CULTURE, HEALING AND SPIRITUALITY AND THEIR INFLUENCE ON TREATMENT PROGRAMS FOR ABORIGINAL OFFENDERS

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Abstract

This study investigated the role of culture, healing and spirituality in treatment programs for Aboriginal offenders. Aboriginal people have been profoundly affected by their contact with Europeans and one negative consequence is their over-representation in the Canadian Criminal Justice System (CJS) (Chisholm, 1994). In British Columbia, Aboriginal adults constitute approximately 5% of the population, but they represent 20% of those incarcerated; Aboriginals comprise 8% of the adult population in Saskatchewan, yet they constitute 76% of incarcerated individuals (Boe, 2000). By virtue of their over-representation, Aboriginals present as a special interest group in the CJS. As the Correctional Services of Canada (CSC) implements a number of treatment programs that Aboriginal inmates have an opportunity to attend (CSC webpage, www.csc-scc.gc.ca), knowledge of the effectiveness of these programs is important. A total of 50 offenders participated in the study: 40 Aboriginal men and 10 non-Aboriginal men. Participants were required to fill out a research package consisting of the following components: a consent form, a background information questionnaire, a treatment/program involvement questionnaire, the Native American Acculturation Scale, and the Balanced Inventory for Desired Responding. The results of the study support prior findings (Hodgson & Heckbert, 1994; Johnston, 1997; Waldram, 1993) indicating that spirituality, culture and practicing traditions are fundamental components of treatment programs for Aboriginal offenders. More specifically, many Aboriginal participants (52%) in this sample indicated that they considered Aboriginal programs effective because of their cultural and spiritual components. Additionally, Aboriginal participants reported that healing contributed to treatment effectiveness for both Aboriginal programs (44%) and, to a lesser extent, non-
Aboriginal programs (18.5%). Furthermore, an encouraging discovery was that these participants reported that Aboriginal programs are, in their view, moderately (28%) to highly (40%) likely to decrease their recidivism. Additionally, Aboriginal participants also reported that they most often solicit assistance and support from Aboriginal people when experiencing personal problems (92.5%), institutional problems (85%) and consider Aboriginal people to be the most supportive people (90%). Although results indicated that it is necessary for CSC to be culturally sensitive in accommodating Aboriginal offenders, further research is required to investigate the actual, as opposed to perceived, effectiveness of current Aboriginal programs operating at CSC, as well as assisting in designing and implementing future programs and activities that are culturally appropriate.
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DEDICATION

In Memory of my two grandmothers,
Mary Mydonick and Olive Howell, both of whom I lost in the past year.

No words can describe how wonderful both of you were and how much each of you have
touched my life. Thank you for your love and inspiration. I miss you dearly.

All my relations.
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“Learn who you are. Learn about your people. Learn about your grandmother, your grandfather. Learn about where you came from, who your ancestors are. Only then can you become what you are supposed to be... When you know who you are, it’s easier to see how other people are, to help these people... You have to learn about yourself mentally, physically, emotionally, spiritually... You have to work holistically, not H-O-L, but W-H-O-L, wholistically. Everything. All parts of you. Learn all about who you are, and then, then you can grow and be who you are supposed to be.” - Anonymous Elder

I am on a journey learning who I am and who I am supposed to be. I cannot travel this journey alone, as I need love, support, guidance, understanding, friendship and inspiration from others in order to travel my life journey. Completing a Master of Arts degree has been a life-long dream of mine and I could not have accomplished such a feat without the many people in my life.

Firstly, I must thank my father for always being proud of me and encouraging me to be the person that I am. Thank you for your unconditional love and support and especially for your encouragement for me to attend university and achieve my dreams. Dad, without you, I wouldn’t be the person I am today. I can only hope to be half the person that you are. I must also thank the rest of my family, my mother and 3 sisters, Marcy, Sabrena and Stacey. Without your love and support, I would never be able to attempt to solve life’s challenges. Thank you for always being there for me when I need someone to talk to. I feel grateful to have three absolutely wonderful sisters who support me no matter what. The three of you define the words unconditional love. Thank you, Marcy, Sabrena and Stacey for just being there and for being the women that you are. Additionally, I must thank my nephews, Jamès, Kalem and Colton for teaching me to remember the important things in life like love and laughter, and not to forget the little
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Culture, Healing and Spirituality and Their Influence on Treatment Programs for Aboriginal Offenders

This study investigated the role of culture, healing and spirituality in treatment programs for Aboriginal offenders. Aboriginal people have been profoundly affected by their contact with Europeans and one negative consequence is their over-representation in the Canadian Criminal Justice System (CJS) (Chisholm, 1994). In reference to offenders in a psychiatric hospital, Waldram & Wong (1995) stated, “Indeed, it may be difficult for non-Aboriginal staff and patients to truly understand the legacy of colonialism as it has affected and continues to affect Aboriginal peoples” (p.51). As a consequence of residential schools, reservations, and certain laws that, for example, outlawed traditional practices (Bateman, 1997; Cowger, 1992; Ellis, 1994; Garrett & Pichette, 2000; Tobias, 1991), Aboriginal people have struggled to survive in a Western world. Jilek-Aall and Jilek (2001) remarked that there have been “decades of social deterioration due to the systematic destruction of aboriginal culture under past governmental and ecclesiastic policies” (p. 53).

One of the most profound examples of the negative impact of the majority culture was instituting residential schools. Although each school operated differently, the general goal was to assimilate Aboriginal children into mainstream Western culture by systematically removing them from their families and communities and housing them in boarding schools where they were prohibited from speaking their languages or practicing any component of their culture (Ellis, 1994; Garett & Pichette, 2000; McBeth, 1983). These actions, in combination with other attempts at assimilation, have affected Aboriginal peoples’ ability to foster healthy cultural and personal identities (Garrett and
Pichette, 2000). In addition to assimilation attempts, demographic characteristics and other social issues such as poverty, have contributed to problems experienced by Aboriginal peoples (Chisholm, 1994; Garrett & Pichette, 2000; Johnston, 1997).

A wealth of evidence clearly illustrates some of the difficulties currently experienced by Aboriginal peoples. Garrett and Pichette (2000) noted that, along with high rates of poverty and unemployment, Aboriginal families have incomes approximately 50% that of Caucasian families. Chisholm (1994) reported that acculturation leads to a profound sense of alienation and emotional problems that manifest in a variety of forms: increased suicide rates compared to the national average, increased rates of violent death (three times the national average), increased rates of academic failure and dropouts, substance abuse, and over-representation in the Canadian CJS. Specific to offenders, LaPrairie (1992) examined the demographic characteristics of federally incarcerated Aboriginal inmates and reported that, in comparison to other inmates, Aboriginal inmates were often very low on social economic indicators such as income and education. In 1994, LaPrairie examined the relationship between social marginalization and involvement with the CJS for 600 Aboriginal people residing in the inner cores of four Canadian urban centers. Results indicated that the more socially marginalized the group, the higher the involvement with the CJS (LaPrairie, 1994).

Furthermore, Johnston (1997) interviewed 10% of the federal Aboriginal inmate population and examined their childhood backgrounds. His results indicated that early drug (60%) and alcohol (58%) problems, childhood behavioral problems (57%), physical (45%) and sexual (21%) abuse, parental absence (41%) and severe poverty (35%) were
commonly a part of these offenders’ childhood lives. Additionally, 21% of Johnston’s sample had attempted suicide.

Given that research has indicated that factors such as poverty, substance misuse, disrupted social networks and low socioeconomic status (Johnston, 1997; LaPrairie, 2002) are related to crime, and since Aboriginal people often live under these circumstances (Chisholm, 1994; Garrett & Pichette, 2000), it is not surprising that Aboriginals constitute a large percentage of federal and provincial inmates in Canada, while only representing a small percentage of the general adult population (Boe; 2000; CCJS Juristat, 1998; McGovern, 1998; Task Force, 1988). In British Columbia, Aboriginal adults constitute approximately 5% of the population, but they represent 20% of those incarcerated; Aboriginals comprise 8% of the adult population in Saskatchewan, yet they constitute 76% of incarcerated individuals; Aboriginals represent 93% of the former Northwest Territories inmate population while only comprising 54% of the adult population (CCJS Juristat, 1998). Furthermore, Aboriginal inmate admissions have been growing (Boe, 2000; LaPrairie, 1992) and are projected to continue to grow (McGovern, 1998; Ross, 1992). According to Cayley (1998), the federal Aboriginal inmate population has risen 6% since 1991, while the general inmate population has risen 4% with only a 1% increase from 1996-1997. Not only are Aboriginals incarcerated at a higher rate than are other ethnic groups; they are incarcerated for longer periods of time due to various circumstances (e.g., they are less likely to apply for and to receive parole; Koopman, 1994).

LaPrairie (2002) defines over-representation as “the fact that more Aboriginal people are incarcerated or represented in probation and other criminal justice processes
when compared to their proportion of the population (both nationally and regionally)"
(p.202). By virtue of their over-representation in the CJS, Aboriginals present as a special
interest group in the CJS. Since the Correctional Services of Canada implements a
number of treatment programs that Aboriginal inmates have an opportunity to attend
(CSC webpage, www.csc-scc.gc.ca), knowledge of the effectiveness of these programs is
important if one wishes to rehabilitate Aboriginal inmates. Additionally, it seems
imperative to incorporate the unique needs of Aboriginal inmates into correctional
treatment programs. Specifically, one of the most salient issues that must be addressed is
culture. Culture becomes especially relevant concerning Aboriginal people because
Aboriginal and mainstream North American culture reflect two very diverse systems of
beliefs, values and customs and because Aboriginal people have had to struggle to
maintain their cultural identity within the dominant North American culture (Couture,
1992; Ertz, 1998; Garret, 1999; Krawill, 1994; LaFromboise, Trimble & Mohatt, 1990;
a psychological context and with reference to value differences, LaFromboise et al.
(1990) noted the following:

Psychological therapy programs-in both theory and practice-are derived
from and serve to affirm the values of American culture. They are not
value free but are infused with the individualistic philosophy and priorities
of the dominant culture. Those biases must be recognized and corrected in
order to create a fair and effective counseling environment (p.634).

Cultural values affect a person's world-view and partly determine how an individual
handles stressful situations (Garrett, 1999). According to Kluckhohn and Strodbeck
(1961), cultural values represent those characteristics that members of a particular group
consider desirable and important as guiding principles or as a set of standards to live by.
Although not representative of all Aboriginal people, research has demonstrated that traditional Aboriginal values emphasize the importance placed on being, cooperation, sharing, community and extended family, non-interference, living in harmony with nature, living in the present time, and respect for Elders (Dufrene & Colman, 1992; Garrett, 1999; Heinrich, Corbine & Thomas, 1990). These values are often summarized as reflecting a preference for (1) being, (2) collateral relations, (3) present time orientation and (4) harmony with nature (Heinrich et al., 1990; Kluckhohn & Strodtbeck, 1961; Sue & Sue, 1990). Comparatively, mainstream Western values emphasize the importance of self-promotion, domination, individualism and the nuclear family, mastery over nature, competitiveness, time orientation towards the future and an admiration for youth (Garrett, 1999; Sue & Sue, 1990). Summarized, these values represent a value orientation preference for (1) doing, (2) individualistic relations, (3) future time orientation and (4) mastery over nature (Heinrich et al., 1990; Kluckhohn & Strodtbeck, 1961; Sue & Sue, 1990).

In a study conducted by DuBray (1985), in which 36 Aboriginal female social workers were compared to 36 non-Aboriginal female social workers on their values, results indicated statistically significant differences between the groups. The Aboriginal social workers displayed a preference for (1) being, (2) collateral relations, (3) present time orientation and (4) harmony with nature in comparison to non-Aboriginal social workers preference for (1) being, (2) individualistic relations, (3) future time orientation and (4) mastery over nature. Although both groups endorsed a preference for a being orientation, DuBray (1985) attributed this to the nature of being a social worker and emphasized that overall, the results emphasized cultural differences in values. However,
as Garrett (1999) noted, cultural value orientations exist on a continuum and Aboriginal and non-Aboriginal individuals can adopt as many or as few of these values as they choose.

Not only are cultural values different between Aboriginal and mainstream North American culture, beliefs, traditions and customs also differ (Couture, 1992; Ertz, 1998; Garret, 1999; Krawll, 1994; LaFromboise, et al., 1990; Poonwassie & Charter, 2001; Sandner, 1996; Ross, 1992, 1996; Waldram 1997). These differences must be reflected in the counseling approaches employed with Aboriginal people (LaFromboise et al., 1990). Specifically of interest to the present study are the treatment and rehabilitative programs and activities offered to Aboriginal inmates. More specifically, to address the normative and non-normative changes a person goes through in treatment or rehabilitative programs while incarcerated, we must first understand the cultural norms which an offender has been raised, what cultural norms s/he subscribes to and how an individual identifies him or herself. One objective of the present study was an attempt to explore whether culture specific treatment programs are judged to be more effective by and/or appropriate for Aboriginal offenders in comparison to those programs that are designed for the inmate population in general. Given that these are the individuals that treatment programs are attempting to change, their personal input is invaluable; therefore inmates’ self-reports of program effectiveness were utilized in this study.

Before offering a detailed description of Aboriginal culture, healing and spirituality, it will prove useful to provide a definition of the term Aboriginal, discuss the heterogeneity of Aboriginal cultures and the importance of understanding acculturation/assimilation of Aboriginal people in North American society. Each of these
topics is addressed individually. Subsequently, a description of the differences between
Aboriginal and mainstream North American views on healing and wellness are discussed
followed by a detailed description of spirituality, Elders and practicing traditions.
Finally, the hypotheses for this study are presented.

Defining Aboriginal

Terms commonly used to refer to the people who inhabited North America before
European contact include, but are not limited to the following: Aboriginal,
American/Canadian Indian, Indian, Native American/Canadian, Native, First Nations,
Metis, Alaskan, Eskimo, Inuit and Indigenous. Often these terms are used
interchangeably and which term is used primarily depends on personal choice (Weaver,
2002); however the term ‘Indian’ is often not used, as it is politically incorrect. The term
Aboriginal will be used throughout this paper and will refer to all those who self identify
with any of the above mentioned terms.

Heterogeneity of Aboriginal cultures

Across North America numerous Aboriginal groups exist, accordingly, Aboriginal
culture is heterogeneous. For example, of 249 inmates in a study conducted by Waldram
in 1997, the following backgrounds and their frequencies were reported: Northern Cree
(22%), Plains Cree (22%), Salteaux (14%), Metis (14%) and Ojibwa (7%). Chipewyan,
Inuit, Blackfoot, Dakota, Gitskan and blended cultures were also identified. These data
mostly highlight the heterogeneity of Aboriginal cultures in the Prairie region, neglecting
the numerous coastal and eastern groups. Although, in a general sense, there is similarity
among Aboriginal worldviews, different perspectives do exist among different groups of Aboriginals as their social, political, spiritual, economical and cultural experiences and practices are diverse (Poonwassie & Charter, 2001; Thomason, 1991). This study discusses Aboriginal culture very generally and highlights common themes among Aboriginal cultures, thus, not everything discussed will apply to all Aboriginal people. Not only are Aboriginal cultures heterogeneous, diversity among individuals, level of assimilation/acculturation into North American culture also contribute to differences between Aboriginal individuals.

**Acculturation and Aboriginal Identity**

According to Tseng (2001), culture refers to:

> A set of beliefs, attitudes, and value systems that derive from the early stages of life through enculturation and become an internal mode of regulating behavior, action and emotion... culture changes continuously and dynamically through the generations in response to environmental demands (p.6).

The author notes that within each cultural group, subcultures may exist; therefore it is important to be aware of heterogeneity within cultures. Since North American society consists of people from a variety of cultural backgrounds providing for a diversity of beliefs, attitudes, values, traditions and customs being practiced in North America, awareness of other cultural backgrounds is necessary for those working with people from a different cultural background than themselves. Within psychology, cultural awareness and sensitivity is paramount when providing services to people who do not belong to the dominant Western culture of North America, especially since “cultural issues are often mystifying, misinterpreted or even unrecognized” (Tseng, 2001, p.3). A particular
individual's level of acculturation (level of cultural change when two or more cultures co-exist) and/or assimilation (one culture absorbing another) in Canadian society is extremely important when discussing Aboriginal people within North America, especially because of the effects of colonialism (Waldram & Wong, 1995).

For research purposes, Waldram (1997) categorized Aboriginals into three categories: traditional, Euro-Canadian and bi-cultural. Traditional individuals are those who are involved in Aboriginal culture, spirituality and lifestyles; Euro-Canadian individuals are characterized as growing up in a Caucasian culture and lacking involvement in Aboriginal culture; bi-cultural individuals are those who have experienced and learned different aspects of both cultures. In a sample of 249 male inmates from correctional institutions in Manitoba and Saskatchewan, 28% were identified as traditional, 39% as Euro-Canadian and 33% as bi-cultural (Waldram, 1997).

Gaining an understanding of a particular person's cultural background and level of acculturation into mainstream society is important when designing and implementing treatment programs, as the effectiveness of treatment may be partially determined by level of acculturation (Garrett & Pichette, 2000; Sue & Sue, 1990; Waldram & Wong, 1995).

Lefley (1976) found that in a study of acculturation and self-esteem, those Aboriginals who identified themselves as more traditional had higher levels of self-esteem in comparison to those who identified themselves more strongly with the dominant culture. Lefley also found that those who were more assimilated into the dominant culture may have been confused by conflicting systems of beliefs and values and may have found it difficult to deal with and adapt to problems and obstacles. This
suggests that acculturation/assimilation may have detrimental effects on Aboriginal individuals. Waldram (1997) interviewed 30 inmates regarding their identity and cultural background. He reported that, in his sample, those with Euro-Canadian backgrounds (approximately one-third of the sample), versus traditional or bi-cultural backgrounds, have the most identity conflicts, which are reported to have contributed to problems that they have experienced. Waldram concluded that learning of one’s background and culture, participating in Aboriginal traditions and forming and/or solidifying one’s Aboriginal identity can be very empowering and was noted, by the inmates in his sample, as an essential component for healing. Additionally, Mulcahy (1999) discussed how traditional ceremony and spirituality are necessary in the formation of Aboriginal identity and that developing a strong sense of cultural identity is required in order to heal.

Waldram and Wong (1995) investigated the effects of group treatment with 9 Aboriginal and 13 non-Aboriginal offenders. Waldram and Wong observed group treatment as well as interviewed the offenders about their experiences in the group. Acculturation of Aboriginal offenders was determined through extensive assessment of: their proficiency in language(s); urban versus reserve living; educational experience; occupational experience; and self-identification. Aboriginals were assigned as being either (1) traditional, (2) bicultural or (3) Euro-Canadian (acculturated). Waldram and Wong reported that the nature of group therapy (e.g., confrontational, maintaining eye contact, speak loudly) was culturally inappropriate for Aboriginal offenders and many of the offenders in their sample had difficulties with group treatment. Waldram and Wong concluded that group therapies that reflect the social, cultural, racial and class structures of Euro-Canadian society are problematic in the treatment of traditional Aboriginal
offenders but much less so for acculturated Aboriginal offenders. The results of this study emphasized that treatment effectiveness may depend on an individual’s level of acculturation (Waldram & Wong, 1995). Although not specific to offenders, Bigfoot-Sipes, Dauphinais, LaFromboise, Bennett and Rowe (1992) reported that, in comparison to those students who strongly identified with a Western culture, those who strongly identified with an Aboriginal culture more often reported that they prefer Aboriginal counselors, 53% and 84%, respectively. Bigfoot-Sipes et al., emphasized that within the counseling environment, an individual’s level of acculturation should be known as it may affect treatment outcome.

