——————— Research Report ———————

A Needs Assessment of Federal Aboriginal Women Offenders

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A Needs Assessment of Federal Aboriginal Women Offenders

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EXECUTIVE SUMMARY

With very little research on Aboriginal women offenders, a needs assessment of this specific population was seen as instrumental in order to gain a better understanding of their unique issues in federal corrections. The current study identified the needs of Aboriginal women incarcerated in federal correctional facilities and serving time in the community, and more specifically substance abuse and family related needs. This research also examined the impact of Fetal Alcohol Spectrum Disorder (FASD) on Aboriginal women offenders and their families. Finally, the programs, services, and supports required in the community to assist in successful reintegration and healthy lifestyle choices were examined. In addition to reviewing offender files, interviews were conducted with a sample of Aboriginal women currently incarcerated in three federal institutions (n=55) and serving time in the community (n=5). Three focus groups were held with incarcerated Aboriginal women offenders.

In general, Aboriginal women offenders have low levels of education and employment. Compared to their counterparts serving time in the community, incarcerated Aboriginal women are more likely to be single, younger, incarcerated for more serious offences, and have more extensive criminal histories. They are also more likely to be rated as high risk to re-offend and as having high need for correctional programming. These differences are not surprising as these are likely the reasons Aboriginal women under community supervision were released from prison.

The majority of Aboriginal women offenders were raised in urban centres. More importantly, the majority plan to return to urban centres upon their release to the community in order to be with their family and friends. These findings suggest that tailored programs and services will need to be accessible in urban centres. It is likely that a greater proportion of Aboriginal women offenders may be returning to large communities in order to access programs and services. However, there remains the need to provide programs and services in smaller communities such as reserves. In general, both informal and formal support systems need to be present upon Aboriginal women offenders' release.

Aboriginal women offenders will also be returning to the community with a number of family and child responsibilities. For example, over one-quarter will be returning to an intimate relationship, while two-thirds will be caring for their own or other children in the community. The large majority of Aboriginal women reported the need for childcare support in the community. These provisions include parenting programs, daycare, after school programs, and counselling services. It would also be beneficial for childcare services to incorporate Aboriginal spirituality and involve other family members.

Upon admission, Aboriginal women offenders demonstrate high need in the areas of personal/emotional orientation, substance abuse, and employment. During incarceration, Aboriginal women participate in a number of programs to address these needs including mental health programs, substance abuse programs, educational programs, and institutional work programs. The majority of women successfully complete these programs. Clearly, the participation of Aboriginal women in programs while incarcerated is one way to address their multiple and diverse needs and most importantly, may help to facilitate their successful reintegration into the community. However, a more in-depth examination of program participation by Aboriginal women offenders is needed to explore the ways in which programs impact upon community reintegration and incorporate Aboriginal spirituality.

Upon release to the community, Aboriginal women offenders continue to demonstrate high need in the areas of personal/emotional orientation, substance abuse, and employment. It would be useful for community programs to focus on these specific areas. However, interview respondents identified other relevant need areas such as support for family responsibilities, finding safe and affordable housing, and gaining job skills. Other more general reintegration issues were identified by focus group participants including the need for more Aboriginal halfway houses, a community support worker or mentor, community and staff awareness of offender experiences, and access to spiritual and cultural resources.

This project also briefly examined the needs of Aboriginal women's families. Their families will need to have access to family counselling and be able to maintain contact with those Aboriginal women who are incarcerated. Programs, counselling, financial assistance, and employment aid

are also important for Aboriginal women's families upon their release. It is evident that Aboriginal women offenders and their families require a multitude of community supports in order to facilitate their transition into the community. Further research must examine the role of Aboriginal spirituality, family involvement, and community support in this reintegration process.

Finally, the impact of alcohol and other substance abuse was examined. Alcohol and drug abuse was a problem for Aboriginal women during their childhood, adolescence, and adulthood. Two-thirds of Aboriginal women reported a current substance abuse problem. Furthermore, the majority of those incarcerated will need continued assistance with a substance abuse problem when released. As such, Aboriginal women will require access to spiritual-related services, individual counselling, Alcoholics Anonymous, Narcotics Anonymous, and other community supports. Substance abuse was also prevalent in their home environments and communities, and therefore, supports to deal with friends and family who abuse substances would assist them in coping with this particular challenge in the community.

The issue of Fetal Alcohol Spectrum Disorder (FASD) was also explored in relation to alcohol abuse among Aboriginal women offenders. Generally, Aboriginal women offenders reported a great deal of knowledge on FASD. Additionally, they have participated in programs that include information on FASD and many found the programs "very" useful including gaining a better understanding of FASD and the effects of alcohol on the fetus. However, there is certainly the need to distribute more information on this topic to the correctional population.

The prevalence of FASD in a sample of Aboriginal women offenders and children under their care was also examined. Of the 60 Aboriginal women offenders interviewed, nine reported that they have been assessed for FASD. Four of those reported that they have been officially diagnosed with FASD. Almost two-thirds of Aboriginal women reported that they knew children who may affected by FASD. Eight women reported that they will be caring for children with FASD upon their return to the community. One woman under community supervision is currently caring for a child with FASD. Further research needs to be conducted on the prevalence of FASD in the offender population and more specifically the Aboriginal offender population. Specialized programs and services must be provided to offenders affected by FASD

while incarcerated in order to better facilitate their program participation and community reintegration.

The results also clearly demonstrated the need for programs and supports in the community for Aboriginal women offenders and their children who are affected by FASD. Very few Aboriginal women have participated in programs or training related to caring for children with FASD, and of those children reported to be affected by FASD under their care, very few have participated in programs to deal with their needs. As such, community resources must be accessible to address this specific health concern, which includes encouraging Aboriginal women's participation in these services. This may include programs for children with FASD, counselling for families affected by FASD, and individual help and attention for children with FASD. Finally, community awareness and education are viewed as critical to both the prevention and intervention of FASD among Aboriginal peoples.

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INTRODUCTION

To date, a great deal of correctional research has focused on male offenders. More recently, there has been increased focus on women and Aboriginal offenders in general. However, little information is available on Aboriginal women offenders specifically. What is known is that Aboriginal women offenders are over-represented in the federal correctional system. In fact, Aboriginal women offenders are more over-represented than Aboriginal men. Although Aboriginal women comprise less than 2% of the general Canadian adult population (Statistics Canada, 2001), they represent 27% of incarcerated women offenders and 17% of women offenders serving time in the community (Offender Management System, Snapshot March 2004).

Based on the research to date, it is clear that Aboriginal women offenders have many needs, particularly in relation to family and alcohol and other substance abuse (Dell & Boe, 2000; Dowden & Serin, 2000). A related impact of alcohol abuse is the prevalence of Fetal Alcohol Spectrum Disorder (FASD)[1] among the Aboriginal women offender population and their families. In order to improve the reintegration capacity of Aboriginal women offenders, a better understanding of their profile and unique needs regarding programming and reintegration must be achieved. In consideration of their cultural and spiritual needs and their location in remote, northern areas, they may have special needs while incarcerated and upon release to the community. These factors would have implications for program and service delivery in Aboriginal communities. In addition, Aboriginal communities may require a different response or approach to social problems such as alcohol and other substance abuse and consequently FASD and other birth defects. As such, an increased knowledge of the programs, services, and supports needed by Aboriginal women offenders is required in order to successfully reintegrate into society and further to demonstrate what FASD interventions will prove most beneficial for this specific population.

This section will first outline the research that has examined the needs of Aboriginal women offenders. Since there has been very little research on the reintegration needs of Aboriginal

[1] The umbrella term, FASD, will be used throughout the report unless past research has stated otherwise.

women offenders, the research that has explored the community reintegration needs of women offenders in general will be synthesized. Finally, the impact of alcohol and other substance abuse, and more specifically FASD, will be detailed including the prevalence of FASD in the offender population and treatment approaches for Aboriginal women offenders and their children.

Needs of Aboriginal Women Offenders[2]

The needs of Aboriginal offenders have only been recently explored by researchers. Offender need and risk are assessed by the Correctional Service of Canada (CSC) at intake into federal custody. This formal process, termed the Offender Intake Assessment (OIA) (Motiuk, 1997), helps to determine the type of program intervention and reintegration strategy into the community. Data are collected on static and dynamic factors. Static, or risk, factors are determined by an offender's current offence(s) and criminal history. Dynamic, or need, factors are identified through the systematic assessment of seven domains: employment, marital/family, associates/social interaction, substance abuse[3], community functioning, personal/emotional orientation, and attitude. There are a variety of sources to measure and assess the need and risk of each offender.

In general, research has indicated the need to focus on the specific needs of Aboriginal offenders including culturally-specific programs, services, and reintegration strategies (Moore, 2003; Trevethan, Crutcher & Rastin, 2002; Trevethan, Moore & Thorpe, 2003). In addition, compared to non-Aboriginal offenders, Aboriginal offenders have demonstrated higher needs in the areas of personal/emotional orientation, substance abuse, employment, social interaction/associates, and marital/family (Trevethan, Moore, & Rastin, 2002). There has been very little research that has specifically concentrated on the needs of Aboriginal women offenders. Most research examines Aboriginal women offenders as a subset of a larger group, and typically gives a brief overview of their profile and needs.

[2] Much of the research uses the global term substance abuse rather than making distinctions between types of substances. However, when making reference to FASD, the authors refer to alcohol abuse only.

[3] CSC's assessment of substance abuse includes alcohol, drugs, solvents and prescription medications.

Dell and Boe (2000) used a one-day snapshot to compare the risk and need levels of Caucasian and Aboriginal women offenders in 1996. For overall risk and need ratings, a higher proportion of Aboriginal women offenders were assessed as high risk to re-offend (42% versus 29%) and high need for correctional programming (67% versus 39%) than Caucasian women offenders. Aboriginal women offenders also had considerably higher needs in the areas of employment, marital/family, associates/social interaction, substance abuse, and community functioning. No significant differences were found between the two groups for the need domains of personal/emotional orientation and attitude. The authors attribute these differences to racial experiences and individual life histories. They acknowledge the importance of recognizing diversity across race categories, but stress that similarities also have implications for correctional practices.

Dowden and Serin (2000) examined a sample of federally-sentenced Aboriginal women under community supervision (n=113). They found that a significantly lower proportion of Aboriginal women serving time in the community were assessed as low risk to re-offend, in comparison to their non-Aboriginal counterparts (50% versus 72%). Aboriginal women under community supervision demonstrated high need in the areas of employment, personal/emotional orientation, community functioning, and marital/family. In fact, the proportion of Aboriginal women assessed as high need in personal/emotional orientation, marital/family, substance abuse, and attitudes domains did not decrease over time spent in the community. These findings are in contrast to previous research that has indicated that the needs of offenders diminish the longer they remain in the community (Dowden & Serin, 2000). The authors suggest that management of Aboriginal women offenders in the community needs to be culturally sensitive.

Morin (1999) conducted interviews with 17 Aboriginal women offenders in several maximum-security institutions. All Aboriginal women interviewed reported a need for one-on-one counselling, more contact with Elders, increased Native Liaison services, and the inclusion of Aboriginal ceremonies as part of their correctional plan. In addition, women suggested that a more individualized assessment and correctional plan would address the special needs of Aboriginal women, such as issues relating to Fetal Alcohol Syndrome/Effects. Respondents also stated the need for the provision of cultural and community reintegration programs at the pre-

release and follow-up stages. A large proportion (94%) indicated a strong need for intensive substance abuse treatment including relapse prevention. About three-quarters of the respondents stated that Aboriginal women require specialized programs based on individual needs that address grief and loss, living without violence, the effects of family violence, and dysfunctional family systems.

Based on this research, it is clear that, compared to non-Aboriginal women offenders, Aboriginal women offenders demonstrate higher need in several programming areas and present higher risk to recidivate. It is also clear that more attention should be directed toward their cultural and spiritual needs. Again, the issues of substance abuse and family functioning appear to be highly relevant for rehabilitation and reintegration purposes.

Reintegration Needs in the Community

Upon integrating into the community, women offenders in general face a number of obstacles and exhibit a multitude of needs. There have been relatively few studies that have assessed womens' needs in the community and fewer that have focused on Aboriginal women offenders. However, a few general conclusions can be made from the research to date. For example, contact and support with family and children has consistently been identified as important areas of concern to women offenders including access to childcare services (Fournier, 2002; Griffieth, 1980; Rodgers, Blanchette, Hattem, Thomas & Tamarack, 1991; Watson, 1995). Housing assistance, substance abuse treatment, and employment aid were also common needs (Fournier, 2002; Griffieth, 1980; Jacobs, 2000; Rodgers et al., 1991). These issues may be exacerbated for Aboriginal women offenders due to their location in isolated communities, high unemployment rates, low educational levels, and high substance abuse levels. In 1995, 16 Aboriginal women offenders on conditional release were surveyed about their programming needs in the community (Hoffman & Law, 1995). About one-third had the primary responsibility of children upon release, 13% resided in subsidized housing, and 81% received financial assistance. The participants were most concerned about issues of social adjustment, childcare, and substance abuse. An earlier study of 39 Aboriginal women offenders in the community revealed 67% were mothers (Sugar & Fox, 1990). All mothers reported that prison had a negative impact on their

relationship with their children, and 65% of mothers were reunited with their children upon release.

Based on this research, we can conclude there that there is a strong need to focus on substance abuse and family relationships. The importance of these dynamic need factors cannot be understated as intervention in these areas may have significant implications for program and service delivery, and successful community reintegration.

Fetal Alcohol Spectrum Disorder (FASD)

Substance abuse, including the abuse of alcohol has been a prevalent problem in Aboriginal communities (Health Canada, 1999). In addition, research has consistently identified overcoming substance abuse as a significant challenge and ongoing need for the Aboriginal offender population. For instance, substance abuse has been identified as a high need for correctional programming among the Aboriginal offender population (Moore, 2003; Trevethan, Moore & Rastin, 2002). Among women offenders, Dell & Boe (2000) found that more than 80% of Aboriginal women offenders were identified as having high need for programming in substance abuse compared to only 37% of Caucasian women offenders.

One of the many damaging effects of alcohol abuse is its impact on fetal development during pregnancy. Fetal Alcohol Spectrum Disorder (FASD)[4] refers to a spectrum of disorders that can occur when "the history of a community or family results in alcohol use by a mother during her pregnancy" (Health Canada, 2001). FASD is used as an umbrella term to describe the spectrum of deficiencies and abnormalities associated with prenatal alcohol exposure. It should not be used as a diagnostic term. Under the FASD term, a more specific diagnosis must be made (i.e., FAS or FAE) in order to describe the extent of deficits presented by the individual.

Fetal Alcohol Syndrome (FAS) is "a medical diagnosis that refers to a specific pattern of craniofacial, growth, and neurobehavioral anomalies associated with the use of alcohol during

[4] The late 1960's and early 1970's witnessed an increased knowledge and identification of the effects of alcohol consumption during pregnancy. A common pattern of birth defects was reported in children born to alcoholic women in France (Lemoine, Harousseau, Borteyru, & Menuet, 1968). Subsequently,

pregnancy" (Cook, 2003). A diagnosis of FAS requires the identification of specific diagnostic criteria. The most commonly used criteria are by the Institute of Medicine (IOM) (Stratton, Howe & Baggatlia, 1996). Generally, the Institute of Medicine's criteria consist of confirmed prenatal exposure to alcohol plus each of the following:

1. Craniofacial malformations
2. Pre- and post-natal growth deficits
3. Central Nervous System deficits (i.e., IQ, neurobehavioral dysfunction)

Fetal Alcohol Effects (FAE) is the term used to describe the presence of some, but not all, FAS characteristics when prenatal exposure to alcohol has been confirmed[5].
The absence of a craniofacial profile is typical for individuals diagnosed with FAE, however, FAE is characterized by neurobehavioral deficits that are just as severe as those characteristic of FAS. FAE also encompasses a number of other diagnostic categories such as Alcohol-Related Birth Defects (ARBD), Alcohol-Related Neurodevelopmental Disorder (ARND), Partial FAS (pFAS), Prenatal Alcohol Effects (PAE), and Prenatal Alcohol Exposure (PAE). Essentially, these terms are collapsed together to represent FAE.

There are both primary and secondary disabilities associated with the presence of FAS and FAE. Primary disabilities include skeletal deformities, muscle weakness, vision and auditory problems, immune system deficiencies, low IQ, and learning disabilities (Cook, 2003). The disabilities persist through childhood, adolescence, and adulthood. Often, without proper intervention and support, secondary disabilities develop. These include: being easily victimized, attention deficit disorder, hyperactivity, difficulties handling money, problems learning from experience, trouble understanding consequences and social cues, poor frustration tolerance, inappropriate sexual behaviour, substance abuse, and mental health issues (Boland et al., 2002).

Jones and Smith (1973) coined the term "Fetal Alcohol Syndrome" to describe the pattern of physical features and behavioural deficits identified in infants prenatally exposed to alcohol.

[5] Often, FAE is used when prenatal exposure to alcohol cannot be confirmed.

Prevalence of FASD in the General Population

The prevalence of FAS and FAE in the Canadian population is difficult to ascertain. Currently, data are not systematically collected at the provincial or national level. The Canadian prevalence on FAS and FAE is based on the estimated prevalence rates of industrialized countries for FAS which is approximately 1 to 3 per 1,000 births (Cook, 2003). Some research has demonstrated a high prevalence of FAS and FAE cases in Aboriginal communities (Bray & Anderson, 1989) (see table below).

Prevalence of FAS and FAE in Aboriginal Communities

Authors	**Location**	**Sample**	**FAS/FAE cases**
Asante & Nelms-Matzke (1985)	Yukon	162 Aboriginal children aged 16 years and under	84 FAS/E cases (52%)
Asante & Nelms-Matzke (1985)	British Columbia	229 Aboriginal children aged 16 years and under	82 FAS/E cases (36%)
Square (1997)	Manitoba	179 Aboriginal children aged 5 to 15 years old	17 FAS/E cases (9%)
Robinson, Conry & Conry (1987)	British Columbia	116 Aboriginal children aged 3 to 18 years old	22 FAS/E cases (19%)

May (1991) cautions direct comparisons between studies of Aboriginal and non-Aboriginal communities. For example, he notes that the studies of Aboriginal people have occurred in small communities in high risk areas (i.e., heavy alcohol use). As such, a high prevalence of FAS and FAE are more likely to be associated with low socio-economic status rather than racial background (Abel, 1998; May, 1991). In addition, very little research is available on FASD in non-Aboriginal populations, and therefore no definitive conclusions can be made about the over-representation of FAS and FAE cases in Aboriginal communities.

