

The role of traditional healers in the treatment of Aboriginal sexual offenders

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Within Correctional Service of Canada (CSC) there has been a growing commitment to provide culturally relevant interventions in the effort to address criminogenic factors among Aboriginal offenders. Some meaningful advances in culturally appropriate programming have occurred within sexual offender treatment programs. There have been various accounts of the integration of traditional helpers and healing into sexual offender programs in an attempt to enhance the efficacy of treatment for Aboriginal inmates.²

Intuitively, there is much appeal in responding to the cultural perspectives and needs of Aboriginal sexual offenders who wish to pursue traditional healing. As with other correctional programs, there has been an interest in evaluating this approach. There is a need to better understand the way in which spiritual helpers and traditional healing address offender risk and need, and to determine the relevance of these interventions.³ The intrigue in examining this area is further enhanced by the mystique surrounding the general lack of familiarity with traditional healing.

In response to the interest in understanding and evaluating the role of Elders and traditional healing in the provision of Aboriginal sexual offender treatment, a qualitative research project was undertaken.⁴ In this study 11 traditional helpers (spiritual Elders, Healers, Pipe Carriers and Aboriginal Program Providers), eight sexual offender treatment providers (psychologists, therapists) and 12 Aboriginal male inmates attending Aboriginal sexual offender treatment programs participated in structured interviews which were audio-taped and then transcribed. In addition, participant-observation was included in the research design. Group therapy sessions, Sharing Circles, drumming circles and ceremonial activities such as Sweat Lodge and Pipe Ceremonies were attended, and observations were integrated into the analysis. The research was conducted at eight institutional and community sites across the Prairie Region provinces.

Consistent with the qualitative research methodology described by Morgan,⁵ interview transcripts and participant-observer notes were reviewed during which there was a “process of discovery” identifying key themes. The data reported consisted of the summaries of the comments made by the research

participants and of direct quotations illustrating the major points. This approach was chosen as it is consistent with and affirms the oral and experiential nature of instruction in traditional Aboriginal cultures.⁶ Considerable care and attention were given to the process of gathering the data; consideration and respect were given to the spiritual nature of traditional healing. The culturally sensitive research methods are detailed in the methodology section of this study.

Five of the primary areas of interest and investigation included in this study were:

1. Elders’ attitudes towards and understanding of sexual offenders.
2. The role of Elders in sexual offender treatment.
3. The working relationship between Elders and clinicians.
4. The traditional approaches employed in the healing of sexual offenders.
5. Elders’ views on the assessment of sexual offenders.

In this paper, highlights of each of these areas will be presented along with some example illustrations of comments provided by the research participants.

Elders’ Attitudes Towards and Understanding of Sexual Offenders

All Elders interviewed described feeling comfortable in their role of providing healing to Aboriginal sexual offenders. This level of comfort was strongly linked to the Elders’ perception that the men they work with are people *first*, and men who have committed a crime *second*. The non-judgmental attitudes of Elders proved to be a core element in both their philosophical and therapeutic approach to healing.

“I’m not here to judge them and criticize them for what they did. It’s not my place. Us Indian people are not like that. We try to help and heal a person, not look at them for the mistake they do.” (Elder)

“If you are on a spiritual journey you are supposed to help people, not label them.” (Elder)

The practice of non-judgement was most often explained to be rooted in spiritual belief, and the therapeutic benefits were apparent. Many offenders described the experience of feeling accepted and not judged as healing and as inspiring hope and a sense of self-worth. It was interesting to note that therapists who demonstrated a similar attitude received an equally strong and positive response from offenders.

While Elders described a non-judgmental approach, they certainly did not minimize the seriousness of sexual offending and identified these offenders as unhealthy individuals. Elders offered a range of conceptualizations about what factors would contribute to inappropriate sexual behaviour; in almost all cases, however, they viewed offending to be the result of a wound or trauma suffered by the sexual offender. Among the most consistently identified contributing factors were the affects of colonization, community trauma, childhood trauma, substance abuse, the loss of traditional teachings related to healthy sexuality and the absence of healthy role models.

“I think of the residential school and that whole cycle that was created from there, the children being sexually abused and of course the anger and the pain. They are now in that cycle [those] who are committing these crimes.” (Elder)

“In Native communities, there is so much alcohol, so much alcohol abuse that a lot of things happen. People see this all their lives, since they were kids, so it becomes a way of life ... everything is taken for granted, even the [sexual] abuse and the disrespect for women. A lot of times nothing is said because of the shame of it. Once they start getting away with it they don't care any more until they're caught.” (Elder)

Elders had a very optimistic attitude about treatment/healing. They consistently related that almost all people are capable of healing and that sexual offenders were no more limited in their potential to heal than any other person who has committed a crime or has found themselves to be unhealthy.