Another example of acculturation/assimilation and identity contributing to maladaptive behaviors was reported in research conducted by Chandler and Lalonde (1998). With respect to identity, Chandler and Lalonde (1998) discuss cultural and self-continuity as an important protective factor against suicide in Aboriginal youth. A brief discussion of their argument is as follows: individuals have a perception of themselves in time which involves a belief of the self existing in the future; any person experiencing extreme personal or cultural change may be at an increased risk to suicide because they lack a belief in themselves existing in the future; adolescents are especially likely to encounter difficulties when in transition; and Aboriginal people are also likely to experience difficulties because many communities lack a sense of cultural continuity; thus, youth and Aboriginal persons are at an increased risk for suicide. Chandler & Lalonde (1998) reported that building community practices that are working as markers of a collective effort to “rehabilitate and vouchsafe the cultural continuity of these groups” results in a decrease in suicide rates of Aboriginal youth in those communities.
Community practices include: self-government, land claims, education, health services, cultural facilities and police and fire services. Although this study was specific to suicide, it is not a far reach to suggest that cultural continuity, self-identity and community practices are important for other Aboriginal persons including those who are incarcerated.

Clearly research has indicated that an individuals’ level of acculturation must be taken into account when reviewing culture specific programs and treatment (Heinrich et al., 2001; Poonwassie & Charter, 2001; Thomason, 1991; Weaver, 2002). However, not all Aboriginal people are interested in being involved with cultural or spiritual practices; therefore, culturally sensitive treatment programs may be irrelevant for those individuals (Poonwassie & Charter, 2001; Thomason, 1991; Waldram, 1997). Conversely, some individuals may find culture, spirituality and practicing traditions highly significant and absolutely necessary in their treatment programs and activities, irrespective of their background. Still others may just be beginning to learn about their Aboriginal culture and do not yet realize the impact that it may have on their lives. As differences exist in how one identifies in terms of acculturation, the current study investigated each individual’s level of acculturation.

Indeed it has been shown that identity, heterogeneity of Aboriginal culture and acculturation are important topics that should be discussed when conducting research with Aboriginal people. Additionally, and essential to this paper, Aboriginal versus mainstream North American views on wellness requires discussion.
Differences in World Views on Wellness

The disparity between Aboriginal and North American views on wellness is of paramount importance when discussing treatment programs for Aboriginal offenders as it may affect the design, implementation and effectiveness of a program (Benson, Sloan & LaBoucane, 2000). Although prison is primarily used as a punishment tool (Cayley, 1998; Comack, 1996), there is an assumption that incarcerated individuals need to be rehabilitated before they can join the rest of society. Whether it is simply a lack of respect for society’s rules, anti-social characteristics or a mental illness, treatment and/or rehabilitation should be, and often is, a goal of imprisonment. However, there is a large inconsistency between Aboriginal and North American views on rehabilitation and wellness, which may ultimately affect the outcome of treatment programs (Benson et al., 2000).

Healing versus treatment

Correctional institutions implement treatment and/or rehabilitative programs (most are based on Western ideologies) that are intended to assist offenders in becoming well and/or becoming law-abiding citizens (CSC web page; www.csc-scc.gc.ca). To Aboriginals, healing is an integral part of getting better and is necessary in the process of change (Sandner, 1996; Weaver, 2000). In reviewing the literature, the term healing or wellness is used far more often than the terms treatment and rehabilitation (Garret, 1999; Green, 2000; Krawll, 1994; LaFromboise et al, 1990; McCormick, 1995; Mulcahy, 1999; Hodgson & Heckbert, 1994; Poonwassie & Charter, 2001; Ross, 1996; Waldram, 1993, 1997; Weaver, 2002). Hodgson and Heckbert (1994) support this notion by stating that of
20 Aboriginals (ex-offenders) interviewed in their study, not one of them used the term treatment or rehabilitation when telling stories of their success of getting out and staying out of the CJS, even though the CJS continuously uses these terms. When describing their journeys (essentially change) from criminal to law-abiding citizens, the term that the research participants used was healing.

The literature consistently affirms that healing and treatment encompass two very different worldviews and belief systems (Dufrene & Coleman, 1992; Ertz, 1998; Mulcahy, 1999; Poonwassie & Charter, 2001; Sandner, 1996; Weaver, 2002). The Task Force on Aboriginal Peoples in Federal Corrections (1988) made this distinction by noting that the concept of health to Aboriginals is holistic and is a state that encompasses physical, mental, emotional and spiritual well being as compared to the Euro-Canadian concept of health that often, but not always, concentrates on “disease and infirmity” (p.12).

Healing

Given that healing is multifaceted and complex, it is difficult to define. As mentioned by Krawll (1994) there is no single definition or description for healing. It is a learning process (Krawll, 1994; Waldram 1993) that is experienced differently by each individual (Mulcahy, 1999). As noted by Mulcahy (1999), healing is a unique experience for each individual and is a process of discovery allowing for the investigation and development of one’s spiritual self. To emphasize that healing is a learning process, Benson et al., (2000) noted that “healing cannot occur in one dimension only; in order to
affect real and sustainable change, one must embark on a process of ‘true learning’” (p.51).

Although healing is a process learned on an individual basis, underlying components of this process are represented by the holistic approach to life based on the Medicine Wheel and the need for balance and interconnectedness in one’s life between the heart, mind, body and spirit (Garret, 1999; Crowfoot Graham, 2002; Poonwassie & Charter, 2001; McCormick, 1995; Sandner, 1996; Weaver, 2002). McCormick (1995) remarked that, “the First Nations world view as represented by the Medicine Wheel has balance as one of the basic tenets of healthy living” (p. 259). To obtain balance, an integration of all four features of the Medicine Wheel (mental, spiritual, emotional and physical) is required (Ertz, 1998; Garret, 1999; Hodgson & Heckbert, 1994; McGaa, 1990; Poonwassie & Charter, 2001; Waldram, 1994, 1997; Weaver, 2002). Furthermore, this balance can only occur if not only the self is integrated, but if one connects with family, friends, community, Elders, spirituality, traditional ceremonies, Mother Earth and the Creator (Mulcahy, 1999).

McCormick (1995) interviewed 50 Aboriginal people from British Columbia in order to determine what facilitated healing for these individuals. McCormick found that, based on the participants’ reports, healing was facilitated in the following ways: participation in ceremony, expression of emotion, learning from a role model, establishing a connection with nature, exercise, involvement in challenging activities, establishing a social connection, gaining an understanding of the problem, establishing spiritual connection, obtaining help/support from others, self-care, setting goals, anchoring self in tradition, and in helping others. McCormick noted that: “[a] preliminary
examination of the healing outcomes of these facilitating events suggests that an effective healing program for First Nations people would invoke empowerment, cleansing, balance, discipline and belonging” (p. 317). Additionally, four major categories necessary for healing were apparent: separating from an unhealthy lifestyle; obtaining social support and resources; experiencing a healthy life; and living a healthy life. The results of this study emphasized that healing is a process facilitated by a number of factors.

**Healing as treatment**

In terms of illness, a person is often considered to be living in an unbalanced manner and in order to heal successfully; balance must be restored (Hammerschlag, 1988; Poonwassie & Charter, 2001; Tolman & Reedy, 1998; Weaver, 2002). According to Weaver (2002), wellness and healing can only occur when a person maintains balance and symmetry among all four parts of the whole and that balance will equal prevention of illness. In order to effectively counsel, assist and encourage Aboriginal offenders to change, the Aboriginal concept of healing is required or at a minimum, must be considered (Benson, et al., 2000; Waldram, 1994). In a study of 30 incarcerated Aboriginal offenders, Waldram (1994) reported that the majority of his participants believed in the power of traditional healing rather than Western forms of treatment for mental illness.

It has been suggested that there is a need to recognize that traditional healing methods and spirituality are viable methods of treatment and that it is necessary to embrace both Western concepts of medicine, technology and treatment as well as the Aboriginal concept of healing (Poonwassie and Charter, 2001; Sandner, 1996). Unrelated
to offenders, but applicable to treatment, Heilbron and Guttman (2000) investigated traditional healing methods with Aboriginal women in group counselling. Heilbron and Guttman reported that traditional ceremony and having Aboriginal beliefs and spirituality incorporated into a cognitively based treatment group was beneficial to the five women in their sample and it was concluded that the inclusion of traditional ceremony and beliefs “appeared to increase therapeutic effectiveness” (p. 9). Although it may be difficult for some people to understand healing, balance, and the Medicine Wheel, these concepts should not be disregarded because when incorporated into programs, they can prove beneficial to Aboriginal offenders (Waldram, 1993, 1994; Smallshaw, Rugge & Bonta, 2002). As differences exist between Aboriginal and mainstream North American ideas of healing and treatment, the current study investigated whether participants endorsed healing as an effective component of treatment programs.

**Spirituality and Culture**

It is important to establish the significance of incorporating spiritual beliefs within the healing process (Krawll, 1994; McCormick, 1995; Waldram, 1997). Spirituality refers to an attempt to develop the inner-self, using culturally affirmed ethics and practices, in order to function harmoniously within one’s surroundings. It can encompass culture, healing, traditions, laws and ethics in a diversity of ways. For the most part, when addressing Aboriginal culture, it is difficult to separate spirituality from culture as they are deeply entwined (Hodgson & Heckbert, 1994; Ross, 1992, 1996; Waldram, 1997). When discussing spirituality, Couture (1992) stated,
It is a total way of life, a way of life rooted in a direct experience of a Creator, ever involved in and unfolding creation. A range of activities provide a setting within which such experience is initiated, sustained, repeated ... the learnings, which are emotional, mental and spiritual in nature, bear on the self, people, all living things and the environment/world in its totality. The central action area is the realm of the inner self, particularly self to self and self to others ... Traditional spirituality is for the survival of the individual and the People. In a prison, such an effort would be much demanding (p.200-01).

To reinforce the challenge of defining spirituality and separating it from culture, Hodgson and Heckbert (1994) noted that the participants (all Aboriginal) in their study interchangeably used the words spirituality and culture and these words were perceived as a way of life and necessary for healing (Hodgson & Heckbert, 1994). Reference to ‘following the red road’ is often made. According to Thin Elk (1993), following the red road “attempts to create a lifestyle harmonious with our Native traditions” (p. 57) and he calls it the red road because “the color red symbolizes the healing of both the body and soul” (p.54). According to Hammerschlag (1988), the spirit plays a significant role in illness and the needs of the spirit must be addressed, along with the needs of the mind and body.

With respect to inmates, a research project conducted by Johnston (1997) for the Research Branch of CSC focused on 556 federally incarcerated male Aboriginals. These participants identified themselves as a highly spiritual group. When questioned about spirituality, the participants reported the following: 49.3% were very spiritual, 20.7% were spiritual, 12.9% were neutral, 9.3% were a little spiritual and 4.3% were not spiritual at all. Johnston (1997) also questioned the inmates regarding what type of Aboriginal activities they preferred. Spirituality or ceremonial activities represented the majority, with 52% of the participants reporting that, in comparison to other programs
and activities (e.g. arts and crafts), they prefer activities that were spiritual or ceremonial. When the inmates were asked whether there were enough Aboriginal cultural activities offered to them, 67.9% stated no, while 29.3% stated yes and 2.9% did not know. Of those that stated no, Johnston inquired where they thought Aboriginal activity was lacking. The three largest shortfalls in activities were noted as the following: more activities in general are needed (31.4%), more culturally sensitive programs and staff are required (16.4%) and access or availability problems (10%).

Similarly, Hodgson and Heckbert (1994) emphasized the importance of spirituality and culture. Hodgson and Heckbert extensively interviewed 20 Aboriginals who had met two requirements to be a participant: (a) the person had to have committed a serious crime (e.g., assault, murder, manslaughter) and/or had served a sentence of at least five years, and (b) at the time of the study, had not been in conflict with the law for at least two years. Regarding spirituality and culture, 19 of the 20 participants indicated that spirituality and learning about their culture had a significant impact on getting out of trouble and staying out of trouble. Most (18) of the participants mentioned that an essential feature of their culture, the holistic view of life (combining mental, physical, spiritual and emotional), must be incorporated into Aboriginal programs.

In reference to the therapeutic effects of spirituality, Waldram (1994) completed a study with thirty inmates from the Regional Psychiatric Centre (RPC) in Saskatoon, Saskatchewan. Waldram noted that the role Elders played in inmates’ lives was important, as was involvement with spirituality. Waldram reported that spirituality often played a therapeutic role in inmates’ lives and assisted them in changing. Waldram (1994) also stated that the majority of the participants in his sample of 30 indicated that
spirituality programs assisted them in dealing with the stresses of prison life by teaching them coping mechanisms and by teaching them how to reduce conflict with other inmates and staff. The programs also helped to keep them open minded about attending other programs.

These three studies (Hodgson & Heckbert, 1994; Johnston, 1997; Waldram, 1994) each emphasized the importance of spirituality assisting Aboriginal offenders in changing their lives and the significance of incorporating spirituality into their treatment programs. As this appears to be an important component of treatment programs, the current study investigated whether spirituality was important to federally incarcerated Aboriginals in the Pacific region of Canada.

Elders

The three studies reviewed above (Hodgson & Heckbert, 1994; Johnston, 1997; Waldram, 1994), as well as other studies (Couture, 1992; Green, 2000; LaFromboise et al, 1990; Task Force, 1988; Waldram, 1993, 1997), not only discussed the importance of spirituality and culture but also emphasized the vital role Elders play in healing and spirituality. Elders are highly regarded and well respected within Aboriginal communities and correctional institutions (Couture, 1992; Johnston, 1997; Ross, 1992; Task Force, 1988; Waldram, 1993, 1994, 1997). Additionally, Elders often lead ceremonies and are a fundamental component of passing along traditional knowledge and practices. They are teachers, counselors, spiritual guides, leaders, and the keepers of the history. The final report by the Task Force on Aboriginal Peoples in Federal Corrections (1988) stated that Elders are beneficial within the correctional system and it was recommended that the
services provided by Elders, which include the assessment of offenders, counselling and
providing spiritual guidance, should be further utilized. Johnston’s (1997) research
supported the utilization of Elders within correctional facilities. When inmates were
questioned about who they felt were the best counsellors, 40.7% stated Elder or Spiritual
Leader as compared to 2.9% who stated CSC-Offered Counselor. Other counsellors that
were ranked included: family and friends (15%), Native Liaison Officer (13.6%), other
(8.6%), Case Management Officer (2.1%) and Substance Abuse Counselor (1.4%).

Although not conducted with offenders, a study conducted by Bigfoot-Sipes, et al.,
(1992) emphasized the importance of ethnicity within the counseling environment.

Bigfoot-Sipes et al., investigated 242 Aboriginal students preferences for counselors.
Results indicated that 75% of the female students and 70.2% of the male students
preferred Aboriginal counselors to non-Aboriginal counselors, regardless of whether the
problem was academic or personal. The results highlighted the importance of ethnicity
within the counseling environment and suggest that ethnicity should be considered when
treating Aboriginal clients.

It is clear that Aboriginal offenders respond more positively to other Aboriginals,
especially Elders. In Waldram’s (1994) investigation, he reported that the majority of the
30 participants in his study stressed the significance of Elders as being an essential
feature of programming. Inmates often commented that they respected, trusted and
needed Elders more than other Correctional staff (e.g., counselors, nurses). Additionally,
Waldram (1993) reported that Aboriginal offender attitudes and behavior towards Elders
is quite different from their views of other correctional staff. For example, Waldram
mentioned that a number of Aboriginal inmates in his study reported that they would
never lie to an Elder and have more trust in Elders than any other person. Similarly, Hodgson and Heckbert (1994) reported that 19 of the 20 participants in their sample acknowledged that Elders in correctional institutions played a significant role in assisting them in turning their lives around and maintaining a crime-free lifestyle; Elders served as spiritual leaders, counselors, healers, teachers and role models, each generating a positive impact on the inmate (Hodgson & Heckbert, 1994).

Given that research (Hodgson & Heckbert, 1994; Johnston, 1997; Waldram, 1994) and the literature (Couture, 1992; Green, 2000; LaFromboise et al, 1990; Task Force, 1988; Waldram, 1993, 1997), emphasized that the Elder forms a vital aspect of healing and spirituality and that Elders play an important role in treatment programs, the present study investigated whether Aboriginal offenders incarcerated in the Pacific region of CSC would report a similar level of importance of Elders in their treatment programs.

**Traditional Practices**

Within Aboriginal culture, traditional practices and ceremony are an integral component of healing and spirituality, reinforcing adherence to cultural values and beliefs (Poonwassie & Charter, 2001; Ross, 1996). Although each ceremony has its own purpose, ceremony allows an individual to connect with his or her spiritual self and maintain balance and connection (Ross, 1992; 1996). Inmates have expressed a desire to access traditional practices while incarcerated and having these privileges are vital if Aboriginal inmates are to heal while imprisoned (Hodgson & Heckbert, 1994; Johnston, 1997; LaPrairie, 1996; Waldram, 1993, 1997).
Of particular relevance to the current study are the data Johnston (1997) collected regarding participation in Aboriginal activities; 87.1% of those interviewed reported participation. Inmates were also asked to report how often they participated in these activities; 23.6% reported daily activity, 16.4% reported two or more times a week, 12.9% reported once per week, 5.7% reported twice per month, 11.4% reported once per month and 12.1% reported other. Clearly, this study showed that many Aboriginals were participating in Aboriginal specific activities on a regular basis.

Program effectiveness was also an issue raised in Johnston’s (1997) study. Aboriginals were asked what programs (Aboriginal and non-Aboriginal) were effective and why. Unfortunately, the definition of program effectiveness was not provided. The program that was identified as the most effective was the Native Substance Abuse program (11.4%), followed by talking circles (7.9%) and sweat lodges (7.9%). A non-Aboriginal program noted as effective was cognitive skills (5.7%). It is interesting to note that no program was considered extremely effective, but the ones with the highest ratings were the Aboriginal programs. When asked why they felt such programs were effective, the largest response was that the program felt good/promoted healing (23.6%). When asked what they thought was the most fulfilling activity (versus effective), 46.4% stated sweat lodges. When posed the question of why it was fulfilling, 45% stated that it had a positive influence/promoted healing. Similarly, in Hodgson and Heckbert’s (1994) study, all 20 of the participants acknowledged that a combination of factors assisted them in the process of change but particularly salient were Elders, spirituality and cultural activities (including traditional activities like sweat lodges) and being on the healing path.
In Canadian correctional facilities the right to participate in ceremonies varies from institution to institution. Some traditional practices that are permitted in British Columbia's institutions include the following: pipe ceremonies, smudging, spirit dancing, spirit bathing, long house ceremonies, fasting and attending sweat lodges. It is challenging, and from an Aboriginal standpoint, disrespectful, to describe various traditions in detail, on the assumption that one must experience them to understand and learn about them. However, a very brief description of a few traditions is presented in order for the reader to gain a better understanding of some Aboriginal practices.

Additionally, participants in the current study were questioned about their involvement in traditional activities, thus it is important to understand how these play a role in their lives. Once again the discussion focuses on a general description, especially since numerous traditional practices exist with variation among diverse Aboriginal cultures. The sacred pipe, smudging and the sweat lodge are briefly described.

The sacred pipe is regarded as a spiritual instrument that forms unity and harmony (balance) between Mother Earth and all living things. It is used as its own ceremony or as part of other ceremonies (McGaa, 1990). Most often, tobacco is burned in the pipe. Tobacco is used in many ceremonies as an offering because of the belief that one should always give back what you have taken from Mother Earth (again, emphasizing balance). The offering forms a connection between one with Mother Earth (McGaa, 1990). Some Canadian correctional institutions allow Sacred Pipe ceremonies (Waldram, 1997).

