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**Understanding and
Evaluating the Role
of Elders and
Traditional Healing
in
Sex Offender
Treatment for
Aboriginal Offenders**

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**Understanding and
Evaluating
the Role of Elders and Traditional Healing
in Sex Offender Treatment for Aboriginal Offenders**

Prepared for Correctional Service Canada

by

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March, 1998

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Finally, we would like to extend our thanks to the men involved in Aboriginal sex offender programs who generously allowed us to share in part of their healing and to learn from them.

Megwitch,

Lawrence Ellerby & Jonathan Ellerby

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"My hope is that psychology someday will follow a path that allows people to share and heal in a way that can touch some of those deepest parts of people's experience; we can learn a lot from Elders."

Psychologist

"We must all work together to heal our people. Us Elders and the psychologists can come together and share so that the men can heal and our communities can be safe."


Elder



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OFFENDER TREATMENT FOR ABORIGINAL OFFENDERS

In the last number of years there has been an increased focus within Correctional Service Canada (CSC) on how best to deliver programming for Aboriginal men who have committed sexual offences. This has been particularly evident in the Prairie Region where there has been a movement towards encouraging, developing, funding and implementing sex offender treatment programs that strive to be culturally sensitive and relevant. Most of these programs have attempted to provide both a traditional Aboriginal approach to healing along with a contemporary cognitive-behavioural approach to sex offender treatment.

It is clearly important to attend to the needs of Aboriginal sex offenders, particularly given the prevalence of Aboriginal sex offenders within federal corrections. At the end of 1995, 16.5% of the total number of sexual offenders incarcerated in federal correctional institutions and on parole were Aboriginal, while 25.7% of all Aboriginal offenders were identified as sexual offenders (Motiuk, 1996; Motiuk & Belcourt, 1996). The number of Aboriginal sex offenders in the Prairie Region is particularly noteworthy, with 40% of Aboriginal offenders in this region having been identified as sexual offenders (Motiuk, 1996). Given the high number of Aboriginal men incarcerated and on parole for sexual crimes, the need to determine how best to meet the needs of these offenders, and how best to manage their risk, is essential.

Prior to the recent attention given to the special needs of Aboriginal sex offenders, both Aboriginal and non-Aboriginal sexual offenders attending institutional and/or community-based programming participated in similar programs. This programming typically involved a cognitive-behavioural, relapse prevention approach in which group therapy and, at times, individual counselling and arousal modification sessions were the primary treatment modalities. The target areas of therapeutic intervention have also tended to be consistent for Aboriginal and non-Aboriginal sex offenders. Sex offender treatment programming assists offenders to enhance their level of self-disclosure and accountability for their inappropriate sexual behaviour; to develop insight into their offending and the factors that have the potential to place them at future risk; to develop an understanding of the impact of sexual offending on the victim/survivor of sexual abuse/assault; and to identify a range of healthy coping strategies which offenders can implement to assist them to avoid and/or manage their various risk factors. These treatment modalities and target areas for therapeutic intervention with sex offenders are specified as integral components of sex offender treatment in CSC's standards and guidelines for the provision of services to sex offenders (Williams, Marcoux-Galarneau, Bernier, Malcolm, Holden, Smiley, Motiuk & Deurloo, 1995). Finally, in addition to the treatment modalities and content of treatment typically being consistent for all men incarcerated or on parole for a sexual offence, the manner, style and the process for the delivery of this programming has also tended to be similar, regardless of the race or background of the offender.

Treatment outcome data reviewing the efficacy of treatment and differences between Aboriginal and non-Aboriginal sex offenders involved in institutional and community-based sex offender treatment programs has demonstrated similar low rates of recidivism for both groups of offenders, suggesting similar treatment benefits (Ellerby, 1994; Nicholaichuk, 1996). However, Aboriginal offenders in a community-based treatment program were significantly more likely than non-Aboriginal offenders to have their parole suspended for breaching National Parole Board conditions (e.g. using alcohol, being Unlawfully-At-Large), more likely to re-offend while in treatment (sexually and non-sexually), and more likely to drop out of treatment after their Warrant Expiry Date (Ellerby, 1994). It became apparent that there was a need to consider how to make the treatment process more meaningful for Aboriginal offenders so that they would become more invested and engaged in the treatment process and more likely to complete the program.

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In response to this, the Native Clan Organization's Forensic Behavioural Management Clinic (FBMC) began to develop and implement a blended approach to sex offender treatment, combining contemporary sex offender treatment and traditional healing (Ellerby, 1994, 1996; Ellerby & Stonechild, 1998). Over recent years, other sex offender programs offered by CSC in the Prairie Region have begun to attend to cultural issues and to provide Aboriginal sex offenders the opportunity to work with Native Elders, healers and other Aboriginal program providers either as a part of, or as an adjunct to, cognitive-behavioural sex offender programs. A number of these programs have been identified and described by Williams, Vallee and Staubli (1997). In addition, descriptions of both CSC programs for Aboriginal sex offenders and accounts of different Native communities responses to the problem of sexual abuse have been described in a report prepared by Simon Fraser University for CSC (1996).

While the involvement of Elders and Aboriginal program providers and the inclusion of traditional healing as part of sex offender treatment is a positive move towards making the treatment experience more meaningful for some Aboriginal offenders, there is a need to better understand the role these service providers play in the treatment of Aboriginal men who have committed sexual offences and the role of the traditional healing process in addressing offender risk and need (Ellerby and Stonechild, 1998). LaPrairie (1996) also highlights the importance of understanding the role of, and relevance of, traditional healing in addressing criminogenic factors in general, being aware of how traditional healing programs are perceived by offenders, and understanding the impact of traditional healing on addressing risk management issues.

The following study has sought to enhance our understanding of these important issues and to explore and identify the role traditional healing currently plays in the provision of sex offender treatment programming for Aboriginal offenders.

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RESEARCH METHODOLOGY

In exploring the role of traditional healing in sex offender treatment for Aboriginal offenders, a qualitative research methodology was utilized and viewed as most appropriate given the small number of Aboriginal sex offender programs, the nature of these programs, and the questions of interest. In an effort to enhance the breadth and quality of the data collection, two research approaches were utilized. These included structured research interviews and participant-observer evaluations. This approach reduced reliance on a single methodology and allowed for the gathering of diverse information.

During structured interviews the questions of interest were posed in a systematic and consistent manner to individuals involved in providing Aboriginal sex offender programming. Participant-observer evaluations allowed for a first-hand opportunity to observe how Aboriginal sex offender programs function, the healing/therapeutic approach and process they employ, and the way in which these programs meet the needs of Aboriginal offenders while at the same time targeting the treatment components outlined in CSC's standards and guidelines for the provision of services to sex offenders (Williams et al., 1995).

Participants and Research Sites

The participants for this study included CSC staff and contract staff who were responsible for providing or supervising Aboriginal sex offender treatment programs for CSC penitentiaries and parole across the Prairie Region. Interviews were conducted with Native Elders, Aboriginal program providers, psychologists, sex offender therapists, and with men who had participated in both institutional and community-based Aboriginal sex offender programming.

An attempt was made to incorporate all the major Prairie Region institutions and community programs that provided Aboriginal-specific sex offender treatment. These included Stony Mountain Institution, Rockwood Institution and the Native Clan Organization's FBMC in Manitoba; Saskatchewan Penitentiary and the Regional Psychiatric Centre in Saskatchewan; and Bowden Institution, Drumheller Institution, and Edmonton Parole in Alberta.

A total of eight sites were visited, generating 31 interviews. These included seven Elder interviews, four Aboriginal program provider interviews, eight psychologist and non-Aboriginal sex offender treatment provider interviews, and 12 interviews with Aboriginal men who had participated in Aboriginal sex offender programs. Participant-observation evaluations were conducted at all but one site. A total of 16 participant-observation experiences were recorded.

Procedure

Each institutional visit was distinct in terms of the number and type of interviews and participant-observer evaluations. What occurred at each site and how the data collection proceeded depended largely on the regular schedule of group and ceremonial activities, the availability of the Elder and the complement and availability of sex offender treatment providers (Aboriginal and non-Aboriginal).

At each site, contact with the Aboriginal program providers and Elders was made as soon as possible to maximize the potential time for rapport building, scheduling interviews and to allow for increased opportunities to attend and observe programming. Although there was a prior understanding of the willingness of individual Elders to co-operate with the study, each Elder was approached and was personally informed of the nature of the study, the project goals, and was asked about their willingness to participate in the project. To this end, they were asked

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to participate in the research interviews and a request was made for permission to attend and observe ceremonies that were part of the sex offender treatment program. Elders were then presented with tobacco out of appreciation and cultural respect. A presentation of tobacco was not made prior to the request to have them co-operate with and participate in the research, as it was important that their co-operation be voluntary and that they not feel compelled to participate because of the offering.

It was interesting to note that at most institutions, Elders, healers and Aboriginal workers (not involved in sex offender treatment) approached the researcher to discuss the nature of the research project, to clarify the expectations being made of the Elder responsible for sex offender programming, and to provide their own comments on Aboriginal programming. While this was not part of the formal research process, time was spent with these individuals out of respect for what appeared to be informal protocols, varying from site to site, in which there was a degree of protectiveness for the Elders and Aboriginal programming.

Each site was visited for three to four days with interviews and participant-observer evaluations occurring during weekdays, evenings and on weekends to maximize contacts and opportunities to participate in programming. As well, the extended duration at each site was designed to allow participants to become more familiar and comfortable with the researcher and research process, again to enhance the quality of the information collected.

Research Interviews

Structured interview forms were developed for each of the four categories of interview subjects. These included the Elder Interview Form, the Aboriginal Program Provider Interview Form, the Sex Offender Treatment Provider Interview Form and the Aboriginal Offender Interview Form. The interview forms were designed to focus on the five identified areas of interest. While the themes were consistent across all interview forms, there were differences between each category of interview form, as they were geared to the particular group of interview participants. Due to the emphasis of the project, interview forms varied in length. Accordingly, the Elder Interview Forms were the most detailed and extensive. The interview forms were developed by the researchers with consultation from Native Elders and an Aboriginal program provider.

In conducting the interviews the comfort level of the interview subjects was of primary concern. As a result, significant attention was given to conducting the research in a manner that would facilitate a strong rapport between the interviewer and the participants. To this end, a number of strategies were employed. For example, while the interviews were structured and the participants to be interviewed were pre-determined, there was room for flexibility in both who was seen at each site and in the manner in which the interviews were conducted. To further facilitate the interview process, an effort was made to conduct the interviews in an informal manner and the standardized questions were often rephrased for clarification or ease of understanding.

The interview settings varied and tended to be determined by the participants. As an example, while psychologist interviews tended to take place in their offices, Elder interviews took place in a range of locations including offices in the department of psychology, the institution's cultural centre, and once at an Elder's home. As well, it was pre-determined that each site visit would be a minimum of three days, and that during the site visit as much time as possible would be spent with Aboriginal sex offender program providers. The duration of the site visits and the level of contact allowed for a greater level of familiarity, comfort and trust between the researcher and participants and, in our opinion, demonstrated what we believed, the importance of this research project, and our respect for traditional healers and healing.

As the content of the interviews constituted the data for this study, all interviews were audio taped and later transcribed. These transcripts were then utilized for the purpose of data analysis.

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During the course of the research project it was found that, for the most part, Elders accepted the need to audio tape interviews. Although at times some concern was expressed, of the seven Elders interviewed only one refused to participate in a recorded interview.

It is important to note that a large number of informal and undocumented interviews took place and have indirectly contributed to the data analysis. Informal conversations with Elders, therapists, Aboriginal program providers and men who were participating in treatment occurred during group breaks, ceremonies, meal breaks and throughout the day between scheduled events. These conversations often served to further corroborate the information gained in the structured interviews and, as such, provided important contextual and verifying perspectives.

Participant-Observer Evaluations

Participant-observation involved attending Aboriginal sex offender programs and observing both contemporary and traditional sex offender programming, as well as adjunct ceremonies that were specifically recognized as components of sex offender treatment. Programming and healing ceremonies observed included sex offender treatment groups, sacred circles and sweat lodge ceremonies. Participant-observer opportunities were determined with the co-operation and opinion of treatment providers and healers at each of the selected sites. Following the participation in ceremonial and therapeutic group activities, notes were made utilizing standardized participant-observer evaluations forms.

The participant-observer evaluations were divided into three categories. The first category, Traditional Approaches, was distinctly Aboriginal. These were generally considered ceremonial, regardless of their psychological content or benefit. While at times there was some overlap between perspectives taught by Elders and those offered in contemporary groups, four key elements determined whether a group activity was considered traditional or not. These markers were:

1. facilitation by an Elder;
2. the presence of traditional medicines;
3. religious behaviour (e.g. prayer), and
4. the overall perception of Aboriginal offenders and the Elder regarding the spiritual nature of the event.

The second category, Blended Approaches, featured sex offender treatment approaches that intentionally blend both contemporary psychological and traditional Aboriginal elements. In these approaches the use of both perspectives is consistent and intentional. The majority of sex offender groups examined for this study fall into this category.

The final category, Contemporary Approaches, featured group therapy that was based on contemporary sex offender treatment models. While these groups may address cultural issues, this was not their primary approach. Few of the sex offender groups observed for this study fell into this category as the primary area of research was specific to Aboriginal sex offender treatment/healing.

In considering the different groups and ceremonies attended, issues such as the approach utilized, the facilitators' style, the offenders' participation, and the perceived effectiveness of this style of programming were recorded. As well, comments were made about the traditional, contemporary and blended aspects of the program and a general summary of the participant-observer's impressions was provided. It is important to note that these comments reflected: (1) the observations of the participant-observer, (2) the observations from having attended typically

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only one session/ceremony in each of the categories, and (3) that the functioning of the sex offender treatment providers, Elders and men in treatment may have been affected by the presence of the participant-observer.

Occasionally, complimentary Aboriginal programs were attended to develop a more complete sense of Aboriginal treatment opportunities because participation and observation of non-sex offender-specific Aboriginal programming was at times considered important to the development of trust, and for relationship-building between the researcher and the Elders and offenders. The events or ceremonies that were not directly connected to Aboriginal sex offender treatment were not recorded as they were not a primary component of the research, although they were seen as relevant. An example of this sort of activity was traditional Aboriginal drumming groups that met for practice and instruction. These activities were attended by Aboriginal men in sex offender treatment and clearly complimented their therapy with an experience of community and relationship-building. These activities, however, were not therapeutic in intention nor were they required as part of the sex offender treatment program.

It was interesting to note that our perception of the importance of the participant-observer evaluations was also shared by the participants in this study, particularly by the Elders and the Aboriginal men involved in sex offender programming. Respectful and sincere participation in group activities and ceremonies appeared to be the single most important criteria Elders and offenders looked for in establishing trust and co-operation with the researcher. Participant-observer evaluations were not only an important source of data in themselves, but also served an important function in rapport building with Elders, Aboriginal program providers and offenders. It is our opinion that this research component was essential to securing the level of co-operation and obtaining the quality of information received in conducting the structured interviews.

Transcript Preparation and Data Analysis

At the conclusion of the data collection period the audio-taped structured interviews were transcribed and the transcripts were reviewed and any necessary corrections were made (e.g. correcting typographical errors, identifying and replacing words that had been incorrectly transcribed). As well, some minor editing was done where required. During the course of some of the structured interviews, the participants offered personal information which they wanted to remain confidential and did not wish to have recorded. These portions of the interviews were identified and deleted from the text. As well, editing was done to the transcripts in order to maintain the anonymity of the participants. In this regard, individuals' names, titles and names of institutions were deleted and replaced with general descriptors.

Consistent with the qualitative research methodology described by Morgan (1988), the final transcripts were reviewed, during which there was a process of discovery. Through the repeated reviewing of the transcripts, key themes emerged. These themes were used to organize the information and to develop code categories. Quotations that illustrated the participant's comments specific to each category were selected out.

The data reported in the results section represents the primary themes which emerged from the structured interviews and participant-observer evaluation forms. These themes are illustrated through summarizing the comments made by the research participants and by using direct quotations. At times the quotations utilized were edited for ease of reading. In no instance was the content of the quotes distorted through this editing process.

RESULTS

The findings of this study are organized around eight primary areas of interest. These areas include:

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1. Elders' attitudes towards traditional healing with sex offenders.
2. The role of the Elder in sex offender treatment.
3. Working together: Elders and therapists.
4. Traditional approaches to the treatment of sex offenders.
5. Elders' views on offender evaluation.
6. Strengths and challenges of providing traditional healing in sex offender programming.
7. The success and need for traditional healing in sex offender treatment.
8. Recommendations for the future.

Each of the above areas is reviewed, and the major themes of the structured interviews and participant-observation sessions are identified, discussed and illustrated.

1. Elders' Attitudes Towards Traditional Healing with Sex Offenders

From a contemporary perspective, it is important to understand the attitudes and beliefs clinicians have about the client population they will be delivering service to, how they conceptualize the problems faced by their potential clients, and their theoretical framework or approach to therapy. It is suggested that the same is true of Elders and healers.

If the approaches of Elders are to be successfully integrated into sex offender treatment programs, there needs to be an understanding of their perceptions about sex offenders, the origins of sexually abusive behaviour, and their beliefs about utilizing a healing approach with these men. The basic beliefs, perspectives and biases that Elders bring to their work will shape the way in which they participate in sex offender treatment, the focus of their treatment/healing, and their style of interaction with offenders. As a result, these are important areas to consider and be aware of. This was the starting point in our dialogue with the Elders.

Elders' Attitudes Towards Sex Offenders

Men who have committed sexual offences represent a highly stigmatized group of offenders. There is general societal abhorrence for the offences that they have committed and they have typically been viewed as an unpopular client group to serve. Sex offenders have historically been at the bottom of the prison hierarchy. Not only are they hated by other offenders, but they are often scorned by correctional staff as well. The hostility towards them has often been tied to them having committed offences against vulnerable victims (e.g. women and children), the sexual aspect of their crime, and in some instances people's reactions are further heightened as a result of their own histories of victimization.

Clinicians who provide treatment services to sex offenders need to be able to have an attitude set and belief system that will enable them to work with these men in a productive manner. The ability to accept the person but not the behaviour is often cited as necessary in order to develop a therapeutic relationship that will facilitate healing. This belief system was not only common among the Elders interviewed, but identified as necessary to the healing relationship and healing process.

All of the Elders interviewed described feeling comfortable in their role providing treatment/healing to Aboriginal men who have committed sexual offences. This level of comfort was strongly linked to the Elders' perception that the men they are working with are people first and men who have committed a crime second. As well, Elders made little distinction between sex offenders and other types of offenders. Themes about the importance of acceptance and non-judgmental approaches in working with sex offenders were prominent.

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"I don't find it hard [working with sex offenders] if they're seeking help. I don't judge people. Nobody's perfect. A person that did a lot of harm, he can change if he wants to and they can be the kindest person." (Elder)

"I don't find it difficult working with them because, the way I look at it, any man, or woman for that matter, is capable of committing such a crime." (Elder)

"I can't judge these people because they've been judged once already and the only way we are going to help them is to have an open mind." (Elder)

"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)

"We are all equal in the eyes of the Creator, us human beings." (Elder)

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

"I won't judge you, I won't criticize you for what you did because the Creator will do that. You will be judged in the future when you leave this world, [when] you go to the spirit world." (Elder)

The non-judgmental attitudes of Elders proved to be a core element in both their philosophical and therapeutic approach to healing. The practice of non-judgement was most commonly explained to be rooted in spiritual belief, however the therapeutic benefits were apparent. The non-judgmental attitude of Elders was an essential factor in the development of meaningful and trust-based relationships with offenders. Many offenders described the experience of feeling accepted and not judged as healing and as inspiring hope and a sense of self-worth. It is interesting to note that therapists that demonstrated a similar accepting attitude towards sex offenders received a similarly strong and positive response from offenders.

In many cases Elders and Aboriginal offenders alike associated the therapists and the institution itself with a very critical and punitive attitude. This perception led to some polarization between Aboriginal and non-Aboriginal approaches in the minds of offenders. In informal interviews many offenders expressed that therapists who were kind and non-judgmental were seen to be "more like an Indian."

The only comment made by an Elder related to feeling uncomfortable working with sex offenders was related to practical concerns about an individual's lack of progress or growth and the potential implications.

"I feel uncomfortable if I see a man who's ... falling back into his own old habits. That's when I start to worry and then I start asking myself, 'Is he ready to go anywhere else?' Otherwise, I don't feel uncomfortable." (Elder)

While Elders described a non-judgmental approach to men who have committed sexual offences, they certainly did not accept the behaviour as appropriate or healthy. Offenders were viewed as unhealthy, and there was a range of conceptualizations about what would contribute to someone engaging in inappropriate sexual behaviour.

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"I would say they're out of balance. For me, I don't see them as being sick. They just haven't been taught things. That's the way I see it." (Elder)

"In a way you could say they are sick, you know, the way they think because their minds are confused." (Elder)

"Traditionally it is considered they are secretly being put through pain—maybe psychological, mental, spiritual, physical—and that's what makes them do it, because they have known only that part and they use it on others. They didn't learn anything else." (Elder)

While each Elder might have their own manner of diagnosing and perceiving the health of the offenders, the common underlying perception was that each individual was in a state of ill-health, a state not intrinsic to their individual self. Few of the Elders demonstrated any belief in the notion that individuals may have a psychological or psychiatric disorder that was somehow inevitable or irreversible. Only one Elder alluded to individual pathology during the interviews.

"If they're a repeated offender, they've got to have some kind of a craving in there." (Elder)

The Elders commonly supported the notion of a "true self" or a "real self." This self, perhaps the soul or spirit of a person, would always remain connected to a larger concept of health and wisdom. Thus, Elders were able to perceive a simultaneous division in individuals—one aspect of the self being hurt, damaged or confused, while another side, the spiritual self, remained healthy and full of positive potential. From this comes the notion of being out of balance or confused. The role of the Elder and healing was, of course, to help to restore balance and to connect the individual to their potential.

How Elders Understand the Origin and Factors Contributing to Sexual Abuse

As previously noted, few Elders saw sexual offending behaviour as the result of an inherent genetic, bio-chemical or personality deficit. In almost all cases, Elders viewed offending behaviour to be the product of a wound or trauma suffered by the sexual offender.

Elders commented on teachings and stories which revealed that there was a time in Aboriginal history, prior to contact and colonialism, when communities lived in relative harmony and sexual abuse was not present. Elders saw the effects of colonization and disenfranchisement as central to the root cause of the disintegration of Aboriginal communities, traditions and, in turn, individuals. Most Elders felt that exposure to trauma, combined with the loss of traditional Aboriginal systems of education and discipline, have contributed to most of the problems faced by Aboriginal people. Elders identified a number of factors which they believe account for the occurrence of sexual offending behaviour.

Colonization

Many of the Elders commented on the effects of colonization and some described how the traditional teachings, traditions, and way of life once helped people to live healthy lives and to be free of problems such as sexual abuse and assault.

"Our dignity was taken away in boarding schools and a lot of people don't realize that. They don't really understand about how our dignity was taken away from us, how we were taught to be ashamed to be Natives. Then our self-respect was gone. Once you lose your self-respect,

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how can you respect someone else? Then you take your frustrations out on other people."
(Elder)

"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 that you're in. They are now in that cycle and that comes along with the sexual offenders who are committing these crimes." (Elder)

"In the early days, when our families and communities were ripped apart by colonialism, when our communities were disintegrating and you had kids taken away from the parents, the children removed and put into residential schools or missions, then you had parents who were already into alcoholism, you had grandparents of that same generation that were stripped from the practice of their ceremonies, their spirituality." (Elder)

In the discussions of colonialism and the contributing factors leading towards sexual abuse, there were specific themes that emerged consistently in the interviews and discussions provided by the Elders. The most significant themes were: community and childhood trauma, substance abuse, and the absence of sexual education and effective role models.

Community and Childhood Trauma

The systematic replacement of traditional Aboriginal forms of government, education and subsistence patterns left Aboriginal communities unable to support their members with traditional teachings and culture. The enforcement of a foreign culture led most communities to financial and political ruin, while its members suffered from a loss of identity and interpersonal support. Further, many Aboriginal people suffered acts of violence and abuse at the hands of residential school programs and foreign agents intervening in their communities.

Elders identified the dysfunction of the communities as a primary cause of abuse and traumatic experiences to individual community members. External oppression and experiences of trauma quickly became patterned in the lifestyles and family experiences of Aboriginal communities and were viewed by Elders as contributing to the development of a host of dysfunctional and destructive styles of coping. Elders saw the experience of childhood trauma among many Aboriginal people as a contributing factor to sexual offending behaviours. There was generally an overall sense that the offenders were equally victims themselves.

"In Native communities there is so much alcohol, so much alcohol abuse, that a lot of these 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 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)

"The way you were brought up, the abuse in childhood, going to school, the boys always funning you around, sometimes the frustration and the rage comes out and you can't hold it in anymore and they end up hurting somebody." (Elder)

"Some that I work with ... they were done wrong in the earlier life." (Elder)

"[There was] a large number of people who were being assaulted and they, in turn, assaulted others and it just continued." (Elder)

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"They have been victims themselves, but that doesn't exclude them from answering for their behaviour." (Elder)

"What happens to a lot of our people—it's the way in which they grew up, the community they grew up in, I guess all the circumstances or situations that they have come through have contributed to them becoming offenders. Part of that, I think, is loss of culture and identity, loss of land, loss of home, even loss of their family members to alcohol or other means at a young age." (Elder)

"They have been through a lot of abuse and they hold a lot of these hurts and pain inside. We want to teach them to release some of that and feel better about themselves." (Elder)

Substance Abuse

In discussing unhealthy community factors believed to be associated with sexual offending behaviour, Elders consistently identified substance abuse as a factor that they believed to be, in part, responsible for the acts perpetrated by the offenders. The majority of Elders believed that sexual offending behaviour was uncharacteristic of the individuals whom they saw in treatment. It was commonly felt that the acts of sexual aggression or abuse resulted from individuals acting out their own trauma and pain and that alcohol or drug use was the catalyst for aggression and a loss of control.

There was a range of opinions about the degree to which alcohol could be held responsible for sexual offending behaviour. Some believed that it was only a single factor in a complex equation, while, at the other extreme, one Elder felt that alcohol was almost entirely responsible for the sexual offenses committed by the men.

