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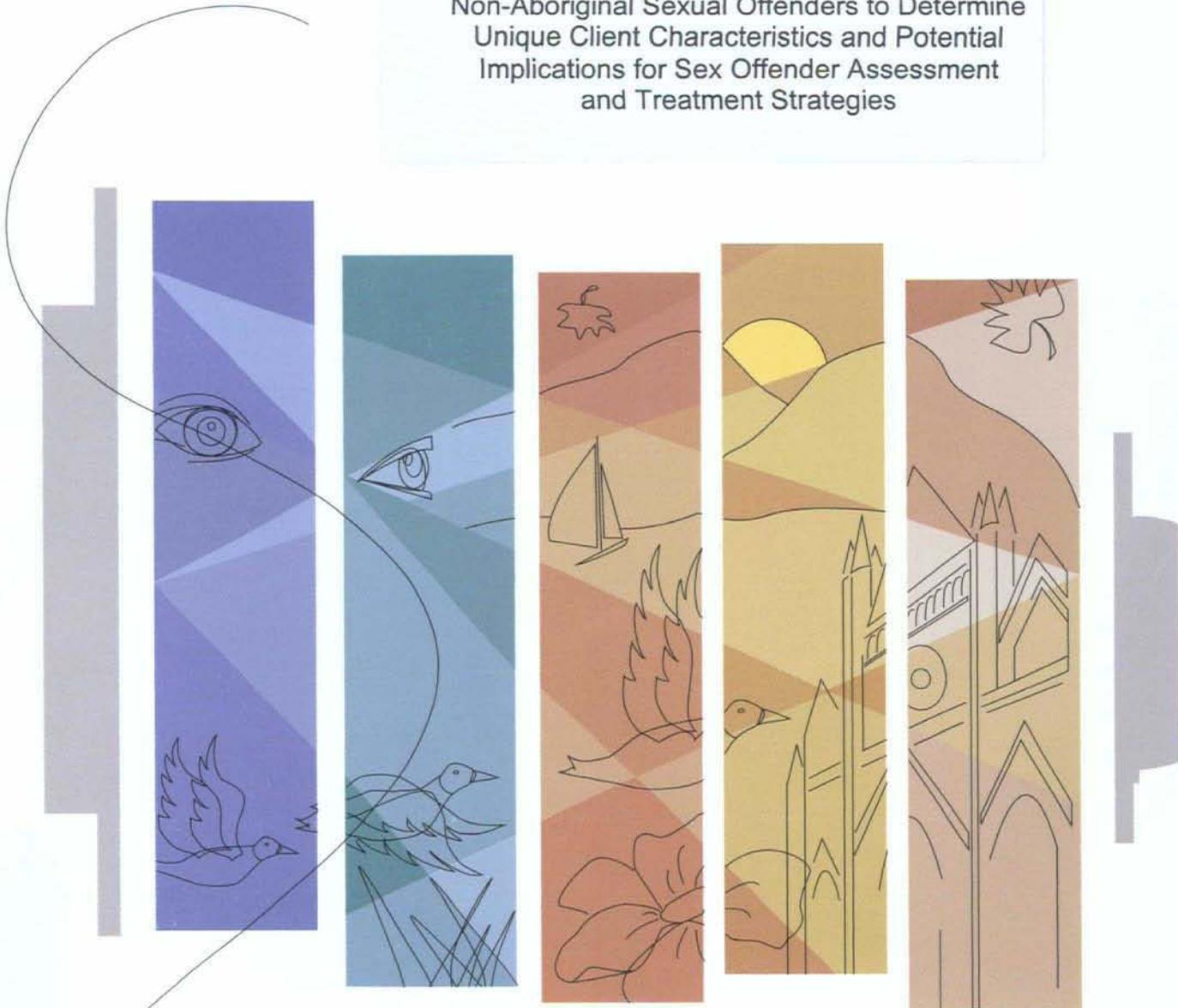


Research Branch  
Direction de la recherche

Corporate Development  
Développement organisationnel

————— **Research Report** —————

Exploring the Profiles of Aboriginal Sexual Offenders: Contrasting Aboriginal and Non-Aboriginal Sexual Offenders to Determine Unique Client Characteristics and Potential Implications for Sex Offender Assessment and Treatment Strategies



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**EXPLORING THE PROFILES OF ABORIGINAL SEXUAL OFFENDERS:  
CONTRASTING ABORIGINAL AND NON-ABORIGINAL SEXUAL  
OFFENDERS TO DETERMINE UNIQUE CLIENT CHARACTERISTICS AND  
POTENTIAL IMPLICATIONS FOR SEX OFFENDER ASSESSMENT AND  
TREATMENT STRATEGIES**

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Forensic Behavioural Management Clinic  
Native Clan Organization

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**January, 2002**

## EXECUTIVE SUMMARY

The Native Clan Organization's Forensic Behavioral Management Clinic (FBMC) is located in Winnipeg, Manitoba and provides assessment and treatment services for Aboriginal and non-Aboriginal individuals who have engaged in sexual offending behaviour.

In an effort to profile and better understand the composition and characteristics of offenders who completed treatment at FBMC, an offender database was established. Variables were identified through a review of the literature and consultation with the clinical team at FBMC, which includes psychologists, social workers, Aboriginal spiritual helper/healers and community outreach workers. The database includes 235 variables and encompasses a range of areas including general offender characteristics, Aboriginal offender specific characteristics, developmental history, criminal history, pattern of offending behaviour and participation in and response to treatment. The objective of identifying the characteristics of the men who participated in treatment at FBMC was to assist in guiding the programs evolution to better meet the needs of the men we assess and provide care for, as well as to access information that can contribute to the knowledge base in this field. A total of 303 closed treatment files were reviewed from 1987-1999.

Of the 303 sex offender cases reviewed, 40% of clients were Aboriginal (including North American Indian, Métis and Inuit) while 60% were non-Aboriginal. The indigenous people groups were collapsed into the Aboriginal category as the numbers of Métis ( $n = 21, 7\%$ ) and Inuit offenders ( $n = 1, 0.3\%$ ) were not sufficient to analyze in separate categories. This will be an important area for future investigation as it is unlikely sufficient to assume homogeneity across these groups. Of the Aboriginal offenders in our sample the majority spoke English as their first language. The most common Aboriginal first language among our client group was Cree. The majority of the Aboriginal offenders in our sample were raised on reserve communities, however most relocated to urban centres. Only a very small percentage of the Aboriginal offenders in our sample identified growing up learning/experiencing traditional Aboriginal culture, teachings and ceremonies as a part of their life.

There were some important differences between the Aboriginal and non-Aboriginal offenders in the FBMC sample with regards to developmental and social histories. While both Aboriginal and non-Aboriginal men in our sample experienced difficult and traumatic experiences in their developmental years, such experiences were more pronounced among the Aboriginal men. In exploring the men's formative years, the largest percentage of offenders reported being raised by both of their parents. However, Aboriginal offenders were more likely than non-Aboriginal offenders to have been raised by extended family members and to report the experience of parental separation or abandonment. Aboriginal offenders also were much more likely to have experienced the tragic loss of a family member through suicide and murder. Aboriginal offenders were more likely to have family members who abused substances and who had criminal histories. They were also more likely to have had knowledge of, or to

have witnessed, domestic abuse and inappropriate sexual boundaries in the home while growing up. Aboriginal offenders were more likely than non-Aboriginal offenders to have experienced neglect and sexual abuse. However, no differences were found between the two groups in regards to the experience of physical and emotional abuse, which occurred with a high degree of frequency for both Aboriginal and non-Aboriginal offenders.

A history of having abused substances (alcohol, drugs and solvents) was more dramatic among Aboriginal offenders. Aboriginal offenders were also more disadvantaged in terms of their level of formal education and employment history than were non-Aboriginal offenders.

There were no significant differences between Aboriginal and non-Aboriginal offenders with regard to the number of young offender or adult convictions they incurred. However, Aboriginal offenders did self-disclose having committed more violent offences as a young offender, for which they were not charged, than did non-Aboriginal offenders. They also reported having committed more violent offences than charged for, as adults. Non-Aboriginal offenders demonstrated a greater tendency to report having committed sexual offences, as adults, for which they were not charged.

In regards to their sexual offending behaviour, Aboriginal sex offenders appeared more likely to be perpetrators of rape than any other sex offence, while non-Aboriginal sex offenders appear more likely than Aboriginal offenders to be perpetrators of sexual offences against children, particularly incest.

There were some interesting differences between the two groups in regards to the characteristics and pattern of their offending behaviour. For example, Aboriginal offenders were more likely to offend against female victims whereas non-Aboriginal offenders were more likely to victimize both males and females. Non-Aboriginal offenders were also more likely to offend against infant, pre-pubescent and pubescent age victims than were Aboriginal offenders. There were no significant differences between the two groups in regards to offending against teen, adult or elderly victims, or in having victims of multiple ages. Aboriginal offenders were more likely to offend against Aboriginal victims, while non-Aboriginal offenders were more likely to offend against non-Aboriginal victims. Non-Aboriginal offenders were more likely than Aboriginal offenders to have victims of various ethnic backgrounds. There were few differences between the two groups in regards to their relationship with/to their victim(s). A notable difference was that non-Aboriginal offenders were more likely to offend against victims with whom they held a non-familial role of trust and authority (for example, religious leader, teacher, coach). A final interesting finding in regards to differences in the victim profiles between Aboriginal and non-Aboriginal offenders was that the victims of Aboriginal offenders were more likely to have abused alcohol or both alcohol and drugs at the time of the offence than were the victims of non-Aboriginal offenders.

No differences were found between the two groups in a host of cognitive distortions that are often maintained to facilitate and support sexual offending.

The only distortion in which Aboriginal and non-Aboriginal offenders differed was that Aboriginal offenders were more likely to endorse the belief that their offence would not have occurred had they not been intoxicated.

Differences were noted between the means of accessing victims between Aboriginal and non-Aboriginal offenders. Aboriginal offenders were more likely to identify their planning/grooming process as including giving their victims alcohol or drugs in order to facilitate offending. In contrast, non-Aboriginal offenders were more likely to give their victims gifts and show them pornography. Non-Aboriginal offenders were more likely to identify themselves as tricking or manipulating the victim in order to gain sexual access.

While there were no differences between the two groups in regards to the use of threats during the commission of a sexual offence, Aboriginal offenders demonstrated a significantly greater tendency to physically assault their victim during the course of a sexual offence.

In exploring differences between the two groups related to inappropriate sexual interests it was noted that non-Aboriginal offenders tended to demonstrate more sexually deviant interests. For example, non-Aboriginal offenders identified a significantly higher level of sexual fantasy to images of their victims and to images of sexual violence. They were also significantly more likely to masturbate to pictures of children. Additionally, non-Aboriginal offenders demonstrated a significantly greater reporting of paraphilias related to exhibitionism, bondage and sexual sadism (such as, thoughts of and masturbation to images of a sexually related homicide). Interestingly, despite these noted differences, no significant differences were found in the sexual preference profiles of Aboriginal and non-Aboriginal sexual offenders as determined through phallometric testing (a physiological test evaluating sexual arousal profiles).

In terms of response to treatment and treatment gains, as rated by the offenders primary therapist, few differences were noted between Aboriginal and non-Aboriginal offenders. Aboriginal offenders demonstrated a significantly greater level of recall from pre to post treatment as it pertained to being able to regain specific details of their offending which they initially indicated they could not recall due to their level of alcohol or drug use at the time of the offence. No differences were found between the two groups in regards to gains in enhancing their level of self-disclosure and accountability related to the frequency and duration of their offending behaviour; the level of intrusiveness of their offending behaviour or the level of force involved in their offending behaviour. No differences were found between therapists' ratings of the two groups in regards to gains in their level of remorse and understanding of victim impact/empathy.

While treatment completion rates were higher for non-Aboriginal offenders prior to the advent of the FBMC's Blended Traditional Healing/Contemporary Treatment program for Aboriginal sexual offenders, the difference in completion rates disappeared once culturally relevant and appropriate programming became available. A high number of both Aboriginal and non-Aboriginal offenders continued to attend treatment at FBMC after the mandate to attend was no

longer in place (e.g., at the expiry date of their sentence). After the implementation of the Blended group for Aboriginal offenders, the number of Aboriginal offenders who maintained their involvement with the clinic after the end of their mandate increased further. Finally, no significant differences were found in the sexual recidivism rate of Aboriginal and non-Aboriginal offenders in the FBMC program. However, both groups demonstrated a significantly lower recidivism rate than that of a matched comparison group of Aboriginal and non-Aboriginal offenders.

These findings suggest that while there are many similarities between the Aboriginal and non-Aboriginal men who participated in sex offender treatment at the FBMC between 1987-1999 there are differences between the two groups that need to be considered and attended to. These differences are relevant to offender assessment, to the development and delivery of programming directed at reducing sexual recidivism and to our understanding of the dynamics of the sexual offending behaviour of these two groups.

## ACKNOWLEDGEMENTS

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## INTRODUCTION

The Native Clan Organization's Forensic Behavioral Management Clinic (FBMC) has been providing assessment and treatment services for Aboriginal and non-Aboriginal individuals in Manitoba who have engaged in sexual offending behaviour since 1987. Historically, the FBMC has primarily been a clinical program and, like many treatment programs we did not have the time or resources to involve ourselves in research. We were however aware that our treatment files were a rich, untapped source of data that we needed to organize and review. We believed that by establishing a database and analyzing variables of interest that there was an excellent potential to gain insight and direction to evolve our assessment and treatment strategies as well as to offer a contribution to the knowledge base related to sexual offenders. This research report offers the first glimpse into this effort and provides information on our closed treatment files from 1987-1999.

This report specifically investigates the similarities and differences between the Aboriginal and non-Aboriginal adult male sexual offenders who have participated in institutional and community based treatment with the FBMC. In doing so, our objective is not to compare Aboriginal to non-Aboriginal offenders for comparison sake or to hold one group up against another in judgement. Rather, it is our hope that this examination will allow us to learn more about the profiles of the men who have participated in treatment at FBMC and guide the evolution of our assessment and treatment approaches so we can better attend to and meet the needs of our clients. Ultimately, identifying and understanding the similarities and differences among Aboriginal and non-Aboriginal offenders will enhance our ability to assist and support the offenders in treatment both manage their risk and facilitate their ability to live their lives in a healthy, balanced, pro-social manner.

## DESCRIPTION OF THE SEX OFFENDER SURVEY INSTRUMENT

At this time the FBMC database questionnaire consists of 235 items, which are completed for each offender who receives treatment through FBMC (see Appendix A for database questionnaire). The items include variables identified through a review of other sex offender treatment program database questionnaires, the research literature on sexual offenders and variables of interest identified by the treatment team, which includes psychologists, social workers, a phallometric technician, Aboriginal spiritual helpers/ healers (Naïve spiritual Elders, pipe-carriers, Aboriginal therapists) and the clinic's community outreach workers. The database questionnaire taps into a range of areas including:

- Referral Information
- Offender Demographics
- Sexual Offending History (Juvenile and Adult, reported/unreported)
- Memory
- Accountability, Offence Cycle Information
- Cognitive Distortions
- Offence Planning/Grooming of Victim(s)
- Deviant Sexual Interests and Arousal
- Victim Profile
- Family of Origin and Developmental Experiences of Offender
- Criminal History
- Treatment Information
- Treatment Outcome and Recidivism

There is also a section, which pertains specifically to Aboriginal characteristics. This section considers issues such as:

- Racial Identity
- Primary Language

- Home Communities
- Residential School Experience/Impact
- Developmental Experience with Aboriginal Culture
- Involvement in Aboriginal Specific Treatment Programs

Data for each of the closed files was obtained by a review of the treatment files including various reports (such as, Correctional Service of Canada reports, Provincial Corrections reports, Police reports and reports completed by FBMC), the treatment process notes included in the treatment files and testing material on file (for example, various self-report measures, risk assessment, phallometric testing). Additionally, the primary therapist for each offender reviewed the completed data sheets for accuracy of information. Although not an ideal methodological procedure, therapists were also asked to rate each of the offenders who had been on their caseload in terms of a number of pre-post treatment changes observed. This was done in an effort to gain some preliminary information related to treatment change/outcome. In the future, a more methodologically sound protocol for collecting these data will be established.