The Role of Elders in Sexual Offender Treatment

In considering the role of Elders in the treatment of sexual offenders, we examined which elements of programming Elders participated in, and the differing perceptions and expectations of Elders and therapists regarding the role of Elders in the treatment/healing process.

Elders provided a variety of services depending on the programs they worked in. Among the most common were: the provision of ceremonies, individual counselling, co-facilitating sexual

offender specific treatment groups and traditional Sharing Circles, and participating in the planning process of community reintegration.

There was a difference between how Elders and therapists perceived the role of the Elder in the treatment process. For the most part, therapists viewed Elders as primarily providing cultural education, providing a cultural context for treatment, conducting traditional ceremonies and acting as a consultant and community liaison. Most therapists identified the Elders' role in sexual offender specific treatment as secondary; some endorsed a place for Elders as group co-facilitators.

Few therapists viewed the Elders healing practices as comparable with contemporary sexual offender treatment strategies. Rather, they seemed to see the Elder's role in healing as more specifically related to cultural identity. Although therapists did identify the provision of traditional ceremonies as an important contribution to the healing process, these ceremonies were not always understood as intrinsically therapeutic by clinicians.

In contrast, Elders viewed themselves as healers whose primary responsibility was facilitating the process of change, growth and the restoration of balance and harmony within the individual. As one Elder simply stated, “I am an Elder — I do healing.” While providing cultural teachings and strengthening cultural identity were part of what they did, these aspects of their role were subsumed under healing.

Consistent with the therapists' view that sexual offender treatment was a secondary function for Elders, Elders saw themselves as holistic healers first, and as employed for sexual offender treatment second. Elders were less likely to view their role as 'teaching' or 'counselling' about sexual offender specific issues, instead they focused their attention on healing and bringing into balance the offender's mental, spiritual, emotional and physical domains. In contrast to the perception of therapists, Elders offered that the traditional healing they provide fully addresses the offenders' overall needs, both general and offence specific. As one Elder commented, “healing touches everything”.

The Working Relationship between Elders and Clinicians

Clinicians and Elders involved in successful programs and the delivery teams were all aware of the importance of good communication and co-operation. In fact, those who maintained positive working relationships asserted that having a co-operative team is as critical to program success as the program approach itself.

“The core issue is how good the basic relationships are working. If those are working and there’s a good connection, then the rest of it somehow manages to fall into place. Where there’s openness, there’s all kinds of potential.” (Sexual Offender Therapist)

Therapists and Elders stated that positive relationships are mutually beneficial in that there is reciprocal learning and ultimately a better ability to respond to the needs of the men in treatment. In these working relationships, sexual offender treatment providers were more likely to seek out the Elders for consultation. Elders seemed more comfortable being approached than initiating meetings. Therapists and Elders described deliberating on a range of topics including: treatment planning, ‘trouble shooting’ (e.g., difficult case consultation, crisis intervention), cultural issues relevant to the treatment process, evaluating treatment/healing gains, release planning and developing community contacts.

Not all therapists and Elders were able to maintain ideal working relationships. This was the result of a variety of factors. At times these difficult relationships were related to the less than ideal organization of the contemporary and traditional program components, the lack of understanding among clinicians about Aboriginal culture and approaches, or the limited appreciation of Elders for sexual offender treatment strategies. Most often, however, it was apparent that difficult relationships had their origin in personality conflicts between individuals rather than as a result of any actual cultural conflict.

Traditional Approaches Employed in the Healing of Sexual Offenders

Understanding the traditional approaches to sexual offender treatment and identifying the common traditional practices being used are important for internal and comparative evaluations of Aboriginal sexual offender programs and to better facilitate Aboriginal content.

The most distinct element of Aboriginal healing is its use of and orientation in traditional spirituality. When asked about the style and primary focus of traditional healing, all Elders interviewed asserted that spiritual health and healing were central. Not only did Elders maintain that spiritual health was intrinsic to sexual offender healing, but they indicated that spirituality formed the basis for all their interactions and philosophies regardless of the client or program they were working with.

“... there is no other way for us to address these problems than to go back to the principles, values, and the beliefs that our Elders have had, that our spiritual people have had. There is no other way for us to become well.” (Elder)

“We try to help these offenders... change their behaviour, their thinking and their lifestyle to one that is more positive and pro-social. We believe this can happen ... through healing, healing the spirit.” (Elder)

Elders maintained that an individual could not effectively heal their problems as a sexual offender, or otherwise, if they were not also addressing their spiritual needs.