A lack of womens' rehabilitation programs in Aboriginal communities and a lack of knowledge among Aboriginal peoples have been suggested as risk factors for FASD (Boland et al., 2000). In interviews with 123 Aboriginal women in Vancouver and Victoria, almost all participants (96%) reported that they were aware of the danger of drinking alcohol during pregnancy (Robinson, Armstrong, Moczuk & Loock, 1992). Many women (85%) were under the belief that there was no "safe" amount of drinking while pregnant. Forty percent reported that they knew someone with FAS. However, gaps still existed in their knowledge about the causation, characteristics, and implications of FAS. Despite this, more research needs to be conducted on whether Aboriginal women and children are at a higher risk for FASD and if so, what are the factors that contribute to this heightened risk.

Prevalence of FASD in the Offender Population

Research has suggested that a commonly developed secondary disability of FASD is trouble with the law (Boland, Burrill, Duwyn & Karp, 1998; CSC, 1999). For example, some have suggested an association between FAS/FAE, attention deficit disorder with or without hyperactivity, conduct disorder and delinquency and crime (Boland et al., 1998; Boland et al., 2000). In addition, there are some common correlates between individuals with FAS/FAE and individuals who are delinquent, including hyperactivity, impulsivity, attention deficit disorder, low intelligence, poor school achievement, antisocial behaviour and poor parental child-rearing (Boland et al., 2000). Such characteristics place them at a high risk for committing crimes (Boland et al., 1998).

As such, research has investigated the prevalence of secondary disabilities, namely conflict with the criminal justice system. A follow-up study of 415 individuals diagnosed with FAS or FAE found that approximately 60% got into trouble with the law[6]. The sample was further characterized by confinement in a residential treatment or correctional facility (50%), inappropriate sexual behaviours (50%), and alcohol and drug problems (35%) (Streissguth, Barr, Kogan & Bookstein, 1997). A study of 287 youth admissions to a forensic psychiatric inpatient assessment unit in British Columbia found that almost one-quarter (24%) of the sample was

[6] Defined as charged, convicted, or in trouble with authorities.

identified as FAS or FAE (Conry, Fast, & Loock, 1997). However, the sample's characteristics (i.e., high-risk, high-need group) may contribute to this inflated percentage.

Recently, a study of the Canadian federal and provincial prison populations (N=148,797) was conducted (Burd, Selfridge, Klug, & Juelson, 2003). Questionnaires were distributed to the Director of Corrections for each province and territory in Canada[7]. Of the total, 13 inmates had a reported diagnosis of FAS thereby indicating an incidence rate of less than 1 per 1,000 population[8]. In general, the results indicate that screening and diagnostic services, as well as staff awareness are very low. For example, three of the provinces surveyed reported that they had access to diagnostic services for FAS in the community. Although only one territory (Northwest Territories) reported having adequate staff training on the identification and management of FAS, 10 expressed an interest in such training in the future. Systematic screening and staff education were highly recommended, and thought to be central to the success of offender treatment.

Currently, the authors are aware of no study which has examined the prevalence of FASD in the Canadian Aboriginal offender population. It is likely that many are entering the correctional system undiagnosed and thus untreated (CSC, 1999; Boland et al., 1998). Boland et al. (2000) suggest that one of the reasons for the over-representation of Aboriginal peoples in federal corrections is due to the high rate of FASD in Aboriginal populations. The prevalence of FASD is difficult to assess due to a lack of reliable and valid screening tools and the availability of diagnostic services in general (Boland et al., 2002). As a result, researchers have stressed the importance of screening upon intake to custody (Boland et al., 2002; Burd, Martsolf & Juelson, 2004; Streissguth, 1997). More specifically, some suggest the development of a screening tool at intake to identify offenders who are "high risk" for FASD (Boland et al., 1998; Boland et al., 2002; Burd et al., 2004; CSC, 1999). Alternatively, the Offender Intake Assessment process could be modified to take into account incoming FASD cases. Once targeted, these individuals could be sent for a diagnostic assessment by a multi-disciplinary team of health care professionals.

[7] Alberta and British Columbia declined to participate.
[8] This number is based on the number of diagnosed cases of FAS and ARND estimated by the surveyed correctional official.

Presently, there is no formalized treatment program for offenders with FASD. Some have recommended a special program for offenders with FASD that incorporates their cognitive and behavioural deficits and targets specific learning problems, attention problems, and behaviour attributes (Boland et al., 1998; Burd et al., 2003; CSC, 1999). In addition, Streissguth and Kanter (1997) state that individuals with FASD work best in structured environments with routine, consistent rules, and constructive feedback. Some of these treatment characteristics may be applied to an offender population with FASD. There may also need to be gender- and culturally-specific programs. These techniques may help to reduce poor institutional behaviour and improve program success. Research needs to be conducted to determine FASD offenders' treatment responsivity to current institutional programs and if one treatment modality is more effective than others.

Researchers have also recommended aftercare to assist release planning, job training, housing arrangements, and life skills training, in addition to a substance abuse maintenance program (Boland et al., 1998; Streissguth, 1997). There may also need to be training and awareness on behalf of the staff who are working with offenders affected with FASD, including a FASD awareness manual (Boland et al., 1998; Burd et al., 2004; CSC, 1999; Streissguth, 1997). Some argue for the presence of an institutional advocate who could help offenders with FASD related challenges including their transition and progress throughout their sentence (Boland et al., 1998; CSC, 1999; Streissguth, 1997; Streissguth & Kanter, 1997).

There are some current research and operational efforts by CSC with regard to FASD in the offender population. Two pilot projects[9] utilize community–based residential centres to address the unique needs of federal offenders impacted by FASD. Genesis House[10], in British Columbia, delivers specialized interventions and case management techniques to male offenders on conditional release and who are diagnosed with or suspected of being impacted by FASD (Antrobus & Lutke, 2004). Salvation Army CRC[11], in Yellowknife, targets the needs of

[9] The two projects have been funded by CSC since 2001.
[10] Program is entitled "Fetal Alcohol Spectrum Disorder (FASD): Community Residential and Reintegration Program for Adult Male Offenders".
[11] Program is entitled "Aurora Project".

conditionally released federal offenders with mental and/or cognitive impairments (including offenders suspected of having FASD) (CSC, 2004). One research project plans to determine the incidence of FASD in the Canadian federal offender population using a sample of offenders in the Winnipeg area. The goal of this research is to develop a screening tool at intake to federal custody in order to identify offenders at risk for having FASD. An electronic survey has also been recently completed by CSC staff who work with offenders diagnosed with or suspected of FASD. The results will help inform correctional staff on the common and appropriate strategies to utilize with offenders affected by FASD.

It is also essential that FASD supports be available in the community. There has been criticism of the non-accessibility of such services for individuals with FASD (CSC, 1999; Legge, Roberts & Butler, 2000; Roberts & Nanson, 2000). This issue may present additional challenges for the Aboriginal community given their geographical dislocation in remote communities. In addition, the lack of diagnostic services more often impact communities in northern Canada (Legge et al., 2000). Turpin and Schmidt (1999) discuss the lack of FASD service provisions in northern and remote communities in Canada. In response, urban type programs are sometimes implemented in smaller communities but may yield ineffective results, or major urban centres are utilized to provide remote communities with specific services. However, a lack of transportation and the costs incurred to travel may find the latter option unfeasible. Despite these obstacles, Turpin and Schmidt (1999) maintain that children with FASD and caregivers in remote areas need a support network. They suggest that an intensive case management model, where a social worker, with considerable knowledge of FASD, fulfills the roles of assessment, intervention, monitoring, and evaluation for FASD cases in remote areas.

Some of the other challenges associated with FASD are described in a study of one northern Aboriginal community in Canada including fear of stigmatization, lack of awareness, denial of the problem, and social problems (i.e., substance abuse) (Kowalsky & Verhoef, 1999). These types of issues have the potential to hamper the development and implementation of programs and services. Individuals and communities need to deal with issues of shame, guilt, a loss of control, and mistrust, and acknowledge the presence of the problem (Legge et al., 2000; Roberts & Nanson, 2000). Culturally-sensitive programs, awareness campaigns for high risk women,

addictions treatment, caregiver support, support groups, prenatal outreach, and community education are some of the recommended strategies to deal with FASD in Aboriginal communities (CSC, 1999).

Community services for Aboriginal children and adults affected by FASD must take into consideration the ethnicity and culture of the population being served. As such, culturally-appropriate intervention strategies should be utilized (Hart, 1999; Masotti, Szala-Meneok, Selby, Ranford & Van Koughnett, 2003). For instance, consistent with an Aboriginal holistic approach, services should address the physical, emotional, spiritual, and mental aspects of the individual with FASD (Hart, 1999; Masotti et al., 2003). Researchers also suggest that services should be delivered to the individual, family, and community to facilitate the connectedness between the three parties in a balanced and harmonious manner (Hart, 1999; Masotti et al., 2003). Treatment programs may also need to integrate the involvement of both mothers and children to avoid child separation or custody issues (CSC, 1999; Legge et al., 2000; Roberts & Nanson, 2000). Hart (1999) urges researchers and practitioners to respect the self determination of First Nations communities, and understand that most of these communities are facing numerous challenges with limited resources. In turn, service providers should share current FASD approaches with the community to determine the most appropriate response and use in this particular context.

A review of the literature has indicated the necessity of conducting research on the specific needs of Aboriginal women offenders. Some of these needs may be especially pertinent to examine due to obstacles presented both upon initial and continual reintegration into the community. One particular need is substance abuse. This has had a long-standing impact on Aboriginal communities and individuals. A health-related consequence of alcohol abuse is the presence of FASD in the offender population. The prevalence and impact of FASD on Aboriginal women offenders and their families is not yet clear. However, it is clear that an examination into the role of programs, services, and supports in facilitating community reintegration and FASD intervention is required in order to better understand Aboriginal women's needs.

Current Study

This research was conducted in partnership with Health Canada, and in consultation with a working group on Aboriginal women offender needs. Based on information gathered from Aboriginal women incarcerated in federal correctional facilities and serving time in the community, this project examines the needs of Aboriginal women offenders in an effort to lead a healthy lifestyle and successfully reintegrate into the community. This includes needs for programs and services, and formal and informal support systems. It also includes womens' needs and responsibilities in respect to their roles as caregivers to children, and issues related to substance abuse. More specifically, we examine Fetal Alcohol Spectrum Disorder (FASD) as an impact of alcohol abuse in Aboriginal women, and the provision of programs, services, and supports for families coping with FASD.

The research questions for this study were as follows:

1. What is the profile of Aboriginal women offenders incarcerated in federal correctional facilities and serving time in the community under federal supervision?
2. Where are federal Aboriginal women offenders from, and where are they returning to upon release from federal correctional facilities?
3. What proportion of federal Aboriginal women offenders plan to assume caregiver responsibilities with children upon release?
4. What are the needs of federal Aboriginal women offenders in relation to family/parenting, substance abuse, employment, education, and other personal issues?
5. What programs, services, and supports are in place for federal Aboriginal women offenders upon release?

METHODOLOGY

As previously stated, the purpose of this study is to examine the needs of Aboriginal women offenders, in particular their substance abuse and family-related needs. To accomplish this, three sources of data were utilized. First, to profile the Aboriginal women offender population, data from offender files were extracted from the Offender Management System (OMS). This includes both women who are incarcerated and who are serving time in the community. Second, to expand upon this profile and gain a better understanding of their needs, information was gathered from interviews with incarcerated Aboriginal women. In addition to these interviews, we were also able to interview a small sample of Aboriginal women offenders serving time in the community to provide context and a different perspective. Finally, focus groups were conducted with Aboriginal women offenders in federal institutions to provide further depth and understanding of the issues discussed in the interviews.

Offender Files

The offender files for all Aboriginal women offenders incarcerated and supervised in the community as of March 1st, 2004 were retrieved from the OMS of the Correctional Service of Canada. Data were extracted for the purpose of profiling Aboriginal women offenders including their socio-demographics, offence characteristics, criminal history, and static and dynamic risk factors. It also facilitated the process of identifying their specific high need areas and participation in correctional programs.

This information was primarily gathered through the Offender Intake Assessment (OIA) process. The OIA process collects information on each federal offender's criminal and mental health background, social situation and education, factors relevant to determining criminal risk (such as number, variety of convictions and previous exposure, response to youth and adult corrections), and factors relevant to identifying offender dynamic needs (such as employment history, family background, criminal associations, addictions, attitudes).

Offender Interviews

Aboriginal women offenders who were incarcerated and under supervision in the community were invited to participate in a semi-structured interview. The interview asked questions about the women's background including their Aboriginal culture, family, and living arrangements while growing up. They were also questioned about past and current substance abuse, and more specifically, children affected by FASD under their care. Finally, the interview inquired about program participation, support systems, childcare responsibilities, and specific need areas. See Appendix B for the interview for incarcerated Aboriginal women. The interview for women in the community focused on similar questions, but was slightly modified to reflect the fact that they were serving their sentence in the community.

Due to the sensitive and personal nature of some interview questions, the instrument was reviewed by the working group for this project. The interview was also reviewed by an independent researcher from an Aboriginal perspective to ensure its content was sensitive to Aboriginal issues. The questions dealing with FASD were also explored to ensure they were sensitive to any potential emotional distress among the women participants, and to ensure that questions of this nature were appropriate and comprehensive.

In addition to advice from the working group, a draft of the interview was piloted with Aboriginal women offenders in the community. This process gave Aboriginal women themselves the opportunity to provide comments and feedback about the instrument, and suggest new areas of exploration.

Incarcerated Participants

Interviews were conducted with Aboriginal women offenders incarcerated at three correctional facilities: Grand Valley Institution for Women (Ontario) (n=9), Edmonton Institution for Women (Alberta) (n=29), and Okimaw Ohci Healing Lodge (Saskatchewan) (n=17). A total of 55 Aboriginal women participated in these interviews.

The majority of women respondents were First Nations (n=36), followed by Métis (n=19). No Inuit women offenders were interviewed. Almost one-half (49%) reported that they understand or speak Aboriginal languages. All said that they spoke English or French.

Contact persons were identified at each site to facilitate each visit. Each site contact was sent a project description, sign-up sheet, and information poster. Women were encouraged by staff members, particularly the Elders and Native Liaisons Officers, to sign up for an interview prior to arrival to each site. At arrival at each site, information sessions were conducted separately with staff and offenders to inform them of the project and answer any questions. Information sheets were also distributed at this time.

All Aboriginal women offenders incarcerated in each site were invited to participate in an interview. Before commencing the interview, each woman was informed of her rights as a voluntary and consenting participant. After each interview, the women were given a list of institutional supports including Elders, Native Liaison Officers, psychologists, and nurses. This list was to be used by the participants if they experienced any emotional distress as a result of the interview. No aftercare was required by any of the participants.

To determine the extent to which the interview sample represents the overall Aboriginal women offender population, the sample of incarcerated Aboriginal women offenders were compared to a snapshot of Aboriginal women offenders incarcerated as of March 1st, 2004. The two groups were compared on socio-demographic characteristics, offence characteristics, criminal history, and static and dynamic factors. There were no statistically significant differences found between the two groups. Therefore, it can be said that the sample for this study is representative of the incarcerated Aboriginal women offender population.

Community Participants

To provide additional context to the interviews with women who were currently incarcerated, interviews were also conducted with a few Aboriginal women offenders serving time in the community. A total of 5 interviews were conducted in the Prairie region. Four of the

community respondents were First Nations and one was Métis. Three women reported that they understand or speak Aboriginal languages.

The Aboriginal women who were supervised in the community were identified through the OMS. Then, the parole officer was contacted to inform them of the study and ask if they could make initial contact with the Aboriginal women on their caseload. For all potential participants, initial contact with the women in the community was made by the parole officers. Subsequent contact was sometimes made directly between researcher and woman.

For Aboriginal women participants in the community, an interview time and location were scheduled. Two community interviews took place in a halfway house, and the remaining three interviews took place in a parole office. Community participants were given a list of community organizations to act as a support network and reference point. These lists were also distributed to women in the institutions to help facilitate their reintegration process.

Focus Groups

Aboriginal women offenders were also invited to participate in a focus group at the end of each site visit, regardless of their participation in an individual interview. The focus group gave the opportunity for the participants to expand on the interview content and raise any additional issues. It also gave women who did not want to participate in an interview the opportunity to engage in an informal discussion of key reintegration issues.

The focus groups revolved around the following questions:

- What are your primary needs in the community?
- What are your greatest concerns or challenges when released into the community?
- What supports do you need to help take care of yourself, family, and children in the community?
- What do communities and families need to help deal with Fetal Alcohol Spectrum Disorder?

- How can your community help to facilitate your reintegration?

Each focus group lasted approximately 2 hours. There were 12 participants in Edmonton Institution, 10 in Okimaw Ohci Healing Lodge, and 4 in Grand Valley Institution.

RESULTS

As discussed in the introduction to this report, this study examined the needs of Aboriginal women offenders. First of all, a profile of Aboriginal women offenders is described. Following this, the background and living arrangements of Aboriginal women offenders is detailed. The family and childcare responsibilities of these women is also identified. Fourthly, the needs of Aboriginal women offenders, including issues of substance abuse, are examined. This also includes information on program participation and support systems in place. Finally, the issue of FASD is explored. Appendix A provides the statistical tables.

