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A Culturally-Informed and Culturally-Safe Exploration of Self-Injury Desistance in Aboriginal Offenders

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A Culturally-Informed and Culturally-Safe Exploration of Self-Injury Desistance in Aboriginal Offenders

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Executive Summary

Key words: *Aboriginal offenders; interventions; self-injurious behaviour; treatment; mental health.*

Self-injurious behaviour (SIB) poses substantial challenges for those who engage in the behaviour and for the institutional staff working with them. SIB may be defined as any type of direct bodily harm or disfigurement that is deliberately inflicted on oneself that is not socially sanctioned (Favazza, 1998, 1999; Simeon & Favazza, 2001; Walsh & Rosen, 1988). When SIB is engaged in without suicidal intent it is referred to as non-suicidal self-injury (NSSI). While there is a growing body of research on SIB and NSSI, little is known regarding the process of self-injury desistance among offenders.

The present study was designed to apply a culturally-informed and culturally-safe approach to the investigation of the process of SIB desistance from the perspective of Aboriginal offenders. Thirteen Aboriginal offenders (nine men and four women) were recruited from two minimum security Aboriginal healing lodges, a psychiatric treatment centre, and a medium security institution. Participants took part in focus groups or individual interviews. The focus groups and interviews addressed the following topics: 1) introduction of participants and researchers and building a culturally safe environment; 2) a description of their SIB history; 3) the process by which SIB ceased or decreased; and 4) participant discussion of their culture, strengths, and plans for the future. All participants had a history of NSSI (either recorded on their file or disclosed to staff) and had decreased or ceased engaging in the behaviour.

The majority of offenders reported that they experienced abuse and witnessed traumatic events during their childhood. For most, their family members abused alcohol and drugs and the participants themselves began to abuse substances at a young age. Engaging in criminal activity during childhood was also common. Several offenders expressed that they had difficulty dealing with negative emotions and many participants reported beginning to engage in NSSI as children or teenagers. Cutting was the most common type of behaviour. Motivations for NSSI varied; however, most offenders expressed that they hurt themselves to manage negative emotions. Attention-needing and efforts to exert interpersonal influence were also common reasons. Participation in programming played an important role in SIB desistance, especially for the women. In particular substance abuse programming was cited as important by the participants. Culturally-specific programs were mentioned as being instrumental in helping participants work through past trauma and cease self-injury. The significance of culture was highlighted as essential during the process of healing, particularly for those offenders who had not been exposed to Aboriginal culture prior to their incarceration. Support from family members and institutional staff or members of the community were also mentioned by both the men and women as having an impact on their recovery. Participants communicated that in the future they wanted to be positive role models and help others who shared their experiences. Information obtained from the study participants demonstrate the life experiences of Aboriginal offenders are unique and should be taken into consideration when examining issues such as NSSI. Culturally-appropriate programming and developing strong positive relationships with offenders who engage in SIB can assist in NSSI desistance.

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Introduction

Non-suicidal self-injury (NSSI) may be defined as deliberate bodily harm or disfigurement without suicidal intent and for purposes not socially sanctioned (Klonsky & Muehlenkamp, 2007). NSSI includes behaviours with immediate consequences such as cutting, ligature use, burning, head banging, hitting, swallowing sharp or indigestible objects, and inserting and removing objects from the body. While a myriad of other terms have been used to describe this behaviour (e.g., self-mutilation, deliberate self-harm, parasuicide), the term NSSI is used here for enhanced clarity and to emphasize situations when there is no suicidal intent. The term self-injurious behaviour (SIB) is applied in describing situations where the presence of suicidal intent is unclear or unknown, and suicide attempt will be used in this report when the intent is clearly present. NSSI poses a considerable threat to the safety and well-being of offenders and staff in correctional institutions and can demand an enormous amount of financial and human resources (Dehart, Smith, & Kaminski, 2009), making it an important issue to address for all correctional jurisdictions.

Non-Suicidal Self-Injury in Offenders

While lifetime prevalence rates are unavailable for men, among federally sentenced women, the lifetime prevalence of NSSI is estimated at between 24% to 38% (Power, Brown, & Usher, 2013). A study of SIB incidents in the Correctional Service of Canada (CSC) found that women were considerably more likely than men to engage in self-injury (Gordon, 2010). The research on gender differences is conflicting, however. Studies with incarcerated populations tend to only examine one gender at a time or include a small number of women, making gender comparisons unreliable. In research with non-incarcerated populations, the findings are mixed, with some research finding higher rates of SIB among females (Hawton, Fagg, Simkin, Bale, & Bond, 2000; Whitlock et al., 2006) and others failing to find a gender difference (e.g., Briere & Gil, 1998; Cooper et al., 2006; Horrocks, Price, House, & Owens, 2003; Klonsky et al., 2003).