Elders were asked to discuss and identify the central goals of traditional approaches to healing and the treatment of sexual offenders. Although there were a range of responses, the following themes were consistently emphasized as central goals of the traditional approaches of Elders:

- the importance of holistic wellness
- the development of identity
- the need to learn and maintain traditional culture
- empowerment of the individual
- the establishment of hope and positive attitudes
- fostering the capacity to disclose with honesty and accountability
- developing the ability to cultivate and maintain healthy relationships
- combating the effects of racism
- education on healthy sexuality
- the importance of forgiveness
- risk management
- release planning and preparation

In addition to common goals in traditional programs, there was also an emphasis placed on the delivery style, which all Elders saw as intrinsic to their work. The approach of Elders was based on establishing trust, demonstrating respect for the offenders as individuals, identifying with the offenders, and interacting with offenders with a sense of personal informality that transcended the institutional protocols ordinarily experienced by these men. Although Elders tended to be much more passive in their delivery of material, they consistently demonstrated a willingness to empathize and identify with offenders and their personal histories.

The Elders involved in Aboriginal sexual offender programming used a variety of traditional healing techniques, such as Sweat Lodge ceremonies, Sharing Circles and Pipe Ceremonies. These ceremonies are often performed in a way that highlights or addresses sexual offender specific issues and needs. The range of ceremonies used depends on the individual Elder or Healer. Challenges and experiences in conducting ceremonies within sexual offender treatment programs, particularly in correctional institutions, are discussed and shared among the Elders.

In addition to ceremonies, traditional teachings and herbal medicines are an important and common part of the healing process. Details about the type and range of teachings Elders used in working with sexual offenders, both general and sexual offender specific, and the use of medicines are discussed in the study.

Elders' Views on the Assessment of Sexual Offenders

Since Elders play a central role in Aboriginal sexual offender programs, it is important to clarify their role in the offender assessment process. Areas of interest and examination have included investigating the willingness of Elders to be part of the evaluation process of men who attend traditional healing and the criteria on which Elders base their evaluations about progress or lack of progress in healing.

It was not uncommon to hear therapists speak with uncertainty about the Elder's desire to be involved in offender evaluations. There was a sense that Elders were unwilling or uncomfortable with the process. While these speculations may have been based on actual experience, most Elders indicated a general willingness to provide information for and be involved in the assessment process. Overall, Elders presented a wide range of views and cultural perspectives on the area of offender evaluation.

Elders indicated the need to approach their involvement in assessment with care because of the importance they place on confidentiality in the healing process, their recognition of the sensitivity of the information shared with them, and their desire to maintain a trusting and supportive relationship with the persons they are working with. As trust in the healing relationship and respect for the offenders' privacy were paramount, most Elders stated that they required the consent of the men they worked with in order to share information about their healing process and progress. This was particularly stressed in regards to providing

any information obtained during the offenders' participation in a ceremony.

An area of concern identified among clinicians was a tendency for Elders to focus only on the positive aspects of an offender's participation in programming, without identifying any concerns or outstanding problem areas that may be present. There was an impression that therapists are, at times, concerned about whether the Elders are providing a balanced picture of the progress of individuals. Elders also identified this as a problematic area. A common Aboriginal belief, particularly asserted by Elders, is the inappropriateness of speaking negatively about people. Some Elders struggled with this issue. While Elders were open about the restrictions they felt due to the differences in cultural philosophies, there was still a willingness to co-operate and many of the Elders saw the need to find a balance between the perspectives.

When asked specifically about commenting on risk and whether they felt comfortable evaluating an offender's risk, Elders tended to relate that they did not have a good understanding of what is involved in a risk assessment or how therapists go about evaluating risk. In fact, for the most part, Elders believed that when they were being asked about risk they thought they were being asked a 'yes' or 'no' style question. As a result, they generally felt reluctant to comment on risk. All Elders stated that although they believe an offender can heal and change, they rarely felt they could state that an individual was "100% better" or would "never" re-offend.

"Well, it's difficult, hard to say, no matter how many teachings and Sweat Lodges, you bring to these men, I couldn't rightfully tell a psychologist or anybody for that matter ... he'll never re-offend again because I doctored him and done this and that, no." (Elder)

There has been little understanding and much uncertainty regarding how Elders evaluate the progress of an individual participating in the healing process. An effort was made to have Elders identify what they believe to be the markers of change and progress and what factors they look for when evaluating where an individual is at in their healing journey. Elders identified a number of primary themes and areas as relevant indicators of healing gains. It was interesting to note that among the range of factors and indicators that Elders used to evaluate change in offenders, the most common ones find obvious and meaningful associations with contemporary indicators in evaluation.

