prebble): — Ron has a question first and then I have a couple of others.

Mr. Harper: — I have to focus in on these 15 or 20 girls that you've been able to identify in the community who have been attracted away from their initial circumstances to enter into circumstances where they're being supported by older men.

Have you been able to ascertain to any degree of accuracy the circumstances they were in originally? What would it be . . . were their circumstances that they lived at home with their parents, or did they live with other family members? Or what might have been a circumstance that would have caused them to

look at being supported by older men in that atmosphere as more attractive than the original atmosphere that they experienced at home?

Ms. Brost: — Many of them are experiencing some sort of abuse or neglect in their situation prior to leaving. I'm just sort of . . . Sorry. I'm just sort of trying to do a mental flip through some of these kids that I know and think about their situation specifically.

And almost all of them, from their point of view, would describe that they've been abused or neglected in some sort of a way or there's been a tremendous amount of family conflict. So perhaps they're not being specifically the one who is suffering the abuse, but maybe they're living in a violent home where there's abuse between their parents and so on, some sort of family circumstances or home circumstance.

And some of them aren't even living at home. Some of them have gone to live other places in between, whether it's being shuffled between parents or aunts, uncles, grandmas. Some of them are living with family friends and so forth, or their friend's parent and those sorts of things.

So it sort of . . . it looks a lot like these are kids that have tried a number of other solutions or a number of other escapes, if you will, a number of other places that they've tried to sort of escape whatever their situation was or is prior to . . . I don't think any of the ones that I can think of that this has been their sort of first attempt at some sort of an escape.

And many of them have attempted suicide as a form of escaping their current circumstances as well. So perhaps, you know, living with the older man and being supported and supplied with whatever chemicals they're using and so forth becomes more of an attractive option for them because then at least they're still alive.

Mr. Harper: — Do you believe that there is or there should be a mechanism in place so that an agency such as yourself — or agencies — would have the ability to intervene when those cases are identified so that prevention could take place and that the family structure could be stabilized before the children deteriorate to such a point where they believe that an outside attraction is a safer environment?

Ms. Brost: — I think that that's a really important point. And I think that one of the ways of doing that is in terms of increasing and enhancing resources for our agencies that provide, essentially, mental or emotional services, mental health services of some description. And I use that term sort of loosely when I say mental health services. I don't necessarily mean just mental health such as our agency, but other agencies like crisis centre and so forth.

Because that's one of the stumbling blocks is that sort of the way that it is right now, certainly in this area, is that people can come forth early on and sort of ask for help prior to things getting really, really bad. But there is such a limited amount of help available that there's a sort of the lower priority because everybody is running around putting out the more urgent fires and then those families aren't getting the help that they need

when they need it in terms of sort of an earlier assistance.

And so I think that that's something that's really, really needed and same thing is that when these kids are making the decision to come forward and ask for some help and maybe make a change, get out the situation that they're in, when they need help they need it when they're asking. And the families too, is that when they're asking for help at that moment that's when the window is open. That's when they are recognizing that they're in a spot: I need change. And if the assistance isn't immediately available to them, then of course that window can close and it may never open again or it may not open until farther down the line.

For example, Social Services is involved and it's prying that window open and saying no, like you need help and they're saying you got to go and the family has already been there at that point. Maybe six months ago, maybe a year ago, but then help wasn't available when that window was open.

And I know that for me as a front-line worker that's one of my frustrations is that there are people who are asking and there's no help for them at the time when they're asking because there's wait lists and so forth.

Mr. Harper: — Thank you.

The Co-Chair (Ms. Julé): — I have to revert back to my question for just a moment here if you don't mind. One of the things we've heard from people throughout the province is that there isn't enough space, if you want to put it that way, for drug and alcohol rehabilitation counselling for youth.

And we've also heard that, from some people in Saskatchewan as well as from other provinces, that there may be a need for a drug and alcohol rehab service to be coupled with a counselling service specifically for people or youth that have been sexually abused. And so make this a specific sort of area for counselling because it just, because it's got its own nature and people that are subject to this and have experienced it are traumatized in a way that's different than, for instance, people that are just dealing with drug and alcohol rehab, drug and alcohol problems rather.

So I'm just wondering if you could, if you could give us your knowledge as far as youth drug and alcohol counselling or rehab, and whether the services in place in this district are adequate.

Ms. Brost: — There's definitely a big gap in terms of . . . To my knowledge, there is no long-term drug and alcohol rehab for kids in this province any longer. We used to have Whitespruce but that has closed down and now I'm not sure what's even available to them in terms of sort of in-house, long-term treatment.