Extensive research on NSSI in Canadian federal offenders has been conducted, examining topics such as the origins of NSSI, the motivation to engage in such behaviour, and the characteristics of those who self-injure compared to those who do not. Both men and women offenders most commonly report engaging in NSSI as a method of dealing with negative

emotions (Power & Beaudette, in press; Power & Usher, 2010; Power, Beaudette, & Usher, 2012). This finding is consistent with research conducted on a variety of populations (see Klonsky, 2007 for a review). However, offenders provided a wide variety of reasons for self-injuring and often describe more than one motivation. Among the other reasons provided were: communicating with others about problems and need for care, to gain interpersonal influence, to avoid hurting others, and to see blood or feel pain (i.e., to end feelings of emptiness or dissociation). Participants most commonly reported feelings of anger and frustration followed by depression and sadness prior to engaging in NSSI. After an incident of NSSI, they most often reported feeling relief, followed by regret. Cutting is the most common type of NSSI that offenders in CSC engaged in (Power, Usher, & Beaudette, in press; Power & Usher, 2011a).

A number of mental health, historical, and personality factors have been found to be correlated with NSSI in offenders. For example, NSSI is associated with aggression, impulsivity, hostility, and a history of childhood abuse (Power & Beaudette, in press; Power & Usher, 2011b). Compared to offenders that do not have a history of NSSI, CSC offenders with a history of NSSI are more likely to meet the diagnostic criteria for any major mental health disorder, depression, panic disorder, substance abuse, posttraumatic stress disorder, antisocial personality disorder, and borderline personality disorder (BPD; Power & Beaudette, in press; Power & Usher, 2011a; Power & Usher, 2011b).

While offenders generally appear to be a high risk population for NSSI, the majority of offenders reported first engaging in NSSI prior to being admitted to a correctional facility (Power & Beaudette, in press; Power & Usher, 2011; Power, Usher, & Beaudette, in press). Compared to women, however, men, particularly men who do not reside in treatment centres (psychiatric facilities run by CSC), are more likely to initiate NSSI while in a correctional facility and to report engaging in NSSI for reasons related to their incarceration. While many commonalities and themes were found among offenders who engage in NSSI, it is important to note that the behaviour, and the offenders who engage in it, are heterogeneous, and therefore, each incident and offender must be considered individually to determine appropriate intervention and treatment options.

Treatment and desistance. While research has explored the origins, motivations, and correlates of NSSI, there is a substantial gap in knowledge regarding effective interventions and the process of cessation. Few studies have examined the perceptions of individuals who engage

in NSSI regarding what they view as effective (Kool, van Meijel, & Bosman, 2009).

In one of the few studies that has adopted the perspective of the individuals who self-injure to determine effective treatment, Kool, van Meijel, and Bosman (2009) conducted a qualitative analysis of 12 women with a history of SIB who had decreased the frequency or ceased this behaviour. The authors identified six steps in the process of ceasing SIB, beginning with feeling a sense of safety and security with oneself and others. In this phase, the individuals who self-injured learned to reach out for help whenever they began to feel overwhelmed by their feelings. In the following three phases, they would learn to be more confident about themselves, build their self-esteem, and increase their autonomy and understanding of themselves. Participants would stop self-injuring in phase five and would use the skills they developed in the previous stages whenever they were confronted with unbearable emotions. Phase six focused on maintenance and relapse prevention.

The literature regarding the best treatment for SIB is still inconclusive (Hawton et al., 2009). The most widely-used treatment model for SIB is dialectical behavior therapy (DBT), a comprehensive treatment for individuals with BPD, based on treatment of emotional dysregulation (Linehan, 1993). DBT has been found to be effective in reducing SIB in community and out-patient samples (Koons et al, 2001; Linehan, Armstrong, Suarez, Allmon, & Heard, 1991; Linehan et al., 2002; Linehan et al., 2006; Verheul et al., 2003), and has been adapted for use in correctional settings in many jurisdictions, including the United States, Canada, Australia, and the United Kingdom (Berzins & Trestman, 2004; Eccleston & Sorbello, 2002; McDonough, Taylor & Blanchette, 2002; Nee & Farman, 2005). While many individuals who have BPD do engage in SIB, this is not true of all of them, and many individuals who self-injure do not meet the diagnostic criteria for BPD. Therefore, DBT may not be appropriate for all individuals who engage in SIB. Additionally, DBT is a resource-intensive treatment model.

