

Community-based treatment of aboriginal sex offenders: Facing realities and exploring possibilities

In Canada, there has been ongoing discussion and debate about the appropriateness of, and need for, culturally relevant correctional treatment programs for aboriginal offenders. Opinions vary from assertions that clinical treatment programs fail to meet the needs of aboriginal offenders to arguments that target behaviour should be the focus of treatment - cultural issues, like religious and political issues, should not play a role in the treatment process.

Are aboriginal offenders different from non-aboriginal offenders? If so, should programming for aboriginal offenders reflect these differences? In what ways should programming be developed or modified to meet these different needs?

The Native Clan Organization's Forensic Behavioural Management Clinic is an offender assessment and treatment program that provides services for both aboriginal and non-aboriginal offenders. We have considered these questions and, over the evolution of the program, have strived to address them in a manner enhancing the clinic's ability to provide appropriate interventions for all *individuals in the program*. The realities While sex offenders typically have a multitude of deficits that both directly and peripherally contribute to their inappropriate sexual behaviour, there appear to be distinct differences between the aboriginal and non-aboriginal offenders who have participated in the Forensic Behavioural Management Clinic's community based and institutional sex offender treatment programs.

Aboriginal offenders have more frequently presented issues of abandonment, displacement, racism, and an absence of or confusion about personal identity than non-native offenders. As well, aboriginal program participants have tended to have problems related to chronic exposure to, and histories of, maltreatment (verbal, physical, sexual, emotional and psychological), substance abuse (alcohol, drugs, solvents), and poverty and death (due to illness, suicide and violence).

They have also tended to be more disadvantaged in their education, employment skills and history, financial position and social supports (compared with our non-aboriginal clients).

Therefore, reintegration of aboriginal offenders into the community has tended to be far more difficult (particularly if the offender is from a rural or remote area and is released into the city), and successfully completing conditional release has been more challenging. Making matters more formidable, the aboriginal participants in the program have engaged in significantly more aggressive sexual behaviours and have lengthier histories of violent and criminal behaviour than our non-aboriginal offenders. Why culturally relevant programming? Recidivism data on individuals who have completed the clinic's community based sex offender treatment program disclose no differences between aboriginal and non-aboriginal recidivism rates. This suggests that all of the clinic's clients received similar benefits from treatment, regardless of racial or cultural differences.

However, closer examination of the data indicates that aboriginal offenders were significantly less likely to complete the program. They were also more likely to have their parole suspended for breaching National Parole Board conditions (such as abstaining from alcohol), more likely to re-offend (sexually and nonsexually) while in treatment, and more likely to drop out of treatment after their sentence expires

(see Table 1).

Table 1

Cross-cultural Comparison: The Forensic Behaviourial Management Clinic's Community-based Treatment Program (1987-1994)				
	Completed treatment		In progress	
	Native	Non-native	Native	Non-native
Entered treatment	36 %	64 %	53 %	47 %
Terminated	4 %	3 %	5 %	0
Dropped out	19 %	8 %	0	0
Suspended	16 %	2 %	24 %	0
Recidivated (while in treatment)				
Sexual	15 %	0	0	0
Nonsexual	4 %	3 %	0	0
Completed treatment	42 %	84 %	N/A	N/A
Recidivated (post treatment)				
Sexual	0	0	N/A	N/A
Nonsexual	4 %	2 %	N/A	N/A
Note : N/A = not available				
* Nine months to 4 years after treatment completed				

Clearly, something more was needed to help aboriginal offenders invest in the treatment process and stay in the program. Ceremonial healing was, therefore, incorporated into the treatment program. Traditional healing provides aboriginal offenders with an opportunity to learn about or to continue to participate in their native culture and spirituality and helps them develop a clearer sense of self-identity, pride and belonging. Incorporation of ceremonial healing also demonstrates a recognition of, and respect for, aboriginal culture and spirituality on the part of the treatment providers.