I'm sort of two minds. I see the advantages to having sort of specialized treatment centres for some of these people to go. I think that those are great. I think that they're wonderful because you have specialized staff, you have specialized services. I mean that's what they do and that's what they do best. The trouble with it is it's not accessible to everyone. And I think that

that's part of the issue for some of these kids in terms of escaping their situation and so forth.

For example, the idea of being removed and being placed into foster care where you're having to leave your school, your friends, your job — because a lot of them also have another job — and so forth becomes sort of this juggling match, you know. Well do I give up all that in order to have some security?

And I think a treatment centre might have some of the same disadvantages as that you know they're only going to be located in maybe one or two places. And then in terms of accessibility for some of these kids who live in smaller communities and so forth, the accessibility might not be there plus it's not . . . I mean I think that's part of the solution.

I think the specialized treatment areas are part of the solution, but I certainly wouldn't see them as the answer or the whole solution. I think there needs to be a whole range of services other than that.

The Co-Chair (Ms. Julé): — So I apologize if I maybe didn't hear previously whether or not you have mentioned that there is a place for you to refer children that need drug and alcohol rehabilitation. So if children, youth up to 18, whatever, come to you and you recognize that this is one the services that are going to be needed, what do you . . . where do you refer them?

Ms. Brost: — We refer them to the Danny Fisher Centre, which is . . . I don't know how much you guys know about the Danny Fisher Centre.

Danny Fisher Centre is an organization that used to be an NGO (non-governmental organization) all on its own. And it currently still has a board, but it has become assimilated or amalgamated with the health district recently. And that's where we would refer them.

The Co-Chair (Ms. Julé): — Can you describe for me how they provide the services there? For instance, if a youth is . . . is it an in-house situation or is it treated like . . .

Ms. Brost: — No. It's not residential. It's community-based outpatient treatment. Very similar to our agency where people go.

The Co-Chair (Ms. Julé): — And where is it located?

Ms. Brost: — On 1st Avenue East. It's actually just down from our office, two doors down.

The Co-Chair (Ms. Julé): — Okay. To your knowledge, are they able to manage the numbers of children and youth that are coming in, or is it overwhelming, or are they able to manage it?

Ms. Brost: — I am not a hundred per cent sure. But I think that it's fairly large, because they don't just do the child and youth population. They also provide services to adults. And they do, of course, all the DWI (drive while intoxicated) courses and so on and they only have two workers. And so I'm imagining that they've got quite a load because I know the magnitude of the problem. So with just two workers, I think they're probably

extremely busy.

The Co-Chair (Ms. Julé): — So we had spoken with an ex-street worker that indicated that she . . . you know, the difficulty she had with coming off of drugs, you know, how the addiction can just grab a hold of you and be so difficult to break. She had indicated that she ended up in secure custody in order to have to, you know, stay in a place where she could get the longer term treatment that she needed, just basically so that she could stay in one place long enough without being tempted to go back to the streets or back to her friends that were dealing drugs and so on.

And she indicated that she was quite grateful that that had finally happened for her. She'd been at a place previously where there was sort of an ability for people receiving treatment to come and go and it didn't cut it for her.

So I guess depending on the severity of the addiction as well as the support that young people might have through their family or community that would sort of support their continued treatment, if they don't have that, that support in the community and so on, then it appears to me, from her witness, that the secure custody would be the only way that she could continue with treatment.

So I'm just kind of wondering whether you feel there may be a . . . I think you mentioned that before though, actually that there is sort of a need for both in a sense.

Ms. Brost: — And that's the sort of help that I would look at, is it would depend on the individual and the magnitude of their problem. Definitely I would agree with you that there are people who literally need to sort of have their access physically removed. You know, sort of in a situation where you can't access drugs, then you have no choice but to stop using at least for the time that you don't have access.

Obviously there's people who are going to, you know, sort of take away their access, and once they're back out on the street or whatever, then they can re-access. I think it works for some people and I think others, you know, can do it in the community. It depends on the individual and the magnitude of their problem.

The Co-Chair (Ms. Julé): — Okay. All right. Well, thank you ever so much for coming today and you've provided us with a great deal of valuable information. We can't tell you how much we do appreciate it. It's working together and hopefully we'll end up having recommendations coming forward from the committee that will address some of the needs that are out there yet for people like yourself that are trying to work, and they're asking for assistance or maybe changes to legislation.

So thank you very much and we wish you a fine day.

Ms. Brost: — Thank you. There's just one thing I'd like to add and that's . . .

The Co-Chair (Mr. Prebble): — I've got some questions . . .

The Co-Chair (Ms. Julé): — Oh, I'm so sorry. I thought you

said you were finished.

The Co-Chair (Mr. Prebble): — No, no. That's all right.