## **FINDINGS**

### **Sex offender characteristics**

The database consisted of 303 closed treatment cases of adult male sexual offenders referred to the FBMC for institutional and/or community based treatment. The majority of these offenders were referred by the Correctional Service of Canada, Penitentiaries and Parole (82%). The remaining 18% were referred by a variety of sources including the Manitoba Department of Justice-Probation Services, Winnipeg Child and Family Services and the Provincial Departments of Mental Health and Family Services. Of the total sample 40% (n = 121) were Aboriginal and 60% (n = 182) were non-Aboriginal.

### **Developmental and social histories of sex offenders**

To better understand the backgrounds and histories of the men in our program, we were interested in learning about their family of origin and early childhood developmental and social experiences. We view these as meaningful as these experiences shape lives and have likely contributed to the unhealthy coping and a state of imbalance that has been evident in the lives of the men in our program. In considering these experiences we investigated issues related to caregivers, separation and loss, exposure to dysfunctional styles of coping and inappropriate conduct on the part of adults responsible for their care (such as, crime, substance abuse, physical and sexual abuse, inappropriate sexual boundaries). We also looked at the men's own experience of victimization. Finally, we considered areas that may be reflective of the impact of these experiences on the men. In this regard we investigated self-injurious behaviours, substance abuse and the men's educational and employment histories.

**Table 1: Offender's Primary Childhood Caregiver**

Offender	Mother & Father		Mother		Father		Extended Family		Non-Family Members	
	n	%	n	%	n	%	n	%	n	%
Aboriginal	63	52.1	25	20.1	2	1.7	20	16.5	11	9.1
Non-Aboriginal	121	68.4	29	16.4	1	0.6	13	7.3	13	7.3
Total	184	61.7	54	18.1	3	1.0	33	11.1	24	0.8

In looking at who the primary childhood caregiver(s) were for the men it was interesting to note that the largest percentage of offenders (62%) were raised by both parents. In contrasting the Aboriginal and non-Aboriginal men, chi-square analyses indicated a significant difference between the offender groups with regard to the primary childhood caregiver ( $X^2 = 15.477, p < .05$ ). Aboriginal men were more likely than non-Aboriginal men to have extended family members as their primary childhood caregiver (17% versus 7%), while non-Aboriginal offenders were more likely to have both their mother and father as the primary childhood caregiver (68% versus 52%).

**Table 2: Total Mean Number of Primary Caregivers**

Offender	Mean
Aboriginal	3.9
Non-Aboriginal	3.5
Total	3.7

We were interested in looking at the number of caregivers the men reported as a means of trying to capture the occurrence of being raised by people other than biological parents, including being placed in care (such as, foster care, group homes). Overall, the mean total number of primary caregivers was 3.7 for all offenders. T-tests showed no significant difference in the total mean number of primary caregivers between the Aboriginal and non-Aboriginal men ( $t(286) = .871, ns$ ). This suggests that although many of the men reported being

raised by their parents, they also appear to have had alternative caregivers at points during their formative years.

**Table 3: Parental Separation**

Offender	Separation/ Abandonment		Parental Divorce	
	Yes		Yes	
	n	%	n	%
Aboriginal	82	68.9	56	49.6
Non-Aboriginal	92	52.0	65	37.6
Total		174 58.8	111	40.9

Perhaps consistent with the previous finding, a large percentage of all men reported having been parted from a parent due to separation or abandonment (59%). A smaller number, yet still a large percentage (41%), also reported having experienced parental divorce. While the rates were high for both groups, Aboriginal offenders demonstrated a significantly greater experience of separation from or abandonment by parents (69% versus 52%) compared to non-Aboriginal offenders ( $X^2 = 8.418, p < .05$ ). Aboriginal men also experienced parental divorce significantly more often than non-Aboriginal men (50% versus 38%;  $X^2 = 4.023, p < .05$ ). This is viewed as very important as clinically it is not uncommon for men in treatment to identify having developed feelings of anger and resentment, an uncaring attitude and coping strategies of being highly defended, untrusting and acting out connected to childhood feelings of abandonment and an absence of healthy attachments.

**Table 4: Family Criminal Factors**

Offender	Family Criminality	
	n	%
Aboriginal	57	48.3
Non-Aboriginal	41	23.4
Total	98	33.4

There was a striking difference between Aboriginal and non-Aboriginal men in their report of family members who had been involved in criminal behaviour. Aboriginal men demonstrated a significantly greater experience of having family members who had been involved in criminal behaviour ( $\chi^2 = 19.583, p < .001$ ) than non-Aboriginal men (48% versus 23%).

**Table 5: Tragic Family Loss**

Offender	Family Suicide		Family Homicide	
	n	%	n	%
Aboriginal	19	16.7	15	12.9
Non-Aboriginal	10	5.7	6	3.4
Total	29	10.0	21	7.2

While overall the number of offenders experiencing a tragic family loss through suicide (10%) or murder (7%) is low, it is noteworthy that there were significant differences in the frequency of these experiences between Aboriginal and non-Aboriginal men. Aboriginal men more frequently experienced a family member committing suicide (17% versus 6%;  $\chi^2 = 9.276, p < .005$ ) and losing a family member through murder (13% versus 3%;  $\chi^2 = 9.498, p < .005$ ) than non-Aboriginal men.

**Table 6: Witnessed or Knowledge of Parental Abuse within Family as a Minor**

Offender	Physical Abuse		Sexual Abuse		Inappropriate Sexual Boundaries		Alcohol, Drug/ Solvent Abuse	
	n	%	n	%	n	%	n	%
Aboriginal	66	56.9	22	19.0	49	42.2	96	81.4
Non-Aboriginal	73	41.7	24	13.7	49	28.2	99	56.6
Total	139	47.8	26	16.8	98	33.8	195	66.6

In considering exposure to early trauma we were interested in investigating the men's experience of witnessing or having knowledge of their parents engaging in abusive behaviours. This involved being aware of, or observing, destructive behaviours their parents engaged in (for example, substance abuse) and other forms of acting out behaviour perpetrated by parents against each other (such as, domestic violence) or against others (such as, the offender's siblings). While many of the men identified being aware of, or observing, abusive behaviours by their parents, Aboriginal men were more likely to report this knowledge or experience. Aboriginal men reported a significantly greater knowledge of, or witnessed physical abuse between parents as a minor (57% versus 42%;  $X^2 = 6.445, p < .05$ ). They also reported a significantly greater awareness of the occurrence of inappropriate sexual boundaries within the family growing up (42% versus 28%;  $X^2 = 6.168, p < .05$ ). No significant difference were found between the two groups in regards to having knowledge of, or witnessing a parent engaging in sexual abuse against another family member ( $X^2 = 1.445, ns$ ). While a high percentage of all offenders reported being aware of, or observing, parental substance abuse (67%), there was a significant difference between the offender groups ( $X^2 = 19.449, p < .001$ ) with Aboriginal men demonstrating a significantly greater experience of parental substance abuse (81% versus 57%) compared to non-Aboriginal men.

**Table 7: Experience of Childhood Abuse**

Offender	Physical		Sexual		Emotional		Neglect	
	n	%	n	%	n	%	n	%
Aboriginal	80	69.0	77	65.3	80	68.4	60	51.3
Non-Aboriginal	109	61.9	92	51.7	107	60.5	33	18.6
Total	189	64.7	169	57.1	187	63.6	93	31.6

Overall, a large percentage of the men in our program reported experiencing childhood victimization including physical abuse (65%), sexual abuse (57%), emotional abuse (64%) and neglect (32%). No significant differences were found between the Aboriginal and non-Aboriginal men in regards to being subjected to physical ( $X^2 = 1.515$ , ns) or emotional abuse ( $X^2 = 1.911$ , ns). However, Aboriginal men were significantly more likely to report having experienced neglect (51% versus 19%;  $X^2 = 34.696$ ,  $p < .0001$ ) and sexual abuse (65% versus 52%;  $X^2 = 5.333$ ,  $p < .05$ ). As can be seen, the incidence of sexual abuse was high for both Aboriginal and non-Aboriginal men. In further exploring childhood sexual abuse experiences, no significant differences were found between the groups with regard to age of first abusive sexual experience ( $t(147) = -.579$ , ns). A significant difference ( $t(150) = 2.173$ ,  $p < .05$ ) was found between Aboriginal and non-Aboriginal men with regard to mean number of sexual abuse perpetrators with Aboriginal men having a mean of 2.91 sexual abuse perpetrators while non-Aboriginal men had a mean of 2.13 sexual abuse perpetrators.

**Table 8: Relationship of Sexual Abuser(s) to Offender**

Offender	Immediate Family Member(s)		Extended Family Member(s)		Non-Biological Family Member(s)		Various Family Member(s)	
	n	%	n	%	n	%	n	%
Aboriginal	9	15.8	23	40.4	6	10.5	9	15.8
Non-Aboriginal	25	32.1	15	19.2	8	10.3	10	12.8
Total	34	25.2	38	28.1	14	10.4	19	14.1

In considering the relationship of the sexual abuser to the men, we explored familial and non-familial relationships. Chi-square analyses showed significant differences between the offender groups with regard to familial relationship of sexual abuser(s) to the offender ( $\chi^2 = 9.857, p < .05$ ), however no significant differences were determined between the groups with regard to the offender being sexually abused by a stranger(s) or friend/family friend. It appears that Aboriginal men were more likely to be abused by extended family members (40% versus 19%) while non-Aboriginal men were more likely to be offended against by immediate family members (32% versus 16%). This may be related to who the offender's primary caregivers were in their younger years (see Table 1).

**Table 9: Self-Harm**

Offender	Self-Mutilation		Suicide Attempts		Suicidal Ideation With No Attempts	
	n	%	n	%	n	%
Aboriginal	6	5.0	23	19.0	34	28.1
Non-Aboriginal	10	5.5	42	23.3	37	20.6
Total	16	5.3	65	21.6	71	23.6

In exploring self-destructive attempts to cope with pain through self-injurious thoughts and behaviours it was interesting to note that almost one-quarter of the men (24%) reported having experienced suicidal ideation, with a number of men (22%) having attempted suicide. Only a small percentage of men (5%) reported having engaged in self-mutilation (for example, slashing-not related to suicidal gestures, burning). Chi-square analyses showed no significant differences between the offender groups with regard to self-mutilation ( $\chi^2 = .713$ , ns ( $p = .713$ )), suicide attempts or suicidal ideation with no attempts ( $\chi^2 = 2.361$ , ns ( $p = .307$ )).

**Table 10: Offender Substance Abuse Issues**

Offender	Alcohol		Drug		Solvent	
	n	%	n	%	n	%
Aboriginal	115	95.0	80	66.1	31	25.6
Non-Aboriginal	111	61.3	77	42.5	8	4.4
Total	226	74.8	157	52.0	39	12.9

It appears that many of the men attempted to cope through substance abuse, particularly alcohol (75%) and drug (52%) abuse. Chi-square analyses indicate significant differences between the two offender groups with regard to history of alcohol, drug and solvent abuse respectively ( $\chi^2 = 43.773$ ,  $\chi^2 = 16.147$ ; and  $\chi^2 = 28.98$ , all  $p < .0001$ ). Aboriginal men demonstrated significantly greater alcohol (95% versus 61%, drug (66% versus 43%) and solvent (26% versus 4%) abuse than did non-Aboriginal men.

**Table 11: Offender Educational Status**

Offender	< Grade 8		Grade 8-11		High School Diploma		GED		Trade School		University or College	
	n	%	n	%	n	%	n	%	n	%	n	%
Aboriginal	45	37.2	66	54.5	5	4.1	1	0.8	3	2.5	1	0.8
Non-Aboriginal	24	13.3	93	51.7	31	17.2	5	2.8	11	6.1	16	8.9
Total	69	22.9	159	52.8	36	12.0	6	2.0	14	4.6	17	5.6

Education levels were explored and considered important in that a limited education may be reflective of difficult early life experiences, which may inhibit either access or ability to maintain involvement in schooling. As well, a limited education could contribute to personal adjustment issues later in life and impact areas such as self-esteem, employment and financial stability. Overall, the men in our program had low levels of education with only a small number having completed high school (12%), or having attended a trade school (5%) or university (6%). A striking 23% reported having completed less than grade 8 education. Chi-square analyses showed a significant difference between the offender groups and education level ( $X^2 = 40.207, p < .0001$ ). Most notably, Aboriginal men appeared to have a lower level of education with more having less than grade 8 (37% versus 13%) and fewer having completed a high school diploma (4% versus 17%). As well, Aboriginal men were less likely to have attended a trade school (3% versus 6%) or university (1% versus 9%). A significant difference was also found between the offender groups with regard to history of school maladjustment with 49% of Aboriginal men reporting a history of school maladjustment whereas 28% of non-Aboriginal men reported such history ( $X^2 = 13.522, p < .0001$ ).

**Table 12: Offender Employment History**

Offender	No history		Sporadic employment		Stable Employment		Total	
	n	%	n	%	n	%	n	%
Aboriginal	31	25.6	67	55.4	23	19.0	121	100
Non-Aboriginal	12	6.7	92	51.1	76	42.2	180	100
Total	43	14.3	159	52.8	99	32.9	301	100

Employment history was also thought to be an important indicator that may be reflective of personal wellness, life opportunities, self-esteem and emotional stability and financial security. Overall, the employment history of the men was quite limited with only 33% having a stable employment history. Chi-square analyses showed a significant difference between the offender groups and employment history ( $X^2 = 30.526, p < .0001$ ). Aboriginal men appeared more disadvantaged in their employment history and were more likely to have no history of employment (26% versus 7%) whereas non-Aboriginal men appear to have a more stable employment history (42% versus 19%). With this said, this still leaves a large percentage of (58%) of non-Aboriginal men who did not have a stable employment history.

**Table 13: Offender Employment Status at Time of Current Offence**

Offender	Employed Full- or Part-Time		Unemployed		Student		Retired/ Disability		Total	
	n	%	n	%	n	%	n	%	n	%
Aboriginal	40	33.1	76	62.8	3	2.5	2	1.7	121	100.0
Non-Aboriginal	113	62.8	57	31.7	6	3.3	4	2.2	180	100.0
Total	153	50.8	133	44.2	9	3.0	6	2.0	301	100.0

Employment status at the time of their current offence was also examined. This does not offer much insight into the relationship between employment and offending as approximately one-half (51%) were employed and just under one-half (44%) were unemployed. Consistent with the above finding related to general employment history, chi-square analyses showed a significant difference between the offender groups and employment status at time of offence ( $\chi^2 = 28.751, p < .0001$ ) with Aboriginal men being more likely to be unemployed than non-Aboriginal men (63% versus 32%).

### **Aboriginal specific characteristics**

In exploring our client profiles we were interested in learning more about some specific characteristics of the Aboriginal men who had participated in our program. In this regard we were interested in issues such as racial identity, language, home communities and attendance at a residential school and experiences in this environment. We were also interested in the men's exposure to traditional Aboriginal culture (such as, teachings, ceremonies) in their formative years and what this might mean in terms of the relevance and importance of culturally appropriate programming.

**Table 14: Frequencies of Racial Identity of Sex Offender Clients Treated at FBMC**

<b>Racial Identity</b>	<b>n</b>	<b>%</b>
North American Indian	99	32.7
Métis	21	6.9
Inuit	1	0.3
Non-Aboriginal	182	60.1
Total	303	100.0

The majority of clients treated through FBMC during the time frame of the database were non-Aboriginal (60%), while Aboriginal persons made up 40% of the clientele. In further examining the Aboriginal category, most men were North

American Indian (33%) with a smaller number of men identifying themselves as Métis (7%) and only one Inuit client (0.3%).