Sweetgrass and Sage, along with other plants, are burned as a vehicle to communicate to the Creator and form a unity between mind, body and spirit (McGaa, 1990). According to McGaa (1990) these plants are used to smudge or purify the mind,
body and spirit of humans, as well as purifying sacred or ceremonial objects. It is now common for inmates to possess sweetgrass or sage in prison (Waldram, 1997). An inmate who participated in Waldram’s (1997) research commented that

The Sweetgrass road, it’s a very good road to follow. But you have to be sincere, open and truthful and really honest with the Creator if you want to follow the sweetgrass road. There are three braids of sweetgrass ... One braid is your family, one braid is you, one braid is the Creator. But different people look at it in different ways. You pick it, you braid it and you pray with it (p. 133).

The sweat lodge ceremony is used for prayer, healing, cleansing, purifying and/or preparation for other ceremonies. Attending a sweat lodge ceremony can be an extremely therapeutic experience. Being in the lodge, being able to share deeply intimate feelings, beliefs and experiences, as well as to learn teaching from others can be very healing (Waldram, 1997). McGaa (1990) recounts why it is not possible to describe the experience of attending a sweat as follows:

It is beyond any mortal writer’s ability to adequately convey the ultimate culmination of spiritual, mystical and psychic expression of the Sweat Lodge Ceremony ... the Sweat Lodge Ceremony is impossible to describe fully. You have to experience it to truly realize its fullness and depth (p.61).

Inmates express the importance of being able to attend sweats in prison, in order to cleanse, purify, pray and learn valuable teachings from Elders (Waldram, 1997). A sweat lodge ceremony is elaborate and is carried out in a very specific manner, led by an Elder (McGaa, 1990; Waldram, 1997). It may be difficult for some to understand the therapeutic benefits of healing and may find it especially difficult to accept the benefits of such traditional ceremonies as the sweat lodge. McCormick (1995) remarked, “[t]he ability to see nature as being capable of speaking to you about your problem and providing direction and guidance in healing is a view that would be foreign to most Western mental health practitioners” (p. 307). Although these misunderstandings may
occur, Aboriginal traditions and practices appear to be beneficial to some offenders (Johnston, 1997; Hodgson & Heckbert, 1994; Waldrum, 1993, 1997). Waldrum (1993) emphasized the cultural, spiritual, therapeutic and educational benefits of attending a sweat lodge ceremony. As expressed by Waldrum (1993), the ceremony involves praying (spiritual component), sharing of cultural information (educational component), and it involves sharing and confessing feelings, thoughts, beliefs, as well as peer support from others in attendance and guidance from Elders (therapeutic component). Waldrum (1993) reported that of the 30 inmates that he interviewed, a number of them indicated that within the prison environment, attending sweat lodge ceremonies contributed to decreasing stress and illegal behavior (e.g., using drugs).

Earle, et al., (2001), in a study concerning mental health care and Aboriginal persons in prison, reported that the majority of the 36 Aboriginal participants in their sample supported the utilization of culturally appropriate ceremonies to assist with their mental health issues and rehabilitation. Not only has research indicated that traditional practices are important within a prison environment, but they are also important subsequent to release from prison. Regarding offenders who have been released into the community, Smallshaw et al., (2002) interviewed 17 Aboriginal offenders on probation, as well as 6 Aboriginal Probation Officers (PO), 31 non-Aboriginal PO's and 15 Providers of traditional healing services concerning the use of Aboriginal approaches (i.e., healing) when supervising offenders that have been released on probation. Smallshaw et al., reported that, while on probation, 65% of Aboriginal probationers attending at least one culturally specific program or activity (e.g., smudging, sharing circles, sweat lodge, Elder teachings); 57% of the PO’s reported that it was very
important to them to assist their clients in engaging in these activities; and 43% of the PO's indicated that they believed that culturally specific programs/services were very important in probation.

The aforementioned research studies (Earle et al., 2001; Johnston, 1997; Smallshaw et al., 2002; Waldram, 1993) have emphasized that Aboriginal practices and traditions should not be disregarded and should be seen as important treatment options for Aboriginal offenders. However, it should also be noted that prison often provides inmates with their first experience of Aboriginal traditional activities (Waldram, 1997).

Waldram (1997) reported that 65% of inmates that he interviewed experienced their first sweat in prison; reasons for participating included the following: praying, healing, learning, and making amends with self and others. Waldram (1993) noted that "first time experience" occurred not only with reference to sweat lodge ceremonies but other Aboriginal activities as well. This high proportion of first time experiences is interesting. It may reflect the assimilation of Aboriginals into Euro-Canadian culture, a decrease in traditional practices among Aboriginal communities in general and a reflection of the need to re-familiarize and strengthen Aboriginal identity, spirituality and culture. However, it reflects an increase in traditional practices of Aboriginal persons within correctional institutions in Canada and may suggest that CSC is contributing what LaFromboise et al. (1990) describes as retraditionalization. LaFromboise et al., (1990) suggested that retraditionalization could be an effective means of assisting Aboriginal people with reaffirming and achieving self-determination and empowering Aboriginal persons and communities. Retraditionalization consists of utilizing cultural beliefs, customs and traditions as a means of strength that provide culturally appropriate coping...
techniques (LaFromboise et al., 1990). This may be especially beneficial to offenders as retraditionalization provides a sense of identity and self-determination and can assist an offender in accepting his heritage and may ultimately facilitate healing.

Summary

The review of the literature has demonstrated that North American forms of treatment do not always mesh with Aboriginal culture (Foster, 1988; Garrett, 1999; LaFrombiose et al, 1990; McCormick, 1995; Ross, 1992; Trujillo, 2000) and that healing, spirituality, culture, Elders and the utilization of Aboriginal specific programming have been useful within the Canadian CJS (Earle et al., 2001; Hodgson & Heckbert, 1994; Johnston, 1997; Smallshaw et al., 2002; Waldram, 1993, 1994, 1997). The goal of the present study was to investigate the effectiveness of culture specific programs for Aboriginal offenders federally incarcerated in the Pacific Region of CSC. More specifically, the current study investigated the following: (1) Treatment Effectiveness: self-reports of the effectiveness of programs and activities that Aboriginal inmates experienced while incarcerated in federal institutions in the Pacific Region of Canada; (2) Recidivism: participants were required to indicate how likely it was that a specific program would contribute to decreasing his likelihood of committing crime in the future; (3) Support: participants were also required to provide information concerning who they prefer to talk to when having personal and institutional problems, as well as who they found to be the most supportive and least supportive individuals to them; (4) Practicing Traditions: participants were questioned about their involvement with Aboriginal traditions and ceremonies; and (5) Acculturation: level of acculturation was measured to
determine each participants level of acculturation in mainstream North American culture.
Brief hypotheses concerning each of these topics are presented below.

Hypotheses

(1) Program Effectiveness

The current project investigated participants’ opinions of what contributed to a program being effective. It was hypothesized that Aboriginal participants would report that culture-specific programs are more effective, or at least effective for different reasons (e.g., spirituality/culture), than mainstream non-Aboriginal programs. Culture-specific programs may include such things as having Elders present in the prison, having access to traditional practices (e.g., sweat lodge), as well as participation in treatment programs that are specifically designed from an Aboriginal worldview (e.g., Warriors against Violence). Mainstream programming may include such programs as cognitive skills or psychological counseling from a non-Aboriginal worldview. Essentially, offenders who are involved with their culture may be better able to ‘get on the healing path’, in comparison to those involved in mainstream treatment programs.

(2) Programs and Recidivism

Participants were provided with a definition of program effectiveness and were asked to indicate what programs they considered to be effective. Part of the definition of program effectiveness included: “A program can be considered effective if you believe
that it will decrease your likelihood of re-offending”. The current study explored whether or not Aboriginal offenders report that, in comparison to non-Aboriginal programs, Aboriginal programs and activities are more effective in decreasing their likelihood of re-offending.

(3) Support
Given prior research has indicated that offenders prefer Elders over other counselors (Johnston, 1997) and trust, respect and need Elders more than other correctional staff (Waldram, 1994), the current study hypothesized that, regardless of the problem(s) participants may have, Aboriginal offenders would report that they preferred to obtain support and assistance from Aboriginal persons (e.g., Elder, Native Liaison Worker) in comparison to non-Aboriginal persons (e.g., Psychologist, Parole Officer).

(4) Traditional Practices
The current study documented participants’ involvement with traditional ceremonies and activities. Since traditional practices and ceremony are an integral component of healing and spirituality, it was hypothesized that participants who are involved in these activities would report that practicing traditions contribute to a program being considered effective.

(5) Acculturation
As values, beliefs and experiences may be affected by an individual’s level of acculturation (Lefley, 1976; Waldram, 1994; Waldram & Wong, 1995) and research has
reported that acculturation may affect treatment experiences (Waldram & Wong, 1995), and counselor preference (Bigfoot-Sipes et al., 1992), the current study investigated the role that acculturation plays in participants’ reports of treatment effectiveness. It was expected that the present sample would reflect all levels of acculturation into Euro-Canadian society, from traditionally Aboriginal to completely acculturated. It was expected that those who scored low on acculturation (traditionally Aboriginal) would report different reasons for Aboriginal programs being effective (e.g., healing, spirituality), in comparison to those scoring high on acculturation (assimilated into Euro-Canadian society).
Method

Participants

A total of 50 offenders participated in the study: 40 Aboriginal men and 10 non-Aboriginal men. Thirty-seven participants (27 Aboriginal, 10 non-Aboriginal) were from Kwikwexwelhp and thirteen participants (all Aboriginal) were from Matsqui Institution. At the time of data collection, there were 60 offenders at Kwikwexwelhp; 37 were Aboriginal. At Matsqui Institution, there were 301 inmates; 53 were Aboriginal.

The mean age of the 50 participants was 39.8 years old ($SD = 10.4$) ranging from 20-63 years. Aboriginal participants mean age was 39.3 years old ($SD = 10.1$) compared to non-Aboriginal participants’ mean age of 41.9 years ($SD = 11.9$).

The reported index offences (i.e., their most recent offence) were collapsed into the four following categories: violent, sexual, property and other. Within the category of violence, crimes committed included the following: 1st degree murder, 2nd degree murder, manslaughter, attempted murder, assault with a weapon, assault causing bodily harm and armed robbery. Sexual offences include the following: rape, sexual assault with a weapon, sexual assault causing bodily harm, incest, aggravated sexual assault, sexual exploitation and invitation to sexual touching. Property offences included the following: break and enter, theft, and fraud. The other category includes offences such as the following: possession of drugs for the purposes of trafficking, impaired driving, possession of a firearm and conspiracy. If a participant was convicted of multiple index offences, the index offence carrying the greatest sentence was the offence recorded. Table 1 displays this breakdown of offence type for the total sample, as well as for the
Aboriginal and non-Aboriginal groups. As can be seen in the table, the most common index offence was violent in nature.

Table 1

*Type of Index Offence*

<table>
<thead>
<tr>
<th>Type of Offence</th>
<th>Total Sample</th>
<th>%</th>
<th>Aboriginal Participants</th>
<th>%</th>
<th>Non-Aboriginal Participants</th>
<th>%</th>
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<tr>
<td>Violent</td>
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<td>21</td>
<td>52.5</td>
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<td>60.0</td>
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<td>7</td>
<td>17.5</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
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<td>1</td>
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<td>40</td>
<td>100.0</td>
<td>10</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The reported sentence length for all of the participants ranged from 2 years to an indeterminate sentence (i.e., life or no designated amount of time). The mean sentence length, not including those with indeterminate sentences, was 11.5 years (SD =9.6 years). The Aboriginal participants sentence length ranged from 2 years to an indeterminate length, with a mean of 10.4 years (SD =9.5 years). For non-Aboriginal participants, the range in sentence length was 3 years to indeterminate, with a mean sentence length of 15.8 years (SD =9.7).

Of the 50 participants, one individual did not report his marital status. Of the 49 remaining participants, 23 (46%) were single, 19 were married/common-law (38%), 6 (12%) were divorced and 1(2%) was widowed at the time of data collection.
The mean level of education reported was 11.1 years of school ($SD = 1.9$ years), with a range of grade 4 to 4 years of post-secondary education. For the Aboriginal group, the range in education was from grade 4 to 2 years of post-secondary education, with a mean of 10.9 years of school ($SD = 1.79$ years). For the non-Aboriginal group, the range was from grade 8 to 4 years of post-secondary education with a mean of 11.7 years ($SD = 2.45$ years).

Of the 40 Aboriginal men in the sample, 5 (12.5%) reported that an Aboriginal language was their first language spoken and 35 (87.5%) reported that English was their first language spoken. Interestingly, even though not their first language spoken, 14 (35%) reported that they could speak their Aboriginal language. Of the remaining 28 participants, 3 (7.5%) did not answer the question and 23 (57.5%) reported that they could not speak an Aboriginal language.

Participants were requested to indicate whether or not they were registered as status Aboriginal persons as defined by the law. One (2.5%) participant did not answer the question, 16 (40%) reported that they do not have status and 23 (57.5%) reported that they have status.

As Aboriginal persons may live on reserves, in rural communities or in urban centers, information was obtained concerning primary location of residence before incarceration. Almost half of the participants, 19 (47.5%), reported mostly living in urban centers prior to incarceration, 10 (25%) reported living mostly on a reserve prior to incarceration, 10 (25%) reported mostly living in rural areas and 1 (2.5%) did not answer the question.
Measures

The entire research package consisted of the following components: a consent form, a background information questionnaire, a treatment/program involvement questionnaire, the Native American Acculturation Scale, and the Balanced Inventory for Desired Responding (see appendix A). These are described below.

Background Information Questionnaire

The author designed a background information questionnaire requesting information concerning age, criminal history, brief social history, etc. An important component to this questionnaire solicited information concerning participation in Aboriginal traditions and ceremonies where participants were asked about past, current (last 6 months) and future involvement in traditions, ceremonies and activities. The questions were provided in multiple-choice format in which more than one answer could be chosen. Each participation question was followed by an inquiry, which could be answered in an open-ended fashion, as to why or why not the person chose to participate in the activities that they had indicated.

As the literature conveys, practicing cultural traditions is linked to spirituality, culture and healing and is an important component in order for one to maintain balance in one’s life (Hodgson & Heckbert, 1994; Johnston, 1997, Waldram, 1994, 1997). Accordingly, this information was requested in order to determine participants’ involvement in Aboriginal traditions. Participants were provided with a list of activities, traditions and ceremonies (12 options plus a blank space for other activities not provided on the list) and were asked to circle the letter of any of the activities that they have been
involved with in the past six months. Traditions on the list included activities such as:
sweat lodge ceremony, smudging, talking or healing circles, sun dancing, spirit dancing,
spirit bathing and others. Many of these activities include very spiritual components and
before participating they require plenty of time for preparing the self mentally,
physically, spiritually and emotionally.

*Treatment Program Involvement Questionnaire*

This questionnaire, designed by the author, solicited information regarding program
and activity involvement and information concerning what participants found to be
effective or ineffective about the program, how likely a program was to decrease
recidivism and other information about program participation. The questionnaire
provided space for open-ended answers, which allowed participants to express their
opinions. As there can be numerous definitions of effectiveness, the researcher provided a
definition of effectiveness that was included on the cover sheet of the Treatment
Involvement Questionnaire. The definition of effectiveness (and ineffectiveness) provided
to the participants in this study was:

Effectiveness: For the following questions, you will be asked about program
effectiveness. A program may be considered *effective* if you think that it *has or
will:*
- decrease your likelihood of re-offending and/or,
- increase positive institutional behavior (e.g., less fighting) and/or,
- increase your awareness and understanding of your healing abilities, increase in
your self-esteem and personal awareness of your criminal patterns, thoughts and
behaviors

A program can be considered *ineffective* if it *does not* do any of the above.
In addition, an important question asked “In your opinion, in terms of treatment and programs, what do you think you need in order to not commit crime in the future?” This question also provided space for open-ended answers that were subsequently coded.

**Native American Acculturation Scale**

Each participant was required to fill out the Native American Acculturation Scale (NAAS: Garrett & Pichette, 2000) to determine his level of acculturation in Canadian society. The scale measures a participants’ level of acculturation from traditionally Aboriginal culture to mainstream Western culture and assesses cognitive, attitudinal and behavioral areas and recognizes the multidimensionality of acculturation (Garrett & Pichette, 2000). According to Garrett and Pichette, the instrument was designed based on similar scales developed for Mexican Americans (Acculturation Rating Scale for Mexican Americans) and Asian Americans (Suinn-Lew Asian Self-Identity Acculturation Scale). There are 20 questions covering language, identity, friendships, behaviors, and generational/geographical background. Each answer can range from a 1 (low acculturation, high Aboriginal identity) to 5 (high acculturation, high mainstream Western identity) with a score of 3 indicating biculturalism. A total score is calculated by summing all 20 items and dividing the total by 20. Garrett and Pichette reported that a mean score of 3 to be the cut off score; scores below 3 indicate that the participant identifies him or herself more as Aboriginal than mainstream Western culture; scores above 3 indicate that the participant identifies him or herself more with mainstream Western culture; scores of 3 indicate the participant is bicultural.
The NAAS is a recently developed instrument for Americans; therefore, for purposes of utilization with a Canadian sample, some of the words were adapted. For example, when a question asked about language, examples were given (e.g., Cherokee), this was changed to apply to Canadian Aboriginals so the word Cree replaced Cherokee. Furthermore, the scale is called the Native American Acculturation Scale so a brief introduction was inserted to emphasize that the participant should think of the questions pertaining to his own personal experiences with Aboriginal culture.

As it is a newly developed questionnaire, it has not been extensively researched and there is limited research regarding its utility. However, Garrett and Pichette (2000) reported the alpha coefficient was 0.91 on a sample of 139 Aboriginal students which suggests the scale is reliable. Gaining a general understanding of offenders level of acculturation is fundamental for purposes of this study and though there is a dearth of literature on the NAAS, it was assumed this scale can provide a general understanding of the participants level of acculturation.

**Balanced Inventory for Desirable Responding**

As with any research sample, social desirability may be an issue; therefore, the Balanced Inventory for Desirable Responding version seven (BIDR; Paulhus, 1998) was included in the questionnaire package. According to Paulhus (1991,1998), the BIDR measures the following two constructs: self-deceptive positivity and impression management. Self deceptive positivity occurs when a participant provides self reports that are honest but positively biased; impression management occurs when one deliberately attempts to to present oneself in a positive manner. The BIDR version seven has been
shown to be a reliable and valid measure of social desirability (see Paulhus, 1998). Additionally, Kroner & Weekes (1996) reported that in a sample of 539 incarcerated male offenders reliability and validity of the BIDR were shown, concluding that the BIDR is useful when measuring socially desirable responding with offenders.

Procedure

Participants for this study were recruited from two federal Correctional Institutions for men in the Pacific Region of Canada: Kwikwexwelhp, which is a minimum security prison located near Harrison Mills, BC, and Matsqui Institution, a medium security prison located in Abbotsford, BC. Due to the different security levels, recruitment for participation and data collection was slightly different at each institution. The only requirement to participate in the study was the ability to comprehend and communicate, either verbally or written, in English.

