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Assessment of Research on Treatment and Reentry Services to American Indian/ Alaskan Native Adults and Juveniles Who Have Committed Sexual Offenses



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Introduction

The purpose of this paper is to provide a literature review regarding the limited information available on treatment, management, and reentry programs and/or tools that are utilized in providing treatment and related services to American Indian/Alaskan Native (AI/AN) adult sex offenders and adolescents who have sexually offended. There have been few studies to date on this specific population, and while this paper is meant to provide a synopsis of the current available literature, it is also acknowledged that additional research is needed to better inform future policy and practice. As a result, the overall long-term goal of this effort is to identify and develop evidence-based, best practice resources for these individuals and for the communities where they reside.

Sex offenders are legally defined based on a conviction for various forms of harmful or abusive sexual behavior. Sexual offenses include two prevailing subtypes: contact sexual offenses, which involve direct physical sexual contact with another person, and non-contact sexual offenses, which involve no direct physical sexual contact. These offenses can involve activities such as viewing or producing sexual images of children, which do result in victimization. Finally, these non-contact activities may also involve attempts to engage a potential victim in sexual activity involving exploitation or solicitation.

What constitutes a sex crime may differ by legal jurisdictions, but the common criterion is someone who has engaged in illegal sexual activity or behavior. Various efforts have been designed to protect the public from sexual offending behavior, including preventing re-offense, or recidivism by known offenders. It should be noted that the vast majority of sexual offenses are never reported and prosecuted, and therefore, there may be undetected sex offenders within the community (Tjaden & Thoennes, 2006; Truman & Planty, 2012). Examples of various efforts include incarceration, civil commitment, community supervision and monitoring, registering sex offenders for monitoring and public notification purposes, sexual offense specific treatment, polygraph, electronic monitoring, and the development of specific reentry approaches.

To date, social science research has been done with sexual offenders to help guide and improve interventions with this population. However, this research is based primarily on Caucasian sexual offenders in the United States, Canada, Australia, New Zealand, and the United Kingdom. Furthermore, as noted above, very little research has been completed regarding AI/AN sexual offenders. AI/AN sexual offenders were included in larger studies and meta-analyses of sex offenders in the United States, but not in large enough numbers to allow for statistical analysis specific to this population. In addition, large-scale studies of treatment efficacy tend to focus on the treatment model used rather than the specific application to any ethnic or cultural group. This

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paper will focus on identifying available information for AI/AN adults and juveniles who have committed sexual offenses, the gaps in the literature and further research needs, and highlight emerging best practice policies and resources that may become evidence-based through future use and research.

The Native American Sex Offender Management (NASOM) project consists of the following components:

- An inventory of existing sex offender management and treatment programs for Native Americans
- A comprehensive literature review
- A national forum of tribal stakeholders to make recommendations for future funding, policy, and practice initiatives
- A series of case studies on tribal sex offender management, treatment, and reentry program implementation
- Development of written materials for an Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) Forum report, newsletters, and conferences

As part of the development of the literature review, program inventory, and other written materials, a group of tribal subject matter experts provided a peer-review of all of the documents during the National Forum. This feedback has been incorporated into the final version of this report.

Key Findings:

- The impact of victimization in AI/AN communities is a significant concern regarding harm caused from sexual crimes. Trauma has been hypothesized as an assessment and treatment issue in the AI/AN sex offender population.
- Information from the report of the National Task Force on Children Exposed to Violence presented to Attorney General Eric H. Holder, Jr., on 12/12/2012 highlights and supports the focus of psychological trauma as the common underlying issue impacting AI/AN individuals and communities.
- Adverse childhood experiences have been found to contribute significantly to criminal behavior and violence. These experiences may be more frequent for AI/AN offenders and represent a need for specialized assessment and treatment.
- Information is available regarding AI/AN youth with sexual behavior problems. A culturally adapted specific treatment model has also been developed to address therapeutic needs these youth present, and further research is planned.
- No published studies are available that have detailed treatment methodology and outcome data for AI/AN adults and juveniles who commit sexual offenses. One unpublished study has been completed regarding trauma histories and symptoms presented by AI/AN and Caucasian adult sex offenders participating in treatment.
- The United States Probation and Pretrial Services Office (USPPSO) has developed and implemented a range of assessment, treatment, and reentry options for AI/AN adults and juveniles who have sexually offended.

- Efforts made by the USPPSO in South Dakota have tracked offender progress and this data indicates positive efficacy from treating AI/AN adult sex offenders. Assessment and treatment content utilized employ treatment methodologies based on research of sex offender treatment regardless of ethnicity.
- Information from the Federal Bureau of Prisons (BOP) indicates that this agency provides sex offender treatment at various locations across the United States. Sex offenders are typically recommended to volunteer for this treatment.
- Additional reentry services are provided to adults and juveniles who commit sexual offenses by the USPPSO but these services appear to vary by geographic location and availability of funding or programs to support these services. In several areas these services may be nonexistent.
- Supplemental services for co-morbid conditions and other environmental needs are provided to sex offenders at the tribal and community level.
- There is a need for specific research to address several assessment and treatment issues for AI/AN adults and juveniles who have sexually offended, including the effects of trauma on this population.
- Although some culturally adapted models have been proposed and are under study, a research-supported model for future assessment and treatment of AI/AN adults and juveniles who have sexually offended is needed. This model will need to be validated through ongoing research.
- An appendix has been included to this report for reference purposes regarding research and additional efforts completed by other countries who have studied their indigenous populations of sexual offenders and juveniles who commit sexual offenses. These efforts were focused on developing unique assessment and treatment approaches for these populations.

Impact and Trauma Associated with Sexual Victimization

In reviewing the literature on AI/AN sexual offenders, it is also important to consider the impact of such behavior on victims. Childhood sexual abuse is commonly recognized as having devastating and long-lasting consequences for individuals. Adult sexual abuse survivors are similarly viewed as having significant negative consequences as a result of the victimization. The need to address sexual abuse in Indian Country is both important and difficult. Sexual abuse, as well as other forms of maltreatment, is known to disrupt the development of healthy attachments (Kendall-Tackett, Williams, & Finkelhor, 1993), alter brain functioning (Cook et al., 2005; Teicher, Anderson, & Polcari, 2012), and to interact with several related conditions common in Indian Country that cause physical, psychological, and spiritual injury. Other outcomes of sexual abuse in Indian Country, and in general, may include (but are not limited to) substance use, various forms of interpersonal violence, economic conditions such as unemployment and poverty, lifestyle instability (e.g., lack of adequate housing), deficits in educational achievement, and in the development of adaptive behaviors utilized to cope with the trauma (e.g., dissociation).

In a related study, Kendall-Tackett (2013) identifies that child victimization contributes to physical illnesses across the lifespan. She and other authors (Courtois & Ford, 2013; Ford & Courtois, 2013) discuss the impact on brain development and other cognitive systems from trauma, the role of altered attachment throughout the lifespan, assessment and treatment models,

and other intervention approaches that need to be considered. Wilcox (2012) further indicates that treatment of trauma requires organizational changes to first develop a therapeutic environment that is supportive of treatment to support trauma-informed care.

Specific outcomes that are related to trauma include sleep disturbance; substance abuse including smoking, obesity, and eating disorders; and chronic pain syndromes (Kendall-Tackett, 2013). Additional outcomes identified by the same author include suicide and high-risk sexual activity, revictimization, and impact on socio-economic status including poverty and homelessness. Related co-occurring mental health disturbances are identified to include depression and PTSD.

A general theme in reducing harm for past and future victims of sexual assault has emerged during this review and assessment of the research and literature on treatment for AI/AN adults and juveniles who commit sexual offenses. Sexual assault is a major criminal and juvenile justice system, law enforcement, and treatment concern. Effective assessment and treatment for AI/AN adults and juveniles who commit sexual offenses prevents future sexual victimization, so that an increasing number of AI/AN people and communities are protected from sexual violence.

Specifically in terms of the impact of childhood trauma, the Adverse Childhood Experiences (ACE) study identified a number of outcomes related to childhood abuse, neglect, and other traumatic stressors. These impacts included alcohol abuse, illicit drug use, depression, having multiple sex partners, and the risk for intimate partner violence, among others (Dube et al., 2003). In a related study, Kendler et al. (2000) studied the general impact of child sexual abuse on the rates of substance abuse in a large study of 1,411 female adult twins. Sexual abuse that included vaginal intercourse dramatically increased the occurrence of alcohol abuse and drug dependence. There were also significant effects for major depression, general anxiety disorder, panic disorder, and bulimia. While this is a single study and is in need of replication, it is the most comprehensive research data available. The results tentatively and preliminarily support a hypothesis that there is a high prevalence of sexual abuse in AI/AN families and communities. A related factor may be excessive alcohol consumption, which involves both increased risk of being sexual abused, and is a maladaptive method of coping with sexual abuse. In addition, the increased prevalence of co-occurring mental-health disorders may play a role as well.

Finally, in a study specific to the AI/AN population, Robin, Chester, Rasmussen, Jaranson, and Goldman (1997) reported that 49% of American Indian females and 14% of American Indian males from a Southwestern American Indian tribe reported a history of sexual abuse, and 78% of the sample reported intra-familial abuse. Further, a second study by Brave Heart and DeBruyn (1998) also documents a vicarious traumatization affect in American Indian children that involves developing trauma reactions by simply being exposed to or hearing about the experiences of their parents. This suggests that the environment in AI/AN communities can also transmit significant trauma to the individuals who reside there without contact offending actually taking place. However, more recent data on this phenomenon is not available and replication is needed for further comparison purposes.