Several other types of treatment have been explored for use with individuals who self-injure. For example, a number of studies have investigated the efficacy of cognitive behaviour therapy (CBT), an assorted set of approaches intended to systematically target problem behaviours via cognitive restructuring and teaching of skills. A meta-analysis of the use of CBT with SIB found that it was significantly more effective at reducing suicidal behaviours compared to minimal treatment or "treatment as usual" (Tarrier, Taylor, & Gooding, 2008). Manual-Assisted Cognitive Behaviour Therapy (MACT) combines features of DBT and CBT to treat

self-injury. MACT is a brief therapy focusing on cognitions and problem-solving using individual therapy structured through a treatment manual (Boyce, Oakley-Browne, & Hatcher, 2001). Although research on the approach is limited, preliminary results suggest that the MACT may be effective in reducing SIB compared to treatment as usual (Evans et al., 1999; Weinberg, Gunderson, Hennen, & Cutter, 2006). Commonalities can be found among the varied SIB treatment approaches that have some level of empirical support, including the establishment of a positive therapeutic relationship, incident analysis (e.g., an examination of the self-injury incident to help identify and understand the context of the NSSI), and skills training (e.g., developing coping skills that can be used instead of NSSI; Usher, Power, & Wilton, 2010).

Past research on NSSI in Canadian federal offenders does provide some information regarding the most common methods of reducing or desisting from NSSI. The most common method offenders reported using to avoid self-injury involved identifying a method to appropriately release emotions, such as seeking emotional support or help from another individual (Power & Beaudette, in press; Power & Usher, 2010; Power et al., 2012). Other methods discussed by the women who participated in the study included using relaxation or distraction techniques (e.g., writing, reading, creating artwork, exercising, engaging in cultural activities), engaging in positive self-talk, behavioural substitution (e.g., snapping elastic bands, holding ice cubes), and speaking to a psychologist or attending programs. This research, however, did not explore the process by which an individual initiates the recovery process and what interventions and approaches individuals found to be most helpful in facilitating their healing journey.

Aboriginal Peoples in Canada

The term *Aboriginal* is defined as "the collective name for the original peoples of North America and their descendants" (Aboriginal Affairs and Northern Development Canada, 2013). In Canada, the term is used to refer to individuals who identify as First Nations, Inuit, or Métis, although a singular Aboriginal culture does not exist. Within Canada, *Aboriginal* includes over 600 First Nation communities, 11 major language groups, and more than 50 distinct dialects (Frideres, 1998). There are, however, some overarching themes or similarities among these groups that can generally be considered characteristic of Aboriginal cultures, such as an emphasis on the interconnectedness of all natural things and all forms of life (Royal Canadian Mounted Police, 2010). The cultures are considered to be distinct from that of mainstream

Canadian culture, characterized by unique teachings, traditions, and language. Many Aboriginal peoples are disconnected from their cultural traditions yet do not feel part of mainstream culture. This lack of connection results in difficulties for many, particularly in urban environments (Bracken, Deane, & Morriette, 2009). The marginalization of Canada's Aboriginal peoples has been reflected in disadvantages based on a range of health and social indicators, showing a lower life expectancy at birth than non-Aboriginal people (Indian and Northern Affairs Canada, 2001), elevated rates of health conditions such as diabetes, HIV, and hepatitis C (Health Canada, 2009), and elevated rates of poverty and lower education achievement (Mendelson, 2006).

Most relevant here, while little is known about NSSI in Aboriginal populations, the rate of suicide among Aboriginal Canadians is two to six times that of the general Canadian population (Canadian Institute for Health Information, 2004) and research has found that while these behaviours are distinct, they are correlated (Power & Beaudette, in press; Power & Usher women's correlates; see Power & Usher Research Review for a review). A study of SIB in 573 Canadian federal offenders found that Aboriginal offenders were more likely to have engaged in self-injurious incidents, with 25% of the offenders who self-injured being Aboriginal, while about 20% of offenders were Aboriginal at the time of the study (Gordon, 2010).