"Most of the boys that come in, they don't mean to be what they are. It's liquor and drugs that brought them in here and they don't [offend] in their right minds most of them, maybe the odd one." (Elder)

"Sex offending has always been around in societies and with the Inuit people if they were found out by Elders or by the community, they used to be punished very highly. Today, it seems to be uncontrollable because it's involved with drugs and alcohol. Inuit men are usually very passive when they are sober and very gentle people. I'm not saying it's the alcohol to blame, but I'm saying that the alcohol and drugs give them the nerve to do what they are doing." (Elder)

"These young people that grew up, who have been assaulted, it's turned inward and combined with alcoholism and other drugs and [then] you have people who are assaulting in a community." (Elder)

"I found that the majority of these offences were committed while under the influence of some substance and, therefore, you are dealing not only with the sex offence but with an addiction as well." (Elder)

"There are some that might not offend [after treatment], but if they go back to the first thing that brought them in here, liquor and drugs, they'll likely do something." (Elder)

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One Elder specifically discussed the connection between substance use/abuse and a deviant sexual interest and how this interest may be acted out.

"During his sobriety he may have fantasized about ... a child or a woman to his liking ... then when he became drunk his little video tape, way in the back, [began playing]. He now begins to act out his fantasy, not realizing the consequences of what he is doing." (Elder)

Sexual Education

In discussing the negative impact of colonization, Elders noted that there was a loss of traditional Aboriginal systems which resulted in communities being left without basic ways of teaching community members about healthy living. A number of Elders specifically identified the absence of traditional customs to educate children about sexuality as being partly responsible for the development of offending behaviour. In addition, Elders noted that exposure to sexual abuse and violence in the family allowed individuals to accept and perpetuate abusive patterns. There was a sense from many of the Elders that many of the offenders didn't know any better.

The lack of proper sexual education and healthy role models was viewed as an essential contributing factor to the perpetuation of unhealthy belief and behaviour patterns.

"If you look at the way a traditional community might have handled their children years ago, they would have had preparations for these young people, they would have ceremonies to prepare them for that understanding of sexuality in their life, of being with a partner. They would have to go through puberty ceremonies to enable them to act responsibly towards the opposite sex. That has not been done. So as time went on, these young people that grew up, who have been assaulted, turned inward and, combined with alcoholism and other drugs and so on, you have people who are assaulting in a community, who are assaulting their own children and so on and so on.... So along came the books, the magazines, the videos, you know, promiscuity in the open: it's okay to be this way, it's okay to act out your sexual fantasies, deviancies, to be abusive and to be controlling and dominant, all these things that sell. So you have something that was at one time in our culture dealt with in a very respectful and meaningful way, a nurturing and kind way of addressing sexuality. To one that is deviant, that is open to any kinds of abuse, no controls, no measures, no ceremonies to teach control of it, to help these young people going through that change as a young person, there is nothing there." (Elder)

"The children were sent off to the schools or residential schools. [They] were very young and very small and they were not given any kind of information about sexuality growing up as a young person." (Elder)

"You know they can go and buy a magazine or they could buy a video today.... What that is teaching them is to disrespect women, not to care about that individual, but just to take advantage. It's teaching them that they can get away with a lot of things rather than to think of the consequences or the controls they need to have, the discipline they need to have in their life. It's something that has to be looked at in a traditional way." (Elder)

Elders' Comments on Traditional Healing with Sex Offenders

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While Elders saw the absence of community support systems and the suppression of traditional puberty ceremonies and teachings about sexuality as a part of the cause for sexual abuse in Aboriginal communities, they clearly indicated that a revitalization of these missing traditional approaches is a necessary and effective way to treat sexual offenders and re-constitute community health.

There was a consistent sense among the Elders that almost all people are capable of healing and that sex offenders were no more limited in their potential to heal than any other person that has committed a crime or has found themselves to be unhealthy.

"I believe ... that any kind of abuse or any kind of activity that is immoral or wrong in our society has to be dealt with in a way that is forgiving and that is trying to find positive solutions." (Elder)

Elders asserted that the probability of healing from the traumas that cause sexually abusive behaviour is largely determined by the willingness of offenders to participate in healing, and their desire to change.

"They're curable and they can change if they want. You can't change them yourself—they have to want to." (Elder)

While most Elders identified the importance of the offender's motivation and commitment to change and participate in healing as the sole or primary determining factor for the successful healing, some Elders felt that spiritual ceremonies on and of their own had curative effects, regardless of the level of co-operation or motivation of the offender.

2. The Role of the Elder in Sex Offender Treatment

While there tends to be an understanding of the role Elders and other Aboriginal program providers play in providing traditional healing, the role they play in sex offender-specific treatment appears to be less clear among administrators, psychologists, and Elders themselves.

This is a key area to clarify since undefined roles, and/or a confusion about roles within a treatment team providing sex offender programming, can result in significant problems. Such issues may negatively affect the interpersonal relationships of the treatment/healing providers, the quality of service to offenders, the efficacy of the programming and ultimately the credibility of programs. If the expectations of Elders providing Aboriginal sex offender programming are not consistent with the Elders' perception of their role, then problems in programming will inevitably arise. For example, if a therapist views the Elder as a treatment provider required to understand and follow standard sex offender treatment, and the Elder sees his/her own role as purely ceremonial, there will be interpersonal and therapeutic delivery problems. Naturally, each individual will perceive the other as not fulfilling their obligations. This will undoubtedly lead to significant program problems and may even jeopardize the program's existence.

As traditional approaches to Aboriginal sex offender treatment are still relatively new, there is no paradigm to follow and role definitions for Elders and therapists working together are often unclear and changing over time. When Elders, therapists and Aboriginal program providers were asked about the role of the Elder, few had a clear conception of the role of Elders in sex offender treatment programs. Instead, most interview subjects, including the Elders, discussed the role of the Elder retrospectively and in terms of the way programs transpired, and not in regard to any pre-determined concept of what the role of the Elder should be, or was supposed to be.

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How Elders View Their Role in Sex Offender Treatment

Most Elders felt that they were involved in programming to co-facilitate the treatment of sex offenders or to provide traditional holistic treatment. Few Elders viewed their role as solely to provide cultural education. Some Elders saw their role as paramount to the contemporary sex offender approaches.

Elders filled a variety of roles depending on the institution and the programs that they were working with. While there were commonalities between the various activities of the Elders, there were also limits and distinctions between them.

Healing and Rehabilitation

Elders were consistent in describing what they perceived to be their primary role. As one Elder succinctly stated:

"I'm an Elder.... I do healing." (Elder)

In further describing the Elder's role in sex offender treatment programs, another Elder offered:

"I can help you learn about what you did [that it] is wrong, get you to accept responsibility wholly and completely, to change your behaviour and your attitude and your thinking towards the way you have done things, and to find a way that is going to help you as an individual to grow and heal." (Elder)

This was identified as a significant and all encompassing role, as traditional healing was viewed as addressing healing in a holistic manner and meeting all of one's concerns and problem areas.

"[Traditional] healing touches everything." (Elder)

"My role is to provide service to Aboriginal offenders in terms of spirituality, culture, ceremonies and counselling. Basically, when you look at culture, I guess all of these things are encompassed: your lifestyle, the belief system, customs, the traditional ceremonies, the spiritual ceremonies, the social activities like pow wows, round dances and feasts and so on. We provide service to staff and the institution in matters that are dealing with Aboriginal people. We are, in essence, teachers, educators, spiritualists, healers, Elders. We are sometimes a father, a grandfather to these offenders, but generally to the staff as well. We like to see ourselves as part of the team effort in the institution..." (Elder)

In regard to their perception of themselves as holistic healers, it was evident that Elders' concepts of their role was shaped largely by their cultural understanding of healing and what it means to be a healer. Unlike Euro-Canadian therapeutic communities, traditional Aboriginal healers rarely restrict their practices to one single area of specialization. While it is true that Aboriginal healers may specialize in one area of healing, they do not view that area as isolated from other types of healing. Healing itself is considered inherently holistic; even healers that possess highly specialized skills view the health of individuals as existing on many levels and in many aspects. The Elders that participated in this study did not describe their role in the same way therapists or administrators did. For the most part, Elders saw themselves as healers and Elders first, and as employed for sex offender-specific treatment second.

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This perception of their role, and of the healing process, is important as it shapes how Elders approach sex offender treatment programming and how they view the role of healing within the context of sex offender treatment. In this regard, Elders were less likely to view their role as teaching or counselling about sex offender-specific issues and the treatment goals associated with most sex offender programs. In fact, it was rare to hear Elders relate to sex offender treatment issues or to address these topics in their participation in sex offender programming. Rather, Elders focused on healing, specifically discussing emotional traumas and pain and ways in which to bring one's self into balance.

As well, because of the holistic approach to healing, in a number of cases Elders viewed their contribution to sex offender programs as potentially self-sufficient. These Elders offered that the traditional healing they provide fully addresses the offenders' overall needs, both generally and offence specific and, as a result, makes other types of programming or intervention redundant or unnecessary.

One-On-One Counselling

Elders not only discussed their role in sex offender treatment programs in terms of their healing but also noted the way in which their healing contacts take place. One-on-one counselling was the primary forum for healing and was identified as an important part of the Elder's role by both Elders and therapists. Many Elders suggested that they spent a tremendous amount of time providing one-on-one counselling to offenders.

Elders tended to feel that the amount of time they spent in one-on-one meetings was not always adequately recognized. It appeared that, to a large extent, the reason for this was the difference in perceptions about individual counselling between therapists and Elders. While clinicians tended to conduct therapy within a formalized therapy session, Elders identified healing as being able to occur in more casual contacts. Since the Elders had a good rapport with offenders and usually conducted themselves in a very informal manner, non-Aboriginal staff tended to not always see the therapeutic quality of some Elder-offender interactions. Elders, however, were generally aware that all the time they spent with offenders was therapeutic and that one-on-one counselling, in formal sessions or casual conversation, is an important part of healing.

"Most of the time is spent one-on-one counselling, talking, and even that is a ceremony..."
(Elder)

One therapist was able to capture this in describing their understanding of how Elders approach traditional healing, even within a setting where an attempt was made to formalize the Elder's contacts with offenders:

"... the Aboriginal way of doing things, it's not necessarily like you and me sitting in an interview room.... [They] would interact together and as they interact [the Elder] would tell you stories or you would ask questions.... Some of it is more formal [in the] way that we would conduct interviews, but not always.... just the time the Elders spend on the unit, visiting the guys in their rooms, or being around ... and having lunch with them, things like that [are part of healing]." (Therapist)

As individual contacts are time intensive, some Elders identified what they saw as the necessity to extend their work hours in order to meet the needs of the many offenders who want and/or need to see them. In discussing the time commitment they make, Elders also described the exhausting nature of this work and again noted that these efforts were not always acknowledged or supported by administration.

"I do [one-on-one counselling] during the day and evening too." (Elder)

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"I give however long [until] they finish because if I send them out and they're not finished they're going to do something out there because they didn't get their frustrations out. I don't have freedom from offenders. None. The lunch hour is filled. I'm mentally exhausted when I get home." (Elder)

Community Re-integration

Elders saw their ability to assist offenders in developing a sense of community consciousness and supporting community re-integration as an important aspect of their role in treatment.

"I also prepare them to integrate back into their community." (Elder)

The absence of community awareness, pride and commitment was seen by the Elders as an indication of ill health. Elders asserted that traditional Aboriginal culture views individuals as closely connected to their community. As a result, Elders noted the importance of supporting men to create community contacts and to develop a sense of community responsibility as part of their healing and to prepare for their healthy return to their home communities with supports in place.

Responsibility to Sex Offender Treatment

One of the issues of concern identified in some Aboriginal sex offender programs has been the inclusion of non-sex offenders into the treatment/healing process by Elders. This issue has likely been a problem for a number of varied reasons, including a desire to keep treatment or healing groups relatively homogeneous, a concern about security and safety issues, and a desire to maintain funding for programs (e.g. not wanting to risk losing funding targeted specifically for Aboriginal sex offender programming). While these issues were of concern to administrators, program supervisors and clinicians, they did not appear to be for Elders or healers.

Elders involved in sex offender programs are typically approached by a wide variety of Aboriginal offenders. Although Elders involved in sex offender treatment programs expressed a clear sense of commitment to working specifically with sexual offenders, their time was occasionally spent working with offenders outside of their assigned program area.

Elders indicated that in some cases they choose to work with non-sexual offenders specifically because they had identified these individuals as having treatment needs consistent with the programming addressed through sex offender treatment. Elders offered that it was not uncommon for offenders who were not charged with sexual offences to voluntarily involve themselves in Aboriginal sex offender treatment out of a personal recognition of their negative attitude towards women, unhealthy sexual attitude/beliefs or thoughts, or as a result of having engaged in past inappropriate sexual behaviours that did not result in criminal charges. While these non-sexual offenders would likely be identified as appropriate candidates for sex offender treatment, the rationale for their inclusion in the program was typically not formally identified. As a result, at times there appeared to be a number of inappropriate participants in the program when this may not have been the case.

Elders also identified having committed to provide support and healing for men who were non-sex offenders and who did not have issues consistent with the goals of the sex offender program. In these instances Elders stated that, because of their overall role as healers (they viewed themselves as healers first and healers within the sex offender treatment program second), they had an obligation to assist those who asked for their help and made an

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offering (e.g. presentation of tobacco). Elders acknowledged that it is difficult for them to refuse healing to someone who has requested it and demonstrated a desire to change.

Although Elders understood their commitment to sex offender programming and did not encourage non-sex offenders to consult with them, most would not deny an individual the opportunity to participate in a ceremony if they expressed sincere interest.

"I am working with all sex offenders. There are a few guys, maybe five or six, that I have talked to that haven't been charged, but they've talked about their past experience and where they disrespected women and they feel they should be part [of treatment]." (Elder)

"We even have some guys in the program who aren't convicted sex offenders, but they do recognize some of their behaviour as being abusive towards women or children." (Elder)

"[I] dedicate almost all my time to the [sex offender] program. We do get a cross-section of [offenders] that come through from other programs.... We have programs that bring them all together." (Elder)

Offenders as First Priority

Elders identified their role as primarily being there for the men he/she is working with and as needing to prioritize the needs of the offenders. There was some variability in the extent to which Elders committed their time and energy to offenders only. While some of the Elders did not feel that it was a part of their role to provide any major form of service to staff or administration outside of offender evaluation, others felt it was important to be closely involved with program development and staff education. However, even the Elders who understood themselves as having an important relationship to staff and the institution viewed the offenders as their first priority.

The Elders' close relationships with and to offenders has created some concerns about the role of the Elder in some institutions. Therapists have suspected that Elders are at times over-involved with offenders and not involved enough with staff and administration. This dynamic seems to be the result of a number of factors which include the Elders' own identification with Aboriginal offenders, the Elders' sense of the importance of personal relationship in the healing process, the Elders' lack of understanding of the relevance of administrative and security issues related to an offender's case-management, and the limited involvement Elders typically had as members of the treatment or case management team.

"We have to be very co-operative [with the offenders] because we are here for the offenders and if we don't co-operate, then we just tell them 'I'm the boss today and you listen.' Then it sort of builds walls. We don't want them feeling that way." (Elder)

Clinicians' Perceptions of the Role of Elders

Therapists tended to describe the Elders' role through examples of what the Elders did, rather than by identifying the designated role of the Elder in the sex offender treatment program. None of the therapists described the ideal role of the Elder by way of abstract concepts unless they were specifically asked what they personally thought the role of the Elder should be. This generally gave the impression that, as was the case with the Elders and Aboriginal program providers as well, therapists had little sense of what the role of Elders was intended or expected to be within sex offender programming.

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Therapists predominantly saw the Elders' contributions as primarily cultural and ceremonial and secondarily as therapeutic in the contemporary sex offender-specific treatment. Some therapists saw a place for Elders as co-facilitators in sex offender treatment and were open to a more active approach by Elders. At the other extreme, a few therapists seemed to see the Elder's role in healing only as far as cultural identity was concerned. The notion of the Elder as healer, potentially equal in capability to the therapist, was not a view common to all treatment providers. It was also interesting to note that while the provision of traditional ceremonies was seen as important it was not always understood as inherently therapeutic by clinicians.

Despite the overall range of opinions about the role of the Elder, a number of consistent themes emerged. For the most part, Elders were seen as providing a cultural link assisting in the effective delivery of sex offender programming. The second most common role therapists saw for the Elders was to provide traditional ceremonies and activities for the offenders, a role somewhat inseparable from the previous. The role of the Elder was also seen significantly as being that of a healer, a consultant, and a community liaison.

Traditional Ceremonies

Regardless of whether a therapist recognized the Elder as a healer or not, all the therapists interviewed felt that all or part of the Elder's role is to provide traditional teachings and ceremony.

"They do ceremonies and ... religious kinds of activities, but in addition they participate as part of the treatment team." (Therapist)

"Well, the Elder [has us] smudge beforehand, we do some prayers, she leads us in some prayers passing the feather around and has each person talk.... They also go out on traditional activities: Sweats, picking sweetgrass, and those kinds of things." (Therapist)

"The program is done holistically, which simply means we cover the four major life areas—the mental, physical, spiritual, and emotional—and the Elder would look after the cultural spiritual teachings." (Therapist)

"We do sort of a smudging exercise and prayer system. Sometimes it's by choice of the group, depending on what's been happening that particular day. Sometimes she says a prayer and we do a smudge; sometimes it's a group member that will do that. We also incorporate the idea of a feast ceremony by coming together as a group and making some bannock.... looking at a commitment to the group and goal setting and that sort of thing, all within a traditional realm." (Therapist)

While therapists rarely commented overtly on the therapeutic value of traditional ceremonies, most were quick to recognize the value of cultural identity and the sense of self-worth that emerged as a by-product of offenders' involvement with Elders. In some cases therapists viewed traditional ceremonies as therapeutic. Usually these were therapists that had participated in or that had experienced traditional culture first hand.

Cultural Connection

A critical role most therapists saw the Elder playing was that of a cultural translator or liaison. Therapists expected Elders to make sex offender treatment more accessible and meaningful to offenders. In this regard therapists viewed the presence of traditions and culture as tools to facilitate communication and to adapt contemporary modes of treatment into an Aboriginal context and frame of reference.

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This conceptualization has led to a blended approach to treatment and healing. How this blending takes place appears to largely be determined by the clinicians' perceptions about the role of traditional healing in sex offender treatment. Therapists expressed a range of perceptions about a blended approach. Some viewed the traditional component as healing in and of itself and as adding to and enhancing the therapeutic process. Others saw Elders as being able to make connections for both offenders and non-Aboriginal staff about historical and cultural issues that were beneficial to the treatment/healing process. Some therapists viewed traditional healing as providing a means to facilitate the delivery of sex offender programming to the point where the focus was more on having Elders and healers be more a part of contemporary programming and excluding other potential roles of healing.

"I think the role of the Elder should be to keep focused on what the actual relapse prevention model is about and to have training surrounding that.... [Traditional healing] needs to be more integrated within the relapse prevention area as well." (Therapist)

"The Elder, or the liaison, comes to the regular mainstream programming, like disclosure groups, family violence, [or whatever] other groups we're offering, and they participate the same way that anyone else on the staff would." (Therapist)

"The Elders that have been chosen have great appreciation for a blended approach where we do more contemporary relapse prevention programming and they incorporate more traditional teachings with the population." (Therapist)

"As an example, when [the Elder] is talking about parenting, she'll relate parenting to the residential school experience. Many people in the group may have either had a residential school experience [or] had parents who have had some sort of experience in that way. So she starts to connect points together, historical pieces for the Native people, in a way that helps them to understand where some of the traditional healing measures have been lost because of separation within families, where some of the knowledge that people gather by being part of family systems, i.e. parenting skills and that sort of thing, were lost or not allowed to be taught in the traditional way. So she helps people to understand their history in a new way, looking at the context and the time and the limitations of that time." (Therapist)

"[The Elder] is also fantastic from the standpoint that she explains, both for my benefit and the benefit of other group members, general facts about Native experience and she also makes connections for the people in the group. I think that is really helpful." (Therapist)

"I remember in one instance where we had a guy who had been abused, and he had a real problem with our program, our contemporary program, because it was, according to him, not traditional and it was totally false and was European, as he used to call it, and we were able to sit down with the Elder and the worker—that time it was a healer—and we were able to spend quite a few sessions with him and we were able to have him realize the benefits to the holistic approach. If the Elder would not have been there we couldn't have gone and discussed this." (Therapist)

"[The Elder] very much challenged the guys, breaking down this 'them against us', the Native and White [dichotomy]. As the group process goes on, any time he found a way to bring in the Aboriginal teachings or confront some of their ideas, then he would do that. The other thing I really like about their programming is [their focus on] respect for people, respect for women,

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and responsibilities. I mean, they teach the same sort of values that we are trying to instill in the guys and I think it has sort of co-ordinated us working together. If an offender is behaving one way down at the Aboriginal program area and a different way on the unit, then we very much work together to confront those issues." (Therapist)

"[The Elder is] not a woman who talks a lot, but when she speaks she really has something important and worth listening to.... She's a very respectful lady and a wonderful listener. [The Elder] speaks from her heart and her experience. I think she is seen as a grandmother figure. She really creates a bridging system between different populations ... because our program doesn't only incorporate Native offenders, it also is open to the rest of the population as well." (Therapist)

"As well as understanding history, she also really encourages people to look at the opportunities that are available and not to remain in a victim role but to become a survivor and a warrior of sorts in both the traditional and non-traditional way. She encourages people to become the best that they can be and stand up for the values that are both traditional and new because she's somebody who seems to be moving with the times as well. She's not staying fixed in a traditional position, although she's very connected to tradition. She's also a good person to ask questions about things like pipe ceremonies, the meaning behind some of the uses of different roots and herbs, and all that sort of thing. She's a really good teacher of traditional living." (Therapist)

One therapist noted that the role of the Elder varied depending on the individual personality and ability of the Elder. This was a significant observation as Elders are certainly not a homogenous group, either in terms of their personalities or the skills/gifts that they bring to their healing work. As a result, the role of an Elder will be, to some extent, defined by their character and ability.

"[The role of the Elder] very much depends on the Elders themselves. Like our present Elder, for example ... I found his presentation in groups was invaluable because of the person he was, as well as [because of] the Aboriginal part of things." (Therapist)

Adjunct Healing

As mentioned previously, some therapists did identify the role of the Elder as providing separate but complimentary treatment or healing. These therapists either saw the Elders as approaching similar issues with the offenders from different perspectives, or they saw them as addressing separate, but related, issues of health and general psychological well being. In these cases, typically, the therapists saw the work that the Elders did as supporting and facilitating the specific sex offender treatment that they were providing in a separate setting.

"Where I find that it's integrated even more is when one of the offenders who participates in the Aboriginal programming or has been working with the Elder then comes to their disclosure groups, or lets say when they're building their cycle or specifically working their relapse [prevention plan], and they talk about their new coping strategies. Historically, maybe they would say, 'I would go to an AA meeting', but now their relapse plan has Aboriginal programming/spirituality [as part of it]. [This is a support] that they wouldn't have otherwise had." (Therapist)

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"[The Elder] works as a healer there. I think it's to assist the guys to open up about their offences, to open up rather than keep the secrets which very much are characteristic [of what] led up to the offences." (Therapist)

Evaluation and Consultation

Particularly among those therapists that saw the Elder's role as a cultural liaison or connection, there was an indication that the Elder can and should play an important role in the evaluation of offenders. Therapists were aware that the Elders would likely see different behaviours and attitudes when alone with the offenders than they themselves would see in contemporary treatment. There is also a growing awareness that Aboriginal culture and experience shapes behaviour in such a way that non-Aboriginal therapists may not always be effective at evaluating change and progress.

"[The Elders] sometimes prepare presentations for parole board hearings, and they give us feedback." (Therapist)

"He, [the Elder], will also give us evaluations of the offenders who are participating in his ceremonies outside on ETA's*, so that we get a sense of where the guys are going. If he has any concerns, we also do consultation with each other once in a while. At the very end of the program he has input into the evaluation process in terms of what he thinks, how far the offender had moved in the program and, as well, what he would recommend for the person." (Therapist)

Elders also saw a role for themselves in providing consultation and for being part of the assessment process. In this regard, Elders expressed some concern about how some non-Aboriginal clinicians may misunderstand, and as a result misinterpret and misrepresent, Aboriginal offenders as a result of their limited knowledge and sensitivity to cultural issues and in some cases as a result of not attempting to understand the problems presented by Aboriginal offenders. One Elder related:

"[There was an inmate], this man was introverted, he was illiterate, and he had a problem concentrating. This psychologist came in, read the report, and interviewed the guy; the guy went up for a parole hearing a couple of times and he never got out; he never made parole. This other psychologist came in, but he also follows the spiritual ways, he checked the man out—the man had a hearing problem. So of course you would be introverted and you wouldn't pay attention because you can't hear. Also, he needed glasses. He wasn't illiterate, but nobody took the time to check him out." (Elder)

Community Liaison

The role of Elders in the provision of Escorted Temporary Absences (ETA's) varied from prison to prison; in some cases they were more active and in some cases less. Generally, Elders felt very strongly about the importance of ETA's for the purposes of exposing offenders to community contacts and ceremonial events and healing outside of prison. Institutional support of such ETA's varied. Most therapists saw tremendous value in these experiences. Therapists saw the Elder's facilitation of community contact and the use of ETA's as an important step in developing support networks for offenders and for preparing them for release.

* ETA - Escorted Temporary Absence

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"The other area where I find they are invaluable is the ETA program and to assist the guys to actually get out into the community and practice some of the things that they are teaching within the institution." (Therapist)

"He also tries to establish contacts in the community with the offenders so that when they get released they have something out in the community. So, for example, if the offender tells him that I'm from 'this reserve', he will then go and contact the community members so that he can try to establish employment for the individual or [identify] how the community feels about this offender coming back into that community. So he establishes the ties for the offender as well." (Therapist)

Aboriginal Program Providers' Perceptions of the Role of Elders

The Aboriginal program providers' comments on the role of the Elder revealed a number of interesting issues. Since Aboriginal program providers are intentionally hired for their ability to deliver both contemporary and traditional programs, it became clear that they had differing skills and roles than the Elders they worked with. What this revealed, however, was that the programs that only had Elders involved, and not Aboriginal program providers, were making demands of Elders that would more appropriately suit the skills and abilities of an Aboriginal program provider.

Where Elders and Aboriginal program providers worked together, the Elders were seen as having a simpler and more culturally-defined role as a healer and source of traditional wisdom. Nevertheless, the Elder's role was still primarily to assist in the delivery of sex offender treatment models.