Based on the need to address trauma, the emerging fields of complex trauma and trauma-informed treatment have recognized issues related to vicarious trauma experiences, physiological changes and neuro-development related to trauma, and the need for changes in program content

and treatment methods due to traumatic experiences. These interventions may be particularly important for AI/AN communities, as this population may be at high risk to experience trauma that negatively impacts them over the course of their lives. In addition to greater levels of intensity of trauma, AI/AN victims may have less access to treatment or intervention services based on data from the National Online Resource Center on Violence Against Women (Hamby, 2004). The source identifies several barriers to help seeking behaviors, resources for American Indians who experienced sexual victimization, and implications for prevention and intervention. It was concluded that there were many institutions and systems that perpetuate the problems of most American Indian communities and tribal members.

Prevalence of Sexual Victimization Among the AI/AN Population

Data on the prevalence of sexual victimization within AI/AN communities is very limited, and therefore, it is difficult to draw conclusions regarding this problem. Amnesty International (2007) has noted that there is no uniform, comprehensive data on the incidence of sexual assault in Indian Country. However, the Violence Against Women Survey completed in the mid-1990s concluded that one in three AI/AN women will be raped in their lifetime (Tjaden & Thoennes, 2006). However, the number of AI/AN women in the survey was small and caution is urged in drawing broad conclusions from such limited data.

Further, it is noted that tribal sex assault is also under-reported due to fear of breaches in confidentiality, fear of retaliation, and lack of confidence that a report will end in prosecution (Amnesty International, 2007). In addition, Amnesty International (2007) estimates that 60% of federal sexual assault cases are declined for prosecution. As a result, there are no reliable or specific statistics on sexual assaults in Indian Country due to these complications in reporting and prosecution. It is also not possible to identify other sources of data related to these statistics from tribal court or state prosecution. Additional efforts at substantiating these prevalence estimates are needed for developing future prevention and intervention programs in Indian Country.

Available data related to victimization surveys, as reported by Bachman, Zaykowski, Lanier, Poteyeva, and Kallmyer (2010), identify that AI/AN victims are more likely than Caucasian or African American victims to face armed sex offenders and require medical care for injuries sustained as a result of the attack. This limited data, which is in need of further verification, suggests that AI/AN victims may experience greater levels of Post-Traumatic Stress Disorder (PTSD) due to the intensity of their trauma experiences.

Attorney General Holder's National Task Force Report

The report from the Attorney General's National Task Force on Children Exposed to Violence (United States Department of Justice, 2012) is another source of information to consider as part of this introduction and overview of the problem. Increased trauma experiences and related symptom patterns among AI/AN victims are documented in this report. A summary of different definitions and the effects of trauma on children are further included. This report specifically summarizes the impacts of sexual abuse, physical abuse, intimate partner violence, and community violence on children throughout their life. The relationship between violence and hypervigilance, deviant sexual behavior, and related risk factors are detailed. Several outcomes from these adverse experiences were cited including repeated victimization, the risk for children

to engage in violence themselves, and disruptions of basic cognitive, emotional, and brain functioning that are needed for development of healthy attachments.

Literature and research regarding the trauma noted above requires consideration in determining appropriate assessment and treatment programs for AI/AN adults and juveniles who commit sexual offenses, as well as AI/AN youth with sexual behavioral problems. Various specific recommendations were made by the Task Force in regards to the AI/AN population. The findings and recommendations included:

- Appointing a federal task force or commission to examine needs of children in this population who are exposed to violence. This recommendation included addressing the needs of AI/AN children living outside of reservation areas.
- Incorporating evidence-based trauma-informed principles in all applicable federal agency grant requirements.
- Adapting evidence-based treatments for children exposed to violence and psychological trauma to the cultural beliefs and practices of the recipients and their communities.
- Children living in poverty are far more likely to be exposed to violence and psychological trauma, both at home and in the surrounding community. In many poor communities, particularly those that are isolated and the victims of historical trauma and racism as well as poverty, violence has become the norm for children growing up.

Methodology

Multiple strategies were designed and implemented to identify the limited evidence-based and best practice resources for application with AI/AN adults and juveniles who sexually offend. These efforts focused on assessment and treatment that is currently being conducted, outcome information or data that may exist, and research efforts that have been completed or are in progress.

Several efforts were made to search for existing research studies or other information related to assessment and treatment of AI/AN adults and juveniles who sexually offend. These efforts included searching the American Psychological Association, the National Criminal Justice Reference Service, and the Social Science Research Network electronic databases; contacting the Indian Health Service National Institutional Review Board (IHS NIRB); seeking information through the Federal Public Defender system, and Tribal Court systems; and contacting state officials in states with the highest population or percentage of population of AI/AN people. Six states were chosen: Alaska, Arizona, California, New Mexico, Oklahoma, and South Dakota. In addition, state officials from Minnesota were included in this effort due to their availability.

Additional efforts were made to identify individual programs or providers who were evaluating and treating adults or juveniles who have sexually offended. Project staff for the Native American Sex Offender Management (NASOM) initiative funded by the Office of Sex Offender Sentencing, Monitoring, Apprehending, Researching, and Tracking (SMART) within the Office of Justice Programs in the Department of Justice, of which this literature review is a component, prepared a survey for tribal professionals that was completed during various training conferences. Surveys were also emailed to a large number of people through a contact list provided by the Indian Country Child Trauma Center (ICCTC) at the University of Oklahoma.

Other sources were contacted in the search for specific research or outcome data regarding the treatment of AI/AN adults or juveniles who have sexually offended. The IHS NIRB noted that there was no research of which they were aware being conducted in the IHS on the topic of assessment or treatment for AI/AN adults or juveniles who have sexually offended. In addition, no information was provided by anyone in the Federal Public Defender system. It should be noted this system does contract with various individuals for psycho-sexual evaluations on clients they defend. Finally, the Tribal Court systems were difficult to access due to a lack of entities within these systems that coordinated or shared information.

Tribal programs do not routinely appear to include sex offender assessment or treatment services, based on information from various individuals who responded to the surveys noted above. Individual offenders may receive various tribal services in other areas of need. No one prevailing reason was noted for this lack of service provision but various options include funding limitations, viewing this type of treatment as being provided by the United States Probation and Pretrial Services Office (USPPSO), difficulties in securing staff training to complete these services, and on occasion, concerns about accepting sex offenders back into their community. Non-acceptance was not exclusively focused on the fact that individuals had offended sexually and may have included other areas of concern both in regard to the offender and additional circumstances. For example, a returning sexual offender may be rejected by the tribal community or subjected to an adverse response including banishment.

Contact with USPPSO identified that the major services being provided to AI/AN adult sexual offenders is through their offices across the United States under contract with local providers of sex offender services. In addition, the United States Bureau of Prisons (BOP) provides sex offender treatment at nine locations in the United States. BOP programs address three areas of criminal behavior: child pornography/child abuse images, transportation for illegal sexual activity, and sexual abuse crimes that occur on federal lands or in areas under federal jurisdiction, which includes reservations and other areas where AIs/ANs reside as part of federally recognized tribes.

The BOP programs provide two levels of sex offender treatment at the nine facilities for incarcerated individuals throughout the United States. The first level of service is a high-intensity program designed for male offenders who are high risk, which includes residential sex offender treatment for a period of 12 to 18 months at locations in Illinois and Massachusetts. Non-residential sex offender treatment requiring 9 to 12 months for completion is also provided as a moderate intensity program for low to moderate risk offenders. These programs are available at seven locations for males and at one location for females. Both programs are voluntary for inmates and these volunteers are usually placed in these programs during the last 36 months of their sentence (Federal Bureau of Prisons, 2014a, pages 16 & 17).

The BOP also maintains a residential reentry contracting system for inmates to utilize in returning to community settings. Their national contact list changes frequently as programs are added or deleted. Nearly 200 programs were included on this list when it was reviewed recently (Federal Bureau of Prisons, 2014b). These programs are listed throughout the United States and they seem to be frequently used by personnel through the USPPSO as part of reentry services.

Existing Programs, Data, and Research

This section will address five specific areas: reviewing an existing treatment model for AI/AN youth with sexual behavior problems, the near complete lack of research on AI/AN adults and juveniles who sexually offend, results from recent research comparing trauma experiences and symptoms reported by American Indian and Caucasian sex offenders, limited outcome data from the United States Probation and Pretrial Services Office (USPPSO) regarding treatment outcomes for this population, and further information from the United States Bureau of Prisons (BOP) programs.

Treatment and Training involving AI/AN Youth with Sexual Behavior Problems

One example of a treatment model that has made cultural adaptations for Native Americans has been developed by the Indian Country Child Trauma Center (ICCTC) at the University of Oklahoma Health Sciences Center.¹ ICCTC has been engaged in program development, training, and treatment of AI/AN youth with sexual behavior problems and other areas of dysfunction (additional information available at www.icctc.org). This treatment model has adapted four trauma-related treatment protocols for the Honoring Children program with specific topic areas: Mending the Circle, Respectful Ways, Making Relatives, and Honoring the Future. In addition, one other program, Project Making Medicine (PMM), was reviewed.

These resources offer an example for the delivery of services to AI/AN youth with sexual behavior problems. The theoretical formations are based on cultural adaptations of Trauma Focused Cognitive Behavioral Therapy and Parent Child Interaction Therapy; and a revision of the American Indian Life Skills Development Curriculum (AILSDC) developed by LaFromboise and Howard-Pitney (1995). The PMM program specifically focuses on prevention of child abuse. A summary of the four trauma-related treatment protocols is listed below along with a description of PMM.

Honoring Children, Mending the Circle (HCMC) is a cultural adaptation of Trauma Focused Cognitive Behavioral Therapy. HCMC is the clinical application of the healing process in a traditional framework that supports the belief of AI/AN culture of spiritual renewal leading to healing and recovery. Training involves a four-day intensive session, follow-up weekly case consultation, web-based training and resources.