Ms. Brost: — Just the one point that I was wanting to make was in terms of a gap that I see and I think it has to do with legislation of some description. And that has to do with Social Services in terms of sort of their ability to fulfil their mandate with kids that are 16, 17, you know, sort of in their later teens . . . (inaudible interjection) . . . Oh, okay. Because those kids are kids that I really see as ones that fall through the cracks, fall through the loopholes.

And in most . . . You were asking what sort of family circumstances and so forth and things that sort of led them to their present lifestyle. And that's one of the things is that very often these are kids who are falling through the holes because Social Services has trouble, some sort of difficulties fulfilling their mandate to include kids that are sort of in the later teens and perceived as being more able to protect themselves or keep themselves safe and so on.

And I'm not sure if the difficulty has to do with the legislation that governs Social Services or where the difficulty actually comes in. But I know that those are kids that are falling through, falling through.

The Co-Chair (Mr. Prebble): — Cheryl, I know some of our members have to check out so if somebody needs to slip away to do that, I hope you'll understand.

Ms. Brost: — No, that's fine.

The Co-Chair (Mr. Prebble): — I wanted to pursue this question of these 15- to 20-, 13-, 14-, and 15-year-olds at more length because I'm really quite disturbed by the testimony that I've heard this morning.

And I am wondering why more — and I'm not focusing this on you; it's just a general comment — I'm wondering why more isn't being done in the community to address it. And you've wondered the same thing obviously.

Ms. Brost: — And in terms of — and I mean I do, I really do wonder about that — because in terms of those kids, presently none of them are on my caseload. None of them are receiving service from our agency. A couple of them have been referred historically and prior to any of this that is happening.

And the way that I became aware of part of them was an attempt on the part of the school counsellor. She and I got together and did a bit of a group thing with some of these kids because they were dropping out of school. They were, you know . . . And she did that as sort of a last-ditch attempt to make a plea to them, to try to hook them in with some sort of service or agency. But obviously that's, you know, a choice that they need to make, they and their families.

The Co-Chair (Mr. Prebble): — Right. And if we've got 13- and 14- and 15-year-olds in this situation, presumably we've got lots of 16- and 17-year-olds. Like this is the other, I mean this is the tricky area.

But when you say that services aren't available to a 16-year-old or . . . It's true, The Child and Family Services Act provides, makes provision for services to be provided for 16- and 17-year-olds but rarely are their interventions on behalf of 16- and 17-year-olds that they aren't, you know, agreeing to.

And I guess just further on this question of 16- and 17-year-olds, because I really think we've got to grapple with this as a committee. I mean, I think that the reality in society, I think, is that . . . At least I find a lot of people that I have contact with, particularly a lot of men that I have contact with, have a kind of a different view towards 16- and 17-year-olds. It's somehow more acceptable to have sexual contact with 16- and 17-year-olds.

I'm wondering whether you think that we need to rethink that in a major way. And if we need to rethink it in a major way, this has huge implications for what The Child and Family Services Act should be saying in this arena.

Ms. Brost: — I would say that yes, we maybe need to rethink it. I mean there's a tremendous difference in terms of development between a 26-year-old and a 16-year-old, for example. So I think there is a lot of other things to consider other than just 16.

In terms of sort of 18 and 16, no there probably isn't a great deal of difference in terms of development. But you know it's not usually the 18- and the 16-year-old that is . . . I mean I don't know of any situation where it's an 18-year-old sort of supporting a 16-year-old in exchange for whatever sexual favours and so forth. They all tend to be older than that and there's a larger age gap.

The Co-Chair (Mr. Prebble): — But what should we be doing, I guess, about the 16- and 17-year-olds that are presumably also in these kind of arrangements? I mean, are they? Are there 16- and 17-year-olds in the community that are . . .

Ms. Brost: — I would imagine. I don't know for sure but I would imagine. It just makes sense to me. I can't see that it would just sort of stop at that age.

And I think one of the things is exactly that, is that I wouldn't say that Social Services, that services aren't available to them. I mean I think that they, of course, are still covered under that whole umbrella. But it just gets a lot more complicated and the ability to sort of offer them assistance or the ways in which you offer them assistance becomes more complicated. And I'm not just a hundred per cent sure what the reasons are for that, if it has to do with our legislation and the rules or what exactly. But I think that we need to be doing something.

I mean they're still kids. They're 16 and 17 years old. And most of them didn't get into these situations sort of, boom, overnight. It's been a pattern that's been developing. And just sort of, just wash our hands of them at 16 and 17 and say well, you know, I guess you're old enough now, doesn't really make a whole lot of sense to me in terms of . . . from a health perspective.

I mean obviously it doesn't matter if you're unhealthy at 12, 13,

14, or if you're unhealthy when your 17, 18, and into your adult life — I think it's still a major concern.