Aboriginal peoples are significantly overrepresented in the federal correctional population compared to their numbers in the Canadian population with Aboriginal peoples constituting 3% of adult Canadians and 19% of CSC's population (Public Safety, 2011). Once they receive a sentence, Aboriginal offenders generally do not fare as well as non-Aboriginal offenders. That is, they are more likely to be incarcerated (rather than on conditional release), constituting 21% of the incarcerated population of men and 32% among women. Additionally, compared to non-Aboriginal offenders, Aboriginal offenders are more likely to have low reintegration potential, be affiliated with a gang, and have served a prior youth or adult sentence (Research Branch, 2009). Given the unique culture and challenges of Aboriginal peoples in Canada, and the importance of considering NSSI within a cultural context (Favazza, 2009), it is imperative that an examination of SIB in Aboriginal populations be culturally-appropriate.

Cultural safety. Cultural safety is a practice that originated in New Zealand nursing education and has since received attention from several other areas of study such as medicine, social work, and sociology (Smye, Josewski, & Kendall, 2010). The premise of cultural safety is to shift the focus of service delivery from service providers to service users. Essentially, this

means that health services should be delivered and practiced while maintaining respect and recognizing the uniqueness of varying cultural backgrounds. It has been argued that to effectively achieve cultural safety when working or completing research with Aboriginal participants, an understanding of colonization and its effects is necessary (Smye, 2004). There is also a need for inclusivity of cultural practices, communication, respect, and a central focus on relationship-building. In research, this goal can be achieved through researchers gaining knowledge and participating in cultural activities and ceremonies, respecting language differences, and including community partners and Elders in the initiative (National Aboriginal Health Organization, 2008).

Present Study

The present study was designed to examine the process of reduction and desistance from NSSI among Aboriginal offenders who self-injured using a culturally-informed and culturally-safe approach. The exploration included the identification of strategies or inventions that staff who work with offenders who self-injure had used that were perceived by the offenders to be effective. Results will be used to inform treatment strategies for Aboriginal offenders who self-injure.

Method

Participants

Participants were recruited within CSC from two minimum security Aboriginal healing lodges, a regional psychiatric treatment centre, and a medium security institution. All participants were Aboriginal and had a history of SIB (either recorded on their file or disclosed to staff), and there was evidence that they had decreased, or ceased, engaging in NSSI (either on their file, disclosed to staff, or self-reported).

Institutional staff provided a list of names of offenders who met the inclusion criteria. These offenders were approached individually and were given a more detailed description of the study. Offenders could also volunteer to participate. In total, nine men and four women took part in one-on-one interviews or focus groups. The average age of the offenders was 36.4 years (*SD* = 9.14). Table 1 presents the demographic information of the participants retrieved from the Offender Management System (OMS), CSC's automated database for offenders. All but one participant were serving a sentence for a violent offence.

Table 1

Demographic and Criminal Profile of Participants

	Participants ($N = 13$)	
	%	*n*
Marital status		
Single	53.9	7
Married/common law	38.5	5
Divorced, separated, or widowed	7.7	1
Major admitting offence		
Homicide and manslaughter	46.2	6
Robbery	7.7	1
Drug offences	0.0	0
Assault	23.1	3
Sexual offences	7.7	1
Other violent offences	7.7	1
Other non-violent offences	7.7	1
Security level		
Minimum	15.4	2
Medium	61.5	8
Maximum	23.1	3
Sentence Length		
Less than 5 years	23.1	3
More than 5 years	38.5	5
Life (indeterminate)	38.5	5

Measures/Material

Sharing circle interview guide. A sharing circle script was created based on consultations with stake holders and the research questions (see Appendix A for script). Before beginning the sharing circle, a brief explanation of the study was provided once more and an overview of the confidentiality section of the informed consent was repeated. Guidelines for the sharing circle were also explained (e.g., respectful environment, one person speaks at a time, respect the confidentiality of other members of the sharing circle). Focus groups are often less structured than one-on-one interviews; therefore, several prompts and open-ended questions

were prepared and placed in one of four overarching themes of the discussion. The following sections were included and were explained to the participants using the analogy of the medicine wheel (see Figure 1): 1) hello – introduction of participants and researchers; 2) hurting – a description of SIB history; 3) healing – the process by which SIB was ceased or decreased; and 4) health – participants discussed their culture, strengths, and plans for the future. The medicine wheel represents the four directions in nature: east, south, west, and north. The introduction section of the focus group was placed in the East quadrant of the medicine wheel, the direction of the rising sun, to symbolize new beginnings. Participants identified with this image and it provided a better understanding of the path the focus group would take and the information they were being asked to share.