**Table 15: Primary Aboriginal Language**

Language	n	%
Cree	26	22.8
Ojibway	13	11.4
Seaulteaux	7	6.1
Dene	4	3.5
Inuktitut	1	0.9
(Not applicable) English speaking only	63	55.2

Language is viewed as an important variable that must be considered in both assessment and treatment programming. The ability to respond and participate in an assessment and to engage in, and benefit from, treatment is tied to language and the ability to both comprehend concepts being addressed and to communicate relevant issues. Language is not simply an issue related to general comprehension but is also significant because of distinct differences in the construction of Aboriginal languages compared to English.

The majority of Aboriginal men who participated in our program during the time frame of the database spoke English only (55%) and did not possess a primary Aboriginal language. Of those who did speak a primary Aboriginal language, the majority spoke Cree (23%), followed by Ojibway (11%) and Seaultaux (6%). While it appears that programming delivered in English would not have been an impediment for many Aboriginal men, given that 45% of the men spoke an Aboriginal language as their first language speaks to the importance of being more aware of and attending to language issues.

**Table 16: Community Specifics**

Community	Reserve		Rural		Urban		Various		Total	
	n	%	n	%	n	%	n	%	n	%
Of origin	73	61.3	22	18.5	24	20.2	-	-	121	100
Of residence at time of offence	48	39.7	14	11.6	59	48.8	-	-	121	100
Where offence occurred	47	38.8	13	10.7	59	48.8	2	1.7	121	100

Looking at the location of the men's home communities was of interest. In particular, examining where these men grew up, where they resided at the time of their offence and where their offences occurred. The community of origin for the majority of Aboriginal offenders was a reserve community (61%). However, urban communities were the main community of residence at the time of offence (49%). The men tended to commit offences where they were residing at the time of the offence rather than live in one location and offend in another. In this regard 39% offended in reserve communities, where 40% resided; 11% offended in rural communities, where 12% resided and 49% offended in urban communities where 49% resided.

**Table 17: Residential School Experiences**

Sexually Abused		Physically Abused		Emotionally Abused	
n	%	n	%	n	%
4	36.4	10	90.9	9	81.8

A very small number of the Aboriginal men in our program attended residential schools (9%, n = 11), likely as the majority of men were too young to have been in a residential school. Of the men who were placed in residential schools, the majority were physically (91%) and/or emotionally (82%) abused while in attendance and more than a third (36%) experienced sexual abuse within this setting.

**Table 18: Traditional Upbringing**

Traditional Upbringing		Non-Traditional Upbringing	
n	%	n	%
19	15.5%	102	84.5%

The experience of a traditional upbringing was of interest in that it may speak to issues such as the impact of colonization, the degree of acculturation and the need for, and role of, culturally relevant programming for Aboriginal men. Of the 121 Aboriginal men in our sample, a small proportion (16%) were raised learning about Aboriginal cultural and spiritual teachings and ceremonies. The majority of men (84%) were not exposed to this as part of their experience growing up. This might suggest that not all Aboriginal men will be comfortable with or find culturally oriented programming relevant. It may also highlight the importance of this type of programming as a means of providing men with an opportunity for exposure to these important historical ways of life that were lost to them for various reasons and that may be significant in defining a healthy identify.

### **Criminal history**

In reviewing the backgrounds of the men and in exploring various forms of destructive styles of coping we were interested in looking at criminal behaviour. In particular we wanted to explore juvenile and adult histories of violent and sexual offending behaviour. In investigating criminal histories we considered both convictions recorded in the men's criminal records as well as self-report information of offences committed that did not result in charges or convictions.

#### *Convictions as a young offender*

Of the 303 offenders, 25% (n = 77) had convictions as a young offender. Of these 8% (n = 23) held convictions for violent offence(s) and 6% (n = 18) held convictions for sexual offence(s).

**Table 19: Convictions as a Young Offender**

Offender	Mean Total # of Convictions	Mean Total # of Violent Offence Convictions	Mean Total # of Sexual Offence Convictions
	n	n	n
Aboriginal	4.2857	1.6667	1.1667
Non-Aboriginal	3.2286	1.2500	1.0833

No differences were found between Aboriginal and non-Aboriginal men in regards to their juvenile offending histories. Chi-square analyses demonstrated no significant difference between the offender groups with regard to total number of convictions ( $X^2 = 11.076$ , ns), violent offence conviction ( $X^2 = 1.477$ , ns), or sexual offence convictions ( $X^2 = .281$ , ns) as a young offender. Independent sample t-tests indicated no significant differences between offender groups for the mean total number of sexual offence convictions ( $t(16) = .504$ , ns), mean total number for violent offence convictions ( $t(21) = .480$ , ns) or for mean total number of convictions ( $t(75) = 1.016$ , ns) as a young offender.

**Table 20: Frequency of Self-Disclosed Offences Not Convicted for as a Young Offender**

Frequency	Aboriginal				Non-Aboriginal			
	Sexual Offences		Violent Offences		Sexual Offences		Violent Offences	
	n	%	n	%	n	%	n	%
0	85	71.4	38	31.9	121	67.2	110	61.5
1-2	18	15.1	17	14.3	26	14.4	16	8.9
3-5	7	5.9	24	20.2	20	11.1	29	16.2
6-9	2	1.7	0	0.0	2	1.1	3	1.7
10+	6	5.0	40	33.6	9	5.0	21	11.7

The only differences evident between Aboriginal and non-Aboriginal men in their self-disclosed histories of juvenile offending behaviour was that the Aboriginal men disclosed committing a higher number of violent offences as youth, which

they were never charged for ( $\chi^2 = 33.734, p < .001$ ). While 62% of non-Aboriginal men indicated that they had never committed a violent offences for which they were not charged, only 32% of the Aboriginal men reported similarly. No significant difference was found between the offender groups with regard to frequency of self-disclosed sexual offences as a young offender ( $\chi^2 = 2.602, ns$ ). Independent sample t-tests indicated no significant difference between offender groups for the mean total number of self-disclosed violent ( $t(148) = 1.808, ns$ ) or sexual offences ( $t(88) = -.066, ns$ ).

*Convictions as an Adult*

**Table 21: Convictions as an Adult**

Offender	Mean Total # of Convictions	Mean Total # of Violent Offence Convictions	Mean Total # of Sexual Offence Convictions
	n	n	n
Aboriginal	9.1858	3.0278	2.0982
Non-Aboriginal	7.8373	2.6885	2.6524

As with juvenile criminal histories, no differences were found between the Aboriginal and non-Aboriginal men in their adult criminal histories with regard to total number of convictions ( $\chi^2 = 39.119, ns$ ), violent offence convictions ( $\chi^2 = 12.052, ns$ ), or sexual offence convictions ( $\chi^2 = 7.798, ns$ ). Independent sample t-tests indicated no significant differences between offender groups for the mean total number of sexual offence convictions ( $t(274) = -1.874, ns$ ), mean total number for violent offence convictions ( $t(131) = .734, ns$ ) or for mean total number of convictions ( $t(277) = 1.165, ns$ ) as an adult.

**Table 22: Frequency of Self-Disclosed Offences Not Convicted For as an Adult Offender**

Frequency	Aboriginal				Non-Aboriginal			
	Sexual Offences		Violent Offences		Sexual Offences		Violent Offences	
	n	%	n	%	n	%	n	%
0	81	68.6	28	23.7	98	54.1	77	42.5
1-2	20	16.9	10	8.5	34	18.8	19	10.5
3-5	9	7.6	16	13.6	18	9.9	31	17.1
6-9	1	0.8	5	4.2	4	2.2	9	5.0
10+	6	5.1	59	50.0	26	14.4	45	24.9

In terms of self-disclosed offending behaviour as adults, the Aboriginal men disclosed a greater frequency of engaging in violent offences for which they were never charged ( $\chi^2 = 21.139, p < .0001$ ) compared to the non-Aboriginal men. The non-Aboriginal men however disclosed committing significantly more sexual offences that they were never charged with than the Aboriginal men ( $\chi^2 = 9.701, p < .05$ ). Independent sample t-tests illustrated significant differences between the offender groups with regard to self-disclosed violent offences ( $t(297) = 4.533, p < .0001$ ) with Aboriginal men disclosing more. A significant difference was also found between the groups with regard to self-disclosure of sexual offences ( $t(295) = -3.332, p < .05$ ) with Aboriginal men disclosing less. As examples of this, fewer non-Aboriginal men reported not having committed a sexual offence for which they were never charged or convicted of (54% versus 69%). As well a greater number of the non-Aboriginal men identified having committed 10 or more sexual offences which had never been detected (14% versus 5%).

**Table 23: Gang Affiliation**

Offender	Yes		No		Suspected Involvement		Total	
	n	%	n	%	n	%	n	%
Aboriginal	10	8.3	108	89.3	3	2.5	121	100.0
Non-Aboriginal	7	3.8	175	96.2	0	0.0	182	100.0
Total	17	5.6	283	93.4	3	0.9	303	100.0

Although there was limited information available related to gang involvement, given the increasing attention to problems associated with gangs, gang affiliation was investigated. Gang affiliation is worth noting amongst this offender population as a potentially dangerous dilemma emerges for gang members who have committed a sexual offence. These individuals become at risk from their gang (both while incarcerated and/or in the community) due to the abhorrence in the criminal sub-culture for sexual offenders. Chi-square analyses demonstrated a significant difference between the offender groups with regard to gang affiliation ( $\chi^2 = 7.411, p < .05$ ). While the numbers are quite small, more Aboriginal offenders appeared to be affiliated with gangs than non-Aboriginal sexual offenders (8% versus 4%).

**Table 24: Nature of Sexual Offending Behaviour**

Offender	Incest		Child Molester		Pedophile		Rapist		Rapist/ Pedophile		Hands Off		Adult Fondler/ Hands On		Sexual Murder		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Aboriginal	26	21.5	9	7.4	17	14.0	57	47.1	10	8.3	1	0.8	1	0.8	0	0.0	121	100
Non-Aboriginal	55	30.2	20	11.0	36	19.6	46	25.3	15	8.2	5	2.7	4	2.2	1	0.5	182	100
Total	81	26.7	29	9.6	53	17.5	103	34.0	25	8.3	6	2.0	5	1.7	1	0.3	303	100

The two offender groups were compared to see if there were any differences in the type of sexual offences committed by Aboriginal and non-Aboriginal sexual offenders. Chi-square analyses demonstrated a significant difference between the offender groups with regard to nature of offence ( $\chi^2 = 17.434, p < .05$ ).

Aboriginal sexual offenders appear to be more likely to be perpetrators of rape (47%) than any other sex offence while non-Aboriginal sexual offenders appear more likely to be perpetrators of incest (30%). Non-Aboriginal offenders also appeared to be more involved in sexual offences against children than Aboriginal offenders (61% versus 43%).

### Patterns of offending

In identifying client profiles we were very interested in investigating patterns of offending and potential similarities and differences that may be evident between the offending dynamics of Aboriginal and non-Aboriginal offenders. In exploring this we focused on examining a number of areas including: victim characteristics (for example, gender, age, ethnicity, relationship to offender and victims use of substances at the time of the offence), the cognitive distortions maintained by the men to assist them engage in offending (such as, minimizations, rationalizations/justifications and projecting responsibility) and looking at the roles of offence planning and grooming (manipulation to gain access to victims), coercion, and finally, deviant sexual interests and arousal.

### Victim characteristics

**Table 25: Gender of Victim(s)**

Offender	Male		Female		Both Male & Female		Total	
	n	%	n	%	n	%	n	%
Aboriginal	3	2.5	109	90.1	9	7.4	121	100.0
Non-Aboriginal	8	4.4	133	73.1	41	22.5	182	100.0
Total	11	3.6	242	79.9	50	16.5	303	100.0

A gender difference was noted in the victim selection of Aboriginal and non-Aboriginal offenders with Aboriginal offenders being significantly more likely to select female victims compared to non-Aboriginal offenders ( $X^2 = 13.395$ ,  $p < .005$ ). However, it is clear that both offender groups most often offended against females (Aboriginal 90%, non-Aboriginal 73%). Non-Aboriginal sex offenders were more likely than Aboriginal sex offenders to victimize both males and females than (23% versus 7%).

**Table 26: Age of Victim(s)**

Offender	Infant (birth-5 yrs)		Pre-Pubescent (6-9 yrs)		Pubescent (10-13 yrs)		Teen (14 -17 yrs)		Adult (18+)		Elderly (65+)		Multiple Ages	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Aboriginal	21	17.4	37	30.6	35	28.9	39	32.2	59	48.8	4	3.3	70	57.9
Non-Aboriginal	48	26.2	87	45.9	81	44.3	61	33.3	75	41.0	7	3.8	119	65.0
Total	69	22.7	121	39.8	116	38.2	100	32.9	134	44.1	11	3.6	189	62.2

As previously noted, non-Aboriginal offenders were found to offend more frequently against child victims than Aboriginal offenders. Chi-square analyses demonstrated a significant difference between the offender groups with regard to age of victim(s) ( $X^2 = 3.269$ ,  $p < .05$ ,  $X^2 = 7.138$ ,  $p < .005$ ,  $X^2 = 7.260$ ,  $p < .05$ , for infant, pre-pubescent and pubescent victims respectively). Non-Aboriginal offenders were more likely to offend against each of these age groups than were Aboriginal offenders. No significant differences were found between the offender groups with regard to teen, adult, elderly or victims of multiple ages.

**Table 27: Ethnicity of Victims**

Offender	Caucasian		Aboriginal		Various Backgrounds	
	n	%	n	%	n	%
Aboriginal	9	7.8	92	79.3	14	12.1
Non-Aboriginal	90	51.1	7	4.0	79	44.9
Total	99	33.9	99	33.9	93	31.8

The two offender groups were found to significantly differ in terms of the ethnicity of victims selected ( $\chi^2 = 182.243, p < .0001$ ). Offenders most frequently offended against victims of the same ethnicity as themselves. This was particularly true of the Aboriginal sex offenders who offended against Aboriginal victims 79% of the time. While non-Aboriginal sex offenders were also most likely to victimize non-Aboriginal victims (51% of the time), they were much more likely than Aboriginal sex offenders to offend against victims of various ethnic backgrounds (49% versus 12%).

**Table 28: Familial Relationship of Victims to Offender**

Offender	Immediate Family Member(s)		Extended Family Member(s)		Non-Biological Family Member(s)		Various Family Member(s)		Not Family Member(s)	
	n	%	n	%	n	%	n	%	n	%
Aboriginal	35	40.7	15	17.4	3	3.5	13	15.1	20	23.3
Non-Aboriginal	68	50.4	19	14.1	2	1.5	29	21.5	17	12.6
Total	103	46.6	34	15.4	5	2.3	42	19.0	27	16.7

Both Aboriginal and non-Aboriginal offenders frequently offended against victims who were family members (64%), be they immediate family, extended family or non-biological family members (such as, stepchildren). Most often however (47%) the victim(s) was an immediate family member. No significant differences

were found between the offender groups with regard to the type of familial relationships they had with their victim(s) ( $\chi^2 = 7.065$ , ns).

**Table 29: Non-Familial Relationship of Victims to Offender**

Offender	Family Friend(s)		Non-Familial Position of Trust & Authority		Friend(s)/Acquaintance(s)		Stranger(s)	
	n	%	n	%	n	%	n	%
Aboriginal	15	12.4	3	2.5	62	51.2	22	18.2
Non-Aboriginal	31	16.9	16	8.7	75	41.0	51	27.9
Total	46	15.1	19	6.3	137	45.1	73	24.0

Of the victims who were not family members, friends/acquaintances (45%) and strangers (24%) were the most common victims. Chi-square analyses demonstrated no significant difference between the offender groups with regard to their relationships to the victim(s) with the exception of the category 'non-familial position of trust and authority' ( $\chi^2 = 4.877$ ,  $p < .05$ ). This category is related to situations where the offender is in a position of having a level of trust and authority over the victim (for example, a physician, religious leader, teacher, coach). Non-Aboriginal offenders were more likely than Aboriginal offenders to offend against victims whom they were in a position of authority over.