Overall, it was hoped that integrating treatment and ceremonial healing would help aboriginal offenders address their offending and develop the insight and skills necessary to avoid or manage the factors that place them at risk of re-offending. A realistic sensitivity to cultural differences While an appreciation for and sensitivity to cultural differences and the inclusion of healing ceremonies sound promising, it would be naive to believe that this approach has relevance to, or will be accepted by, **all** aboriginal offenders.

Cultural homogeneity should not be assumed, and there must be a recognition that native people are at various stages of adaptation - from acceptance of a traditional aboriginal culture to assimilation into non-native Canadian culture. The type of cultural experiences native offenders have been exposed to, and have adhered to, will greatly influence their attitudes, beliefs, style of presentation and interest in traditional healing.

It is, therefore, crucial that clinicians providing assessment and treatment services for aboriginal sex offenders also assess cultural adherence. Sex offenders are known to frequently deny, minimize, rationalize, justify and distort their personal responsibility and the seriousness of their offending behaviour. They can also be resistant, manipulative and controlling. As a result, clinicians must be able to assess and discriminate between cultural issues and manipulation.

For example, while clinicians must understand differing styles of presentation (such as limited eye contact, difficulty with English, soft voice tone, and lengthy pauses in responding to questioning) and assess them in the appropriate context, they must also recognize that these same behaviours are at times used by aboriginal offenders as manipulation or defence techniques. However, these defences do tend to fade and lose significance if the offender becomes comfortable with, and invests in, the treatment process. Incorporating native healing into sex offender therapy Perhaps the toughest task is determining how to integrate native healing into the program's existing cognitive-behavioural, relapse prevention model. Unfortunately, most programs have tended to take an "all or nothing" approach. For example, there are both new relapse-prevention programs and aboriginal healing programs (primarily on reservations) operating in Manitoba communities. While the two types of programs share the common goal of attempting to reduce recidivism by providing treatment or healing to offenders, they differ greatly in their approaches, and clinicians in both types of programs have tended to resist learning from each other.

The "comprehensive" sex offender programs include what is considered state-of-the-art sex offender treatment modules, but they fail to recognize or consider the potential benefits of incorporating aspects of native healing in the treatment process. The aboriginal programs, on the other hand, are based on native healing circles and have tended not to incorporate typical offender specific treatment modules, such as those addressing offence cycles (emotions, deviant sexual fantasy, cognitive distortions, planning and commission of the offence), arousal modification, risk factors, victim or survivor empathy, and control plans.

The integration of native healing concepts and sex offender therapy, therefore, has been and continues to be an evolutionary process.

From the start of the Forensic Behavioural Management Clinic's treatment program in 1987, we were aware of a potential need for specialized services for aboriginal offenders. Once the treatment team became confident in our ability to provide sex offender treatment we began searching for new and creative ways to deliver treatment services to aboriginal offenders.

The initial step in incorporating traditional healing was to include native elders as adjunct members of the clinical team. The elders provided information about native healing, identified the necessary components that could be incorporated in treatment, and provided guidance on integrating them into the therapeutic process. The elders also started to deliver services, performing healing ceremonies and providing spiritual counselling to individual offenders.

The clinic currently offers both aboriginal and non-aboriginal offenders the opportunity to participate in pipe ceremonies, in sweat lodge ceremonies followed by a feast, and in smudging with sweetgrass prior

to individual and group therapy sessions and to hold an eagle feather when disclosing their personal and offending histories. As well, those offenders participating in the native healing component of the program are presented with a medicine bundle by an elder. A new direction Aboriginal people have used healing ceremonies to cope with their problems for thousands of years. For us to fail to recognize the value and potential of this healing would be a loss to ourselves, to the offenders we treat, and to the communities that these men are released into.

It is too early to determine whether the inclusion of healing ceremonies will have a positive effect on the number of aboriginal offenders who complete the treatment program and on recidivism rates. However, the response from offenders who have participated in traditional healing suggests that we are realizing our goals of demonstrating a recognition and respect for the traditional healing process, enhancing the offender's sense of identity, and, most important, making the treatment process more meaningful for aboriginal offenders.

Hopefully, this means that the combination of cognitive-behavioural therapy and the spiritual healing of the aboriginal community has potential as a powerful healing and treatment tool for aboriginal offenders.

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