"Since the Elder joined the group we will always look to the Elder if we are dealing with something. Whether as an individual or as a group, we look to the Elder to find the teaching that is appropriate to sum up what is going on and it has been really effective." (Aboriginal program provider)

"The Aboriginals will look to the Elder to provide the traditional teaching that is in sync with the contemporary piece, and so far so good. They have really been receptive." (Aboriginal program provider)

3. Working Together: Elders and Therapists

A primary issue in providing blended or concurrent approaches involves successful co-operation and communication between Elders and therapists. Regardless of the program structure, an ideal approach to the treatment of Aboriginal sex offenders is one that is able to maximize and benefit from the skill and abilities of both traditional healers and contemporary therapists.

"As a visiting Elder was saying when he came here, 'Everyone has something to contribute, everybody here.' We need to look at striving to see we're all here for the same reason and that is a safer community with no more victims and the side effect of that is these guys finding their way on a healthier path and realizing their healthier potentials." (Therapist)

It became readily apparent over the course of this research project that there was a direct association between successful co-operative partnerships and the degree of program success. While all of the programs demonstrated the ability to benefit the participating offenders, the stronger programs that generated the most positive feedback

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from Elders, therapists, and offenders alike were those that featured comfortable and open relationships between Elders, Aboriginal program providers and therapists. Therapists and Aboriginal program providers who identified experiencing problems in the delivery of Aboriginal sex offender programs tended to identify poor communication as the primary factor contributing to program and personnel problems.

"I think communication is really important and something in this area that has been lacking is communication between the psychologist and I." (Aboriginal program provider)

Because of the importance of working relationships and the association between a strong team approach and a successful program, Elders, therapists and Aboriginal program providers were asked: about the importance of working co-operatively; the way in which they structure their time or programs to connect (either formally or informally); the type of areas they tend to dialogue about; the quality of their working relationships, and; finally, about factors that interfere with developing and maintaining positive working relationships.

The Importance of Co-operative Working Relationships

The therapists, Aboriginal program providers and Elders that were involved in successful programs and delivery teams were all aware of the importance of good communication and co-operation. In fact, the therapists, Elders and Aboriginal program providers who maintained positive working relationships asserted that having a co-operative team is as critical to program success as the program approach itself. Therapists offered a number of comments in this regard:

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

"Interdisciplinary teams are essential, especially in an environment like an institution where there's so many different groups involved, with people providing different feedback. If we can't come together as a team it's unrealistic to expect that somebody's going to get a consistent message and be able to develop something lasting for themselves, [especially] when they're being bombarded from so many different directions." (Therapist)

"Oh yes, I think [co-operation] is really valuable. Everyone has their part they offer in the team or towards the treatment of the offender." (Therapist)

Many Elders felt that co-operation was essential both because of the complexity of some of the offenders' needs and to ensure that offenders received fair, responsible and holistic care.

"We really have to stay in touch to work with these guys." (Elder)

Frequency of Contact

The frequency of contact between therapists and Elders depended on the style of the program, the nature of the institutional requirements, and, significantly, on the quality of the relationship between the Elder and therapist.

The most common approach to contact was informal and on an "as needed" basis. There were, however, some programs that utilized both informal contacts and more formal clinical meetings. There was little apparent

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distinction between the effectiveness of formal versus informal meetings. Regular contact, however organized, was common to strong programs and effective Elder-therapist relationships.

Therapists offered the following comments about the type and frequency of their contacts with Elders.

"Yes, [we meet regularly] although we do it, I guess, in a traditional Native way in a sense that we don't plan specific meeting times and that sort of thing, but we're very involved in each other's work and we see each other regularly. Of course, we do our group process and then we usually talk before and after in terms of planning, but I think we're both sort of believers in how we approach things and open about that so there's never really a difficulty in terms of deciding who's going to do what." (Therapist)

"It's more informal, although team meetings are one of the ways where we would meet, especially if, let's say, the offenders that they are working with are up for team meetings, then they tend to be there more. If there are people coming up for team meetings, where they really have no knowledge or they haven't been working with them, then they may not come to those team meetings." (Therapist)

"It's more spontaneous: if we have a problem, if he has a problem, if he sees that he needs to change things or whatever, he'll come and talk. The only set thing that we have, for myself as a psychologist, at the very end of the program, is getting an evaluation on how he feels each offender did on their progress. Other than that, he talks to the facilitators on a daily basis." (Therapist)

"We have started a formal clinical supervision here in prison and we certainly invite at least the Aboriginal program provider and the Elder to come maybe at least every two weeks and give us an update of what is happening and they will be providing us with information about where they are at and how they are going and if there are any needs that they have." (Therapist)

Areas of Dialogue and Exchange

Elders and therapists consulted each other on a range of topics. The areas highlighted in interviews were largely focused on those issues that the therapists bring to the Elder. There were few comments made by anyone on the nature of the Elders' consultations with therapists. This was a difficult result to understand as it was simultaneously implied that Elders generally consulted with therapists more than the other way around, yet there was a common sense that Elders did not feel comfortable consulting with therapists. While this is not a certain conclusion, it appeared that Elders consulted with therapists mostly because they were generally less experienced in sex offender treatment and in institutional programming, and because they were often accountable to the therapists supervising the sex offender program.

The therapists consulted the Elders on a few common issues. These included: treatment planning, troubleshooting, cultural issues relevant to the treatment process, evaluating treatment/healing gains, and release planning and community contacts.

Treatment Planning

Therapists reported consulting Elders to assist in the case planning and treatment planning of offenders. Elders identified areas for treatment/healing as well as potential ways of addressing the offender's problem areas.

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Therapists, Elders and Aboriginal program providers believed that consultation for treatment planning was an important part of a co-operative approach.

"Initially, when the guys first come in at 30 days, cases are presented and we (the therapists and the Elder) try and get together a plan and say, 'Okay, these are the groups. This is what the offender will be involved in.' That sort of thing. Ideas are originated [by] the Elder coming and saying, 'I think in this guy's treatment, this is what he needs to know.' We would talk and either agree or disagree and, if yes, [figure out] how to go about doing that." (Therapist)

"[We discuss] how we could help the inmate—we usually pick an inmate [and discuss] how we can help this inmate together and what would work better on these offenders." (Aboriginal program provider)

"We talk about the best ways to deal with guys to help them." (Elder)

"We are involved in part of their correctional plan when it's put in their correctional plan that they have to spend time with an Elder." (Elder)

Trouble-shooting

Therapists appeared to consult with Elders when there were specific cases of crisis situations with Aboriginal offenders, when there were difficult or challenging clients, or if there were specific issues better addressed by an Aboriginal person.

"If there is a situation or crisis, we're sometimes brought in to talk to the fellows." (Elder)

"[The therapists] usually refer somebody that they feel has a lot of problems and somebody that they can't seem to reach. They figure that we can reach them, talk to them." (Elder)

"I have asked the Elders if it would be possible to meet with a specific offender to discuss a specific concern. For instance, we have had an individual who had been abused by the residential school experience and they are not comfortable with disclosing that within group or discussing that with myself, being a non-Aboriginal, and sometimes maybe an Elder can ... work on that issue with the guy that needs help." (Therapist)

Cultural Awareness and Therapeutic Effectiveness

For all the therapists interviewed the Elder was seen as a source of cultural education. There was, however, a range in clinicians' willingness, and comfort, to consult with and rely on Elders for this information. Not all therapists appeared to feel comfortable consulting the Elder, and some demonstrated a reluctance to rely on one individual for critical cultural opinions. In some cases the Aboriginal program provider provided the vital link between the therapists and the Elder.

"It is hard for [non-Native] people to understand this. Like for myself, I grew up on a reserve, I know what life is like on a reserve. Like, I know first hand, but when I try to explain that to people, they don't have a clue because we are supposed to be all the same." (Aboriginal program provider)

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Nevertheless, culture-related questions were one of the most common reasons for therapists to approach Elders. Consulting about cultural issues was largely identified as being related to enhancing the therapeutic process. This included being aware of cultural issues to avoid manipulation, to enhance trust, and to further develop a therapeutic relationship. In some cases clinicians wanted to learn more about cultural issues to refine their own clinical skills.

"[My questions] would be culture-related because I'm still learning about the culture and I'm always on the alert for what is actually culture and what is a facade. I believe that the Elders have to feel that they are on the same team as the facilitator and if they don't feel that way then they back up all the facades ... and everything or anything can become cultural. Then it automatically is something the facilitator doesn't understand; so I get put down a level and they are raised up because they know more culture than I do." (Therapist)

"When trust isn't there, because I'm white and they're Native, then I need some assistance in dissolving that trust barrier and it's very, very hard to say what does that, what accomplishes that, because it's a way of talking—it might be just a change in tone of voice [or] it may be an indirect reference to something that's traditional and Native—and they'll say, 'Oh, maybe this guy is respectful of these things.'" (Therapist)

"When I approach an Elder ... sometimes it's for a specific piece of information, but much more often it's in this interaction [that I ask] 'How can I change as a person ... so that when I take that change back into the therapy it's effective?'" (Therapist)

The single most common reason for Elders to be consulted and involved in treatment was in regards to improving treatment delivery through bringing a cultural perspective, either in specific individual cases or in the overall program.

"[I consult the Elder] more often dealing with a particular individual and if they're working with me with that individual then we'll talk about the person and if they're not, then I can talk about it anonymously. But, basically, consulting them [about] how to deal with somebody who's coming across this way and you want to connect with them or get them connected to their own roots, their own culture heritage, and what would help there." (Therapist)

"We might identify issues of concern. [The Elder] may have a conversation with someone where certain issues are identified that she has some concerns about. It may even be more along the lines of, say, an emotional state. She may notice that somebody's down, or maybe not coping, and may have some idea that there's been something happening within the family system, as an example. So she may talk to me about that, both of us knowing that person is going to be in the group in the afternoon, or whatever, so we'll talk about how we can best give some assistance. We will usually talk openly with that person and ask if they need some time to talk. Also, it gives us different ways of focusing based on the theme that we're going to cover for that particular day so we can usually make some kind of a connection. So we take the pieces of the puzzle that we have, put them together and then, from that perspective, try and come up with the most respectful healing orientation that we can provide in whatever contact we're going to have, whether it's in the group, in a meeting, or whatever's been arranged." (Therapist)

"We discuss different clients and what we see, what happened in group, we talk about it and he understands." (Elder)

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"[I would talk about] the thinking errors, the distortions, the ways people are behaving in group. I would like to know what the Elder sees as well and if we could talk back and forth about that." (Therapist)

Evaluation

Therapists will consult with Elders as they attempt to determine the treatment gains made by individuals in the Aboriginal sex offender treatment program. Elders are asked about how they perceive the individual's treatment gains and for their recommendations about the offender's ongoing treatment/healing needs.

"[We will] talk about progress and treatment and where he goes from here." (Therapist)

"When we're trying to evaluate how somebody is doing, we go and ask for their input."
(Therapist)

Release Planning and Community Contact

The Elders' role in release planning and re-connecting offenders with their home communities was highlighted as a significant role and, as a result, sex offender therapists often consulted with Elders about the release planning process and about community contact.

"[The Elder] was one of the first liaisons between the community treatment program and the penitentiary." (Therapist)

"When we are trying to make plans to get people back into the community, the Elders do the liaison work for us." (Therapist)

"The Elders usually have a better idea about what is available as far as resources in that specific community and what fits about lifestyle issues or what has been happening with perhaps abuse in that community. [The Elders help to determine if] it makes sense for that individual to remain in the city, or should they go back at this point to their home reserve if it's a reserve Aboriginal offender." (Therapist)

Working Relationships

Not all therapists and Elders were able to maintain regular contact or ideal relationships. This seemed to be the result of a variety of factors which shaped the relationships between facilitators, including program style, personalities, administrative protocol, and program history.

Despite the natural complexity of co-operative, cross-cultural treatment, most therapists and Elders saw the importance of working together, and the majority of them described positive experiences in this regard. There were several important themes that emerged in considering why it was important to have strong working relationships. Therapists, Elders and Aboriginal program providers alike stated that positive relationships are mutually beneficial in that there is reciprocal learning. It was clear that for this to occur there needed to be a fairly high degree of openness on the part of the treatment providers and healers and an absence of territoriality.

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"[The psychologist and I], we always share. He'll ask me different questions too, and I also ask him different questions. He's helping me and I'm helping him understand better." (Elder)

"Historically, a psychologist and an Elder come from two different points of view and part of what we do is try to make those roles closer together through our teachings and say, 'These are paths that are probably never going to cross but our job is to make them run as closely as they can and be parallel at the same time.'" (Aboriginal program provider)

"I really like working with the Elder. I know what he's doing and I know sort of where he's coming from so I don't have to ask him lots of questions and have him give me a lot of answers. With the psychologists ... I don't really have trouble with the psychologists per se, but I find I'd like the psychologist to have an understanding of Native history and sometimes I find that's not always the case." (Aboriginal program provider)

"[If] we can learn how to share ... a little bit more among each other, both on a professional level and a client-to-therapist basis, then I think everyone will benefit, but I can see where that challenge would be. Not everybody is open-minded about programming, least of all about sharing different traditions. I'm a fairly non-traditional person, so I'm very open to all kinds of healing orientations. Some people have very clear, specific opinions about that and wouldn't feel as comfortable welcoming some new programming and new initiatives that are being developed now but that's going to be part of their learning process too." (Therapist)

"I try to meet them half way, try and be as understanding as I can be. I'm not educated, but I try. I do my best and I get along with them. I don't feel ill-at-ease about them." (Elder)

"As I work with [the Elders] my own knowledge base increases." (Therapist)

"Well, we have to feel good about working together. Out there, in society, there are a lot of differences [in] race, but there is a way. In order to work together we have to understand each other. There are other ways. There isn't only one way." (Elder)

"We were very fortunate because, like I said before, we gave each other the opportunity to make sense of belief and value systems and approaches and professionalism and all that and in doing so we started off as a team. There was no territoriality involved. There was no competition or a sense of someone having the right answer and the other person not having the right answer.... We all had something to give and we were just put all together and gave it." (Therapist)

"[As therapists], we question what we don't know and most of us don't take the time to get to know what we need to know to make those kinds of judgements. So I think a lot of people are afraid of Native traditional healing orientations, mostly out of ignorance because they don't know what it's about and are from another cultural perspective. We each find our way to do the things we need to do to heal, and the more open you are, the more you see the connectedness rather than the uniqueness in those." (Therapist)

"The Elder was certainly very supportive of a blended approach so that was very useful for [this inmate] to be able to utilize resources, not only within his culture, but to use other resources." (Therapist)

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"[Working with the Elder has] just been a tremendous gift for me because we're all soul-searching and looking for change in our own way and these people come from amazing traditions and they have amazingly well-organized healing systems as well. Like, the Elders meetings that they have, the traditional rituals that are done in terms of healing from loss and working through family problems is phenomenal, and I think the more that there is a move back to that place, it's really a move forward into more healthy lifestyle choices." (Therapist)

"I get along with everyone here pretty good. We have to work as a team in order to help these guys. We can't put other things in front of us or we'll never get along." (Elder)

"I feel very good about [working co-operatively] ... I don't see myself as inferior to psychologists or psychiatrists. Nor do I feel superior." (Elder)

"We see a good communication happening between us. We don't get a sense of competitiveness." (Elder)

Therapists and Elders identified similar elements that contributed to good working relationships. They noted that it was important that there be openness, communication, a willingness to learn from one another, and a sense that they are being supported by the other members of the treatment team. This feeling of being supported was another critical component of healthy and positive Elder-therapist relationships.

"The other thing that is part of our strength as a team is that we can support each other. The people and the problems that we're dealing with in this environment are not of a simple and uncomplex nature: they are the exact opposite of that. We are dealing with long-term histories of some of the most difficult and challenging problems that people have to work with so, if we can't depend on each other for support and feedback at times, then it's pretty hard to meet the energy required to stay on top of those things.... We can each share our own creative solutions to different situations and feel out new situations and provide feedback on that so we are not walking the system of healing alone, which is more in keeping with what we're asking other people to do. That's what treatment is about. It's about recognizing that we don't have all the answers, that we need to expand that system." (Therapist)

Programs in which there was support for each of the members of the sex offender treatment team demonstrated a greater level of strength and success in their programming. While the issue of support was presented as important by both Elders and therapists, there appeared to be a difference in the type and level of support that Elders and therapists wanted and received. In some cases Elders felt that they were not supported enough by the therapists in the sex offender programs or by the institution. In the situations where Elders received adequate support, there was a far greater level of satisfaction with their work.

Difficulties in Developing Working Relationships

As discussed above, the complexity of co-operative, cross-cultural treatment creates a range of opportunities for conflict. One therapist noted that cultural conflicts were naturally an area of concern that at times generated problems for both the Elder and the therapists.

"It's difficult for the Elder to come into a well-organized, formal system that's been around for a lot of years and feel comfortable and accepted because there are those who maybe aren't

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strongly supportive of traditional Native orientations, usually out of ignorance I might add."
(Therapist)

Most Elders were realistic about this fact and attempted to work with the prison setting rather than against it. The responsiveness of institutions to the needs of Elders varied. This was also the case in regards to the treatment of Elders by therapists.

"I find that it varies. I guess because we're all human ... [there] are some [therapists] who respond very well to what we are doing and try to work with us and there are some treatment providers who don't respond at all. So if you look at ... how we get responses or the involvement we have, it varies from person to person and time to time." (Elder)

Cultural conflicts affected both Aboriginal and non-Aboriginal staff in negative ways at times. In discussions with Elders it was evident that therapists might not always understand traditional customs or approaches. It seemed that a by-product of conflict or the lack of understanding between cultures often led to less contact.

"If we felt more welcome, we would spend more time there. When you walk into a room and you feel like you're intruding, then you tend not to want to be there. That's the feeling we get. That's the response we get." (Elder)

"We don't impose ourselves on anyone. We do inform them that we're around and we're here to help if they need help." (Elder)

At times the conflict and distance came from the therapist's position that the ideal circumstance for co-operation would involve the Elder's ability to comply with sex offender treatment standards and to fit into their treatment approach.

"As long as they understood the co-facilitation role, I would feel very comfortable." (Therapist)

In a few rare cases programs had experienced severe breakdowns in communication between therapists and Elders.

"I hear nothing. I am told nothing." (Elder)

"No, [we do not meet]. At first we tried and then it just didn't work out anymore. It was to the point where I was feeling like I was pulling on her arm and saying, 'Well, we need to have our time to debrief. There is something I want to discuss,' and it wasn't happening. When there were offenders around, that's where the Elder would go or she would want to speak in front of an inmate and that just isn't happening so our debriefing times went out the window. Sometimes we would end up talking in the parking lot, walking to the parking lot, in the front of the parking lot, or occasionally at lunch." (Therapist)

"I had attempted to approach the Elders. They have given some information but not very much." (Therapist)

In reviewing and considering both critical and minor co-operative problems, two central themes emerged: (1) conflict seemed to originate by virtue of individual personalities; and (2) personality conflicts became exacerbated by and transposed onto cultural issues. In many cases, therapist/Elder conflicts were presented as cultural issues of incompatibility and even racism (both Euro-centric and Aboriginal-centric). Upon closer study and discussion,

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these conflicts appeared to have primary roots in individual issues arising from personality conflicts rather than cultural conflicts.

Individual Personalities

Individual personalities were most often at the source of co-operation conflicts and problems. It is interesting that while most therapists and Elders speculated that culture was the source of conflict, many interview subjects inadvertently made comments that supported the notion that culture was merely the battleground for individual agendas and issues.

"I believe they are effective if both people are healthy and cognizant of what is going on, yes. I think they can work then." (Therapist)

"... with this psychologist, I know he is spiritual, that's why I wanted to work with him. I know he understands, plus he participates with us." (Elder)

"The Elder needs to be very healthy and approachable, and very flexible." (Therapist)

"I just feel more welcome with [some therapists] than I do with others and I guess it goes back to just individual persons." (Elder)

Individual personalities were essential to the effectiveness or lack of effectiveness of a co-operative Elder-therapist relationship. This factor points to the importance of careful selection and consideration when people are being hired to work in blended treatment approaches. A mutual respect for both Aboriginal and contemporary approaches needs to be present, in addition to a clear understanding of roles and, most importantly, a willingness to be open and co-operative.

"Everybody has to be part of the solution. If we shuffle it off and say, 'Well that's not my job, that's your job. That's your solution. That's part of your thing.' ... We have to work together. Part of the other problem ... is that some disciplines don't accept us. We're part of the family, but we're not quite there and yet that has to be dealt with. I'm trying to become part of the solution and it's a lot of hard work, but it has to happen." (Elder)

4. Traditional Approaches to the Treatment of Sex Offenders

Although traditional or blended approaches to sex offender treatment are becoming common in the Prairie Region, there is still a great deal of uncertainty among administrators and therapists about exactly what traditional healing is and what its role can be in sex offender treatment.

There is a definite need to better understand traditional approaches to sex offender treatment and to identify the common traditional practices being used. This information is necessary for internal and comparative evaluations of sex offender programs and the better facilitation of Aboriginal content.

This section aims to present an overview of some of the traditional approaches that are being used in the treatment of Aboriginal sex offenders. In addition, this section will emphasize the central themes addressed through ceremony while highlighting sex offender-specific components.

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Importance of Spirituality in Traditional Healing

The most distinct element of Aboriginal programming is its uses of, and orientation in, traditional spirituality. When asked about the style and primary focus of traditional healing, all the Elders asserted that spiritual health and healing was central. Not only did Elders maintain that spiritual health was intrinsic to sex 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.

"Spirituality is the foundation of everything and I don't care what colour you are. I've seen many, many people [with] good jobs, good money, [but] very sad people because they don't know what's missing in their life, because they are not feeling their spirit. As soon as they find their spirituality, their whole lives change and [they become] that kind, respectful, honest, sharing person; so, walking hand-in-hand, to me spirituality is the foundation." (Elder)

"Without that understanding of your spirituality, of your basis, your connection, your relationship with God or Creator, you're going to fall down." (Elder)

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

"... to take care of [their] spirit and that's the basis of our work: to work with the spirit." (Elder)

"When one person assaults another person in a sexual act, really what they are attacking is the spirit of that person. When they kill the spirit, or damage the spirit of that person, that person will live but have a life with no meaning. That person will act out violently because that spirit has been damaged." (Elder)

"Human beings without ceremony have no meaning. We need ceremony to live." (Elder)

"We try to help these offenders ... change their behaviour, their thinking and their lifestyle to one that is more positive and proactive. We believe this can happen first of all through healing, healing the spirit." (Elder)

Faith and a healthy understanding of, and relationship to, the spiritual world were seen as vital elements of healing and general health. Elders maintained that an individual could not effectively heal their problems as a sex offender, or other problems, if they were not also addressing their spiritual needs. Spirituality was seen as foundational and that it could provide the necessary personal strength, confidence and hope for individuals to recover from personal trauma and change life-style patterns and unhealthy behaviours.

Central Goals of Traditional Healing in Sex Offender Treatment

Elders and Aboriginal program providers were both asked to identify the central goals and elements of the traditional healing component of sex offender programming. It was interesting to note the contrast between the goals identified by the Elders and the perceptions therapists maintained about the Elders' role. As noted previously, therapists commonly felt that Elders were primarily involved to provide cultural education and cultural adaptation for treatment delivery. All of the goals of the Elders, however, were directed towards healing; even cultural education was only seen as relevant in so far as it provided offenders a therapeutic understanding of

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identity and family. For example, cultural education was seen as creating a form of community support and personal resource:

"I think the main ... traditional goals [are] to have guys relearn their culture, to relearn respect and also so that they won't re-offend, so that they will find something besides offending in the community." (Aboriginal program provider)

The Elders and Aboriginal program providers saw their roles as proactive and therapeutically oriented. In reviewing the primary healing goals identified by Elders, several key themes emerged that were common to the comments of all those interviewed. Elders and Aboriginal program providers identified healing as needing to attend to and address a broad spectrum of issues, including identity issues, restoring balance, individual empowerment, creating a sense of hope and a positive attitude, building relationships, sex education, enhancing honesty and accountability, moving toward forgiveness, carrying on traditional teachings, risk reduction, and release planning and preparation.

Clearly these goals of healing are far broader than simply focusing on cultural education or the utilization of traditional teachings and ceremonies as a means to make a cognitive-behavioural sex offender treatment program more meaningful for Aboriginal offenders. While there is some overlap in the treatment goals identified by Elders and healers and those targeted by therapists in sex offender treatment programs, there were some differences in the priority given to some of these treatment goals and in the approach used to address certain areas.

Identity

Elders felt that, for many of the offenders, a lack of self-knowledge, self-respect, and pride were significant factors contributing to criminal behaviour. As a result, they saw a need to attend to identity issues so that offenders could come to terms with themselves and develop a sense of self-acceptance which they felt would lead to a greater sense of self-pride and respect. The ultimate result of this would be that offenders would no longer feel a need to act out their sense of inadequacy, pain, and disconnectedness and would no longer have a desire to harm others. Elders believed that a person who understands their heritage and their spiritual role in life as an Aboriginal will be less likely to re-offend.


"We got to show them who they are, help them find out who they are, so that they can have some respect for themselves and others, and then find themselves so they can heal inside and out, and so they can learn to fit into their own culture, in their own way of life so that they can have an understanding about who they are." (Elder)

"A lot of these guys, before they came here, they didn't know who they were. That's the biggest confusion: where they came from." (Elder)

"What I see is we're providing them with a positive identity, and that's been my experience working or learning in a traditional area." (Aboriginal program provider)

"[We need to] teach them enough about themselves so they don't feel that they need to make these choices. They recognize that it's not a good choice to hurt themselves; it's not a good choice to hurt other people. [We need] to instill in these individuals that it's not just us that has to take a stand on sexual offending, they have to take a stand as well. They have to say, 'I'm not going to hurt others anymore and I'm not going to hurt myself and when I see someone else doing it, I know how to step in and I know what to say.'" (Aboriginal program provider)

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Holism: Restoring Balance

In keeping with Aboriginal philosophies of holism and the four areas of the self, Elders and Aboriginal program providers felt that it was necessary to address all the areas of the individual in treatment. While some therapists suggested that Elders should focus on spiritual or cultural issues, Elders maintained that it was their duty to be aware of, and potentially to address, all areas of an individual's healing.