**Table 30: Multiple Relationships of Victims**

Offender	Yes		No		Total	
	n	%	n	%	n	%
Aboriginal	60	50.8	58	49.2	118	100.0
Non-Aboriginal	114	63.7	65	36.3	179	100.0
Total	174	58.6	123	41.4	297	100.0

Interestingly many of the offenders (59%) had victims of various relationships to them rather than selecting victims from one particular relationship category, for example, offending only against immediate family members. Non-Aboriginal offenders however demonstrated a greater tendency to have a broader range of offending (for example, having victims including a family member and a family friend), ( $\chi^2 = 4.832, p < .05$ , 64% versus 51%).

**Table 31: Victim's Substance Abuse at Time of Offence**

Offender	Abuse of alcohol		Abuse of Drugs		Abuse of alcohol & drugs		No substance abuse		Total	
	n	%	n	%	n	%	n	%	n	%
Aboriginal	46	38.0	1	0.8	11	9.1	63	52.1	121	100.0
Non-Aboriginal	25	13.7	1	0.5	15	8.2	141	77.5	182	100.0
Total	71	23.4	2	0.7	26	8.6	204	67.3	303	100.0

In comparing Aboriginal and non-Aboriginal offenders there was a significant difference between the offender groups with regard to victim's substance abuse at the time of the offence ( $\chi^2 = 25.399, p < .0001$ ). Victims of Aboriginal sex offenders were more likely to have abused alcohol (38% versus 14%) at the time of the offence than were victims of non-Aboriginal sex offenders. Victims of non-Aboriginal sex offenders were more likely to have no substance abuse at the time of the offence (78% versus 52%). The fact that the victims of Aboriginal offenders, who were most often adult Aboriginal women (see Tables 25, 26 and 27) should in no way be read or interpreted to place any level of responsibility on these victims. Rather, as will be reported in the planning and grooming section, this is more likely a reflection of Aboriginal offenders either taking advantage of a victims state of intoxication or facilitating this state in order to commit and offence.

## *Cognitive Distortions*

Cognitive distortions are distorted perceptions or beliefs that sexual offenders typically maintain to minimize the seriousness of their offending behaviour and their culpability, to rationalize and justify their behaviour and to project responsibility on to others, most often their victims. These distortions facilitate the process of engaging in and continuing to commit sexual offences in the face of knowing that their behaviour is inappropriate and harmful. We were interested in investigating if Aboriginal and non-Aboriginal sexual offenders utilized/maintained the same types of distortions. To explore this we compared the men in our sample on a number of distortions common among sexual offenders. Table 32 represents the men's endorsement of these distortions prior to sex offender treatment. Pre-treatment perceptions were focused on as one of the goals of treatment is to assist men enhance their level of accountability and disclosure related to their sexual offending behaviours. In part, this typically involves challenging the reality of these distorted beliefs by assisting the men to face the more accurate reality of their offending.

**Table 32: Frequencies of Cognitive Distortions Pre-Treatment**

Cognitive Distortion	Aboriginal		Non-Aboriginal	
	n	%	n	%
Victim consented	76	62.8	114	63.0
Offender was providing sex education	8	6.7	34	18.7
Offender blames the victim	76	62.8	107	58.5
Offender believes the victim enjoyed it	38	31.7	76	41.8
Offender believes the victim did not get hurt physically or emotionally	45	37.5	88	48.4
Offender believes it would not have happened if offender were not drunk or high	66	62.3	40	22.0
Offender is the real victim	63	52.5	103	56.6

Overall, Aboriginal and non-Aboriginal offenders did not differ in the types of cognitive distortions they endorsed. Chi-square analyses demonstrated no significant difference between the offender groups with regard to their pre-treatment perceptions that their victim(s) were consenting ( $\chi^2 = .001$ , ns), that their victim(s) enjoyed the sexual contact ( $\chi^2 = 3.134$ , ns), that their victim(s) were to blame for the sexual contact occurring ( $\chi^2 = .414$ , ns) and in believing that their victim(s) were not harmed as a result of the offending ( $\chi^2 = 3.456$ , ns). There were also no differences between the two groups in endorsing the distortions that the sexual behaviour occurred in the context of providing sex education ( $\chi^2 = 8.719$ ,  $p < .005$ , usually in relation to child victims) or in believing that they were the real 'victims' as a result of the disclosure of sexual abuse ( $\chi^2 = .390$ , ns). Both Aboriginal and non-Aboriginal offenders (63% each) frequently tended to initially indicate that their victims were consenting. Both offender groups also often initially blamed the victim (Aboriginal 63%, non-Aboriginal 59%) and saw themselves as the real victims (Aboriginal 53%, non-Aboriginal 57%) in their situation.

There was one specific distortion in which there was a significant difference between Aboriginal and non-Aboriginal offenders. Aboriginal offenders more frequently endorsed the belief that their offence would not have happened had they not been drunk or high ( $\chi^2 = 34.618$ ,  $p = .000$ , 62% versus 22%). This difference is understandable given that alcohol was more often a significant factor in the offences committed by Aboriginal offenders (see Table 33).

### *Offence Planning and Grooming*

Sexual offending behaviour rarely takes place without forethought and planning although offenders often initially assert that it "just happened". Planning can be very well thought out and calculated in nature or it can be may be more spontaneous and opportunistic. In either case there is still thought or planning that occurs. In some cases the planning is referred to as grooming. This is a gradual process, typically used to access child victims, where the offender

engages in various behaviours to develop trust, comfort and erode boundaries. In developing client profiles we were interested to see what similarities or differences might be evident in the manner in which Aboriginal and non-Aboriginal sexual offenders plan manipulations to access victims and facilitate offending.

**Table 33: Manipulations to Facilitate Offending**

Offender	Alcohol or Drugs		Gifts		Shown Pornographic Material		Victim Tricked or Manipulated		Others Tricked or Manipulated	
	n	%	n	%	n	%	n	%	n	%
Aboriginal	39	32.5	30	25.0	6	5.0	111	92.5	89	74.2
Non-Aboriginal	31	17.0	77	42.3	27	14.8	178	97.8	151	82.5
Total	70	23.2	107	35.4	33	10.9	289	95.7	240	79.2

There were some interesting differences in the ways in which Aboriginal and non-Aboriginal offenders tended to gain access to victims. While these disparate forms of accessing victims are likely largely associated to victim selection, it is suggested that they may also highlight and speak to differences in patterns of offending as well as in factors related to motivation and offence precursors.

Aboriginal offenders were significantly more likely to give their victims alcohol or drugs at the time of the offence in order to gain compliance or access to offending ( $X^2 = 9.716, p < .005$ ) than were non-Aboriginal offenders (33% versus 17%). This is consistent with the earlier finding that the victims of Aboriginal offenders were more likely to have abused substances at the time of the offence (see Table 31).

Non-Aboriginal offenders, on the other hand, were more likely to engage in grooming type behaviours. This is consistent with earlier findings that non-Aboriginal offenders tend to offend more frequently against children (see Tables 24 and 26). The non-Aboriginal offenders were significantly more likely to give

their victims gifts as part of a grooming process to establish trust and closeness ( $X^2 = 9.469, p < .005$ ) compared to Aboriginal sexual offenders (42% versus 25%). Non-Aboriginal offenders were also significantly more likely to show their victims pornographic material as a means of eroding boundaries, sexualizing and illustrating the sexual acts they are wanting to engage in ( $X^2 = 7.187, p < .05$ ) than were Aboriginal offenders (15% versus 5%). While the vast majority of offenders, acknowledged some level of planning through tricking or manipulating their victim(s) post-treatment (Aboriginal 93%, non-Aboriginal 98%), chi-square analysis demonstrated a significant difference between the offender groups with regard to tricking or manipulating their victims with non-Aboriginal sex offenders reporting a greater likelihood of carrying out these behaviours ( $X^2 = 4.935, p < .05$ ).

### *Coercion*

While coercion is always a part of any form of sexual assault, we were interested in specifically looking at the role of threats to the victim and the presence of a physical assault of the victim in combination with the sexual assault. This was of interest in an effort to better understand ways in which offenders gain access to their victims through intimidation and to see other ways in which anger/aggression is acted out during a sexual assault. In considering issues of coercion we were interested in the similarities or difference between Aboriginal and non-Aboriginal offenders related to the use of threats and violence in their offending as well as how the type of offence may be related to the use of threats, force and violence.

**Table 34: Threats and Violence to Victims as a Function of Race**

Offender	Verbally Threatened Victim		Physically Assaulted Victim		Threatened Victim With a Weapon	
	n	%	n	%	n	%
Aboriginal	92	76.0	65	53.7	21	17.4
Non-Aboriginal	131	72.0	70	38.5	38	20.9
Total	223	73.6	135	44.6	59	19.5

The majority of offenders (74%) acknowledged having verbally threatened their victims during the commission of their sexual offending. No significant differences were found between the offender groups with regard to verbal threats ( $X^2 = 0.615$ , ns) with both groups frequently threatening their victims (Aboriginal 76%, non-Aboriginal 72%). Threatening a victim with a weapon was less common but still noteworthy with 20% of offenders engaging in this behaviour. Again, there were no significant differences between the offender groups with regard to threatening their victims with a weapon ( $X^2 = .576$ , ns; Aboriginal 17%, non-Aboriginal 21%).

A significant difference was found between the offender groups with regard to victims being assaulted physically during the commission of the sexual assault ( $X^2 = 8.713$ ,  $p < .05$ ). Aboriginal offenders were more likely to physically assault their victims than were non-Aboriginal offenders (54% versus 39%).

**Table 35: Threats and Violence to Victims as a function of Offender Type**

Offender	Verbally Threatened Victim				Physically Assaulted Victim				Threatened Victim With a Weapon			
	Aboriginal		Non-Aboriginal		Aboriginal		Non-Aboriginal		Aboriginal		Non-Aboriginal	
Nature of Offence	n	%	n	%	n	%	n	%	n	%	n	%
Incest	18	14.9	34	18.7	9	7.4	7	3.8	2	1.7	4	2.2
Child Molester	5	4.1	12	6.6	2	1.7	2	1.1	2	1.7	2	1.1
Pedophile	10	8.3	23	12.6	3	2.5	7	3.8	1	0.8	2	1.1
Rapist	50	41.3	40	22.0	45	37.2	40	22.0	13	10.7	22	12.1
Rapist/Pedophile	8	6.6	15	8.2	5	4.1	11	6.0	3	2.5	5	2.7
Hands Off	0	0.0	4	2.2	0	0.0	0	0.0	0	0.0	1	0.5
Adult Fondler/Hands On	1	0.8	2	1.1	1	0.8	2	1.1	0	0.0	1	0.5
Sexual Murder	0	0.0	1	0.8	0	0.0	1	0.5	0	0.0	1	0.5

In considering threats and violence by the type of offender/offence it was not surprising to find that rapists were significantly more likely to verbally threaten their victim(s) ( $X^2 = 25.941, p < .005$ ), to physically assault their victim(s) ( $X^2 = 118.086, p < .005$ ) and to threatening their victim(s) with a weapon ( $X^2 = 35.059, p < .005$ ) than other types of offenders. Given that Aboriginal offenders were most often identified as fitting into the rapist offence category (see Table 24), these findings illustrate why Aboriginal sex offenders were found to more frequently physically assaulted their victims (see Table 34).

#### *Deviant Sexual Interests*

While there are a number of different needs met, in distorted and deleterious ways, through sexual offending behaviour (such as, a sense of adequacy/competency, displaced anger, power and control, revenge) as these are achieved through a sexual means it is important to look at the role of sexual interests and arousal among sexual offenders. The role that sexual gratification plays as a primary contributing factor in the commission of a sexual offence varies. In some cases it may be a lower priority, for example in the case of a

rapist who offends primarily based on anger and control needs. In others it may be the main priority, for example in the case of a pedophile whose primary motivation and interest is sexual gratification. Given that the offender is attempting to meet these various needs, emotional and/or sexual, through the commission of a sexual crime we were interested in exploring the experience of sexual interest and arousal among our clients. In this regard we investigated what we believed were some key areas and compared and contrasted the experiences of Aboriginal and non-Aboriginal offenders. These included the use of and response to pornography, the existence of paraphilias or atypical sexual interests, the experience of inappropriate sexual fantasies related to offending behaviour and the experience of sexual arousal to deviant cues (such as, children, sexual violence) as measured through sexual preference testing.

**Table 36: Use of and Response to Pornography**

Pornography	Offender			
	Aboriginal		Non-Aboriginal	
	n	%	n	%
Use of Pornographic Material	102	85.7	144	79.1
Sexual Arousal While Watching Violence or Rape on TV/Movie/Internet	28	23.5	38	20.8
Sexual Arousal While Watching Children on TV/Movie/Internet	12	10.1	35	19.2
Masturbated to Pictures of Children	11	9.2	28	15.3

Both Aboriginal and non-Aboriginal offenders reported a high level of pornography use. Chi-square analyses demonstrated a significant difference between the offender groups with regard to use of pornographic material ( $\chi^2 = 4.622, p < .05$ ) with Aboriginal sex offenders more frequently reporting use of pornographic material than non-Aboriginal sex offenders (86% versus 79%). In investigating more specific viewing of and arousal to materials that depict images that could be used to fuel inappropriate sexual thoughts, fantasies and

arousal, some differences were noted. While there was no significant difference between Aboriginal and non-Aboriginal offenders report of becoming sexually aroused to watching images of violence or rape (Aboriginal 24%, non-Aboriginal 21%), there was when it came to becoming sexually aroused by images of children. Non-Aboriginal offenders demonstrated a significantly greater experience of becoming sexually aroused while watching television shows, movies or images on the internet depicting children ( $X^2 = 4.569, p < .05$ ) than did Aboriginal offenders (19% versus 10%). Non-Aboriginal offenders were also more likely to masturbate to pictures of children than were Aboriginal offenders (15% versus 9%). This interest and arousal is consistent with non-Aboriginal offenders more frequently offending against child victims.

**Table 37: Paraphilias**

Paraphilia	Offender			
	Aboriginal		Non-Aboriginal	
	n	%	n	%
Masturbated to Pictures of Children	11	9.2	28	15.3
Sexual Arousal While Watching Violence or Rape on TV/Movie/Internet	28	23.5	38	20.8
Sexual Arousal While Watching Children on TV/Movie/Internet	12	10.1	35	19.2
Obscene Phone Calls	9	7.6	22	12.0
Exhibitionism	5	4.2	22	12.1
Voyeurism	28	23.3	62	33.9
Bestiality	4	3.4	12	6.6
Frottage	6	5.0	13	7.1
Fetish	15	12.6	30	16.4
Dressed in Female's Clothing	3	2.5	14	7.7
Stolen Women's or Children's Underwear/Clothing	4	3.4	13	7.1
Bondage	7	5.9	34	18.7
Sado Masochism	12	10.1	22	12.0
Sexual Sadism	10	8.5	25	13.7
Taken Pictures/Videos of Offending Behaviour	5	4.2	13	7.1
Masturbated to Thoughts of Sexually Related Homicide	0	0.0	8	4.4
Attempted to/Engaged in Necrophilia	0	0.0	1	0.5

Overall, non-Aboriginal offenders were more likely to report paraphilias than Aboriginal offenders. They reported greater frequencies of all of the paraphilias explored with the exception of experience sexual arousal to images of violence and rape, to which Aboriginal offenders reported a slightly higher, but non-statistically significant, experience (24% versus 21%). Chi-square analyses demonstrated a significant difference between the offender groups with regard to

engaging in exhibitionism ( $X^2 = 5.480, p < .05$ ), bondage ( $X^2 = 10.018, p < .005$ ) and masturbation to thoughts of a sexually related homicide ( $X^2 = 5.374, p < .05$ ). Non-Aboriginal offenders were significantly more likely to engage in exhibitionism (12 versus 4%) and participate in more violent paraphilias such as bondage (19% versus 6%) and masturbation to thoughts of a sexually related homicide (4% versus 0%).