Honoring Children, Respectful Ways (HCRW) is a cultural adaptation of Treatment for Children with Sexual Behavior Problems. This model was developed for AI/AN children with sexual behavior problems and is designed to honor children and promote their self-respect as well as respect for others, for their elders, and for all living things.

Honoring Children, Making Relatives (HCMR) is a cultural adaptation of Parent Child Interaction Therapy (PCIT). ICCTC has incorporated AI/AN teachings,

¹ Other examples of such programs can be found in the NASOM Inquiry Report, which can be found at www.ncjtc.org/SORNA.

practices, rituals, traditions, and cultural orientation into PCIT while maintaining the guiding principles and theory of this specialized treatment in HCMR.

Honoring Children, Honoring the Future (HCHF) is a revision of the American Indian Life Skills Development Curriculum (AILSDC). The AILSDC, developed by LaFromboise and Howard-Pitney (1995), utilizes risk and protective factors specific to AI/AN youth to inform the development of prevention strategies, provides details of how culture-specific factors are related to an increased risk of suicidal behavior, and contains material for work with students at risk for suicidal behaviors as well as students in general. Revisions from high school to middle school age students have been made.

Project Making Medicine (PMM) is a national training program for mental health professionals from tribal and Indian Health Service (IHS) agencies in the prevention and treatment of child abuse. PMM is funded by a grant from the Office of Child Abuse and Neglect in IHS and is directed by Dolores Subia Bigfoot, Ph.D. The trainings are held at the University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma. A "training the trainer" model is used with participants implementing the model at their agencies after the training is completed. The trainings began during 1994 and focuses on training professionals working with Native American children on reservations around the country. These professionals are employees of the Indian Health Service, a tribal youth program, an urban or a Youth Residential Treatment Center or an Alaska Native organization serving American Indian/Alaska Native children who are victims of child physical or sexual abuse. They are licensed clinicians or a member of the treatment team that includes a licensed clinician. Exceptions are made for Alaska Native village providers serving children.

Additional demographic and outcome information related to this program was unavailable at the time of this report. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) recently released a grant solicitation for a tribal jurisdiction willing to implement HCRW with an evaluation component to study the program's effectiveness. The results of this grant should be available in the next several years.

Research on AI/AN Adults and Juveniles who Sexually Offend

Information gained from the database searches yielded very few citations related to assessment and treatment of AI/AN adults and juveniles who have sexually offended, and no information regarding formal data or outcome measures. The available literature covers a wide variety of areas related to AI/AN sexual offending, and there is little cohesiveness in terms of the results and the policy implications. However, in order to identify the information to date, a summary of these articles will be provided in this section. One article by Lewis (2001) identified a need to address treatment of AI/AN sexual offenders within a wide array of social problems that included poverty, unemployment, alcoholism, and oppressive and assimilative governmental policies that resulted in negative effects. Lewis identified two phases in the study. The first phase was to compare AI/AN, African-American, and Caucasian offenders on characteristics deemed

relevant to successful completion of treatment and demographic characteristics using Bureau of Justice statistics. The second phase involved a sample of 75 treatment providers regarding their observations of AI/AN sex offenders.

Lewis (2001) concluded that sex offenses were over-represented among the AI/AN federal inmate population. This population is also more likely to have been under the influence of alcohol when committing an offense. Similar numbers of Caucasian and AI/AN offenders reported having been physically or sexually abused, but greater percentages of AI/AN sex offenders had child and familial victims. The AI/AN offenders also showed a greater incidence of depressive disorders and substance use problems. It was concluded that concurrent substance use treatment is required for the AI/AN sex offender population along with relevant culturally based treatment. However, this study was limited in scope and needs further replication.

In terms of the characteristics of AI/AN sex offenders, a report by Studer, Reddon, and Siminoski (1997), found that North American Indian sex offenders presented significantly higher levels of serum testosterone than Caucasian offenders. However, no discussion was completed in this study regarding the application of this data to treatment or assessment, and therefore, the implications and scope of the characteristic is unknown at this time.

In terms of the cultural context for AI/AN sex offenders, Brant (1993) highlighted concerns that derivatives of Native American cultural heritage could result in misperceived errors in diagnosis, formulation, and treatment. Social and cultural aspects of community roles, rules, and expectations were presented to facilitate improved understanding of American Indian offenders and their behavior in assessment situations.

In addition, two book chapters regarding program development, assessment, and treatment of AI/AN sex offenders have also been published by the author of this assessment of research on treatment and reentry services (Ertz, 1998, 2011). This information proposes that each American Indian sex offender be viewed from an ethnic rather than a social or racial perspective, and suggests there is a need to consider identification issues for both offenders and their families, and understand the context of historical and personal trauma in assessment and treatment.

Program development was suggested to involve several considerations. These areas included a historical perspective of tribal life and considering how institutions, such as boarding schools, resulted in cultural destruction and loss of tribal perspective as a lifestyle. Boundaries from traditional culture were often lost and replaced with acting out behaviors supported by substance use and ineffective coping. Concerns regarding the ability to continue programs that offered services were further noted, which included funding, sustaining treatment providers in tribal communities, and the need to maintain support options for both offenders and providers.

Assessment needs were suggested to include consideration of an offender's identity and how various areas that are important in offender treatment are conceptualized, including aggression, communication, value differences, and the role of shame. Specific cognitive-behavioral techniques were suggested for treatment along with considering victim issues with which offenders present, substance use problems, impulse control needs, and the potential for comorbid

affective disorders. One focus in this process was to integrate an understanding of cultural issues into the assessment and treatment process.

Another publication related to this topic was completed by the same author (Ertz, 2000). This publication involved a monograph covering the topic of sexual offenders who were victimized themselves. The goal of this publication was to increase knowledge and understanding of the impact sexual abuse, physical abuse, and neglect could have on placing American Indian victims at risk to sexually offend. Abuse victims were identified as having increased risk to commit crimes as adults, an increased risk to be arrested for prostitution, and having a pattern of developing ineffective or maladaptive coping techniques. It was noted that most abuse victims did not become sexual offenders. The greatest need was identified as addressing the issues of sexual offending and victimization by having professionals at the local level who are able to provide assessment and treatment for both the sexual offender and their victims.

In a recent unpublished study regarding trauma experiences and Post-Traumatic Stress Disorder (PTSD) symptoms, Regina S. Ertz (2014) studied compared a sample of American Indian and Caucasian adult sex offenders who were participating in sex offender specific treatment. One of the purposes for this study was to begin gaining preliminary information regarding the appropriateness of utilizing current sexual specific treatment for American Indian sex offenders based on research primarily completed with Caucasian sex offenders. There were 54 Caucasian and 31 American Indian sex offenders (N=84) in this study who completed five survey instruments.²

The results indicated:

- There were no significant differences between American Indian and Caucasian sex offenders on the reported number of trauma experiences, and the endorsed PTSD symptoms.
- American Indian sex offenders were found to have significantly more adverse childhood experiences (ACEs) than Caucasian sex offenders.
- Contact sex offenders in the total sample displayed significantly more dissociative experiences than non-contact sex offenders.
- American Indian sex offenders reported a prevalence rate of 45.2% for being sexually abused as a child, compared to the 27.8% among Caucasian. By way of further comparison, recall that the rate of lifetime sexual victimization for AI/AN adult females was 33%.
- The rate of PTSD for American Indian subjects in the study was 41.9%, and the rate for Caucasian sex offenders was 40.7%. This data suggests that there may be a significant prevalence level of trauma experiences within the adult sex offenders in the United States, as compared to the 8% rate in the general population.
- This study concluded that sex offender treatment methods, including trauma-informed care, validated on Caucasian or general populations may not be contraindicated for

² Trauma History Screen (THS), Posttraumatic Checklist - Specific Version (PCL-S), Posttraumatic Cognitions Inventory (PTCI), Dissociative Experiences Scale-II (DES-II), and the Adverse Childhood Experiences survey (ACEs).

American Indian offenders due to lack of differences in the number of self-reported traumas experiences or trauma symptoms between these groups.

While a good initial review, additional research is needed to draw more definitive conclusions on the nature of AI/AN sex offenders and their treatment needs.

Multiple other studies have explored the trauma histories of Caucasian sex offenders. Levenson, Willis and Prescott (2014) presented data using the previously mentioned ACE scale indicating that an incarcerated male sex offender was three times as likely to be sexually abused, twice as likely to be physically abused, more than four times as likely to be emotionally abused and come from a broken home, and 13 times more likely to be verbally abused as compared to males in the general population.

Subjects in this study were 67% Caucasian and 32% minorities in a total sample of 679 male sex offenders from civil commitment and outpatient programs across the United States. No specific identification was made regarding which minorities were included so it is uncertain how many subjects were AI/AN. When these findings are compared with the data noted above, it indicates that American Indian adult sex offenders may be likely to have even greater levels of adverse experiences during childhood as compared to Caucasian offenders.

In a related article, Reavis et al. (2013) suggested that treatment programs should include a greater emphasis on the role of early trauma, self-regulation and attachment to help improve offense-specific models of sex offender treatment. The authors noted that higher ACE scores were significantly correlated with indicators of sexual deviancy and anti-sociality.

Seto (2013, p. 283) has defined anti-sociality as a broad constellation of traits associated with ongoing antisocial and criminal behavior. These areas include antisocial attitudes and beliefs, antisocial personality traits such as impulsivity and callousness, and cognitive views of the world as selfish and hostile. Levenson (2013) has suggested that early trauma experiences support the development of maladaptive coping and interpersonal deficits that can lead to abusive behavior. She further suggests that trauma-informed practice incorporated into existing models of evidence-based sex offender treatment can assist in mitigating the potential to reoffend.

