

Treatment/healing for sexual offending behaviour among Aboriginal men: Setting direction based on client characteristics

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The Native Clan Organization's Forensic Behavioral Management Clinic (FBMC) has provided assessment and treatment services in Manitoba for Aboriginal and non-Aboriginal individuals who have engaged in sexual offending behaviour since 1987. In the early stages of the program we believed that some of the Aboriginal men referred to the program presented with criminogenic needs that differentiated them from other offenders.² For these individuals, effective long-term risk management appears to be best accomplished through a blending of sex offender specific treatment and culturally appropriate processes of healing, the evolution and delivery of which have previously been described.³

In an effort to further empirically explore the suitability of this approach, and to guide ongoing program development, a client database was established. The database includes 235 variables, selected through a review of the literature and consultation with the clinical team at FBMC, including Aboriginal spiritual helpers. Areas in the database consist of: general offender characteristics, Aboriginal offender specific characteristics, developmental and social history, criminal history, history and pattern of sexual offending behaviour and participation in and response to treatment. Similarities and differences between Aboriginal and non-Aboriginal adult male sexual offenders who had participated in institutional and community based treatment with the FBMC were examined.⁴

Although this type of comparative research is sometimes viewed with discontent by some Aboriginal communities/people, the objective was not to compare Aboriginal to non-Aboriginal offenders for comparison sake, to deconstruct and analyze the Aboriginal offender, or to hold one group up against another in judgement. Rather, by identifying and understanding the similarities and differences among Aboriginal and non-Aboriginal offenders we hoped to enhance our ability to appropriately target treatment to optimally assist offenders manage their risk and live healthy, balanced, pro-social lives. This article provides a summary of some of the findings of the research and highlights the implications for the treatment of Aboriginal sexual offenders.

The sample

The database consisted of 303 closed treatment cases of adult male sexual offenders referred to the FBMC for institutional and/or community based treatment between 1987-1999. The majority of these offenders were referred by the Correctional Service of Canada, Penitentiaries and Parole (82%). The remaining 18% were referred by a variety of sources including the Manitoba Department of Justice-Probation Services, Winnipeg Child and Family Services and Provincial Departments of Mental Health and Family Services. Of the total sample 40% (n = 121) were Aboriginal and 60% (n = 182) were non-Aboriginal. The indigenous people groups were collapsed into the Aboriginal category as the numbers of Métis (n = 21, 7%) and Inuit (n = 1, 0.3%) offenders were not sufficient to analyze in separate

categories.

Findings

Aboriginal offender characteristics and identity

The majority of Aboriginal men in the sample spoke English only (55%) and did not possess an Aboriginal language. Of those who did speak an Aboriginal language, the majority spoke Cree (23%), followed by Ojibway (11%) and Sauteaux (6%), languages reflective of the geographical location. The majority of the Aboriginal offenders in the sample were raised on reserve communities (61%), however many relocated to urban centres (49%). Only a small percentage (15%) identified growing up learning/experiencing traditional Aboriginal culture including cultural and spiritual teachings and ceremonies. The experience of a traditional upbringing was of interest in that it may speak to issues such as the impact of colonization, the degree of acculturation and the need for, and role of, culturally relevant programming for Aboriginal men. A very small number of the Aboriginal men in the program attended residential schools (9%, $n = 11$), likely because the majority of men were too young for this experience. Of the men who were placed in residential schools, the majority identified experiencing physical (91%) and/or emotional (82%) abuse and more than one-third (36%) reported sexual victimization.

Developmental and social histories

There were some important differences between the Aboriginal and non-Aboriginal offenders in the FBMC sample with regards to developmental and social histories. While both Aboriginal and non-Aboriginal men experienced difficult and traumatic experiences in their developmental years, such experiences were more pronounced among the Aboriginal men. In exploring the men's formative years, while the largest percentage of offenders reported being raised by both of their parents, the Aboriginal men were more likely to have been raised by extended family members and to report the experience of parental separation or abandonment (69% versus 52%). Aboriginal offenders were also much more likely to have experienced the tragic loss of a family member through suicide and murder. The Aboriginal men were more likely to report family members having abused substances (81% versus 57%), and as having criminal histories (48% versus 23%), than non-Aboriginal men. They were also more likely to have had knowledge of, or witnessed, domestic abuse and inappropriate sexual boundaries in their formative years.

Overall, a large percentage of the men in our program reported experiencing childhood victimization including physical abuse (65%), sexual abuse (57%), emotional abuse (64%) and neglect (32%). No significant differences were found between the Aboriginal and non-Aboriginal men in regards to being subjected to physical or emotional abuse. However, Aboriginal men were significantly more likely to report having experienced neglect (51% versus 19%) and sexual abuse (65% versus 52%).