Semi-structured interview protocol. In instances where the sharing circle was not feasible (i.e., scheduling issues with offenders, limited space, offender was not comfortable in group setting), individual interviews using a semi-structured interview protocol were conducted (see Appendix B for interview protocol). The interview protocol covered the same topics as those in the sharing circle; however, the questions were more direct and structured with several follow-up questions or prompts.

Figure 1

Medicine Wheel as a Representation of the Sharing Circle Guide

Procedure/Analytic Approach

In total, two sharing circles and six individual interviews were completed. A sharing circle was not possible at the women's institution; therefore, all of the women who participated were interviewed individually.

Prior to attending the institutions and healing lodges, the researchers made contact with a designated staff member on site. A description of the study with the inclusion criteria for participants and a call for participant nominations was provided to the contact person for distribution to other staff members. Offenders could be nominated by staff or could volunteer to take part in the study. When possible, contact was made with the resident Elder at the institution. The aim of the study was to examine the issue using a culturally-appropriate and culturally-safe method and the inclusion of Elders, the use of the medicines, and the act of prayer, assisted in achieving this goal.

Sharing circle. The sharing circles took place in the designated Aboriginal healing centres of each institution. The informed consent form was read to participants and they were required to sign it before the sharing circle could begin. An Elder was present for each sharing circle and a smudge ceremony and prayer were carried out to signify the beginning of the session. The presence of the Elder, the medicines, and the ceremony are important to the creation of a culturally-safe environment. During difficult moments throughout the sharing circle, the smudge would be lit again to ground participants and ensure their safety in the sharing of their stories. The guidelines for the circle were then read aloud by the moderator followed by an introduction of the first topic of discussion. An eagle feather was provided by the moderator. The eagle feather is revered and sacred in some Aboriginal cultures because it soars closest to the Creator; therefore it is thought to have a special connection with the Creator. The feather symbolizes truth, courage, power, and freedom. In a talking circle, the holder of the feather is the designated speaker. The feather was passed from participant to participant allowing the holder to speak. Upon completing the sharing circle, the Elder performed a final prayer and debriefing forms were provided to the participants. Afterwards, Elders were presented with a sacred tobacco bundle and an eagle feather as a sign of thanks for their involvement with the project and ensuring the safety of the participants upon the departure of the researchers.

Semi-structured interview. For the individual interviews, participants were read the

informed consent form and were requested to sign the form before beginning the interview. Interviews took place either in the Aboriginal healing centre or a boardroom at the institution. An Elder was present for two of the six individual interviews. Consistent with the sharing circle protocol, a debriefing form was given to the participants at the end of the interview.

Analytic approach. All sharing circles and individual interviews were recorded using a digital recorder and later transcribed verbatim by the primary researcher and a research assistant. Transcripts were analyzed with NVivo7, a qualitative data analysis program that allows for the organization and categorization of qualitative information.

The interviews were analyzed using phenomenological analysis. This qualitative approach is used when the research questions pertain to the meaning or experience of a phenomenon (for the purposes of this study, the lived experience of self-injury desistance). The data are classified into clusters that, when taken together, illustrate the fundamental nature of the experience (Stark & Trinidad, 2007).

To properly analyze the data, a coding frame was created based on the research questions and the questions that were asked during the sharing circles and interviews. The coding frame closely resembled the four topics illustrated in the medicine wheel with several categories included within each of those themes. This technique allows for flexibility in developing initial themes and later collapsing or reclassifying information to best fit the data.

Results

Introduction/background (*hello*)

The majority of the participants revealed that they had experienced abuse as a child, including physical, sexual, and emotional abuse. Several individuals indicated that they grew up in exceedingly difficult household situations, often resulting in being removed from the family home and/or being raised by people other than their birth parents:

> P004: My dad was really abusive and my mom let it happen so I really don't like them. I don't talk to them or anything and, um, I don't know. I think that kind of shaped who I am today because they were really neglectful, and when my dad came around, like they did a lot of drugs, so they were downstairs doing drugs while I was upstairs watching the kids and stuff like that. So they were neglectful, and when my dad did come upstairs it was to like beat me up...