Profile

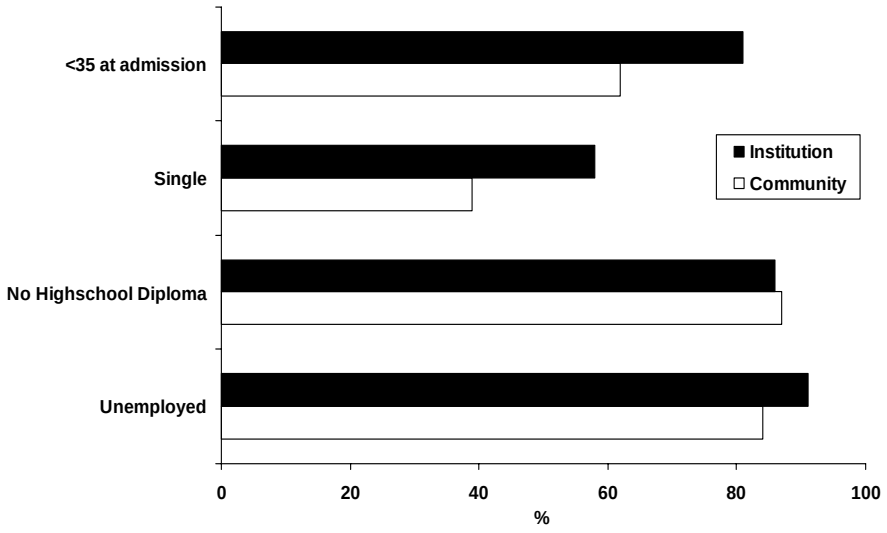
Using data extracted from OMS, this section profiles Aboriginal women offenders incarcerated in federal correctional facilities and serving time in the community. This section is meant to enhance our understanding of the Aboriginal women offender population and its diverse needs.

Socio-Demographic Characteristics

A one-day snapshot on March 1st 2004 identified 105 Aboriginal women offenders incarcerated in federal correctional facilities (Table 1). This includes 75 First Nations and 30 Métis women. As illustrated in Figure 1, incarcerated Aboriginal women offenders can generally be described as single, uneducated, unemployed, and in their late 20s.

The one-day snapshot also revealed that there are 76 Aboriginal women offenders serving time in the community. This includes 58 First Nations, 16 Métis, and 2 Inuit women. In contrast to those who are incarcerated, community-supervised Aboriginal women offenders tend to be married or living in common-law relationships, and in their early- to mid-30s. Although still largely unemployed, larger proportions of those serving time in the community were employed (16% versus 9%).

Figure 1
Socio-Demographics Characteristics

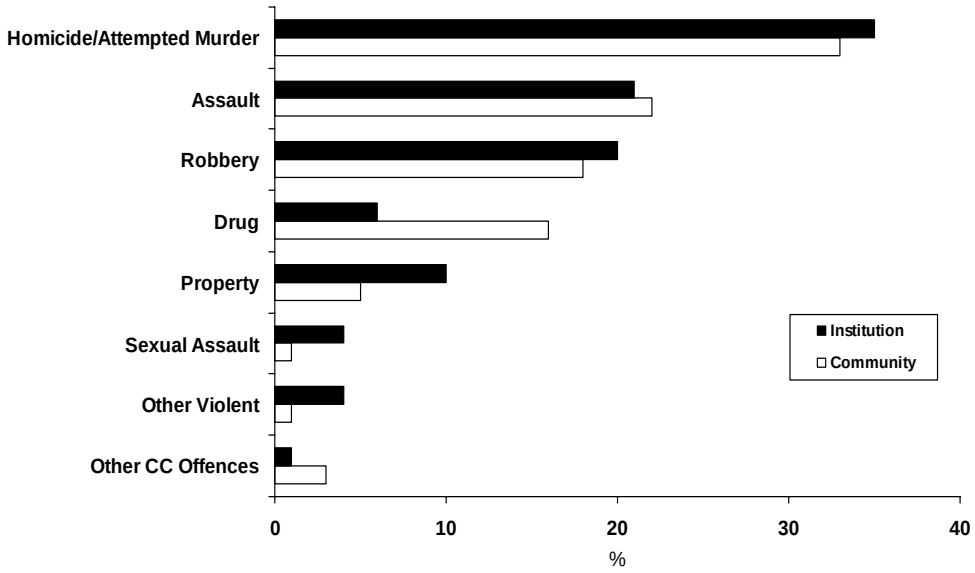


Offence Characteristics

As illustrated in Figure 2, the majority of Aboriginal women offenders are currently incarcerated for a most serious offence of homicide (35%), assault (21%), and robbery (20%) (also see Table 2). They are serving, on average, an aggregate sentence length of 4.8 years. Among incarcerated Aboriginal women offenders, there are 16 lifers.

The majority of Aboriginal women offenders who are serving time in the community are incarcerated for a most serious offence of homicide (33%), assault (22%), robbery (18%), and drug offences (16%) (Table 2). The mean aggregate sentence length is 3.8 years. There are nine Aboriginal women lifers being supervised in the community.

Figure 2
Most Serious Current Offence



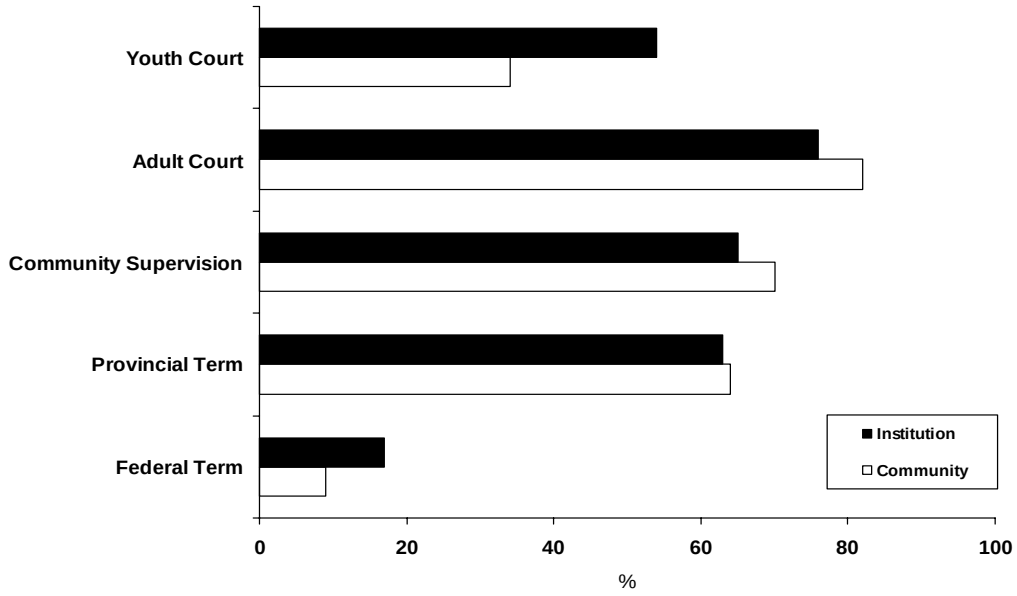
Criminal History

Generally, Aboriginal women offenders have fairly extensive criminal histories. As illustrated in Figure 3, about one-half (54%) have previous youth court convictions, and three-quarters (76%) have previous adult court convictions. Furthermore, about two-thirds have had previous community supervision (65%) and previous provincial terms (63%). Seventeen percent have a previous federal term (Table 3). They also have some extent of failures in the correctional system. For example, 39% have previously failed on conditional release and 50% have previously failed on a community sanction.

A similar trend can be reported for Aboriginal women offenders serving time in the community. Although smaller proportions had previous youth court convictions (34% versus 54%) and previous federal terms (9% versus 17%), similar proportions have previous adult convictions (82%), community supervision (70%) and provincial terms (64%). In terms of failures in the system, while similar proportions of Aboriginal women in the community and those incarcerated had failed on a community sanction, smaller proportions of those in the community had failed a

conditional release, been segregated for a disciplinary infraction, escaped/attempted to escape, or been reclassified to a higher level of security.

Figure 3
Criminal History



Reintegration Factors

Overall, the majority of incarcerated Aboriginal women offenders were assessed at intake to federal custody as high need for correctional programming (69%), high risk to re-offend (52%), medium motivation for intervention (50%), and low reintegration potential (53%) (Table 4). Individual need domains will be discussed later. The largest proportion was assessed as requiring medium security (66%).

The largest proportion of Aboriginal women offenders supervised in the community were assessed at intake as high need for correctional programming (56%), medium risk to re-offend (43%), high motivation for intervention (56%), and high reintegration potential (38%). Similar to above, the majority of community-supervised Aboriginal women offenders were rated as medium security (59%).

Summary

In general, Aboriginal women offenders are incarcerated for very serious offences and present a variety of criminogenic risk factors. Generally, the profiles of those incarcerated and those serving time in the community are similar, with a few areas of divergence. For example, both groups have low education and employment levels. However, Aboriginal women who are incarcerated are more likely to be single and younger. Both groups demonstrate high need for correctional programming; however, incarcerated Aboriginal women present a higher risk to re-offend. Incarcerated Aboriginal women offenders have more extensive criminal histories and failures in the system; however, Aboriginal women who are incarcerated and serving time in the community are incarcerated for violent offences. These differences are not surprising, and most likely are the reason why those who are serving time in the community have been released from prison.

Background

It is important to examine where Aboriginal women offenders come from, and where are they will return upon release. Women offenders will eventually be returning to communities, and therefore, will require programs, services, and supports to successfully facilitate this reintegration. It is also important to know not only the location, but the size and type of the communities. For example, a small rural village may encounter greater difficulties with program and service provisions compared to a large urban centre. In order to address this question, information from the interviews with Aboriginal women offenders was utilized.

Living Arrangements

About two-thirds of the respondents (63%) said that they grew up in an urban centre (45% in a large city and 18% in a small city). An additional one-quarter were raised on

a reserve, 12% in a rural community and 2% in a Métis community (Table 5)[12]. These communities were largely located in Saskatchewan and Alberta which is not surprising since the interviews for this study were primarily conducted in the Prairie region.

Interestingly, when asked where they considered their home community, the results largely reflected where they had grown up: 54% reporting a large city, 8% a small city, 23% a reserve, 13% a rural community, and 2% a Métis community. Similarly, Aboriginal women offenders interviewed in the community were largely raised in large or small cities, and were released to urban centres.

At the time of arrest, an even larger proportion of women were living in an urban centre. More than three-quarters (78%) said that were living in a city at the time of their arrest for their current conviction (62% large city, 16% small city). Of these, many Aboriginal women were living in large cities such as Edmonton (Alberta), Regina (Saskatchewan), and Winnipeg (Manitoba).

When asked about their childhood and adolescence, one can see a great deal of instability. For instance, 60% said that they were involved in the child welfare system at some point in their childhood or adolescence. About one-quarter (24%) had been adopted, 84% had spent time in foster care, and 61% had spent time in a group home. Furthermore 15% of the respondents said that they have spent time in a residential school. A similar proportion of Aboriginal women in the community have been involved in the child welfare system. Furthermore, as will be discussed in the section on needs, large proportions of the women reported having substance abuse issues in their childhood and adolescence. In addition, the women said that substance abuse was a problem in their home communities while growing up.

When asked who was their primary caregiver while they were growing up, most frequently, the women reported that their primary caregiver was their birth mother (22%) or grandparent(s) (20%). About one-quarter (24%) indicated that non-family members, such as foster parents,

[12] Population of large city = 100,000+; population of a small city = 10,000-100,000; population of rural community = less than 10,000.

were their primary caregiver. Another 9% indicated that adoptive parents were their primary caregiver.

Release Plans

When asked what type of community would be the best place to live once released, the largest proportion of the respondents indicated a large city (58%) (Table 6). Furthermore, two-thirds (66%) indicated that they plan to live in a large city upon release[13] such as Edmonton (Alberta), Saskatoon (Saskatchewan), and Winnipeg (Manitoba). This decision may be indicative of increased access to programs and services in a large city. Although it also gives some indication to the areas for program and service delivery, the results must be interpreted with caution due to the location of the interview sites. Only 11% of the respondents said that they plan to live on a reserve upon release.

To further elaborate on release plans, respondents were asked why they would like to live in that particular community[14]. Most Aboriginal women wanted to return to a particular community to be close to family and friends (63%) and their children (19%). Some were interested in pursuing employment (10%) and schooling (15%) opportunities. The importance of access to their spirituality (10%), program and service provisions (15%), and the support of the community itself (13%) were added reasons. Again, there appears to be a strong reliance on large urban communities because provisions such as programs, services, education, and employment are more likely to be offered in these types of communities than smaller, more isolated locations.

Summary

In general, it appears that Aboriginal women offenders were raised in large cities and plan to return to an urban centre upon release to the community. These findings have important implications for the location of program and service delivery. For instance, if Aboriginal women

[13] Respondents were asked to indicate their plans beyond short term treatment.
[14] Respondents were asked to provide reasons spontaneously rather than being prompted with categories by the interviewer. Therefore, the proportions may under-represent the range and extent of possible responses.

offenders plan to live in large cities, they will require access to employment, education, and addiction programs in these areas. A number of services may be required including counselling and mentoring. Proportionally, these numbers may be interpreted that there is lower need for programs and services in small towns or reserves. However, the presence of such needs continue to represent a necessity in these smaller areas where such services may serve to act as a preventative effort as opposed to an intervention strategy.

Family and Child Responsibilities

Upon returning to the community, Aboriginal women offenders may be returning to family-related responsibilities including caring for their children. Additional or special supports may be required to deal with providing for their family once again. Women offenders may also experience additional stressors due to these responsibilities.

Despite that the majority of interview respondents reported that they were currently single (65%), over one-quarter (28%) stated that they will be returning to an intimate relationship in the community (Table 7). All of the women indicated that they were "very happy" in this current relationship. Comparatively, two women in the community returned to an intimate relationship in the community.

About two-thirds (69%) of the respondents said that they have children. On average, those with children have about three children each. The mean age of the children is 13 years old. Prior to their incarceration, 79% of the women who had children said that they had "all" or "some" of their children living with them. While incarcerated, most (84%) said that they presently have contact with "all" or "some" of their children (49% all children; 35% some children). During their period of incarceration, a number of different individuals have cared for their children. For example, 53% reported that the child's grandparents cared for their children, while 31% had another relative care for them. All of the Aboriginal women in the community have children, and all of them are currently caring for their own children in the community. Four of the women have 3 to 4 children with a mean age of 12 years.

Aboriginal women were also asked if they will be caring for their own and/or other children upon release. In the community, most women said that they will be resuming childcare responsibilities. In total, 66% of the respondents said that they will be caring for their own or other children upon their return to the community. Forty-two percent said that they will be caring for their own children, 20% for other children only, and 4% for their own and other children. Almost three-quarters (73%) said that they think they will be caring for one or two children. Based on these proportions, it is evident that women will resume many childcare responsibilities and therefore require community supports to assist them with these duties.

The women noted that their childcare duties will involve a wide range of responsibilities. The primary responsibility will be love and support. Most women indicated that they will have to provide the basic necessities such as nutrition, shelter and clothes to their children. Children will need to be supervised which may be more difficult for newly released women offenders due to complexities with daycare arrangements and related costs. Various other child supports may be required to assist women since it has been some time since Aboriginal women have had to partake in any individual or family-related responsibilities. These required supports will be discussed later. It was also important for some women that their children have the opportunity to socialize with other children. The respondents also noted the importance of providing their children with access to spiritual and cultural activities.

Clearly, Aboriginal women offenders will have childcare responsibilities upon release. This area will certainly present increased difficulties during their initial and long-term reintegration. Therefore, a number of services may be required to assist mothers and their families. In addition, these service provisions may need to incorporate financial assistance, family involvement, and culturally-specific elements. These supports will be discussed in greater detail in the following section.

Needs of Aboriginal Women Offenders

It is clear that Aboriginal women offenders have a great number and a wide variety of needs while incarcerated and upon release to the community. This section examined their identified

needs at the time of admission to the federal facility, as well as their program participation during incarceration in order to address these needs. Further, this section examined the needs upon release into the community as identified by a sample of Aboriginal women offenders, and the supports required upon release to help address these needs. Finally, this section examined the needs of family according to the Aboriginal women respondents.

Needs while Incarcerated

In order to examine the needs of Aboriginal women while incarcerated, information was examined from the Offender Intake Assessment (OIA) process. In addition to gathering information on the offender's background, CSC's OIA process collects and stores information on factors relevant to identifying offender dynamic needs (such as employment history, family background, criminal associations, addictions, attitudes, etc.). This information helps to determine correctional plans and programming needs.

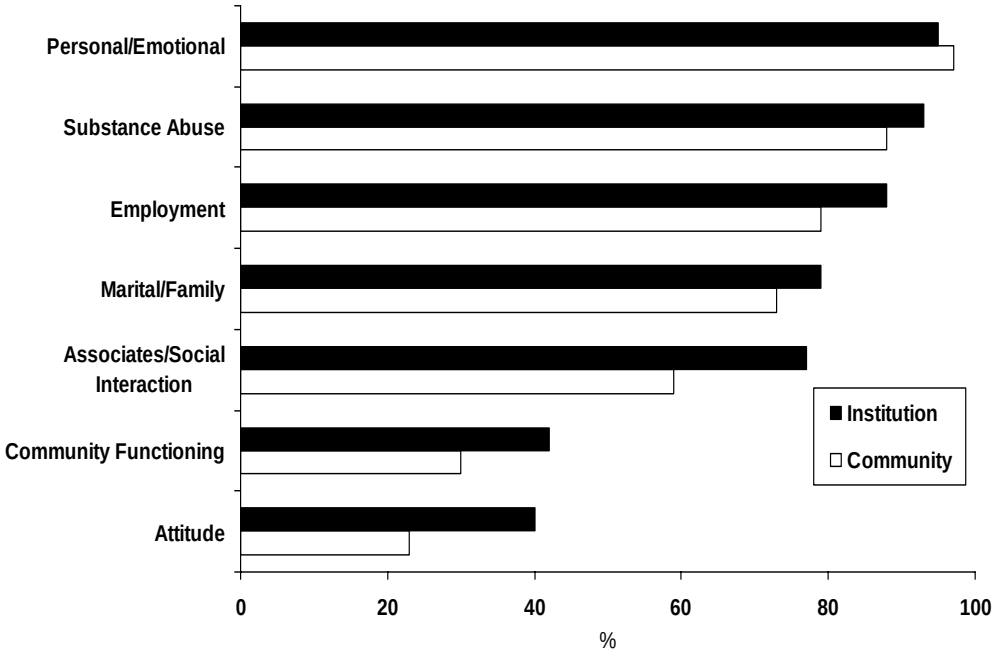
According to information provided at the time of their admission to the federal correctional facility for their current sentence, Aboriginal women have many needs for correctional programming. As can be seen in Table 8, over two-thirds (69%) of Aboriginal women were rated as being high need for correctional programming overall and a further one-quarter (29%) were rated as being moderate need. Only 2% were rated as low need.