Kwikwexwelhp

At Kwikwexwelhp, the author originally met with the head of the Native Brotherhood (an inmate Aboriginal group) who agreed to post a notice sign indicating the details of the research project (see appendix A). Recruiting consisted of a sign posted on the exterior door of the cafeteria and by word of mouth by the participants themselves. Data collection was conducted in the Visits and Correspondence (V & C) building at the institution from approximately 9am to 5pm on five different occasions (February 18th, 21st, 25th, & 28th, & March 4th, 2003).
The researcher waited in the V & C for participants to attend at their convenience. Participants arrived randomly throughout the day and filled out the questionnaire without time constraints. When a participant arrived at the V&C, the nature and purpose of the study was explained to him verbally and he was then issued a consent form to read over and sign (see appendix A). Participants were informed that his signature authorized his participation in the research project and was taken as informed consent. The consent forms not only requested consent for individuals to participate in the research, but also by signing a second line on the consent form he was also consenting to a file review being conducted from his Offender Management System (OMS) file. This allowed for investigation of corroborating evidence pertaining to program involvement and criminal history. Confidentiality was explained and each participant was informed that the information he provided would not be provided to any Correctional Services Canada staff member or National Parole Board member.

At the time of signing the consent form, participants were encouraged to ask any question that they had. Additionally, the author offered to read the questionnaires to participants and did so if he requested the questionnaires to be completed in this manner. The author did this on one occasion for a participant from Kwikwexwelhp.

Once consent to participate was obtained, the participant could choose any spot in the main area of the V & C to fill out the questionnaires. The main area of the V & C resembles a very large living room with approximately twenty-five couches, fifteen coffee tables, a television set and a children's toy area. The researcher stayed in the V & C with the research participants and was available to answer any questions that participants had. Participants were also instructed not to put their names on any of the
questionnaires and were told that all documents would only be identified by a code number. Additionally, participants were informed that individual participants would not be identified in any reporting of the results of this research and that only group results will be presented.

At any one time, there was between one and six participants filling out the questionnaires. Depending on the individual, the questionnaires took between one and one half hours to complete. Participants were permitted to take breaks if they felt it was necessary.

Matsqui

At Matsqui institution, the author contacted the Elder and he agreed to assist in coordinating the research project. The Elder posted a notice sign indicating the details of the research project as well as a sign up sheet. Once a sufficient number of participants signed up (at least 10), a date and time was arranged for data collection. Data was only collected on one day (March 27\textsuperscript{th}, 2003) and it occurred in the Social Development room, which resembles a very large classroom. There were tables and chairs set up for the participants to fill out their questionnaire package.

The data was collected in the afternoon between 1pm and 430pm. Similar to the procedure at Kwikwexwelhp, the researcher waited in this room for participants to attend at their convenience, allowing for flexibility in scheduling. Participants arrived randomly throughout the afternoon to fill out the questionnaire. Upon the arrival of a research participant, the same procedure was employed for describing the project and explaining the consent form. Similar to participants from Kwikwexwelhp, it took the participants
between one and one half hours to complete the questionnaires. The researcher stayed in
the room with the participants as they filled out the questionnaire and was available to
answer any questions. At any one time, there was between four and eight participants
filling out the questionnaires.

At both institutions, Corrections Canada staff was not present during the
administration of the questionnaire. This allowed for an increase in the confidentiality
and anonymity of research participation. Once a participant had completed his research
package, he was thanked for his participation and asked if he had any further questions.
He was also informed that a copy of the research findings would be available to him in
the late summer. Participants were provided a $5 honorarium for their participation in the
project, which was deposited into each individual’s savings account at the institution.

Corroborating Evidence

A researcher reviewed participants’ files to confirm how often what participants
reported was the same as what was contained in their files. Information obtained in the
file review consisted of: index offence, sentence length and program involvement. On the
OMS, the researcher was only able to locate thirty out of the fifty files. A comparison
was made between what was listed on participants’ files and what participants reported in
the research questionnaires. Almost all participants’ files and research questionnaires
were consistent; however, a few minor discrepancies were noted. According to the files, a
proportion (12/30) of the participants have been involved in more programs than
indicated in the questionnaire; however, there was only room for 6 programs to be listed
in the questionnaire, therefore this minor discrepancy was expected. In one circumstance,
according to his file, a participant had been involved in numerous programs; however in the questionnaire, he only indicated being involved in one program. Another individual had reported two programs in his questionnaire that could not be located in his file. Lastly, one individual did not list any program involvement in his questionnaire, although his file indicated participation in some programs. Although these minor discrepancies existed, the effects were expected not to affect the results of the study, therefore none of the participants’ data was removed from the analyses.
Results

The results section begins with a discussion of the BIDR. Next, participants' reports of drug use and addiction are presented. Following is a discussion of the coding method utilized for categorizing participants answers. Treatment programs and participants' reports of what had contributed to a program being considered effective or ineffective are then discussed. Treatment programs and participants' reports of the likelihood of programs decreasing recidivism is presented next. Subsequently, participation in Aboriginal traditions/practices and whom the participant believe are support persons are presented. Lastly, a discussion of acculturation is presented.

BIDR

As expected, the Aboriginal participants and the non-Aboriginal participants did not differ on BIDR scores. The BIDR results are reported on the two subscales: self deceptive positivity (SDE) and impression management (IM). Results were as follows:

SDE subscale: Aboriginal group, \(X = 4.25 (SD = 3.39)\); non-Aboriginal group, \(X = 3.70 (SD = 2.40)\); \(t (48)= .48, p = .63\); IM subscale: Aboriginal group, \(X = 5.35 (SD = 3.39)\); non-Aboriginal group, \(X = 6.40 (SD = 3.83)\); \(t (48)= -.85, p = .44\). Results are similar to other reports of scores on the BIDR. In a sample of 122 male undergraduate students, Paulhus (1988) reported that for the SDE subscale, the \(X = 7.5 (SD = 3.2)\) and for the IM subscale, the \(X = 4.9 (SD = 3.2)\). Additionally, as reported in Paulhus (1991), Quinn (1989) reported the following means for a sample religious male adults; SDE, \(X = 7.6 (SD = 3.1)\); IM, \(X = 7.3 (SD = 3.1)\). Although the means of the current sample are slightly lower, indicating less social desirability they are similar to those in other
samples; thus, it was assumed the participants were not responding in a socially desirable manner.

**Substance Use**

Responses were obtained regarding substance use and self-reported addiction. Each of the 50 participants reported having used at least one drug in the past; however, they did not all report having been addicted to substances. As can be seen in Table 2, only 7 (14%) of the participants reported that they have never been addicted to any substance, while 43 (86%) of the participants reported being addicted to at least one substance in their lifetime.

Table 2

<table>
<thead>
<tr>
<th>Number of Addictions</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never addicted</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>1 substance</td>
<td>19</td>
<td>38.0</td>
</tr>
<tr>
<td>2 substances</td>
<td>10</td>
<td>20.0</td>
</tr>
<tr>
<td>3 substances</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>4 substances</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>5 substances</td>
<td>3</td>
<td>6.0</td>
</tr>
<tr>
<td>6 substances</td>
<td>3</td>
<td>6.0</td>
</tr>
</tbody>
</table>

Information was obtained concerning current drug use, which refers to using a substance within the last 6 months. Twenty (40%) of the participants did not answer this
question. Table 3 displays the remaining 30 (60%) participants who reported current drug use. Not displayed in the table is the cultural breakdown; however, of the 30 individuals who answered the question, 23 were Aboriginal. Six reported that they were not currently using drugs, while 17 reported that they were. For the non-Aboriginal group, 4 reported they were not using, while 3 reported that they were.

Table 3

*Self Report of Current Substance Use*

<table>
<thead>
<tr>
<th>Current Substance Use (within the last 6 months)</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Using</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>1 substance</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>2 substances</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>3 substances</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Coding**

The background information questionnaire and treatment/program involvement questionnaire included open-ended questions which required coding of the participants' responses. Coding was done by consensus of the researcher and five volunteer research assistants. Coding was necessary to collapse answers given by participants into broad categories. Coding was necessary for the following questions: (1) In general, what programs/activities do you find effective forms of treatment? Why would you consider it
effective? (2) In general, what programs/activities do you find effective forms of treatment? Why would you consider it effective? (3) In your opinion, in terms of treatment and programs, what do you think you need in order to not commit crime in the future? (4) Why have you (or why are you) participating in Aboriginal ceremonies and traditions? (5) When you have a personal problem and you need to talk to someone, whom do you prefer to talk to? Why do you choose to talk to this person? (6) When you have an institutional problem (e.g., getting access to visits/access to treatment programs/activities) and you need to talk to someone, whom do you prefer to talk to? Why do you choose to talk to this person? (7) Who do you feel is the most supportive person to you in the Institution? Why do you think this is the most supportive person? (8) Who do you feel is the least supportive person to you in the Institution? Why do you think this is the least supportive person to you?

When coding the aforementioned questions, the six coders each read over approximately eight participants' answers and suggested categories that captured the essence of participants' responses. The categories that were developed and examples of participants' responses that belong to each category can be seen in appendix B. Once categories were chosen, the researchers coded the participants answers. This was done by reading aloud each participants' answer to a question and the group would decide to which category it belonged. For example, if, to the question, “Why would you consider it (a program) effective?”, a participant answered “because it is my culture”, this response would be coded as belonging to the spirituality/culture category. If, to the question, “Why do you think this is the most supportive person?” a participant answered, “because he listens and helps”, this answer would be coded as belonging to the helpful category.
Category names (e.g., healing, spirituality/culture, insight/empathy) were chosen by the six researchers and may not reflect exact definitions of those names, therefore, to gain a better understanding of each category, please see appendix B.

Most of the participants answers were easily coded with all of the researchers agreeing to its category. When differences did arise, they were resolved by discussion until a consensus agreement was made. To assess for inter-rater reliability, 20 (40%) questionnaires were randomly chosen from the sample of 50. Two additional volunteers were trained in the coding technique and were assigned to code 10 questionnaires each. Overall, inter-rater reliability resulted in 88.15% agreement between the volunteer coders and the six researchers. Additionally, Cohen’s Kappa was calculated for the different categories: treatment program effectiveness resulted in .76 agreement; treatment program ineffectiveness resulted in .86 agreement; not likely to commit crime in the future resulted in .92 agreement and supportiveness resulted in .89 agreement. These results indicate inter-rater reliability between the coders and six researchers.

_Treatment Programs and Reports of Effectiveness/Ineffectiveness_

Participants listed a total of 21 programs or activities that they have been involved with while incarcerated in Canadian federal institutions. For brevity and ease of data analysis, these 21 programs were collapsed into the following two broad categories: Aboriginal Programs and non-Aboriginal programs. Examples of Aboriginal programs/activities included the following: Elder counseling, Aboriginal Sex Offender Program, Warriors against Violence (i.e., a violence program designed for Aboriginal offenders), All my Relations (relationship, family, social and life skills), Practicing
Traditions (e.g., sweat lodge, spirit bath) and Substance Abuse Program for Aboriginal Offenders. Examples of non-Aboriginal programs included the following: Psychological counseling, Sex Offender Program, Violent Offender Program, Life Skills, Cognitive Skills, Offender Substance Abuse Program and Relapse Prevention. At Kwikwexwehlp, non-Aboriginal participants are also encouraged to participate in Aboriginal programs/activities such as Elder counselling and ceremonial activities; therefore, almost all of the research participants reported participating in both categories of programs.

Once these 21 programs were collapsed into two categories, a comparison was made between the Aboriginal programs and non-Aboriginal programs based on participants' self-reports of effectiveness and ineffectiveness for the Aboriginal participants and the non-Aboriginal participants.

As participants were able to answer the questions in an open-ended manner, the above mentioned coding procedure was applied to code the reasons for program effectiveness and ineffectiveness. Reasons provided for program effectiveness were coded into the following categories: healing, insight/empathy, spirituality/culture and knowledge/awareness. Reasons provided for program ineffectiveness were coded into the following categories: not cultural, involuntary, facilitator skill, lack of trust and inappropriate content.

In order to decrease the likelihood of inflated responses (e.g., one participant always indicating the same reason a program is effective or ineffective), similar answers for effectiveness reasons were calculated once only. That is, if a participant listed three Aboriginal programs and indicated that the reason each of these programs was effective was because of healing, a score of one would be put into the healing category.
Alternatively, if a participant indicated three Aboriginal programs with three different reasons, each reason would have received a score of one. Furthermore, participants had the opportunity to list up to six programs that they have been involved in and provide reasons for program effectiveness and ineffectiveness; however, not all participants listed this many programs and/or reasons or only listed one type of program. Therefore, when interpreting the results, the categories have different values because of missing data. For example, within the Aboriginal group when looking at effectiveness reasons for Aboriginal programs, there are only 25 responses and 15 missing responses.

Aboriginal participants reports of program effectiveness.

When comparing Aboriginal versus non-Aboriginal programs, Aboriginal participants emphasized different reasons for program effectiveness (Table 4). Aboriginal participants most often indicated that a program was effective because of the cultural and spiritual component of the program (52%). When evaluating Aboriginal participants reports of non-Aboriginal programs, they most often indicated that a program was effective because it enhanced knowledge/awareness (70.4%).
Chi square tests were conducted to establish whether a statistical difference existed between participants’ reports of effectiveness for Aboriginal programs versus their reports of effectiveness for non-Aboriginal programs. The following two statistically significant differences were found: spirituality/culture, $X^2 = 8.06, p < .005$ and knowledge/awareness, $X^2 = 13.65, p < .001$. That is, Aboriginal participants were more likely to report that spirituality and cultural components of a program as a reason the program was considered effective and were less likely to indicate this as a reason for non-Aboriginal program effectiveness. Knowledge/awareness was more often reported as an explanation for effectiveness of non-Aboriginal programs compared to Aboriginal programs.

Non-Aboriginal participants reports of program effectiveness

For the non-Aboriginal sample, reports of program effectiveness illustrates a different pattern of reasoning than the Aboriginal participants. As can be seen in Table 5,
non-Aboriginals most often indicated that they considered a program effective because of insight/empathy (60.0%).

Table 5

Non-Aboriginal Participants: Reasons for program effectiveness

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Aboriginal Programs %</th>
<th>Non-Aboriginal Programs %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing</td>
<td>2/5 40.0</td>
<td>1/9 11.1</td>
</tr>
<tr>
<td>Spirituality/Culture</td>
<td>0 0.0</td>
<td>0 0.0</td>
</tr>
<tr>
<td>Insight/Empathy</td>
<td>3/5 60.0</td>
<td>4/9 44.4</td>
</tr>
<tr>
<td>Knowledge/Awareness</td>
<td>1/5 20.0</td>
<td>6/9 66.7</td>
</tr>
</tbody>
</table>

Aboriginal participants reports of program ineffectiveness

This was the largest unanswered component of the research package (for Aboriginal and non-Aboriginal participants). For the most part, many participants left this page blank. In total, there were only six times that a participant indicated that an Aboriginal program was ineffective (see Table 6). If a participant did fill this part in, the most often reported reason that a program was considered ineffective was inappropriate content (60.0%). In their opinions of non-Aboriginal program ineffectiveness, Aboriginal participants reports of why they considered a program ineffective were distributed quite evenly among the reasons (see Table 6).
Table 6

Aboriginal Participants: Reasons for program ineffectiveness

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Aboriginal Programs</th>
<th>%</th>
<th>Non-Aboriginal Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Cultural</td>
<td>0</td>
<td>0.0</td>
<td>4/18</td>
<td>22.2</td>
</tr>
<tr>
<td>Involuntary</td>
<td>0</td>
<td>0.0</td>
<td>4/18</td>
<td>22.2</td>
</tr>
<tr>
<td>Facilitator Skill</td>
<td>1/5</td>
<td>20.0</td>
<td>4/18</td>
<td>22.2</td>
</tr>
<tr>
<td>Lack of Trust</td>
<td>2/5</td>
<td>40.0</td>
<td>5/18</td>
<td>27.8</td>
</tr>
<tr>
<td>Inappropriate Content</td>
<td>3/5</td>
<td>60.0</td>
<td>6/18</td>
<td>33.3</td>
</tr>
</tbody>
</table>

Chi square analyses indicated that two significant differences exist between Aboriginal programs and non-Aboriginal programs: lack of trust, $X^2 = 6.39, p < .025$ and inappropriate content, $X^2 = 15.28, p < .001$. Lack of trust and inappropriate content were both more likely to be reported for Aboriginal programs than non-Aboriginal programs.

Non-Aboriginal participants reports of program ineffectiveness

Even though the majority of the non-Aboriginal participants had participated in at least one Aboriginal program or activity, the participants only indicated that inappropriate content was a reason that an Aboriginal program was considered ineffective (see Table 7). For non-Aboriginal programs inappropriate content was the most often reported reasons participants considered a non-Aboriginal program to be ineffective.
Chi square tests indicated that inappropriate content was the only ineffectiveness reason that reached significance, $\chi^2 = 23.41, p < .001$. That is, non-Aboriginal participants were significantly more likely to report that Aboriginal programs contained inappropriate content in comparison to non-Aboriginal programs.

_Treatment Programs and Recidivism_

On a scale of 1-7, participants rated the likelihood that a specific program would decrease recidivism. Similar to treatment effectiveness, programs were collapsed into the following two large categories: Aboriginal and non-Aboriginal. The likelihood of decreasing recidivism was collapsed into the following three categories: high chance of decreasing recidivism (circling a 6 or 7 on the scale), moderate chance of decreasing recidivism (circling a 3, 4 or 5 on the scale) and low chance of decreasing recidivism (circling a 1 or 2 on the scale). The Aboriginal and non-Aboriginal groups were
compared on their ratings of recidivism for Aboriginal and non-Aboriginal programs (see Tables 8 and 9). For Aboriginal participants, chi square analysis indicated that a significant difference lied between Aboriginal and non-Aboriginal programs on reports of a low chance in decreasing recidivism, $X^2 = 6.39$, $p < .025$. That is, when comparing Aboriginal and non-Aboriginal programs and the likelihood of the program decreasing recidivism, Aboriginal participants more often indicated that a non-Aboriginal program had a low chance of decreasing their recidivism. With non-Aboriginal participants, only one significant difference was discovered. Non-Aboriginal participants indicated that non-Aboriginal programs were highly likely to decrease their recidivism compared to Aboriginal programs, $X^2 = 5.00$, $p < .005$.

Table 8

Aboriginal Participants: Program likelihood of decreasing recidivism

<table>
<thead>
<tr>
<th>Decrease Recidivism</th>
<th>Aboriginal Programs</th>
<th>%</th>
<th>Non-Aboriginal Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (1-2)</td>
<td>3/25</td>
<td>12.0</td>
<td>6/25</td>
<td>24.0</td>
</tr>
<tr>
<td>Moderate (3-5)</td>
<td>7/25</td>
<td>28.0</td>
<td>10/25</td>
<td>40.0</td>
</tr>
<tr>
<td>High (6-7)</td>
<td>10/25</td>
<td>40.0</td>
<td>8/25</td>
<td>32.0</td>
</tr>
</tbody>
</table>
Table 9

Non-Aboriginal Participants: Program likelihood of decreasing recidivism

<table>
<thead>
<tr>
<th>Decrease Recidivism</th>
<th>Aboriginal Programs</th>
<th>%</th>
<th>Non-Aboriginal Programs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (1-2)</td>
<td>0</td>
<td>0</td>
<td>2/6</td>
<td>33.3</td>
</tr>
<tr>
<td>Moderate (3-5)</td>
<td>1/6</td>
<td>16.7</td>
<td>2/6</td>
<td>33.3</td>
</tr>
<tr>
<td>High (6-7)</td>
<td>3/6</td>
<td>50.0</td>
<td>5/6</td>
<td>83.3</td>
</tr>
</tbody>
</table>

Additionally, to assess for recidivism, participants were asked “In your opinion, in terms of treatment and programs, what do you think you need in order to **not** commit crime in the future?” Support was the most frequently reported component necessary in order to decrease recidivism reported by both Aboriginal (52.5%) and non-Aboriginal (40.0%) participants.
Table 10

Decreasing crime in the future

<table>
<thead>
<tr>
<th>Reason</th>
<th>Aboriginal Participants</th>
<th>%</th>
<th>Non-Aboriginal Participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>21</td>
<td>52.5</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Be involved with Culture/Spirituality</td>
<td>4</td>
<td>10.0</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Prevent Substance Use</td>
<td>7</td>
<td>17.5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Recognize Risk Factors</td>
<td>4</td>
<td>10.0</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5.0</td>
<td>3</td>
<td>30.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>10.0</td>
</tr>
</tbody>
</table>

Traditional Practices

All 40 of the Aboriginal participants indicated that they have participated in Aboriginal ceremonies and traditions. Thirty-nine out of 40 indicated that they are currently participating in at least one Aboriginal ceremony or activity and 39/40 planned to participate in the future. When asked why they have participated in these ceremonies and traditions, the most often reported reason provided was culture/spirituality (52.5%).