"[Our goal is] getting them to start walking in balance, looking at the four areas of themselves: the mental, spiritual, emotional, and physical. Then they are walking in balance." (Elder)

"Where Native spirituality is concerned in the healing process, it's done holistically. You take a look at the healing circle, the wellness circle. You got your four—your emotional, mental, physical and spiritual. We deal with all of those, maybe one at a time." (Elder)

"When they are ready to heal, when they are ready to let go, they'll know how to do it in the proper way and they'll know how to use their mind, their heart and their spirit in a good way." (Elder)

"We start from the beginning and go through everything in their life, all the abuse and all the confusion." (Elder)

"Part of the goals [are] to assist this individual to heal, to grow, to expand his knowledge, to come up with a better way of living, to forgive, to look at the extended family, to look at his immediate family as part of that world and to help him come up with a plan that can be helpful to them when they get out." (Elder)

"I even started to broaden my understanding of what is traditional, and I think it's not just teaching and ceremonies. It's looking at inter-generational, partly our history and how that fits. What I suggested in the program we're with: let's try to, yes, give them values and beliefs from a traditional sense, but they also have to live in this time too.... Let's look at the types of families that we come from, how were we shaped, looking at residential schools as a big part of our history ... we are looking at the four aspects of who we are..." (Aboriginal program provider)

Individual Empowerment

Elders and Aboriginal program providers felt strongly that it was critical in healing to empower individuals through respect, honouring individual personalities, and treating the offenders as equals. Individual empowerment was important as a goal of healing as it was a means of having offenders accept personal responsibility for both their behaviour and for changing their lives. As well, Elders described the experience of being honoured as an individual as therapeutic in itself, as this approach further facilitated the development of self-respect and pride.

In moving towards individual empowerment, Elders were clear that the offenders they worked with needed to be treated as individuals, as it was only through this approach that they would maximize their healing and develop their personal strengths.

"[They] are not all the same. We all have separate journeys." (Elder)

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"Everybody tells them what they should do to heal themselves. Nobody ever asks them what they think is better for them." (Elder)

"We have to listen to them too." (Elder)

"[Treating them as individuals] helps with their respect of us and for respect to them. I don't think we're here to control their behaviour; we're here to try to teach them to control their own behaviour. And if they don't start it here, how are they going to do it on the street?"
(Aboriginal program provider)

"Some of them come in here thinking, 'The Elder is going to change me.' You can't change people; they have to change themselves." (Elder)

"They're adults. You have your own control, self-control, so we try to stress their own respect and their own self-control." (Aboriginal program provider)

"What we're actually trying to teach people is to be empowered and to learn that you can change because you decide you can change, and once you change, once you work on the healing, you can help somebody else and some of these people are going to eventually lead."
(Aboriginal program provider)

Racism

Aboriginal-specific experiences of racism and collective oppression constituted another common component that Elders felt was a part of their role to address in the healing process. Life-long experiences of discrimination and socialized racism were perceived to be important factors relevant to treatment and related to offenders' experiences of victimization, loss of identity, and the development of anger and shame-based life styles.

"A lot of them have to deal with the shame of being a Native person because there are a lot of religions out there, especially in our Northern communities, they really put us down—what we do in our spiritual way." (Elder)

"A lot of it has to do with respect and working together and how to find healing because some people have so much guilt and shame, you know, just growing up as a Native person. A lot of them were put down on account of that and they have shame for that, and it seems they can't fit anywhere." (Elder)

Hope and A Positive Attitude

Facilitating a sense of hope and a positive attitude were extremely common treatment/healing goals among Elders and Aboriginal program providers. These qualities were seen as developing in response to spiritual teachings. Developing hope was also viewed as necessary in order to foster a commitment and openness to the treatment/healing process among offenders. Elders also identified these as important areas for healing as they believed that a sense of hopelessness and negative thinking patterns were contributing factors to offending behaviour.

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"The Creator only made good things and what we have to do is teach these men that they have good feelings inside, they have good thoughts inside them, and how to deal with them and not to be ashamed of them." (Elder)

"One of the other things that happens as a result of what we do is try to give them some positive role model as well." (Aboriginal program provider)

Healthy Relationships

Traditional approaches placed a heavy emphasis on teaching the offenders about healthy relationships in terms of family, community and respect for all people and things. As will be further discussed in the section on delivery style, Elders felt that demonstrating and educating the importance of good relationships was an important goal. There was a common perception that a better sense of relationships could correct the distorted thinking patterns that contribute to sexual offending behaviour and could also resolve some of the emotional precursors to offending as well.

"One of the major goals that we try to show them is to find out about themselves, how they relate to Mother Earth and ... the circle of life that they're living, how they can heal in this circle." (Elder)

"[The central goals are] to make them well, to have a good attitude with people and their surroundings, to have respect for themselves so they can respect other people." (Elder)

Sex Education

As discussed in the earlier section on contributing factors, Elders saw a lack of proper sexual education as an important issue related to sexual offending behaviour. The majority of Elders and Aboriginal program providers saw providing traditional teachings on sexual education as an important goal in the treatment of sexual offenders.

"The way a traditional community might have handled their children years ago, they would have had preparations for these young people, they would have ceremonies to prepare them for that understanding of sexuality in their life, of being with a partner. They would have to go through puberty ceremonies to enable them to act responsibly towards the opposite sex." (Elder)

"Oh, I remember when I was that age, nobody would tell us anything. It was a secret. A lot of misconceptions on sex sort of came if they were offended against when they were 7 or 8 years old. That sort of gives them the thinking that, "Well, adults did it, I can do it." It sort of distorts their thinking and, because sex has always had such a secret, it also gives them that." (Aboriginal program provider)

Through teachings, Elders try to help offenders develop healthy attitudes towards sex and sexuality.

Disclosure: Honesty and Accountability

Enhancing an offender's level of honesty and accountability is typically a significant component of any sex offender treatment program. In most programs, this process is particularly emphasized in relation to disclosures.

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The disclosure process varies from program to program, but typically involves the offender providing a full account of his current sexual offence or sexual offending history. The goal of the disclosure process is to have the offender enhance their level of self-disclosure, honesty and accountability for their offending over time.

Elders and Aboriginal program providers tend to think about and approach the focus on honesty, accountability and disclosure differently than clinicians. Elders indicated that the contemporary approach to disclosure is neither helpful nor healing. This issue creates problems in many programs as the disclosure process is central to most sex offender treatment approaches.

In further investigating Elders' concerns about the process of disclosure, it became apparent that Elders did not contest the function of disclosure but the method of achieving it. Elders believed in the need for offenders to be able to discuss their offences in an emotionally sensitive and honest way, but felt strongly that this process should not be forced. Elders also suggested that there are traditional approaches that more effectively bring about the same goal.

"I've heard fellows say, 'I don't know why I have to keep going to disclosure group,' and I hear a guy being called on this thing over and over again, and they've been made to do that and they say, 'I'm just sick of it. When are they going to let me go? ... When am I going to get beyond this? But I'm being brought back.' ... It repeats itself, so you get burned out. You get people who don't care anymore about programs or about the system." (Elder)

"We believe that if you force somebody to say something when they are not ready, they falsely do it." (Elder)

"You can't force it, otherwise they will lie. They'll hide some of it." (Elder)

"We have our own form of disclosure. We do that in the sweat lodge. We leave it up to the individual to take the opportunity. If they don't, that is up to them. We tell them generally: you won't go very far because you are not dealing with this. Part of their fear is that others in the sweat lodge are going to hear their disclosure and, you know, when our people are facing our own people it's different, instead of them sitting in front of a non-Native person who might be a trained professional, but still a non-Native who they also view as a part of the oppression they felt." (Elder)

"Because one man discloses, or three, in the Sweat, doesn't necessarily mean that everybody will disclose. It seems like the Spirit moves them to: when to disclose, or face their own truth, and you will find that as they are holding the feather and the rock, there is great anguish, remorse and many tears flow." (Elder)

"Once that disclosure is done, we can't go back there. We can't talk about it anymore. We can't bring it up because he has dealt with that. Part of the problem is that they have to go back to the sex offender group and deal with it again, and they come back to us and say: '... I thought I dealt with it and it's in the hands of the Creator now. I've asked for forgiveness and I want to get on with my life.'" (Elder)

"It's very hard to listen to disclosures, but somebody has to listen. They need to tell somebody because it's to end the secret; it's not a secret anymore." (Aboriginal program provider)

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As well, Elders commented on a broader focus related to enhanced disclosure and described the need for offenders to be more forthcoming in all their interactions. The need for overall openness and honesty was viewed as more important than isolating these to offence-specific issues.

Forgiveness

The area of forgiveness is a complicated one in Aboriginal treatment. It was evident through interviews with Aboriginal offenders, Elders and Aboriginal program providers that Aboriginal communities generally have a different relationship to the concept of forgiveness than Euro-Canadian communities do.

In Aboriginal communities there is a distinct sense of interpersonal relationships and a different conceptualization of victimization. In contemporary psychological models offenders are not "entitled" to "ask" for forgiveness from their victims as this is viewed to be a selfish demand. From this perspective it is believed that victims should not be placed in a position where they may feel compelled to meet their offender's desire/need for forgiveness and where they may feel further victimized by this experience. On the other hand, Aboriginal communities, which are extremely small and closely identified (even in dysfunctional settings), still place tremendous importance on the ability for individuals to reconcile and forgive.

"[I would like to hear an inmate say:] 'I want to be able to someday go and sit with my victim and ask for forgiveness from my victim.' That would really tell me and tell others that he is changing his ways." (Elder)

Carrying on Teachings

Since many Aboriginal communities have experienced a loss of their culture and tradition, some Elders saw the healing and education of offenders as vital to community support and healing. Elders often related to the offenders that they had a responsibility to heal and learn their traditions so that they can return to their communities with a purpose: to educate and heal. The concept of "safer communities" and "no more victims" was important in the Elders' work with offenders.

"If these guys can get what we hope for them to get out of this program, then they can go home and teach their relatives and teach their family members about what they have learned here—about respect and how you earn it and how you keep it—so they can help their own families. It is very important that the family unit is healed. If it is not, there is always lots of confusion. So, this is what we try to do, to teach them to help themselves and go and help others." (Elders)

"They have to help themselves so they can help their own people. It's very important." (Elders)

Risk Management

A major area of concern on the part of many therapists has been whether Elders are aware of and feel comfortable addressing issues that are specifically related to reducing risk within traditional healing. Though Elders did not always overtly address risk management in the same way therapists did, interviews and participant-observer evaluations revealed that Elders and Aboriginal program providers did see reducing risk as a central goal in traditional healing. The individual approaches of Elders to reducing risk were varied; however, they all demonstrated that addressing risk was always a factor in the way they delivered traditional teachings and programs.

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"Probably the most important goal of the traditional program is reducing risk." (Aboriginal program provider)

"To keep them out of prison, that's why I am here. To help them stay a free person." (Elder)

"I really encourage the men to go to psychologists and to talk and I encourage them to stay in support groups after they leave, but I look at their healing [in the] long term of stopping re-offending." (Elder)

"What we are hoping for them to do is to not be charged again." (Elder)

"Part of the goal is to help them get out and stay out of these institutions." (Elder)

"We have to eventually lead them back into society to be law-abiding citizens and not to have any more victims out there. Of course I am very concerned. I have a little granddaughter, so if I help release one of these guys and they are going to hurt my little granddaughter—I put myself in someone else's shoes: ... how would I feel?" (Aboriginal program provider)

"I just feel that sometimes these guys can be over-programmed and you lose them. So it leads into risk and recidivism. You're going to see them back even though they have gone through the program because we're only ... dealing with a small percentage [of offenders] and we're dealing with a limited time ... a very limited schedule." (Elder)

Release Planning and Preparation

A major theme identified by Elders and Aboriginal program providers was the importance of men making connections with their home communities and preparing them for the transition home. While all the Elders saw release as an important goal, they did not always have a strong understanding, appreciation of or, in some cases, even have an acceptance for issues and protocols that are part of the release planning/preparation process. For example, there was little understanding of the role of the institutional parole officers in gathering a range of information to determine release planning and little appreciation for the role of treatment evaluations and risk assessment in the release planning process. At times there was also some confusion about, and exception taken to, the determinations made for release planning, e.g. recommendations made for day parole (when an individual would be kept away from their home community), Statutory Release (when the individual would not be considered for an early release) or Detention (when the individual was detained in custody until the termination of his sentence).

Elders themselves were very focused on release planning and viewed this as one of their primary goals. The healing process was to restore balance to the individual so that they could return to their communities and be healthy, safe and carry on the teachings. As well, many Elders did not view incarceration as a healthy or proper response to addressing the inappropriate behaviour of Aboriginal people and, as a result, were eager to see the men make their way back to their communities.

"My goal is for them to all go home and to be out in the free world." (Elder)

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"They're tired here, they're tired from no families, they're tired of the food; and yesterday we talked about 'the system' going into your system, how to get it out when you are free and it's even harder to [get] it out." (Elder)

"[Part of the goal is that,] once they are out, to live a proactive, productive lifestyle. Now I don't know how that can happen because often times these fellows don't have the education, the skills to get a good job, so our role here is to provide them a sense that there are people that care out there in the world, and in these institutions, that want to see them do well." (Elder)

The importance of the Elders' perception of preparing men for returning to their communities is also highlighted in sections identifying the Elders' perception of their role, and in therapists' perception of the Elder as a liaison to home communities.

Delivery Style

Interviews with Aboriginal offenders, Elders and Aboriginal program providers, as well as participant-observer evaluations, revealed that Aboriginal delivery style was equally as important as Aboriginal content. It was apparent that in Aboriginal approaches the delivery of teachings and ceremonies is often demonstrative of the skills and values that are being taught. Aboriginal approaches tended to create a more holistic treatment experience for offenders: one that is more in keeping with Aboriginal learning styles, Aboriginal custom, and language.

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 informality that transcended the institutional protocols ordinarily experienced by offenders. Elders tended to be much more passive and accepting in their delivery of material and their interactions with the offenders.

"They don't have to answer as many questions. It's more when they are ready, it comes."
(Aboriginal program provider)

"Some of these psychologists deal with confronting a person, whereas we have to help them release that or you make them more angry." (Elder)

"The other [Aboriginal program provider] and I, we don't have 'this authority', we sit in that circle and that works too because everybody is comfortable." (Aboriginal program provider)

"You could be demanding and with teaching, but that way walls are built ... right away walls are built and there is a constant battle between the therapists and the offenders. It is better to be part of the group; yes, you are the therapist, your responsibility is to bring these guys back to reality." (Aboriginal program provider)

"We don't interrupt, because that is another way of respecting." (Aboriginal program provider)

"I've noticed that the Elder rarely confronts or challenges. He just offers a teaching or will talk in a 'we.'" (Aboriginal program provider)

"We leave them, we don't force it on them. We just say, 'It's there, it's offered, when you are ready you can take part, and if you don't want to take part, well, we accept that as well.' What I

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find is after awhile I think they see from the individuals that do take part or are learning, they see a positive coming from them, so then they want that positive; they want to know why are they feeling better." (Aboriginal program provider)

One therapist noted this approach by Elders and suggested that it was of great therapeutic value:

"I think that this is where the Native tradition works beautifully in terms of example and connecting itself in very strong and silent ways rather than trying to push. The Elders never push anybody, they invite." (Therapist)

An observation was also made about the positive way in which this approach by Elders is a good balance in blended programs with the role that the therapist may take on.

"There's a real strength in the two of us being there. The Elder represents this common peacefulness ... it's a presence that doesn't require words. Me, being the more talkative part of our duo, I might ask the questions but she is a comforting presence and the things that she says have a tremendously inviting orientation with people that allows them to step past walls that they've built to protect themselves. It allows them to get into a space where they can actually feel at a much deeper level." (Therapist)

Elders' interactions with offenders were usually marked by a very personal style and relationship. Elders and Aboriginal program providers consistently demonstrated a willingness to empathize and identify with offenders and their personal histories.

"You have to really understand about the sickness that they have and then you have to build a trust with them. Then they will be open, they will tell you the truth. Otherwise they won't say nothing." (Elder)

"I try to see where they are coming from.... I know what problems are on reserves.... I try to use a lot of common sense and base things on reality and try to use examples that are real rather than something I just read about; and I find it works." (Aboriginal program provider)

"The Elder in our program, like he talks to them and he sort of uses himself and his family as an example and they seem to grasp to that more." (Aboriginal program provider)

An extension of this more personal relationship with offenders during the healing process is the nurturing role taken on by many Elders. They may present themselves, or be perceived by others, in a grandfather/grandmother or mother/father role. In this regard, where there is teaching and challenging, there is also acceptance, kindness and caring. The relationship is viewed as different and more intimate than a typical therapist-client therapeutic relationship.

"A lot of these guys relate to her [the Elder] like she's their mom; and that's very healing for them because many had very abusive mothers or no mother at all, so some of the anger that they had around that ... melts away and they feel very much respected, and even loved." (Therapist)

One of the key areas stressed by Elders in terms of establishing and maintaining trust is the area of confidentiality. This is a subject that will be explored further in later sections. It was asserted that the respect for

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confidentiality and the protection of confidentiality was a key factor in the Elders' development of trust-based relationships with offenders.

"What goes on in the group stays in the group, whatever they reveal. Sometimes they need to vent and they're not allowed to vent to anybody outside the room. They're afraid they might get written up. They may get annoyed with their parole officer, their case worker, maybe the tone of voice that was used on them, or whatever; whatever they are angry about, they'll come and vent it in group where they know it stays in group. They can truly talk about how they feel and diffuse the anger and then throughout the day they kind of laugh about what happened."
(Elder)

Sex Offender-Specific Elements within the Traditional Healing Approach

Traditional approaches rarely demonstrated an overt inclusion of elements of sex offender-specific treatment. This was evident in the earlier description of the central goals of traditional healing with sex offenders. While in some instances sex offender-specific issues were singled out, Elders generally felt that it was not necessary to directly focus on these issues as they were being addressed through the holistic teachings and ceremonies. However, most Elders related that they do maintain a constant awareness of sex offender issues in their delivery of traditional approaches.

"In our culture, everything is important. You can't just work on one thing on one person because all his cycles—physical, mental, spiritual and emotional—all need to be healed. He is one person but he's got those four parts in his body." (Elder)

"The teachings are all the same. We use them in different ways to help people." (Elder)

"Sexuality is part of it but it's not the main focus in life. Because, generally, what we're talking about here is life when we're talking to these fellows. We're not just talking about that particular area. Certainly that area is central to their being here, but if we only work in that area, then we're not creating that balance.... So we need to cover all the bases, so to speak, in order for us to have ... a place where they can look at their whole life holistically. I think when we approach it that way these other things fall into place, like sexuality falls into place. When we talk about relationships, we are talking about their partners, we're talking about their relationships with their parents, we're talking about their relationships with their community; but when we narrow it down ... to the way they behave with their partners, for example, we can then address things like sexuality, because they themselves bring it up and then they would elaborate and then we would have a chance to address certain areas." (Elder)

Most Elders' view of sex offender-specific treatment was that the healing did not necessarily need to focus on and address the sexual offending behaviour, but did need to focus on and address the root problems that contributed to the individual having committed a sexual crime.

"When we're specific to sex offender programming, we're talking about victimization." (Elder)

"I have to go back to look at where this person came from as a child. Where he was born, what kind of a family was he born into, what his community was like. You have to go back a long way to look at the history of this individual, not just what's on his record, not just what's in his file.... If I know a little bit about [his] family history, then I might determine a part of the pattern, part

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of the things that this individual might have come through. I mean, there are circumstance that contribute towards these individuals being who they are, so that helps determine how we can help them." (Elder)

There was a general feeling on the part of many therapists, including the ones who favoured the traditional approach, that the Elders were not consistently addressing sex offender-specific issues. The Elders' responses during the course of the research interviews and participant-observer sessions suggest that Elders are aware of sex offender issues and do attempt to apply that awareness in healing, however their philosophy, attitude, and approach to healing differs from that of most of the therapists. In this regard, Elders and therapists tended to have differing views on what treatment is actually addressing sex offender-specific issues.

While Elders did not focus primarily on sex offender-specific issues, they did utilize some traditional approaches that were adapted to suit sex offender treatment. In these cases Elders focused on teachings surrounding women and sexuality and the unique dynamics of sex offender groups.

"The only way they are not going to abuse women is to learn respect for them." (Elder)

"We don't give an eagle feather to all the men, but I try to give it to sex offenders so that they [have] a feeling of belonging. When they get that feeling of belonging, they're more apt to respond to whatever is preached there." (Elder)

"[The offenders], they're glad of this program because even though they take this other program during the day, they can't talk about their sexual offences because of the labels. They are afraid of getting beaten up or being put down in different ways." (Elder)


Many traditional programs felt that they largely followed the mandates of contemporary sex offender programming. In light of this it is difficult to know how traditional programs would address sex offender issues if they were given the autonomy to develop and implement programs separate from the contemporary treatment programs. At present, most Elders and Aboriginal programs are heavily influenced by the contemporary therapeutic approach.

"This is how we teach them: let's work on your problem. If they fall into a cycle at this point in time they recognize they fall into their cycle. Like one guy said in group yesterday, 'I find myself falling into that cycle again and so I'm thinking "When am I going to get out of it?"', which is a good sign." (Aboriginal program provider)

"[The traditional program] is actually psychologically-based at this time.... The traditional aspects are like the pipe ceremonies in the morning. We try to get the offenders involved in their own culture, to learn their own culture, but also to learn that sexual offending, like the westernized version of sexual offending, is not good for them or for their victims, or for the communities." (Aboriginal program provider)

"We have a manual that we have to follow, that is what the other sex offender programs use. However, seeing that both of us are Native, we try to make it as sensitive as possible.... We realize what people came from and ... we don't add a lot, but we try to use a lot of common sense." (Aboriginal program provider)

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Traditional Ceremonies Used in Sex Offender Treatment

Necessary to an understanding of traditional healing in sex offender programming is the need for an overview of the traditional Aboriginal ceremonies currently being used in sex offender treatment. This overview provides insight into how much time is spent in ceremony, what ceremonies are used, and what some of the limits are involving traditional ceremony.

Time Spent in Ceremony

Interviews with therapists, Elders and Aboriginal program providers consistently indicated that, regardless of the program, the total amount of programming time spent in ceremonies was never more than one-third of the Elders' time. The majority of time was dedicated to one-on-one counselling and group therapy.

Organizational and logistical complications around the running of sweat lodge ceremonies and other traditional ceremonies clearly impeded the frequency with which these ceremonies were held. Therapists generally did not comment on whether they felt that offenders were involved in ceremonial activity an appropriate amount of time or not. Elders and Aboriginal program providers, on the other hand, felt that the offenders would benefit from more time participating in traditional ceremonies.

Types of Ceremonies Used and the Healing Goals of Ceremony

The types of ceremonies conducted within Aboriginal sex offender treatment programs were largely consistent across the various programs. The ceremonies currently being provided in the Prairie Region programs surveyed consisted of: sharing circles or sacred circles; sweat lodge ceremonies; pipe ceremonies; feasts (held in conjunction with other ceremonies); and fasts or vision quests. The most common and regularly practised of these were sweat lodges, sharing circles and pipe ceremonies. When asked about the importance of the different ceremonies, offenders tended not to want to select one Aboriginal component over another. Nevertheless, some offenders did stress the value of sacred circles and sweat lodge ceremonies in their treatment. Similarly, Elders would not assert a preference for one ceremony over another. They did generally state the need for more and, when pressed, there was also a tendency to emphasize the value of sweat lodge ceremonies and sacred circles.

"To me the most important [is] what the sweat lodge represents, what it means to us, and how we can be cleansed from the inside out." (Elder)

Elders described traditional ceremonies as both being a place for learning and healing. The following comments illustrate the ways in which Elders described the healing nature of ceremony.

"[The sweat lodge and the sacred circle], they pretty well do the same thing ... let out that hurt that they have been through, let out some of that shame, the abuse that they've done. Not to carry anger anymore.... [The] sweat lodge, it represents rebirth to start all over again. Some of these guys have done so many bad things they feel there is no hope for them, that they can't change. But, if you give them the thought of that rebirth, and [an opportunity] to start all over, they feel good about themselves. They realize there is help, after all, and they are not so confused. It's really important that they understand the real true meaning of the sweat lodge." (Elder)

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"That's what I try to do in the sweat lodge: the cleansing, the healing, so that they can start thinking clear. They know that there is help and a way out. If they understand that there is a way out, they'll get help." (Elder)

"First of all, you must develop a bond of trust with these men. It takes time to break that wall down, but it's done with kindness and not rushing them into anything. In some cases that may have to be dealt with by the Elders because, I think that you're dealing with a sick person, maybe a violent person. The way we would break the wall down is through talking in the Sweat. So we use medicines to make him talk and you would be surprised [how] it helps this person to talk about himself." (Elder)

"You look at the physical aspect of our ceremonies and our preparations for ceremonies, it's very nurturing and very good for them to be involved in, plus it comes together. Sometimes, when you are working on a sweat lodge, building it, you're thinking a lot about what you are doing, and you are thinking about your family, you're thinking about a lot of things in life, and suddenly it comes together..." (Elder)

"Sometimes it helps to smudge and they seem to ... open up better that way. The words seem to come easier that way." (Elder)

"Physically, when we are involved in the ceremony ... working outside ... getting the Sweat ready or preparing the ceremony, they're physically working on something very positive. They feel good about themselves and they feel good about what they are doing." (Elder)

It is important to note that each Elder tended to have individual preferences in regards to the type of ceremonial elements that they included in their programming. This included preferences both for the types of ceremonies used and for the way in which ceremonies were performed. These varied from Elder to Elder as a function of their own personal understanding and experience of tradition. For example, Aboriginal healers may use similar ceremonies, such as the sweat lodge, however each Aboriginal culture and each healer will have their own methods for conducting this ceremony. As a result, it is not feasible to have a standardized model for ceremonial activity.

Challenges in Ceremonial Practice in Prison

Elders discussed certain challenges and concerns associated with conducting ceremonies as part of sex offender treatment programs and within a correctional institution environment.

One of the primary concerns expressed was that the Elders would be directed to perform certain types of ceremonies as part of their involvement within sex offender treatment programs. While Elders were certainly not against the use of ceremonies in the programs, it was important to them that they identify the appropriateness of doing certain types of ceremonies and that they dictate the timing and pacing of ceremonies. It was also noted that it was necessary that there be a context for conducting a ceremony.

"This is just the basic part of the culture in here and some of them never knew culture, so you have to go slow. You can't bring everything in. That's not right." (Elder)

"You don't just go and have a pipe ceremony because you want a pipe ceremony ... it has to be a specific reason—there is always a reason behind it." (Elder)

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A number of Elders discussed not being able to perform particular ceremonies within correctional institutions. They described how this can limit healing and identified the need for men to attend ceremonies outside of the prison as part of their healing process. There appeared to be some appreciation for this by both Aboriginal program providers and therapists.