Additional research related to understanding the pathways from childhood victimization to the development of violent behavior for purposes of sex offender evaluation and treatment is also significant. For example, gender differences have also been found when considering the role of early aggression and problematic use of alcohol. Widom, Schuck, and White (2006), found that maltreatment as a child for males had direct and indirect pathways for violence through aggressive behavior and problematic alcohol use. They further found that problematic alcohol use mediates the relationship between childhood and victimization and violence for females, and that early aggression leads to alcohol problems that lead to violence for females. This example is provided to highlight the complex relationships and interactions between abuse and becoming abusive (e.g., substance use) that often need to be considered for specific individuals.

Sexual offenders who do not engage in any other type of criminal behavior may also appear to have different reactions to adverse childhood experiences in terms of attachment styles, as

compared to sex offenders who have also engaged in non-sexual criminal behavior. Mitchell and Beech (2011) considered potential disturbances in neurobiological and neurochemical processes at an early age and the relationship to problematic attachment styles in later life. They discussed how a generalist offender, or offender who engages in multiple forms of criminal behavior including sexual offending, would be expected to display attachment behavior that is driven by different brain structures than a specialist offender who presents with a diagnosis of pedophilia (sexual attraction to children).

The specialist offender, or sexual offender who does not have a history of other general types of criminal offending, was conceptualized as displaying emotional deficits characterized by an inability to recognize fear in others and difficulties with adverse conditioning and who is likely to display sexual behavior reflecting promiscuity and indifference to the age and attractiveness of potential sex partners. An offender who presents with a diagnosis of pedophilia was conceptualized to likely display social behaviors consistent with social phobia and inhibition that prevents them from being intimate with age-appropriate adults, and who are then drawn to children who are viewed as less likely to reject them. These are vastly different examples of sexual offending that reinforce the need to view each sexual offender individually for evaluation purposes and to ensure that treatment plans focus on what is relevant for each offender.

In conclusion, adverse childhood experiences appear to be a significant factor in the development of criminal behavior, including sexual offending, and some preliminary data suggests this may be a factor for AI/AN adults and juveniles who sexually offend. However, additional research is needed to draw more definitive conclusions.

United States Probation and Pretrial Services Office (USPPSO) Outcome Data

A recurring theme present regarding current provision of sex offender assessment, treatment, and reentry in AI/AN communities is typically done through the work of USPPSO. It is important to note that most felony sex offenses prosecuted in Indian Country are under the jurisdiction of the United States Attorney's Office, and therefore, most AI/ANs adults and juveniles who commit sexual offenses are under the jurisdiction of USPPSO upon sentencing to community supervision. One specific source of data regarding American Indian sex offenders for this review was identified through the USPPSO in South Dakota. This Office has been gathering and reviewing re-offense data for American Indian sex offenders since 2012.

The USPPSO has also developed a general (i.e., not designed specifically to predict risk for sexual recidivism for sexual offenders) risk assessment method referred to as Post Conviction Risk Assessment (PCRA). This is an 80-item questionnaire that is completed by offenders answering each questions on a continuum from 1 - disagree, 2 - uncertain, 3 - agree, or 4 - strongly agree. USPPSO personnel supervising AI/AN adult sex, and other felony, offenders regardless of ethnicity completed this assessment by collecting and scoring this information during the initial stages of community supervision.

One static area included on the PRCA involves a history of antisocial behavior. The remaining questions include a number of dynamic factors in the areas of antisocial attitudes, problem-solving skills, anger control, coping skills, prosocial modeling, rehearsing prosocial behaviors, job readiness, job retention, vocational skills and job placement, reducing antisocial peer contact,

substance abuse treatment, and relapse prevention. Many of these risk factors are also contained in sex offender risk assessment instruments to predict sexual recidivism, and these factors are also consistent with the definition of anti-sociality as noted above, and reflect the need to continue the focus on criminal behavior in assessment and treatment planning.

PCRA data is an important contribution to risk assessment as this instrument provides a measure of criminality that has been missing in the past. Three risk factors are included: antisocial behavior, antisocial cognitions, and antisocial associations. The ability for treatment providers to coordinate risk assessment through the USPPSO using this instrument advances public safety and is a great contribution to treatment planning. This instrument was developed through a review of the existing records maintained by the USPPSO on past sex offenders they supervised. It is empirically-based as a result and PCRA outcome data supports the continued and expanded use of this instrument. Officers completing this risk assessment system complete a certification program before initiating these efforts.

A strong relationship was identified between the number of new charges for a sample of 139 sex offenders, 91% of who were American Indian and the risk level estimated through their PCRA scores. It is also noteworthy that a higher percentage of sex offender cases (48%) were closed by revocation of supervision, as compared to non-sex offender cases (30%), from Fiscal Year 2012 to March of 2014. Nearly the same percentage of sex offenders and non-sex offenders had new criminal charges over the same time period. A total of three sex offenders were charged with new sex offenses yielding a sexual recidivism rate of 2% for sex offenders in treatment. Finally, higher PCRA scores predicted greater risk for new offenses.

New offenses other than sexual re-offending were also charted across seven types of offending behaviors. These behaviors and the number of offenders who displayed related criminal behavior were as follows: public order - 37, traffic - 34, violence - 25, obstruction/escape - 13, failure to register - 12, drugs - 11, and financial - 4.

Additional information was gained by contacting the USPPSO personnel in various locations. They uniformly reported a pattern of contracting for provision of assessment and treatment services through local providers. These services included various types of sex offender assessment and treatment, chemical dependency assessment and treatment, and additional types of mental health intervention. Finally, it was also noted that the services are being reevaluated and restructured in an effort to make them more efficient and to increase the focus on public safety.

Data from Bureau of Prisons (BOP) Treatment Programs

Limited information was gained from programs managed by the BOP. Anecdotal reports indicate that BOP provides services to AI/AN inmates. Cultural components have been included in these treatment efforts by utilizing individuals from native communities in various locations. In addition, some BOP staff, including those who are AI/AN, have also incorporated cultural components into treatment.

A request was generated to BOP to determine the number of inmates who volunteer for these programs, as well as if information is available regarding the number of AI/AN who have been

treated, and any outcome data that is available. Information was not received by publication of this report.

Reentry Services

Reentry programs in Indian Country were difficult to locate or identify. Halfway house placement and similar options are utilized by the USPPSO, as available in various geographic regions. Many of these programs appear to be available through contracts with the BOP, but are usually located outside of a reservation in a nearby population center. These centers appear to be managed by nonprofit agencies or a public agency such as a county jail. The general trend appears to be to provide housing and supervision for offenders under contract with USPPSO personnel, and provide additional services to individual offenders for transition into community supervision.

The reentry program activities offered in the residential facility to adults or juveniles who have sexually offended appear to vary in nature. It seems likely that reentry services have not been sufficiently developed to be considered a separate program except in the reentry programs managed through the BOP. Information was available online to indicate that there are several contracting agencies under the BOP who provide reentry services; however, additional information about these programs was not readily available. In addition, these services have not been described or researched in the literature.

Treatment for AI/AN Sexual Offenders

Limited literature was identified above to indicate that the unique treatment needs of AI/AN adults and juveniles who have sexually offended may be appropriately addressed by utilizing standard approaches to sex offender treatment. However, further research support for utilizing these treatment methods is required before these approaches can be considered evidence-based for AI/AN populations. The standard approaches to adult sex offender treatment are usually organized around six topic areas and these areas are presented below for reference purposes.

- Understanding risk and the consequences of offending behavior by reprocessing past offending patterns or cycles.
- Fantasy-reconditioning activities including aversion therapy, covert sensitization, and arousal control techniques.
- Recognizing thinking errors and developing methods to utilize corrective thinking which is referred to as cognitive restructuring.
- Developing appropriate ways to express anger, as inappropriate anger expression is often related to nonsexual recidivism, and improving overall emotional management or the ability to identify and modulate dysregulation.
- Learning and mastering the ability to display appropriate social skills, which include: empathy enhancement, interpersonal skill training, and gaining family and other social support necessary to function adequately in the community.
- Discussions regarding sexual deviancy including understanding legal, moral, community, and personal sexual standards.

Sex offender treatment as represented in these areas is based on norms and customs primarily from Western culture. This approach focuses on a Risk-Need-Responsivity (RNR) methodology

designed to first assess the risk of re-offense for the individual, determine their level of need for treatment based on various characteristics related to reoffending, and consider how they are likely to respond or how they are responding to treatment. Risk factors are based upon previous behavior of the individual utilizing actuarial procedures (e.g., Static-99R, VASOR-2, etc.), and on criminality factors in the case of the PCRA instrument designed by USPPSO. Finally, treatment now also routinely includes focus on the development of protective factors to reduce the likelihood of further sexual offending. The use of these techniques have been established for Caucasian offenders in the United States, Canada, and a number of other countries, but relatively little support has been established for the appropriateness of the RNR approach to sex offender treatment within the research for AI/AN adults or juveniles who have committed sexual offenses.

The theme of the impact of various forms of trauma on AI/AN adults and juveniles who have sexually offended has repeatedly emerged from the existing research, minimal though it is, and other information reported for this literature review. Little information exists in the literature regarding the role of trauma assessment and interventions in the treatment of this population, and this is an issue requiring further attention and study. It is known that sexual offenders, in general, have increased risks to re-victimize others and to be re-victimized (Ogloff, Cutajar, Mann, & Mullen, 2012).

Other areas that need further consideration include: the role of tribal perspectives in assessment and treatment of AI/AN offenders; coordination of services between treatment providers, parole or probation personnel, and law enforcement officers; and methods to support the sustainability of treatment in tribal communities.