**Table 38: Acknowledgement of Fantasies Pre- and Post-Treatment**

Offender	Aboriginal				Non-Aboriginal			
	Denial/Minimal		Some/High		Denial/Minimal		Some/High	
	n	%	n	%	n	%	n	%
Sexual Thoughts/Fantasies Specific to Victim (Pre-)	97	85.1	17	14.9	145	81.5	33	18.5
Sexual Thoughts/Fantasies Specific to Victim (Post-)	58	50.9	56	49.1	59	33.3	118	66.7
Fantasies About Children (Pre-)	57	86.4	9	13.6	109	84.5	20	15.5
Fantasies About Children (Post-)	40	60.6	26	39.4	70	53.4	61	46.6
Fantasies About Sexual Violence (Pre-)	78	89.7	9	10.3	99	86.1	16	13.9
Fantasies About Sexual Violence (Post-)	64	73.6	23	26.4	66	57.4	49	42.6
Fantasies About Revenge/Non-sexual Violence (Pre-)	78	87.6	11	12.4	87	81.3	20	18.7
Fantasies About Revenge/Non-sexual Violence (Post-)	46	51.7	43	48.3	47	44.3	59	55.7

Men were asked both pre and post treatment to describe their experience of inappropriate sexual fantasies, including sexual images of their victim(s), about children, about sexual violence and about non-sexual violence. While no significant differences were noted between the two offender groups in their pre-treatment responding, there were some significant differences in what appeared

to be their more candid post-treatment responding. Non-Aboriginal offenders were significantly more likely to report having maintained “some to a high” frequency of sexual thoughts/fantasies about their victims post-treatment ( $\chi^2 = 8.877, p < .005$ ) compared to Aboriginal offenders (67% versus 33%). Non-Aboriginal offenders were also more likely to report experiencing “some to a high” frequency of sexual thoughts/fantasies about sexual violence post-treatment ( $\chi^2 = 5.647, p < .05$ ), compared to Aboriginal offenders (43% versus 26%). These results are interesting in that while Aboriginal offenders are more likely to commit a rape (see Table 24) and are more likely to physically assault a victim (see Table 34) during the commission of an offence, non-Aboriginal offenders report more frequent sexual thoughts and fantasies about sexual aggression.

No significant differences were reported between the offender groups with regard to acknowledgement of sexual thoughts/fantasies about children or sexual thoughts/fantasies about revenge/non-sexual violence post-treatment. It is however interesting that a number of offenders did acknowledge the experience of these fantasies post-treatment (fantasies about children - Aboriginal 39%, non-Aboriginal 47% and fantasies of non-sexual violence – Aboriginal 48%, non-Aboriginal 56%).

In considering deviant sexual interests and examining the arousal profiles of Aboriginal and non-Aboriginal offenders, the men in treatments were categorized based on their response profile during sexual preference testing conducted through penile plethysmography (PPG). This testing involved measuring the circumferential change in penile tumescence during an arousal response to a range of visual and auditory stimuli depicting appropriate (adult, consenting) and inappropriate (child, coercion) images and narratives.

**Table 39: Penile Pleythismography Data: Sexual Preference Profile and Race**

Offender	Aboriginal		Non-Aboriginal		Total	
	n	%	n	%	n	%
Non-responder	23	19.0	37	20.3	60	19.8
Adult Preference	6	5.0	17	9.3	23	7.6
Child +Adult Preference	29	24.0	29	15.9	58	19.1
Child Preference	2	1.7	8	4.4	10	3.3
Violent Sexual Assault Against a Child Preference	1	0.8	2	1.1	3	1.0
Adult Consent + Rape Preference	0	0.0	4	2.2	4	1.3
Adult Rape Preference	0	0.0	1	0.5	1	0.3
Violent Sexual Assault Against Child + Adult Preference	2	1.7	5	2.7	7	2.3
Arousal to all stimuli	18	14.9	28	15.4	46	15.2
Refused	0	0.0	3	1.6	3	1.0
Not Completed	40	33.1	48	26.4	88	29.0

A number of offenders did not complete the sexual arousal testing as the offending behaviour that brought them into treatment and their offence history did not suggest that this type of intrusive evaluation was warranted or would yield meaningful results (Aboriginal 33%, non-Aboriginal 26%). Of those tested, 20% were “Non-Responders”, meaning that their overall level of arousal across the various stimulus presentations was too low for meaningful interpretation (Aboriginal 19%, non-Aboriginal 20%). The highest levels of arousal measured were in response to the categories of “Child+Adult” preference, in which the offender demonstrated aroused to both cues of age appropriate adults as well as to children (Aboriginal 24%, non-Aboriginal 16%) and the “Arousal to All” category in which the offenders demonstrate a generalized arousal across all the stimulus presentations (Aboriginal 15%, non-Aboriginal 15%). Chi-square

analyses demonstrated no significant differences with regard PPG results between Aboriginal and non-Aboriginal offenders.

## **Treatment**

In considering treatment participation we were interested in a number of areas. From a practical perspective we wanted to determine the characteristics of clients involvement in treatment (for example, location of treatment, duration of treatment, type of treatment and previous participation in sex offender treatment). We were also of course interested in the effectiveness of treatment and in this regard we looked at a range of issues including gains observed pre-post treatment, treatment outcome (such as, completion rates) and finally recidivism.

### *Characteristics of Treatment*

We were interested in looking at where treatment was provided for two reasons. Firstly, we wanted to identify where the majority of referrals originate and where the bulk of treatment occurs. We also wanted to try and capture the continuum of care FBMC has developed over the years. In this regard, we have had opportunity to develop and deliver treatment services at the two federal correctional institutions in Manitoba - Stony Mountain Institution (a medium-security institution) and Rockwood Institution (a minimum-security institution). As well, the clinic has long provided community-based services in Winnipeg for Correctional Service of Canada-Parole. Delivering services at each of these sites has allowed us a unique opportunity to continue to provide care and continuity in treatment/healing services to an individual as they cascade to a lower security institution and/or as make their way to the community upon release (Day Parole, Full Parole, Statutory Release and Warrant Expiry).

**Table 40: Location of Treatment with FBMC**

Location	Offender				Total	
	Aboriginal		Non-Aboriginal			
	n	%	n	%	n	%
Stony Mountain Institution only	10	8.3	17	9.3	27	8.9
Stony Mountain Institution and Community	7	5.8	8	4.4	15	5.0
Stony Mountain Institution and Rockwood Institution	2	1.7	3	1.6	5	1.7
Stony Mountain Institution, Rockwood Institution and Community	3	2.5	1	0.5	4	1.3
Rockwood Institution Only	1	0.8	4	2.2	5	1.7
Rockwood Institution and Community	43	35.5	47	25.8	90	29.7
Community Only	55	45.5	102	56.0	157	51.8
Total	121	100.0	182	100.0	303	100.0

The majority of the clients in treatment during the timeframe of the database were referred to the clinic for community based treatment (52%). This was followed by beginning to provide treatment to men at Rockwood Correctional Institution, and then following these men into the community and providing follow up community based treatment (30%). Treatment commenced for 17% of the men at Stony Mountain Institution. These numbers likely reflect the timing of the FBMC delivering services to the various sites. For example, in 1987 the clinic began delivering community based treatment and it was not until early 1990 that we accepted inmates from Rockwood Institution into the community group on Escorted Temporary Absences and the mid 1990's that FBMC began providing treatment at Rockwood Institution, which further facilitated the transition to the community program. The numbers are the lowest for the medium security institution as it was not until the late 1990's that we began providing treatment services at Stony Mountain Institution.

It was interesting to look at continuum of care that is offered by FBMC and how this allows for treatment to facilitate men to cascade from the medium to the minimum security institution to the community, or to commence treatment in one of the institutions and participate in community based treatment upon release, all the while maintaining involvement the same treatment team. Overall, 38% of the men who were in treatment with FBMC were able to take advantage of this continuum of care. This is quite a considerable number considering that for the first 5 years of the clinic's operation (1987-1991) the clinic only provided treatment services in the community (accounting for why community only is the highest category, 52%). No significant differences were found between the offender groups with regard to location of treatment with FBMC ( $\chi^2 = 7.138$ , ns).

As well, no significant difference was found between the offender groups with regard to mean total time (months) in treatment with FBMC. Aboriginal men had a mean total time of 14.6 months in treatment and non-Aboriginal men had a mean total time of 16.0 months ( $t_{293} = -1.515$ , ns).

**Table 41: Participation by Aboriginal Offenders in Aboriginal Sex Offender Treatment (ASOT)**

ASOT Within Institution		ASOT Upon Release		Contact with Aboriginal Elder Within Institution		Contact with Aboriginal Elder Upon Release	
n	%	n	%	n	%	n	%
34	30.1	24	21.6	44	38.9	18	16.1

Over the years FBMC has developed and delivered sex offender programming that attends to cultural issues and ways of healing for Aboriginal men. The ways in which this programming has been delivered has varied over the years and is a continually evolving process. While the clinic's blended traditional healing/contemporary treatment Aboriginal sex offender programming has varied largely based on the clinic gaining more experience and the training of Aboriginal

spiritual helpers to work with sexual offender specific issues, it has also varied as a function of the site that treatment is delivered. Based on the institutional environment, different programming is available at Stony Mountain Institution, compared to Rockwood Institution, compared to the community.

Not all Aboriginal offenders participate in the clinic's blended traditional healing/contemporary treatment program which is facilitated by spiritual helpers (for example, Elders, pipe-carriers, Aboriginal therapists) and incorporates traditional teachings, ceremonies and processes. It is up to the offender to choose whether or not they wish to participate in this stream of programming or attend the cognitive-behavioral, relapse prevention sex offender programming. During the time frame of the database 30% of the Aboriginal men chose to participate in blended traditional healing/contemporary treatment programming offered within the federal correctional institutions, compared to 22% who participated in this programming in the community. It is suspected that a review of the treatment cases to date would reveal a higher number participating in this community program, as it has become increasingly sought out by Aboriginal offenders over the last few years.

Within correctional institutions, as part of, and separate from, the clinic's blended traditional healing/contemporary treatment program, men have the ability to connect with Elders for counselling, support and ceremony. Interestingly, and unfortunately contact with Elders was seen to decrease at the point at which Aboriginal men were released to the community. Of the Aboriginal men who attended treatment with the clinic 39% sought out Elders while incarcerated compared to only 16% once released. Again it is suggested that this number would likely be higher today given the increased involvement of Aboriginal men in the blended traditional healing/contemporary treatment program.

**Table 42: Participation in Prior Sex Offender Treatment**

Offender	Participation Prior to Current Offence	
	n	%
Aboriginal	9	7.4
Non-Aboriginal	18	9.8
Total	27	8.9

We were interested to know how many offenders who attended treatment at FBMC had previously participated in sex offender specific treatment. Only 9% of the men had prior sex offender specific treatment, which meant that FBMC was the first treatment experience for 91% of the men. Chi-square analyses demonstrated no significant difference between the offender groups with regard to participation in sex offender treatment prior to the current offence ( $\chi^2 = .518$ , ns).

*Change in Offender Self-Disclosure and Accountability*

In an initial attempt to explore treatment gains we investigated changes in the men's level of self-disclosure and accountability from pre-to-post-treatment. Therapist ratings, based on a combination of a review of pre and post treatment self-report measures and clinical observation and judgment, were used to evaluate changes over the course of treatment. Areas considered included level of responsibility, recollection of details of offending, level of minimization of aspects of offending (for example, intrusiveness, frequency and duration, level of force) and degree of remorse and empathy.

**Table 43: Offender Responsibility - Pre- versus Post-Treatment**

Offender	Pre-Treatment		Post-Treatment	
	High Responsibility		High Responsibility	
	n	%	n	%
Aboriginal	14	15.7	70	78.7
Non-Aboriginal	28	19.7	127	80.9

Prior to commencing treatment, both the Aboriginal and non-Aboriginal offenders were rated as low in regards to assuming responsibility for their offending behaviour (16% and 20%, respectively). Chi-square analyses demonstrated no significant difference between the offender groups with regard to acceptance of responsibility post-treatment ( $X^2 = .585$ , ns and  $X^2 = .179$ , ns, respectively). Both groups were rated as substantially increasing their level of responsibility for their offending post-treatment with 79% of Aboriginal men and 81% of non-Aboriginal men being identified as assuming a high level of responsibility.

**Table 44: Offender's Memory Affected by Length of Time Since Offending (Pre- versus Post-treatment)**

Offender	Pre-Treatment		Post-Treatment	
	Quite a Bit/A Great Deal		Quite a Bit/A Great Deal	
	n	%	n	%
Aboriginal	4	3.7	1	0.9
Non-Aboriginal	13	8.0	1	0.6

Memory deficits and poor recollection of details are sometimes used as a means of avoiding culpability and self-disclosure. Only a small number of men (4% Aboriginal, 8% non-Aboriginal) indicated that their memory was quite a bit or greatly affected by the amount of time that had passed since their offending.

Chi-square analyses demonstrated no significant difference between the offender groups with regard to offender memory being affected by length of time since offending, as rated by therapists, for pre- versus post-treatment ( $X^2 = 1.966$ , ns and  $X^2 = .079$ , ns, respectively). Both groups demonstrated an increased level of recollection from pre- to post-treatment.

**Table 45: Offender's Memory Affected by Alcohol or Drug Use (Pre-versus Post-Treatment)**

Offender	Pre-Treatment		Post-Treatment	
	Quite a Bit/A Great Deal		Quite a Bit/A Great Deal	
	n	%	n	%
Aboriginal	48	51.1	13	12.7
Non-Aboriginal	22	13.6	4	2.3

Claiming a lack of recall as a result of substance use/abuse was much more common, with 51% of Aboriginal and 14% of non-Aboriginal offenders initially indicating that they were unable to recall the details of their offending due to their use/abuse of substances. Chi-square analyses demonstrated a significant difference between the offender groups with regard to memory being affected by alcohol or drug use pre- versus post-treatment ( $X^2 = 42.068$ ,  $p < .001$  and  $X^2 = 12.043$ ,  $p < .005$ , respectively) as rated by therapists with Aboriginal men demonstrating significantly greater memory deficits related to alcohol use/abuse. What is most interesting was that both groups demonstrated a dramatic increase in their level of recollection from pre- to post-treatment, particularly the Aboriginal men. Aboriginal men moved from 51% rated as having memory deficits due to substance abuse to only 13% post-treatment. Non-Aboriginal men moved from 14% claiming such memory deficits to 2%. This finding seems to indicate that typically the claim of alcohol blackout or lack of recall due to substance use/abuse is more commonly a defence mechanism rather than a legitimate memory deficit.

**Table 46: Minimization of Level of Intrusiveness of Sexual Offending Behaviour (Pre - versus Post-Treatment)**

Offender	Pre-Treatment		Post-Treatment	
	Low/Little or No Minimization		Low/Little or No Minimization	
	n	%	n	%
Aboriginal	15	16.3	71	78.0
Non-Aboriginal	23	16.0	122	80.8

Prior to treatment it is common for sexual offenders to minimize the level of intrusiveness of the sexual offending behaviour as a means of presenting themselves in a favourable light, minimizing the seriousness of their offending and distorting reality to minimize their own sense of guilt and shame. This was certainly the case with the men in treatment at FBMC as only 16% were rated as evidencing a low level or little or no minimization of the intrusiveness of their offending pre-treatment. Chi-square analyses demonstrated no significant differences between the offender groups with regard to minimization of offending behaviour pre- versus post-treatment ( $X^2 = .005$ , ns and  $X^2 = .270$ , ns, respectively) as rated by therapists. Both groups demonstrated a considerable decrease in their level of minimization post-treatment, with 78% of Aboriginal men and 81% of non-Aboriginal men being rated as evidencing a low level or little or no minimization of the intrusiveness of their offending post-treatment.