"I'm told that Elders who are really traditional don't want to come into the prison because it is a prison and there's negative energy here. I can understand that and I believe that sometimes that can tie a person up, if they are a medicine person or an Elder—it can tie their energies up." (Therapist)

"I have been supporting ETA's because they go on sacred grounds to do these things. There are some things you can't do on these grounds behind walls—it's a prison." (Aboriginal program provider)

"Our ceremonies used to take place in the mountains, so we can't do it here. Obviously we can't go to a mountain here." (Elder)

"The only kind of sweat lodge I run is a Cleansing.... There are other sweat lodge ceremonies that I do, but I don't do them here." (Elder)

"We are rather limited within the institution about what can be done or even what is right to bring into the institution as some of the ceremonies simply do not fit within the institution because it is a prison." (Therapist)

In response to some of these concerns a number of other activities were offered through ETA experiences for incarcerated sex offenders. In some institutions inmate ETA's supervised by the Elder allowed them to participate in community ceremonies including seasonal ceremonies like the Sun Dance. The Elders, Aboriginal program providers and offenders demonstrated a strong desire to participate in more healing opportunities outside the confines of the correctional institution. Therapists generally demonstrated more reservations about ETA's and expressed concerns related to issues involving security and safety. These included concern about opportunities to escape, engaging in unhealthy coping, experiencing potential setbacks in treatment, and even re-offending. Therapists who had been involved with traditionally-focused ETA experiences did not indicate the same level of concern and reported strong benefits to these ETA's.

Additional Medicines

The Elders in this study were asked if they used any traditional medicines in addition to what is common to the ceremonies involved in programming. Many of the Elders indicated that they did use a few additional medicines, usually herbal. Elders had encountered problems using medicines in the institutions due to regulations and institutional policies. All the same, Elders were able to have a minimal use of medicines, including smudges and teas.

"It's an individual's right to ask for that type of help. They can ask me for some herbs, some medicines, and I have provided them with that, but there is protocol that they have to follow—there is the offerings that they have to give: the flags, tobacco, sweetgrass and the gift. Now that has been an issue of contention: the gift part. Corrections say you're not supposed to accept gifts from offenders, yet in our traditions we have to accept that gift as part of their

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offering for that healing to take place. So how do we deal with that? We take gifts and we keep them. We either take them out for personal use as Elders or we put them back into the gift giving ceremonies that occur year round. That's part of it and so the medicines and the healing that needs to take place is individualized. The person has a right. Again, we don't impose on any of them to come forward and ask for this. We don't ask them to ask for it." (Elder)

"I was dealing with one fellow who was not from our program, but had an illness, some illness he had and I was giving him some medicine for it and he was starting to look good, like he was gaining weight again. He started to look good: his complexion changed, he started to feel better.... These kinds of situations are left up to the individuals, but I feel as a healer that [it] is my right to provide that for them." (Elder)

"I use [smudging] medicines all day long and I use my [prayer] flags." (Elder)

Aside from determining whether they used additional medicines, the Elders were not questioned further as to the nature of these medicines as it was understood that such questions were both invasive and disrespectful.

Counselling as Part of Traditional Healing

As noted earlier, individual counselling occupied the majority of the Elders' time. Elders and therapists alike noted both the extent of time Elders spent providing individual counselling and the perceived importance of this role.

"Most of the time is spent one-to-one counselling, talking, and even then it is a ceremony." (Elder)

"Some of these guys can't talk in front of others, but alone they are more free to share the things that bother them, what happened in their lives." (Elder)

"What I like to do a lot of the times is just listen 'cause this is how we learn to help them." (Elder)

Some therapists expressed concern about the provision of individual counselling by Elders. Concerns identified included Elders maintaining complete confidentiality and not passing on important information to the other treatment or case management staff and questions about the quality of the individual counselling the Elders were providing.

The Use of Traditional Teachings

Elders all used traditional teachings and each drew variously from their own personal experiences and cultural heritage. Teaching areas reflected the central goals identified by Elders and often directly complimented the contemporary themes found in sex offender programs as well as those themes present in other groups like anger management and addictions counselling.

Though each Elder drew from a wide source of teachings as needed, each tended to favour a particular perspective or focus. It was interesting to note that while the teachings used by each Elder were strongly linked to their own nation and communities, they were still very much in keeping and consistent with both the teachings of the other Aboriginal Elders and also the treatment providers. For example, an Inuit Elder worked with teachings that were very unique to Inuit tradition. These teachings focused on the importance of emotional health,

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community responsibility and a positive, gentle attitude towards others. Such areas of focus are easily identifiable within the themes of teaching used by the Aboriginal Elders.

When comparing the preferred teachings of each Elder there was no direct commonality. The following are some of the responses Elders offered when asked which teachings they use in sex offender treatment. Aboriginal program providers also commented on the teachings used in traditional programs.

The Importance of Mother Earth: "To find out who I am and what is my place on Mother Earth and how do I fit in society. That is the only one I use right now because I feel that is the most important one—to find themselves and to know their identity, who they are." (Elder)

The Importance of Responsibility: "We are trying to encourage and support these men to take responsibility, and with responsibility comes accountability and honesty." (Aboriginal program provider)

The Importance of the Four Basic Teachings: "There are four basic teachings that I use all the time and I keep reminding them. The first one is faith, to believe in yourself and to believe in what you can do. Then there is honesty, to be truthful and to use that in a good way. Then there is kindness, what that sweetgrass represents. There is caring and sharing, to look after each other and help each other so that we can live in harmony and peace and find that peace of mind so that we can overcome all that guilt and shame and find a way to release it." (Elder)

The Importance of the Good Road: "I give them information and also, with drinking and drugs, they know they're not supposed to do that when you're walking this road because you don't see beer bottles growing out of the ground. And everything we are supposed to do is natural. Some of them will say, 'Well, what about marijuana? That's natural. That comes from Mother Earth.' and I will say, 'That's another crutch, isn't it? Why do you need a crutch in life? The Creator gave you two good legs to do your own walking and he gave you a brain, so why do you need drugs to help you along?' I said, 'That's up to you. You want to use drugs and drink, I'm not here to tell you not to do it. But if you are walking this spiritual path, remember it doesn't matter if you lie to me or lie to the rest of the group, it's your Creator you are lying to.... You know right from wrong.'" (Elder)

The Importance of the Medicine Wheel: "I always use the Medicine Wheel, the four directions. They know that." (Elder)

The Importance of the Spirit World: "I keep pushing the part of 'don't become violent' because you will pay, you will pay for that in the future. Maybe not in this world, in our belief system, but you will pay for it in the Spirit World." (Elder)

The Importance of Trust: "Once you break a trust—it's a big thing to break. You have to earn trust, you have to earn respect. Those are not given to anybody—you have to earn those. I keep telling them: if you're honest and you want to come clean, then you are going to benefit from it. If you are sitting here just telling me things so that you could have a good report and that you can get out, you are going to crash. You are going to come back." (Elder)

Respect

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The only single theme that was evident in the general and preferred teachings Elders used with sex offenders were those surrounding respect, particularly respect for women.

"In order for them not to abuse again they have to respect themselves because if they have that respect in their heart and their mind, then they learn to respect everything else and everybody else." (Elder)

"In Native culture the word 'respect' means—it's got big meaning, like we are supposed to respect and teach sex offenders." (Aboriginal program provider)

"It's a man and a woman working together. It's showing the guys that it's possible. You can work with [a woman], treat them on the same level as you, being equal. They see that and they know how important it is. 'Cause out there, there is no balance. Most women are treated smaller, and men are more dominant.... That's about the best these guys can see: work with a woman, together, treat each other as equals, then you learn respect." (Elder)

"According to our Elders, according to our teachings, it is immoral, it is wrong for you to lay a hand on a woman, for anyone to; because the woman represents life, the woman carries life into this world, she is sacred." (Elder)

"We have to teach them that Mother Earth is to be respected; therefore, a female should be respected. We all came from a female. The female suffered to have us, and if it wasn't for Mother Earth providing food for us, we would all be starving; so this is the way we teach them and I guess it makes more sense." (Aboriginal program provider)

5. Evaluating Healing Gains From Traditional Healing in Sex Offender Treatment

As more attention has been focused on Aboriginal sex offender programming, and as these programs have been developed and implemented, questions about evaluation have become prominent. Areas of interest have included Elders' willingness to be part of the evaluation process for men who attend traditional healing, the means by which Elders base their evaluations about progress or lack of progress in healing, and the efficacy of traditional healing and/or a blended approach to treatment/healing for Aboriginal sex offenders.

The interest in evaluating the effectiveness of traditional or blended sex offender programs is likely heightened as these programs utilize alternative methods and in some instances target alternative goals. As well, because of the nature of these alternative approaches, it has also become necessary to determine ways to explore the manner in which the success of traditional approaches can be determined.

Elders were interviewed in order to clarify how they felt about participating in evaluating treatment/healing gains and to further understand the issues that make participating in the evaluation process difficult for some Elders. Elders were also asked to describe how they evaluate healing gains and to identify what they perceive to be the markers of progress. Elders presented a wide range of views and cultural perspectives on the area of offender evaluation.

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Elder's Views on Offender Evaluation

Participation in Offender Assessments

It was not uncommon to hear therapists speak with uncertainty about the Elders' desire to be involved in treatment evaluations. There was a sense that perhaps 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 and be involved in an offender's assessment.

"Yeah, [I will talk about offender progress] if it's going to help the boys. I'm open to everybody. I'm not one of those closed people. I get along in this institution with case management, psychologists, everybody." (Elder)

"Well, our main purpose is to help each other, to work together. You have to talk about the good parts but if they are not healing and they're not trying, you have to talk about it." (Elder)

"Yes I do [feel comfortable discussing an inmate's change]. Personally, I do. I can't speak for other Elders, but I feel that again, [we] need to be part of the solution so how can I keep things from [the therapists]? I don't believe that. For me to withhold information from them only adds to the problem." (Elder)

"When we have an individual we are talking with, or working with in the program, we try to set out a schedule or program that is going to help them while they're here and in the interim we provide oral reports to staff, parole or to management. On the final part of it, we try to provide a complete analysis or complete review of what we've been trying to do with this individual." (Elder)

While overall Elders were open to the idea of being part of a team and providing information about the offenders they are working with, it was not uncommon for Elders to indicate some concerns about participating in the evaluation due to what they believed to be the importance of confidentiality in the healing process, their recognition of the sensitivity of the information shared with them, and the need to maintain a trusting and supportive relationship with the persons they were working with. Elders were open to being a part of the evaluation process however. Respect for the privacy of the offender was paramount, as was the trust in the healing relationship. To this end, Elders required the consent of the men they worked with in order to share information about their healing process and progress.

"Like I said, we have to build trust. In order for them to trust us, we have to show them we trust [them]. We have to ask them if we can talk to somebody else about them as part of their healing process. They have to learn trust too, to trust everybody." (Elder)

"Well, if the person gives me consent to speak freely—I will have to ask that first. I don't break a confidence. Because they gave that trust in me and I'm not going to break it." (Elder)

"If something has to be said about their healing, sure we have to talk about it. It's up to the individual. We have to ask for his right to talk to another person about it. That's how you give them respect. How can I talk about respect and then go and tell everyone about what he said? There is no respect then. So we have to set our limits. It's up to each individual how we are going to help them." (Elder)

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Most of the views expressed by Elders were shared by the Aboriginal program providers. Cultural perspectives on the spiritual value of confidentiality and not talking about someone without their presence or permission were issues for most Aboriginal facilitators.

"Well, no [I don't mind discussing inmate progress] as long as it's for the betterment of that individual; however, I will tell the individual what I'm going to tell ... I will make sure the individual knows what I think and then I'll talk to case management, Psychology, or whatever."
(Aboriginal program provider)

This need to respect confidentiality and to obtain consent is not that dissimilar from the position taken by clinicians. Although within Corrections there is often an assumption that confidentiality is limited, there is still a need to inform offenders of the limits of confidentiality and consent to share information should be obtained.

Some Elders expressed more concerns than others about being involved in discussions with therapists about offenders. One issue that was identified was that Elders appeared to feel more comfortable participating in offender evaluations if the therapists demonstrated an openness, appreciation of, and respect for traditional healing.

"Here, I'd be comfortable [talking about offenders]. Lots of places I worked, I wouldn't be comfortable because they really don't understand spirituality and that." (Elder)

Of the Elders that were not comfortable discussing offenders' issues with therapists, most of them indicated that while they would not go to therapists voluntarily, they would be open to sharing information if they were approached.

"Yes, [I would comment on an individual's risk]. If it's asked." (Elder)

"[When a] CMO comes and sees me concerned about the guy in the class, how they're doing, ... I don't feel uncomfortable talking to them." (Elder)

Though uncommon, there were Elders that would talk about offenders "only when absolutely necessary". It was difficult to assess why there was a reluctance on the part of these Elders to do so, particularly as, in these instances, this stance did not appear to be culturally rooted. It seemed that there were a number of other unspoken issues present. These issues were not described by Elders, with the exception of one who offered:

"Sometimes, whether you're an Elder or a minister, you go and speak for that man. You can make yourself look like a fool sometimes. So what happened to this great man that you recommended here last month? Look at him now: the man is up for first degree. So where does that leave you? Your credibility is shot. You have to walk carefully when you're working in the institutions, because it doesn't take much for you to mess yourself up." (Elder)

This comment is seen to be extremely important as it highlights that Elders experience concerns about their ability to predict success and to make recommendations related to treatment/healing progress and release and about the implications of making such recommendations. This is not unique to Elders as many clinicians struggle with the responsibility of evaluating treatment gains and making recommendations related to release and risk.

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Elders working in sex offender treatment programming currently are asked to participate in this process of evaluation with little training or support. As a result, it should not be surprising that there would be personal reasons why some might be reluctant to participate or be cautious in their involvement in the evaluation process.

For the few Elders that didn't feel comfortable talking about inmate progress in general, they did state that they would have no hesitation informing therapists about any changes that they felt were threatening to the health and safety of the offender or others.

"If I felt a person was suicidal [or] if I thought that they were going to go out and just recommit, that they weren't really serious about trying to get better. Yes. If a person isn't serious, [if] they are there just [participating] to pass the time and just to please the case worker, parole officer or whoever, and they are just there to waste time and I know they are not really into it, then just don't waste my time." (Elder)

"If I really feared someone for the safety of society ... and I really felt this person was going to recommit, I'd have no problem talking to the case manager and saying that for fear of someone being out on the outside." (Elder)

Ceremonial Restrictions on Evaluation and Information Sharing

As previously noted, some of the reasons for reluctance on the part of Elders to participate in evaluation and information sharing had clear and explainable roots in cultural belief and practice. In particular, ceremonial expressions from offenders and things told in confidence were treated with tremendous respect and privacy. It has been noted that Aboriginal people have a distinctly different relationship to the sharing of information than do Euro-Canadians. In Aboriginal culture information is viewed as a personal gift that must be earned and respected. Elders were open about the limits that ceremonial responsibility and cultural beliefs put on information sharing. There was also a definite sense about why these practices were important.

"It depends on what they want to know. These people deserve respect too and they deserve their privacy. That is how they are going to heal—if people trust them." (Elder)

"I feel very strongly about privacy in ceremony because it is in the nature of what we do. It's individualistic in a sense that this is your personal journey and no, unless you're invited or a part of that, you really have no business there." (Elder)

"Yes, [it does limit my work] because ... of the way I believe. It would be like if I was talking to a priest ... or a minister, with something that's really, really troubling me and if I found out that he went to talk to my case manager, I would never go to him again—never—because that is broken for me and I would never trust him again. It's so hard to find someone to trust and then the person that you do trust, if they break it, like why would you bother going to them again?" (Elder)

"We're not supposed to ever mention a Sweat. If a person went into a Sweat and they let everything out, we can't break that confidential spirituality there. So I have to ask their permission." (Elder)

The Positive Focus

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An area of concern identified among clinicians was a tendency for Elders to focus only on 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 individuals progress. This was also identified as a problematic area by Elders and Aboriginal program providers. A common Aboriginal belief, particularly asserted by Elders, is the inappropriateness of speaking negatively about people. Some Elders and Aboriginal program providers struggled with this issue.

"I've seen some of the reports that certain Aboriginal staff or Elders have written and it always sounds positive and I often think that's not really objective because no one is going to be everything." (Aboriginal program provider)

"[I] don't like to put somebody down a lot. I find if I have to say something really negative about them, I like to say something positive about them as well because there's both sides and I think we all have bad days and good days and I try to recognize it in that they're just not there yet, they're not ready yet.... I will give the information, but the negative information I don't really care to give; positive, I don't mind, but often times I think that it's not good." (Aboriginal program provider)

"It can't be continually dwelling on the negatives of everything and every person. Our main purpose is to help them so we have to teach them how to feel. We can't hold what they done before against them for the rest of their lives or they will never heal. They will never heal if they are always being reminded. Society is like that: when a person does something wrong, people hold grudges against them. So, they have to learn forgiveness. If you want a person to heal, you have to forgive them, no matter what they have done. We are trying to do that by working together." (Elder)

"What we are looking at right now is the healing part, never mind the negative part of what they done. Like I said, if it is always brought up, they will never heal. They'll know there is no forgiveness." (Elder)

Reaching a Compromise

While Elders were open about the restrictions they felt due to 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.

"You gotta accommodate in this to work here. You have to. I get along that way." (Elder)

"No, [I don't feel uncomfortable discussing offenders because of ceremony]. The only thing I feel uncomfortable with is if I had a habit of talking about their problems to another inmate. That's something I don't want to do because they put their trust in me, you know. I've been coming here for [several] years and I still haven't told any inmate of what another inmate said and I think they would find out right away. As an Elder, I'm not allowed to use other people's miseries to gain anything. If another Elder saw me doing that, my Eldership would be gone. We are locked in because we're verbally very, very strong, with strong memories, and because it's not written a lot of people think we don't have rules. We have a lot of rules that we have to follow." (Elder)

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Aboriginal program providers felt similar to the Elders about discussing offender change and progress. Among Aboriginal program providers there was a common sense that such conflicts could be worked out to satisfy both contemporary and traditional needs.

"If we were in ceremony and I heard somebody crying because they recognize their own past victimization, I probably wouldn't say to Psychology, 'This person is a victim of sexual abuse,' because I think that's really personal. You need that person's approval to talk about that. I may say more that, 'I think the person is recognizing some of the things that contributed to him being here, and is actively working on this area,' rather than getting into specific details about the person."

Commenting on Risk

When asked specifically about commenting on risk and whether they felt comfortable evaluating an offender's risk, Elders' responses demonstrated a few common issues that directly impact on co-operative evaluations.

Some Elders showed a willingness to provide comments on an individual's risk.

"I try and provide as much as I can and I will tell them if I think a guy is high risk." (Elder)

Although Elders wanted to be helpful and comment on risk, they did not have a good understanding of what is involved in 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 asserted 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 offend again.

"Well, it's difficult, hard to say, no matter how much teachings and sweat lodges, and everything that you bring to these men. I couldn't rightfully tell a psychologist, or anybody for that matter, his parole officer or whoever: 'Oh, he'll never re-offend again because I doctored him up and done this and that.' No. You can't do that because there are so many different types of sex offenders that you deal with. There's a guy that likes little boys, a guy that likes women, likes children, and so the treatment that you're giving to them is not specific. Like a psychologist, he probably would know what to do with a pedophile, where a regular guy that raped a woman, I think there's a difference there. I think where a pedophile is concerned, that's very difficult to deal with. I don't know whether that is a disease. Maybe. Can it be controlled or whatever? I don't know. That's why it's difficult for me to say, for me to write up a letter of recommendation for this man. It's difficult for me to go and speak for him at the Parole Board." (Elder)

"I can't rightfully say that, yes, I know what this man is doing and I know where he goes wrong because even when I talk to him, I can't say 'Well, he's doing real good, he has progressed and he's raring to rectify his life.' I suppose what I'm saying is, for an answer like that, you would almost have to go to his community or his neighbourhood. How is he living his life now? What is his lifestyle? Has it changed?" (Elder)

"I don't think any person can say that they can say [if an individual will re-offend]. You hope that they are not going to re-offend by the changes in behaviour and understanding. I would

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say the majority of the people that I have worked with, they haven't really re-offended other than breaking the rules or conditions in their parole and they throw them back in there." (Elder)

"Again it goes back to how much time we actually have with the individual.... Generally, we can see it [if they will re-offend]. I can see it in an interview. I can see it in conversations where they would minimize ... but, generally, how that affects the overall picture, again, is hard to determine." (Elder)

Elders' misconceptions about evaluating risk generally contribute to their reluctance to comment on risk. If, perhaps, Elders were given more information on what is involved in making a risk assessment, were made aware that risk evaluation is considered along a continuum, and that their comments would be part of a larger assessment process, then perhaps Elders would be more comfortable and prepared to be a part of this assessment process.

Evaluating Progress: The Process of Change

There has been little understanding and much uncertainty regarding how Elders evaluate the progress of an individual as they participate 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. A number of primary themes and areas were identified by Elders as pertinent indicators of healing gains. It is interesting to note that among the range of factors and indicators that the Elders used to evaluate change in offenders, the most common ones find obvious and meaningful associations with contemporary indicators in evaluation.

Subjective/Intuitive Perception

The first and most unique indicator in the Elders' approach was a general feeling that Elders received when working with the offenders. A number of Elders asserted that, although they could not indicate any exact measure, they could be certain when they see or feel a change in an offender. In this sense, Elders describe using personal sensitivity to detect change.

"They're different people ... when they're finished they're another person you're looking at. I can't tell you but you just have to see for yourself ... but when we get at the end of our class, towards the end we see the difference." (Elder)

"You can tell ... it varies in different persons. It depends on the person. Some can be very quiet, some can be very open, and some can hide behind being [mischievous] and always laughing. They can be a very unhappy person deep inside. So it depends; you have to be working closely with that person for awhile to know that person." (Elder)

"It is something you see and feel.... If you feel good about a person, you have good vibes, good feelings..." (Elder)

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Presentation Style

What the Elders described as their perception and sense of change within an individual over the course of treatment may be connected to a recognition of changes in the individual's style of presentation over time. Like therapists, Elders looked for improvements in attitude, beliefs and behaviour to indicate change.

"Yes, [it is possible to see change]: the way in which one speaks; the way in which they have changed their speech; the attitude they have; the way in which they carry themselves. If they were one that who in the past, for example, is very aggressive and violent and loud-mouthed and what not, and they become a person that sits in the back more, is listening, is not saying anything more, that's one indication that something is happening. It may not be good; it may not be bad; I don't know, but it's an indication there is a change. So we go and check out that change when we see it or pick it out right away. I pick it out in a crowd. I can see it. So those indicators, to me, need to be addressed; [we] need to get on it right away, to help that individual continue. If it's negative, if it's not good, you also have a chance to correct it at that point." (Elder)

"I guess the only way you can measure it is by the attitude of the person. From the angry person that came into my program to the way they are when they finish the program—that's the way I measure it." (Elder)

"They become more polite and they become very aware of their environment and they are also very helpful and they're not as lazy to volunteer. They start doing it on their own instead of me having to tell them." (Elder)

"I can tell the ones that have been [through a traditional program] and the ones that haven't. They have more control.... There is a real difference..." (Elder)

"The change is how they look: they are smiling; their eyes are more clear and they are more friendly; they start to trust you. There is a very big change in them. There is a way to tell. Any normal person can see that. But the mind will mistrust. A guy has been in so much trouble all his life, it's hard for an ordinary person to believe that there is a change." (Elder)

"I've heard them talking.... I see a difference ... they are more vocal, plus they are not really afraid to give someone feedback ... they do it in a gentle way, they don't do it in this—I don't know how to even call it—confrontational [way]. They do it in a more gentle way when they have to talk to someone.... And they use the 'I' statement." (Elder)

"They've never listened to anybody and they realize that. So, they know now that they have to listen in order to change their lives around." (Elder)

"It also depends on their different personalities, even just the way they open the door. You can see the healing. When they use humour among themselves, it becomes different humour to what it was in the beginning. In the beginning, it was a dirty laughing about something, and then it becomes clean at the end and you don't hear it anymore. The other thing that drops is swearing because we don't have swearing words in [our Aboriginal] language." (Elder)

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Hope

Some Elders saw the specific attitude change towards hope as an important indicator of an offender's potential and willingness to heal as a sign of progress. Many Elders viewed hope as the first step towards healing.

"They learn there is hope and a way out. Sometimes they are so confused they think there is no help anywhere." (Elder)

"Oh yes [there is a way to see change], like in their reaction, of how they look like when they first come—they look lost, confused and they look like they are hiding something—and then after awhile when you share with them for awhile they understand that there is hope. Like I said before, there is a way out and once they find that and once they realize there is a way out, there is help, there is a change." (Elder)

Honesty and Accountability

Honesty and accountability were two important factors identified by Elders that indicated positive change, particularly in the area of addressing sexual offending behaviour.

"You get them to speak the truth, a lot of times they start taking responsibility for their own actions and they get out of the blaming. They start really looking at their life." (Elder)

"The honesty is there, and the openness." (Elder)

"You could see that change happening because the talk becomes more normal. It's not planned anymore." (Elder)

"What I look for is ... that they are not in denial, they are not into blaming, they're taking responsibility." (Elder)

"There's no beating around the bush. They get right to what it is that they want to talk about. They're not doing their little dance." (Elder)

"... learning responsibility and living a whole different lifestyle." (Elder)

"... getting his priorities in order and learning responsibility." (Elder)

As previously noted, this level of openness and honesty was seen as needing to go beyond offence-specific disclosures and encompass the individual's overall style of interaction.

Identity and Insight

An offender's self-image was a complex indicator for Elders. Elders looked towards an individual's sense of confidence, self-knowledge, cultural pride, and comfort with self and identity as indicative of their healing.

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"Spiritually, they are very strong but, also, they really understand what makes them tick."
(Elder)

"In their healing, they learn about themselves. They learn, through ceremony, how to help themselves. They learn to face the Creator by facing themselves, so they can change." (Elder)

"That progress that you are talking about, the stages that they go through, they have already gone through these in that, in the circle of life, each direction has offered you something on your road to wellness, because they have dealt with these aspects of themselves, the four aspects that we mentioned before. Now you have given this man these tools to work with, but during that time, say you are working with the south, he has dealt with his fears—fear of somebody coming at him, fear of going back to his community, fear of himself. You have to teach him once again to find his self-confidence." (Elder)

"It's probably when he begins to look at himself. Again you're dealing with the West, the gift of the bear was one of them, was healing. The second one is looking within or, as AA puts it, taking self inventory: Who am I? Where am I? Where was I a year ago? Where I am going to be a year from now?" (Elder)

Respect

Respect was a consistent re-occurring theme among the Elders. Respect was highlighted in the way in which they delivered healing to men in the program, was an important part of the teachings in the traditional and blended programs, and was important in the Elders' approach to providing feedback to other staff about an offender's healing gains. Respect was also noted as an important factor in monitoring and evaluating change. Elders viewed the development of respect as a central factor for the reduction of risk.