In order for treatment to be successful, the person being treated must have the ability to attach to a treatment provider, connect to the content of the treatment, and receive the support of individuals in their life. The emergence of literature in the area of trauma indicates that traumatized individuals do not form secure attachments, or that the secure attachments they have formed are significantly disrupted. This pattern is also hypothesized to have impacts on the developing brain for children and adolescents, and to reverse healthy developmental patterns in adults. The issue of trauma requires further consideration to ensure that AI/AN adults and juveniles who have sexually offended are able to emotionally accommodate the treatment being provided to them. This concept is further related to environmental or milieu constructs, and is now labeled trauma-informed care.

Services for co-morbid conditions that sex offenders experience may be provided through tribal programs and agencies. This includes mental health and physical health services through the Indian Health Service (IHS) and various tribal programs at the local level. Adults and juveniles who have sexually offended have access to educational opportunities and chemical dependency treatment through local community based programs involving various entities. While these services may be coordinated on occasion, it seems that most of these services are usually accessed by the individuals seeking the services rather than through a coordinated case management plan.

Summary, Conclusions, and Recommendations

In summary, this literature review produced few citations regarding research on the treatment of AI/AN adults and juveniles who have sexually offended. The available data indicates that AI/AN individuals may be over-represented in the federal population of sexual offenders, but that the treatment generally provided is unlikely to be adjusted or adapted based on their ethnic or cultural backgrounds. Furthermore, most of the treatment provided is through treatment providers under contract with the USPPSO. This agency also contracts for psychosexual evaluations and utilizes various forms of reentry services. In addition, they issue and monitor contracts for chemical dependency and other mental-health services.

Tribal entities or communities do not generally appear to be engaged in providing services to sex offenders other than to help supplement efforts by USPPSO. Several reasons may support this practice including lack of funding, feeling that this is an area to be managed by USPPSO, inability to identify or maintain trained staff to provide the services, and unwillingness to accept offenders in the community for various reasons.

At this point there are still many unknowns regarding AI/AN adults and juveniles who commit sexual offenses. This paper may be considered a start in terms of the available information to date. More research is needed to confirm available information and anecdotal experiences. In the meantime, the Native American Sex Offender Management (NASOM) project staff will continue to seek out and collect additional information regarding this population, and requests such available information to be forwarded to them.

The current gaps in the literature include:

- The lack of available information on the prevalence of sexual offending by and against AI/ANs
- The lack of validated risk assessment measures for use with AI/AN adults and juveniles who commit sexual offenses
- The lack of formalized outcome studies related to the treatment of AI/AN adults and juveniles who commit sexual offenses

The above-noted limitations now withstanding, evidence in the literature review identifies a need to continue to study trauma experiences and symptom patterns as part of developing, implementing, and researching a comprehensive treatment model for AI/AN adults and juveniles who have sexually offended. This model may also include standard sex offender assessment and treatment procedures, specific activities focused on criminogenic factors, and include mechanisms to support building attachment skills in offenders that assist them to make prosocial changes. However, additional research is needed to support this approach.

Guidance in developing this model can be taken from several sources including the ICCTC's efforts in developing intervention strategies for youth with sexual behavior problems, existing assessment and treatment strategies for treating adults and juveniles who have sexually offended, and feedback provided by the various treatment providers who are engaged in treating sex offenders for their sexual offenses and other co-morbid conditions. These efforts should also gain information from the offender's tribal perspective as it applies to prosocial constructs and developing related behaviors.

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This model for study is recommended to include expanded psycho-sexual assessments that include measures of trauma and attachment. Treatment areas may also need to be expanded so that all risk factors can be addressed effectively during treatment including gaining a cultural perspective from the offender's native heritage; training for individuals implementing the model from the perspective of law enforcement, probation and parole, and treatment providers; and data collection/research to modify and enhance the effectiveness of the model.

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Appendix A

Review of the Literature on Aboriginal Sex Offenders of Canada, New Zealand, and Australia By Christopher Lobanov-Rostovsky, Consultant National Criminal Justice Training Center at Fox Valley Technical College

Introduction

There are a number of countries around the world, including the United States (U.S.), Canada, New Zealand, and Australia, within which there is an aboriginal or indigenous population that was subject to western colonization. More specifically, in the U.S., American Indians and Alaska Natives (AI/AN) are such an indigenous population. Given the often ambiguous legal status of this population within the U.S., there is often a lack of information related to the impact of various social and criminal justice problems. In particular, very little is known to date about the problem of sexual violence and those who perpetrate such violence within AI/AN communities. As a result, it may be useful to review the research and literature on sexual offending and indigenous or aboriginal offenders from Canada, New Zealand, and Australia. While the applicability and generalizability of this information to the AI/AN population is speculative, it may provide a place to begin in terms of considering potential programming and areas for further research and study.

In terms of all criminal offenders, including sexual offenders, aboriginal people tend to be over-represented in the criminal justice system. In addition, findings on risk and needs assessment tools tend to demonstrate that aboriginal offenders have a higher level of risk and need than non-aboriginal offenders, are more likely to have committed violent crimes, are younger, have lower education levels, are less likely to be employed, are more likely to have a substance abuse problem, and are more likely to have a history of juvenile criminal behavior. Historically it has been found that the western-style criminal justice system does not adequately address aboriginal criminal offenders, leading to poor rehabilitation and high recidivism rates. It has been noted in the literature that many of the problems associated with aboriginal populations in the criminal justice system may be related to their cultural and social status, and the result of systemic discrimination (Hughes, 2013). Based on the above, Hughes (2013) recommends that rehabilitation for aboriginal criminal offenders be cultural-specific, inclusive of cultural forms of punishment, and address as a component the dynamics of substance abuse and violence/anger. Specific to sex offenders, the literature notes that the problems associated with aboriginal criminal offending may be applicable to sexual offenders as well. Therefore, the risk and need issues identified for aboriginal general criminal offenders may also hold true for sexual offenders.

Organization of the Paper

This paper provides a review of the literature related to aboriginal sexual offenders in Canada, New Zealand, and Australia. The review includes a description of recent research and literature undertaken for each population, the limitations of that research, a summary of the key research findings, and recommendations for future research and policy directions.

Review Method

Searches for research and additional sources were performed using several key abstract databases, including the National Criminal Justice Reference Service (NCJRS) and the Social Science Research Network (SSRN). Key phrases such as aboriginal sex offender, indigenous sex offender, Canadian aboriginal sex offender, New Zealand aboriginal sex offender, and Australia aboriginal sex offender were used to locate research. Finally, several subject matter experts in the area of aboriginal sexual offenders were contacted to obtain insight concerning research sources and the interpretation of findings. The studies reviewed were of a diverse nature and include those from a variety of different sources, including those published in a journal or book, or described in reports or documents issued by private organizations, individuals, or government agencies.

The Native American Sex Offender Management (NASOM) project consists of the following components:

- An inventory of existing sex offender management and treatment programs for Native Americans
- A comprehensive literature review
- A national forum of tribal stakeholders to make recommendations for future funding, policy, and practice initiatives
- A series of case studies on tribal sex offender management, treatment, and reentry program implementation
- Development of written materials for a SMART Forum report, newsletters, and conferences

As part of the development of the literature review, program inventory, and other written materials, a group of tribal subject matter experts provided a peer-review of all of the documents during the National Forum. This feedback has been incorporated into the final version of this report.

Summary of Research and Literature Findings

Aboriginal Sexual Offenders of Canada

In terms of aboriginal adult sexual offenders in Canada, it was found that both aboriginal criminal offenders and sexual offenders are over-represented in correctional facilities (Nahanee, 1996) and on criminal justice community supervision caseloads (Williams, Vallee, & Staubi, 1997). Thus, the convergence of sexual offending perpetrated by aboriginals provides a specific focal point for the Correctional Services of Canada (CSC). The aboriginal sexual offender

population has been described as typically being younger than non-aboriginal sexual offenders (Helmus, Babschishin, & Blais, 2012; Nahanee, 1996; Rastin & Johnson, 2002), having a disadvantaged background, lower education level, significant alcohol problems, employment limitations, often perpetrating violent crime, and having a higher supervision revocation and recidivism rate (Ellerby, 1994; Ellerby & MacPherson, 2002; Nahanee, 1996; Olver & Wong, 2006; Rastin & Johnson, 2002; Williams, Vallee, & Staubi, 1997; Wilson & Gutierrez, 2014). In addition, this population has been characterized as being more likely to have an abandonment history, be raised by an extended family member, have a history of maltreatment, lack in personal identity (Ellerby, 1994; Ellerby & MacPherson, 2002), have a lack of awareness and experience of traditional culture (Ellerby & MacPherson, 2002), and a family history of suicide and murder, substance abuse, criminal history, domestic violence and sexual boundary violations (Ellerby & MacPherson, 2002).

In terms of sexual offending behavior, aboriginal offenders are more likely to perpetrate rape than child sexual assault/incest, more likely to abuse a female (Ellerby & MacPherson, 2002; Helmus, Babchishen, & Blais, 2012; Nahanee, 1996; Rastin & Johnson, 2002), less likely to abuse a pre-adolescent, more likely to abuse an aboriginal victim (Ellerby & MacPherson, 2002; Nahanee, 1996), more likely to be abused in a non-familial position of trust (Ellerby & MacPherson, 2002) by a non-stranger (Nahanee, 1996), more likely to abuse a victim who has consumed drugs and alcohol, more likely to physically assault the victim, and less likely to have deviant sexual interests and other paraphilias (Ellerby & MacPherson, 2002).

In terms of aboriginal juveniles in Canada who commit sexual offenses, they were found to be more likely than non-aboriginals to have fetal alcohol spectrum disorders, substance abuse, childhood victimization, academic difficulties, environment instability, and to recidivate sexually, violently, and generally (Rojas & Gretton, 2007).