Education and employment

Education levels were explored and considered important in that a limited education may be reflective of difficult early life experiences, which inhibited either access or ability to maintain involvement in schooling. As well, a limited education could contribute to personal adjustment issues later in life and impact areas such as self-esteem, employment and financial stability. Overall, the men in the program had low levels of education with only a small number having completed high school (12%), or having attended a trade school (5%) or university (6%). A striking 23% reported having completed less than grade 8. Aboriginal men evidenced lower levels of education with larger proportions having less than grade 8 (37% versus 13%) and fewer having completed a high school diploma (4% versus 17%). As well, Aboriginal men were less likely to have attended a trade school (3% versus 6%) or university (1% versus 9%). A significant difference was also found between the offender groups with regard to history of school maladjustment with 49% of Aboriginal men reporting a history of school maladjustment whereas 28% of non-Aboriginal men reported such history.

Employment history was also thought to be an important indicator that may be reflective of personal wellness, life opportunities, self-esteem and emotional stability and financial security. Overall, the employment history of the men was quite limited, with only 33% having a stable employment history. Aboriginal men appeared more disadvantaged in their employment history and were more likely to have no history of employment (26% versus 7%) whereas non-Aboriginal men appear to have a more stable employment history (42% versus 19%).

Substance abuse

Substance abuse was significant in the treatment population. While both alcohol and drug abuse was apparent among non-Aboriginal men, Aboriginal men demonstrated significantly greater alcohol (95% versus 61%), drug (66% versus 43%) and solvent (26% versus 4%) abuse than did non-Aboriginal men.

Criminal histories

One-quarter of the men in the treated sample (25%) had convictions as young offenders. Of these, 8% held convictions for violent offence(s) and 6% for sexual offence(s). No differences were found between Aboriginal and non-Aboriginal men in regards to their official juvenile offending histories. Aboriginal men did however self-disclose a higher number of violent offences as youth, which they were never charged for (68% versus 38%).

As with juvenile criminal histories, no differences were found between Aboriginal and non-Aboriginal men in their adult criminal histories with regard to the mean number of adult convictions (Aboriginal - 9; non-Aboriginal - 8). More specifically, no significant differences were found in their number of convictions for violent (Aboriginal - 3; non-Aboriginal - 3) and sexual offences (Aboriginal - 2; non-Aboriginal - 3).

In terms of self-disclosed offending behaviour as adults, the Aboriginal men disclosed a greater frequency of engaging in violent offences for which they were never charged, while non-Aboriginal

men disclosed committing significantly more sexual offences for which they were never charged.

Patterns of sexual offending behaviour

There were some interesting differences between the two groups in regards to the characteristics and pattern of their offending behaviour. The Aboriginal sexual offenders tended to more frequently be perpetrators of rape than any other sex offence while non-Aboriginal sexual offenders were more likely than Aboriginal offenders to be perpetrators of sexual offences against children (more often having infant, pre-pubescent and pubescent age victims), particularly incest. Aboriginal offenders were more likely to offend against female victims whereas non-Aboriginal offenders were more likely to have both male and female victims (23% versus 7%). The offenders tended to sexually abuse victims of the same race, with Aboriginal offenders more often offending against Aboriginal victims and non-Aboriginal offenders more often offending against non-Aboriginal victims. Non-Aboriginal offenders were more likely than Aboriginal offenders to have victims of various ethnic backgrounds. While there were few differences between the two groups in regards to their relationship with/to their victim(s) one notable difference was that non-Aboriginal offenders were more likely to offend against victims with whom they held a non-familial role of trust and authority (e.g., physician, religious leader, teacher, coach). A final difference between the two groups in regards to the profiles of their victims was that the victims of Aboriginal offenders were more likely to have abused alcohol (38% versus 14%) at the time of the offence than were the victims of non-Aboriginal offenders. The fact that victims of Aboriginal offenders, who were most often adult Aboriginal females, should in no way be read or interpreted to place any level of responsibility on to these victims. Rather, this is more likely a reflection of Aboriginal offenders either taking advantage of a victim's state of intoxication or facilitating this state in order to commit an offence.

Both Aboriginal and non-Aboriginal offenders maintained a high degree of cognitive distortions, pre-treatment, which minimized the seriousness of their offending behaviour and their level of responsibility. The only distortion in which Aboriginal and non-Aboriginal offenders differed was that Aboriginal offenders were more likely to endorse the belief that their offence would not have occurred had they not been intoxicated. Both the Aboriginal and non-Aboriginal men demonstrated an equal ability to challenge their cognitive distortions over the course of treatment and enhance their level of accountability.