Interestingly, of the non-Aboriginal participants, 9/10 reported that they have participated in the past; 7/10 reported that they were currently participating and 8/10 indicated that they planned to participate in the future. The most common response for why they are currently participating is because of learning about Aboriginal spirituality.
and culture (40%). It must be noted that of the 21 programs listed, traditional practices was listed the most often (25%) for all programs.

Support Persons

Information was gathered concerning who a participant prefers to talk to when he has a personal problem and who he talks to when he has an institutional problem. Participants were presented with a list of persons (including Aboriginal and non-Aboriginal persons to choose from) available to them in correctional facilities and were asked to indicate who they like to talk to when they have a problem. Participants were also asked to indicate who they thought was the most supportive person to them while incarcerated, as well as who is the least supportive person to them. For each of the questions, participants were asked to indicate why they made the choices that they were reporting. Due to participants indicating more than one answer in each question, the researcher had to code in a yes-no fashion whether or not a participant indicated an Aboriginal person preference or a non-Aboriginal person preference. However, it should be noted that for Aboriginal participants, the most often endorsed person that Aboriginal participants prefer to talk to, regardless of their problem, and the person reported to be most often the most supportive person, was the Elder.

Personal Problems

The results suggest substantial differences between Aboriginal and non-Aboriginal participants in terms of who they prefer to talk to when they have a personal problem. The numbers do not equal 100 because there was overlap in the categories as
each participant may have indicated that they chose to talk to both Aboriginal and non-Aboriginal people.

As can be seen in Table 11, when Aboriginal participants had personal problems, 92.5% indicated that they chose to talk to an Aboriginal person, compared to 37.5% who indicated that they chose to talk to non-Aboriginal persons. Chi square analysis indicated that this is a statistically significant difference, $X^2 = 16.74$, $p < .001$.

Table 11

*Personal Problem*

<table>
<thead>
<tr>
<th>Talk to Aboriginal People</th>
<th>Aboriginal Participants (n=40)</th>
<th>%</th>
<th>Non-Aboriginal Participants (n=10)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
<td>5.0</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Yes</td>
<td>37</td>
<td>92.5</td>
<td>6</td>
<td>60.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>1</td>
<td>2.5</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Talk to Non-Aboriginal People</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>25</td>
<td>62.5</td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>Did not answer</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Originally, one of the goals of the study was to investigate which person would be reported most often as the person a participant chose to talk to when experiencing a personal problem, however, since participants often indicated more than one person as their choice, the above coding was necessary. Nevertheless, the author investigated which
person on the list of 12 that the participants endorsed most often. For Aboriginal participants, as expected, the Elder was reported most often, with 34 out of 40 participants choosing this as one of their options. Non-Aboriginal participants also endorsed the Elder most often, with 4 out of 10 participants indicating the Elder most often.

The reasons that participants chose to talk to these people are displayed in Table 12. It can be seen that the majority (57.5%) of Aboriginal participants based their choice on trust. The majority (50%) of non-Aboriginals indicated support as the reason they chose to talk to these people.

Table 12

*Personal problem: Reasons for choosing a person*

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Aboriginal Participants</th>
<th>%</th>
<th>Non-Aboriginal Participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>23</td>
<td>57.5</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Support</td>
<td>9</td>
<td>22.5</td>
<td>5</td>
<td>50.0</td>
</tr>
<tr>
<td>Knowledge</td>
<td>3</td>
<td>7.5</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>7.5</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>2</td>
<td>5.0</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

*Institutional Problem*

The results concerning institutional problems were slightly different than the responses for personal problems. As seen in Table 13, Aboriginal participants indicated a high preference to speak to Aboriginal people (85%). Forty-seven and a half percent of
the Aboriginal participants also indicated that, if they had an institutional problem, they chose to speak to non-Aboriginal people. This difference is significant ($\chi^2 = 11.84, p < .005$), indicating that Aboriginal participants preferred to speak to Aboriginal people more so than speaking to non-Aboriginal peoples. Again, the author investigated which person on the list of 12 the participants endorsed most often. For Aboriginal participants, as expected, the Elder was reported most often, with 30 out of 40 participants choosing this as one of their options. Non-Aboriginal participants also endorsed the Elder most often, with 4 out of 10 participants indicating this option. However, 4 of the 10 non-Aboriginal participants also endorsed the Institutional Parole Officer as the person whom they chose to speak to when having an institutional problem.

Table 13

*Institutional Problem*

<table>
<thead>
<tr>
<th>Talk to Aboriginal People</th>
<th>Aboriginal Participants (n=40)</th>
<th>%</th>
<th>Non-Aboriginal Participants (n=10)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>4</td>
<td>10.0</td>
<td>6</td>
<td>60.0</td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>85.0</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>2</td>
<td>5.0</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Talk to Non-Aboriginal People</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>19</td>
<td>47.5</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>47.5</td>
<td>7</td>
<td>70.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>2</td>
<td>5.0</td>
<td>1</td>
<td>10.0</td>
</tr>
</tbody>
</table>
The participants’ reasons for choosing to speak to these people can be seen in Table 14. Similar to their responses for personal problems, trust (35%) and support (22.5%) were most often reported by the Aboriginal participants. Support (30%) and knowledge (30%) were reported most often by non-Aboriginal participants.

Table 14

_Institutional Problem: Reasons for choosing a person_

<table>
<thead>
<tr>
<th>Why do you choose to talk to this person</th>
<th>Aboriginal Participants</th>
<th>%</th>
<th>Non-Aboriginal Participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>14</td>
<td>35.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Support</td>
<td>9</td>
<td>22.5</td>
<td>3</td>
<td>30.0</td>
</tr>
<tr>
<td>Knowledge</td>
<td>4</td>
<td>10.0</td>
<td>3</td>
<td>30.0</td>
</tr>
<tr>
<td>Their Job</td>
<td>5</td>
<td>12.5</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>10.0</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>4</td>
<td>10.0</td>
<td>1</td>
<td>10.0</td>
</tr>
</tbody>
</table>

_Most supportive person_

As displayed in Table 15, a difference was found between the responses of the Aboriginal and non-Aboriginal participants concerning supportive people within correctional facilities. Ninety percent of the Aboriginal participants indicated that they find an Aboriginal person to be the most supportive person to them. Only 25% of the Aboriginal participants indicated that they found a non-Aboriginal person to be the most supportive person to them. This difference is significant, $X^2 = 17.8, p < .001$. Non-Aboriginal offenders reported the reverse results. That is, only 20% of the non-Aboriginal
group indicated that they believe Aboriginal persons to be the most supportive person to them and 80% indicated that they consider non-Aboriginal persons to be the most supportive person to them. Chi square analysis indicated that this difference is significant, \( \chi^2 = 7.2, p < .01 \).

Table 15

**Most Supportive Person**

<table>
<thead>
<tr>
<th>The most supportive person</th>
<th>Aboriginal Participants (n=40)</th>
<th></th>
<th>Non-Aboriginal Participants (n=10)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>4 10.0</td>
<td>8 80.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>36 90.0</td>
<td>2 20.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Aboriginal Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>30 75.0</td>
<td>2 20.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>10 25.0</td>
<td>8 80.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Again as an original goal of the study was to investigate which person the participants would report to be the most supportive, the author investigated which person on the list of 12 the participants endorsed most often. For Aboriginal participants, as expected, the Elder was reported most often, with 27 out of 40 participants choosing this as one of their options. Non-Aboriginal participants did not indicate one person more often than other persons. Two out of 10 participants endorsed the Elder, family members and the Institutional Parole Officer as the most supportive person.
Reasons for indicating why someone is considered the most supportive person included the following: cultural sensitivity, helpful, knowledge, love/respect and trust. As can be seen in Table 16, Aboriginal and non-Aboriginal participants differed on these responses. However, not surprisingly, both the Aboriginal and non-Aboriginal groups most often indicated that the reason they believed someone was supportive was because that person was helpful, 42.5% and 80%, respectively.

Table 16

**Most supportive person: Reasons for choosing a person**

<table>
<thead>
<tr>
<th>Why do you think this is the most supportive person</th>
<th>Aboriginal Participants</th>
<th>%</th>
<th>Non-Aboriginal Participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural sensitivity</td>
<td>3</td>
<td>7.5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Helpful</td>
<td>17</td>
<td>42.5</td>
<td>8</td>
<td>80.0</td>
</tr>
<tr>
<td>Knowledge</td>
<td>3</td>
<td>7.5</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Love/Respect</td>
<td>6</td>
<td>15.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Trust</td>
<td>6</td>
<td>15.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>10.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>10.0</td>
</tr>
</tbody>
</table>

**Least supportive person**

The results concerning who participants believed to be the least supportive person are displayed in Table 17. Within the Aboriginal group, only 5% of the participants indicated that an Aboriginal person was the least supportive person to them. In contrast,
90% of the Aboriginal participants reported that non-Aboriginal persons are the least supportive to them. This difference is highly significant, $X^2 = 59.32, p < .001$. None of the non-Aboriginal group indicated that Aboriginal persons are the least supportive person to them. However, 70% of the non-Aboriginal participants reported that non-Aboriginal persons are the least supportive to them. This is a statistically significant difference, $X^2 = 14.00, p < .001$.

Table 17

Least supportive person

<table>
<thead>
<tr>
<th>Aboriginal Persons</th>
<th>Aboriginal Participants (n=40)</th>
<th>%</th>
<th>Non-Aboriginal Participants (n=10)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>37</td>
<td>92.5</td>
<td>7</td>
<td>70.0</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>5.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>1</td>
<td>2.5</td>
<td>3</td>
<td>30.0</td>
</tr>
<tr>
<td>Non-Aboriginal Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>7.5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Yes</td>
<td>36</td>
<td>90.0</td>
<td>7</td>
<td>70.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>1</td>
<td>2.5</td>
<td>3</td>
<td>30.0</td>
</tr>
</tbody>
</table>

Again, although participants indicated more than one person, the author investigated which person on the list of 12 was endorsed most often. For Aboriginal participants, a Correctional Officer was reported most frequently as the least supportive,
with 24 out of 40 participants choosing this as one of their options. For non-Aboriginal participants, 6 out of 10 endorsed the Internal Preventative Security Officer as the person least supportive of them.

Participants were asked to indicate the reasons why they thought these were the least supportive persons to them. Table 18 shows these results.

Table 18

*Least supportive person: Reasons for choosing a person*

<table>
<thead>
<tr>
<th>Why do you think this is the least supportive person</th>
<th>Aboriginal Participants</th>
<th>%</th>
<th>Non-Aboriginal Participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No trust</td>
<td>9</td>
<td>22.5</td>
<td>4</td>
<td>40.0</td>
</tr>
<tr>
<td>Lack of Understanding</td>
<td>10</td>
<td>25.0</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Their Job</td>
<td>9</td>
<td>22.5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>22.5</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Did not answer</td>
<td>3</td>
<td>7.5</td>
<td>3</td>
<td>30.0</td>
</tr>
</tbody>
</table>

*Acculturation*

For the following independent t-tests, Levene's test of homogeneity of variance was conducted for each analysis, and was not significant.

*NAAS and Treatment Effectiveness*

As can be seen in Table 19, Aboriginal participants low on acculturation were much more likely than Aboriginal participants scoring high on acculturation to report that enhancing spirituality/culture (71.0%) was a reason that a program was considered...
effective. Aboriginal participants high on acculturation only reported spirituality and

culture 20.0% of the time, $X^2 = 7.16, p < .01$. Comparatively, the high-acculturated

participants were more likely to indicate that gaining knowledge/awareness (80.0 %

versus 35.7%) was a reason that they believe that a program is effective, $X^2 = 13.09, p <

.001.

Table 19

*Acculturation split: NAAS Scores and Effectiveness Reasons*

<table>
<thead>
<tr>
<th>Effectiveness Reasons</th>
<th>For all programs</th>
<th>Traditionally Aboriginal Participants (low NAAS score; n=18)</th>
<th>High Acculturated Participants (more Westernized; high NAAS score; n=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healing</td>
<td>7/14</td>
<td>50.0</td>
<td>6/20</td>
</tr>
<tr>
<td>Spirituality/Culture</td>
<td>10/14</td>
<td>71.4</td>
<td>4/20</td>
</tr>
<tr>
<td>Insight/Empathy</td>
<td>5/14</td>
<td>35.7</td>
<td>7/20</td>
</tr>
<tr>
<td>Knowledge/Awareness</td>
<td>5/14</td>
<td>35.7</td>
<td>16/20</td>
</tr>
</tbody>
</table>

*NAAS and Treatment Ineffectiveness*

As previously mentioned, among the Aboriginal participants, reports of treatment

ineffectiveness were rarely reported; therefore an analysis to determine differences

between Aboriginal participants based on NAAS scores was not conducted.
Discussion

The discussion begins with a detailed description addressing each hypothesis individually, followed by a brief summary of the general findings. Next a discussion of special considerations is presented. After that, a description of the limitations of this study, along with suggestions for future directions is described. A conclusion brings the discussion to an end.

Aboriginal Participants and Reports of Treatment Program Effectiveness

Not surprisingly, when Aboriginal and non-Aboriginal programs were compared, Aboriginal participants emphasized different reasons for program effectiveness. As anticipated, when discussing Aboriginal programs, participants reported that the spiritual and cultural components of a program contribute to that program being considered effective. This result is consistent with other research investigating Aboriginal offenders (Johnston 1997; Waldram, 1997), and with the literature concerning Aboriginal peoples and treatment in general (Poonwassie & Charter, 2001; Sandner, 1996; Weaver, 2002). Similar to the current finding, Johnston (1997) questioned his 556 participants regarding what type of activities they preferred most. Spirituality or ceremonial activities represented 52% of their chosen activities. Even though Aboriginals endorsed participating in a range of activities, it was clear that the offenders’ preferred activities that were Aboriginal based (Johnston, 1997). Additionally, Hodgson and Heckbert (1994) emphasized the importance of spirituality and culture because 19 of their 20 participants indicated that spirituality and learning about Aboriginal culture had a significant impact on getting out of trouble and staying out of trouble. For 18 of the participants, forming a
spiritual and cultural identity was imperative to staying on the right path. Waldram (1994) reported that the majority of the 30 participants in his sample indicated that spirituality programs assisted them in dealing with the stresses of prison life by teaching them coping mechanisms and by teaching them how to reduce conflict with other inmates and staff. Current findings contribute to past findings that indicated the importance of programs containing spirituality and cultural components.

Previous research indicated that healing is an important component for treatment, and it was expected that in the present study, in comparison to non-Aboriginal programs, Aboriginal programs more often would be considered effective because they are culturally designed and often contain healing as an integral component to the program. In a study of 30 incarcerated Aboriginal offenders, Waldram (1994) reported that the majority of his participants believed in the power of traditional healing rather than Western forms of treatment for mental illness. Additionally, 18 out of 20 of the participants in Hodgson and Heckbert’s (1994) study mentioned that an essential feature of their culture, the holistic view of life (combining mental, physical, spiritual and emotional) and healing, must be incorporated into Aboriginal programs. Surprisingly though, in the current study, a significant difference was not found between program type and healing as a reason for program effectiveness. That is, Aboriginal participants reported that a program is considered effective because of a healing component, regardless of whether the program is Aboriginal or non-Aboriginal. Although the original hypothesis was not supported, this is an important finding as it suggests that, for some participants, the concept of healing is important for non-Aboriginal programs and Aboriginal programs.
In reference to the Aboriginal substance abuse program, one participant noted the following: "it deals with more than just the issue of substance abuse, it deals with healing on a physical, emotional, spiritual, and mental basis". This statement illustrates the importance of healing for this participant and also draws attention to balance. As the literature indicates, balance is an integral component of healing and one cannot heal without balance (Crowfoot Graham, 2002; Garret, 1999; Poonwassie & Charter, 2001; McCormick, 1995; Sandner, 1996; Weaver, 2002). In order to attempt to travel on one’s ‘healing path’, one must strive to be in balance, mentally, spiritually, physically and emotionally (Garrett, 1999; Sandner, 1996; Weaver, 2002). Without balance, or at least an awareness of the necessity of keeping oneself in balance, it may be difficult for healing to occur (Hammerschlag, 1988; Poonwassie & Charter, 2001; Tolman & Reedy, 1998).

Regarding non-Aboriginal programs, the most frequent reason why a program was considered effective was because the program enhances knowledge and/or awareness. One participant noted that a non-Aboriginal program was effective because it taught him to "identify risks and how to problem solve". Gaining a better understanding of crime cycles, risk factors, behavioral patterns and enhancing skills such as problem solving are important skills for participants to learn in order to successfully reintegrate into society. Programs such as cognitive skills, life skills, alcoholics anonymous, the violent offender program, the sexual offender program and relapse prevention attempt to teach participants these skills and, according to many participants, enhancing knowledge and awareness is a predominant reason why a non-Aboriginal program was considered
effective. This is an encouraging result as it suggests that many participants feel that some CSC programs are providing them with valuable skills.

Aboriginal Participants and Reports of Program Ineffectiveness

As mentioned in the results section, program ineffectiveness, especially regarding Aboriginal programs, was the largest unanswered component of the research package for Aboriginal and non-Aboriginal participants. It was expected that participants would use this question as an opportunity to 'complain' or express their discontent with programs. Participants reported more reasons of treatment ineffectiveness for non-Aboriginal programs. As participants had an equal opportunity to report program ineffectiveness and program effectiveness, it was expected that participants would have, in general, provided as many reasons for treatment ineffectiveness as provided for effectiveness, however, this did not occur.

Interestingly, a chi square analysis demonstrated a significant difference for lack of trust and inappropriate content with reports of ineffectiveness being higher for Aboriginal programs versus non-Aboriginal programs. That is, Aboriginal participants were statistically more likely to report that an Aboriginal program was ineffective because of a lack of trust in comparison to non-Aboriginal programs and Aboriginal participants were statistically more likely to report that an Aboriginal program was ineffective because of inappropriate content, in comparison to non-Aboriginal programs. These results may be due to the rare rate of reporting ineffectiveness reasons for Aboriginal programs (6 times) versus non-Aboriginal programs (25 times). Additionally, the differences may occur because responses to ineffectiveness reasons for non-
Aboriginal programs are somewhat evenly distributed among all five reasons; whereas, the only two reasons provided for Aboriginal program ineffectiveness was lack of trust and inappropriate content. Perhaps participants report that Aboriginal programs contain inappropriate content because of heterogeneity of Aboriginal cultures; some participants may not be receiving their form of traditional activities and practices (e.g., Prairie traditions versus West Coast traditions), thus acknowledging that the programs are inappropriate to them. Acculturation may contribute to lack of trust as well as to inappropriate content, in which those who are traditionally Aboriginal do not trust program facilitators or other members in the program or perhaps they do not believe that the program content accurately reflects their own belief systems. However, it must be remembered that the ineffectiveness section was rarely answered.