It is against this backdrop that the CSC, the Canadian federal agency responsible for administering court sentences of more than two years in length for institutions and community supervision, first attempted to identify specific risk and need assessments, as well as intervention strategies, to address sexual offending by aboriginal people in Canada. The CSC first modified its programming to address the unique needs of aboriginals some 22 years ago (Trevethan, Moore, & Naqitarvik, 2004), and has continued to make this a focus of attention since that time. However, the benefits of aboriginal specific programming have been mixed to date, and the CSC continues to study this issue and make adjustments to policy.

In terms of risk assessment for Canadian aboriginal adult sexual offenders, the CSC has determined that the agency should not use standardized risk assessment tools due to concerns for their lack of validity and cultural relevance for aboriginals, despite acknowledging that other countries do use such instruments with their aboriginal populations (Harris, Cousineau, Pagé, Sonnichsen, & Varrette, 2011). Despite this position, research has suggested that of the central eight risk factors for criminal offenders, the big four (i.e., antisocial behavior, attitudes, peers and

personality), are applicable to aboriginal offenders, and do have predictive validity for this population (Gutierrez, Wilson, Rugge, & Bonta, 2013; Hughes, 2013; Rugge, 2006, as cited in Harris et al., 2011; Wilson & Gutierrez, 2014). On the other hand, three of the other four standardly accepted risk items focused on school/work, family/marital, and leisure/recreation were not found to be predictive with general criminal aboriginal offenders (Rugge, 2006, as cited in Harris et al., 2011). Finally, it has been found that the combination of static and dynamic (i.e., antisocial peers and attitudes, and substance abuse) risk factors appear to be predictive for aboriginal offenders (Harris et al., 2011).

In terms of specific risk assessment instruments, the Level of Service Inventory (LSI) has been found to predict recidivism for general aboriginal adult and juvenile criminal non-sexual offenders, both in Canada as well as with AI/ANs in the U.S. (Harris et al., 2011), and general recidivism for Canadian aboriginal sex offenders (Wormith, Hogg, & Guzzo, 2012). More specifically for sexual offender specific risk tools, there was also support for the use of both the Static-99 and Static-99R with aboriginal sexual offenders in Canada (Babchishen, Blais, & Helmus, 2012; Harris et al., 2011; Wilson & Gutierrez, 2014). However, it should be noted that aboriginal sex offenders tended to score higher on general criminal items and lower on sexual deviance items (Babchishen, Blais, & Helmus, 2012). Several other sex offenses specific risk assessment tools (VRAG and SVR 20) did predict recidivism for aboriginal sexual offenders, however, the Static-2002R (Babchishen, Blais, & Helmus, 2012) and the Stable 2007 (Helmus, Babchishen, & Blais, 2012) did not.

For aboriginal juveniles who commit sexual offenses, the LSI was found to be an effective tool in predicting recidivism for this population but other instruments (SAVRY and PCL:YV) were not as effective (Olver, Stockdale, & Wormith, 2009).

In terms of alternative forms of risk assessment for aboriginals who commit sexual offenses given the questionable validity of the available instruments, it should also be noted that clinical judgment does not improve predictive accuracy for aboriginal offenders, as practitioners also tend to assess aboriginals as being at higher risk. Therefore, it has been recommended that aboriginal offenders be subject to available risk assessment instruments but ensuring that cultural factors are accounted for in the process (Harris et al., 2011).

A central framework for delivering correctional services in Canada is the Risk, Need, Responsivity (RNR) principles. RNR has been found effective for assessment and intervention of aboriginal criminal offenders, including sex offenders. In particular, the Responsivity principle is seen as critical for this population in terms of addressing cultural issues, but more research is still needed (Gutierrez, et al., 2013; Harris et al., 2011).

However, critics have questioned the applicability of western criminal justice rehabilitation approaches such as RNR for aboriginal offenders based on lack of applicable research (Day, Howells, & Casey, 2003). In terms of the Risk principle, it has been noted that some of the

risk factors identified on assessment tools may be more indicative of aboriginal culture, calling into question their ability to discriminate between recidivists and non-recidivists, as well as the instruments which contain them (Day, Howells, & Casey, 2003; Gutierrez, et al., 2013; Wilson & Gutierrez, 2014). In addition, it has been suggested that risk assessment must take into account the aboriginal history of marginalization and discrimination rather than penalize this population for it via a higher risk and need scores than non-aboriginals (Wilson & Gutierrez, 2014). Further, some have suggested that community-based programs may be ineffective with this population based on historical mistrust of such programs. In terms of needs, aboriginal offenders may have greater non-criminogenic need (as compared to criminogenic or dynamic factors, which are those that directly contribute to further offending behavior) areas. Finally, it has been suggested that most so-called culturally relevant programming is not truly responsive to aboriginal cultural (Day, Howells, & Casey, 2003; Wilson & Gutierrez, 2014). As a result, RNR is still seen as having questionable application for aboriginal offenders (Day, Howells, & Casey, 2003), as additional risk factors may need to be considered including emotional problems and history of victimization (Gutierrez et al., 2013), as well as cultural isolation, experience of living in residential schools, attitudes towards marginalization, and loss of spirituality and cultural practices (Wilson & Gutierrez, 2014).

For criminal justice programs that have attempted to incorporate aboriginal cultural components, a tension has been identified between traditional western Canadian correctional and aboriginal healing approaches. In order to overcome this tension, a balance between safety and healing/wellness on the part of practitioners is encouraged. One mechanism to address such a balance is a community response team model that emphasizes a restorative rather than merely punitive process. This model can help communities overcome the secrecy and reluctance to speak about historical trauma, including sexual abuse that has occurred within boarding schools and other locations, and address sexual offending more directly through education about healthy sexuality and sexual abuse (Bopp & Bopp, 1997).

An example of a community-based restorative justice response to sexual offending is the Hollow Water Community Holistic Healing Circle, which was developed in the 1980s. The program involves an investigation, charges, and long-term restitution and reconciliation with the victim in a broad sense through a number of different traditional circles (general, extended family, sentencing, etc.), healing lodges, linkage to treatment, and enhancement of the role of women (Bushie, 1999). This approach has found to be effective at lowering recidivism rates down to approximately 2-4%, a significant reduction from previous levels (Couture, Parker, Couture, & Laboucane, 2001; Sviell-Ferri et al., 1997) and is a cost-effective alternative to traditional corrections services (Couture et al., 2001).

In terms of treatment, aboriginal sexual offenders have historically been found to have high recidivism and treatment dropout rates (Nielson, 2003; Wormith & Olver, 2002). In order to overcome such limitations, a blended treatment approach has been recommended for use with this population, which includes cognitive behavioral treatment, while addressing language

barriers, family of origin issues and developmental experiences, healthy family and social support relationships, life skills (education and employment), and anger and violence via an aboriginal cultural component (Ellerby, 2002). It has also been suggested that including traditional healers to facilitate ceremonies and cultural practices such as circles, sweat lodges and pipe ceremonies is beneficial (Ellerby & Ellerby, 2000; Trevethan, Moore, & Naqitarvik, 2004), although some conflict has noted between the therapy personnel and the elders in terms of the perception of offenders through a punitive or restorative lens, as noted above, makes the blending challenging (Ellerby & Ellerby, 2000; Trevethan, Moore, & Naqitarvik, 2004).

However, proponents of the use of aboriginal spiritual leaders noted the enhanced trust by and satisfaction from treatment participants of involvement with aboriginal staff (Johnston, 1997; Nielson, 2003; Trevethan, Moore, & Naqitarvik, 2004), greater cooperation with institutions (Nielson, 2003), enhanced reintegration (Heckbert & Turkington, 2001) and reduced recidivism and reincarceration (Ellerby & MacPherson, 2002; Nielson, 2003; Sioui, Thibault, & Conseil, 2001; Trevethan, Moore, & Naqitarvik, 2004; Usher & Stewart, 2014).

In summary, Canada has been addressing the unique risk and needs of aboriginal criminal offenders, including sexual offenders, over the past 20 years. Much has been learned about the characteristics and dynamics of the offending behavior of this population, as well as the applicability, and non-applicability of various assessment instruments and intervention strategies. The U.S. could learn much from the experiences of Canada both in terms of its willingness to address aboriginal culture directly, as well as the results from studies to date. However, caution must be exercised in applying the results of Canadian studies to the AI/AN population.

Aboriginal Sexual Offenders of New Zealand

Similar to Canada, the New Zealand criminal justice system response to the aboriginal population has been extensive and noteworthy given the historical over-representation of this population. New Zealand has made a concerted effort to both study this phenomenon as well as seek to improve the interventions provided via culturally relevant assessment instruments and programming. Much can be learned from this experience in terms of the applicability to similar experiences among the AI/AN population in the United States.

In a study of New Zealand aboriginal (Māori) youth who committed sexual offenses and attended a Māori-specific and facilitated treatment program between 1996-2008, the Māori youth were more likely to have delinquent behaviors; have a background of physical and emotional abuse, and neglect; live in economically disadvantaged areas; to be socially withdrawn; and have more externalizing behavior than non-Māori youth (Lim, Lambie, & Cooper, 2012). Māori youth who committed sexual offenses tended to do better in a Māori-specific treatment program than in a traditional offense-specific treatment program. However, Māori youth were also more likely to drop out of treatment. As a result, the consequence for failing to complete treatment was a higher rate of recidivism than completers, including continuation of the sexual offending

into adulthood, making it critical to keep Māori youth engaged in treatment (Lim, Lambie, & Cooper, 2012).

As noted above, the Risk, Need, Responsivity (RNR) Principles have become a commonly accepted paradigm for assessing and intervening with criminal justice populations in western culture. Although there is research on the effectiveness of RNR with Canadian aboriginal offenders, it has been observed RNR may not generalize to New Zealand aboriginal offenders given the lack of significant RNR applicability research (Day, Howells, & Casey, 2003). It has been noted that, in terms of the Risk Principle, aboriginal offenders tend to score higher on assessments of risk. It is questioned whether the scores are truly representative of aboriginal offender risk level, or are more indicative of Māori socio-cultural factors such as economic deprivation and social isolation. Therefore, it is recommended that identified risk factors used for the Māori population be culturally and geographically specific (Day, Howells, & Casey, 2003).