When individual need areas were examined, specific areas of high need were identified. As illustrated in Figure 4, Aboriginal women offenders were rated as having the highest need in the area of personal/emotional orientation (95% were rated as having "some or considerable" need). In particular, some of the problem areas noted included: poor stress management; impulsiveness; and poor conflict resolution skills. Another high need area related to substance abuse (93% were rated as having "some or considerable" need). Some of the problem areas included abuse of alcohol and the use of drugs in social settings. The third highest need area was employment (88% rated as having "some or considerable" need). In particular, problem areas in this domain included: being unemployed at arrest; an unstable job history; being unemployed 90% or more of the time; and not having a high school diploma.

Other high areas of need included: marital/family issues (79%); and social interaction/associates (77%). In the area of marital/family issues, many of the women had dysfunctional childhood experiences, currently had somewhat unstable relationships with spouses, and were experiencing communication problems with their family. In terms of social interaction/associates, issues largely focused on having many criminal acquaintances, support networks comprised of substance abusers, and involvement in few pro-social groups.

Aboriginal women offenders were rated as having fewer needs in the areas of community functioning and attitude (42% and 40%, respectively). However, central to community reintegration may be the need to address an offender's ability to function in the community. For example, large proportions of Aboriginal women have used social assistance, and thus have financial difficulties (i.e., no bank account, no credit, and no collateral). Therefore, it may be important to provide Aboriginal women offenders with financial assistance when they are first released into the community.

Figure 4
Dynamic Needs



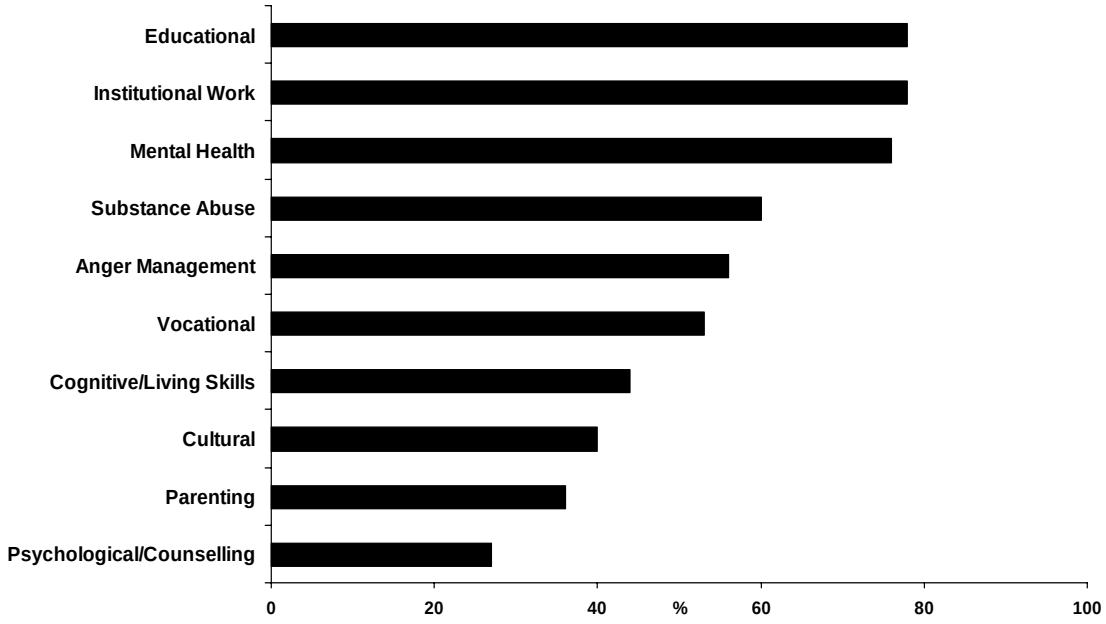
These findings are fairly similar to those found among Aboriginal male offenders, except that the area of marital/family is more of a pronounced need among Aboriginal women than Aboriginal men (Trevethan, Moore & Rastin, 2002). However, in comparison to non-Aboriginal women, Aboriginal women offenders appear to demonstrate higher need (Dell & Boe, 2000).

The Correctional Service of Canada (CSC) has developed programs aimed at responding to the needs of offenders that are identified at intake. CSC offers core programs, such as substance abuse, education, family violence, living skills, and sex offending. These programs are determined based upon the criminogenic needs identified in the offenders' correctional plan. In addition, CSC offers non-core programs that are not standardized across CSC. In order to examine whether Aboriginal women offenders are participating in programs that address high-need areas, program participation data was extracted for the 55 Aboriginal women involved in this project. However, this is a somewhat complex issue because, at intake, offenders often present a multitude of criminogenic needs and those who are high need in one area also tend to be high need in other areas. Furthermore, during the course of incarceration, offenders often participate in a number of programs. Therefore, it is difficult to examine whether specific needs are being targeted by specific programs.

As can be seen in Figure 5, Aboriginal women offenders are participating in programs that focus on addressing their needs (also see Table 9). For instance, in order to address the high-need area of personal/emotional orientation, more than three-quarters of the Aboriginal women (76%) have participated in programs relating to mental health. An additional 27% have participated in psychological and/or counselling services.

To address issues relating to substance abuse, 60% of the respondents have participated in substance abuse programs. To address employment-related needs, more than three-quarters (78%) were involved in educational programs, 78% in institutional work programs, and 53% in vocational programs.

Figure 5
Program Participation



It is important to note that certain types of programs were Aboriginal-specific. For instance, 32% of those involved in anger management programs participated in Aboriginal-specific programs. Furthermore, approximately one-quarter of those involved in substance abuse programs and parenting programs participated in Aboriginal-specific programs (27% and 25%, respectively). The importance of Aboriginal-specific programs was noted in one focus group with Aboriginal women:

> *I don't think that we need to be treated like [a] cookie cutter but I definitely think that being as Aboriginal women, we definitely need to have programs directly regarding our spirituality, our culture, and our traditions and the beliefs that we carry with us.*

The use of Aboriginal-specific programs may help to make the programs more effective for these women because they may be more responsive to a program and facilitators that understand their culture.

As also indicated in table 9, the majority of respondents involved in programs successfully completed[15] them. For instance, 100% of those involved in parenting programs, 88% of those involved in mental health programs, 88% of those involved in cognitive living skills, and 82% of those involved in substance abuse programs, successfully completed them. Three-quarters (77%) of those involved in anger management programs successfully completed them.

Needs upon Release

At the time of release to the community, Aboriginal women offenders have a variety of needs. As seen in Table 8, one-half (50%) of Aboriginal women offenders were rated as high need for correctional programming overall, while 44% were rated as medium need for program intervention. Only 6% were considered low need.

Upon examination of the individual need domains, the area of highest need at the time of release was personal/emotional orientation (97% rated as having "some or considerable" need), followed by substance abuse (88%), and employment (79%). These were the same high need areas as at the time of admittance to the correctional facility. However, the proportion of women with high need have generally decreased at the time of release. It should be noted that, at the time of release, some areas may become more relevant. For instance, personal/emotional issues may become important in the home environment.

In addition to data from the offender's files, data from the interviews with the 55 Aboriginal women provided more in-depth information on the needs of the women upon release (Table 10). The interviews generally confirmed the findings from the needs assessment conducted by CSC.

1. Substance abuse

Since substance abuse is one of the prevailing issues that impact Aboriginal women offenders, additional information was gathered on this topic. As indicated in Table 11, almost all

[15] Successful completion was based upon at least one successful completion out of their participation in the three most recent programs.

Aboriginal women offenders reported that they have used alcohol or drugs at some point in their lives (96% and 98%, respectively), and 25% said they have sniffed solvents at some point in their lives. About one-half of the women said that they had an alcohol problem or drug problem at some time in their childhood or adolescence (47% and 49%, respectively). This increased to almost three-quarters during their adulthood (70% for alcohol, 72% for drugs). Two-thirds (67%) of the women said that they currently have a substance abuse problem. Two Aboriginal women in the community reported a current substance abuse problem.

Furthermore, substance abuse problems were a part of the home environment for these women. Eighty percent of the women interviewed noted that substance abuse was an issue in their community while they were growing up. A larger proportion (85%) said that someone in their home environment had an alcohol problem, while 36% had someone with a drug problem, and 9% with a solvent sniffing problem. Lower proportions of Aboriginal women in the community had substance abuse in the home environment and community while growing up. In addition, 75% of incarcerated women said that, prior to their incarceration, practically all of their friends had engaged in drug or alcohol abuse, and about one-half (44%) thought that friends and family would be using alcohol and drugs around them upon release.

In terms of substance abuse, about one-half (59%) of the women with substance abuse issues noted that they had sought help to cope with abusing substances prior to their incarceration. About three-quarters (74%) said that they had access to supports, and 65% used some supports. The most commonly used supports included Alcoholics/Narcotics Anonymous, an in-patient hospital stay, counselling, or family members. Similar proportions of the community respondents were seeking help, accessing, and using supports for substance abuse problems prior to incarceration.

A large proportion of the respondents (85%) said that they currently have access to supports to help them cope with abusing substances, and that they currently use these supports. Aboriginal women are utilizing the same supports as they did prior to incarceration. A similar trend was observed for Aboriginal women offenders in the community.

The majority of the respondents (91%) reported that they will need assistance with a substance abuse problem when they are released to the community (Table 10). More specifically, a larger proportion of women returning to urban centres will require substance abuse assistance than women returning to rural areas (93% versus 80%)[16].
However, only one of the five respondents who were currently in the community said that they needed assistance for a substance abuse problem. Respondents were asked to suggest types of substance abuse interventions to use in the community (Table 11). Incarcerated Aboriginal women offenders said they were interested in spiritual-related services (42%), such as counselling by Elders and healing ceremonies. They also expressed interest in individual counselling (40%), Alcoholics Anonymous (35%), Narcotics Anonymous (26%), and other community supports (i.e., family, friends, non-governmental organizations) (30%).

Upon reintegration into the community, the women will be facing some very difficult challenges with substance abuse. As reported by the interview respondents, some of the hardest challenges in dealing with substance abuse in the community includes dealing with individuals who abuse substances (42%), dealing with stressors and pressures in the community (16%), and dealing with the need for a support network (11%). The concern about returning to circles of friends where substance abuse is prevalent and influential was a concern echoed in the focus group discussions in Edmonton and Ontario. With such challenges, it is essential to have various supports in place to avoid relapse and reoffence.

2. Emotional issues

A large percentage of the women (86%) also thought that they would require assistance for emotional problems when they are released to the community (Table 10). Similar proportions of women returning to urban and rural centres will require these services once released. For instance, many thought they would require the use of a counsellor, Elder or psychologist upon release to help them address their issues. In contrast, three of the community respondents indicated that they require help for emotional problems.

[16] Responses of large city and small city were collapsed to represent an "urban" centre. Responses of rural community, reserve, and Métis community were collapsed to represent a "rural" area.

3. Family issues

Eighty percent of the women said that they could benefit from childcare support when released into the community (Table 10). More specifically, a larger proportion of women who plan to return to an urban centre upon release reported a need for childcare support compared to women who plan to return to a rural area (84% and 67%, respectively). They suggested supports such as a parenting program, daycare, after school program, and counselling services. All of the community participants felt that they could use some form of childcare support.

Furthermore, about one-half (49%) of Aboriginal women said that they would require counselling, programs or services in the community for intimate relationship issues. Similar proportions of women planning to return to urban and rural areas reported a need for this type of assistance. Some suggested supports including relationship counseling (65%) and communications skills training (23%). Three women in the community indicated that they would need assistance with regard to intimate relationship issues.

Focus group discussions also noted the importance of family services. For instance, family programs and counselling were suggested to re-connect family members and help children of incarcerated parents.

4. Housing

In addition, 80% of the women discussed housing needs that they foresaw for themselves in the community (Table 10). These included finding affordable housing, help finding an apartment, and a safe and clean environment to live. These were similar concerns as expressed in two focus groups. In general, women participants were worried about having access to affordable and safe housing.

5. Employment

More than three-quarters (79%) of the women said that will need help gaining job skills, when released into the community (Table 10). Two-thirds (66%) said that they will need assistance finding a job. In addition, larger proportions of women returning to urban centres will require help with job skills and finding a job than women returning to rural areas. All five of the Aboriginal women offenders in the community indicated they need help gaining job skills, while two women said that they need help finding a job. Respondents were asked about the types of employment programs they could benefit from in the community. Institutional participants suggested educational programs (i.e., social work), vocational programs, in addition to resume writing and job search skills. Focus group discussions also reiterated the need to gain job skills, find employment, and have financial assistance.

Use of Supports

When Aboriginal women were asked if they would be likely to use programs and services if available, 81% of the respondents said they would be "very likely" to use them to gain job skills, 70% to deal with emotional problems, and 53% to deal with intimate relationship issues (Table 10) [17]. When asked how comfortable they were using community resources, about one-half (57%) said that they were "very" comfortable. One of the reasons that respondents said that they were comfortable was because they thought organizations provided helpful assistance and were willing to help. However, 43% said they were "not at all" or "somewhat" comfortable. When asked to further explain this rating, many women reported a general low level of comfort using such services. A few mentioned trust issues and a fear of how they will be treated by service representatives. A higher proportion of women planning to return to rural areas reported that they were "not at all" or "somewhat" comfortable using community services compared to women planning to return to urban centres (56% and 39%, respectively). Perhaps this is an area

[17] Respondents were asked to rate the likelihood of use on a five-point Likert scale. The ratings were grouped as follows: 1 and 2 represented "not likely"; 3 represented "somewhat likely"; and 4 and 5 represented "very likely".

that needs to be further addressed because women are more likely to access services if they feel comfortable approaching and utilizing such resources. The community participants provided similar responses about the use of community programs and services.

Some focus group participants expressed concern about access to supports when problems arise. This was a special concern for women wanting to return to their home communities. For example, one woman commented:

> *I wanted to go home to my community up north but I can't because there's no support for me, no programs for me to take up there because the community is so small.*

Families of offenders may also be located in these small communities, and act as a source of support, but cannot be utilized due to the absence of more formal support structures. As a solution to this problem, some women in one focus group suggested the use of Section 84 agreements[18] in Aboriginal communities whereby a community organization can act as a support network for release into small communities.

When asked about their primary support once they are released into the community, the largest proportion of respondents said that it would be family members (48%), including mother/father, spouse, child or other family members. However, a large proportion (42%) also said that their primary support would be non-family members such as a friend, Aboriginal support person (i.e., Elder, Native Liaison Worker), counsellor, community organization (e.g., Elizabeth Fry Society), or parole officer. This has important implications for the resources required in the community. Since many Aboriginal women offenders plan to rely on community supports, these networks must be readily accessible upon their release.

[18] Section 84 allows for an Aboriginal offender to be released into the care and control of an Aboriginal community. In turn, this community is responsible for facilitating the reintegration of the offender.

General Reintegration Issues

Based on information collected through the focus groups, some general reintegration issues were also identified. Overall, a better transition period into the community was recommended.

> *You just feel lost and feel hopeless…it's not working the way it's going…they don't give you enough access to community resources while you're here [in prison] so you can make that transition more smoothly. It just doesn't happen.*

This may include an increased number of halfway houses or minimum security units for Aboriginal women offenders, or the use of a community support worker or mentor. Participants spoke about dealing with the stressors of living in the community again. They feared making a mistake and not meeting expectations or the requirements of their release plan. The presence of a support worker could help women offenders locate resources in the community, assist them with their release plans, and make them aware of the expectations. A mentor could provide continuous support beyond regular working hours. One focus group thought that it would be important for this person to be a female and have similar life experiences.

> *I think that they should have somebody that deals with women that have been incarcerated…someone to talk to right away…to show you around and show you where to go…just getting you to feel comfortable to being out there.*

> *A friend who can be there when you need them, a phone call away so even if it's a frustration like getting on a bus and the fees have changed…everything is totally different from the time you went in to when you go out…someone to take that edge off.*

Focus group participants also discussed the importance of pre-release supports prior to release and offender support groups in the community.

You get out and see the people that affected you and you don't want to be around those people. You don't need those people – you just need one good person. Why surround yourself with ten negative people when all you need is one good person?

The inner work is what a lot of the native women need. [It] is the spirituality. What I imagine sisterhood to be was us sitting around this table, talking [and] supporting each other…but so far there's nothing…no one has that…there's a lot of trust issues and a lot of people need to come together.

According to the women, identifying supports in the community prior to release were seen as instrumental to their successful reintegration.

A related issue raised in all three focus groups was community awareness of the issues and realities faced by Aboriginal women offenders. Aboriginal women offenders participating in the focus groups felt that Aboriginal communities need to understand the position of a federal offender – their feelings, experiences, and progress.

Programming for reserves [and] Aboriginal communities…an understanding of how it is coming out of prison…being a federal offender.

There needs to be more awareness and educating of CSC staff and other inmates and residents of halfway houses to understand who we are as Aboriginal women.

Many offenders are dealing with feelings of rejection and judgment, and require support not criticism. Community support on reserves would also have to involve the cooperation of the Chief, council, and Elders. Awareness of parole officers and halfway house staff were also mentioned.

Finally, Aboriginal women in all focus groups were very concerned about access to spirituality and culture upon release to the community.

Mostly access to teachings and ceremonies we begin to learn inside but finding trusting resources and being able to access those people are really important.

In particular, they would like to participate in healing ceremonies, speak with Elders, and have access to friendship centres and native counselling services. This also means access to such Aboriginal-specific services in urban centres and isolated communities such as reserves. Women also mentioned having access to spiritual and cultural resources in halfway houses.

Needs of Family

In addition to examining the needs of Aboriginal women offenders while they are incarcerated and upon release to the community, the respondents were also asked about the needs of their family members (Table 10). This is an important line of inquiry because family members are often a major support for Aboriginal offenders and represent a link to the community.