> P007: At a young age growing up I guess I had a struggling household which I couldn't realize at the time because I was kind of too young, but to me, I was kind of oblivious just to myself. I was pretty much the bad one, everyday. Like almost every day I would get beat up by my dad's wife or just the littlest things that I would do wrong or getting something wrong, just little things until I finally started running away.

A history of family substance abuse was also apparent, which often coincided with being abused as a child and sometimes ensuing substance abuse:

> P010: It was sexual abuse, that was the thing. I was sexually abused and my mom was an alcoholic, her boyfriend was an alcoholic. That's where all the abuse came from.

> P008: Uh, I grew up with my mom and my dad. My mom is addicted to benzodiazepines, like Valium and stuff. My dad is an intravenous heroin user. Uh, my dad is psychotic. . . . It really messed up my childhood. Like being raised by them really started me off on the wrong foot. I was 8 years old when he showed me how to shoot-up.

Several of the men reported that they became involved in criminal behaviour from a young age, and this was often entwined with their own substance abuse:

> P003: Found that out right away, I could get in trouble at school, started doing stuff, negative things and, uh, I wouldn't be disciplined for my actions [at home] and I just started hanging out with the wrong crowd, started drinking, eventually got in trouble with the law. Looking back now I could say that I was just a real spoiled brat. I did whatever I wanted and I didn't care what anybody else thought, I never thought about consequences.

> P004: I ran away from home because one of the social services people said because I was

> 14 they couldn't force me to stay at home, so I listened to her and just took off and started doing, well, I was already smoking weed at that time but I started doing heavy drugs, crystal meth, and it was at that time that I started being criminally active. I don't know I started right away like going to juvenile and robberies to support my habit and so I have pretty much been since I was 14 in jail. I had six months out or something like that since I was 14.

This offender expresses how his childhood trauma and subsequent substance abuse culminated in difficulties with being able to deal with his negative emotions:

> P001: So along come with the drugs, and along come with the booze, and along comes with all this pent up anger. I grew up with a million questions. Where is [my mother] and who's my family. My adopted parents always took me back to the reserve. . . . It was always a struggle all through my life from the spiritual path on the dark side, along with the substance abuse, and dipping into peer pressure, along come the unhealthy relationships, not handling my negative emotions in a good way, fighting, arguing, the frustration, um, divorce. . .

Self-injury (*hurting*)

The most common type of NSSI reported by the participants was cutting/slashing, although other types, such as head banging, were also reported. Several of the offenders also reported having attempted suicide at some point during their lives (e.g., by overdosing on drugs, jumping off a building, hanging, laying on train tracks, and jumping in front of a car). Many of the offenders had started self-injuring when they were children or teenagers. The reasons for SIB varied among the offenders due to their specific life circumstances, but there were also general themes that included affect regulation, attention-needing, and exerting interpersonal influence.

Affect regulation. The majority of participants, both men and women, reported having engaged in SIB because of difficulties in handling their negative emotions. For instance, several offenders used the term "escape" when referring to their NSSI. They wanted an escape from their emotional pain by causing themselves physical pain. This most often seemed to stem from the psychological trauma caused by childhood abuse:

> P010: No, to escape it. To not feel the pain, put different pain on me.

> P005: I guess I cut myself because I liked to escape the pain I feel sometimes from my memories of being abused from my numerous abusers from growing up in the system. I also cut to feel an escape, like escape any difficulties I am having with stresses. . .

> P013: That was more like my childhood years when I was in provincial. When I was young, I was 15, 16 years old when I started. And because of the foster home that I was

living at they were very abusive, verbally and physically. My foster home that I was in before was really about women and stuff like that but then I moved into a foster home where they were verbally abusive and physically abusive, and you know, I didn't like actually living there so I used to run away and I used to get put back in that home. The only way I could stop the mental pain was to physically [hurt myself].

Other offenders revealed that they engaged in NSSI because they were angry or frustrated:

P006: The majority of time when I do self-harm, when I cut, I cut to, not to die, but it's more anger, frustration.

P003: First time I can remember self-harming is probably about 15. I had got into a fight, an argument with a girlfriend and I just, I dunno I took a knife to my arm and started slashing my arm, and I wasn't trying to kill myself, I dunno, I was just angry, upset.