In terms of the Need Principle, criminogenic needs are those factors specifically linked to future recidivistic behavior, and focusing on non-criminogenic needs within an intervention is typically not recommended (Andrews & Bonta, 2006). However, for aboriginal populations, it is suggested that non-criminogenic factors should be identified and addressed, such as mental health, housing, and family loss and trauma issues (Day, Howells, & Casey, 2003). Needs and interventions can be viewed as culturally universal and culturally specific. Culturally universal interventions include substance abuse treatment, domestic violence/family violence programs, sex offender treatment, trauma/loss treatment, physical and mental health services, parenting, employment, and community reintegration. On the other hand, culturally specific interventions should address the following needs: deculturation, separation, displacement, abandonment, discrimination, identity, and need to reconnect with spirituality and heritage (Day, Howells, & Casey, 2003).

In terms of the Responsivity Principle, programs should be culturally specific and facilitated by aboriginal staff members. Given the problems with literacy, programming must account for this and offer cultural activities and ceremonies, as an alternative to written work, to deliver interventions. Finally, programs should consider cultural identity, a cultural explanation for offending, a culturally relevant intervention environment, and culturally therapeutic relationships with staff (Day, Howells, & Casey, 2003).

The New Zealand prison system developed a Māori-specific treatment program for sexual offenders in 1994. The program, known as Framework for Reducing Māori Offending (FReMO) combines a western cognitive-behavioral and social learning approach with a Māori cultural component. In a study of 201 men who have completed the program (one third of whom are Māori and two-thirds who are non-Māori) in comparison to a control group of untreated sexual offenders, the treatment group had a sexual recidivism rate of 5.5% over a 2.4 year follow-up period while the control group had a sexual recidivism rate of 21%, demonstrating a significant

reduction in recidivism for those who received treatment. However, the general recidivism rate for Māori sexual offenders was 41% as compared to 26% for non-Māori, also a significant difference, and indicative of the need to take a more holistic approach to treatment (Nathan, Wilson, & Hilman, 2003).

A cultural consultant conducted cultural assessments on the Māori sexual offenders pre- and post-treatment utilizing a likert scale developed with Māori input. In general, Māori offenders were found to be higher in hostility towards women, had more depression and anxiety, had lower self-esteem, were less able to suppress anger, and were lonelier than non-Māori offenders. Māori offenders were more likely to be intra-familial sexual offenders against females with an earlier onset and more violence, and with less treatment history than non-Māori (Nathan, Wilson, & Hillman, 2003).

Based on these outcomes, it was recommended by the authors that the blended model of Māori cultural components with cognitive-behavioral treatment continue to be developed, including a focus on general recidivism. It was also suggested that the Māori people participate in program development and research. It was noted that both treatment and cultural training manuals were needed as was a cultural assessment tool. Finally, it was recommended this blended approach be expanded for other criminal populations beyond sexual offenders (Nathan, Wilson, & Hillman, 2003).

Since that time, a Māori cultural assessment has been developed for use by the New Zealand Department of Corrections as an alternative to western assessment instruments to address the above-noted concerns as well as explain the culture. It is recommended that the assessment be conducted in a face-to-face interview rather than a file review, and the meeting may include family, friends, and caregivers.

The goals of the assessment include:

- Provide a holistic picture of needs
- Culturally appropriate assessment is a right
- Indigenous status is considered
- Identify cultural needs
- Ensure proper level of care
- Ensure the assessor is culturally competent
- Allow people cultural choice

Items on the assessment can be scored on a 0-2 scale with the higher score being indicative of greater needs:

1. Traditional teachings, ceremonies, and customs
2. Relationship of offender to heritage
3. Child abuse history

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4. Historical/generational issues
5. Foster care history
6. Whanau and marital relationships
7. Alcohol and drug use
8. Impulsive history and violence
9. Attitudes regarding offending
10. Psychiatric or psychological issues
11. Self-harm risk
12. Gains, insights, and behavioral changes
13. Support for the victim
14. Support for the offender
15. Lifestyle stability
16. Self-support skills
17. Supportive attitudes and compliance
18. Risk management plan
19. Unique resiliency factors

In a process and outcome evaluation of community-based treatment programs for Māori youth who commit sexual offenses, interviews were conducted with 91 participants (youth, parents/caregivers, program staff, and external agency staff) in 2003-04. It was determined that there was an insufficient number of Māori staff and cultural training was needed for non-Māori staff. In terms of outcomes for the 682 Māori youth who either were treated, untreated, or dropped out of community-based treatment over a 4.5 year follow-up, it was determined that Māori youth were less likely to enter sex offense treatment programs and were often referred elsewhere. The overall sexual recidivism rate was 6% (2% for treated, 6% for untreated, and 10% for drop-outs), while the general recidivism rate was 46% (38% for treated, 44% for untreated, and 61% for drop-outs). Finally, Māori youth had higher drop-out rates than did non-Māori youth (60% vs. 40%), which was correlated with increases in both sexual and general recidivism (Lambie, Geary, Fortune, Brown, & Willingale, 2007).

Finally, a study of 1100 adult sexual offenders (689 child sexual offenders (CSOs) and 411 sexual offenders of adults (ASOs)) released from prison compared the general recidivism rates for Māori (35% of the CSOs and 50% of the ASOs) and non-Māori adult sexual offenders. The findings indicated that the recidivism rates were 24% over a 5-year follow-up (17% for CSOs and 17% for ASOs), while the return to prison rate was 39% (30% of CSOs and 54% of ASOs). The Māori recidivism rate for CSOs was 28% and ASOs was 45%, and was 28% higher than for non-Māoris (Nadesu, 2011).

In summary, New Zealand has made significant strides to create programming and assessment tools that are specific to the unique cultural aspects of the aboriginal Māori population. However, despite these efforts, additional work has been identified to better engage the Māori

community to enhance programming and encourage development of Māori staff to provide criminal justice interventions. Much can be learned from the experiences of New Zealand for potential applicability in the U.S. in terms of engagement with the community (AI/AN) who are the target of culturally specific interventions. While the specifics of the programs in New Zealand may not be relevant for the AI/AN population, the U.S. could learn from the lessons by New Zealand in terms of the need for earlier collaboration.

Aboriginal Sexual Offenders of Australia

The final country under study is Australia, and the experience of Australia is an illustration of how cultural consideration has come full circle from western intervention to culturally relevant western programming to the identification of the need for a new cultural framework through which to view the problem and solutions. While it is suspected that the U.S. will still have to go through similar growing pains as Australia, much can be learned from its experience to avoid similar pitfalls experienced by the aboriginal population there.

In a systematic review of 23 studies on the incidence of sex assault for indigenous Australians, this population was found to have a higher likelihood of being subject to sexual victimization. More specifically, aboriginal women were 12 times more likely to be sexually assaulted than non-aboriginal women, and female children were 2.5 times more likely to be sexually assaulted than non-aboriginal female children. Risk factors for sexual victimization include being young, female, living in poverty, living in a male-dominated culture, and stress. For offenders, risk factors include a history of abuse, witnessing violence, and substance abuse. Finally, it was noted that estimating the rate of sex assault within aboriginal populations is difficult due to under-reporting, which is result of fear of being disbelieved, self-blame, and the desire to speak to an aboriginal rape crisis worker (McCalman, Bridge, Whiteside, Bainbridge, Tsey, & Jongen, 2014). The authors of this study concluded that the research basis on which to develop sexual abuse programs is limited, and recommended engaging the aboriginal community members to determine next steps (McCalman, et al., 2014).

Sexual abuse within aboriginal communities in Australia came under greater scrutiny in 1999 due to the way in which the police handled the sexual assault and murder of an aboriginal woman, Susan Taylor. This case led to a 2001-02 government review called the Gordon Inquiry. The Inquiry identified a high level of multi-generational sexual abuse occurring within the aboriginal population (McGlade, 2007). In order to combat the problem of sexual violence within aboriginal communities, a need for an integrated approach to sexual abuse in aboriginal communities was identified that addresses the limitations of a western approach (Risk, Need, Responsivity Principles) to aboriginal sexual offenders. It was recommended that both prison and community-based programs engage aboriginal communities in order to blend cultural practices with western approaches, and ensure the consideration of the needs of victims (McGlade, 2007; McGlade & Hovane, 2007). In addition, it is noted that aboriginal clients have

more trust and comfort with aboriginal facilitators, including spiritual leaders and elders (Mals, Howells, Day, & Hall, 2000).

Another high-profile case led the Australian Supreme Court to question the legality of the Dangerous Sexual Offender Act of 2006 for aboriginal sexual offenders, due to the use of risk assessment instruments not validated on aboriginal populations (McGlade & Hovane, 2007). As a result, Australia began to develop a body of research related to sexual offending by aboriginals in an attempt to ensure that assessment instruments and programming was applicable to this population.

In terms of the use of risk assessment instruments, a study on the application of the Static-99 and 99R to Australian aboriginal sex offenders (n=67) found that aboriginal sex offenders tended to score higher than non-aboriginal sex offenders (n=399). Aboriginal sex offenders had a sexual recidivism rate of 9% as compared to a rate of 4% for non-aboriginal sex offenders (the difference was not found to be statistically significant). However, aboriginal sex offenders were found to have a significantly higher level of non-sexual/violent, any violent, and any offense recidivism. The results of the study found that the Static-99 was equally predictive for both aboriginal and non-aboriginal sex offenders, but the Static-99R was not predictive for aboriginal sex offenders (Smallbone & Rallings, 2013). It was noted that in prior studies of recidivism, predictors of violent recidivism, including sexual recidivism, included being of aboriginal ethnicity, and factors related to unsupervised release (e.g., factors that are connected to aboriginal ecological and situational factors) (Smallbone & Rallings, 2013).