The largest proportion of the women who were interviewed reported that, while they were incarcerated, their family needed to receive family counselling (38%). In addition, a similar proportion (36%) said that family members needed greater communication and contact with them. Smaller proportions reported that their family members needed help in providing stability and care for their children (15%), and financial support (15%). Upon release, offenders feel they will need support programs (44%), family counselling (30%), employment and/or financial assistance (30%) to help with the needs of their family. The needs identified for family members of Aboriginal women offenders in this study are similar to those identified among Métis male offenders (Trevethan, Moore & Thorpe, 2003).

Summary

As discussed above, Aboriginal women offenders have a substantial need for programming in the areas of personal/emotional orientation, substance abuse, and employment. This is evident upon admission to the federal correctional facility, as well as upon release to the community. However, it is also clear that the women are involved in programs that are aimed at addressing

these problems. These include programs that focus on substance abuse, anger management, mental health, cognitive/living skills, education and vocational skills.

When released to the community, Aboriginal women offenders report that they will continue to experience the need for appropriate programs and services to address their variety of needs. For instance, they report that they will have a continued need to deal with substance abuse, emotional, and relationship issues. Furthermore, they report that they will require assistance with the more practical issues of housing and childcare.

Finally, the women point to the needs of their family members while incarcerated and upon release from prison. This is important because family members tend to be an important link to the community for offenders. In general, the women have noted that their family members need family counselling to deal with the issues of incarceration. They also require communication and contact with the offender, and support programs. There are also the practical issues of finances and housing.

Data on the needs of these women from the assessment process as well as from their voices tend to point to the same need areas. Furthermore, the women have discussed their past experiences with various support systems, the extent to which they feel comfortable using community resources, and whether they would utilize resources if they were available. It seems clear that programming should be focused mainly in urban areas since more than three-quarters of the women said that they thought they would return to a city upon release. Also, 87% of the women said that they speak English well enough to carry on a conversation, and the remaining 13% speak both English and French. In addition, about one-half (49%) said that they speak an Aboriginal language, mostly Cree.

Obviously programs focusing on emotional issues, substance abuse and employment are the most critical. Some of the specific areas that could be focused upon include stress management, impulse control and enhancing conflict resolution skills. In addition, 60% of the women said that they had been involved in the child welfare system at some point in their childhood or adolescence. The instability potentially caused by this experience may be an area to focus upon

for programming. Furthermore, since many women said that they thought they would be caring for children upon their return to the community, support in this area is important to consider.

Fetal Alcohol Spectrum Disorder (FASD)

Research has consistently demonstrated that alcohol and other substance abuse is a considerable need for Aboriginal women offenders. The results from the interviews with Aboriginal women have reaffirmed this need. With a large proportion of Aboriginal women as mothers, it is especially important to examine how substance abuse will impact upon their children. One substantial consequence is the prevalence of Fetal Alcohol Spectrum Disorder (FASD) among Aboriginal women offenders and their children, in addition to the related effects. An examination of these impacts among a sample of Aboriginal women offenders may serve to inform FASD screening and diagnosis, correctional programming, and community services.

The first step to any social or health problem is often awareness and knowledge. For the majority (94%), Aboriginal women offenders reported that they are familiar with FASD (Table 12). In fact, about one-half of the respondents (47%) indicated that they were "very" knowledgeable about FASD. However, these questions do not gauge the accurateness of their knowledge. Community participants also reported a great deal of knowledge on FASD.

Many women may be obtaining knowledge about FASD from participation in correctional programs. Approximately 60% of the Aboriginal women respondents reported that they have participated in programs that include information about FASD. Four of the five community respondents said that they have participated in programs that include information about FASD. Typically, information was distributed as part of an institutional program. Only 31% of respondents indicated that a program was Aboriginal-specific. The large majority of participants (89%) found the program(s) "very" useful. Most importantly, program participants learned about the effects of alcohol on the fetus (42%) and how to meet the needs of children affected by FASD (16%). In addition, the majority did not report any least useful components of the program(s). However, respondents offered some suggestions for improvements to programs

focusing on FASD including making the program longer with more information, include more time for discussion, and provide more examples of real life experiences.

As mentioned earlier, the prevalence of FASD in the offender population is unknown. Based on a small sample of Aboriginal women offenders, we were able to conduct a cursory examination of the prevalence of FASD among Aboriginal women offenders and their children. The prevalence of FASD was measured through self-report, and therefore no formal assessment was conducted. This approach has potential disadvantages such as under-reporting or over-reporting. For example, women may self-diagnose based on misconceptions, or alternatively, women may not identify themselves as FASD due to a lack of knowledge. Since the primary purpose of the study was not to examine the prevalence of FASD, it was not feasible to use a formal assessment and diagnostic process. This research gives us some indication, but certainly further, more rigorous research is required to determine the extent of FASD in an offender population.

Nine women (17%) reported that they have been assessed for FASD. These assessments were primarily conducted by a physician or psychologist. Only four of these women (7%) reported that they have been officially diagnosed with FASD. Of this total, two women plan to return to an urban centre upon release[19]. For those women who self-reported as having FASD, none of them said that they had supports available to cope with FASD. None of the community participants said that they have been assessed or diagnosed with FASD.

The effects of FASD on children of incarcerated Aboriginal women offenders were also examined. For example, 65% of the respondents reported that they knew children who may be affected by FASD. Furthermore, eight women (15%) reported that they will be caring for children affected by FASD upon their return to the community. Seven out of these eight women plan to return to an urban centre upon release. Most women thought these children had FASD because of their behaviour and cognitive functioning. However, only two women indicated that these particular children had been officially diagnosed by a physician. Caring for children with FASD presents increased difficulties beyond typical childcare responsibilities. As such, specific

[19] The remaining two women who reported an official diagnosis of FASD did not provide an answer for the question: "where do you plan to live upon release into the community?". Therefore, they could not be included in this sub-analysis.

supports may be required to address their needs. This would also include interacting with children affected by FASD in the community. For instance, all Aboriginal women in the community reported that they know children affected by FASD, while one woman has a child with FASD under her care although unofficially diagnosed.

Of those women who will be caring for children with FASD upon release, very few have training to deal with these specific childcare requirements. For instance, only two women have participated in any programs or training related to caring for children with FASD. In addition, only two women said these children have participated in programs to meet their needs. However, five women stated that the community in which they are returning to has programs and services to support caregivers of children with FASD. For example, programs/services were offered by the community wellness centre, addictions treatment organization, and children's school. The majority of the women were of the opinion that there are certain approaches that would work well with children affected by FASD. For example, of those who had children affected by FASD, the largest proportion thought that parents needed to be understanding and patient (63%). There was also the need to treat them like other children, and not emphasize their differences (38%). They also thought they may require treatment (38%) and individual teaching and help (25%).

Aboriginal women caregivers of children with FASD also suggested some resources that could help address their children's needs. A few examples included: programs for children and/or adolescents with FASD, counselling for children and families affected by FASD, and individual help and attention. They also thought it would be important to have prevention and awareness programs available in the community. Community awareness was also a dominant theme in the focus groups.

> *Awareness is 90% of the problem. If you're not aware of the problem, how can you address it?*

I think that Aboriginal communities definitely have to step up to the plate and say "OK, this is a problem, it's time to address this". Because [there is] a lot that gets pushed underneath the table.

Participants spoke about educating community members about the effects of FASD, and addressing the feelings of shame, guilt, and fear. This also included dealing with the stigma surrounding children and parents affected by FASD. One focus group in Saskatchewan suggested that men need to be informed about their role in FASD including programs to teach them how to be supportive of women. Focus group participants thought these goals could be accomplished through school awareness campaigns, youth prevention programs, community workshops, information sessions, and documentaries.

Some other comments were generated as a result of the focus groups. For example, some women expressed concern about the absence of qualified medical personnel to assess and diagnose FASD, both in institutions and communities. There were also concerns about how the criminal justice system and child welfare system are responding to individuals with FASD.

Providing Aboriginal women with information on FASD through programs, workshops, and information sessions is an important forum for knowledge transfer. Aboriginal women can gain invaluable experience from awareness of this issue, and possibly distribute this information to others. Both an institutional and community context can serve this purpose. In addition, Aboriginal women offenders and their children affected by FASD clearly require supports to deal with their specific needs. They present a number of unique challenges with regard to behavioural and cognitive functioning. Both community and institutional programs and services need to consider these impairments. Within an Aboriginal context, culturally-specific information also needs to be incorporated. Aboriginal women offenders have also expressed their unique ideas for dealing with the needs of children with FASD. These perspectives need to be taken into consideration at the time of program and service development and delivery.

CONCLUSION

Currently, there is very little research available on the needs of Aboriginal women offenders although they represent a disproportionate number of federal offenders in the correctional system. This research project examined the needs of Aboriginal women offenders while incarcerated in federal institutions and while serving time in the community. A more thorough exploration of substance abuse and family issues were conducted. The impact of FASD on Aboriginal women offenders and their families was also examined as a health need. Finally, the programs, services, and supports required for effective intervention and successful community reintegration were explored. The data sources for this study included a review of offender files, interviews with incarcerated and community-supervised Aboriginal women offenders, and focus groups with incarcerated Aboriginal women offenders.

The findings of the current study provide evidence that Aboriginal women offenders have unique needs. For example, incarcerated Aboriginal women demonstrate higher need for correctional programming and higher risk to re-offend than community supervised Aboriginal women. Previous research has demonstrated that Aboriginal women offenders present higher need and risk than Caucasian offenders (Dell & Boe, 2000). Aboriginal women offenders have also demonstrated higher need in the marital/family domain than Aboriginal men offenders (Trevethan, Moore, & Rastin, 2002). These findings support the need to further examine Aboriginal women offenders as a separate group from their women and Aboriginal counterparts. In addition, further support and intervention is required to address the needs of Aboriginal women offenders in the community as earlier research has found that their need levels generally do not decrease with time spent in the community (Dowden & Serin, 2000). As a group, they will require culturally-sensitive programs, services, and supports in the institution and community.

The results indicate that Aboriginal women offenders will need to utilize programs and services primarily in large cities. For example, a large proportion of Aboriginal women offenders plan to be released to an urban centre (79% in a large city or small city). Women respondents are most likely to return to these communities to be close to their family and friends. Their release plans

to urban centres may also be the result of the greater access to such programs and services in these areas. However, the need for services in rural towns or reserves continues to exist.

Aboriginal women offenders also experienced considerable instability while growing up. For example, 60% of Aboriginal women interviewed reported they had been involved in the child welfare system. Such family upheaval may have an impact on their current family relationships or emotional stability and therefore childhood experiences will need to be incorporated into programs or emphasized through counselling.

It is clear that a large proportion of Aboriginal women offenders will be resuming family and childcare responsibilities upon release. Over one-quarter (28%) of Aboriginal women offenders stated they will be returning to an intimate relationship upon release to the community. Furthermore, about two-thirds Aboriginal women offenders will be caring for their own or other children when released. As such, it will be necessary to provide mothers with community supports to assist them in these related duties as they will be facing numerous other pressures once released.

The needs of Aboriginal women offenders are diverse, and therefore require more thorough exploration. At intake to federal custody, over-two thirds were rated as a high need for correctional programming, specifically in the areas of personal/emotional orientation, substance abuse, and employment. At release into the community, Aboriginal women offenders also demonstrate need in the areas of personal/emotional orientation, substance abuse, and employment. These are clearly areas of focus for programs, services, and counselling for Aboriginal women offenders in the community.

To address these needs, Aboriginal women offenders participate in correctional programs. For instance, Aboriginal women have participated in mental health programs, substance abuse programs, educational programs, and institutional work programs. It will be important for these types of programs to be available in the community in the form of maintenance or relapse prevention programs. Although the majority of participants are successfully completing programs, it is unclear the extent to which program participation is impacting upon the different

facets of community reintegration. A more in-depth examination of program participation by Aboriginal women offenders could gauge the specific areas of success and failure as a result of program participation. The extent of participation in correctional programs and after-care in the community could also yield interesting results. It would also be important to consider the role of Aboriginal spirituality in these programs, and how this element specifically impacts the individual.

Aboriginal women offenders have a history of substance abuse in their childhood, adolescence, and adulthood. Two-thirds of the women reported that they currently have a substance abuse problem, and the majority reported that they will need assistance with a substance abuse problem when released into the community. It is clear that supports specific to substance abuse treatment need to be readily accessible for Aboriginal women offenders when released. These may include spiritual-related services, individual counseling, Alcoholics Anonymous, Narcotics Anonymous, and other community supports. In addition, substance abuse has also been a problem among Aboriginal homes and communities. For example, Aboriginal women reported that many of their friends and family engage in substance abuse, and as such, they will require a secure and reliable network of supports to combat the pressures emanating from the influence of family and friends who may be abusing substances.

Research has shown that Aboriginal offenders express great attachment to their spirituality while incarcerated. For example, Trevethan et al. (2001) found that almost three-quarters (74%) of Aboriginal offenders sampled were attached to Aboriginal culture while incarcerated, while only one-half (49%) were attached to Aboriginal culture while on the outside. Therefore, it will be important to sustain and facilitate spiritual attachment in the community once released. This connection may be made through the provision of culturally-relevant addictions treatment. For instance, Elders may be utilized during the recovery process in the community including their involvement in maintenance and after-care programs. Substance abuse programs and services will need to incorporate Aboriginal-specific elements in order to be sensitive to the holistic healing journey followed in Aboriginal culture.

Aboriginal women will require assistance for emotional problems and intimate relationship issues upon release to the community. They will also need access to childcare support including parenting programs, daycare, after school programs, and counselling services. Women will need to have the supports available in order to find affordable housing in a safe environment. Finally, they need help finding a job and gaining job skills, which could be assisted by way of educational programs, vocational programs, resume writing, and job search skills. Not surprisingly, past research has reached similar conclusions about the need for childcare support, housing assistance, and employment aid (Fournier, 2002; Rodgers et al., 1991).

Access to and use of supports by Aboriginal women offenders is an important area for further examination. For instance, 43% said they were "not at all" or "somewhat" comfortable using community resources. However, many women were "very" likely to use employment programs, and services for emotional problems and intimate relationship issues. Given these findings, more research needs to be conducted on the reasons for Aboriginal womens' lack of use, and the factors that will increase their utilization of community services. For instance, addressing fears of stigmatization and shame, and improving the service provider-client relationship are key areas of focus.

For many Aboriginal women, family members will act as primary supports in the community. Non-family members such as friends, Aboriginal support persons, counsellors, community organizations, and parole officers will also be highly utilized. The importance of family and community involvement in support services for Aboriginal people has been previously noted in research (Hart, 1999). More specifically, research is beginning to examine the needs of family members (Trevethan et al., 2003). For example, Aboriginal women in this study discussed the needs of their family members to include having access to family counseling and employment and/or financial assistance. It was also important to maintain communication and contact between Aboriginal women and their family members. Consistent with a holistic approach to healing, the inclusion of family and community members as part of a positive and healthy support network may help to maintain ties to Aboriginal spirituality and culture, and facilitate successful reintegration.

Aboriginal women offenders in the focus groups raised some additional reintegration issues. These included a better transition period into the community, including more halfway houses for Aboriginal women offenders, and the presence of a community support worker or mentor. In addition to this, the identification of pre-release supports were also important to community reintegration. Women also spoke of the importance of informing the community and CSC staff about the issues faced by Aboriginal women offenders. They also wanted to have access to spirituality and culture in urban centres, reserves, and halfway houses. Once again, access to community supports and Aboriginal spirituality appear to be highly central to Aboriginal women's reintegration.

Knowledge transfer plays an important role in prevention and intervention strategies for FASD. The extent of knowledge on FASD in Aboriginal communities remains unclear, (Robinson et al., 1992), however, Aboriginal women offenders in this study reported considerable knowledge on FASD, while some have even participated in programs that include information on FASD. By providing information to women offenders about FASD either in the institution or community, it is hoped that it will not only increase their knowledge and understanding of the issue, but encourage them to share this information with others, and ultimately influence their own behaviour and choices. For instance, results from this study indicate that program participation helped Aboriginal women gained a better understanding of FASD including the effects of alcohol on the fetus. Unfortunately, the extent to which knowledge transfer on this subject changes behaviour is unclear (Gilbert, 2004), but it is certainly an area of further investigation.

The prevalence of FASD among Aboriginal women offenders is difficult to ascertain without a proper diagnostic assessment by a team of trained medical professionals. In this study, nine Aboriginal women offenders (17%) reported that they have been assessed for FASD. Four women (7%) reported that they have been officially diagnosed with FASD. Assessment and diagnosis of FASD is also area of concern among Aboriginal children. For example, 65% of women reported that they knew children who may be affected by FASD. Eight women (15%) reported that they will be caring for children affected by FASD upon their return to the community. Diagnostic services must be readily available in the community in order for the prevalence of FASD to be documented nationally. A lack of diagnostic services consequentially

means that treatment is not provided to the affected individuals, and furthermore, the success of FASD programs and services can not be confirmed by a reduction in FASD cases. For example, one research study diagnosed five Aboriginal children with FAS. Notably, however, only one of these children had received a previous diagnosis (Williams, Odaibo, & McGee, 1999).

As suggested by others (Boland et al., 2002; Streissguth, 1997), the importance of diagnostic screening and assessment in institutions and communities can not be understated. This would be especially critical in order to ensure FASD affected individuals are receiving appropriate care and treatment. As identified elsewhere, institutional programs will need to be adapted to the cognitive and behavioural deficits of individuals with FASD (Boland et al., 1998; CSC, 1999), while the presence of an institutional advocate could assist their progress (Boland et al., 1998; CSC, 1999; Streissguth, 1997). Staff training in the area of FASD would help increase their understanding and sensitivity of the challenges presented for this group, and help them to recognize some of the physical or behavioural characteristics of FASD (Boland et al., 1998; Burd, Selfridge, Klug, & Juelson, 2003; CSC, 1999). In addition, such information could inform correctional staff about the most appropriate strategies or approaches to use with offenders with FASD.