**Table 47: Minimization of the Frequency and Duration of Sexual Offending Behaviour Pre- versus Post-Treatment**

Offender	Pre-Treatment		Post-Treatment	
	Low/Little or No Minimization		Low/Little or No Minimization	
	n	%	n	%
Aboriginal	36	42.4	87	86.1
Non-Aboriginal	46	32.4	131	85.1

A number of offenders also minimized the frequency and duration of their sexual offending behaviour prior to treatment, with 42% of Aboriginal men and 32% non-Aboriginal men being rated as demonstrating low or little or no minimization in this area pre-treatment. Chi-square analyses demonstrated no significant difference between the offender groups with regard to minimizing the extent of their offending behaviour pre- versus post-treatment ( $X^2 = 2.285$ , ns and  $X^2 = .057$ , ns, respectively) as rated by therapists. Both groups demonstrate a reduction in minimization from pre-to post-treatment. Eighty-six percent of Aboriginal men and 85% of non-Aboriginal men were rated as demonstrating low or little or no minimization of the frequency and duration of their offending post-treatment.

**Table 48: Minimization of Level of Force in Offending Behaviour Pre-versus Post-Treatment**

Offender	Pre-Treatment		Post-Treatment	
	Low/Little or No Minimization		Low/Little or No Minimization	
	n	%	n	%
Aboriginal	11	12.9	51	68.9
Non-Aboriginal	13	11.7	73	68.9

A high percentage of offenders minimized the level of force involved in their offending prior to treatment. Only 13% of Aboriginal men and 12% of non-Aboriginal men were rated as demonstrating low or little or no minimization of force pre-treatment. Chi-square analyses demonstrated no significant difference between the offender groups with regard to minimization of level of force in offending behaviour pre-versus post-treatment ( $X^2 = .068$ , ns and  $X^2 = .000$ , ns, respectively) as rated by therapists. Both groups demonstrate a reduction in minimization from pre-to post-treatment with 69% of both Aboriginal and non-Aboriginal men rated as demonstrating low or little of no minimization of force post-treatment.

**Table 49: Feelings of Remorse and Empathy by Offender (Pre- versus Post-Treatment)**

Offender	Pre-Treatment				Post-Treatment			
	Remorse		Empathy		Remorse		Empathy	
	Shows Remorse		Shows Empathy		Shows Remorse		Shows Empathy	
	n	%	n	%	n	%	n	%
Aboriginal	14	16.3	2	2.1	42	58.3	29	45.3
Non-Aboriginal	13	11.1	5	3.5	73	57.9	58	47.5

Both Aboriginal and non-Aboriginal offenders were rated as showing limited remorse for their offending behaviour (16% and 11%) and empathy for their victim(s) (2% and 4%) pre-treatment. Chi-square analyses demonstrated no significant difference between the offender groups with regard to feelings of remorse ( $X^2 = 1.148$ , ns and  $X^2 = 0.003$ , ns, respectively) and empathy pre-versus post-treatment ( $X^2 = 0.398$ , ns and  $X^2 = 0.084$ , ns, respectively) as rated by therapists. Both groups demonstrate an increase in their experience of remorse with 58% of both Aboriginal and non-Aboriginal men being rated as showing a high level of remorse and 45% of Aboriginal and 48% of non-Aboriginal men being rated as showing a high level of empathy and post-treatment.

#### *Treatment Completion*

In looking at treatment completion we were interested in the percentage of men who completed treatment as well as looking at those who did not complete and the reasons why. We were also interested in how the introduction of Aboriginal specific programming effected completion/retention rates. Finally, we were interested in looking at how many offenders' stay connected with the clinic after their mandate to attend (for example, parole or probation period) was completed.

**Table 50: Treatment Outcome**

Offender	Completed		Terminated		Dropped Out		Suspended	
	n	%	n	%	n	%	n	%
Aboriginal	72	59.5	10	8.3	15	12.4	17	14.0
Non-Aboriginal	137	74.9	15	8.2	10	5.5	8	4.4

The majority of men appeared to complete the treatment program. However, there was a significant difference between the offender groups with regard to treatment status ( $\chi^2 = 17.101, p < .005$ ) with a larger percentage of non-Aboriginal than Aboriginal men completing treatment (75% versus 60%), a larger number of Aboriginal men dropping out of treatment (12% versus 6%), and a larger number of Aboriginal men being suspended (14% versus 4%).

**Table 51: Treatment Outcome for Aboriginal Offenders: Aboriginal Sex Offender Program versus Cognitive-Behavioral Sex Offender Program**

Program	Completed		Terminated		Dropped Out		Suspended	
	n	%	n	%	n	%	n	%
Aboriginal Specific	20	83.3	0	0.0	0	0.0	3	12.5
Non-Aboriginal Specific	48	55.2	7	8.0	14	16.1	14	16.1

It was in response to the findings identified in Table 50 that the clinic sought out guidance and involvement of Native spiritual Elders to assist us in providing programming that would be more engaging and meaningful to Aboriginal offenders. It was hoped that a blending of contemporary sex offender treatment strategies and traditional healing approaches would reduce the number of men who did not complete the treatment process. Although a chi-square analyses did not demonstrate a significant difference between the completion rates for Aboriginal men participating in the Aboriginal specific blended traditional

healing/contemporary treatment program compared to those participating in the cognitive-behavioral treatment program ( $\chi^2 = 9.506$ , ns) there were noteworthy differences. Aboriginal men in the blended program had substantially higher completion rates than Aboriginal men in the cognitive-behavioral program (83% versus 55%). As well, Aboriginal men in the blended program had lower rates of termination (0% versus 8%), drop out (0% versus 16%) and suspension (13% versus 16%). This seems to suggest that this approach has had some success in retaining Aboriginal men in the treatment/healing process.

**Table 52: Continued Treatment Post Warrant Expiry Date**

Offender	Yes		No		Total	
	n	%	n	%	n	%
Aboriginal	42	42.0	58	58.0	100	100
Non-Aboriginal	80	59.7	54	40.3	134	100
Total	122	52.1	112	47.9	234	100

When considering the overall treatment group, a greater number of non-Aboriginal men continued to participate in treatment compared to Aboriginal men (60% versus 42%). Chi-square analyses demonstrated a significant difference between the offender groups with regard to treatment status ( $\chi^2 = 7.191$ ,  $p < .05$ ) with more non-Aboriginal men continuing to attend treatment after warrant expiry. However, this number increased when we considered the retention rate of clients post mandate for culturally relevant programming.

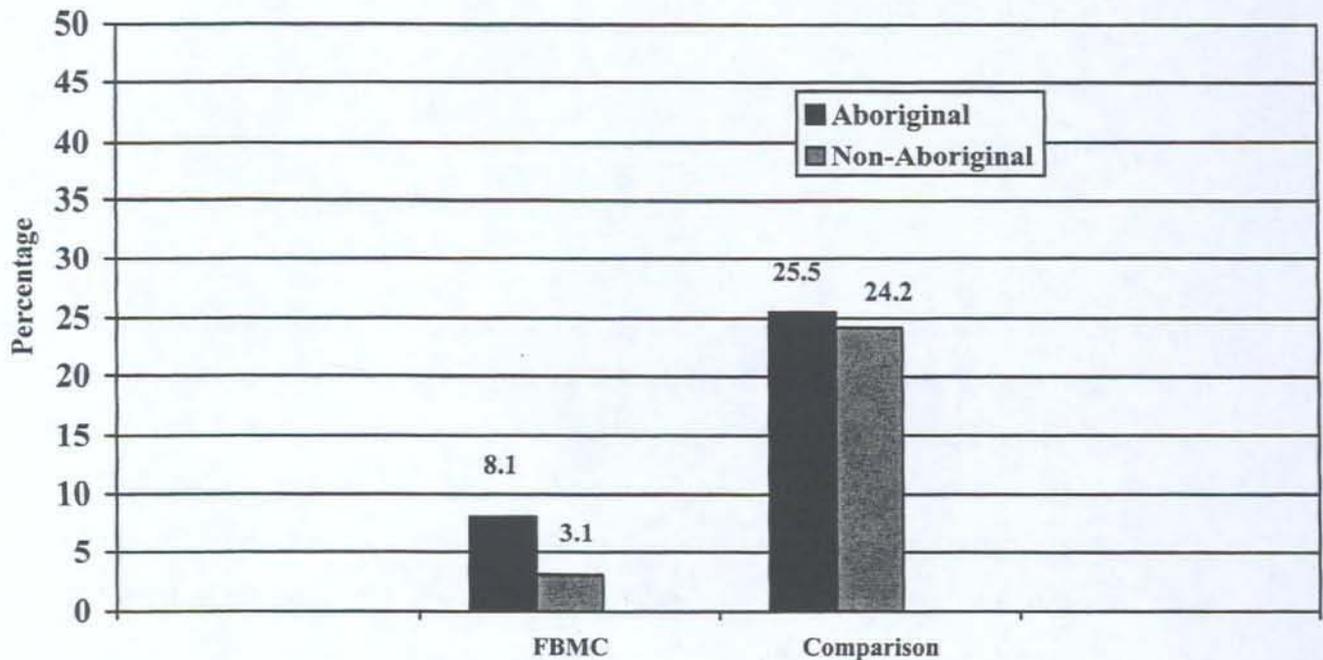
**Table 53: Aboriginal Offenders Continuing Treatment Post Warrant Expiry Date Aboriginal Sex Offender Program versus Cognitive-Behavioral Sex Offender Program**

Program	Yes		No		Total	
	n	%	n	%	n	%
Aboriginal Specific	13	59	9	41	22	100
Non-Aboriginal Specific	30	39	47	61	77	100

Aboriginal men participating in the Aboriginal specific program were more likely to maintain their involvement in treatment after the legal mandate to participate had expired, compared to Aboriginal men participating in the cognitive-behavioral sex offender treatment stream (59% versus 39%). While a larger percentage of Aboriginal specific participants continued to attend treatment post warrant expiry than did Non-Aboriginal specific participants, chi-square analyses demonstrated no significant difference between the treatment programs with regard to continuing to attend treatment post warrant expiry ( $X^2 = 4.288$ , ns).

Recidivism

Figure 1: Sexual Offence Recidivism Rate



In reviewing recidivism data, no significant difference was found between the recidivism rate between Aboriginal (8.1%) and non-Aboriginal men (3.1%) who participated in treatment at the FBMC,  $z = -1.914$ ,  $p = .06$ . However, a significant difference was determined between the FBMC treated client group ( $n = 282$ ) and a matched (on age of first conviction, date of index offence, age at index offence, number of convictions before index offence and number of sexual offences prior to index offence) comparison group ( $n=196$ ) with regard to sexual offence reconviction,  $z = 6.094$ ,  $p < .0001$ , with the FBMC clients demonstrating a significantly lower re-occurrence of sexual offending behaviour post treatment than the comparison group.

## CONCLUSION

This project sought to explore the profiles of Aboriginal and non-Aboriginal men who participated in treatment at FBMC between 1987-1999 and to identify differences that may have implications for evolving our understanding of, and assessment and treatment protocols for, Aboriginal and non-Aboriginal men who engage in sexual offending behaviour. While there were many similarities between the two offender groups, we found there to be interesting differences in profiles of the Aboriginal and non-Aboriginal offenders that warrant consideration and attention.

### Review of Findings

#### *Aboriginal Offender Characteristics*

Of the 303 sex offenders cases reviewed, 40% of clients were Aboriginal (including North American Indian, Métis and Inuit) while, 60% were non-Aboriginal. The indigenous people groups were collapsed into the Aboriginal category as the numbers of Métis (n = 21, 7%) and Inuit offenders (n = 1, 0.3%) were not sufficient to analyze in separate categories. The majority of Aboriginal offenders in our sample spoke English as their first language. The most common Aboriginal first language among our client group was Cree. The majority of the Aboriginal offenders in our sample were raised on reserve communities, however most relocated to urban centres. Only a very small percentage of the Aboriginal offenders in our sample identified growing up learning/experiencing traditional Aboriginal culture, teachings and ceremonies as a part of their life. Few of the Aboriginal men in our sample attended residential schools, likely as the majority were too young to have had this experience. Those that did attend reported high levels of physical, emotional and sexual abuse.

### *Developmental and Social Histories*

Both the Aboriginal and non-Aboriginal men in our sample experienced difficult and traumatic experiences in their developmental years. In exploring the men's formative years, the largest percentage of offenders reported being raised by both of their parents. Aboriginal offenders, however, were more likely than non-Aboriginal offenders to have been raised by extended family members and to report the experience of parental separation or abandonment. Aboriginal offenders were also more likely to have experienced the tragic loss of a family member through both suicide and murder. Aboriginal offenders were seen to have more pronounced histories of exposure to abuse in their developmental years than non-Aboriginal offenders. The Aboriginal men were more likely to have family members who abused substances and who had criminal histories. They were also more likely to have had knowledge of, or witnessed, domestic abuse and inappropriate sexual boundaries in their formative years. While both Aboriginal and non-Aboriginal offenders reported having experienced a high degree of physical and emotional abuse, the Aboriginal men were more likely to have described having experienced neglect and sexual abuse.

In considering areas related to social coping and adjustment, the Aboriginal men were much more likely to have a history of abusing substances (alcohol, drugs and solvents). The Aboriginal men were also more disadvantaged in terms of their level of formal education and employment history compared to the non-Aboriginal men.

### *Criminal Histories*

There were no significant differences in the number of young offender or adult convictions incurred by the Aboriginal and non-Aboriginal men. Some differences were noted with regard to self-disclosed offences for which the men had never been charged. The Aboriginal men self-disclosed having committed more violent offences both as young offenders and as adults, for which they were not charged, compared to the non-Aboriginal men. The non-Aboriginal men on

the other hand reported having committed more sexual offences, as adults, for which they had not been charged for compared to the Aboriginal men.

### *Patterns of Sexual Offending Behaviour*

There were some interesting differences between the two groups in regards to the characteristics and pattern of their offending behaviour. The Aboriginal sexual offenders tended to more frequently be perpetrators of rape than any other sex offence while non-Aboriginal sexual offenders were more likely than Aboriginal offenders to be perpetrators of sexual offences against children (more often having infant, pre-pubescent and pubescent age victims), particularly incest. Consistent with this, the Aboriginal offenders were more likely to offend against female victims whereas non-Aboriginal offenders were more likely to victimize both males and females. The offenders tended to offend against victims of the same race with Aboriginal offenders more often offending against Aboriginal victims and non-Aboriginal offenders more often offending against non-Aboriginal victims. The non-Aboriginal offenders were more likely than the Aboriginal offenders to have victims of various ethnic backgrounds. While there were few differences between the two groups in regards to their relationship with/to their victim(s), one notable difference was that non-Aboriginal offenders were more likely to offend against victims with whom they held a non-familial role of trust and authority (such as, physician, religious leader, teacher, coach). A final difference between the two groups in regards to the profiles of their victims was that the victims of Aboriginal offenders were more likely to have abused alcohol or both alcohol and drugs at the time of the offence than were the victims of non-Aboriginal offenders.

Both Aboriginal and non-Aboriginal offenders maintained a high degree of cognitive distortions, which minimized the seriousness of their offending behaviour and their level of responsibility prior to treatment. The only distortion in which Aboriginal and non-Aboriginal offenders differed was that Aboriginal offenders were more likely to endorse the belief that their offence would not have

occurred had they not been intoxicated. Both the Aboriginal and non-Aboriginal men demonstrated the ability to challenge their cognitive distortions over the course of treatment and enhance their level of accountability.

Differences were noted between the means of accessing victims between Aboriginal and non-Aboriginal offenders. Aboriginal offenders were more likely to identify their planning/grooming process as including giving their victims alcohol or drugs in order to facilitate offending. In contrast, non-Aboriginal offenders were more likely to give their victims gifts and show them pornography. Non-Aboriginal offenders were more likely to identify themselves as tricking or manipulating the victim in order to gain sexual access.

While there were no differences between the two groups in regards to the use of threats during the commission of a sexual offence, Aboriginal offenders were more likely to physically assault their victim during the course of a sexual offence.