In describing how they determine change and progress, the Elders related using intuitive perception and described themselves as having an ability to “see” or “feel” change. When asked for specific indicators of change, the Elders described looking for movement in the following areas:

- an individual’s style of presentation over time
- increased openness to treatment/healing
- increased level of trust
- increased level of honesty and accountability
- an open expression of emotions
- an increased level of hope
- increased self-knowledge and confidence
- increased cultural pride
- the experience of comfort with self and identity
- the experience of remorse and empathy
- the formation of healthy relationships

The consideration of ceremonial behaviour in offender evaluation was another interesting area. Although Elders indicated that an offender’s response to ceremonies could provide a sense of their progress and healing gains, they also offered that ceremonial behaviour could be misleading. As a result, involvement in ceremony needed to be interpreted carefully to determine the genuineness of participation and change. For the most part, however, Elders stated that they felt confident in being able to identify when offenders were not being genuine in their attitudes and behaviours within ceremony.

Conclusions

The final three areas addressed in the study explore the strengths and challenges of traditional healing in Aboriginal sexual offender treatment, the success of and need for traditional approaches, and recommendations for future program development.

Much strength was attributed to the involvement of traditional healing in sexual offender treatment programs. Among the most important and commonly noted were that Elders and traditional healing approaches facilitated an increased comfort with and openness to the treatment model, a strengthening of personal identity among offenders, and the development of a sense of community. As well, the holistic dynamics and the affects of ceremony in the work of Elders were identified as strongly associated with the overall growth and change in offenders.

The primary challenges identified in integrating contemporary sexual offender treatment and traditional healing were in the areas of cross cultural and professional education and training.

It was noted that non-Aboriginal staff required a greater awareness of Aboriginal culture and healing, and Elders and other traditional helpers required more specific training on sexual offender assessment and treatment.

All of the individuals interviewed including administrators, psychologists, therapists, Elders and healers indicated support for an Aboriginal sexual offender treatment/healing process. As well, all of the Aboriginal offenders interviewed indicated some measure of direct gain as a result of being involved in traditional healing approaches. ■

¹ 203-138 Avenue East, Winnipeg, Manitoba, R3C 0A1. Copies of this study may be obtained by writing to: Aboriginal Corrections Policy Unit, Solicitor General Canada, 340 Laurier Avenue West, Ottawa, Ontario, K1A 0P8.

² L. Ellerby, Community based treatment of Aboriginal sex offenders: Facing realities and exploring possibilities, *Forum on Corrections Research*, 6, 3 (1994): 23-25; see also L. Ellerby and J. Stonechild, Blending the traditional with the contemporary in the treatment of Aboriginal sexual offenders: A Canadian experience. In W. Marshall, Y. Fernandez, S. Hudson, T. Ward, (Eds.) *Sourcebook of treatment programs for sexual offenders*, (New York: Plenum Press, 1998: 399-415); and see L. Ellerby, J. Bedard and C. Chartrand, *Holism, wellness and spirituality: Moving from relapse prevention to healing*. In D.R. Laws, S.M. Hudson and T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook*. (Newbury Park CA: Sage Publications, In Press), and see S. Williams, S. Vallee and B. Staubli, *Aboriginal Sexual offenders: Melding Spiritual Healing with Cognitive-Behavioural Treatment*

(Ottawa, ON: Correctional Service Canada, 1997); and see M. Wyse and K.Thomasson, A perspective on sexual offender treatment for Native Americans. In A.D. Lewis (Ed.), *Cultural diversity in sexual abuser treatment: Issues and approaches*. (Brandon, Vermont: Safer Society Press, 1999).

³ C. LaPrairie, *A state of Aboriginal corrections*. (Ottawa, ON: Ministry of the Solicitor General (1996); also see Ellerby and Stonechild (1998).

⁴ L. Ellerby and J. Ellerby, *Understanding and evaluating the role of Elders and traditional healing in sex offender treatment for Aboriginal offenders*. Aboriginal Peoples Collection, Aboriginal Corrections Policy Unit. (Ottawa, ON: Solicitor General of Canada, 1998).

⁵ D.L. Morgan, *Focus groups as qualitative research*. (Newbury Park, CA: Sage Publications, 1988).

⁶ P.V. Beck, A.L. Walters and N. Francisco, *The sacred: Ways of knowledge, sources of life*. Tsaile, Az: Navajo Community College Press (1996); and see V. Deloria, *God is red*. New York: Delta Books (1993).