For those affected by FASD, either as an individual or a caregiver, Aboriginal women offenders require a support network to address these needs. However, the absence of such supports is evident. For example, of those Aboriginal women who reported a diagnosis of FASD, none had supports currently available to them. In addition, of those women who will be caring for FASD children in the community, very few have had training in this area. More specifically, only two women said that they had participated in programs for caring for children with FASD, and only two women said that children with FASD had participated in programs to meet their needs. These findings are consistent with previous research which has found that two out of five Aboriginal children with FAS were not receiving services prior to detection (Williams, Odaibo, & McGee, 1999).

Community resources will need to be available to address the needs of children affected by FASD. Such resources may include programs for children with FASD, counselling for families

affected by FASD, and individual help and attention. In addition, the importance of community awareness needs to be highlighted. By educating communities on FASD, feelings of shame and guilt, the stigmatization of FASD, and the role of men could be addressed. Other research has viewed the issues of shame, guilt, and stigmatization as key to addressing the issue of FASD (Kowalsky & Verhoef, 1999; Legge et al., 2000; Roberts & Nanson, 2000). More specifically, Aboriginal women offenders suggested youth awareness campaigns and prevention programs, and community workshops to address these issues. The importance of prevention strategies in urban centres and reserves and involving the male partner in intervention have been also noted in research (Robinson, Armstrong, Moczuk & Loock, 1992). More generally, awareness campaigns and community education have been suggested as prevention strategies elsewhere (CSC, 1999).

In sum, Aboriginal women offenders have clearly demonstrated needs in the areas of substance abuse, emotional issues, employment, and family. Upon their return to the community, women will be facing numerous challenges including resuming childcare responsibilities, dealing with friends and family who are abusing substances, finding employment and gaining job skills, and locating affordable housing. Such difficulties may be similar to offenders in general, however, the approach for Aboriginal women must be unique. For example, Aboriginal women offenders stress the need for access to their spirituality and culture, and programs and services even in smaller communities. Aboriginal women offenders have offered various perspectives on their needs upon release to the community, and as such, have important implications for reintegration strategies and community services.

Despite the current findings, there is certainly the need for further research into these specific need areas. This could be accomplished by way of a community needs assessments in an Aboriginal community, or further interviews and focus groups with Aboriginal women in the community. As part of this, it will be important to identify and value the strengths within Aboriginal communities and learn to build upon these assets. This information will expand the knowledge base on Aboriginal women offender needs, and ultimately serve to inform reintegration strategies, community services, and intervention approaches in both urban centres and Aboriginal communities.

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APPENDICES

APPENDIX A: TABLES

Table 1
Demographic and Socio-Economic Characteristics

	Institution		Community	
	#	%	#	%
Total	**105**		**76**	
Race	105		76	
First Nations	75	71%	58	76%
Métis	30	29%	16	21%
Inuit	0	0%	2	3%
Age at Admission	105		76	
Less than 18	4	4%	1	1%
19-25	39	37%	17	22%
26-35	42	40%	30	39%
36-45	17	16%	23	30%
45 and older	3	3%	5	7%
Mean Age	29.2 yrs		32.8 yrs	
Marital Status at Admission	104		71	
Single	60	58%	28	39%
Married/Common-law	38	37%	34	48%
Separated/Divorced	6	6%	6	8%
Widowed	0	0%	3	4%
Education at Admission	90		67	
No Highschool Diploma	77	86%	58	87%
Highschool Diploma	13	14%	9	13%
Employment at Arrest	90		67	
Employed	8	9%	11	16%
Unemployed	82	91%	56	84%

Source: Offender Management System, Snapshot March 2004.

Table 2
Current Most Serious Offence

	Institution		Community	
	#	%	#	%
Most Serious Offence	105		76	
Homicide/Attempted Murder	37	35%	25	33%
Sexual Assault	4	4%	1	1%
Assault	22	21%	17	22%
Robbery	21	20%	14	18%
Other Violent	4	4%	1	1%
Property	10	10%	4	5%
Drug-Related Offences	6	6%	12	16%
Other *Criminal Code* and Federal Statutes	1	1%	2	3%
Mean Aggregate Sentence[1]	4.8 yrs		3.8 yrs	

(1) Mean aggregate sentence is calculated with life sentences removed.
Source: Offender Management System, Snapshot March 2004.

Table 3
Criminal History

	Institution		Community	
	#	%	#	%
Previous Youth Convictions	89		67	
Yes	48	54%	23	34%
No	41	46%	44	66%
Previous Adult Convictions	89		67	
Yes	68	76%	55	82%
No	21	24%	12	18%
Previous Community Supervision	88		67	
Yes	57	65%	47	70%
No	31	35%	20	30%
Previous Provincial Term	89		67	
Yes	56	63%	43	64%
No	33	37%	24	36%
Previous Federal Term	89		67	
Yes	15	17%	6	9%
No	74	83%	61	91%
Failed - Community Sanction	88		67	
Yes	44	50%	30	45%
No	44	50%	37	55%
Failed - Conditional Release	88		67	
Yes	34	39%	16	24%
No	54	61%	51	76%
Segregation for Disciplinary Infraction	86		64	
Yes	27	31%	11	17%
No	59	69%	53	83%
Escape/Attempt/UAL	88		67	
Yes	23	26%	13	19%
No	65	74%	54	81%
Reclassifed to Higher Security	86		66	
Yes	15	17%	2	3%
No	71	83%	64	97%
< 6 Months Since Last Incarceration	89		67	
Yes	10	11%	10	15%
No	79	89%	57	85%

Source: Offender Management System, Snapshot March 2004.

Table 4
Reintegration Factors

	Institution		Community	
	#	%	#	%
Security Level at Admission	99		68	
Minimum	10	10%	20	29%
Medium	65	66%	40	59%
Maximum	24	24%	8	12%
Risk to Re-offend	98		72	
Low	14	14%	16	22%
Medium	33	34%	31	43%
High	51	52%	25	35%
Motivation for Intervention	90		59	
Low	7	8%	4	7%
Medium	45	50%	22	37%
High	38	42%	33	56%
Reintegration Potential	93		68	
Low	49	53%	22	32%
Medium	20	22%	20	29%
High	24	26%	26	38%

Source: Offender Management System, Snapshot March 2004.

Table 5
Living Arrangements While Growing Up

	#	%
Childhood province	51	
Nova Scotia	1	2%
Ontario	7	14%
Manitoba	8	16%
Saskatchewan	17	33%
Alberta	17	33%
British Columbia	1	2%
Type of childhood community	51	
Large city	23	45%
Small city	9	18%
Rural Community	6	12%
Reserve	12	24%
Métis community	1	2%
Province of the community of most recent arrest	55	
Nova Scotia	1	2%
Ontario	8	15%
Manitoba	9	16%
Saskatchewan	19	35%
Alberta	17	31%
British Columbia	1	2%
Type of community of most recent arrest	55	
Large city	34	62%
Small city	9	16%
Rural Community	3	5%
Reserve	8	15%
Métis community	1	2%
Province of the community which you consider home	48	
Nova Scotia	1	2%
Ontario	6	13%
Manitoba	7	15%
Saskatchewan	21	44%
Alberta	11	23%
British Columbia	2	4%
Type of community which you consider home	48	
Large city	26	54%
Small city	4	8%
Rural Community	6	13%
Reserve	11	23%
Métis community	1	2%

	#	%
Who would you say was your primary caregiver while growing up?	54	
Both birth parents	4	7%
Birth mother	12	22%
Birth father	7	13%
Grandparent(s)	11	20%
Other relative	2	4%
Adoptive parent(s)	5	9%
Foster care	5	9%
Other non-family	8	15%
Were you in the care of child welfare system?	55	
Yes	33	60%
No	22	40%
Are you adopted?	33	
Yes	8	24%
No	25	76%
Have you spent time in the care of foster parents?	32	
Yes	27	84%
No	5	16%
Have you spent time in a group home?	33	
Yes	20	61%
No	13	39%
Were you ever a student at a federal residential school, hostel or industrial school?	55	
Yes	8	15%
No	47	85%

Source: Sample of 55 Aboriginal Women Offenders, March 2004.

Table 6
Release Plans

	#	%
Province of the community which you think would the best place for you to be released	41	
Ontario	6	15%
Manitoba	5	12%
Saskatchewan	16	39%
Alberta	13	32%
British Columbia	1	2%
Type of community which you think would be the best place for you to be released	41	
Large city	23	56%
Small city	6	15%
Rural Community	3	7%
Reserve	8	20%
Métis community	1	2%
Province of the community where you plan to live	47	
Ontario	5	11%
Manitoba	7	15%
Saskatchewan	18	38%
Alberta	13	28%
British Columbia	3	6%
Outside of Canada	1	2%
Type of community where you plan to live	47	
Large city	31	66%
Small city	6	13%
Rural Community	4	9%
Reserve	5	11%
Métis community	1	2%
Why you would like to live in that community? (1)	52	
Family and friends	33	63%
Children	10	19%
Education	8	15%
Programs and services	8	15%
Community supports	7	13%
Employment	5	10%
Spirituality and culture	5	10%
To have a fresh start	4	8%
To be away from substance abuse	3	6%
Halfway house	3	6%
Other	4	8%

(1) Multiple answers were possible. Therefore, the responses do not add to the total.
Source: Sample of 55 Aboriginal Women Offenders, March 2004.

Table 7
Family Responsibilities

	#	%
What is your current marital status?	54	
Single	35	65%
Married	0	0%
Common-law	12	22%
Divorced/Separated	7	13%
Widowed	0	0%
Do you currently have contact with your spouse/ common-law?	12	
Yes	11	92%
No	1	8%
In the community, will you be returning to an intimate relationship?	53	
Yes	15	28%
No	38	72%
To what extent are you currently happy in your relationship?	15	
Not at all happy	0	0%
Somewhat happy	0	0%
Very happy	15	100%
Do you have any children?	54	
Yes	37	69%
No	17	31%
How many children do you have?	37	
1 to 2 children	15	41%
3 to 4 children	12	32%
5 to 6 children	6	16%
7 or more	4	11%
Mean # of children	3.4	Children
How old are your child(ren)?	127	
Less than age 4	19	15%
Age 5 to 9	31	24%
Age 10 to 14	22	17%
Age 15 to 19	29	23%
Age 20 to 24	16	13%
Age 25 to 29	7	6%
Age 30 to 34	2	2%
Age 35 or more	1	1%
Mean age of children	13.0	Years
Prior to your incarceration, did you have your child(ren) living with you?	37	
Yes, all children	15	41%
Yes, some children	14	38%
No	8	22%

	#	%
Do you presently have contact with your child(ren)?	37	
Yes, all children	18	49%
Yes, some children	13	35%
No	6	16%
While you have been incarcerated who has cared for your children?	36	
Child's grandparent (your side of family)	13	36%
Other relative	11	31%
Foster care	10	28%
Father of Child	9	25%
Adoptive parents	7	19%
Child's grandparent (fathers side of family)	6	17%
Self care	6	17%
Other	1	3%
In the community, do you think you will be caring for your own children?	50	
Yes, own children	21	42%
Yes, other children	10	20%
Yes, own & other children	2	4%
No	17	34%
How many children do you think you will be responsible for?	30	
One	12	40%
Two	10	33%
Three	2	7%
Four	0	0%
Five	3	10%
More than five	3	10%
What child care responsibilities will this involve? (1)	30	
Providing proper nutrition	19	63%
Providing shelter	18	60%
Providing clothes	18	60%
Providing love and support	21	70%
Providing stability	14	47%
Providing supervision	17	57%
Providing daycare	10	33%
Providing socialization	16	53%
Providing spirituality/religion	15	50%
Access to culture	14	47%

(1) Mulitple answers were possible. Therefore, the responses do not add to the total.

Source: Sample of 55 Aboriginal Women Offenders, March 2004.

Table 8
Dynamic Needs

	Institution		Community	
	#	%	#	%
Overall Dynamic Need	98		66	
Low	2	2%	4	6%
Medium	28	29%	29	44%
High	68	69%	33	50%
Dynamic Factors	98		66	
Marital/Family - some or considerable need	77	79%	48	73%
Substance Abuse - some or considerable need	91	93%	58	88%
Community - some or considerable need	41	42%	20	30%
Personal/Emotional - some or considerable need	93	95%	64	97%
Attitude - some or considerable need	39	40%	15	23%
Associates - some or considerable need	75	77%	39	59%
Employment - some or considerable need	86	88%	52	79%

Source: Offender Management System, Snapshot March 2004.

Table 9
Programs[1]

	#	%		#	%
Substance Abuse Programs	55		**Educational Programs**	55	
Participated	33	60%	Participated	43	78%
Did not participate	22	40%	Did not participate	12	22%
Aboriginal-specific	33		*Aboriginal-specific*	43	
Yes	9	27%	Yes	0	0%
No	24	73%	No	43	100%
Program status (1)	33		*Program status (1)*	43	
Successful	27	82%	Successful	13	30%
Attended all sessions/Unsuccessful	1	3%	Attended all sessions/Unsuccessful	0	0%
Drop out	4	12%	Drop out	8	19%
Population management/Interruption	1	3%	Population management/Interruption	17	40%
Outcome pending	0	0%	Outcome pending	5	12%
Anger Management Programs	55		**Vocational Programs**	55	
Participated	31	56%	Participated	29	53%
Did not participate	24	44%	Did not participate	26	47%
Aboriginal-specific	31		*Aboriginal-specific*	29	
Yes	10	32%	Yes	0	0%
No	21	68%	No	29	100%
Program status (1)	31		*Program status (1)*	29	
Successful	24	77%	Successful	15	52%
Attended all sessions/Unsuccessful	0	0%	Attended all sessions/Unsuccessful	2	7%
Drop out	2	6%	Drop out	1	3%
Population management/Interruption	0	0%	Population management/Interruption	2	7%
Outcome pending	5	16%	Outcome pending	9	31%
Mental Health Programs	55		**Institutional Work Programs**	55	
Participated	42	76%	Participated	43	78%
Did not participate	13	24%	Did not participate	12	22%
Aboriginal-specific	42		*Aboriginal-specific*	43	
Yes	0	0%	Yes	8	19%
No	42	100%	No	35	81%
Program status (1)	42		*Program status (1)*	43	
Successful	37	88%	Successful	9	21%
Attended all sessions/Unsuccessful	0	0%	Attended all sessions/Unsuccessful	0	0%
Drop out	1	2%	Drop out	7	16%
Population management/Interruption	2	5%	Population management/Interruption	14	33%
Outcome pending	2	5%	Outcome pending	13	30%

Cognitive/Living Skills Programs	55		**Psychological/Counselling Services**	55	
Participated	24	44%	Participated	15	27%
Did not participate	31	56%	Did not participate	40	73%
Aboriginal-specific	24		*Aboriginal-specific*	15	
Yes	0	0%	Yes	0	0%
No	24	100%	No	15	100%
Program status (1)	24		*Program status (1)*	15	
Successful	21	88%	Successful	6	40%
Attended all sessions/Unsuccessful	0	0%	Attended all sessions/Unsuccessful	0	0%
Drop out	2	8%	Drop out	3	20%
Population management/Interruption	1	4%	Population management/Interruption	3	20%
Outcome pending	0	0%	Outcome pending	3	20%
Parenting Programs	55		**Cultural Programs**	55	
Participated	20	36%	Participated	22	40%
Did not participate	35	64%	Did not participate	33	60%
Aboriginal-specific	20		*Aboriginal-specific*	22	
Yes	5	25%	Yes	22	100%
No	15	75%	No	0	0%
Program status (1)	20		*Program status (1)*	22	
Successful	20	100%	Successful	8	36%
Attended all sessions/Unsuccessful	0	0%	Attended all sessions/Unsuccessful	0	0%
Drop out	0	0%	Drop out	1	5%
Population management/Interruption	0	0%	Population management/Interruption	10	45%
Outcome pending	0	0%	Outcome pending	3	14%
Sex Offender Programs	55				
Participated	0	0%			
Did not participate	55	100%			

(1) Based on the three most recent programs.

Table 10
Needs in the Community

	#	%
Substance Abuse		
Will you need assistance for substance abuse when you are in the community?	45	
Yes	41	91%
No	4	9%
Emotional Problems		
Prior to incarceration, did you receive services to help with emotional problems?	54	
Yes	29	54%
No	25	46%
Will you need assistance for emotional problems when you are in the community?	51	
Yes	44	86%
No	7	14%
Types of services you will require (1)	44	
Counsellor	26	59%
Talking with Elder	21	48%
Psychologist/psychiatrist	21	48%
Talking with friends/family	13	30%
Religious/spiritual guidance	14	32%
Programs	6	14%
Support group	5	11%
Drug therapy	4	9%
Mentor/role model	2	5%
Other	3	7%
How likely would you be to use services in the community?	53	
Not likely	7	13%
Somewhat likely	9	17%
Very likely	37	70%
Intimate Relationship Issues		
Prior to incarceration, did you receive services to help with intimate relationship issues?	54	
Yes	22	41%
No	32	59%
Will you need assistance for intimate relationship issues when you are in the community?	53	
Yes	26	49%
No	27	51%
Types of services you will require (1)	26	
Relationship counselling	17	65%
Communication skills training	6	23%
Programs	4	15%
Spirituality and Elders	3	12%
Crisis intervention	2	8%
Other	6	23%
How likely would you be to use services in the community	53	
Not likely	14	26%
Somewhat likely	11	21%
Very likely	28	53%
Employment		
Prior to incarceration, did you have job skills training?	54	
Yes	22	41%
No	32	59%
Will you need assistance finding a job when you are in the community?	50	
Yes	33	66%
No	17	34%
Will you need help gaining job skills when you are in the community?	52	
Yes	41	79%
No	11	21%
How likely would you be to use services in the community	52	
Not likely	3	6%
Somewhat likely	7	13%
Very likely	42	81%

What types of employment programs could you benefit from in the community? (1)	52	
Educational programs	20	38%
Vocational programs	12	23%
Resume writing skills	10	19%
Job search skills	10	19%
Interview skills	9	17%
Computer skills	9	17%
Business training	9	17%
Job skills in general	6	12%
Mentoring	4	8%
Financial assistance	3	6%
Volunteering	3	6%
Other	4	8%

Childcare Responsibilities

Could you benefit from childcare support when you are in the community?	30	
Yes	24	80%
No	6	20%

What types of programs or services could help you in addressing these childcare responsibilities?(1)	24	
Parenting program	11	46%
Daycare	9	38%
After school/recreational program	9	38%
Counselling for mother/children	7	29%
Tutoring	3	13%
Other	5	21%

Who do you think will be your primary support once you are released into the community?	49	
Other family	12	24%
Mother/father	8	16%
Spouse/Common-law	3	6%
Child(ren)	1	2%
Friend	5	10%
Aboriginal support person	5	10%
Counsellor	4	8%
Community organization	4	8%
Parole officer	3	6%
Other	4	8%

To what extent do you feel comfortable using community resources?	53	
Not at all	7	13%
Somewhat	16	30%
Very	30	57%

Housing

What housing needs will you have when you are in the community? (1)	54	
Affordable housing	20	37%
Find an apartment	18	33%
Financial assistance	9	17%
Safe & clean environment	5	9%
Other	6	11%
No housing needs	11	20%

Needs of Family

What are the needs of your family while you are in the institution? (1)	47	
Family counselling/support groups	18	38%
Communication/contact with offender	17	36%
Stability & care for children	7	15%
Financial assistance	7	15%
Substance abuse treatment	3	6%
Access to supports	3	6%
Other	5	11%

What you will need for your family upon your release to the community? (1)	50	
Support programs	22	44%
Family counselling	15	30%
Employment/financial assistance	15	30%
Housing	12	24%
Help with family responsibilities	7	14%
Spiritual services	6	12%
Education	6	12%
Transportation	5	10%
Other	10	20%

(1) Multiple answers were possible. Therefore, the responses do not add to the total.