Differences were noted between the means of accessing victims between Aboriginal and non-Aboriginal offenders. Aboriginal offenders were more likely to identify their offence planning process as including giving their victims alcohol or drugs in order to facilitate offending (33% versus 17%). In contrast, non-Aboriginal offenders were more likely to give their victims gifts (42% versus 25%) and show them pornography (15% versus 5%).

There were no differences between the two groups in regards to the use of threats during the commission of a sexual offence, with both groups frequently threatening their victims (Aboriginal 76%, non-Aboriginal 72%). Aboriginal offenders were more likely to physically assault their victim during

the course of a sexual offence (54% versus 39%). This finding is believed to be connected to the finding that Aboriginal offenders were most likely to engage in the sexual assault of adult women which, when compared to the other offence categories (e.g., hands off offenders, incest offenders, pedophiles, mixed offenders with adult and child victims), was the offence type with the most violence.

Non-Aboriginal sexual offenders tended to demonstrate more sexually deviant interests than Aboriginal offenders. Non-Aboriginal offenders were more likely to report having maintained sexual thoughts and fantasies about their victims and of images of sexual violence. They were also significantly more likely to masturbate to pictures of children. Non-Aboriginal offenders also were more likely to report paraphilias other than their sexual offending behaviour (e.g., exhibitionism, bondage and sexual sadism). No significant differences were found in the sexual preference profiles of Aboriginal and non-Aboriginal sexual offenders as determined through phallometric testing.

Treatment outcome

Therapist ratings revealed few differences between the treatment progress of Aboriginal and non-Aboriginal offenders. Both Aboriginal and non-Aboriginal men were viewed as making positive and substantial gains in their level of self-disclosure, accountability and insight.

Prior to the introduction of the FBMC’s blended traditional healing/contemporary treatment program for Aboriginal sexual offenders, treatment completion rates were higher for non-Aboriginal than Aboriginal offenders (75% versus 58%). However, once culturally relevant and appropriate programming became available, this difference disappeared (completion rate for Aboriginal offenders rose to 87%), as compared to 58% for Aboriginal offenders involved in non-Aboriginal specific programming (see Table 1).

Large proportions of offenders continued to attend treatment at FBMC after the mandate to attend was no longer in place at the expiry date of their sentence (non-Aboriginal 60%, Aboriginal 42%). However, after the implementation of the Blended group for Aboriginal offenders, the proportion of Aboriginal offenders who maintained their involvement with the clinic after the end of their mandate increased to 59%.

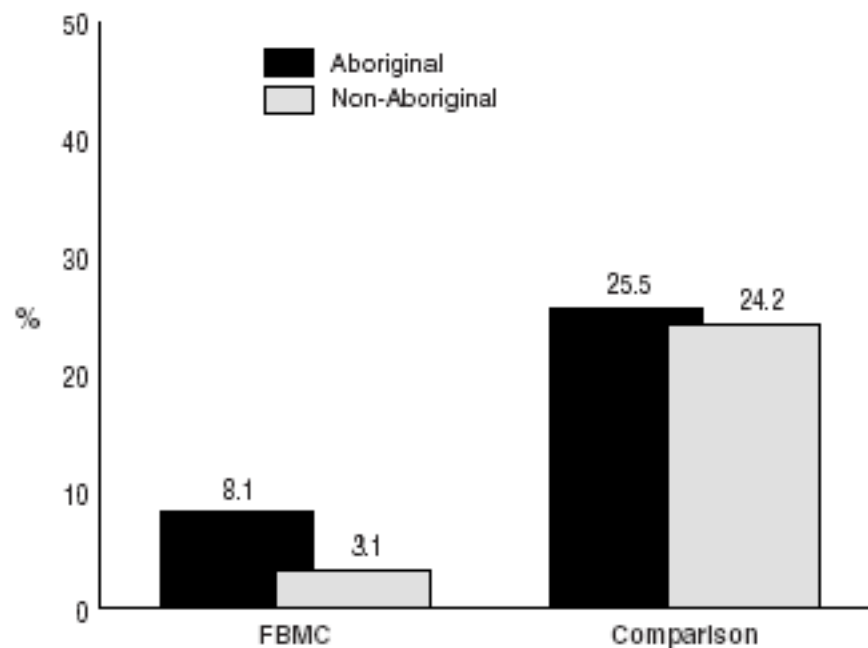
Table 1

Treatment Outcome for Aboriginal Offenders: Aboriginal Blended Sex Offender Program versus Cognitive-Behavioural Sex Offender Program								
Program	Completed		Terminated		Dropped Out		Suspended	
	n	%	n	%	n	%	n	%
Blended Treatment/ Healing	20	87.0	0	0.0	0	0.0	3	13.0
Cognitive-Behavioural Treatment Group	48	58.0	7	8.0	14	17.0	14	17.0