P009: I was in the hole here for almost three years. I was maxed for 10 years. Laid a pipe on staff four times. Not just to get under their skin, but to help me release all my anger. I used to fight the guards, 10 on 1, pepper spray me, shot me with gas cans, you know. I was looking at ways to hurt myself without doing it myself. You know, and the Elders would come down and talk to me, you know. I used to kick my door open, 16 hours a day straight, nonstop. I would flood my house, smash my windows, do everything in my power to get all that anger out of me. But it was so intense you know it hurt me. And then I started slashing up.

Attention-needing. Another commonly reported motive for engaging in NSSI was to garner attention from others, most often a "cry for help" to deal with their emotional pain. This was more frequently mentioned among the women than the men:

P010: Well, not when I was young, I didn't have no one to talk to because no one listened to me. I was ignored and I think when I did start talking, talking about it and getting help is when I started coming to jail. There was people that listened, you know. Not for the first while because I was ashamed to tell what I went through. I lived with a lot of shame and guilt so it was hard for me to tell anybody or trust anybody cause the authority figures in my life weren't, I couldn't trust them, or they didn't listen to me.

P011: Yeah, but I felt like when I did it, people heard me better, every time I cut myself there was always something I wanted to get out and people heard it because of my self-injury.

P012: The first time I hurt myself I was 13. I was very young, my mom had left my father and I was being physically abused, sexually abused from her boyfriend. So when I tried to tell my mom, she didn't believe me. And I cut myself because I always saw my cousins with wounds and stuff. It was something really small but, like I was trying to call, scream

out for help at that time. . . .

P013: Because nobody listened to me. I had nobody to talk to. I was almost like I felt alone so that's the reason why I did it.

P007: I wanted to be with my dad again, and finally get a relationship with him. So I pushed myself back and found it kind of wasn't working and I was just searching for a love that I felt that family could still give me and I wasn't getting it. It kind of made me drift off into a certain way or a deep depression where I hurt myself. I attempted many times.

Interpersonal influence. A couple of participants indicated that their NSSI was sometimes a means of having an influence on others, particularly within the context of the institution and having an effect on staff members:

P005: I cut myself when the guards or staff piss me off and I am admitted and I just want to relax. Self-harm helps me that way. I also cut myself when staff are playing games with me, are not respecting me, are giving me a hard time. And I cut myself seriously then. I usually cut my inner wrists… for arteries or something new for me was cutting my belly open and putting batteries in there because they I would have to go for surgery. I would also cut myself when I just got bored and I wanted to get out of the jail and go for a car ride and go sit in a hospital and just basically get a time out from the jail.

P004: So, uh, I think the first time that I hurt myself was, intentionally hurt myself was in [juvenile detention] when I was like 15. But I don't remember much about it so, I just know that it was really pathetic really, and it wasn't for any specific reason, I think it was just that I was frustrated with the staff or something like that.

Desistance (*healing*)

Programming. Several participants, especially, the women, emphasized the efficacy of programming in helping them to develop coping strategies to desist from engaging in SIB. For many, it helped them to work through their histories of abuse and criminal behaviour, and, in turn, begin a self-healing process:

P010: For me, it's programs. Yeah, I would say programs cause a lot of us our hurt started when we were in childhood so I would say working with your childhood. You know, because everything happens from there.

P012: They're a big support. It's hard but after you've done it you feel good. Like, today I'm not ashamed to talk about my sexual abuse because I feel that when I talk about it, it might open doors for other women. And it's okay, you don't have to feel ashamed or anything. And it gets easier. That's why I say since I got here and did that program I haven't slashed...

> P013: I've been incarcerated most of my life, right, and all the programming that I used actually helped, you know. You stop and think, you know, what are your future goals, do you really want to walk around with all these scars on your body? Do you really wanna hurt yourself? Are you looking for attention? You know what, there's better ways of doing this.

One woman expresses how programming made her realize that she wasn't alone in her behaviours, and how it helped her to "open up" about her issues and realize that she could get help without cutting:

> P011: It was a three month program. I stayed there for four and a half months. When I was there we had group and this group, at first when I got there I thought it was all B.S., like, I'm not going to make it through this. Like, this is all, just, yeah, but ok I'll do this program because [child welfare] wants to see me do this program. And, that's all I went for, was for the paper stating that I completed it and... but then I thought, ok, I'm here, I might as well start participating. So I started going to sweats, ceremonies, AA, NA meetings. And I heard a lot of people that had the same issues as me which helped me open up more. So I started sharing my life stories and my attempts and, I found out I wasn't alone and that you don't have to cut yourself to get help because there are people out there that care.