Source: Sample of 55 Aboriginal Women Offenders, March 2004.

Table 11
Substances

	#	%
Do you currently have a substance abuse problem?	54	
Yes	36	67%
No	18	33%
Have you ever used:	55	
Alcohol	53	96%
Drugs	54	98%
Solvents	14	25%
In your childhood or adolescence, did you have:	53	
Alcohol problem	25	47%
Drug problem	26	49%
Sniffing problem	0	0%
Any time in your adulthood, did you have:	53	
Alcohol problem	37	70%
Drug problem	38	72%
Sniffing problem	0	0%
While growing up, was substance abuse a problem in your community?	54	
Yes	43	80%
No	11	20%
While you were growing up, did anyone in your home environment have:	55	
Alcohol problem	47	85%
Drug problem	20	36%
Sniffing problem	5	9%
Prior to your incarceration, how many of your friends engaged in drug or alcohol abuse?	52	

	#	%
Prior to your incarceration, did you seek help from any supports to cope with abusing substances?	54	
Yes	32	59%
No	22	41%
Prior to your incarceration, did you have access to any supports to help you cope with abusing substances?	53	
Yes	39	74%
No	14	26%
Prior to your incarceration, did you use any of the supports available to help you cope with abusing substances?	52	
Yes	34	65%
No	18	35%
What supports did you use? (1)	34	
Alcoholics Anonymous	17	50%
In-patient hospital	16	47%
Counselling	11	32%
Narcotics Anonymous	9	26%
Family member(s)	8	24%
Substance abuse programs	7	21%
Out-patient hospital	4	12%
Clinic	4	12%
Friend(s)	3	9%
Doctor/nurse	3	9%
Aboriginal healing ceremonies	2	6%
Other	1	3%

None	4	8%
Some	9	17%
All	39	75%
Upon your release, do you think that friends & family will be using alcohol and drugs around you?	50	
Yes	22	44%
No	28	56%
Do you think being around others using alcohol or drugs will present problems for you?	25	
Yes	13	52%
No	12	48%
What types of substance abuse interventions are you interested in when in the community this time? (1)	43	
Spiritual related services	18	42%
Individual counselling	17	40%
Alcoholics Anonymous	15	35%
Community supports	13	30%
Narcotics Anonymous	11	26%
Relapse prevention programs	10	23%
Group counselling	3	7%
Other	1	2%
What do you think will be your hardest challenge in dealing with substance abuse in the community? (1)	45	
Dealing with individuals who abuse substances	19	42%
Dealing with stressors/pressures in the community	7	16%
Dealing with the need for a support network	5	11%
Dealing with past issues	4	9%
Dealing with access to drugs/alcohol	3	7%
Other	10	22%

Do you currently have access to any supports to help you cope with abusing substances?	46	
Yes	39	85%
No	7	15%
Do you currently use the supports available to help you cope with abusing substances?	42	
Yes	37	88%
No	5	12%
What supports do you currently use? (1)	37	
Alcoholics Anonymous	16	43%
Aboriginal support	14	38%
Counselling	13	35%
Programs	9	24%
Narcotics Anonymous	6	16%
Family member(s)	6	16%
Friend(s)	4	11%
Sponsor	3	8%
Methadone treatment	2	5%
Other	4	11%

(1) Multiple answers were provided. Therefore, the responses do not add to the total.
Source: Sample of 55 Aboriginal Women Offenders, March 2004.

Table 12
Fetal Alcohol Spectrum Disorder (FASD)

	#	%
Are you familiar with term FASD?	54	
Yes	51	94%
No	3	6%
How knowledgeable are you about FASD?	51	
Not at all	16	31%
Somewhat	11	22%
Very	24	47%
Have you participated in any program(s) That include information about FASD?[1]	54	
Yes	32	59%
No	22	41%
Total # of programs taken	59	
Types of program(s)?	59	
Program	43	73%
Workshop	5	8%
Information session	10	17%
Other	1	2%
Location of program(s)?	59	
Institution	47	80%
Community	12	20%
Aboriginal specific program(s)?	58	
Yes	18	31%
No	40	69%
How useful were the program(s)?	56	
Not at all	1	2%
Somewhat	5	9%
Very	50	89%
Have you ever been assessed for an FASD?	52	
Yes	9	17%
No	43	83%
Who conducted the assessment?	8	
Physician	3	38%
Psychologist	4	50%
Nurse	1	13%
Other health care professional	1	13%
Other	1	13%

	#	%
Have you ever been diagnosed with an FASD?	54	
Yes	4	7%
No	50	93%
Who gave you this diagnosis?	4	
Physician	1	25%
Psychologist	1	25%
Other health care professional	1	25%
Other	2	50%
Do you currently have any supports to cope with FASD?	4	
Yes	0	0%
No	4	100%
Do you know any children who may be affected by an FASD?	51	
Yes	33	65%
No	18	35%
In the community , do you think any child(ren) under your care may be affected by FASD?	52	
Yes	8	15%
No	44	85%
What makes you think they may have FASD? (2)	8	
Behaviour	3	38%
Cognitive/intellectual functioning	3	38%
Appearance	1	13%
Functional assessment	1	13%
Doctor/medical personnel think they might have FASD	2	25%
Maternal alcohol abuse during pregnancy	3	38%
Have they been officially diagnosed by a physician?	7	
Yes	2	29%
No	5	71%
Have any of the children participated in any program(s) designed to meet the needs of children with FASD?	7	
Yes	2	29%
No	5	71%

APPENDIX B: INSTITUTIONAL INTERVIEW

NEEDS OF FEDERAL ABORIGINAL WOMEN OFFENDERS INTERVIEW

My name is (first name). I'm involved in a project that examines the needs of Aboriginal women upon release from a federal correctional facility. This includes an examination of supports in place for you upon release, as well as family relationships and child rearing. You're one of a number of women we'll be interviewing over the next few weeks. The purpose of this interview is to discuss your past and current living arrangements, issues relating to substance abuse and its consequences, and your supports and needs upon release. In addition to this interview, with your permission I will be getting some general information from your file, such as your current offence, criminal history, socio-demographics, and program participation. This information is one way that will help to develop culturally-appropriate services for Aboriginal women upon release, as well as their children.

At all times, your confidentiality will be respected. You will be given a respondent number that corresponds to your name and FPS number. Your name and FPS number will not be associated with your interview responses. All interviews will be kept in a secure location.

Your participation in this interview is completely voluntary. You may stop at any time and can drop out of the study at any time without any fear of reprisal. If there are questions that you do not feel comfortable answering, please let me know and we will move on. Please feel free to ask me questions during the interview if you need further clarification.

The interview will take approximately an hour and a half to complete. Do you have any questions?

Will you please sign this to indicate your agreement to participate?

☐ I agree to participate in the research which includes an interview and a review of my files.

_____
(participant name - please print)

_____ _____
(participant signature) (date)

ABORIGINAL WOMEN OFFENDER INTERVIEW
INSTITUTIONAL PARTICIPANTS

Province: _____ **Interview Date:** _____
Institution: _____ **Interviewer:** _____
Respondent #:_____

SECTION A: BACKGROUND

I'm going to begin by asking you some general questions about yourself.

1. Are you First Nations, Métis, or Inuit?
   <1> Yes, First Nations *(go to follow-up questions)* <4> No
   <2> Yes, Métis *(go to follow-up questions)* <7> Don't Know
   <3> Yes, Inuit *(go to follow-up questions)* <8> Refused

   A. *If yes*, are you a Treaty Indian or a Registered Indian as defined by the *Indian Act of Canada* (e.g., registered with Department of Indian Affairs and Northern Development)?
   <1> Yes <7> Don't Know <9> Not Applicable
   <2> No <8> Refused

   B. Are you a member of an Indian Band or First Nation?
   <1> Yes - specify which: _____ <8> Refused
   <2> No <9> Not Applicable
   <7> Don't Know

2. Do you understand or speak any Aboriginal languages?
   <1> Yes *(go to follow-up question)* <7> Don't Know
   <2> No <8> Refused

   A. *If yes*, what Aboriginal language or languages do you understand or speak:
   1st language: _____ <7> Don't Know
   2nd language: _____ <8> Refused
   3rd language: _____ <9> Not Applicable

3. Can you speak English or French well enough to carry on a conversation *(check one)*:
   <1> English only <4> Neither English nor French
   <2> French only <7> Don't Know
   <3> Both English and French <8> Refused

SECTION B: LIVING ARRANGEMENTS

I'm now going to ask you about your living arrangements while growing up and where you plan to live upon release.

1. Who would you say was your primary caregiver while you were growing up (i.e., the person(s) who took care of you the most) *(check one)*:

<01> Both Birth Parents
<02> Birth Mother
<03> Birth Father
<04> Grandparent(s)
<05> Sibling
<06> Other Relative (specify) _____
<07> Adoptive Parent(s)
<08> Foster Care
<09>Othernon-family(specify) _____
<77> Don't Know
<88> Refused

2. Were you ever in the care of the child welfare system (i.e., adopted, foster care, group home)?
<1> Yes *(go to follow-up questions)*
<2> No *(go to question 3)*
<7> Don't Know
<8> Refused

A. Are you adopted?
<1> Yes
<2> No
<7> Don't Know
<8> Refused
<9> Not Applicable

B. Have you spent time in the care of foster parents?
<1> Yes *(go to follow-up question)*
<2> No
<7> Don't Know
<8> Refused

i. Approximately how many foster homes have you lived in?
Number: _____ <77> Don't Know <88> Refused <99> Not Applicable

C. Have you spent time in a group home *[Interviewer Note: Does not include facilities for young offenders]*?
<1> Yes *(go to follow-up question)*
<2> No
<7> Don't Know
<8> Refused

i. Approximately how many group homes have you lived in?
Number: _____ <77> Don't Know <88> Refused <99> Not Applicable

3. Were you ever a student at a federal residential school, hostel or industrial school?
<1> Yes <2> No <7> Don't Know <8> Refused

4. During your childhood (up to age 18), what type of community did you live in most of the time *(write name of city/community & check one)*:
Name of city/community:_____
Province/territory: _____
<1> Large City (e.g., 100,000+ population)
<2> Small City (e.g., 10,000 to 100,000 population)
<3> Rural Community (e.g., < 10,000 population)
<4> Reserve
<5> Métis Community
<6>Other (specify) _____
<7> Don't Know
<8> Refused

5. At the time of your most recent arrest, what type of community were you living in *(write name of city/community & check one)*:
Name of city/community:_____
Province/territory: _____
<1> Large City (e.g., 100,000+ population)
<2> Small City (e.g., 10,000 to 100,000 population)
<3> Rural Community (e.g., < 10,000 population)
<4> Reserve
<5> Métis Community
<6> Other (specify): _____
<7> Don't Know
<8> Refused

6. At the time of your most recent arrest, how long had you lived in this community *(check one)*:

<1> Less than 1 year
<2> 1-5 years
<3> 6-10 years
<4> 11-15 years
<5> 16-20 years
<6> More than 20 years
<7> Don't Know
<8> Refused

7. Where do you consider home *(write name of city/community & check one)*:

Name of city/community:_____
Province/territory: _____

<1> Large City (e.g., 100,000+ population)
<2> Small City (e.g., 10,000 to 100,000 population)
<3> Rural Community (e.g., < 10,000 population)
<4> Reserve
<5> Métis Community
<7> Don't Know
<8> Refused

8. In terms of staying out of trouble, where do you think would be the best place for you to be released to *(write name of city/community & check one)*:

Name of city/community:_____
Province/territory: _____

<1> Large City (e.g., 100,000+ population)
<2> Small City (e.g., 10,000 to 100,000 population)
<3> Rural Community (e.g., < 10,000 population)
<4> Reserve
<5> Métis Community
<7> Don't Know
<8> Refused

9. Upon your release, where do you plan to live (not just for short-term treatment) *(write name of city/community & check one)*:

Name of city/community:_____
Province/territory: _____

<1> Large City (e.g., 100,000+ population)
<2> Small City (e.g., 10,000 to 100,000 population)
<3> Rural Community (e.g., < 10,000 population)
<4> Reserve
<5> Métis Community
<6> Other (specify) _____
<7> Don't Know
<8> Refused
<9> Not Applicable

A. Why would you like to live in that community (where you plan to live)?

_____

_____

<7> Don't Know <8> Refused

SECTION C: SUBSTANCES

I'm going to ask you about substance abuse in the home environment, and any current issues of substance abuse.

1. While you were growing up (up to age 18), did anyone within your home environment have an alcohol, drug and/or sniffing problem *(Interviewer Note: Home environment includes birth parents, adoptive parents, foster parents, and group home) (check one for each) :*

Alcohol: <1> Yes *(go to follow-up question)* <2> No <7> Don't Know <8> Refused

Drugs: <1> Yes *(go to follow-up question)* <2> No <7> Don't Know <8> Refused
Sniffing: <1> Yes *(go to follow-up question)* <2> No <7> Don't Know <8> Refused

A. *If yes to any substance abuse*, can you describe how the substance abuse problem affected you *[Interviewer probes - how did it make you feel, how did it make you act, how has it affected you]*?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

2. While you were growing up (up to age 18), was substance abuse a problem within your community?

<1> Yes *(go to follow-up question)* <7> Don't Know
<2> No <8> Refused

A. *If yes*, can you describe how the substance abuse problem affected your community *[Interviewer probes - what was it like, how has it affected others you know]*?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

3. Have you ever used alcohol, drugs, and/or sniffed substances *(check one for each) (Interviewer Note: If respondent says "no" to A, B, and/or C, do not ask corresponding questions in 4,5,6, or 7):*

A. Alcohol: <1> Yes <2> No <7> Don't Know <8> Refused
B. Drugs: <1> Yes <2> No <7> Don't Know <8> Refused
C. Sniffing: <1> Yes <2> No <7> Don't Know <8> Refused

4. At what age did you *(complete for each)*:

A. Begin drinking _____ years <7> Don't Know <8> Refused <9> Not Applicable
B. Begin taking drugs_____ years <7> Don't Know <8> Refused <9> Not Applicable
C. Begin sniffing _____ years <7> Don't Know <8> Refused <9> Not Applicable

5. Did you have an alcohol, drug and/or sniffing problem during any time in your childhood or adolescence (up to age 18) *(check one for each)*:

A. Alcohol: <1> Yes <2> No <7> Don't Know <8> Refused <9> Not Applicable
B. Drugs: <1> Yes <2> No <7> Don't Know <8> Refused <9> Not Applicable
C. Sniffing: <1> Yes <2> No <7> Don't Know <8> Refused <9> Not Applicable

6. Did you have an alcohol, drug and/or sniffing problem during any time in your adulthood (age 19 or older) *(check one for each)*:

A. Alcohol: <1> Yes <2> No <7> Don't Know <8> Refused <9> Not Applicable
B. Drugs: <1> Yes <2> No <7> Don't Know <8> Refused <9> Not Applicable
C. Sniffing: <1> Yes <2> No <7> Don't Know <8> Refused <9> Not Applicable

7. At what age did *(complete for each)*:

A. Drinking become a problem _____ years <7>Don't Know <8>Refused <9>Not Applicable

B. Drugs become a problem _____ years <7>Don't Know <8>Refused <9>Not Applicable
C. Sniffing become a problem _____ years <7>Don't Know <8>Refused <9>Not Applicable

8. Prior to your incarceration, did you seek help from any supports to cope with abusing substances *(Interviewer Note: Supports may include programs, services, individuals, organizations, etc.)*?
<1> Yes <7> Don't Know <9> Not applicable
<2> No <8> Refused

9. Prior to your incarceration, did you have access to any supports to help you cope with abusing substances *(Interviewer Note: Supports may include programs, services, individuals, organizations, etc.)*?
<1> Yes <7> Don't Know <9> Not applicable
<2> No <8> Refused

10. Prior to your incarceration, did you use any of the supports available to help you cope with abusing substances *(Interviewer Note: Supports may include programs, services, individuals, organizations, etc.)*?
<1> Yes (*go to follow-up question)* <7> Don't Know <9> Not applicable
<2> No <8> Refused

A. What types of supports did you use *(check all that apply)*:
<01> In-patient Hospital <08> Friend(s)
<02> Out-patient Hospital <09> Other (specify) _____
<03> Clinic <10> Other (specify) _____
<04> Counseling <11> Other (specify) _____
<05> Alcoholics Anonymous <77> Don't Know
<06> Narcotics Anonymous <88> Refused
<07> Family member(s) <99> Not Applicable

11. On a scale from 1 to 5 with 1 being "none" and 5 being "all", prior to your incarceration, how many of your friends engaged in drug or alcohol abuse?