"They are more respectful towards each other and others in the institution." (Elder)

"Oh yes [I can see when they reduce risk]. Once they learn about respect and responsibility, they learn to control themselves. They know it's wrong. But you have to teach them that respect—a lot of them don't know about it. They are so used to seeing people take advantage of people all their lives that it becomes a way of life. And that is one thing that I try to teach: you treat people how you want to be treated. They seem to understand that, wondering why their lives are so miserable. Well, they didn't realize it was the way they were treating people, and getting that back in return." (Elder)

"If they are respectful to not only us, but respectful to everyone in general in this institution, then we see that it's changed. It's good. That's an indication that something is happening. You have guys that come in from different institutions who are very disrespectful. They label and they separate and distinguish. They start to categorize and they put people in places. Some will talk to us and some won't. There is this culture that comes into place and it's really disheartening, but it happens and what we try to do is bring them out of that. You got to respect everybody. Not just say it, but actually live it." (Elder)

In addition to the major themes described, a number of less frequently mentioned indicators were also identified as means by which Elders assess and evaluate change.

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Remorse and Empathy

Many Elders expressed the importance of remorse and empathy in healing and in recognizing change. In particular, Elders focused on the offender's emotional recognition and expression of the harm their behaviour has resulted in. Elders indicated that this was often evident through the offender's behaviour in ceremony.

"[I look for] remorse and also that they show that they are remorseful because when I was talking to you about the tears and that, that is a medicine, and they have to release one way or the other." (Elder)

"What people need to do to become better and certainly to be able to move on ... you need to have an appreciation of what you have done, not only intellectually but emotionally." (Elder)

Openness

Increased openness to treatment/healing was an indicator of progress identified by some Elders.

"The effects are seen if they're really listening and they're sincere. The effects are that they are more open minded." (Elder)

This increased level of openness identified by Elders was significant in that both therapists and Aboriginal program providers identified that as offenders begin to respond more openly to traditional healing, they also become more open to the contemporary treatment process. In this regard, the men are described as being more open in their level of participation and self-disclosure.

Trust

Consistent with the importance of openness being an indicator of positive change, comments were also made by Elders identifying an increased level of trust as a sign of progress.

"Everybody goes through change that's gradual because they got to learn trust. That is the hardest thing they have to learn because a lot of people, when they were growing up, they were hurt and they don't want to trust anybody and they are scared if they really let go they will get hurt again. So, a little bit at a time. When we first had our meeting, when we had that five guys and they were very quiet and they didn't want to say nothing. The second meeting, they were sharing a little bit..." (Elder)

The Development of Relationships

Elders used group dynamics and observations of offender interactions and the formation of healthy relationships as another indicator of change.

"Politeness comes out, and they bond—the whole class bonds." (Elder)

The ability to develop healthy interactions and relationships with others, including other offenders in the program, program facilitators (Elders, Aboriginal program providers, therapists) and correctional staff (e.g.

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correctional officers, parole officers) was also noted by Elders as a sign of progress when discussing the importance of observing the offender's ability to respect others.

Emotional Expression

The open expression of emotions was seen as a healthy quality in individuals and an important component of the treatment/healing experience. The sharing of emotions in group and in individual relationships was recognized as a sign of positive change.

"When you look at the emotional side of it, I see men who cry, not because they're weak, not because they're lesser than another person, but because they are finally coming to terms with that part of them that they have denied for so many years. For us as Native people, we don't see that as a weakness; we never have. We have seen it as a wellness, a healing, a spiritual event because no human being is strong enough to withstand all the pressures of life." (Elder)

"Oh yes, you can tell [the difference] because they are very loud. The quiet ones are the ones who show emotion, are the ones who are really getting involved. There's a way for a person to see that. You notice the difference." (Elder)

Ceremonial Behaviour

Ceremonial behaviour was an interesting area as 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.

Ceremonial Behaviour as an Indicator of Change

While Elders indicated that the emotions, attitudes and behaviour men demonstrated while in ceremony could be viewed as indicators of change, Elders did not provide much detail about this. Elders' limited discussion of this area appeared to be a result of either their difficulty describing how ceremonial behaviour could indicate progress, or their unwillingness to share their approach to assessing healing gains through ceremony. Only a few general remarks were offered:

"Oh, yeah, [ceremonial behaviour indicates change]—more respect and respect of others and themselves. Ceremonies really help ... because that's [what is] required." (Elder)

"Yes [ceremonial behaviour indicates change]: the way they talk. Sometimes in the beginning they don't say too much, then after they start using their feelings, they cry, become emotional." (Elder)

"... one guy from the last program who is repeating the program again didn't believe in [ceremonies] because he was brought up in foster homes and he believed in just church and this time around, since he has been involved with the Native culture, he's got a very different attitude now, a different personality. He's come out of the shell." (Elder)

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What became clear in the completion of the interviews and through participant-observer evaluations was that Elders did not divide their evaluation process between ceremony, group and individual interactions. When Elders discussed the indicators that they used in evaluation they were, in fact, addressing the issue of ceremonial indicators at the same time. The same factors that Elders looked for in one area, they also looked for in another. Individuals were viewed as the integration of their behaviours and attitudes in all settings and not just in the contemporary or traditional context alone.

This is not to suggest that Elders did not have any evaluation tools unique to ceremony. Those were present.

"Some of the offenders see things in there that you and I don't see. So it's up to [the Elder] ... to interpret what they have seen. Sometimes that tells you a lot about where they are in life."
(Elder)

An interesting example of an Elder's ceremonial approach to evaluation was shared by an Inuit Elder. This Elder described how traditional Inuit Elders used the experience of an individual going for a prescribed walk as an effective tool. The individual would be sent for a walk by an Elder. Upon their return they would discuss the sensory experience and what it meant to the inmate.

"They have to feel four things out there: they have to see, feel, smell, hear. They have to see, smell, hear and feel natural things out there. If they say they heard a train, it doesn't count. If they said they've seen a cow, it doesn't count. If they seen a bird, feel the air, smell the fresh air, then it counts.... It shows that they are on their way to healing because when we're healed—I'm sure even you when you step outside you always feel something that is natural. It's part of being ... healthy...." (Elder)

Ceremonial Behaviour as Misleading

Therapists demonstrated an interest in the Elders' evaluation of offenders in ceremonies. There was a concern that offenders would be able to present a false impression of healing by virtue of effective participation in ceremony. Elders and Aboriginal program providers indicated that they had similar concerns and that they did, in fact, find that some offenders attempted to create false impressions through ceremonial activity. For the most part, Elders and Aboriginal program providers stated that they felt confident in being able to identify when offenders were not genuine in their attitudes and behaviours.

"We talk about it all the time and we're trying to break that sort of activity or situation, break it in such a way that we don't allow these guys to get away with it. But you have to be very good at reading it and you can't come out and accuse people of things you're not sure of. Others that have seen, from the outside, how these guys are once they leave ceremony, come and tell us. So we go and check it out for ourselves and sure enough, in many cases, that happens, it's happening." (Elder)

"Even though he's been involved in ceremonies for so long, like you said earlier, some of them play the game very well and they hide behind ceremonies. I know who they are when they come across my place, so I'll tell them that and I tell the guys that too. I say, you know, I'm not going to back you up or defend you if you're not real, if you're not sincere with what you're going to do. You're not going to use this as a place to hide or a place to cover up your other activities. You have to be honest. You have to be real and if you're not, then I tell them straight to their face." (Elder)

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"How someone behaves in ceremony should carry over into every other interaction that he has with other people. But I have been surprised to find out that you got a guy that's a great ceremony man and tested positive in his urinalysis. You know, what does that tell me? It tells me that addiction is very powerful and without trying to absolve that person making a bad decision, I guess my sense when that situation came up for us, the person is kind of caught—he's still doing substance abuse but he's trying with ceremony and, over time, I would hope that he gets it. But for whatever reason, he still is trying. Ideally, that's the way it should be. But I think sometimes it works the other way too. I've seen or heard of individuals who will go to a ceremony and say, 'Well, I told him. I gave it up to the Creator. I did my disclosure with the Creator.' Then that person will feel that they should not have to talk about that with another person. I think that's the down side to that delivery. What are we going to do with that? In a way that seems to me like a form of religiosity or it's very similar to saying to someone, 'Well, I've already gone to confession' or 'I've already confessed my sins, so why do I have to tell this to another human being?' What I see there in that person has a lot of fear: they're looking for a way out without actually having to do the work." (Aboriginal program provider)

"[They need to try] to get the four [directions] connected and sometimes some of them will get really off balance. [They can be] so connected into the spiritual part, they are really into ceremonies, and yet the other parts of their life are kind of ignored again and it's like trying to find that balance. So for some it takes a little while." (Elder)

"Some of the guys just play the game, but they get something out of it; they understand." (Elder)

"It won't come from anywhere but inside [them]. Honesty is the main thing about everything.... They could go into dozens of Sweats and if they are not willing to be honest, they can't heal. It has to come from them." (Elder)

"I've seen some guys use it in the wrong way as well. So, I mean, it can [happen] but you can see it, you can see it when they are using it, when they are not telling the truth, when they're not being honest because they are attacking others and they shouldn't be. I've seen a difference in their attitude, their behaviour." (Aboriginal program provider)

"People play off one another. There's the drugs, the alcohol. There's always other activities going on. At the same time, they're trying to have a program here that deals with those issues. But these guys are smart. They're cons, you know. Never forget who they are. They're human beings most of all, but they have ways that ... they've almost perfected, I guess, that they can work it to their advantage. Maybe you can sum that up as a part of survival, but it doesn't provide us with real positive solutions, even if you term it as survival. So my thinking is that there has to be a real education across the board on Aboriginal issues, Aboriginal people, Aboriginal cultures, ceremonies. Not necessarily ceremonies in the sense that you're going to teach people to do them, but the protocol, the understanding, the philosophy of ceremony, the principles, the values, and so on. But there has to be an education occurring here with respect to that because we may be doing one thing good over here, but there is ten other things that are going on that are not so good over here that they're involved in, and they get caught up in that." (Elder)

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"They may run back to these ceremonies for cover, you see, and that's the game that's being played. I agree that that's happening and I don't think that it's helpful, but everybody has to be a part of the solution rather than just certain parts of the system being the solution." (Elder)

"Any person can see that, they notice the difference of those who are playing the game and the ones who are helping themselves. Some of them play the game for their own protection because they don't want to get hurt again. They have been so used to being hurt all their lives they figure that is the way life is so they are scared to trust anybody." (Elder)

Therapists' Views on Evaluating Healing Gains

Regardless of their level of involvement in blended or traditional approaches to sex offender treatment, therapists identified these approaches as beneficial and indicated that they were able to observe changes in the men who had participated in Aboriginal sex offender programming. Among the key areas of change that therapists saw were a general increase in openness to treatment, a greater ability to accept feedback, an enhanced level of self-disclosure (general and offence-specific), a decrease in hostility and resentment, the development of trust and empathy, and a greater sense of grounding or stability.

"They relearn to trust an Elder. They relearn to trust other Natives. They relearn how to talk. One of the things that is so different in this is that it's an accepting environment that they, as a person, have accepted. They fully understand that there are behaviours that are not acceptable. You know, criminal behaviours, violent behaviours, are not acceptable and the more they get connected to a spiritual perspective, where seeing that all things are made by the Creator, any violence taken out against people or things is violence against the Creator, the Creator who created those things or people.... There's a softness that comes with that, more acceptance. [It is like], 'Yeah, I don't want to be that way anymore.'" (Therapist)

"We see more trust, for starters, and trust would be, as I see it: (a) a willingness to talk; (b) a willingness to talk to other group members; (c) a willingness to accept feedback, and, I would say; (d) even a noticeable reduction in defensiveness." (Therapist)

"Yes, [I see change in participants in the traditional programs], the same way as I would see a change if guys were using anger management.... So, in that way, I do recognize the change in just their daily way of doing things and in what they say." (Therapist)

"Well, people seem to be a little more mellow, not so quick with the temper, learning to have respect for people outside of themselves." (Therapist)

"Having attended some Sweats, I do know that during the ceremony people are able to talk about their own victimization because of the safe and secure nature of the Sweat and I think when people talk about their own victimization, they can, at one point, relate to what empathy is, and that is a very important component of treatment—to understand how we hurt people, how we've been hurting people.... So I have also seen some benefits with that process." (Therapist)

"With people that have contact with the Elders, the traditional teachings seem to invite deeper level thinking and a connection to consideration of actions and effects, and effects on other people in particular. I notice when I'm speaking with people that have a connection with the

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Elders that they seem to be more concerned with issues like family and how what they're going through is going to affect their family, and that sort of thing." (Therapist)

The two predominant themes that therapists identified as common indicators in traditional program participants were an increased sense of grounding and an increased feeling of acceptance.

"I believe in one way it brings a grounding to a person. They have something to hang onto to ground them, to recognize that within themselves is a spirit that is different from their behaviour." (Therapist)

"I think so many of the offenders have lost contact with their spirit—that part of themselves that is healthy and balanced—but it does exist in there somewhere.... The individuals who are offending typically have poor self-esteem, are not well-grounded, balanced, healthy individuals. So I believe that by working with the spirit and learning about culture, that is helpful and grounding for a person." (Therapist)

Therapists noted that these indicators were not only signs of change in offenders, but that they were also factors that contributed to improving the effectiveness of treatment in general.

Aboriginal Program Providers' Views on Evaluating Healing Gains

"We try to look to those four aspects of what we believe makes up a human. For me, we try to look at the individual spiritually and emotionally, physically and mentally and say, 'How's that person working in these core areas?'" (Aboriginal program provider)

Aboriginal program providers offered opinions on evaluating inmate change in a way that bridged traditional and contemporary perspectives. Aboriginal program providers maintained an awareness of the need for spiritual growth and cultural education while they also maintained a focus on sex offender-specific issues.

Like Elders and therapists, Aboriginal program providers used offender presentation style as an indicator of progress. Changes in attitudes and behaviours were consistently important sources of evaluating healing gains.

"I think they become more respectful, more humble, more caring for themselves and for others, and just honest." (Aboriginal program provider)

"Over time, that behaviour has changed for him. He was able to ask for what he wants. He was able to resolve being afraid of people, especially crowds, and over time that has gotten better. He goes out for exercise all the time, goes to the canteen. He's better in group too. And, over time, I think he has done really well and it's because he chose to do the work. He's incredibly honest. When we first started working here and we would ask him questions, he always managed to get out of the answer—he would deny, blame, rationalize." (Aboriginal program provider)

"Their actions, the way they behave, the way they talk, [are all indicators of change]. Are they blaming others still for their offending or for their behaviour, or are they taking responsibility? Are they being accountable for their actions?" (Aboriginal program provider)

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One Aboriginal program provider felt that an offender's attitude towards release, in particular, indicated a lot about the stage that he is at in his treatment.

"[I look at] what are his opinions about being released. Does he feel that he needs a support group? Does he feel that he needs to make connections, make happy connections? Ideally, what I have seen in some of the guys is that they'll connect with the community program some time soon before they hit the street and it's because, for some of the guys, they recognize ... getting out, it may bring a whole set of temptations. They recognize that they have to follow through on having a proper support network. I guess I also look at ... you know, for a lot of the guys who are able to do a lot of traditional [healing in] the institution, are they able to make those connections once they leave here and will they, on their own, make those connections?"
(Aboriginal program provider)

Aboriginal program providers felt that sex offender-specific issues were important to include when considering indicators.

"There is a big change in attitude—even his personality, even how he wants to do things, how he wants to help out, how he can bring himself out. Like his sexual offense, he made it sound consensual the first time; this time he took responsibility, so I saw a big, big change."
(Aboriginal program provider)

In keeping with the perspectives of Elders, Aboriginal program providers valued traditional qualities and indicators like respect and emotional openness as a means of determining progress.

"Once they start doing the healing with the Elder and that, you notice the attitude changes because they got respect." (Aboriginal program provider)

"Their sincerity and respect is a big thing. I think respect is the biggest thing. That's sort of how I measure all the time." (Aboriginal program provider)

"Are they connected emotionally to what they are saying?" (Aboriginal program provider)

The willingness of offenders to participate in the contemporary aspects of sex offender programming was seen as a crucial benefit of traditional programs by therapists. Similarly, Aboriginal program providers saw openness to treatment as both a measure of change and an overall program goal.

"I think when you start with the guys and they express a willingness to be involved, ... that says a lot. At some point, the person is telling us 'Okay, I'm ready. I am ready to do this.' The next step to that is, do they show up on a regular basis and are they punctual? I look at those things as well. If he's punctual and shows up on a regular basis, then he wants to become involved in what is happening." (Aboriginal program provider)

Some of the Aboriginal program providers felt that the consistency of change in an individual, regardless of program approach (traditional, blended, contemporary) was necessary to determine change.

"I've seen some changes. I can think of a number of guys right off the top of my head and say they have changed, they are not the same person as when they first came in. One of the things that I always see in ceremonies that is really different than what the psychologists see, is a sense of humility and I see that a lot when we are doing the traditional program, whether we are

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doing traditional teachings or we're in ceremony. I have always seen it in the guys. Now, that sense of humility should carry on into their everyday living. Typically the reason for observing their behaviour [is because it] is how I tell if they've all made changes. If they had problems being aggressive, are they more assertive now? If they had problems with addictions, how are they doing now? Are they able to ask for help?" (Aboriginal program provider)

"One of the other things I look for is, if we have someone who is responding to the teachings of the ceremony, is he respectful to the Elders? How is he doing when [he is] dealing with psychologists? How is he doing when he's dealing with case managers? ... How is he going to deal with the rest of the general population? Sometimes what you see and what we have seen is individuals in group who will be doing really well in group but then you look at the certain cultures in the institution, you see that this person is involved in muscling or some of the drug trafficking and when those situations come up, you're able to see that this guy still has a lot of behaviour that really doesn't indicate that he's wanting to be pro-social. You really have to look at everybody as an individual. Had they been able to, or if they made changes, have they been consistent? Have they been able to maintain that change over time?" (Aboriginal program provider)

"What else I also like to look out for is if the Elder and I work with somebody and then someone from the community program [or an institutional psychologist] gets to do an assessment on them prior to release, and one of the case managers writes up a report, do we all agree? Do we all see the same person? Because, really, that would be the best indication, if we are all seeing the same thing." (Aboriginal program provider)

Aboriginal program providers were comfortable making evaluations and commenting on things such as risk, however there was a common assertion that they felt that there could rarely be total certainty regarding an offender's change.

"I could never say one hundred percent that I'm sure that these guys are not going to do this again. I think that's part of what we are working towards when we're talking about reducing the risk. Doing the contemporary aspect of the program and the traditional aspect of the program, we are trying to instill some skills so the person knows that. If they're having an unhealthy time, they know what they have to do to stop that. If they are not managing their emotions, they should know, by the time they leave here, what they need to do to correct it. If they are fantasizing, what they need to do to stop it." (Aboriginal program provider)

"I always consult the files, other people's reports, you know, because I want to get a sense of: Do they see what I see? Is that person where I would say he's at? Does anybody else think he's there? I guess my own personal feeling is that anybody with sex offender behaviour is always at risk and if they're not actively managing their emotions or thoughts, it would be easy to find themselves in the same situation." (Aboriginal program provider)

Illustrating the Evaluation of Healing Gains: Case Studies

In their discussions on evaluating healing gains Aboriginal program providers often cited examples of individual cases that demonstrated their perspectives. The following examples of work with particular offenders provide some insight into the way in which Aboriginal program providers view and evaluate change.

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"I'll use the same example again.... his attitude was—even if you and I were talking in the room and he would walk in, he would right away think you were talking about him. Like, he victimized himself a lot and he came out of that and he sees things a different way. Now, instead of rushing out of the room, he'll sit and he'll talk out his problem and try to solve it and ask the other group members to help him solve a problem. So there is a big change. It's very noticeable." (Aboriginal program provider)

"Since he started becoming involved with the Elder and with the sweat lodges and stuff, he's a lot more positive." (Aboriginal program provider)


"He has realized that at some point, one of these years, he needs to have help. He needs to get better and stop doing what he is doing. He is not a really sophisticated person either. That's the way it is. He had a lot of fears when he came in. Over time he has become very responsible in terms of the actions that brought him here." (Aboriginal program provider)

Assessment/Evaluation Tools

Therapists, Aboriginal program providers and Elders were all asked about the use of formalized tools for documenting and measuring offender change in Aboriginal sex offender programs. The styles of evaluations were largely related to the stage of development the individual programs were in. Newer Aboriginal sex offender programs tended to have little in the way of formalized formats or documents for offender evaluations. Programs that had been in existence longer, over one or two years for example, tended to have formalized tools that fell into two categories. The first category of evaluation followed standard sex offender treatment evaluation forms and featured an additional section that allowed for either the Elder's input or comments specific to Aboriginal culture and programming. The second style of evaluation, the least common, fully integrated both contemporary and traditional therapeutic elements. These evaluations were co-operatively formed and allowed for input from therapists, Elders and Aboriginal program providers.

While there have been concerns and uncertainty expressed about whether Aboriginal traditional healing for sex offenders can be measured by the same standards as contemporary programs, it was apparent that the issues related to evaluating traditional healing programs may not be that different from issues regarding the evaluation of contemporary sex offender treatment programs. In this regard, it was interesting to observe that while contemporary program therapists questioned the way in which Aboriginal sex offender programs and traditional healing can be evaluated, the contemporary programs themselves appeared to have a wide variety of unresolved issues surrounding treatment evaluation. Interviews and participant-observer sessions revealed that a number of the contemporary sex offender treatment programs did not use formalized evaluation tools and, in fact, based their assessment of progress along the same dimensions identified by Elders and Aboriginal program providers. It appears that both contemporary and traditional programs must enhance their efforts and develop strategies for measuring and monitoring change so that they can objectively evaluate treatment/healing gains. While addressing evaluation strategies for healing programs has been viewed as difficult and complex due to the nature of traditional healing, there appears to be a fair degree of overlap between what therapists, Elders and Aboriginal program provider consider when evaluating change and treatment gains. It is suggested that efforts to find appropriate evaluative tools for Aboriginal programming will likely also contribute to the improvement of existing sex offender evaluation models.

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6. Strengths and Challenges of Traditional Healing in Sex Offender Programming

This section explores what Elders, therapists and Aboriginal program providers saw as the strengths and weaknesses of the blended and traditional approaches to sex offender treatment/healing. All of the interview respondents described the inclusion of traditional healing as very positive. Respondents identified a number of themes that highlighted the strengths and benefits of this approach to treatment/healing with Aboriginal men who had committed sexual offences.

Those interviewed generally did not see many weaknesses in Aboriginal programming; rather, the problem areas that were identified were viewed as challenges that needed to be overcome. Again, some major themes emerged. These identified challenges offer tremendous insight into how to improve Aboriginal programming for sex offenders in the future.

Strengths of Traditional Healing

Personal Identity and Sense of Community

The development of a healthy sense of identity was one of the most commonly identified benefits to traditional healing. All the facilitators involved saw that a better understanding of identity issues, and the development of a positive and stronger identity, were fundamental to an enhanced level of participation and responsiveness to group and individual work.

"When guys get connected to their own traditions, their own roots, there's a healing that happens. They become somebody somewhere in space and time, whereas before they were nobody and a lot of times they hated being Native. Here's a chance to reconnect ... and become what they are instead of avoiding what they are. That's splitting separation between what they are in reality and who they're trying to be—some solid tough guy in prison or whatever. That split, I find, is very much the source of a lot of their pain, which leads to a lot of their anger, which leads to a lot of their violence." (Therapist)

"When I look at it spiritually, they are learning to connect, to understand about their spirituality, the belief system, the principles, philosophy, spirituality, and so on. They're learning about our ways and it helps them to become more connected and feel more at ease with themselves." (Elder)

"I'd like to say that it would help a person walk away with a better sense of who they are, pride, honour, and dignity. A way of dignity, you know, dignifying themselves in this life and hopefully ... the long-term result would be that we have safer communities, safer individuals, where families and young people, older people are safe." (Elder)

"The success has to come from the fact that these individuals are knowing who they are as Native people. You have been given that confidence." (Elder)

"I hear enough from the offenders that it has been important to them, that they kind of not wanted to even look at the fact that some have come from the place of wanting to hide the fact that they're of Aboriginal descent and then they say now, 'I'm feeling proud. I'm feeling strong.'

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"I'm thinking of one individual in particular who said he did all that he could to hide the fact that he was an Indian person and he said he feels good about himself, he's got pride and dignity and that's great." (Therapist)

"There's ... a reconnecting—almost from a family perspective—that happens within the Native tradition that I think is a tremendous strength. In terms of sexual offenders, the sense of isolation that those people tend to feel, an inability to connect in functional ways in a relationship, ... can start to be rewritten in some very important ways within that safe and unconditional system." (Therapist)

"I guess the first thing that came to mind for me was the whole idea of empowerment in an individual.... I think we deal with people who aren't empowered and give them the teachings. Teaching them in the ceremony and teaching them about themselves gives them these skills." (Aboriginal program provider)

"It provides some stability for some of these individuals to carry on with their lives." (Elder)

Particularly in keeping with traditional Aboriginal concepts of self, most Elders and therapists saw that as offenders developed a better sense of self they also developed a stronger sense of community responsibility and identity. While targeting areas such as a strong self-concept, identity, and a sense of connectedness to one's community may not be viewed as standard goals of sex offender programming, Elders, therapists and Aboriginal program providers all saw these as significant aspects of the treatment/healing process and strongly connected with risk management.

"I think the other part is that people like the Elder really helped the guys make connections with their communities. We've had a few really successful experiences where, because of the liaison work that got done, bands organized a plan to get somebody back home." (Therapist)

"It's not just modern therapeutic techniques that do it, trying to get them to be more aware of themselves. That's helpful because they're humans also. Obviously they share in the same kind of certain psychology that we all share in, certain kind of structure of mind and how awareness works, but there is something else there in the culture in which rootedness, connectedness and community belonging are far more important than they are for the average modern individual, urban dweller. So getting them reconnected as soon as possible is important. That's probably why things like Native Brotherhood are so strong in prisons because they feel like they're connected again, ... getting connected in a healing circle. It's obvious they don't understand Natives or they would have started it a long time ago." (Therapist)

"I know that they tried to establish ties with the community at that level. Rather than feeling that they were just individuals—they had that sense of community—so I really think it has helped a few individuals. Actually, if I go down the list, I know that there are quite a few that have that community sense that haven't had it before so maybe that sense of identity that 'I'm more than just myself, I'm part of a larger community sense...'" (Therapist)

Comfort and Openness to Treatment

Another highly valuable common benefit particularly emphasized by therapists was the increased trust and openness they saw in the offenders involved in Aboriginal programs. This factor is of great significance as some

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of the concerns that led to the development and implementation of Aboriginal sex offender programs included questions about the extent to which Aboriginal men engaged in contemporary sex offender programming, the extent to which these programs were viewed as meaningful to them, and their level of motivation and commitment to addressing their offending behaviour in these programs.