A study of aboriginal sex offenders (n=110) found that offenders tended to be younger (ages 18-25), have a criminal record, and have a prior assault history, with almost 40% having a prior sex crime and 28% having a history of prior incarceration, than non-aboriginals (Crake, 1993, as cited in Davies, 1999). Age at first sex offense (Forster, 1997, as cited in Davies, 1999) and having a non-aboriginal victim were found to be predictors of sexual recidivism (Davies, 1999). Aboriginal sex offenders were also found to have higher rates of sexual recidivism (79% compared to 34% for non-aboriginal sex offenders) (Broadhurst & Maller, 1992, as cited in Davies, 1999). In a second study of 2,785 Australian sex offenders over a 5.7 year follow-up period, aboriginal sex offenders were found to have higher and more rapid rates of general and sexual (20%) recidivism. Having a prior arrest was found to be an aggravating factor for recidivism while older age lowered risk (Broadhurst & Loh, 2003).

Given the research suggesting concerns with exclusively utilizing western practices with aboriginal sex offenders, Davies (1999) recommended the need for further research on this population and developing culturally specific programming to address identified aboriginal sex offenders and community issues of sexual abuse. In a 1994 pilot program, a pre-release sex offender treatment program for aboriginal sex offenders reduced general recidivism from 80% to 38%. Critical treatment components include a holistic approach, and addressing the legacy of

colonization. However, the program did not employ aboriginal therapists as none were available (Davies, 1999).

The Indigenous Sex Offender Treatment Program (ISOTP) was developed in May 2001 for aboriginal sexual offenders at an Australian correctional facility. The program utilizes a cognitive-behavioral/relapse prevention approach that includes a cultural module of treatment to incorporate cultural traditions and practices into treatment. The initial plan was to do a program review after 1 year and an evaluation after 5 years. Of the 15 offenders in the program, all were able to complete the cultural module but 3 were ultimately terminated during the first treatment module (Lees, 2001). However, critics have suggested that the ISOTP does not adequately address aboriginal issues, and does not adequately involve aboriginal communities (Hovane, Dalton, & Smith, 2014; McGlade & Hovane, 2007).

On the other hand, critics have also noted concerns related to a strictly aboriginal restorative justice approach, such as the Canadian Hollow Water Healing Circles, based on it being too oriented towards offender needs and leniency, and treating the offender as a victim. It is noted this approach often pressures victims into forgiveness and can be detrimental to their recovery, and is based more on Christian than aboriginal principles (McGlade, 2007).

As an alternative to the western and blended approaches, an Aboriginal Law and Culture approach is suggested that acknowledges the negative impact of the western criminal justice system on aboriginal people in reinforcing inequalities. The rehabilitation model should be holistic, incorporate cultural values, utilize cultural activities, and reframe standard treatment to cultural content from a strengths-based approach. In addition, this model should consider the role of colonization, but move beyond this world view to one of a positive legacy left behind by ancestors (Hovane, Dalton, & Smith, 2014).

The Aboriginal Law and Culture approach suggests that blending the western approach to criminal justice and rehabilitation with a cultural component is still merely viewing the issue from a western perspective, and has no evidence to support its effectiveness. In addition, this blended approach does not incorporate a truly aboriginal perspective. It notes that western-based risk assessment is also of questionable validity, and risk should be identified from an aboriginal perspective. Finally, the ability to develop prevention programs needs to be addressed from an aboriginal perspective, as western laws such as mandatory reporting may also lead to disengagement on the part of victims and communities (Hovane, Dalton, & Smith, 2014).

An example of an assessment tools specific to aboriginal people, the Westerman Aboriginal Symptom Checklist (WASC) for youth and for adults, have been developed. These tools identify problems specific to the aboriginal population including risk and protective factors, and programs can be developed and treatment implemented based on this information.

In summary, Australia has been one of the leaders in the attempt to develop aboriginal specific assessment and programming. However, there have been significant challenges to this approach

by aboriginal advocates who suggest this approach only serves to perpetuate certain western discriminatory practices. Instead, it is recommended that a complete retooling of the criminal justice approach, including sexual abuse prevention and intervention, be cast that begins from an aboriginal perspective rather than merely adding one on to a western approach. This lesson may be useful in the U.S. to begin from an AI/AN rather than western perspective, and by developing assessment and intervention strategies from a cultural perspective.

Summary of the Key Research Findings

In summary, the literature and research from Canada, New Zealand, and Australia have identified the need to study sexual offending by aboriginal populations, given their historical over-representation in the criminal justice system. Studies conducted have identified characteristics and dynamics that appear more prevalent in aboriginal than non-aboriginal sexual offenders, and paint a picture of this population as generally presenting with significant risk and needs, including factors that may be related to their aboriginal status within a western-colonized country. These program and research initiatives have been ongoing over the past 20 years, resulting in aboriginal-specific assessment, treatment, and policy. The findings include validation of the use of existing risk assessment instruments on aboriginals and the development of aboriginal-specific assessment instruments. In addition, blended treatment programs for aboriginal sexual offenders have been developed that utilize traditional tenets of western sex-offense specific treatment (e.g., cognitive behavioral and relapse prevention) in conjunction with cultural restorative justice components and modules administered by aboriginal staff, elders, and healers. These blended treatment approaches have been studied and found to significantly reduce sexual recidivism on the part of aboriginal, and even non-aboriginal, sexual offenders. These experiences and findings may be helpful to work in the U.S. in identifying similar issues within the AI/AN population (e.g., assessment, treatment, reentry, etc.).

Limitations of the Research

Despite the significant progress made within Canada, New Zealand, and Australia in responding to the problem of sexual violence within aboriginal communities and developing assessment, treatment, and reentry approaches, the body of research and literature is still limited and emerging. None of the available research is extensive enough to identify the practices as evidence based and programs should be seen as promising but in need of additional study. In fact, limitations in the research have led Canada to not utilize existing risk assessment instruments with aboriginal offenders, including sexual offenders, despite the limited validity of clinical judgment as an alternative strategy. The literature in New Zealand and Australia is equally concerned with the way in which risk assessment instruments may over-predict risk based upon a cultural bias that leads to what could be identified as cultural factors being identified as risk factors. Both countries have attempted to identify aboriginal risk and need tools, but these tools have yet to be sufficiently validated. In addition, while programming has made progress on sexual recidivism, general recidivism, treatment engagement, and appropriate referrals remain challenges.

Finally, in terms of the so-called blended approach to treatment, critics have suggested that the application of western treatment strategies through an RNR framework by non-aboriginal staff only serves to continue the cultural discrimination inherent in these countries. As an alternative, recommendations include approaching both criminal justice and rehabilitation interventions from an aboriginal perspective as identified that population. Interventions must be delivered by aboriginal staff to overcome a historical mistrust of non-aboriginal staff and systems. Collaboration with, rather than dictating to, aboriginals is the only pathway that will lead to true intervention in the serious problem of sexual violence within aboriginal communities. Work currently being undertaken in the U.S. on behalf of AI/AN populations can learn the valuable lessons from these countries and start from a place of collaboration and consultation rather than legislation and dictating policy and practice.

Future Research Needs and Policy Implications

Canada, New Zealand, and Australia are to be commended for their work in identifying problems within the criminal justice system for offenders of aboriginal background. The over-representation of this population in correctional and community supervision programs has led adult and juvenile corrections in these countries to conduct research on the aspects of aboriginal criminal offenders, including sexual offenders, that may contribute to criminal behavior, and how best to identify their unique risk and needs, and respond with culturally relevant and appropriate interventions. Much of this work has been in collaboration with aboriginal communities and professionals, and in particular Australia has tried to approach the issue from an aboriginal perspective rather than merely taking a westernized model and making it more culturally relevant. This has led to a body of literature suggesting appropriate risk and cultural assessment strategies, which then direct suitable and needed rehabilitation programs.

However, it is not clear what application of this research may be for the AI/AN population in the U.S. While it makes sense to use this research on assessment and treatment as a starting point, additional study will be needed to ensure generalizability to this population. In addition, it is anticipated that the 20-year body of literature on aboriginal sexual offenders in Canada, New Zealand, and Australia will continue to grow and develop, and lessons learned should continue to be incorporated to work in the U.S. The research to date is far from equivocal on the ability to accurately assess need and risk for recidivism on the part of aboriginal sexual offenders, and to adequately intervene in that risk and need. More study in general and specific to the AI/AN population is needed before there can be a determination of evidence-based or best practices.

In terms of policy implications, it appears there are a number of lessons to be learned from Canada, New Zealand, and Australia. First and foremost, AI/AN communities must be engaged from the beginning to collaborate on needed prevention and intervention strategies for the serious problem of sexual violence. This will require overcoming a history of mistrust between AI/AN leadership, elders, and community members and the U.S., state, and local governments. This issue may need to be addressed and acknowledged prior to work on specific intervention

strategies and policy development. Policy and practice developed in the absence of AI/AN participation are destined to fail.

A starting point for the dialogue may be in reviewing the existing research, suggested policy and practice directions, lessons learned, and gaps in research and knowledge. There does not even seem to be an adequate understanding of the extent of the sexual violence problem within AI/AN communities given data collection and resource deficiencies. However, any program development should be developed by and with AI/AN communities. This buy-in seems critical to programmatic success. Once initiatives and interventions have been identified, research on implementation must be included to learn more about what works. Solutions to the problem need to be AI/AN driven, developed, and facilitated with outside support of assistance and resources. Much can be learned from the experiences of other countries, and the lessons would be wisely followed in the U.S.

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