Finally, an examination of sexual re-offending was undertaken, using information from the Canadian Police Information Centre (CPIC). Aboriginal and non-Aboriginal men who participated in treatment at the FBMC (n = 282) and a matched comparison group (n = 196) of offenders from the Regional Psychiatric Centre, Prairie Region were followed for up to 10 years upon release. The comparison group was matched on age of first conviction, date of index offence, age at index offence, number of convictions before index offence and number of sexual offences prior to index offence.

As illustrated in Figure 1, no significant differences were found between the sexual recidivism rates of Aboriginal and non-Aboriginal men who participated in treatment at the FBMC (8% versus 3%). However, a significant difference was found between the FBMC treated client group and the matched comparison group with regard to sexual offence reconviction. FBMC clients demonstrated a significantly lower re-occurrence of sexual offending behaviour post treatment than the comparison group. Among Aboriginal clients, 8% sexually recidivated compared to 25% of non-clients.

Figure 1



Clinical implications

From this project we have learned that there is a need to focus on Aboriginal-specific characteristics in the evaluation of Aboriginal offenders. To this end, a more thorough exploration of racial identity and background, exposure to Aboriginal language and culture, level of assimilation and the potential impact of residential school, particularly on second generation family members, should be considered and integrated into offender assessments. Further focus on attachment styles, substance abuse and anger and aggression may also be beneficial in the evaluation of Aboriginal sexual offenders. It will also be important, as sample size allows, to investigate the differences within the Aboriginal groups to identify unique characteristics that may be found among Aboriginal, Métis and Inuit offenders.

The importance of attending to language was also highlighted. While clinical services delivered in English would not be an impediment for many of the Aboriginal offenders, it is important to be aware of, and attend to, language issues given that 45% of the men spoke an Aboriginal language as their first language. The ability to respond and participate in an assessment and to engage in and benefit from treatment is tied to language and the ability to both comprehend concepts being addressed and to communicate relevant issues. Language is not only related to general comprehension but is also significant because of distinct differences in the construction of Aboriginal languages compared to English.⁵

The data also suggest the importance of addressing family of origin and developmental experiences among Aboriginal offenders. Attending to issues such as loss, abandonment, grief, abuse and attachment issues may be significant to facilitate wellness and risk management. It is also suggested that it will be imperative for programming to support offenders, particularly Aboriginal men, to find ways of relating with their family members in a healthy way. It may be the case that not assisting them to manage these relationships, should family still be functioning in an unhealthy way, may contribute to them being drawn back into family dysfunction and challenge the healthy coping skills they have worked on in programs and in treatment. Assisting Aboriginal offenders to develop healthy social support networks (including and beyond family) also seems to be an important area for treatment.

The data also suggest that life skills are a relevant area for intervention among many Aboriginal offenders. Programs directed at enhancing education and employability seem critical. As well, given the number of offenders who relocate to an urban environment, the development of skills, to assist those who require them, to live in a functional manner within a larger urban centre would seem to be a very pragmatic and beneficial focus of treatment.

Significant attention to issues related to anger and violence appears key in sexual offender treatment for Aboriginal men. Given the offence type/ patterns of Aboriginal offenders, along with attitudes towards women and relationships, these factors seem to be areas of intervention that require further attention. The previously noted suggestion of the importance of attending to family of origin and developmental issues may support this area of work as it is likely that substance abuse, anger and aggression are symptomatic of these core issues. The data also suggest that attention to the area of inappropriate sexual boundaries and clarifying appropriate boundaries should be incorporated into treatment for Aboriginal sexual offenders.

Finally, it appears that although few Aboriginal offenders were raised with Aboriginal language, culture, teachings and ceremonies, these core aspects of Aboriginal identity are critical to the healing process. The opportunity to participate in programs that introduce Aboriginal culture and spirituality to Aboriginal offenders or allow offenders involved in their culture to continue to develop their understanding and practice seems very important. It also appears that the ability to facilitate Aboriginal men in acquiring skills to manage their risk to sexually re-offend is heightened by a cultural approach as this appears more engaging as more offenders are able to successfully complete this type of blended treatment/healing process.

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