Issues like trust, cultural differences, a different world view and the contemporary style or approach to treatment may seriously impact on the ability of many Aboriginal offenders to successfully participate in and complete contemporary treatment programs. The addition and blending of traditional elements appears to have made major improvements in this area. Aboriginal delivery style, content and the inclusions of Aboriginal staff all appear to facilitate an enhanced level of motivation and participation in sex offender programming.

Respondents identified offenders as feeling more comfortable with a traditional approach to healing as part of their sex offender treatment. This comfort appeared to come from a number of areas including the involvement of the Elder, the accepting and non-judgmental approach to healing, the references to familiar experiences raised in treatment by Elders and Aboriginal program providers, the focus on connectedness with family and community, and the attention to a historical perspective of Aboriginal people and communities. This increased level of comfort resulted in engagement in treatment. For clinicians this was seen as very important and as contributing to a greater level of openness, honesty and participation in treatment.

"It certainly provides a more natural setting for people to begin to speak from their heart and their mind and, if there is a healthy Elder involved, that is encouraged very much—to get in touch with your heart and your mind." (Aboriginal program provider)

"They don't have anything in the prisons, so when an Elder comes to the prison this must be so special for them that they're willing to go the extra mile to do things that they wouldn't otherwise do." (Therapist)

"Well, I suppose the biggest observable change is that the rate at which Native guys drop out of treatment has reached just about zero." (Therapist)

"Well, for some of the Aboriginal offenders and for some of the people attending the sacred circle, they certainly feel that they can work on their shame issues and I find for some of them that it's perhaps the first time that they actually do a disclosure and are more comfortable doing a disclosure in that forum and then they come back and they are willing to say that they have done a disclosure and they have talked about their offending, which is what this is all about." (Therapist)

"The way Corrections Canada runs their institutions actually contributes to a part of this problem. So I see that as another one of the big obstacles that I have in dealing with Aboriginal sex offenders and groups because they see me as part of the system but my advantage, I think, is that, because I come highly recommended by my co-facilitator who is a Native healer, some of that edge is taken off. It's not entire, and I sense it with the guys. You can see there is not as much trust but it's improved a lot—it's improved an awful lot." (Therapist)

"I certainly encourage them to really explore ... going to traditional teachings, ceremonies and, of course, for some of them, I mean, it's comforting. The other piece that I find is comforting too is that they also end up making good connections for the outside whether if it's in a city or even some of the other communities because they do attend ceremonies in other communities at one

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point and they seem to have ... they develop a support system that will certainly be healthy for them." (Aboriginal program provider)

"The biggest empirical change is that the Native guys stay with the program. You know that if they complete the program they do as well as non-Natives. The trick is to get somebody to the end of the program.... I'm not sure anybody has looked at this." (Therapist)

"For the Natives, connection, rootedness, is essential. I mean, it's part of being in the world. In our modern society we've come to accept the rootlessness and the disconnection. It's its own pathology, but still we've come to accept it more readily. These guys, they're often just lost, to think of not being connected to their families.... It doesn't matter if their family was abusive. It doesn't matter—it's their family, that's who they are, that's where they belong and it's really hard for them to not be connected. We provide an Aboriginal healing circle where they can come in and they can begin the reconnecting process that contributes to their healing in a major way." (Therapist)

"Yes, and I think that sexual offenders represent not only a specific set of behaviours but a whole bunch of patterns in history that include some pretty painful things and I think that one of the things that I respect most about the traditional approach is the acceptance of people notwithstanding their history, so that seems to create a space where people can talk openly about what's really happened and then start to heal and develop a healing story that allows them to take responsibility for behaviour. I've watched the Elder speak with people about very difficult things—I'm sure things that touch her personally—and yet the love and the compassion that she feels for these people allows her to create a space where they can step above and beyond those mistakes and start to believe that it's possible to be something else and to believe in something else." (Therapist)

"What I notice when I see people in that environment is they have such a sense of connectedness that so many other people in the institution complain about not having. They have a place to be where they can feel safe, accepted, and that, of course, brings about therapeutic conversations, if you want to call it that. That's where healing happens. Healing happens within a safe and healthy, trusting environment and when you put the time in and you present yourself that way, not as an expert ... The Elders are some of the most wise people I have ever encountered, but they're so respectful and so open to the wisdom that they encounter from others at all levels." (Therapist)

"I think it breaks barriers and I think we have been approaching our treatment historically with, 'This is the way we do things,' and we look at it, for instance, from a Christian perspective and we discount a whole historical piece that is there and we certainly have alienated a lot of the Aboriginal people from taking pride in their culture and taking pride in their history." (Therapist)

"I think it's a specific issue for Aboriginal offenders because they have a story to tell about their lives that's different in some very unique ways. When it comes to a trusting system, many times their trust has been breached by a whole bunch of very well-organized, maybe even well-meaning, systems so when an Elder comes in, that may be the first person that they connect with that they're actually able to trust if the Elder has a good relationship with some of the other more positive systems that are available to that person. It also gives them the

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opportunity then to expand their support system and start to feel out the rest of the broader community in a different way and to start to see past cultural lines." (Therapist)

Effects of Ceremony and Culture

While therapists supported the use of ceremony in treatment, few commented on ceremony as intrinsically therapeutic. Most therapists valued ceremony for the way it contributed to contemporary measures. Elders and Aboriginal program providers, on the other hand, saw the involvement of traditional ceremonies as a distinct program strength. Aboriginal staff in the sex offender programs commonly saw traditional ceremonies as uniquely and autonomously therapeutic.

"My view is that the benefits are that if we can get them to deal with their emotions, then we have taken a big step. As a result of these ceremonies, we have seen that." (Elder)

"I think what really makes it distinct is that we have the benefit of an Elder. We have the benefit of traditional teachings and ceremony and that really makes a difference from the contemporary program." (Aboriginal program provider)

"... it provides an opportunity for the institutions to incorporate either disciplines or practices that are conducive to Aboriginal beliefs or Aboriginal culture. The strengths would be to help them focus on a different way of life, a positive way of life, and some of these strengths are the ability to come in here and set up a sweat lodge and provide those ceremonies and the opportunity to teach others, other cultures, about aspects of our Native culture." (Elder)

"We also have men who ... have already learned a lot traditionally so they tend to take a more leadership role in terms of they already know some teachings and already understand a lot of ceremonies and they are already good helpers. They come into group willing helpers." (Aboriginal program provider)

"I'm sort of more used to the modern psychotherapy approach, you know ... jumping in and doing the heavy confrontation stuff, but I'm also aware that in many ways that doesn't work. It kind of works in some ways but one of the concerns I have is that you can make the individuals learn to say the right things but not necessarily change deep inside. The difference with the Native approach is that we are looking for deep-seated connection and therefore that is the change." (Therapist)

Holistic Dynamics

Elders, therapists and Aboriginal program providers alike saw holism as an important benefit in traditional/blended programs. Staff involved noted that treatment models that addressed an expanded model of the self, in contrast to traditional psychological approaches, seemed to have a greater capacity for effectiveness. The inclusion of spirituality and the cultural dimensions of an individual's experience were almost unanimously seen as beneficial in Aboriginal sex offender treatment.

"I truly believe you got to look at the four areas in your life and I don't care what colour you are because I believe in the values, morals—you've got to have that or you are going to recommit." (Elder)

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"I believe it is very important to treat all aspects of the individual and that includes the spiritual/cultural because traditionally they don't separate spirit and culture—they are one in the same." (Therapist)

"To treat a person, we can't leave out a very important part and I see that the spirit is the foundation in a person. Whatever their spiritual beliefs are—and I separate that from religious beliefs—I don't believe that we can ignore that, which is why this program was so exciting to me, which is why I competed for it." (Therapist)

"I think, at some point, someone realized that if we only have the contemporary aspect then they, [Aboriginal sex offenders], are really not gaining the benefit of learning in this area. I think with the teachings and the ceremony, they don't just speak to the sex offender behaviour because, ideally, what we are trying to do is teach someone good tools, good healthy tools for everyday in their life and, recognizing that, we're not just talking about sex offender behaviour. I mean, such is life that at any given day we have things on our plate that we need to be addressing and we need to be working on." (Aboriginal program provider)

"... in the real world we're not about ceremonies every day. I teach them about life and what is to be expected of them outside and why they came here. I strongly believe in culture, but you have to teach them about life too and what the problem is and what got them in here." (Elder)

"It's more of a treatment as a whole rather than as an individual. Whereas the other program is a full-time program, like the non-Aboriginal is half-time, this one is full-time and the reason why it's full-time is because they are encouraged—they're not told, they're not expected, but they are encouraged—to go and speak to the Elder. That is not just talking about their offences, but just finding out why they end up where they are so they get more of who they are in that aspect. Whereas we only deal with it in group half-time, these guys get it for the full day." (Therapist)

This holistic approach was not only seen as addressing the individual's overall healing as a person rather than only focusing on sex offender-specific issues, but also was considered to be an approach that blended the traditional and contemporary so that the offender had the opportunity to learn, in a range of ways, about their problems and how to deal with them.

"One of the fellows in the previous program, when I asked him, he said, 'Oh, going to the Sweat has really made a difference,' and so I said, 'For you the part of the program that was of most benefit was the cultural/spiritual side,' and he said 'No. Both sides were very important.' He was able to take the tools and understanding from what we call a core program, learning about cycles and relapse prevention plans, etc.; he saw both as being quite valuable to him." (Therapist)

The Challenges of Traditional Healing

Despite what was described as the overall success of the involvement of traditional healing in sex offender treatment and the general support shown by all involved, there were a wide range of issues that complicated traditional programming and that were seen to be significantly problematic by the individuals involved in supervising and delivering Aboriginal sex offender programming.

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The problem areas identified by therapists were often different than the problem areas facing Elders or Aboriginal program providers. Although the problem areas varied, all of the individuals interviewed felt that the programs were being limited in their effectiveness and that individual facilitators and their co-operative relationships were suffering due to conflicts and complications.

A spectrum of issues were presented by those interviewed and several themes that touched on common experiences emerged.

The Need for Cultural Education

The demand and need for more cultural education for correctional therapists and staff members was commonly identified. Most Elders felt that a major problem affecting the way they were treated and the way they were able to work with therapists lay in a general lack of understanding of Aboriginal culture on the part of therapists. Elders also noted that institutional staff in general demonstrated a lack of understanding of Aboriginal issues and culture. It was felt that these factors impeded the work of the Elder and often had a negative impact on the offenders and their ability to receive treatment.

Most therapists supported this issue as raised by Elders. Therapists commonly stated, though for different reasons, that they would like to have a better understanding of Aboriginal culture. This interest was largely influenced by therapists' needs to evaluate the development of Aboriginal offenders and to work co-operatively with Elders and Aboriginal program providers. There was a sense among therapists that they were not always able to tell when offenders or Elders were operating on traditional Aboriginal values or when a stance related to issues arising from an individual's personal belief system. Therapists asserted that in order for them to assess Aboriginal offenders and to work effectively and respectfully with Elders they would have to have a better understanding of what Aboriginal culture is and is not.

Developing a greater understanding of cultural and healing issues was seen to be very important as the lack of understanding appeared to contribute to feelings of discomfort and, at times, a lack of respect, a lack of trust, and a distant and sometimes conflictual relationship between therapists and Elders.

"I'm not too sure whether it's an Aboriginal issue or whether it's an individual issue and I think we really need to work those things out." (Therapist)

"The confidentiality issue: is that really an Aboriginal issue, or is it an issue of individuals not feeling comfortable with people they are trying to help, but ... saying, 'Well, if you give me information that really you should be passing on to the proper authorities but it may end up you are going to get more time and I don't want to be responsible for that'? Is it the individual that's feeling uncomfortable with that decision-making process or is it really the Aboriginal sense? You know, Aboriginals don't believe in the justice system in the sense that 'to right a wrong is to do time', it's 'let's get you into the healing circle.' Do you see what I'm saying? So, in that sense, it's kind of difficult." (Therapist)

"Educating staff, case management, is still a challenge. I mean, we haven't worked on that very much. For the most of it, I don't think case management officers know what we are about." (Therapist)

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"I know that the warden and some psychologists are in full support of this, but the case managers, the therapists need more training in this field for them to learn because, like society itself, they have all these misconceptions about an Aboriginal." (Aboriginal program provider)

"We are having problems with the pipe ceremonies because people are complaining about the smell. It's affecting them. It's very dangerous to say something about another's culture because we don't know." (Aboriginal program provider)

"... the whole controversy over bundles and whether or not people could carry them, because you have something that the Natives seem to hold as valuable that CSC thinks is a security breach." (Therapist)

"When it comes to sharing with staff, I think that there's a way to do that, but it has to be ... a way which is supportive and non-threatening, not intimidating. For example, often times I've tried to set up separate sweat lodge ceremonies for staff as cross-cultural training, and if the sweat lodge was seen as too intense, then I would offer a pipe ceremony. If that was also too intense or was not interesting enough, I would try to offer other things, like take them out to a cultural centre or some cultural event—a pow wow or round dance. I'd encourage staff to go out on their own into the community, the Native community, to reserves to see what people are like on reserves. People are afraid, you know. Generally, staff is afraid to go out and be with Native people and it's all this misunderstanding, this not knowing who you are, and not knowing your neighbour.... They don't know who lives next door to them, but in Native communities we know who lives next door." (Elder)

"Individuals that are from the cultural centre get involved in some issues that are specific to our program and they will come into our group once in a while and talk. I don't have a sense of control for that. They don't come to me first and raise the issues with us so that we understand; it's raised in the group. Now, is that an Aboriginal way of doing things? Should I feel offended?" (Therapist)

"Part of the challenge is educating the staff about what is out there, the benefits of it. Most people can spend their whole correctional career in corrections and not have one idea of what happens [in] a traditional community." (Therapist)

"I think they need to go for workshops to understand us better because when we understand something better ... then all the better for everybody involved and we are here for the offenders and if something is working let's not kill it, let's support it." (Aboriginal program provider)

"We have had a lot of trouble. I think people don't understand the traditional way and they assume that we're doing things totally opposite than what is written in the book because we do add things in and, I think too, people have a hard time understanding why.... It seems almost like, because there is no understanding of the traditional, they fear it and so when they fear it everybody puts their arms up and say, 'Oh, God, they're doing something that they're not supposed to be doing.' But it's working, so I don't know ... like with the groups anyway, I'm not saying that every group member is perfect or anything—you always have your days and stuff—but on the average, it's a lot easier [than the other sex offender groups]." (Aboriginal program provider)

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"This one psychologist asked me, 'How come Native offenders don't come and see me?' I asked him, 'What do you know about Native spirituality?' [He replied], 'Well, I read a lot of books.' I thought 'yip-dee-doo!' Anyhow, I said to him, 'What if I told you I went on a four day fast, and I'm a prisoner, and I'm coming to talk to you; I tell you I went on a four day fast—no food, no water—and I'm just excited to share with you, and I'll tell you what I had for a vision?' As soon as I walked out the door you would be writing down on your little note pad there: 'Due to lack of food and water, I think he started to hallucinate.' He said, 'You would be hallucinating.' I said, 'There you go. I wouldn't see you either.'" (Elder)

"... and I know it isn't our department. There's people complaining about the smell of the pipe ceremonies, like the smudging, the sweetgrass. I mean, maybe they shouldn't work in this area, or maybe they should give us an area of our own where we could feel free because I'm sure the Elder feels it when he's told, 'Well, you go into this room and do this and then ...' It's not right. Who are we to judge?" (Aboriginal program provider)

"I wouldn't mind saying, I know there is some people in the Prairie Region that have been sent on training for several months to facilitate the Aboriginal sex offender program and I think that's something that might be good for a lot of the therapists working with the Aboriginal sex offender program. I don't think it would hurt to even ... have psychologists take part in some of that." (Aboriginal program provider)

"It's understanding where people come from and what Aboriginal issues are about. A lot of people don't have that understanding." (Aboriginal program provider)

The Need to Attend to Elder Training and Supervision

Both Elders and therapists saw a need for increased awareness of each other's skills and roles in treatment. Just as Elders favoured more cultural education for therapists, therapists felt that Elders should be more familiar with the approaches common to contemporary sex offender treatment. Therapists commented on the need for screening, training and supervision of Elders given the nature of their work with offenders.

"I think it might be kind of tricky. We need to have a screening process. We get screened and we get asked all kinds of questions. I really went through a screening to get into the retraining program in the first place, so we need to have something in place because I think it's not even fair to an Elder to come in and then 'Wow, this is what it's about! I didn't know that!' and then try to juggle the balls and keep them in the air. I think that's pretty harsh. So if a person comes in and they know what is expected and then they can work as part of the team and feel that this really is teamwork and everyone has something to put into the middle." (Therapist)

"Yes, I believe Elders have a place as part of the team and I also believe that not just any person who is an Elder is suitable to work with sex offenders." (Therapist)

"I think Elders have a valuable place in treatment. I would hope that we could also offer the Elders an opportunity to understand what we do because the more cross-communication we do, I think the more effective we become." (Therapist)

"[Another area] is clinical supervision. I've never been anywhere where there hasn't been [a supervisor] ... that you can go to and hash things out or get some direction.... There's a certain

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level or standard of quality of care, if you will, that you need to aspire to and there's the clinical and the close supervision to help keep that on track. I'm accountable for my actions. I think it's pretty difficult for someone to work who has no clinical supervision—I suppose I could maybe run amuck too if I had everything carte blanche, here you go, there's no one to answer to because we don't know how to answer to you. So where does an Elder go for [their] supervision?" (Therapist)

"I believe this is where I don't think CSC is really taking the role ... to really help and lead Aboriginal people in ... report writing. Like I worked with an offender that went out on one of these three day ETA's and rather than ... I hear a lot of criticism: 'Well, they don't let us know what they're doing' or 'They don't report' or 'They don't do this.' I mean, my experience is all I have to do is go and ask and help and when people say to you, 'Well, I don't know how to write a report', or something like that, then there is no problem. It was very much a co-operative venture and, there again, the Elder and the people that he worked with were quite willing to ask for direction and take my direction and vice versa. They are the experts in this area and I count on them to be that." (Therapist)

While therapists expressed a desire for Elders and healers to have a greater level of appreciation for the type of work they do and to be involved in training specific to working with offender populations, and sex offenders in particular, Elders also asserted that they are trained individuals and that the level of training that has prepared them to work in this field should also be noted and recognized.

"So there's a broad section of experience that we bring to this institution, just by the fact that we have been trained ourselves prior to coming here, by Elders, teachers, ... spiritual people that have been practising for many years. So I personally have about 7 to 8 years of intense training prior to coming to work within any institution or any situation. This was done in isolation back home.... I was trained at a very young age. I'm 42 today and I feel that I've spent the last 20-25 years really working hard at understanding what my role is as a healer, an Elder, or whatever you want to call it, and I feel that I have committed and dedicated my life to that. And so, by doing that, I qualify myself and I've been qualified by Elders in the community, by my people in the community, to be working in this field, to be helpful to my people in this way. That's where I see a need and that's where I'm coming from when I say we as Elders or spiritual people [should be] working at institutions. Most of, not everyone, I've met have had similar training or experience, which provides adequate –I don't know what the word is—but I guess if you compare it in terms of training, we've been adequately trained for the job we're doing." (Elder)

Communication

Effective communication and the need for improved cross-cultural, interdisciplinary communication were issues that were seen as important to all those involved with traditional programming. Regardless of program structure or of the working relationship between Elders and therapists, staff were concerned that communication of all sorts was not often as effective as possible. Issues surrounding facilitator roles, assessment, and blended/traditional program delivery are all affected by the presence of and/or lack of effective communication. The following comments provide some examples of how communication has been a challenging factor in Aboriginal programming.

"As in any other program, or as in any other environment, you have to make sure that you have a good understanding of how you are going to work and how you are going to set things up

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and the dynamics of the individuals that are doing this type of work is certainly something that needs to be worked on before you start. You don't want it to become territorial so I think consultation, good communication, is certainly an important aspect. The challenge [is that] we are all here for the good of the individual and not [to] become, like I said, territorial." (Therapist)

"I think organization probably has been the biggest challenge because when you start to involved interdisciplinary kinds of approaches then ... there's boundaries that get crossed, i.e. when there are decisions that have to be made about programming or whatever. When you've got more than one area involved it means that you have to involve more than one set of managers that are going to be making some of those decisions. Although, ... at a baseline level, if relationships are good that seems to travel its way on up." (Therapist)

"... having more contact with individuals, like with the Elder and then with the cultural centre as well, because I know the cultural centre is also related—I mean, it's not in isolation, the individuals also go back to the cultural centre to continue their progress and stuff—so we need more communication there. I find that one difficulty I have here is that a lot of times staff who are coming from the cultural centre, like other Elders, and I don't know what their positions are." (Therapist)

"We had these sex offender treatment provider meetings and everybody was really after us, 'You gotta do this and you gotta do that,' and 'You gotta have this rule and you gotta have that rule,' and 'You gotta really go by it,' ... Well, I just found it was so humiliating." (Aboriginal program provider)

"I sort of look at it as the role I have is trying to bridge the distance between Psychology and Elders. I see it as a bridge and if I'm a bridge, there has to be traffic going across those two bridges and some days there is an awful lot of traffic and sometimes I really have to stop and say 'Okay, I'm frustrated,' because I understand how a psychologist would see it, but I also understand how an Elder sees it and sometimes they see it differently. I think, historically, it's been hard to bridge that gap but the Elder has been very effective because he recognizes that we all have to work together and I have seen instances where a psychologist would be very headstrong and will not consider other points of view and I've also seen Elders say, 'No, this is the way it's going to be, and that's the way it is,' and typically what happens is there's a lot of resentment building on both sides.... The lines of communication always have to be open between the psychologist and the Elder." (Aboriginal program provider)

Clinical Issues

Some of the challenges identified by therapists and Elders were clinical issues related to assessment, treatment/healing, and to program evaluation.

Assessment

One of the interesting challenges related to assessment of Aboriginal sex offenders was the use of phallometric assessment and the appropriateness and suitability of non-Aboriginal stimuli material.

"Other challenges are assessment procedures: we certainly have one way of assessing individuals [in the contemporary program]; we don't for some of the more traditional

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individuals. We certainly don't have any methods of assessing them at this point. I'll give you a strange example: for a lot of our high risk guys that do come in and do have arousal to children, all our stimuli for our phallometric testing is of European type. You have to wonder if that's not a factor when you are assessing someone who has lived on the reserve and is aroused to Native children, for instance, so how valid are our assessment methods? That certainly will be a challenge to determine. I mean, how can we best assess and gain from both treatment perspectives?" (Therapist)

Treatment

Some clinicians were concerned about the use of traditional healing as a means of conducting sex offender treatment. These concerns were largely related to the non-offence-specific focus that these therapists viewed traditional healing as having.

"What I saw, too, was a discomfort within the disclosing and talking about specifics in their crime." (Therapist)

"We also want to stop the sex offending because a person can go out with higher self-esteem and still hurt people." (Therapist)

Evaluation

Clinicians identified the need to develop better ways of evaluating healing programs to understand the role they play in addressing criminogenic factors and risk.

"I think we have a long way to go in terms of what we can identify as a successful program, and I think we need to really evaluate the process." (Therapist)

Staff Awareness


While comments were made about the need for therapists to learn more about traditional healing and the role of the Elder, and vice versa, one therapist pointed out that there was a need for other correctional staff to become more aware of Aboriginal sex offender programming and the purpose and potential benefits of this programming.

"I don't think we still have the whole staff, whether correctional officers or case management, on board at this point because they know that the individual is attending the traditional piece for instance, but they might not know what is going on or if there is any benefit to the individual, so we as treatment providers might see benefits whereas the case management officer who ends up writing a lot the reports, inmate reports, probably don't know what gains they have made in what area and where the gains came from." (Therapist)

Conflicts in Paradigm and Approach

Further to the issue of cultural education is the issue of cultural conflict. Even where there was a demonstrated willingness of Elders and therapists to work together, there were still occasions for some conflict due to cultural differences. Earlier sections identified the commonalities in traditional and contemporary goals and evaluations,

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nevertheless fundamental differences in cultural paradigms do exist and need to be acknowledged if programming is to be improved.

In some cases the practices and approaches of traditional and contemporary treatment faced direct conflict. Opposing concepts in delivery style or conflicting opinions regarding indicators of change were often rooted in differing cultural perspectives on healing and health. These are issues that improved cultural education and staff communication must address.

There were a range of conflicts identified, some which were true conflicts and others which were perceived conflicts that appeared to have more to do with misunderstanding of approaches and a lack of information or lack of appreciation for each other's roles and methods of treatment/healing than actual conflicts. Again, this points to the need for further education so that there is a clearer understanding of the actual similarities and difference between clinicians and Elders and contemporary treatment and traditional healing. The perceived conflicts between therapists and Elders are outlined in Table 1.

It must be noted that these identified conflicts and noted styles and approaches do not reflect the position of all therapists or of all Elders. These points simply reflect areas of perceived conflict identified by the interview respondents.

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Table 1	
Perceived Conflicts Between Treatment and Healing	
Therapists	Elders
Need for proof of program effectiveness.	Acceptance of the efficacy of healing.
Desire for written reports. Interest in video taping therapy sessions.	Oral tradition.
Primary focus: ◆ Cognitive - behavioural	Primary focus: ◆ Spiritual - emotional
Style of treatment delivery: ◆ Clinical ◆ Confrontational/challenging	Style of delivery: ◆ Nurturing ◆ Non-confrontational
Confidentiality ◆ Assumed to be limited	Confidentiality ◆ Held in high regard and viewed as required for healing
Approach to treatment: ◆ Treatment is achieved through the process of therapy ◆ Goal-oriented and structured	Approach to healing: ◆ The process leads to healing ◆ Process-oriented and unstructured
Orientation to offender: ◆ Guarded, suspicious	Orientation to offender: ◆ Trusting and caring
Approach to Victim Empathy Training ◆ Asking for forgiveness not appropriate or acceptable	Approach to Victim Empathy Training ◆ Asking for forgiveness is necessary for healing

The following are examples and comments by Elders, therapists and Aboriginal program providers describing conflicts encountered in the provision of Aboriginal sex offender programming.