None		Some		All	Don't Know	Refused	N/A
1	2	3	4	5	<7>	<8>	<9>

12. Upon your release, do you think that friends and family will be using alcohol and drugs around you?
<1> Yes *(go to follow-up question)* <7> Don't Know\
<2> No <8> Refused

A. Do you think being around others using alcohol or drugs will present problems for you?
<1> Yes *(go to follow-up question)* <7> Don't Know <9> Not applicable
<2> No <8> Refused

B. How will you deal with being around other people who are using alcohol and drugs?
_____
_____

<7> Don't Know <8> Refused <9> Not Applicable

13. Do you currently think you have a substance abuse problem?
<1> Yes <7> Don't Know <9> Not applicable
<2> No <8> Refused

INTERVIEWER NOTE: SKIP TO SECTION D IF THE PARTICIPANT SAYS SHE HAS NOT HAD ANY SUBSTANCE ABUSE PROBLEMS (ALCOHOL, DRUGS, AND SNIFFING) AT SOME POINT IN HER LIFE

14. Do you currently have access to any supports to help you cope with abusing substances *(Interviewer Note: Supports may include programs, services, individuals, organizations, etc.)*?
<1> Yes <7> Don't Know <9> Not applicable
<2> No <8> Refused

15. Do you currently use the supports available to help you cope with abusing substances *(Interviewer Note: Supports may include programs, services, individuals, organizations, etc.)*?
<1> Yes (*go to follow-up question)* <7> Don't Know <9> Not applicable
<2> No <8> Refused

A. What types of supports do you currently use *(check all that apply)*:
<01> In-patient Hospital <08> Friend(s)
<02> Out-patient Hospital <09> Other (specify) _____
<03> Clinic <10> Other (specify) _____
<04> Counseling <11> Other (specify) _____
<05> Alcoholics Anonymous <77> Don't Know
<06> Narcotics Anonymous <88> Refused
<07> Family member(s) <99> Not Applicable

16. Do you think you will need assistance with a substance abuse problem when you are in the community this time?
<1> Yes *(go to follow-up question)* <7> Don't Know <9> Not applicable
<2> No <8> Refused

A. What types of substance abuse interventions would you be interested in using (i.e., group counselling, individual counselling, Alcoholics Anonymous, Narcotics Anonymous, hospital treatment, harm reduction approaches)?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

17. What do you think will be your hardest challenge in dealing with your substance abuse issues in the community?
_____
_____

<7> Don't Know <8> Refused 9> Not applicable

SECTION D: SUPPORT SYSTEMS/RESPONSIBILITIES

In this section, I'm going to ask you some questions about support systems that you currently have in place and responsibilities you may have upon your release into the community.

1. Who do you think will be your primary support once you are released into the community? By primary support person, we mean the one person that will help you the most with your entry back into the community *(check one)*:

<01> None
<02> Mother
<03> Father
<04> Grandparent(s)
<05> Sibling
<06> Spouse/Common-Law
<07> Child(ren)
<08> Other family (specify) _____
<09> Friend
<10> Other non-family (specify) _____
<77> Don't Know
<88> Refused

   A. Why is this person your primary support? In what ways will this person support you?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

2. What is your current marital status *(check one)*:

<1> Single
<2> Married *(go to follow-up question)*
<3> Common-Law *(go to follow-up question)*
<4> Divorced
<5> Separated
<6> Widowed
<7> Don't Know
<8> Refused

   A. *If currently has spouse/common-law*, do you presently have contact with your spouse/common-law (i.e., see or talk to them)?

<1> Yes *(go to follow-up questions)*
<2> No
<7> Don't Know
<8> Refused
<9> Not Applicable

   B. *If yes*, currently, how often do you have contact *(check one)*:

<01> More than once a day
<02> Once a day
<03> Several times a week
<04> Once a week
<05> Several times a month
<06> Once a month
<07> Several times a year
<08> Less often
<77> Don't Know
<88> Refused
<99> Not Applicable

3. Do you have any children (including biological, step or adopted)?

<1> Yes *(go to follow-up questions)*
<2> No
<7> Don't Know
<8> Refused

   A. *If yes*, how many children do you have?

Number: _____ <7> Don't Know <8> Refused <9> Not Applicable

B. How old are your children?

#1: _____ years old #4: _____ years old <7> Don't Know
#2: _____ years old #5: _____ years old <8> Refused
#3: _____ years old #6: _____ years old <9> Not Applicable

C. Prior to your incarceration, did you, at any time, have your child(ren) living with you (i.e., legal custody)?

<1> Yes, all children <7> Don't Know
<2> Yes, some children <8> Refused
<3> No <9> Not applicable

D. Do you presently have contact with your child(ren) (i.e., see or talk to them)?

<1> Yes, all *(go to follow-up question)* <7> Don't Know
<2> Yes, some *(go to follow-up question)* <8> Refused
<3> No (*go to question 4)* <9> Not Applicable

E. While you have been incarcerated, who has cared for your children *(Interviewer Note: Indicate how many children are with each caregiver) (check all that apply):*

<1> Father of child ( ) <6> Group home ( )
<2> Child's grandparent on your side of the family ( ) <7> Other _____ ( )
<3> Child's grandparent on the fathers side of the family ( ) <77> Don't Know
<4> Other relative ( ) <88> Refused
<5> Foster care ( ) <99> Not applicable

4. In the community, do you think you will be caring for your own or other children?

<1> Yes, own children *(go to follow-up questions)* <7> Don't Know
<2> Yes, other children *(go to follow-up questions)* <8> Refused
<3> No <9> Not applicable

A. *If yes*, how many children do you think you will be responsible for?

<1> 1 <4> 4 <7> Don't Know
<2> 2 <5> 5 <8> Refused
<3> 3 <6> More than 5 <9> Not Applicable

B. What childcare responsibilities will this involve *(check all that apply):*

	Yes	No	Don't Know	Refused	N/A
Providing proper nutrition	<1>	<2>	<7>	<8>	<9>
Providing shelter	<1>	<2>	<7>	<8>	<9>
Providing clothes	<1>	<2>	<7>	<8>	<9>
Providing love and support	<1>	<2>	<7>	<8>	<9>
Providing stability	<1>	<2>	<7>	<8>	<9>
Providing supervision	<1>	<2>	<7>	<8>	<9>
Arranging daycare	<1>	<2>	<7>	<8>	<9>
Providing socialization (with other children or adults)	<1>	<2>	<7>	<8>	<9>
Providing spirituality/religion	<1>	<2>	<7>	<8>	<9>
Access to culture	<1>	<2>	<7>	<8>	<9>
Other (specify) _____	<1>	<2>	<7>	<8>	<9>
Other (specify) _____	<1>	<2>	<7>	<8>	<9>

C. Do you think you could benefit from any type of childcare support to help with these responsibilities (i.e., subsidized daycare, after-school programs, parenting skills training, breakfast programs, tutoring, fitness/recreation program)?

<1> Yes *(go to follow-up question)* <7> Don't Know <9> Not Applicable
<2> No <8> Refused

D. *If yes*, what types of programs or services could help you in addressing these childcare responsibilities (i.e., subsidized daycare, after-school programs, parenting skills training, breakfast programs, tutoring, fitness/recreation program)?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

I'm now going to ask you a few questions about "Fetal Alcohol Spectrum Disorder" (FASD).

5. Are you familiar with the term "Fetal Alcohol Spectrum Disorder" (FASD)?

<1> Yes *(go to follow-up question)* <7> Don't Know
<2> No <8> Refused

A. *If yes*, on a scale of 1 to 5, with 1 indicating "not at all" and 5 indicating "very", how knowledgeable do you think you are about FASD?

Not at All		**Somewhat**		**Very**	**Don't Know**	**Refused**	**N/A**
1	2	3	4	5	<7>	<8>	<9>

6. Have you participated in any programs that include information about FASD *(Interviewer Note: Programs may include a correctional program, workshop, or information session)*?

<1> Yes *(go to follow-up questions)* <7> Don't Know <9> Not Applicable
<2> No <8> Refused

A. *If yes*, what was the program and, on a scale of 1 to 5, with 1 indicating "not at all" and 5 indicating "very", how useful would you rate the program *(Interviewer Note: Type of program may include a correctional program, workshop, or information session)*?

Program	Location	Aboriginal	Usefulness	D/K	Refused	N/A
Name: *Type:* *Description:*	1. Institution 2. Community 7. D/K	1. Yes 2. No 7. D/K	1 2 3 4 5	7	8	9
Name: *Type:* *Description:*	1. Institution 2. Community 7. D/K	1. Yes 2. No 7. D/K	1 2 3 4 5	7	8	9
Name: *Type:* *Description:*	1. Institution 2. Community 7. D/K	1. Yes 2. No 7. D/K	1 2 3 4 5	7	8	9

B. What was most useful about the program(s) that focused on FASD?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

C. What was least useful about the program(s) that focused on FASD?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

D. What do you think could be improved about the program(s) that focused on FASD?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

The next set of questions focus on Fetal Alcohol Spectrum Disorder (FASD) in yourself and in children you may be caring for when you are released. If you are uncomfortable answering any of these questions - please tell me, and we can move on.

7. Have you ever been assessed for FASD?
   <1> Yes *(go to follow-up questions)* <7> Don't Know
   <2> No *(skip to question 8)* <8> Refused

   A. Who conducted the assessment? *(Interviewer Note: If participant has been assessed more than once, include information on most recent assessment only)*
      <1> Physician
      <2> Psychologist
      <3> Psychiatrist

<4> Nurse
<5> Other health care professional (specify): _____
<6> Teacher
<7> Social worker
<8> Other educational professional (specify): _____
<9> Other (specify): _____
<10> Other (specify): _____
<77> Don't Know
<88> Refused
<99> Not Applicable

B. What were the reasons for this assessment (i.e., behaviour, cognitive/intellectual functioning, appearance, emotional problems, etc.)?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

8. Have you ever been diagnosed with FASD?
<1> Yes *(go to follow-up questions)*
<2> No *(skip to question 9)*

A. Who gave you this diagnosis?
<1> Physician
<2> Psychologist
<3> Psychiatrist
<4> Nurse
<5> Other health care professional (specify): _____
<6> Teacher
<7> Social worker
<8> Other educational professional (specify): _____
<9> Other (specify): _____
<10> Other (specify): _____
<77> Don't Know
<88> Refused
<99> Not Applicable

B. What were the reasons for this diagnosis (i.e., behaviour, cognitive/intellectual functioning, appearance, emotional problems, etc.)?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

C. What are some of the areas in your life affected by FASD (i.e., relationships, learning, work, etc.)?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

D. Do you currently have any supports to cope with FASD (i.e., programs, services, training, individual assistance, information sessions, etc.)?
<1> Yes *(go to follow up question)* <7> Don't Know <9> Not Applicable
<2> No <8> Refused

i. What types of supports do you have (i.e., programs, services, training, individual assistance, information sessions, etc.)?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

E. While incarcerated, what do you need to better help you cope with the characteristics of FASD?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

F. In the community, what do you need to better help you cope with the characteristics of FASD?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

9. Do you know any children who may be affected by FASD?
<1> Yes <7> Don't Know
<2> No <8> Refused

10. In the community, do you think any children under your care may be affected by FASD?
<1> Yes *(go to follow-up questions)* <7> Don't Know
<2> No *(skip to Section E)* <8> Refused

A. *If yes*, how many children do you think are affected by FASD?
_____ children <7> Don't Know <8> Refused <9> Not Applicable

B. What makes you think they may have FASD *(check all that apply)*:
<01> Behaviour
<02> Cognitive/intellectual functioning
<03> Appearance
<04> Functional assessment
<05> Teacher/school personnel think they might have FASD
<06> Doctor/medical personnel think they might have FASD
<07> Other (specify): _____
<77> Don't Know
<88> Refused
<99> Not Applicable

C. Have they been officially diagnosed by a physician?
<1> Yes <7> Don't Know <9> Not Applicable
<2> No <8> Refused

D. Have any of the children participated in any programs designed to meet the needs of children with FASD?
<1> Yes <7> Don't Know <9> Not Applicable
<2> No <8> Refused

11. Does the community you plan to return to have programs or services to support parents/caregivers dealing with children who may have FASD?
<1> Yes *(go to follow-up question)* <7> Don't Know
<2> No <8> Refused

A. *If yes*, what kinds of programs?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

12. Have you participated in any programs/training related to caring for children with FASD?
<1> Yes *(go to follow-up questions)* <7> Don't Know <9> Not Applicable
<2> No <8> Refused

A. What were the positive aspects of these programs/training?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

B. What were the negative aspects of these programs/training?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

13. Are there approaches that you think will work well with children with FASD (i.e., structure/routine, counseling, feedback/support, patience/understanding, repetition/practice, smaller play groups, low stimulation environments, etc.)?
<1> Yes *(go to follow-up questions)* <7> Don't Know
<2> No <8> Refused

A. If yes, what approaches do you think will work well?
_____
_____
<7> Don't Know <8> Refused <9> Not Applicable

14. Can you suggest any resources that would help you address the needs of children affected by FASD in the community? (i.e., play groups, after school programs, extra tutoring at school, etc.)

_____

_____

<7> Don't Know <8> Refused

SECTION E: NEEDS

In this section, I'm going to ask you some questions about your needs upon release to the community.

1. In the community, will you be returning to an intimate relationship?
   <1> Yes *(go to follow-up question)* <7> Don't Know
   <2> No <8> Refused

   A. On a scale from 1 to 5 with 1 being "not at all" and 5 being "very", to what extent are you currently happy in this relationship?

Not at all happy				Very happy	Don't Know	Refused	N/A
1	2	3	4	5	<7>	<8>	<9>

2. Prior to your incarceration, did you ever receive counselling, programs, or services to help you with intimate relationship issues (i.e., communication skills training, couple counselling, battered women's shelters)?
   <1> Yes <7> Don't Know
   <2> No <8> Refused

3. In the community, do you think you will require some type of counselling, programs, or services to help you deal with intimate relationship issues?
   <1> Yes *(go to follow-up question)* <7> Don't Know
   <2> No <8> Refused

   A. What types of counselling, programs, or services will you require in the community *(check all that apply)*:
   <1> Relationship counselling
   <2> Communication skills training
   <3> Battered women's shelter
   <4> Crisis intervention
   <5> Assistance with safety planning
   <6> Other (specify) _____
   <7> Other (specify) _____
   <77> Don't Know
   <88> Refused
   <99> Not Applicable

4. On a scale from 1 to 5 with 1 being "not likely" and 5 being "very likely", if there were programs and services to address issues in intimate relationships in your community, how likely would you be to use them (i.e., communication skills training, couple counselling, battered women's shelters)?

Not likely				Very likely	Don't Know	Refused
1	2	3	4	5	<7>	<8>

5. Prior to your incarceration, did you ever receive counselling, programs, or services for emotional problems? (i.e., counselling, support groups, psychological or psychiatric intervention, medication)
   <1> Yes
   <2> No
   <7> Don't Know
   <8> Refused

6. In the community, do you think you will require some type of counselling, programs, or services to help you deal with emotional problems (i.e., depression, mood swings, thoughts of harming yourself)?
   <1> Yes *(go to follow-up question)*
   <2> No
   <7> Don't Know
   <8> Refused

   A. What types of counselling, programs, or services will you require in the community *(check all that apply)*:
      <1> Counselor
      <2> Psychologist/psychiatrist
      <3> Support group
      <4> Religious/spiritual guidance
      <5> Drug therapy
      <6> In-patient treatment
      <7> Out-patient treatment
      <8> Support telephone line
      <9> Talking with friends/family
      <10> Talking with an Elder
      <11> Other (specify) _____
      <12> Other (specify) _____
      <77> Don't Know
      <88> Refused
      <99> Not Applicable

7. On a scale from 1 to 5 with 1 being "not likely" and 5 being "very likely", if there were programs and services to address emotional problems in your community, how likely would you be to use them (i.e., counselling, support groups, psychological or psychiatric intervention, medication)?

Not likely				Very likely	Don't Know	Refused
1	2	3	4	5	<7>	<8>

8. What do you think are the needs of your family while you are in the institution (i.e., housing, food, job, childcare, etc.)?
   _____
   _____
   <7> Don't Know <8> Refused

9. Can you describe what you will need for your family upon your release to the community (i.e., housing, food, job, childcare, etc.)?
   _____
   _____
   <7> Don't Know <8> Refused

10. On a scale from 1 to 5 with 1 being "not likely" and 5 being "very likely", if there were programs and services to address family needs, how likely would you be to use them?

Not likely				Very likely	Don't Know	Refused
1	2	3	4	5	<7>	<8>

11. What family services are available in the community where you will be released to (i.e., play groups, support groups, survivor programs, mother-child housing program)?

_____

_____

<7> Don't Know <8> Refused

12. On a scale from 1 to 5 with 1 being "not at all" and 5 being "very", to what extent do you feel comfortable using community resources (Interview Note: Community resources include programs, services, shelters, recreational centres, food banks, etc.)?

Not at all				Very likely	Don't Know	Refused
1	2	3	4	5	<7>	<8>

A. Why or why not?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

13. Prior to your incarceration, did you have job skills training?

<1> Yes *(go to follow-up questions)* <7> Don't Know
<2> No <8> Refused

A. What types of job skills training have you had in the past?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

B. Did this job skills training help you? Why or why not?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

14. In the community, do you think you will need any assistance finding a job?

<1> Yes <7> Don't Know

<2> No <8> Refused

15. In the community, do you think you will need help gaining job skills?
<1> Yes <7> Don't Know
<2> No <8> Refused

16. What types of employment programs could you benefit from in the community (i.e., job skills training, mentoring, job shadowing, interview skills, resume building, volunteering, vocational training, etc.)?

_____

_____

<7> Don't Know <8> Refused

17. On a scale from 1 to 5 with 1 being "not likely" and 5 being "very likely", to what extent do you think you would use employment programs if they were offered in the community?

Not likely				Very likely	Don't Know	Refused
1	2	3	4	5	<7>	<8>

18. What housing needs do you think you will have in the future (e.g., subsidized housing, assistance finding suitable housing, help dealing with your landlord)?

_____

_____

<7> Don't Know <8> Refused <9> Not Applicable

Is there any information that you would like to add?

_____

_____

Do you have any questions? Thank you very much for your time.