There may be a variety of reasons why the ineffectiveness section was rarely answered but what one participant reported illustrates an interesting explanation. This Aboriginal participant asked me if he had to answer the question. He did not want to answer it because he felt that he was at a stage in his healing journey in which he did not want to focus on anything negative because he believes that it is always possible to “find the good in things and it is better to look for the good instead of looking at the bad”. Although this particular conversation could not be coded into any of the response categories, it is fascinating to know that this participant was reasoning in this manner because he is on his healing journey and has a desire to stay positive. Another reason is that the participants simply believe that the programs are effective.
Non-Aboriginal Participants and Reports of Ineffectiveness

Similar to Aboriginal participants, non-Aboriginals responded to the program ineffectiveness questions less often than the program effectiveness questions for both Aboriginal and non-Aboriginal programs. Although the majority of the non-Aboriginal sample have participated in Aboriginal programs, only two persons provided reasons for Aboriginal program ineffectiveness, both reasons provided were in the category ‘inappropriate content’. Additionally, a statistical difference was found between Aboriginal and non-Aboriginal programs for this category indicating that non-Aboriginal participants are more likely to endorse an Aboriginal program as containing inappropriate content than non-Aboriginal programs. This is not surprising as Aboriginal programs were designed for Aboriginal offenders and may not be applicable to non-Aboriginals.

Aboriginal Participants and reports of recidivism

It was expected that when comparing Aboriginal to non-Aboriginal programs, participants would indicate that Aboriginal programs would be more likely to decrease their likelihood of recidivism. However, no support was found for this hypothesis. Although the results were not as expected, they provide useful information. Participants indicated that both Aboriginal and non-Aboriginal programs have a moderate to high chance of decreasing their recidivism rates. These results are promising and illustrate that participants feel that CSC programs have utility. The only significant difference that existed between Aboriginal and non-Aboriginal programs was reports of low recidivism. Aboriginal participants more often reported that, in comparison to Aboriginal programs, non-Aboriginal programs had a low chance of decreasing their recidivism. This is not
surprising as it was it was anticipated that participants would report more reasons for Aboriginal program effectiveness, which, in turn, would cause Aboriginal programs to be considered to contribute more to decreasing recidivism.

*Non-Aboriginal Participants and reports of recidivism*

In reference to Aboriginal programs, not once did participants report that an Aboriginal program had a low chance of decreasing their recidivism rate. They more often reported that Aboriginal programs provide a moderate to high chance of decreasing recidivism. Whereas, participants reported that non-Aboriginal programs had a low, moderate and high chance of decreasing recidivism. Non-Aboriginal participants frequently indicated that both Aboriginal and non-Aboriginal programs were highly likely to decrease their recidivism rate. A statistical difference was found between these two frequencies; non-Aboriginal participants more often reported that a non-Aboriginal program, in comparison to an Aboriginal program, was highly likely to decrease recidivism. This was expected as it was anticipated that non-Aboriginal participants would more often consider non-Aboriginal programs effective in comparison to Aboriginal programs, which, in turn, would more often contribute to non-Aboriginal programs being more often considered to decrease recidivism. This is a promising result as participants reported that they believe programs will help decrease their recidivism rate.

In general, both Aboriginal and non-Aboriginal participants reported that the programs they completed are moderately to highly likely to help decrease their recidivism rates. Participants were also required to indicate what would assist them in decreasing
their recidivism rates. These reasons, which are presented next, may be associated with why participants believe programs assist in decreasing their recidivism rates.

Participants were asked to indicate what they believe would assist them in not committing crime in the future. The results illustrate encouraging trends. Support was the most frequently reported answer for both Aboriginal and non-Aboriginal participants as a necessary component of living a crime free lifestyle in the future. In response to this question, one participant remarked that he requires "a good support network". Another participant commented that "being able to talk about feelings and what's bothering me to someone I trust" would assist him in remaining crime free in the future. These types of responses provide anecdotal evidence that support is an important facet in decreasing recidivism. Furthermore, this suggests that when offenders are being reintegrated into society, a strong support network would be beneficial. Additionally, Aboriginal and non-Aboriginal participants reported that being involved with culture and spirituality, and recognizing risk factors would assist them in maintaining a crime free lifestyle. Aboriginal participants also acknowledged that preventing substance abuse would contribute to not committing crime in the future.

It is interesting to note that many of these responses are consistent with what participants reported as treatment effectiveness reasons. That is, Aboriginal participants most often considered an Aboriginal program effective because of the spiritual/cultural component and he is subsequently reporting that in order to not commit crime in the future it is necessary for him to maintain involvement with spirituality and culture. The ability to recognize risk factors is another example of this, as it belonged to the knowledge/awareness category for treatment effectiveness. The knowledge/awareness
category was reported by Aboriginal participants and was the most often reported
category for the non-Aboriginal participants indicating that programs were considered
effective if they enhanced these skills and subsequently participants are also reporting
that these skills would aid them in decreasing their recidivism.

These results provide essential information regarding recidivism. Participants are
reporting that they are being provided with programs in prison that enable them to learn
about themselves, their crime cycles, risk factors, behaviors, actions and reactions and
also provides a place to explore their spirituality, culture and identity, and consequently,
they are reporting that they feel that they will benefit from these programs. If, in addition
to having access to these programs, offenders being reintegrated into society are provided
with support and understanding from others and the ability to monitor their own risk
factors and behaviors in a pro-social manner, the results of this study suggest that for
these participants these components combined may increase their chance of maintaining a
crime free lifestyle.

Traditional Practices

As the literature conveys, practicing traditions is linked to spirituality, culture and
healing and is an important component in order for one to maintain balance in one’s life
(Heckbert, 1994; Johnston, 1997; Waldrum, 1994, 1997). Accordingly, this
information was requested in order to determine participants’ past and present
involvement in Aboriginal traditions.

Many of the Aboriginal and non-Aboriginal participants reported that they were
currently participating in some form of Aboriginal tradition, activity or ceremony.
Although the participants were not asked how often they participated in these activities, the results suggest that practicing traditions is an integral part of these participants' lives as the majority of them, 97.5% of the Aboriginal participants and 70% of the non-Aboriginal participants, are currently involved in these activities. It must be noted that when discussing treatment program effectiveness, 25% of all programs reported were practicing traditions. Considering there were 21 different programs listed, practicing traditions was the single most often reported program. Additionally, practicing traditions, which were included in the Aboriginal program group, were quite often reported by Aboriginal participants as effective programs for spiritual, cultural, and healing reasons. This was anticipated as practicing traditions are intricately tied to spirituality and culture and were expected to be reported as effective forms of treatment to Aboriginal participants. Furthermore, current findings are consistent with past findings, in which results indicated that Aboriginal practices and traditions should be seen as important treatment options for Aboriginal offenders (Hodgson & Heckbert, 1994; Johnston, 1997; Waldram, 1994, 1997).

**Summary of Support Persons**

Consistent with Johnston's (1997) findings, the present study reported that participants prefer to speak to Aboriginal persons, regardless of what motivated the problem. Additionally, Aboriginal participants more often reported that Aboriginal persons are the most supportive persons to them. Furthermore, Aboriginal participants reported that non-Aboriginal persons are the least supportive to them.
As information from Waldram (1993, 1997), Johnston (1997) and Hodgson and Heckbert (1994) emphasized that offenders regularly stress the importance of having Elders available to them in prison, the author examined the raw data to determine which person on the list of 12 was endorsed most often. As expected, an Elder was endorsed the most often for personal and institutional problems, as well as the most supportive person. In addition, not one Aboriginal participant indicated that the Elder was the least supportive person to them.

The results of this study are consistent with the final report by the Task Force on Aboriginal Peoples in Federal Corrections (1988), which stated that Elders are beneficial within the correctional system and it was recommended that the services provided by Elders, which includes the assessment of offenders, counseling, and providing spiritual guidance, should be further utilized. Similarly, Hodgson and Heckbert (1994) acknowledged that Elders played a significant role in assisting ex-offenders in turning their lives around and maintaining a crime-free lifestyle. Furthermore, Waldram (1994) reported that the majority of the 30 participants in his study stressed the significance of Elders as being an essential feature of programming with inmates, often commenting that they respected, trusted and needed Elders more than other Correctional staff (e.g., counselors, nurses). Following is a discussion concerning each category (personal problems, institutional problems, most supportive person and least supportive person) individually.
Personal Problems

As previously mentioned, a chi square analysis indicated that Aboriginal participants strongly prefer to speak with Aboriginal persons when they have a personal problem. This is not surprising as one may more readily identify with someone of their own ethnicity. Furthermore, although not measured in the present study, as research has suggested, due to a history of attempted assimilation, residential schools, laws and societal attitudes towards Aboriginal culture, Aboriginal persons often lack trust of non-Aboriginal people (Chisholm, 1994; Lefley, 1976). Evidently, Aboriginal participants indicated that trust and support were the reasons they choose to talk to these people when they have a personal problem.

Institutional Problems

It was anticipated that, when posed with an institutional problem (e.g., getting visitation rights, attending programs, etc.), participants responses would be different from their responses to questions about personal problems. It was expected that participants would report speaking to whomever they could get assistance from which would likely be non-Aboriginal persons as there are many more non-Aboriginal persons, compared to Aboriginal persons, employed at CSC. A chi square analysis indicated that Aboriginal participants strongly prefer to speak to Aboriginal people. Again, not surprisingly, the most often reported reasons for this choice are trust and support. If one feels they trust and are supported by another individual, it is not surprising that they solicit their assistance when experiencing problems. In addition, as previously mentioned, a history of negative interactions, as well as societal attitudes toward Aboriginal people, in
combination with laws governing Aboriginal people may contribute to Aboriginal people expressing a lack of trust for non-Aboriginal people; these reasons may contribute to participants views of who they choose to speak to within correctional facilities.

Most Supportive Person

When posed with the question “Who do you feel is the most supportive person to you in the institution?”, a significant difference was found between how often Aboriginal participants reported that Aboriginal persons are the most supportive to them compared to how often they reported that non-Aboriginal persons are the most supportive person to them. This result is consistent with other research (Johnston, 1997; Waldram, 1997). In Johnston’s (1997) study, inmates reported a strong preference to speak to Elders and Spiritual Leaders compared to CSC-Offered Counselors. Johnston concluded that although all offenders are, in general, apprehensive about dealing with correctional staff, he noted that, “Aboriginal offenders seemed quite firm in the belief that the persons whom they are most trusting of are other natives, especially spiritual leaders and elders” (p. 2). Although perception of racism was not measured in the current study, other researchers (Johnston, 1997; Morse & Lock, 1992) have reported that Aboriginal offenders believe racism exists within correctional facilities. Morse & Lock (1992) reported that, in their sample of 174 male Aboriginal inmates, 60% reported that they perceived that racism existed within correctional facilities, 17% reported they do not perceive racism and 12% reported that they sometimes perceive racism. Similarly, Johnston (1997) reported that 64% of his sample reported perceptions of racism in correctional institutions while 34% reported that they do not perceive racism exists.
Although racism beliefs were not measured in the current study, if participants perceived that racism exists within CSC, these perceptions may contribute to reports of who they believe are supportive to them.

**Least Supportive Person**

Aboriginal participants reported that non-Aboriginal persons are the least supportive persons to them. Again, this may be attributed to a history of negative interactions with non-Aboriginal people, or the result of racism or as some participants suggest, a lack of trust and an apparent lack of understanding of Aboriginal culture by non-Aboriginal people.

**Acculturation**

As Aboriginal people within North American society have diverse experiences with acculturation (Garrett & Pichette, 2000; LaFromboise et al., 1990; Waldram, 1997), it was predicted that the Aboriginal participants in this sample would reflect this diversity. As expected, their scores on the NAAS ranged from traditionally Aboriginal through bi-cultural to acculturated. In order to investigate differences on level of acculturation and reports of treatment effectiveness, further analyses were conducted by dividing the Aboriginal sample into the following two groups: traditionally Aboriginal (NAAS score < 3) or highly acculturated Aboriginals (NAAS score => 3). When divided into these groups, Aboriginal participants reported different reasons for program effectiveness. It must be noted that, unlike the comparisons made between the Aboriginal group and the non-Aboriginal group in reports of treatment effectiveness, the Aboriginal
participants divided into highly acculturated group and traditionally Aboriginal groups were compared on all programs and not Aboriginal versus non-Aboriginal programs.

It was expected that the traditionally Aboriginal group would be significantly more likely to indicate that healing and enhancing spirituality and culture would be reasons that they believed any program to be effective. As expected, results for enhancing spirituality and culture were consistent with this hypothesis. This is not surprising as part of the NAAS investigates one's involvement in traditional activities; thus it would be expected that those more involved with spirituality and culture would report this as a reason for program effectiveness. This result suggests that many participants ascribe to the importance of spirituality and culture as being integral components within programs available to Aboriginal participants, especially for those participants who are more traditionally Aboriginal; this finding is also consistent with other studies of participants (Hodgson & Heckbert, 1994; Johnston 1997; Walram & Wong, 1995). Specific to acculturation, Walram & Wong (1995) investigated the effects of group treatment with 9 Aboriginal and 13 non-Aboriginal offenders and emphasized that treatment effectiveness may depend on an individual's level of acculturation. Additionally, Bigfoot-Sipes et al., (1992) reported that, in comparison to those students who strongly identify with a Western culture, those who strongly identify with an Aboriginal culture more often reported that they prefer Aboriginal counselors, 53% and 84%, respectively. Bigfoot-Sipes emphasized that within the counseling environment, an individual's level of acculturation should be known as it may affect treatment outcome.

It was expected that the highly acculturated Aboriginal group would provide similar reasons that the non-Aboriginal group provided for treatment effectiveness and
that this would be different from the traditionally Aboriginal group. This did occur in one instance; the highly acculturated group more often than the traditionally Aboriginal group reported that gaining knowledge/awareness is a reason they believe that a program is effective. The knowledge/awareness category includes reasons such as gaining practical skills and expanding knowledge about topics that are unfamiliar to the participants (e.g., identifying risks and learning how to problem solve in a pro-social manner). This is not surprising as the traditionally Aboriginal group more often attributed effectiveness reasons to spirituality and culture, in comparison to knowledge/awareness and the highly acculturated group reported the opposite results.

**Summary of findings**

In terms of treatment effectiveness, participants’ reports suggest that CSC programs appear to be effective as participants in the study more often reported that programs were effective rather than ineffective. Additionally, the participants reported that the majority of these programs would at least moderately assist in decreasing recidivism rates. Furthermore, the participants indicated that they believe there are people in the institution that are supportive and helpful to them. As expected and consistent with other research (Johnston, 1997; Waldram, 1993, 1994, 1997), Aboriginal participants often endorsed that spirituality and culture contributed to Aboriginal programs being considered effective. Additionally, and also consistent with prior research (Hodgson & Heckbert, 1994; Johnston, 1997; Waldram, 1994), Aboriginal participants reported that Elders are essential support persons to them. Furthermore, it was discovered that acculturation might play a role in perceptions of treatment effectiveness. Although the
findings of this study are promising, there are some special considerations that must be
discussed. These are presented next.

Special Considerations

Special considerations, such as pan-indianism, a lack of interest in participating in
Aboriginal culture and traditions, the contradictory role of Elders and spirituality within
correctional institutions and animosity between Aboriginal and non-Aboriginal
participants, are important considerations that warrant discussion. Subsequently, these are
each briefly presented.

Although previous research (Hodgson & Heckbert, 1994; Johnston, 1997;
Waldram, 1994) as well as the current study emphasized the importance of spirituality
and cultural teachings and practices, it must be noted that within correctional facilities,
inmates may not be receiving their specific cultural teachings and practices. As
Aboriginal culture is heterogeneous, Waldram (1993) refers to “pan-indianism” as the
form of spiritual tradition that exists within the prison system (p. 355). He describes this
as providing very similar Aboriginal spiritual traditions and ceremonies to all Aboriginal
inmates; therefore not all inmates will have access to their particular form of traditions
and ceremonies. He suggests that this occurs because of the diversity of offenders in
institutions, so that all of their needs cannot possibly be addressed. As well, many
offenders are only beginning to learn about Aboriginal culture. Additionally, as traditions
and customs were prohibited by laws for a substantial amount of time, (Bateman, 1997;
Cowger, 1992; Ellis, 1994; Garrett & Pichette, 2000), some practices, like the sweat
lodge, which have not been practiced for a long time or have changed over time may be
different then before European contact. As well, Aboriginal cultures are heterogeneous; therefore traditions and practices vary across cultures, and although some practices, like the sweat lodge, are only practiced by some Aboriginal cultures, the sweat lodge is one of the most common traditions practiced in prisons (Waldram, 1993). Furthermore, the traditions and practices provided in prisons primarily depend on the background of the Elder in the institution, which can be quite variable. Waldram (1993) reported that Elders have been “forced to enhance common themes, and discredit the significance of differences, as a means of establishing the common mythic base for healing to occur” (p. 355). Additionally, Waldram (1997) points out that, because of these issues, Elders often incorporate the knowledge of other Aboriginal cultures into their own teachings; however, it is made clear to inmates that each Elder often expresses their own beliefs, understandings, experiences, views and background. This results in variations between the methods and teachings of each individual Elder (Waldram, 1997). Similarly, offenders are being exposed to traditions and practices that are foreign to them and may not be related to their own traditions, which could potentially cause problems for some offenders. Issues such as identity conflicts, frustration because their traditions are not available to them or confusion because one form of teaching is in conflict with their own personal traditions can potentially contribute to an increase in problems for offenders.

Furthermore, Waldram (1993) acknowledges that not all Aboriginal offenders want to be involved in Aboriginal culture and may feel pressured by other Aboriginal offenders to become involved in activities that they do not want to participate in. If individuals do not want to attend programs, pressure to participate may affect treatment effectiveness. There are numerous reasons why individual Aboriginal inmates may not
become involved in Aboriginal programming or are involved minimally. Lack of programs, lack of knowledge, level of acculturation/assimilation, cultural incompatibility between inmate and Elder, following other religions or cultures and simply not wanting to participate may all contribute to a lack of involvement (Johnston, 1997; Waldram, 1997). However, the prison environment may cause some individuals to feel obligated to participate in such activities, which, in turn may create internal conflict and identity problems for some individuals (Waldram, 1993). Additionally, not everyone accepts spirituality and Elders in prison. To some, the idea of having sacred items and practicing ceremonies (e.g., sweat lodge) in the prison is highly disrespectful and contradicts Aboriginal beliefs (Waldram, 1997). Others question the authenticity of Elders, especially because Elders are paid, tainting what they symbolize (Waldram, 1997). Issues such as these may affect the effectiveness of programs because inmates may or may not want to participate in programming due to these concerns.

Waldram (1993) also notes that there are different types of Elders: 'traditional' Elders and 'institutional' Elders. Traditional Elders generally do not leave their home communities, usually only provide services to members of their own communities and frequently are the teachers of institutional Elders. Institutional Elders, which Waldram (1993) refers to as “neo-traditional” (p.350) have frequently experienced alcohol and drug problems, become spiritual people later in life and often return home to continue their own spiritual journeys. They may volunteer in prisons or become paid employees. Additionally, Waldram (1993) acknowledges that there is no set age that one becomes an Elder and “there is no self ascription. Respected individuals are simply referred to as Elders” (p.349). The variability in who becomes or who is an Elder, as well as the
differing roles of Elders and the legitimacy of Elders being paid employees could potentially create confusion and/or disrespect of Elders among offenders and others who lack knowledge of Aboriginal beliefs and customs. Additionally, the legitimacy of Elders and traditional practices being permitted in institutions may be questioned because of these issues.