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"I try to explain as much as I can and sometimes I think maybe I shouldn't have explained it, but I did. Then you go through a time that you're just quiet, you just don't feel like saying any more because you've told them so much and now they almost use it and twist it the wrong way and it's not right anyway what they are saying. So, I guess, until they are ready to understand it, it's really tough. Like it's if we could write everything down that we do, it would be okay or if somebody would write this stuff down and give it to them then they could understand it, but as long as we're trying to tell them it's not written in a book and so it's no good.... I had a talk with a supervising psychologist earlier today because that seems to be what it is, like if what I said was written in a book, then they would take it seriously, but as long as it isn't written in a book..." (Aboriginal program provider)

"Some things that I found a little frustrating: we've made some changes in the group, so now what's happened is we built a trust in that environment such that we can start doing other things [like] we can show some videos, we can give handouts and have people read them or talk about them from their personal point of view. That wouldn't be a traditional way of doing that but it seems to be, when we look at the kind of material that the fellows talk about afterwards, they become more emotionally charged, it's more emotionally charged material. It's more specific and less generalized and we do try and bring it around to their offense as well rather than just let them talk in their own way because it's very hard for them because of the shame—they have to address the offense directly. That's maybe an example where, in a modern group, the issue of shame is often addressed very directly. It's just put on the table and you talk about it, whereas traditionally I think there's an assumption. I could be wrong on that [but] there's aspects of the healing that go on which bypass the psychological defences of shame, getting behind it and start to undo the ties such that it can just fall away and the person can actually get reconnected to their own community and family and not be blocked by the shame of their offense." (Therapist)

"Sometimes I think a lot of these guys are being misread by staff. I'm not saying that's good or bad, I think just being misread. I think that if we had the opportunity to be involved in assessing some of these people we could do better." (Elder)

"What I find with some of the guys that come into my program, they've been in many programs in the institutions, very well spoken, know all kinds of words I don't know; they're into head stuff and, as I always say, they are nice flowery words—book learning, cognitive skills—but they are not speaking from the heart. So they think they are going to go right by me, you know, intellectualizing and all that. And I just sit there and listen, and I know they are not connected. That I see. The spirit has to move and it's not with some of them." (Elder)

"The effects are that they may become more quiet, and I think that has been part of the problem as well. Because we're teaching them to go inward and to look at themselves, to deal with their issues internally, and sometimes that requires silence and quietness and so when they go back to the units they maybe have had a whole lot of things put on them to think about from here, but when they go back there, they're told, 'Why are you so quiet? Are you in your cycle?' They'll be termed as—they have a word for it, I don't know, but it's seen as negative when they become quiet." (Elder)

"We were confronted with one offender who was very manipulative and the Elder believed his story and thought he was doing fine and he should pass the disclosure, however I could see that manipulation and when I brought it out, ... when I brought out certain issues in the group, I

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was too challenging. I was almost like a prosecutor. I wasn't a therapist and yet he recanted and said, 'Yes, I did do it,' at the end. So I don't know how the Elder felt at the end so when we asked him to do the disclosure on camera so that he doesn't take back some of the words that he says when the Elder's not there, he brought out the issue that we're not supposed to record anything and then the Elder agreed there and said we are not supposed to record anything and so we got stuck there as well." (Therapist)

"Contemporary as opposed to traditional, it is kind of hard to really talk about those because the way the questions are asked it seems like the contemporary part has no feeling towards the offenders whereas in traditional we have to feel for them without hurting them. We have to be careful. We can't ... we are not going to save everybody, but as long as we save a few. It is like what our Elders used to tell us: 'As long as you can save one person.' The objective in life is to help others, but we can't let our hopes be too high or too grand; as long as you help a few. I don't know how the contemporary will see that differently. We have to have an understanding in order to work together. Something has to work. Until we find that, we will try anything. We have to have an open mind. That's the important thing." (Elder)

"We try to encourage them too, to come forward of other charges and I find, there again, they are drilled, drilled and drilled by the psychologist which is not right. That's not taking responsibility. That's not allowing them to take responsibility. If you have a problem, you should be addressing it because if somebody has to pull it out by force, then it sends out messages to other people." (Aboriginal program provider)

"I guess the difficulty that I had is with my healing circles; what stays in the group, stays in the group. It doesn't need to be written down, and I still have a bit of difficulty with the written stuff because I am still not used to that. I'm just used to a person talking the way they want to talk." (Elder)

"I'm very much used to where group interaction is where everybody's involved, it's a group process. With the healing circle it seems ... and I'm getting more adapted to it but it's tougher, because each person says their piece and you just trust that there's something happening by the fact of respecting their opportunity to speak. So, it's a completely different way of doing therapy. You trust ceremonies, you trust the ritual, you trust a certain aspect of the environment that is a sacred circle in itself and there's less emphasis laid on specific therapeutic interventions." (Therapist)

"The other issue is how the victim is viewed and how the healing process for both the offender and the victim is viewed. Again, I really don't know if it's individual or if it's a group or if it's an Aboriginal-specific problem. I will just give you an example. In our victim empathy component, we have the offenders writing a letter to the victim. It's not addressed to the victim, but it's as if he is writing to the victim, indicating remorse and responsibilities. What that is supposed to do is try to show that he understands or he can have a sense of what kind of effect his abuse or his assault on the victim has had for the victim. So, for us, when he writes that letter the offender is supposed to be giving an understanding of how he understands or knows what the impact is on the victim. If the offender is writing for forgiveness of the victim, that's really a selfish act in the contemporary view and the offender is actually confronted with that. However, now I'm being told by the facilitators that the Elder is indicating that that is a sense of healing for the offender by asking for forgiveness of the victim. In the contemporary view, you have already taken something away from the victim, so it's not your right to ask for something yet

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again; the victim may not be ready for that forgiveness and may never be ready for that forgiveness, so the person's asking [is being selfish] rather than showing empathy. That's not an indication of empathy. Now we are kind of stuck there, because when they say that they are asking for forgiveness, to me that's a failure, and to the Elder it's a sense of progress and so we are going to have a little challenge there for that." (Therapist)

"I work with another group of sex offenders in which we have a Native or two in there but basically we're dealing with it on a more modern way of dealing with groups ... and it's very confrontative.... We don't really hold the person in loving acceptance ... where they can relax their defences, start to say some things that will make them look more objectively at themselves rather than trying to defend against the world out there so, because we don't do that, we see some changes in people in the second group but it's a different kind of change. I think they know more, they could spout more off. Whether they actually apply it, whether they as a human being have changed, that's really hard to say." (Therapist)

"The Elder does individual counselling in the afternoons and stuff and it's far removed from the facilitators and from myself. What is said there is sometimes quite different from what is being said in group and so when we need to confront that inmate, I've had concerns about the individual counselling process that the Elder does there. Another time there was concerns or questions about the materials that they use for their pipe ceremonies because there was some concerns here, the differences whether women can attend and what kind of problems there can be. Another individual Aboriginal who was coming into our program for a couple of sessions, her Elder was telling her something different about the use of sweetgrass versus what our Elder was doing, so I consulted with him to find out what is appropriate and what can we do to help each other out here so that we are not impeding each other's healing process because she was going through her own things and her Elder was telling her something else. Things like that. Those were a couple of things. There was also concern that we had about the limits of confidentiality issue and the Elders had concern about offenders who provide new information on new offenses that they haven't been fully adjudicated or investigated for, that they came forward in their group [with]. They were concerned about providing that information to sources [because of concern that] the offender gets more time, so we have had to work out that issue as well." (Therapist)

"It's not about goal attainment and this is the hard part, I think, for Correctional Service Canada to accept. They are very much goal driven. It's very much the modern way of doing things, modern management." (Therapist)

7. The Success of and the Need for Traditional Healing in Sex Offender Programs

This section looks at the demand for traditional healing as part of sex offender treatment programming for Aboriginal sex offenders from the perspectives of those presently involved with supervising and delivering these programs.

Although many sex offender treatment programs that have adopted a traditional healing approach or component to treatment are still relatively new, therapists, Elders and Aboriginal program providers identified what they believe to be the success this approach has had in addressing the needs and risk associated with Aboriginal sex

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offenders. They also asserted the value and need to continue to further develop and provide this type of blended approach to treatment/healing.

The Success of Traditional Healing in Sex Offender Treatment

Elders, therapists and Aboriginal program providers were asked if they felt they could see measurable changes in individuals that had participated in their programs and if they viewed the Aboriginal sex offender programming to be successful. In particular, therapists were asked if they felt that the introduction of Aboriginal healing components and the presence of Elders had improved the overall success of the sex offender programs.

All of the therapists and Aboriginal program providers interviewed felt comfortable stating that the inclusion of a traditional healing approach was successful and did benefit treatment programs. All twelve offenders interviewed were also asked if they felt that traditional healing had successfully played a therapeutic role for them. All twelve responded positively.

The following comments, made largely by therapists, attest to the success of a traditional healing approach.

"I can see measurable change." (Therapist)

"I see a lot of benefits to it.... I've seen a lot of Aboriginal offenders develop more effectively with the help of what is available to them from Elders. To assume that we all fit in one mould is very dangerous.... I have learned a lot from it too, and have a lot of respect for teachings, and they are all healthy teachings so I think we are sort of blessed with having that opportunity." (Therapist)

"Well, I think the success is ongoing. I think we're still in the beginning stages and it is a bit of a struggle. The methods that they use might be different but certainly the basic premise of our program is the same." (Therapist)

"In most cases, it has given them a hope for after treatment, I would think. Most of the offenders who are out in the community after leaving our program have a whole new network of resources that will help them assist managing their risk. I think it kick-starts them in one direction—it's healthy." (Therapist)

"We are not doing anything that would jeopardize treatment. We are actually adding something that makes sense for people ... for a lot of our Aboriginal offenders this is their first opportunity to discover traditional values because there are a lot of reserves that have let go of a lot of values and for them this is an awakening. There is certainly a lot of pride in reintegrating back to traditional ways and that becomes a major support system for when they do get out and certainly [this is important] for any relapse prevention program. From a contemporary point of view, resources and supports are very, very important." (Therapist)

"[That inmate] has since come back and said, 'I certainly, with all the resentments I had and all the anger I have, have certainly diminished and I know our traditional ways work with all people and not just my people.' There has been some big benefits to that." (Therapist)

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"When you watch an individual come into a process possibly silent, or even angry, carrying a whole bunch of different emotional baggage from past history and some cultural realities that can be fairly painful as well, it's amazing when you see that person open up." (Therapist)

"It brings them out and it allows them to grow and heal. So there [are] a lot of benefits." (Elder)

"Yes, there are some individuals that it's really helped." (Therapist)

"I can't imagine having accomplished what we've been able to do here without having the system of respect that we've had between us and I can see where that would make a tremendous difference." (Therapist)

"Yes [it is more successful because of traditional elements] and [I] feel quite comfortable with it. It is a successful program. We've had positive feedback from as high up as our warden here, and the fellows that have been previously in the first group ... they have all said that they have benefited and learned." (Aboriginal program provider)

"Yes, I think it has made a difference. There's lots of potential." (Therapist)


"I would say, yes, I could see measurable change." (Elder)

"When the offenders come to me and say, 'This is the only time I can get to see the Elder. Can I be excused from group?' and the answer is yes ... Or the people that are working early to set up the sweat lodge, they are allowed to do that because it's recognized that that is a valuable component of treatment." (Therapist)

"... I think in some of the ways we already talked about—respect, philosophies, the overall bigger picture. When these offenders have a lot of issues that they are dealing with, I am not as knowledgeable about family of origin issues. I know they exist in the Elder and their way of healing is talked about, but I see it as well as in the relapse when Aboriginal offenders incorporate that into their relapse prevention plan. And to me, it's no different than if you're trying to turn a non-Aboriginal away from a criminal lifestyle—they have to replace that with something. You know, because I hear the criticism. Well, they didn't become involved in this before and now they're gaffing or they're scamming, or whatever. And my question is, why are we so gung ho on them attending an AA meeting that they never did before and somehow now we look at a sweat lodge as something different? I think, there again, that's not my philosophy. I mean, change has to start some place and with some of these guys, no matter what they do, it is going to be totally foreign. And, you know, whether it carries through and they leave the institution or not, there again I don't know what the research is going to show, but that's used as somewhat of a criticism. When we can look at our same sort of traditional sex offender maintenance programs and guys that are taking those and re-offending ..." (Therapist)

Offenders' Perceptions of the Benefits of Traditional Healing

Men participating in traditional healing approaches to sex offender treatment were asked to comment on the benefits of this programming. They described having made gains in areas identified by both Elders and Aboriginal program providers as being the focus of traditional healing and the areas they would assess to determine healing gains. This was seen as positive as it suggested that what Elders and Aboriginal program



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providers are focusing on in healing is having an impact, and that the factors they are assessing to determine change are in fact areas offenders are reporting experiencing change in. The changes men in treatment identified are reported in Table 2. The areas of healing listed in this table represent gains spontaneously identified by the offenders interviewed and not responses to pre-identified areas of change.

Table 2			
Sex Offenders Evaluation of Healing Gains			
Healing Gain	% Offenders Reporting Change	Healing Gain	% Offenders Reporting Change
Loss of anger	100%	More positive	42%
Open to learn/heal	67%	Peaceful	42%
Connected to feelings	50%	Responsible	33%
Spiritual	50%	Ethical	33%
Talking about problems	50%	Closer family	33%
Addressed victimization	42%	Hope	25%
Self-control	42%	Understanding	25%
Caring	42%	Respect for women	25%
Pride	42%	Respect	17%
Clearer thinking	42%	Trust	17%

The Need for a Traditional Approach to Sex Offender Treatment

It is important to make the distinction between success and need. Many therapeutic approaches can be effective and successful; whether they are needed, however, is a different issue. Correctional institutions face the arduous responsibility of providing treatment for a wide and ever changing range of offenders. A variety of approaches to treatment are always available, yet it is necessary to select the most effective and efficient models.

In light of these points, it must be asked if Aboriginal programs are in fact a need. Interviews and participant-observer sessions revealed a great deal of evidence supporting the effectiveness of traditional healing in the treatment of Aboriginal offenders. Elders, therapists, and Aboriginal program providers were also asked if they felt there was an expressed need for Aboriginal-specific sex offender programming.

There was almost unanimous support for the notion that Aboriginal programs are necessary for the treatment of Aboriginal sex offenders. All twelve offenders interviewed also felt that there was a need for Aboriginal sex

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offender programs. The only individuals reluctant to support blended programming were a couple of Elders who speculated that Aboriginal sex offenders would be better served in a strictly traditional program and/or by being managed strictly by Aboriginal organizations.

The comments below indicate the most commonly shared opinion about the need for a traditional healing approach in the treatment of Aboriginal sex offenders.

"I think it's essential. I believe very strongly that working in isolation is just not the most efficient or effective way to do any kind of treatment." (Therapist)

"I think the team approach is really the only one that works. I wish I could see more of that happening in institutional settings." (Therapist)

"I'm really glad to see that these initiatives and programs are being given an opportunity to develop and I think that we need to be really patient during the development process because, as with anything else, it's going to take time and we're going to learn from our mistakes—I'm sure we're going to make those—so I think it's just staying with something long enough to watch it make a difference. We have to give people that time. The other thing is, trust here is a process. It's not something that people are going to give you automatically, both by staff or by offenders." (Therapist)

"I think it's gotta work in combination, the psychologist and medicines, spiritual—I think that's important. We have to work together with understanding on both sides because there's ... some things that I don't understand and working with different psychologists, you know, if I have a question, I ask them about it." (Elder)

"The main focus has been on core programs, and that is okay; we're willing to work with that, but I see in the long term that it's not going to provide what they're hoping for. My personal opinion is that it's not going to go [without Aboriginal programs]." (Therapist)

"It's needed. It's really, really needed. There is not enough." (Elder)

"It gives people a chance to look at every option. There is hope. There is a way. If we get together we can help each other. Some of the guys I talk to, they are not really interested in the contemporary counselling. They are more interested in the traditional. But I tell them that when they leave here it might be more contemporary than traditional where you go." (Elder)

"I think it's a specific issue for Aboriginal offenders because they have a story to tell about their lives that's different in some very unique ways. When it comes to a trusting system, many times their trust has been breached by a whole bunch of very well-organized, maybe even well-meaning, systems so when an Elder comes in, that may be the first person that they connect with that they're actually able to trust if the Elder has a good relationship with some of the other more positive systems that are available to that person. It also gives them the opportunity then to expand their support system and start to feel out the rest of the broader community in a different way and to start to see past cultural lines." (Therapist)

"I think it is very important and I applaud any direction towards encouraging people to become spiritually developed. I think a lot of points that we do cover in our own contemporary teachings are covered in traditional teachings. I think it reinforces a lot of notions and

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concepts. I also like the whole approach to inviting non-Aboriginals to attend because we've had Christian non-Aboriginals attend the sharing circles and it's certainly made them appreciate the whole way of looking at life in general." (Therapist)

While some Elders did assert that offenders might be better off with strictly Aboriginal care and treatment, some were strongly supportive of the importance of both contemporary and Aboriginal contributions to healing.

"When they get back into society there isn't going to be too [many] traditional people. It's necessary to have them both. They have to have it equal, not one more than the other. We have to learn to work together." (Elder)

"[Having both approaches] is very important. I think the balance is good, because it has to work that way. Out in the free world, it's both." (Elder)

8. Recommendations for Future Program Development

Each interview presented an opportunity for the subjects to make further comments and suggestions regarding issues they saw as important to the improvement of Aboriginal sex offender treatment.

The following areas were the primary areas that the therapists, Elders and Aboriginal program providers saw as most important.

Expansion of Aboriginal Content and Programming

Elders, Aboriginal program providers, offenders and even some therapists identified a desire for more Aboriginal content in traditional sex offender programming and the expansion of Aboriginal programming. The Aboriginal people involved in this study felt that an increase in Aboriginal programming was absolutely necessary due to the specific needs of Aboriginal offenders and their disproportionately high representation in prison.

Examples of areas for further development included having more Aboriginal-specific resource material (many Elders pointed out the absence of Aboriginal-specific material like educational videos and written material), increasing the duration of Aboriginal sex offender programs, and expanding programs to offenders who cannot access community programs or programs within the institution.

"I just wish we could have more Native content, instead of following the contemporary books. I would rather follow a Native context and still be able to help out the inmate. I would like those books to be revised to be more Native-oriented than what they are now. Because an Aboriginal learns differently that saying is true, like it's more hands on." (Aboriginal program provider)

"I personally feel that six months is not long enough to have a person come through. You need longer time to spend with those that are consistently involved with Aboriginal programs. If we had more time we could do a lot more with them and we could see a lot greater results. What happens is a lot of times they don't finish what we start." (Aboriginal program provider)

"[The] guys in segregation, I would like to take them to Sweats. I would like them to be in the sweat lodge. Then they would know where they came from and they would know there is help. We have to try everything if we want them not to do whatever they [did] again. We have to show them they are trusted." (Elder)

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"Sometimes we need a little more Native input in there, understanding of Natives ... like even the history is important for them to understand—Where did they come from? Where are they going? A lot of them blame their parents ('They did this to me and they did that to me.') or blame the community, the government ... So if you give a little bit of an explanation of why those things took place, not saying that you are blaming anybody but saying, 'Well, this is what the thought was at the time.' We're not saying it's right or wrong, but this is the history. This is why the reserves were made. This is the treaty. This is why you have a treaty right." (Aboriginal program provider)

"This prison itself, over 70% is Native population and I think it's high time that it was more Native-orientated." (Aboriginal program provider)

Language

Language was an issue that varied somewhat from institution to institution. All the Elders felt that the presence and support of Aboriginal languages were necessary. What varied was the percentage of inmates that spoke Aboriginal languages. In some institutions almost all the inmates in the Aboriginal sex offender programs spoke an Aboriginal language. In other institutions the percentage of offenders that spoke Aboriginal languages was as little as one third, and sometimes even less.

Regardless of the statistics, it was evident that language was an important aspect of ceremony and cultural identity. Further, language was at times identified as a problem which made it difficult for some offenders to communicate with therapists and/or in group therapy. It was suggested that Elders were often essential therapeutic team members because of their ability to communicate with offenders in Aboriginal languages. It was also suggested that offenders may benefit from the development of language programs as an adjunct to cultural education programs and the development of healthy Aboriginal identity.

"[Some] men hardly speak English and they feel sometimes it's going too fast and there is not enough explanation about long or even short words." (Elder)

"One specific area is language, so that has provided its challenges. I won't say that it's difficult because I have an excellent set of translators who are more than willing to translate. Where it gets difficult is sometimes we get really caught up in talking about somebody's cycle, for example, and we'll be getting carried away and forgetting that two people in the room don't understand a word of what we are saying and twenty minutes has gone by and nobody has said 'time out' and I've been trying to leave it up to these two fellows to speak up for themselves and say, 'Look,' but the cultural belief is that you don't speak up until someone is finished speaking, so that's been a bit of a difficult area." (Aboriginal program provider)

"I think there should be consideration with [Aboriginal] men who don't speak English." (Elder)

"I know one fellow that the staff had a hard time getting a word out of him. By the time he left this place, he was talking very well [and] expressing himself and this was a man whose first language was Cree and he had a very limited education. They looked at him as being shy or there was something wrong with him. They had had him tested, and all kinds of things, but what we saw was known as cultural gap. When we approached him through our culture and through our language he responded very well and we told him, in our language, that it would be nice for you to speak up and to share because you have very good views and very good

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opinions on certain situations that you can tell these people, you can share with them what you're thinking. So we encouraged and we built him up and we had him speaking in our circles, in our language, and we had him speaking in the sweat lodge which brought him out. Pretty soon you couldn't shut this guy up. The staff were amazed what happened, all of a sudden this guy is talking out in groups. He's doing this. They were just amazed." (Elder)

Regional Suggestions and Requests

Many of the individuals interviewed felt that the changes that are necessary for the improvement of Aboriginal programming need to happen at a regional level. These comments indicated that program challenges were not always centred in the program, its facilitators and approach, but on the limits and complications incurred from institutional policies and attitudes.

In identifying recommendations to be considered regionally, issues primarily focused on a greater ability to consult with peers and experts in the field as they work through developmental issues and group process issues with Aboriginal sex offender programs. Other issues identified included regional or national guidance related to Aboriginal sex offender programming through the development of program guidelines, greater access to the regional Elder, more supports for Elders, greater training opportunities, Elder involvement in policy decisions related to Aboriginal programming, and more research into the area of Aboriginal offenders and programming.

"What I would really like to see is more unity in the programs that are delivered in the various institutions within [this region] and from other regions. I feel a sense of isolation. I don't feel that I have a sense of where I can go to [discuss problems] ... I'm just taking a wild guess at it and we are working on a crisis basis. However, if I know that there are issues that are concerning other institutions, well then at least we could come together and try to resolve them." (Therapist)

"I think if we have a stronger tie with other individuals running groups at the region or individual institution levels, maybe these things can be resolved prior to the problems that we have over there. I also need more contact ... with individuals that I can just call on the spur of the moment and say, 'Hey, I have this problem here.... What do you think of that?' I don't have that right now. I still need to build it. The regional Elder is a really good idea and I think he should be given the opportunity to go to each institution and introduce himself so that we get a sense of who he is and he gets a sense of who we are. It's not just the name, you need that contact before you feel comfortable enough to call that person up and ask the questions. That really needs to be done." (Therapist)

"I would like to see more regular contact with the various individuals who provide these services in the various institutions, or if there is anything at the community level, and see if we can hash out some of these issues together. More information sharing, I think, would really be of assistance to us." (Therapist)

"I think we need to sit down and have a more thorough examination of certain issues and need to examine which ones are ... like I said, are they individual differences or are they really Aboriginal-specific differences that we need to work out at a national or regional level, not at an individual institutional level?" (Therapist)

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"... a little more support from the higher ups. I've had no problems to be supported materially but I feel sometimes that I don't have enough support emotionally. I don't feel I have somebody to go to and be able to say to them, 'I'm tired today.' It's taken as laziness if you say that."
(Elder)

"[I think we should] be involved in the policies that are being designed or implemented by administration, management or even Region because the policies that Corrections utilize sometimes undermine or deter us from being able to do certain things. So we have to be involved somewhere and I suppose maybe this is where this national or regional Elder comes in, but I haven't seen anything in the way of changing or helping to address certain policies that we need to look at. Once that happens, then you can create a place and atmosphere that's going to be more helpful." (Elder)

"We need to be able to get help from various entities or groups or people that can help us in terms of research and also in developing a program that suits the needs of our Aboriginal offenders based on Aboriginal philosophy and teaching. Based on the healing practices of our people, that can be a model to utilize in an institution without interference from other entities or groups. To be allowed to have that grow to a certain stage..." (Elder)

"[We need to] extend the section 81 document which talks about individuals going back into the community. We've taken guys out to sun dances, ... pow wows or other cultural things like that. There has to be more.... That's a way that works: it's positive; it works for these guys, not maybe 100%, but it provides an avenue to reduce the risk of re-entry. So that has to be expanded." (Elder)

"... training for more healers to come into the system, plus their helpers. I mean, the traditional training is happening already for them in the community. They're being trained, but they're not trained in coming in to work with institutions so the institutions have to provide more training in how they operate, where they could fit in." (Elder)

SUMMARY

This study has sought to enhance our understanding of the role that Elders and traditional healing play in the treatment of Aboriginal sex offenders. It appears clear that the experience, teachings, and healing approaches of Elders and Aboriginal program providers bring much to the treatment of sexual abuse/aggression. The current movement to provide Aboriginal offenders with the best care through the provision of both contemporary treatment and traditional healing appears to be having the desired effect of making treatment/healing more meaningful for Aboriginal offenders. Given what appears to be the potential effectiveness of this model in addressing offender risk and need, some consideration should be given to extending this approach to other offender groups.

Although the roles and approaches of Elders and clinicians are clearly different and distinct, there is in fact considerable overlap in philosophies about treatment/healing and in the goals of the two interventions. These approaches have the potential to compliment each other while still providing unique experiences and benefits for the offender participating in Aboriginal sex offender programming. It is suggested that Elders and clinicians have much to offer each other, and much to offer the offenders they work with.

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The challenge of moving forward with blended approaches to treatment/healing will be for Aboriginal and non-Aboriginal clinicians and healers to find ways of working together in a clear and co-operative manner. Greater clarity is required in determining and communicating the role that each approach will play in the treatment/healing process. Clinicians and healers must work together to develop a strong appreciation and respect for the benefits that each group provides in the treatment of Aboriginal men who have engaged in inappropriate sexual behaviour.

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