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

### *Treatment Outcome*

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

While treatment completion rates were higher for non-Aboriginal offenders prior to the advent of the FBMC's blended traditional healing/contemporary treatment program for Aboriginal sexual offenders, the difference in completion rates disappeared once culturally relevant and appropriate programming became available. A high number of both Aboriginal and non-Aboriginal offenders continued to attend treatment at FBMC after the mandate to attend was no longer in place (such as, at the expiry date of their sentence). After the implementation of the Blended group for Aboriginal offenders, the number of Aboriginal offenders who maintained their involvement with the clinic after the end of their mandate increased further. Finally, no significant differences were found in the sexual recidivism rate of Aboriginal and non-Aboriginal offenders in the FBMC program. However, both groups demonstrated a significantly lower recidivism rate than that of a matched comparison group.

### **Implication of Findings**

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

It is suggested that the findings of this research project provide noteworthy information for consideration in establishing treatment targets for the treatment of Aboriginal sexual offenders. It is suggested that the data provide a strong

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

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

Within sexual offender treatment for Aboriginal men a heavy focus on substance abuse and on anger and violence appears key. These factors seem primary and areas of intervention that require further attention than perhaps deviant sexual interests. As previously noted, attention to abuse issues and abandonment may support this area of work. The data also suggest that attention to the area of inappropriate sexual boundaries and clarifying appropriate boundaries should be incorporated into treatment for Aboriginal sexual offenders.

Finally, although few Aboriginal offenders were raised with Aboriginal language, culture, teachings and ceremonies, it appears that these core aspects of Aboriginal identity are critical to the healing process. The opportunity to participate in programs that will introduce Aboriginal culture to Aboriginal

offenders or allow offenders involved in their culture to continue to develop their understanding and practice seems very important. It also appears that the ability to facilitate Aboriginal men in acquiring skills to manage their risk to sexually re-offend is heightened by a cultural approach as this appears more engaging and more offenders are able to successfully complete the treatment/healing process.

## APPENDIX A

### FBMC SEXUAL OFFENDER DATABASE QUESTIONNAIRE FBMC – SEXUAL OFFENDING DATABASE V2

#### OFFENDER PROFILE

1. Name of client  
\_\_\_\_\_
2. F.P.S. #  
\_\_\_\_\_
3. Referred by
  1. Correctional Services Canada
  2. Probation
  3. Mental health services
  4. Family services
  5. Self-referral
  6. Crown (Section 8-10)
  7. Other \_\_\_\_\_
4. Date of birth  
\_\_\_\_\_
5. Gender
  1. Male
  2. Female
6. Nature of sex offence
  1. Incest
  2. Child Molester
  3. Pedophile
  4. Rapist
  5. Rapist/Pedophile
  6. Hands off
  7. Adult fondler/Hands on
  8. Sexual-murder
7. Length of sentence for current offence(s)  
\_\_\_\_\_ months
8. Offender is mentally ill
  1. Yes
  2. No

9. Offender is low functioning
1. Yes
  2. No

**Offender Accountability**

10. Offender accepts responsibility for offending **pre treatment**
- |           |              |              |              |                |
|-----------|--------------|--------------|--------------|----------------|
| Denied    | High         | Some         | Low          | High           |
| Offending | Minimization | Minimization | Minimization | Responsibility |
| 1         | 2            | 3            | 4            | 5              |
11. Offender accepts responsibility for offending **post treatment**
- |           |              |              |              |                |
|-----------|--------------|--------------|--------------|----------------|
| Denied    | High         | Some         | Low          | High           |
| Offending | Minimization | Minimization | Minimization | Responsibility |
| 1         | 2            | 3            | 4            | 5              |
12. Offender remembers offence **pre treatment**
- |            |              |          |             |              |
|------------|--------------|----------|-------------|--------------|
| Not at all | A little bit | Somewhat | Quite a bit | A great deal |
| 1          | 2            | 3        | 4           | 5            |
13. Offender remembers offence **post treatment**
- |            |              |          |             |              |
|------------|--------------|----------|-------------|--------------|
| Not at all | A little bit | Somewhat | Quite a bit | A great deal |
| 1          | 2            | 3        | 4           | 5            |
14. Offender's memory has been affected by alcohol or drug use **pre treatment**
- |            |              |          |             |              |
|------------|--------------|----------|-------------|--------------|
| Not at all | A little bit | Somewhat | Quite a bit | A great deal |
| 1          | 2            | 3        | 4           | 5            |
15. Offender's memory has been affected by alcohol or drug use **post treatment**
- |            |              |          |             |              |
|------------|--------------|----------|-------------|--------------|
| Not at all | A little bit | Somewhat | Quite a bit | A great deal |
| 1          | 2            | 3        | 4           | 5            |
- 15a. Offender's memory has been affected by alcoholic blackout **pre-treatment.**
- |            |              |          |             |              |
|------------|--------------|----------|-------------|--------------|
| Not at all | A little bit | Somewhat | Quite a bit | A great deal |
| 1          | 2            | 3        | 4           | 5            |
- 15b. Offender's memory has been affected by alcoholic blackout **post-treatment.**
- |            |              |          |             |              |
|------------|--------------|----------|-------------|--------------|
| Not at all | A little bit | Somewhat | Quite a bit | A great deal |
| 1          | 2            | 3        | 4           | 5            |

16. Offender's memory has been affected by the length of time since offending **pre treatment**  
 Not at all    A little bit    Somewhat    Quite a bit    A great deal  
 1                    2                    3                    4                    5
17. Offender's memory has been affected by the length of time since offending **post treatment**  
 Not at all    A little bit    Somewhat    Quite a bit    A great deal  
 1                    2                    3                    4                    5
18. Minimization of offending behavior *i.e. level of intrusiveness or seriousness* **pre treatment**  
 Denial                    High                    Some                    Low                    Little or no  
 1                    2                    3                    4                    5
19. Minimization of offending behaviour *i.e. level of intrusiveness or seriousness* **post treatment**  
 Denial                    High                    Some                    Low                    Little or no  
 1                    2                    3                    4                    5
20. Minimization of the extent of offending behaviour *i.e. frequency and duration* **pre treatment**  
 Denial                    High                    Some                    Low                    Little or no  
 1                    2                    3                    4                    5
21. Minimization of the extent of offending behaviour *i.e. frequency and duration* **post treatment**  
 Denial                    High                    Some                    Low                    Little or no  
 1                    2                    3                    4                    5
22. Minimization of level of force in offending behavior **pre treatment**  
 N/A (No force)    Denial    High    Some    Low    Little or no  
 1                    2                    3                    4                    5                    6
23. Minimization of level of force in offending behaviour **post treatment**  
 N/A (No force)    Denial    High    Some    Low    Little or no  
 1                    2                    3                    4                    5                    6

Pre-minimization score (sum questions 18, 20, and 22) \_\_\_\_\_

Post-minimization score (sum questions 19, 21 and 23) \_\_\_\_\_

## Offence Cycle

24. Feelings of remorse **pre treatment**  
 No remorse 1                      Some remorse 2                      Shows remorse 3
25. Feelings of remorse **post treatment**  
 No remorse 1                      Some remorse 2                      Shows remorse 3
26. Feelings of empathy for the victim(s) **pre treatment**  
 No empathy 1                      Some empathy 2                      Shows empathy 3
27. Feelings of empathy for the victim(s) **post treatment**  
 No empathy 1                      Some empathy 2                      Shows empathy 3
28. Offender acknowledged sexual thoughts/fantasies about the victim(s) or offending prior to the offence(s) **pre treatment**  
 N/A 1                      Denial 2                      Minimal 3                      Some 4                      High 5
29. Offender acknowledged sexual thoughts/fantasies about the victim(s) or offending prior to the offence(s) **post treatment**  
 N/A 1                      Denial 2                      Minimal 3                      Some 4                      High 5
30. Offender acknowledged fantasies about children **pre treatment**  
 N/A 1                      Denial 2                      Minimal 3                      Some 4                      High 5
31. Offender acknowledged fantasies about children **post treatment**  
 N/A 1                      Denial 2                      Minimal 3                      Some 4                      High 5
32. Offender acknowledged fantasies about sexual violence **pre treatment**  
 N/A 1                      Denial 2                      Minimal 3                      Some 4                      High 5
33. Offender acknowledged fantasies about sexual violence **post treatment**  
 N/A 1                      Denial 2                      Minimal 3                      Some 4                      High 5

34. Offender acknowledged fantasies about revenge/non-sexual violence **pre treatment**

N/A	Denial	Minimal	Some	High
1	2	3	4	5

35. Offender acknowledged fantasies about revenge/non-sexual violence **post treatment**

N/A	Denial	Minimal	Some	High
1	2	3	4	5

**Cognitive Distortions**

36. Victim(s) consented *i.e. wanted sex, did not say No* **pre treatment**

Did not endorse	Some endorsement	Strong endorsement
1	2	3

37. Victim(s) consented *i.e. wanted sex, did not say No* **post treatment**

Did not endorse	Still some	Still maintains	Challenged
1	2	3	4

38. Relationship with victim(s) *i.e. showing the victim love* **pre treatment**

Did not endorse	Some endorsement	Strong endorsement
1	2	3

39. Relationship with victim(s) *i.e. showing the victim love* **post treatment**

Did not endorse	Still some	Still maintains	Challenged
1	2	3	4

40. Sex education **pre treatment**

Did not endorse	Some endorsement	Strong endorsement
1	2	3

41. Sex education **post treatment**

Did not endorse	Still some	Still maintains	Challenged
1	2	3	4

42. Blaming the victim(s) *i.e. loose, sleazy, damaged goods, caused trouble for men, lied about what happened or was used/set up by victim* **pre treatment**

Did not endorse	Some endorsement	Strong endorsement
1	2	3

43. Blaming the victim(s) *i.e.* loose, sleazy, damaged goods, caused trouble for men, lied about what happened or was used/set up by victim  
**post treatment**  
Did not endorse      Still some      Still maintains      Challenged  
1                              2                              3                              4
44. Blaming others *i.e.* external circumstances, offender's spouse, offender was set up by others or a stressful lifestyle **pre treatment**  
Did not endorse      Some endorsement      Strong endorsement  
1                              2                              3
45. Blaming others *i.e.* external circumstances, offender's spouse, offender was set up by others or a stressful lifestyle **post treatment**  
Did not endorse      Still some      Still maintains      Challenged  
1                              2                              3                              4
46. Victim(s) initiated sex *i.e.* overly affectionate or tempted the offender **pre treatment**  
Did not endorse      Some endorsement      Strong endorsement  
1                              2                              3
47. Victim(s) initiated sex *i.e.* overly affectionate or tempted the offender **post treatment**  
Did not endorse      Still some      Still maintains      Challenged  
1                              2                              3                              4
48. Victim(s) enjoyed it **pre treatment**  
Did not endorse      Some endorsement      Strong endorsement  
1                              2                              3
49. Victim(s) enjoyed it **post treatment**  
Did not endorse      Still some      Still maintains      Challenged  
1                              2                              3                              4
50. Victim(s) did not get hurt physically or emotionally **pre treatment**  
Did not endorse      Some endorsement      Strong endorsement  
1                              2                              3
51. Victim(s) did not get hurt physically or emotionally **post treatment**  
Did not endorse      Still some      Still maintains      Challenged  
1                              2                              3                              4
52. Victim(s) was not forced or coerced **pre treatment**  
Did not endorse      Some endorsement      Strong endorsement  
1                              2                              3



For Post-Cognitive Distortions scores count still some and still maintains as 1 and did not endorse or challenged as a 0.

**Post-test distortions score** (sum 37,39,41,43,45,47,49,51,53,55,57,59,61)

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### **Grooming**

62. Victim(s) given alcohol or drugs by offender  
1. Yes  
2. No
63. Victim(s) given gifts/money from offender  
1. Yes  
2. No
64. Victim(s) shown pornographic material by offender  
1. Yes  
2. No
65. Victim(s) tricked or manipulated by offender  
1. Yes  
2. No
66. Others tricked or manipulated by offender  
1. Yes  
2. No

**Total grooming score** (total the number of "yes"s for 62,63,64,65,66)

---

67. Victim(s) threatened verbally  
1. Yes  
2. No
68. Victim(s) threatened physically  
1. Yes  
2. No
69. Victim(s) threatened with weapon  
1. Yes  
2. No

**Deviant Sexual Interests/Paraphilia  
PPG Results**

70. PPG results pre treatment

<b>70A.Auditory</b>	<b>70b.Slide</b>	<b>70c.Movie</b>
A1. Non responder	B1. Non responder	C1. Non responder
A2. Adult	B2. Adult	C2. Adult
A3. Child and adult	B3. Child and adult	C3. Child and adult
A4. Child	B4. Child	C4. Child
A5. Child and coercion against children	B5. Child and coercion against children	C5. Child and coercion against children
A6. Adult coercion and consent	B6. Adult coercion and consent	C6. Adult coercion and consent
A7. Adult coercion	B7. Adult coercion	C7. Adult coercion
A8. Child and adult coercion	B8. Child and adult coercion	C8. Child and adult coercion
A9. Arousal to all stimuli	B9. Arousal to all stimuli	C9. Arousal to all stimuli
A10. refused	B10. refused	C10. refused
A11. Not competed	B11. Not competed	C11. Not competed

71. PPG revealed deviant arousal to material not related to offence

1. N/A (Not completed/refused)
2. Yes specify \_\_\_\_\_
3. No

72. Arousal control session **pre treatment**

1. N/A (No arousal control session)
2. Unable to reduce / inhibit arousal
3. Some ability to reduce / inhibit arousal
4. Ability to reduce / inhibit arousal below level of significance

73. Arousal control session **post treatment**

1. N/A (No arousal control session)
2. Unable to reduce / inhibit arousal
3. Some ability to reduce / inhibit arousal
4. Ability to reduce / inhibit arousal below level of significance

## Paraphilia

74. Offender use of pornographic material
1. Never
  2. Rarely
  3. Sometimes
  4. Regularly
  5. Very frequently
75. Obscene phone calls
1. Yes
  2. No
76. Exhibitionism
1. Yes
  2. No
77. Voyeurism
1. Yes
  2. No
78. Bestiality
1. Yes
  2. No
79. Frottage
1. Yes
  2. No
80. Dressed in female's clothing
1. Yes
  2. No
81. Stolen women's or children's underwear/clothing
1. Yes
  2. No
82. Fetish
1. Yes specify \_\_\_\_\_
  2. No
83. Bondage.
1. Yes
  2. No

84. Sado masochism  
 1. Yes  
 2. No
85. Sexual arousal while watching violence or rape on television or movie or internet  
 1. Yes  
 2. No
86. Sexual arousal while watching children on television or movie or internet  
 1. Yes  
 2. No
87. Masturbated to pictures of children  
 1. Yes  
 2. No
88. Sexual sadism  
 1. Yes  
 2. No
1. Masturbated to thoughts of sexually related homicide  
 1. Yes  
 2. No
90. Attempted to/engaged in necrophilia  
 1. Yes  
 2. No
91. Taken pictures or videos of offending behaviour  
 1. Yes  
 3. No

**Total paraphilias** (add "yes" for 74 to 91) \_\_\_\_\_

## II. VICTIM PROFILE

92. Total number of identified sexual abuse victims **pre treatment**  
 \_\_\_\_\_
93. Total number of identified sexual abuse victims **post treatment**  
 \_\_\_\_\_
94. Gender of victim(s)  
 1. Male only 2. Female only 3. Both male and female

### Age range of victim(s)

95. Infant victim(s) *i.e.* birth-5 years.
1. Yes
  2. No
96. Prepubescent victim(s) *i.e.* 6-9 years.
1. Yes
  2. No
97. Pubescent victim(s) *i.e.* 10-13 years.
1. Yes
  2. No
98. Teen victim(s) *i.e.* 14-17 years.
1. Yes
  2. No
99. Adult victim(s) *i.e.* over the age of 18 years.
1. Yes
  2. No
100. Elderly victim(s) *i.e.* over the age of 65 years.
1. Yes
  2. No
101. Multiple ages
1. Yes
  2. No
102. Ethnic background of victim(s)
- |               |                        |
|---------------|------------------------|
| 1. Caucasian  | 5. Asian               |
| 2. Aboriginal | 6. Black               |
| 3. Inuit      | 7. Hispanic            |
| 4. Métis      | 8. Various backgrounds |