One more concern that warrants discussion is the potential animosity that may occur between Aboriginal and non-Aboriginal inmates pertaining to special treatment. That is, non-Aboriginal inmates may feel that by providing culturally specific programs and activities to Aboriginal participants, Aboriginals are receiving special treatment. Non-Aboriginals may feel that their own cultural needs are not being met in the same way. For example, Asian or East Indian inmates may feel that their cultural needs are not being met, and if Aboriginal inmates are receiving cultural programs, non-Aboriginals may feel animosity towards Aboriginal offenders. This, in turn may affect treatment programs and activities, either by decreasing participation by Aboriginal offenders or creating a stronger affiliation between Aboriginal offenders and increasing participation, which may increase animosity from others. However, it as previously mentioned Aboriginals are over-represented within correctional facilities at rates higher than other ethnic minorities. In addition, Aboriginal people represent a unique group in Canadian society as they have been affected by assimilation attempts, laws and social issues such as poverty in a way that other groups have not been affected. Nevertheless, non-Aboriginal inmates likely do not take these issues into consideration and animosity may still exist.
As these special considerations arise when discussing the effectiveness of Aboriginal specific programs in prisons, concerns such as these need to be further investigated before culture-specific programs can be genuinely investigated and viewed as effective. Furthermore, limitations of the current research project warrant discussion.

Limitations of the Research

There are a number of limitations for this study. Self-report bias, selection bias, defining treatment effectiveness, differing experiences and type I error are a few limitations to be discussed. Additionally, due to these limitations, the results of this study are not generalizable to other inmate samples.

Self-Report

Utilizing self-report as the method of data collection is probably the most salient confounding factor and limitation to this study. Although a file review was conducted and suggests that participants were reporting information accurately and the social desirability and impression management scales of the BIDR do not indicate impression management or socially desirable responding, problems still arise when utilizing self-report data. Missing data and motivation to respond are likely to affect results of the study. For example, some participants (40%) did not answer the drug related questions, therefore, missing data may affect the results. Additionally, participants may have been motivated to only answer some of the questions. As mentioned in the results section, one of the questions (Why do you consider a program ineffective?) was largely left unanswered, whereas, other questions (e.g., Why do you consider a program effective?) were
answered almost all of the time. There could be numerous reasons for this; however, motivation to respond is questioned. Additionally, as with any self-report data, participants may not be reliable historians. That is, their memories for programs or activities that they have participated in may not be entirely reliable. Memory is fallible and it is not unlikely that these participants have made mistakes due to their memory. Furthermore, participants may have only reported programs and activities that they either really enjoyed or found favorable or really disliked or found unfavorable because such programs may have left a stronger impression on them.

In order to overcome self-report bias, future research should attempt to measure treatment effectiveness with a combination of measures (e.g., observation, self-report, program success/failure, recidivism or other measures).

Selection Bias

As participation in the study was voluntary and a random selection of participants was not obtained, a self-selection bias may be a confounding factor. Specifically, it may be that the participants who chose to participate in the research did so for reasons that may comprise a selection bias. Some may have participated purely for the $5 honorarium and truly did not care about answering the questions to the best of their ability. Others may have participated because it provided them with something different to do. As a comparison was not conducted between the research sample and the sample of all Kwikwexwelhp and Matsqui inmates, those who chose to participate may be quite different from those who chose not to participate. Although difficult to achieve, future
research should attempt to access all possible research participants by randomly selecting inmates from the general inmate population and inviting them to participate in the study.

*Differing Experiences*

The participants in the present sample are of varying ages (20-63 years old), differing incarceration lengths (2 years to indeterminate), and represent a diversity of criminal behavior requiring different forms of treatment or program involvement. A sexual offender who has just entered the prison system may need quite a different treatment plan than an offender who has been convicted of murder and has been incarcerated for 20 years. Depending on where an offender is in his correctional plan and stage of incarceration (i.e., how soon he will be released) his reporting of treatment involvement and his opinion of effectiveness may vary. If an inmate is nearing his release date, he may report that all programs have assisted him, the programs were very effective and he is ready for the community. Alternatively, an inmate who has just entered the prison system and is not to be released for 10 years may report that treatment is not useful. This may or may not be the case, however, it is difficult to know whether or not differing stages of incarceration has affected results of this study. It may be difficult to overcome this issue as inmates will always be at differing stages of incarceration and be involved in different treatment programs.

Similarly, treatment histories and prior experience (both positive and negative) with treatment programs and activities, may have affected those who volunteered to participate in the study and/or what a participant reports concerning treatment effectiveness. A participant may have excluded himself from participating in the research
because of his past experience with treatment or research. If a participant did choose to participate, it may also be influenced by his treatment history. Possibly, only participants who had something positive to report participated in the study, which may have affected the results. Again, this is a difficult limitation to overcome, as participation in research is voluntary and the researcher cannot control which persons choose to volunteer.

*What is treatment effectiveness?*

Treatment effectiveness is difficult to define and measure, however, for the current study the following definition was presented to the participants: A program may be considered effective if you think that it has or will: (1) decrease your likelihood of re-offending and/or, (2) increase positive institutional behavior (e.g., less fighting) and/or, (3) increase your awareness and understanding of your healing abilities, increase in your self-esteem and personal awareness of your criminal patterns, thoughts and behaviors. A program can be considered ineffective if it does not do any of the above. Although participants were provided with this definition, an outcome measure was not utilized (e.g., program success or failure). There is no way to know that what participants suggested as effective was really effective. However, for the purposes of this study, an exploration into participants' opinions of what they believe to be effective was utilized. As offenders are the ones who participate in these programs, knowledge of their opinions is vital if we are to develop an understanding of programming and effectiveness. However, one possible way to preclude this issue in the future is utilization of a strict methodology. That is, only one program should be investigated at a time. Participants should be randomly selected and assigned either to a treatment group or a wait list control
group. Additionally, an outcome measure should be utilized (e.g., recidivism rates) and a method to measure the outcome should be determined (perhaps pre and post test measures).

**Type I Error**

As a number of chi square analysis were conducted, a brief discussion of type I error is warranted. Although the exact type I error rate is unknown, it is likely inflated due to the number of analyses conducted on the data. However, this concern is diminished for the following two reasons: the resulting trends are in the hypothesized direction and this was an exploratory study. As type I error creates a concern that a result is present when it is actually absent, knowing that the significant results are in the predicted direction, decreases the concern that random effects occurred. Most importantly though, this was an exploratory study investigating offenders' first hand accounts of treatment programs and activities; therefore type I error is of less concern than it normally would be in other studies.

**Conclusion**

CSC is beginning to recognize the need to incorporate Aboriginal culture, spirituality and traditions within its correctional programs and does provide some Aboriginal programs to offenders. However, these programs have yet to be individually empirically evaluated and the special considerations previously discussed need to be considered; nevertheless, this study attempted to confirm important aspects of Aboriginal programs, namely, the role of healing, Elders, culture, spirituality and practicing
traditions. Although it is not possible to attribute the results of this study to any one specific program and, notwithstanding the limitations of the study that do exist, the results support Waldram's (1993), Johnston's (1997) and Hodgson and Heckbert's (1994) results, indicating that spirituality, culture and practicing traditions are fundamental components of treatment programs for Aboriginal offenders. More specifically, many participants (52%) in this sample indicated that they considered Aboriginal programs effective because of their cultural and spiritual components. Additionally, Aboriginal participants reported that healing contributed to treatment effectiveness for both Aboriginal programs (44%) and, to a lesser extent, non-Aboriginal programs (18.5%). Furthermore, these participants most often reported that Aboriginal programs, in their view, are moderately (28%) to highly (40%) likely to decrease their recidivism. As well, Aboriginal participants also reported that they most often solicit assistance and support from Aboriginal people when experiencing personal problems (92.5%), institutional problems (85%) and consider Aboriginal people to be the most supportive people (90%). In addition, Aboriginal participants endorsed the Elder most often as the person they chose to talk to when experiencing a personal problem (85%), institutional problem (85%) and reported the Elder most often as the most supportive person (68%). Furthermore, not once did an Aboriginal participant endorse the Elder as the least supportive person.

This study acknowledges that Aboriginals represent a distinctive group of offenders with unique needs. Designing and implementing Aboriginal specific programs is a difficult task for a variety of reasons: diversity of Aboriginal cultures, diversity of acculturation/assimilation levels and definitions of spirituality and healing are all
problematic. Additionally, special considerations such as pan-indianism, a lack of interest in participating in Aboriginal culture and traditions, the contradictory role of Elders and spirituality within correctional institutions and animosity between Aboriginal and non-Aboriginal inmates should be further examined. Nonetheless, the results indicated that it is necessary for CSC to be culturally sensitive and attempt to accommodate a substantially represented group of offenders.

Having to live within a correctional institution is a difficult way to live, especially since the environment is not conducive to healing (Couture, 1992). Unfortunately, Aboriginals are highly over-represented within the Canadian CJS; consequently, the needs of these individuals must be approached in a culturally appropriate manner in order to assist inmates' survival within correctional institutions and most importantly, successfully reintegrating into society. The CJS is interested in decreasing incarceration and recidivism rates, thus appropriate methods must be utilized. Although correctional institutions are beginning to recognize the importance of incorporating Aboriginal beliefs and traditions into correctional programming, and this study emphasized this as a necessary step to decrease Aboriginal incarceration rates, further research is required to investigate the actual, as opposed to perceived, effectiveness of current Aboriginal programs operating at CSC, as well as assisting in designing and implementing future programs and activities that are culturally appropriate.
References


Correctional Services Canada webpage; [www.cse-scc.gc.ca](http://www.cse-scc.gc.ca)


Appendix A

PARTICIPANT CONSENT FORM

Title: Treatment Effectiveness for Aboriginal Offenders
UBC Ethics #: B02-0454
Investigators: Dr. John C. Yuille, PhD & Teresa M. Howell, BSc, University of British Columbia.
Phone: 604-822-6130
Sponsoring Agency: Social Sciences and Humanities Research Council (SSHRC)

Dear reader,

The Yuille forensic psychology laboratory at the University of British Columbia (UBC) is requesting your voluntary participation in a research project concerning treatment program effectiveness. We wish to ask you questions about some of your past experiences with treatment/activity programs. Specifically, we are interested in hearing about what types of programs/activities you feel are effective forms of treatment for you and why or why not you find them effective. This research is for Ms. Howell's masters thesis.

If you agree to participate in our study, it will take approximately 1.5 hours of your time. You will be financially compensated with a $5 honorarium that will be directly deposited into your institutional account approximately 10 working days from your participation in the study. We believe that the information that you provide to us will help us better understand what treatment programs may or may not be culturally appropriate and effective in assisting Aboriginal offenders. This would add to our knowledge of treatment programs and activities that may assist Aboriginal offenders within the Criminal Justice System.

Involvement in our study will entail you filling out a questionnaire package regarding your experiences with treatment programs or activities you have been involved in while incarcerated. Specific questions may be asked in order to clarify any uncertainties. Additionally you will be asked to fill out a number of self-report inventories pertaining mainly to personality attributes. You may ask clarifying questions at any point during the session and are free to withdraw at any point without penalty. We are also interested in those people who have not been involved in treatment programs and their opinions about potential treatment effectiveness.

Information gathered in the study will be kept confidential and anonymous and will be made available only to the researchers. Information collected will not be released to correctional or parole board staff, or anyone not directly involved with the research. Please DO NOT put your names on any of the questionnaires. All documents will be identified only by code number and kept in a locked filing cabinet in a locked room in our psychology laboratory at UBC. Individual offenders will not be identified in any reporting of the results of this research. Only group results will be presented.

Your participation will in no way affect your sentence or the management of your case. You have the right to refuse to participate or withdraw from this study at any time.

[End of document]
Background Information Questionnaire

Please answer the following questions the best that you can. If you have any questions, please ask the researcher.

***Remember that the information you provide here is strictly CONFIDENTIAL & ANONYMOUS and will be used for research purposes only.

1. Age _____

2. What is your first language? (circle one)
   - Aboriginal/Inuit
   - English
   - French
   - Other: ________________________________

3. What is your Aboriginal/Inuit language: ________________________________

4. Do you speak this language (circle one): Yes No

5. Do you have status? (circle one) Yes No

6. What Aboriginal/Inuit Nation do you belong to:
   ________________________________

7. What band do you belong to?
   ________________________________

8. Before incarceration, where did you mostly live? (please circle)
   - Reserve
   - Rural
   - Urban
   - Other: ________________________________

9. Have you ever lived on a reserve? If so, please list location with approximate dates:

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<th>Location</th>
<th>Approximate Dates</th>
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</table>
10. Have you ever lived in a rural area? If so, please list location with approximate dates:

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<th>Location</th>
<th>Approximate Dates</th>
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11. Have you ever lived in an urban area? If so, please list where with approximate dates:

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<th>Location</th>
<th>Approximate Dates</th>
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12. What is your marital status? (please circle)

Single    Married    Common-Law    Divorced    Widowed

13. What grade did you reach in school? _____________

14. Through upgrading? _____________

15. Have you ever attended a residential school? (please circle) Yes  No

16. If yes, how many years did you attend the school? _____________

17. If yes, where did you go to residential school? (list all that you attended)

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<thead>
<tr>
<th>School</th>
<th>Approximate Dates</th>
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</tbody>
</table>
18. Did either of your parents ever attend a residential school? (please circle)
   Yes  No

19. If yes, how many years did they attend the school? Mother:        Father:        

20. If yes, where did they go to residential school? (list all that they attended)
   
<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
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<tbody>
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21. What is your index offence? ______________________________________

22. How long is your sentence? ______________________________________

23. How much time have you served for this sentence? ___________________

24. What institution are you currently at? ____________________________

25. How many times have you been in prison? (please circle) 1 2 3 4 5+

26. How many charges have you been convicted of? 1 2 3 4 5+
   Starting with your most recent convictions, please list your convictions (with approximate dates):
   
<table>
<thead>
<tr>
<th>Conviction</th>
<th>Approximate Date</th>
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   | 1. |                  |
   | 2. |                  |
   | 3. |                  |
   | 4. |                  |
   | 5. |                  |
27. Please circle the letter of all the drugs that you have tried:

   - Alcohol
   - Marijuana
   - Hallucinogens (e.g., mushrooms, acid/LSD)
   - Amphetamines (e.g., speed, ice)
   - Cocaine
   - Inhalants (e.g., gas, glue, paint)
   - Opioids (e.g., methadone, morphine, heroine)
   - Sedatives (e.g., sleeping pills, antianxiety pills)
   - Phencyclidine (e.g., PCP, Hog, Tranq, Angel Dust)
   - Prescription Drugs (e.g., sleeping pills, aspirin, or others)
   - Other: 

28. Please circle the letter of all the drugs that you have been addicted to:

   - Alcohol
   - Marijuana
   - Hallucinogens (e.g., mushrooms, acid/LSD)
   - Amphetamines (e.g., speed, ice)
   - Cocaine
   - Inhalants (e.g., gas, glue, paint)
   - Opioids (e.g., methadone, morphine, heroine)
   - Sedatives (e.g., sleeping pills, antianxiety pills)
   - Phencyclidine (e.g., PCP, Hog, Tranq, Angel Dust)
   - Prescription Drugs (e.g., sleeping pills, aspirin, or others)
   - Other: 

29. Please circle the letter of all the drugs that you are currently taking:

a. Alcohol
b. Marijuana
c. Hallucinogens (e.g., mushrooms, acid/LSD)
d. Amphetamines (e.g., speed, ice)
e. Cocaine
f. Inhalants (e.g., gas, glue, paint)
g. Opioids (e.g., methadone, morphine, heroine)
h. Sedatives (e.g., sleeping pills, antianxiety pills)
i. Phencyclidine (e.g., PCP, Hog, Tranq, Angel Dust)
j. Prescription Drugs (e.g., sleeping pills, aspirin, or others)
k. Other: __________________________

30. Have you ever participated in traditional Aboriginal ceremonies or activities? (please circle all that apply)

a. Sweatlodge
b. Smudging or burning sweatgrass (sage, etc.)
c. Talking Circles
d. Healing Circles
e. Vision Quests
f. Arts/Crafts
g. Fasts
h. Sundancing
i. Spirit Dancing
j. Pipe Ceremony
k. Spirit Bathing
l. Sacred Circles
m. Other: __________________________

n. Never

31. Are you currently involved in participating in traditional Aboriginal ceremonies or activities? (please circle all that apply)

a. Sweatlodge
b. Smudging or burning sweatgrass (sage, etc.)
c. Talking Circles
d. Healing Circles
e. Vision Quests
f. Arts/Crafts
g. Fasts
h. Sundancing
i. Spirit Dancing
j. Pipe Ceremony
k. Spirit Bathing
l. Sacred Circles
32. Why have you (or why are you) participating?

________________________________________________________

________________________________________________________

________________________________________________________

33. If you have not participated, why not?

________________________________________________________

________________________________________________________

34. Do you plan on participating in Aboriginal traditions or activities in the future? (please circle all that apply)

a. Sweatlodge
b. Smudging or burning sweatgrass (sage, etc.)
c. Talking Circles
d. Healing Circles
e. Vision Quests
f. Arts/Crafts
g. Fasts
h. Sundancing
i. Spirit Dancing
j. Pipe Ceremony
k. Spirit Bathing
l. Sacred Circles
m. Other: __________________________________________
n. No
35. Why would you participate?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

36. Why would you not participate?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

37. Do you think there are enough cultural activities available to you here? (please circle) Yes No

38. If no, what is needed?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

39. When you have a **personal** problem and you need to talk to someone, who do you prefer to talk to? (please circle one)

a. Aboriginal Inmates/Friends
b. Non-Aboriginal Inmates/Friends
c. Family member
d. Elder or Spiritual Leader
e. Native Liaison Officer
f. Religious Advisor (e.g., priest, pastor).
g. Psychologist or Psychiatrist or Dr.
h. Treatment Program Facilitator/Program Therapist
i. Counselor
j. Institutional Parole Officer
k. Institutional Preventative Security Officer
l. Correctional Staff
m. Other: ____________________________
40. Why do you choose to talk to this person?

41. When you have an institutional problem (e.g., getting visits, access to treatment programs/activities) and you need to talk to someone, who do you prefer to talk to? (please circle one)
   a. Aboriginal Inmates/Friends
   b. Non-Aboriginal Inmates/Friends
   c. Family member
   d. Elder or Spiritual Leader
   e. Native Liaison Officer
   f. Religious Advisor (e.g., priest, pastor)
   g. Psychologist or Psychiatrist or Dr.
   h. Treatment Program Facilitator/Program Therapist
   i. Counselor
   j. Institutional Parole Officer
   k. Institutional Preventative Security Officer
   l. Correctional Staff
   m. Other: __________________________

42. Why do you choose to talk this person?

43. Who do you feel is the most supportive person to you in the Institution? (please circle one)
   a. Aboriginal Inmates/Friends
   b. Non-Aboriginal Inmates/Friends
   c. Family member
   d. Elder or Spiritual Leader
   e. Native Liaison Officer
f. Religious Advisor (e.g., priest, pastor)
g. Psychologist or Psychiatrist or Dr.
h. Treatment Program Facilitator/Program Therapist
i. Counselor
j. Institutional Parole Officer
k. Institutional Preventative Security Officer
l. Correctional Staff
m. Other: ________________________________

44. Why do you think this is the most supportive person?

_____________________________________

_____________________________________

_____________________________________

45. Who do you feel is the least supportive person to you in the Institution? (please circle one)

a. Aboriginal Inmates/Friends
b. Non-Aboriginal Inmates/Friends
c. Family member
d. Elder or Spiritual Leader
e. Native Liaison Officer
f. Religious Advisor (e.g., priest, pastor)
g. Psychologist or Psychiatrist or Dr.
h. Treatment Program Facilitator/Program Therapist
i. Counselor
j. Institutional Parole Officer
k. Institutional Preventative Security Officer
l. Correctional Staff
m. Other: ________________________________

46. Why do you think this is the least supportive person?

_____________________________________

_____________________________________

_____________________________________

PLEASE ASK ANY QUESTIONS THAT YOU MAY HAVE
THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE
Treatment Program Involvement Questionnaire

Effectiveness: For the following questions, you will be asked about program effectiveness. A program may be considered effective if you think that it has or will:
- decrease your likelihood of re-offending and/or,
- increase positive institutional behavior (e.g., less fighting) and/or,
- increase your awareness and understanding of your healing abilities, increase in your self-esteem and personal awareness of your criminal patterns, thoughts and behaviors

A program can be considered ineffective if it does not do any of the above.