The Co-Chair (Mr. Prebble): — In terms of the issue of kids not in school that you raised, how many kids are we talking about in the Kindersley area that are of school age which would be, you know, 16 or younger, but are not attending school on a regular basis. Do you have any sense of how widespread that is? Like are we talking about a dozen, or more than a dozen?

Ms. Brost: — I think we would be talking about more than a dozen. I don't know a number specifically. I'm sure the school counsellor would be able to provide that just from KCS (Kindersley Composite High School) alone. And of course there's other schools in the surrounding area, but KCS is one of the schools that I know — that's our composite school here — one of the schools that has a major problem with kids that don't attend and kids that drop out.

And part of the difficulty is — and I've heard this from these kids specifically themselves, the kids that are being supported by and exploited by an adult, an adult male — is that what happens is the policy that the school has is that if these kids miss, I think it is 10 classes, then they're out of that class.

And for some of these kids they've been really sick with sexually transmitted diseases and complications from them, or just ill health generally because they're not taking care of themselves; or because they're also chemically dependent or life circumstance in terms of sort of whatever is happening in their life outside of and away from school, there's obviously a lot of things that are getting in their way of trying to get their act together and get to school. And the comment that they've made is that, I mean they can be kicked out of all of their classes in a very short time period. If they miss, you know, sort of a week at a time then they can't go back; they cannot get their classes.

So I mean there's a lot of things that are sort of working against them, because if they decide part-way through a semester that yes, I think I need to change, and I need to sort of get things together and really get going in the right direction, there's sort of more stumbling blocks in their way, more roadblocks in their way if they can't go back to school even if that's what they're thinking that they want to do.

The Co-Chair (Mr. Prebble): — Now is there a need for some kind of a safe haven for these kids in the community? I mean if they're going to be removed from the circumstances that they're in now, and if a foster care arrangement isn't necessarily going to work, is there a need for some other kind of safe haven for these children?

Ms. Brost: — I would think so, yes. For some of them, definitely.

The Co-Chair (Mr. Prebble): — And what form would you see that taking, Cheryl? I mean I realize this requires a fair bit of thought so . . .

Ms. Brost: — I'm not sure. But something where obviously they're not going to feel judged. If they're going, someplace

where they're going to feel safe. Someplace that they're going to perceive as accessible and helpful. And I think that that's really the key is that it needs to be things that the kids perceive as helpful.

We can come up with the greatest plan in the world and think it makes the best sense and is just the best thing, but if they don't perceive it as helpful, we might as well not have bothered. So in terms of what that would look like, I'm not really sure.

I know that I did read in the interim report somewhere about, I can't even remember what the place is called, and it was in Saskatoon.

The Co-Chair (Mr. Prebble): — Yes, safe house, Saskatoon Tribal Council runs a safe house.

Ms. Brost: — Yes, and that sounded like a really good idea and sounded like something that was working quite nicely, or something like Tamara's House. Because right now there isn't anything of that nature here on a regular basis. I mean the community is excellent about if you need some emergency funds for somebody and they're linked with somebody and that person can advocate and try and set up some emergency funding for them or something. The community is excellent. I mean Social Services, Crisis Centre, Salvation Army, various agencies are really great about sort of trying to do that.

But in terms of something that most of these kids would know they can access on their own, there isn't anything, there isn't any place they could go that they know they could go to if they needed to.

The Co-Chair (Mr. Prebble): — I just have one other question. I have some others that we can talk about privately, but just in terms of the record, the transcribed record, I wanted to ask you about the phenomena of male predators from here or from rural communities generally going into larger urban centres to seek out sex with children.

And I don't know whether you have any knowledge about that phenomena; that may be something that I more appropriately ask the RCMP.

Ms. Brost: — I have no idea. Guessing, I would say that probably happens, but I don't know.

The Co-Chair (Mr. Prebble): — But you don't know. That's fair enough. I want to thank you very much for a really excellent presentation and you've handled a lot of questions. You've done a great job.

Ms. Brost: — Thanks for having me. I appreciate it.

The Co-Chair (Mr. Prebble): — Thank you very, very much.

Ms. Brost: — Would I be receiving a copy of your next report?

The Co-Chair (Mr. Prebble): — Yes, absolutely.

Ms. Brost: — Thank you.

The Co-Chair (Mr. Prebble): — And if you want to look at the rest of the transcripts, everything is on the web site and Randy will give you our . . . Randy Pritchard will give you our web site so that you can . . .

Ms. Brost: — I actually have the address. I explored the site the other day.

The Co-Chair (Mr. Prebble): — Terrific. Thank you, Cheryl. You've done a good job. It really helped us a lot.

The committee adjourned at 12 p.m.