### Relationship of victim(s) to offender

103. Family member(s)
1. N/A (Victims were not family members)
  2. Immediate family member(s) specify \_\_\_\_\_
  3. Extended family member(s) specify \_\_\_\_\_
  4. Non-biological family member(s) specify \_\_\_\_\_
  5. Various family members

104. Family friend(s)  
1. Yes  
2. No
105. Non-familial position of trust and authority.  
1. Yes  
2. No
106. Friend(s) or acquaintance(s)  
1. Yes  
2. No
107. Stranger(s)  
1. Yes  
2. No
108. Multiple relationships to the victim(s)  
1. Yes  
2. No
109. Approximate duration of the current sexual assault(s),  
if the abuse was more than one contact  
\_\_\_\_\_ months
110. Victim(s) substance abuse  
1. Abuse of alcohol at the time of the offence(s)  
2. Abuse of drugs at the time of the offence(s)  
3. Abuse of both alcohol and drugs at the time of the offence(s)  
4. No substance abuse at the time of the offence(s)

**Acts perpetrated against the victim(s)**

111. Fondling  
1. Yes  
2. No
- 111a. Digital penetration  
1. Yes  
2. No
- 112b. Simulated intercourse  
1. Yes  
2. No

112. Oral sex  
1. Yes  
2. No
113. Anal intercourse  
1. Yes  
2. No
114. Vaginal intercourse  
1. N/A (male victims only)  
2. Yes  
3. No
115. Insertion of objects  
1. Yes  
2. No
116. Victim(s) were physically assaulted  
1. Yes  
2. No
- 116a. Victim was yelled or sworn at  
1. Yes  
2. No
- 116b. Victim was pushed, shoved or grabbed  
1. Yes  
2. No
- 116c. Victim was punched or kicked  
1. Yes  
2. No
- 116d. Victim was tied or gagged  
1. Yes  
2. No
117. Resulting death for the victim(s)  
1. Yes  
2. No

## Family Dynamics

118. Offender's primary childhood caregiver
1. Both mother and father
  2. Mother
  3. Father
  4. Grandparent(s)
  5. Other relative(s)
  6. Non-family member(s)
  7. Foster/group home(s)
  8. Raised as ward of community
  9. Other \_\_\_\_\_
119. Total number of primary care givers from birth-18years
120. Separation/abandonment from parents
1. Yes
  2. No
121. Biological father unknown
1. Yes
  2. No
122. Parental divorce/separation
1. N/A
  2. Yes
  3. No
123. Maternal infidelity/promiscuity
1. N/A
  2. Yes
  3. No
124. Paternal infidelity/promiscuity
1. N/A
  2. Yes
  3. No
125. Parental physical illness
1. N/A
  2. Yes
  3. No

126. Parental mental illness  
1. N/A  
2. Yes  
3. No
127. Parental alcohol or drug/solvent abuse  
1. N/A  
2. Yes  
3. No
128. Familial suicide  
1. N/A  
2. Yes  
3. No
129. Familial homicide  
1. N/A  
2. Yes  
3. No
130. Familial criminality  
1. N/A  
2. Yes  
3. No
131. Witness to or knowledge of parental physical abuse within the family as a minor  
1. N/A  
2. Yes  
3. No
132. Witness to or knowledge of parental sexual abuse within the family as a minor  
1. N/A  
2. Yes  
3. No

**Offender Victimization as a Minor**

133. Physical abuse  
1. Yes  
2. No
134. Number of physical abuse perpetrators  
\_\_\_\_\_

135. Gender of physical abuser(s)
1. N/A
  2. Male only
  3. Female only
  4. Both male and female
136. Familial relationship to offender
1. N/A
  2. Immediate family member(s) specify \_\_\_\_\_
  3. Extended family member(s) specify \_\_\_\_\_
  4. Non-biological family member(s) specify \_\_\_\_\_
  5. Various family members
137. Offender physically abused by non-family member(s)
1. N/A
  2. Yes
  3. No
138. Sexual abuse
1. Yes
  2. No
139. Age at first abusive sexual experience
- \_\_\_\_\_
140. Number of sexual abuse perpetrators
- \_\_\_\_\_
141. Gender of sexual abuser(s)
1. N/A
  2. Male only
  3. Female only
  4. Both male and female
142. Familial relationship to offender
1. N/A
  2. Immediate family member(s) specify \_\_\_\_\_
  3. Extended family member(s) specify \_\_\_\_\_
  4. Non-biological family member(s) specify \_\_\_\_\_
  5. Various family members
143. Offender sexually abused by stranger(s)
1. N/A
  2. Yes
  3. No

144. Offender sexually abused by a friend/family friend or acquaintance(s)
1. N/A
  2. Yes
  3. No
145. Witnessed inappropriate sexual behaviour/pornographic material as a minor
1. Yes
  2. No
146. Emotional abuse
1. Yes
  2. No
147. Gender of emotional abuser(s)
1. N/A
  2. Male only
  3. Female only
  3. Both male and female
148. Familial relationship to offender
1. N/A
  2. Immediate family member(s) specify \_\_\_\_\_
  3. Extended family member(s) specify \_\_\_\_\_
  4. Non-biological family member(s) specify \_\_\_\_\_
  5. Various family members
149. Neglect
1. Yes    2. No
150. Gender of neglector(s)
1. N/A
  2. Male only
  3. Female only
  4. Both male and female
151. Relationship to offender
1. N/A
  2. Mother
  3. Father
  4. Both mother and father
  5. Other primary care giver(s)

**Family Dysfunction Score:** (sum the "yes" for 120-132, +133+138+146+149)

\_\_\_\_\_

**Substance Abuse**

152. Offender consumed alcohol/drugs/solvents at the time of the offence(s)

- 1. Yes
- 2. No

153. History of alcohol abuse

- 1. Yes
- 3. No

153a. Age started drinking \_\_\_\_\_

154. History of drug abuse

- 1. Yes
- 2. No

154a. Type of drugs used and age of first use

- 1. Marijuana (hash, oil, weed) age started \_\_\_\_\_
- 2. Opiates (heroin, morphine) age started \_\_\_\_\_
- 3. Crack/cocaine age started \_\_\_\_\_
- 4. Hallucinogenics (LSD, PCP) age started \_\_\_\_\_
- 5. Prescription Drugs age started \_\_\_\_\_

155. History of solvent abuse

- 1. Yes
- 2. No

155a. Age started using solvents \_\_\_\_\_

**Criminal History**

156. Total number of convictions as a young offender

\_\_\_\_\_

157. Number of violent offence convictions as a young offender

\_\_\_\_\_

158. Number of self-disclosed violent offences not convicted for as a young offender

- 1. 0 offences
- 2. 1-2 offences
- 3. 3-5 offences
- 4. 6-9 offences
- 5. 10 or more offences

159. Age at first violent offence

\_\_\_\_\_

160. Number of sexual offence convictions as a young offender  
\_\_\_\_\_
161. Number of self-disclosed sexual offences not convicted for as a young offender
1. 0 offences
  2. 1-2 offences
  3. 3-5 offences
  4. 6-9 offences
  5. 10 or more offences
162. Age at first sexual offence  
\_\_\_\_\_
163. Total number of adult convictions  
\_\_\_\_\_
164. Number of adult convictions for violent offences  
\_\_\_\_\_
165. Number of self-disclosed violent offences not convicted for as an adult
1. 0 offences
  2. 1-2 offences
  3. 3-5 offences
  4. 6-9 offences
  5. 10 or more offences
166. Number of adult convictions for sexual offences  
\_\_\_\_\_
167. Number of self-disclosed sexual offences not convicted for as an adult
1. 0 offences
  2. 1-2 offences
  3. 3-5 offences
  4. 6-9 offences
  5. 10 or more offences
168. Gang affiliation
1. Yes specify \_\_\_\_\_
  2. No
  3. Suspected involvement
169. Self-mutilation
1. Yes
  2. No

170. Suicide attempts
1. Yes
  2. No
  3. Suicide ideation but no attempts

171. Age at first suicide attempt

---

### **Community Functioning**

172. Employment status at time of current offence(s)
1. Employed (full time or part time)
  2. Unemployed
  3. Student
  4. Retired/disability

173. Occupation(s) at time of current offence(s)
1. Student
  2. Semiskilled or unskilled laborer
  3. Skilled laborer
  4. Clerical/sales
  5. Lower management
  6. Managerial/professional
  7. Unemployed/social assistance
  8. Retired/disability
  9. Various occupations

174. Employment history
1. No employment history
  2. Sporadic employment
  3. Stable employment

175. Education at time of current offence(s)
1. Less than grade 8
  2. Less than grade 12
  3. High school diploma
  4. GED
  5. Trade school
  6. University/college

176. History of school maladjustment
1. N/A
  2. Yes
  3. No

177. Marital status at time of current offence(s)
1. Single
  2. Married
  3. Common law
  4. Estranged/divorced
  5. Widowed
- 177a. Any history of spousal abuse (conviction or self-report current or past relationship)
1. Yes
  2. No
178. Offender was/is married to a minor
1. N/A (Not married/never married)
  2. Yes
  3. No
179. Marital/relationship problems at time of current offence(s)
1. N/A (Not married/no relationship)
  2. Yes
  3. No
180. History of sexual promiscuity
1. Yes
  2. No
181. History of experiencing sexual dysfunction
1. Yes
  2. No
182. History of social isolation
1. Yes
  2. No

### **III. ABORIGINAL SPECIFIC CHARACTERISTICS**

183. Aboriginal
1. Yes
  2. No
184. Racial identity
1. Not Aboriginal
  2. Status or treaty
  3. Non-status
  4. Inuit
  5. Métis

185. Spoken language(s)
1. Not Aboriginal
  2. English
  3. Aboriginal
  4. Bilingual (Aboriginal/English)
  5. Other \_\_\_\_\_
186. Primary Aboriginal language
1. Not Aboriginal
  2. Cree
  3. Ojibway
  4. Seaulteaux
  5. Inuktitut
  6. Dene
  7. Other \_\_\_\_\_
  8. N/A (English speaking only)
187. Location of current offence(s)
1. Not Aboriginal
  2. Reserve
  3. Rural
  4. Urban
  5. Various locations
188. Residence at time of current offence(s)
1. Not Aboriginal
  2. Reserve
  3. Rural
  4. Urban
189. Community of origin
1. Not Aboriginal
  2. Reserve
  3. Rural
  4. Urban
190. Raised in community of origin
1. Not Aboriginal
  2. Yes
  3. No
191. Traditional Aboriginal upbringing
1. Not Aboriginal
  2. Yes
  3. No

192. Participated in Aboriginal sex offender treatment within the institution
1. Not Aboriginal
  2. Yes
  3. No
193. Participated in Aboriginal sex offender treatment upon release
1. Not Aboriginal
  2. Yes
  3. No
194. Contact with Aboriginal Elder within the institution
1. Not Aboriginal
  2. Regular contact
  3. Occassional contact
  4. Minimal contact
  5. No contact
195. Contact with Aboriginal Elder upon release
1. Not Aboriginal
  2. Regular contact
  3. Occassional contact
  4. Minimal contact
  5. No contact
196. Offender attended residential school
1. Not Aboriginal
  2. Yes
  3. No
197. Offender sexually abused in residential school
1. Not Aboriginal
  2. Yes
  3. No
  4. N/A (Did not attend residential school)
198. Offender physically abused in residential school
1. Not Aboriginal
  2. Yes
  3. No
  1. N/A (Did not attend residential school)
199. Offender emotionally abused in residential school
1. Not Aboriginal
  2. Yes
  3. No
  4. N/A (Did not attend residential school)

200. Offender subjected to racism within the community or institution
1. Not Aboriginal
  2. Yes
  3. No

**IV. TREATMENT**

201. Participation in sex offender treatment prior to current offence(s)
1. Yes
  2. No
202. Participation in sex offender treatment at other institution(s)
1. N/A
  2. Yes
  3. No

**For current offence**

203. Participation in RPC
1. Yes
  2. No
204. Participation in Base Exodus
1. Yes
  2. No
205. Total time in FBMC treatment  
\_\_\_\_\_ months
206. Location of treatment with FBMC
1. Stony Mountain Institution only
  2. Stony Mountain Institution and community
  3. Stony Mountain Institution and Rockwood Institution
  4. Stony Mountain Institution, Rockwood Institution and community
  5. Rockwood Institution only
  6. Rockwood Institution and community
  7. Community only
207. Primary therapist
1. Lawrence Ellerby
  2. Brenda Ellerby
  3. Todd Smith
  4. Jacqueline Bedard
  5. Other \_\_\_\_\_

208. Participation in core contemporary
1. Yes
  2. No
209. Participation in individual therapy
1. Yes
  2. No
210. Participation in blended treatment
1. Yes
  2. No
211. Participation in couple therapy
1. N/A (No relationship/marriage)
  2. Yes
  3. No
212. Participation in family therapy
1. N/A (No family)
  2. Yes
  3. No
213. Partner involved in partner support group
1. N/A (No relationship/marriage)
  2. Yes
  3. No
214. Arousal modification
1. Yes
  2. No
215. Contact with community support worker
1. Yes
  2. No
216. Medical management of sexual arousal
1. Yes
  2. No

217. Treatment status
1. In progress
  2. Refused
  3. Dropped out
  4. Terminated
  2. Completed
  3. Suspended
  4. Transferred

- 217a. Suspension
1. Suspended and charged with a new non-violent non-sexual offence
  2. Suspended and charged with a new violent offence
  3. Suspended and charged with a new sexual offence
  4. Suspended and returned to treatment
  5. Suspended for breach of conditions
  6. Suspended for breach of conditions and parole revoked

218. Continued to attend post WED
1. N/A
  2. Yes
  3. No

### **Recidivism**

219. Charged with sexual offence(s) post treatment
1. Yes (completed treatment)
  2. No (completed treatment)
  3. Yes (did not complete treatment)
  4. No (did not complete treatment)
220. Charged with violent offence(s) post treatment
1. Yes (completed treatment)
  2. No (completed treatment)
  3. Yes (did not complete treatment)
  4. No (did not complete treatment)
221. Charged with nonsexual/nonviolent offence(s) post treatment
1. Yes (completed treatment)
  2. No (completed treatment)
  3. Yes (did not complete treatment)
  4. No (did not complete treatment)

## **Risk Assessment**

222. GSIR score

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223. VRS-SOV score

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224. Clinical judgement risk report **pre treatment for sexual recidivism**

1. High
2. Medium
3. Low

225. Clinical judgement needs report **pre treatment for sexual recidivism**

1. High
2. Medium
3. Low

226. Clinical judgement risk report **post treatment for sexual recidivism**

1. High
2. Medium
3. Low

227. Clinical judgement needs report **post treatment for sexual recidivism**

1. High
2. Medium
3. Low

228. Clinical judgement risk report **pre treatment for violent recidivism**

1. High
2. Medium
3. Low

229. Clinical judgement needs report **pre treatment for violent recidivism**

1. High
2. Medium
3. Low

230. Clinical judgement risk report **post treatment for violent recidivism**

1. High
2. Medium
3. Low

231. Clinical judgement needs report **post treatment for violent recidivism**
  1. High
  2. Medium
  3. Low
  
232. Clinical judgement risk report **pre treatment for non-violent recidivism**
  1. High
  2. Medium
  3. Low
  
233. Clinical judgement needs report **pre treatment for non-violent recidivism**
  1. High
  2. Medium
  3. Low
  
234. Clinical judgement risk report **post treatment for non-violent recidivism**
  1. High
  2. Medium
  3. Low
  
235. Clinical judgement needs report **post treatment for non-violent recidivism**
  1. High
  2. Medium
  3. Low