Please fill this out the best that you can. If you need more space, use the back of the sheet. If you have any questions, please ask the researcher.

***Remember that the information you provide here is strictly CONFIDENTIAL & ANONYMOUS and will be used for research purposes only:
**Questions:**

1. In general, what programs/activities do you find **effective** forms of treatment? Why would you consider it **effective**?

<table>
<thead>
<tr>
<th>Program/Activity (please list)</th>
<th>Why Effective?</th>
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2. In general, what programs/activities do you find **ineffective** forms of treatment? Why would you consider it **ineffective**?

<table>
<thead>
<tr>
<th>Program/Activity (please list)</th>
<th>Why Ineffective?</th>
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3. While incarcerated, how many treatment programs have you attended? (please circle one)

1 2 3 4 5+

4. Starting with your most recent program, please list the programs you have completed (with approximate dates):

<table>
<thead>
<tr>
<th>Program/Activity</th>
<th>Start Date</th>
<th>Completion Date</th>
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</table>
5. Please list the programs/activities you are currently attending, the benefits of this program and the limitations of this program. Also, on a scale of 1-7, please indicate how likely this program/activity is to decrease your chance of reoffending.

<table>
<thead>
<tr>
<th>Program/Activity</th>
<th>Recidivism (1-7)</th>
<th>Benefits</th>
<th>Limitations</th>
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</table>
6. For each of programs you are currently in, on a scale of 1-7, how motivated are you to participate in the program? Why were you motivated? Why were you not motivated?

<table>
<thead>
<tr>
<th>Program/Activity</th>
<th>Motivation (1-7)</th>
<th>Why Motivated</th>
<th>Why Not Motivated</th>
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<td>7.</td>
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</table>
7. In your opinion, in terms of treatment and programs, what do you think you need in order to **not** commit crime in the future?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. If you have **never** completed a program, please tell me why:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. If you have never attended or completed a treatment program, please tell me what you think would be **effective** in treatment.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Is there anything else you would like to say about treatment programs?
Native American Acculturation Scale

Instructions: This questionnaire will collect information about your background and cultural identity. For each item, choose the one answer that best describes you by filling in the blank.

Please Note: This is a questionnaire that was designed for Americans. Please replace the word Native American with Aboriginal or First Nations (whatever you prefer to use). Please think of this as a questionnaire about your personal Aboriginal/First Nations cultural involvement.

If you have any questions, PLEASE ask the Researcher.

___ 1. What language can you speak?
   1. Tribal language only (e.g., Cree, Ojibwa, Blood)
   2. Mostly tribal language, some English
   3. Tribal language and English about equally well (bilingual)
   4. Mostly English, some tribal language
   5. English only

___ 2. What language do you prefer?
   1. Tribal language only (e.g., Cree, Ojibwa, Blood)
   2. Mostly tribal language, some English
   3. Tribal language and English about equally well (bilingual)
   4. Mostly English, some tribal language
   5. English only

___ 3. How do you identify yourself?
   1. Native American
   2. Native American and some non-Native American (e.g., White, African American, Latino, and Asian American)
   3. Native American and non-Native American, (bicultural)
   4. Non-Native American and some Native American
   5. Non-Native American (e.g., White, African American, Latino, and Asian American)

___ 4. Which identification does (did) your mother use?
   1. Native American
   2. Native American and some non-Native American (e.g., White, African American, Latino, and Asian American)
   3. Native American and non-Native American (bicultural)
   4. Non-Native American and some Native American
   5. Non-Native American (e.g., White, African American, Latino, and Asian American)
5. What identification does (did) your father use?
   1. Native American
   2. Native American and some non-Native American (e.g., White, African American, Latino, and Asian American)
   3. Native American and non-Native American (bicultural)
   4. Non-Native American and some Native American
   5. Non-Native American (e.g., White, African American, Latino, and Asian Americans)

6. What was the ethnic origin of friends you had as a child up to age 6?
   1. Only Native Americans
   2. Mostly Native Americans
   3. About equally Native Americans and non-Native Americans
   4. Mostly non-Native Americans (e.g., Whites, African Americans, Latinos, and Asian Americans)
   5. Only non-Native Americans

7. What was the ethnic origin of friends you had as a child 6 to 18?
   1. Only Native Americans
   2. Mostly Native Americans
   3. About equally Native Americans and non-Native Americans
   4. Mostly non-Native Americans (e.g., Whites, African Americans, Latinos, and Asian Americans)
   5. Only non-Native Americans

8. Who do you associate with now in your community?
   1. Only Native Americans
   2. Mostly Native Americans
   3. About equally Native Americans and non-Native Americans
   4. Mostly non-Native Americans (e.g., Whites, African Americans, Latinos, and Asian Americans)
   5. Only non-Native Americans

9. What music do you prefer?
   1. Native American music only (e.g., pow-wow music, traditional flute, contemporary, and chant)
   2. Mostly Native American music
   3. Equally Native American and other music
   4. Mostly other music (e.g., rock, pop, country, and rap)
   5. Other music only

10. What movies do you prefer?
    1. Native American movies only
    2. Mostly Native American movies
    3. Equally Native American and other movies
4. Mostly other movies
5. Other movies only

11. Where were you born?
   1. Reservation, Native American community
   2. Rural area, Native American community
   3. Urban area, Native American community
   4. Urban or Rural area, near Native American community
   5. Urban or Rural area, away from Native American community

12. Where were you raised?
   1. Reservation, Native American community
   2. Rural area, Native American community
   3. Urban area, Native American community
   4. Urban or Rural area, near Native American community
   5. Urban or Rural area, away from Native American community

13. What contact have you had with Native American communities?
   1. Raised for 1 year or more on the reservation or other Native American community
   2. Raised for 1 year or less on the reservation or other Native American community
   3. Occasional visits to the reservation or other Native American community
   4. Occasional communications with people on reservation or other Native American community
   5. No exposure or communications with people on reservation or other Native American community

14. What foods do you prefer?
   1. Native American foods only
   2. Mostly Native American foods and some other foods
   3. About equally Native American foods and other foods
   4. Mostly other foods
   5. Other foods only

15. In what language do you think?
   1. Tribal languages only (e.g., Cree, Ojibwa, Blood)
   2. Mostly tribal language, some English
   3. Tribal language and English about equally well (bilingual)
   4. Mostly English, some tribal language
   5. English only
16. Do you
1. Read only a tribal language (e.g., Cree, Ojibwa, Blood)
2. Read a tribal language better than English
3. Read both a tribal language and English about equally well
4. Read English better than a tribal language
5. Read only English

17. Do you
1. Write only a tribal language (e.g., Cree, Ojibwa, Blood)
2. Write a tribal language better than English
3. Write both a tribal language and English about equally well
4. Write English better than a tribal language
5. Write only English

18. How much pride do you have in Native American culture and heritage?
1. Extremely proud
2. Moderately proud
3. A little pride
4. No pride, but do not feel negative toward group
5. No pride, but do feel negative toward group

19. How would you rate yourself?
1. Very Native American
2. Mostly Native American
3. Bicultural
4. Most non-Native American
5. Very non-Native American

20. Do you participate in Native American traditions, ceremonies, occasions, and so on?
1. All of them
2. Most of them
3. Some of them
4. A few of them
5. None at all
Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

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<tbody>
<tr>
<td>totally disagree</td>
<td>neutral</td>
<td>totally agree</td>
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___ 1. My first impressions of people usually turn out to be right.

___ 2. It would be hard for me to break any of my bad habits.

___ 3. Many people I meet are rather stupid.

___ 4. I have not always been honest with myself.

___ 5. I always know why I like things.

___ 6. When my emotions are aroused, it biases my thinking.

___ 7. Many people think that I am exceptional.

___ 8. I am not a safe driver when I exceed the speed limit.

___ 9. I am fully in control of my own fate.

___ 10. It's hard for me to shut off a disturbing thought.

___ 11. I never regret my decisions.

___ 12. I sometimes lose out on things because I can't make up my mind soon enough.

___ 13. The reason I vote is because my vote can make a difference.

___ 14. People don't seem to notice me and my abilities.

___ 15. I am a completely rational person.

___ 16. I rarely appreciate criticism.

___ 17. I am very confident of my judgements.

___ 18. I have sometimes doubted my ability as a lover.

___ 19. It's all right with me if some people happen to dislike me.
20. I'm just an average person.
21. I sometimes tell lies if I have to.
22. I never cover up my mistakes.
23. There have been occasions when I have taken advantage of someone.
24. I never swear.
25. I sometimes try to get even rather than forgive and forget.
26. I always obey laws, even if I'm unlikely to get caught.
27. I have said something bad about a friend behind his/her back.
28. When I hear people talking privately, I avoid listening.
29. I have received too much change from a salesperson without telling him or her.
30. I always declare everything when asked by police or customs officials.
31. When I was young I sometimes stole things.
32. I have never dropped litter on the street.
33. I sometimes drive faster than the speed limit.
34. I never read sexy books or magazines.
35. I have done things that I don't tell other people about.
36. I never take things that don't belong to me.
37. I have pretended to be sick to get out of work or school.
38. I have never damaged a library book or store merchandise without reporting it.
39. I have some pretty awful habits.
40. I don't gossip about other people's business.
THE UNIVERSITY OF BRITISH COLUMBIA

STUDY OF TREATMENT EFFECTIVENESS FOR ABORIGINAL OFFENDERS
Information Notice

UBC Ethics #: B02-0454
CSC Ethics # YUI271102.
Investigators: Dr. John C. Yuille, PhD & Teresa M. Howell, BSc, University of British Columbia.

WHAT WE ARE DOING: The Yuille forensic psychology laboratory at the University of British Columbia (UBC) is requesting your voluntary participation in a research project concerning treatment program effectiveness. We need Aboriginal Offenders to fill out questionnaires regarding treatment programs/activities. We are also interested in those who have not been involved with treatment. Specifically, we are interested in hearing about what types of programs/activities you feel are effective forms of treatment for you and why or why not you find them effective. We believe that the information that you provide to us will help us better understand what treatment programs may or may not be culturally appropriate and effective in assisting Aboriginal offenders. This would add to our knowledge of treatment programs and activities that may assist Aboriginal offenders within the Criminal Justice System.

TIME COMMITMENT: Approximately 1.5 hours
COMPENSATION: $5 (honorarium that will be directly deposited in your institutional account approximately 10 working days from your participation in the study)

WHAT YOU ARE REQUIRED TO DO: Fill out some questionnaires regarding your experiences with treatment programs or activities you have been involved in while incarcerated. If you have not been involved with treatment programs, we still want to hear from you. We want to know what you think might work as treatment programs/activities.

All information provided by you will remain strictly confidential and anonymous and will be used only for the purposes of this study.
Appendix B

Coding Categories

As the background information questionnaire and treatment/program involvement questionnaire were designed by the author, and because many of the questions allowed the participants to answer in an open-ended manner, coding was necessary to categorize the participants' responses. Coding was done by consensus of the researcher and five volunteer research assistants. Coding was necessary to collapse answers given by participants into broad categories that captured the essence of the reasons. Coding was conducted for the following: (1) Reasons that treatment programs are considered effective; (2) Reasons that treatment programs are considered ineffective; (3) Recidivism; (4) Support persons.

(1) Reasons that treatment programs are considered effective

Healing:

- "growth"
- "spiritual healing"
- "it deals with more than just the issue of substance abuse, it deals with the healing on a physical, emotional, spiritual, and mental basis"
- "help me stay on my path"
- "because it covers all areas in depth, teaches you how to heal self and manage thoughts, feelings, and behaviours so long as you are ready to change"

Insight/Empathy:

- "to learn how to voice my inner self appropriately"
- "helped me understand peoples points of views"
- "get outside of myself and into the thoughts and feelings of others"
- "the ability to separate myself from stimulus (time/space) and examine the incident more objectively"
- "talk about problems instead of holding them in"
- "I learned to take care of people and respect the sick and elderly and really thought me empathy"
- "understanding the underlying reason why you are the way you are"
- "it taught me how to handle my emotions and thinking errors and to replace irrational thoughts with rational thoughts"

Spirituality/Culture:

- "to let go of all the sickness sorrows and pain as spiritual lifting"
- "to clean my mind, body, and spirit asking for a clean way of life"
- "teaches me respect and opens up my mind to other ways of living such as culturally and spiritually"
- "because it is my culture"
- "to learn more about my culture and spirituality"
Knowledge / awareness (including practical skills):

- "help me understand triggers"
- "it makes you look at your crime in detail"
- "identify risks and how to problem solve"
- "look at high and low to identify behavioural patterns and causality, monitor internal dialogue"
- "the knowledge I gather"

(2) Reasons that treatment programs are considered ineffective

Not cultural:

- "non-native"
- "teaches you to think like white men"
- "not very credible to Aboriginals or Indians"
- "does not relate to Aboriginals"

Involuntary:

- "you take them to help you get out, not for yourself"
- "when forced … this could lead to close mindedness and bitterness for being in these programs, plus it may lose its overall effectiveness"

Facilitator Skill:

- "depends on their experience"
- "facilitators don’t look at who I am or try to understand me they just want to push me through the program" (CSC program)
- "a three week course given to instructors does not qualify them"
- "usually taught by someone that has never had a problem, no confidentiality – too much time teaching about different drugs, little time on why we use or how to stop and high risk situations that cause us to go back”

Lack of trust:

- "cause it is hard to be open and honest when you can't trust the people in the group or program" (CSC program)
- "just a money scheme for some CSC employees"
- "anything you say or express get turned around, all negative points are noted and used against you and then they tell you need more programming before we recommend you for any type of release" (CSC program)
Inappropriate content:

- "I find some programming language childish and get insulted and no longer devote my attention to the material" (CSC program)
- "I would never hurt a woman or child so I think it is useless for me to attend a family violence program"
- "I have never had a substance abuse problem in my life, however, CSC wants me to take a substance abuse program. To me, this is a waste of time and money".

(3) Recidivism: What is needed in order to NOT commit crime in the future

Support:

- "good support network"
- "it is good to have a good group to attend"
- "being able to talk about feelings and what’s bothering me to someone I trust"
- "you need to have a good job all year around, a loving family, wife who doesn’t drink and who is supportive"
- "one on one therapy, not CSC or parole associated"

Be involved in Culture and Spirituality:

- "living a spiritual life of a Great Turtle Islander, being real with the teachings of our forfathers, walk your talk as a Cree man or spiritual person"
- "having aboriginal programs/activities"
- "following the path and attending ceremonies and be around people that are on the same path"

Prevent substance use:

- "dealing with my addiction and anger"
- "quit my drinking"
- "keep up with AA meetings"

Recognition risk factors:

- "thinking before acting, considering all consequences and risk factors"
- "to use what I have learned and to let my support network know how I am really doing to be honest with myself and to others, to monitor my risk factors"

Choice:

- "I have identified my priorities in life. Crime is not a factor, I will not commit another crime"
- "the only way someone will not commit a crime is if they don’t want to re-offend, like myself"
- "I will never commit another crime ever"
(4) Support

a) Personal Problem: reasons why chose to talk to certain people

Trust:

♦ "Elders don't say anything to anyone"
♦ "because I feel safe and they're there just to listen"
♦ "because I feel comfortable"
♦ "because it doesn't get written down, or shared with anyone else and I am not judged by what I have to say"
♦ "I talk with a friend who has taken serious intense programs with me because he knows them and my history. I also trust him because he knows me so well I can tell any problems to him"

Support:

♦ "I feel they are more culturally sensitive to my background"
♦ "I know I can get help where I need it whenever possible"
♦ "they know me and what I am about"
♦ "they are intensive and offer sound advice"

Knowledge:

♦ "they have more experience in the field"
♦ "cultural and spiritually inclined and familiar with sensitive areas"
♦ "they understand native better and the others read more than what really is in the problem"
♦ "Elders have knowledge and wisdom"
♦ "they have knowledge and because of the understanding"

b) Institutional Problem: reasons why chose to talk to certain people

Trust:

♦ "elders don't say anything to anyone"
♦ "confident of his/her opinion"
♦ "because they are not in control of me and wouldn't use things I say against me"
♦ "they can be non-judgmental and they help me understand"

Support:

♦ "they're more culturally sensitive to my background and support me"
♦ "because these people understand and listen and also have good input to a solution"
♦ "cause they will listen to me and support me"
♦ "because no repercussions for complaining or expressing feelings"
Knowledge/Awareness:

- "because he/she knows more about the system than I do"
- "knowledgeable to various areas accessible to the needs of prisoners"
- "depends on what situation I'm in, each individual has specific skills and knowledge"

Their Job:

- "because she is the one who can do something about it"
- "because it's their job"
- "because they can resolve the problem before it becomes an issue"
- "to speed things up, cut some corners, red tape, and etc."

Other:

- "con code gets the best of me so I'd rather deal with it myself"
- "they can help me sometimes more so than Native workers"
- "because people in the system listen to lawyers"

C) Most Supportive Person: reasons why this is the most supportive person

Cultural Sensitivity:

- "because it's always a more personal level, we can understand each other and truly care for each other without having to worry about being prosecuted by white society's systems of justice"
- "I feel they are more culturally sensitive to my cultural background"

Helpful:

- "cause they are there when you need them"
- "because he listens and helps"
- "because this person knows me and has been helpful to me in the past"
- "always there for you"

Knowledge:

- "they are there, they understand"
- "because give good advice, words of wisdom"
- "because of their knowledge and because of the understanding"

Love/Respect:

- "they are behind me 100% with no other motive than that they love me"
- "she loves me"
- "because they care about you"
Trust:

- "because I am at ease talking with them"
- "non-judgmental, open, honest, and can trust them"
- "love, respect, trust, guidance"

*d) Least Supportive Person: reasons why this is the least supportive person*

No trust

- "when you talk to them they always change the story around"
- "some of these people in the past have misinterpreted what I have said, and it's come back to haunt me"
- "because it seems like they want you to stay in here and they push your buttons all the time"
- "because of past experiences with them not being truthful with me"
- "because they have a tendency to twist things as to fit their agenda of what they wish to do with you. They are too busy and resent you wanting to talk to them until they want you"
- "they always make things look or sound worst"

Lack of understanding

- "they don't understand who we are"
- "depends on staff training, what type of training they have"
- "no Aboriginal program is recognized for the benefit which needs to be. the needs of Aboriginal offenders should be recognized"

Their Job:

- "don't usually care about anyone, just their pay cheque"
- "it's just a job for them"
- "I think everyone is here to do their job"
- "they're lazy, they do not do their jobs"