Several of the women highlighted the Spirit of a Warrior program as being particularly helpful for working towards NSSI desistance, as demonstrated by this participant:

> P012: The one program that helped me was that one they had here, Spirit of the Warrior. That's the one that really helped me a lot with a lot of my issues and why I was slashing and trying to you know. I think I understood myself more here and that I wasn't the only one that was going through a lot, like, you know abuse that I've been through, and all that stuff.

Substance abuse programming was emphasized by a few men as a particularly important component of their treatment and wanting to create positive change in their lives:

> P007: As I am here, I am working on a bunch of things for myself. For the longest time I didn't think I had a drug or alcohol problem until I did some programming here at [the institution]. It really opened up my life to know that me drinking on weekends and what not is still pretty much a problem, I would often just have one beer, but one turns into many, so ... now it's something I want to change, I see the alcohol abuse throughout my family, and their lives are hurting because of them drinking like every day.

> P008: But I am starting to realize now that I have to deal with those problems, otherwise I am never going to recover from drug use. I start to feel that pain and let it go rather than suppressing it. That's the kind of stuff I am working through and one-on-one counselling I was doing on the street before I came to prison this time. Narcotics Anonymous, I go to

NA every day. It saved my life, that program.

Culture and spirituality. For the majority of the participants, their cultural activities and spirituality were highlighted as important components of their daily lives in the institution. While several participants had grown up within their Aboriginal culture and practiced the traditions, others indicated that that was not something they had been exposed to until their incarceration.

> P005: Another thing I guess is whenever I come, uh, contact my spirituality or when I smudge, and I am around the medicines and stuff, I get a peace. Like, I'm at peace with myself and the thought [of self-injuring] doesn't come in my head and I like that. I didn't know anything about my native culture until I came to the federal system and had many Elders over the years and I've had talks with them about my self-harm and stuff and they all tell me the same thing, 'pray to the creator and ask for strength' and the creator gives me strength. He is there with me when I wake up in the morning, when I walk through my day, when I go to bed at night. I try to embrace my culture as much as possible. Sometimes I just don't want to, I just don't want to do nothing and I get in that mood where I just want to be left alone and have my thoughts to myself and when I have my thoughts like that, sometimes I'm content and then sometimes they spiral out and I cut myself…

> P009: Here I am trying to follow the Red Road[1] as best as possible. Help people out that need help and, you know, helping someone clean their house because they can't, you know, it makes me feel good and they feel better about themselves because they are in a clean environment. The Elders, I loved going to sweats you know everything is released there. You go there and you are miserable you come out and you are happy and in a good mood. And following this road here it's about the best thing. This is what stopped me from slashing up and all that. Following the Red Road. And that's the way I'm seeing that now.

Offenders also expressed the benefits of residing in a cultural environment, such as a healing lodge or a unit that was devoted to offenders taking part in Aboriginal teachings and programming. Many indicated that the setting provides them with the appropriate support to continue on their healing journey:

> P010: Well, I guess my journey here, I started working on myself a while back so, I've, I think this place has helped me a lot to recognize who I am. Because they, it's like, I know that everything that they write to us, our books, you know they give us our reports and everything, and I have to read it and I try to understand. It took me a long time to understand what kind of person I was. You know what I mean? Because I never believed there was nothing wrong with me. I always believed that. And I always believed that you would never know how I feel. That took a lot for me, to let my pride down. For them, you know, now I understand and I can see it now. But yeah, this place helped a lot. I think you

[1] The 'Red Road' is described by Aboriginal people as a road that involves ceremonies, traditional teachings, and maintaining sobriety and a healthy lifestyle.

just need more people, instead of talking like all those big words and everything like that, to be at your level and just accessible.

P012: Um, I don't know, I just, how everybody was supportive here [the healing lodge] and learning my culture and stuff like that. The Elders.

P001: And all the negativity that led me to prison and this church and all the substance abuse and the heroin addiction, still used heroin in prison. And, there was a spiritual awakening. Enough is enough. Before the spiritual awakening was "enough is enough with the heroin". I hadn't had alcohol in I don't know how many decades, in over a decade. It was enough to give up the heroin. And after that I went back and did a lot of recollecting over the years, 17 years in prison. And go back to all those old teachers and old people who give you advice. You have all that time in prison. It's how you want to utilize your time in prison, and that's what I did. Um, changes, pathways, big plus. It constantly focused on spirituality all the time.

Several of the offenders highlighted their interactions with the Elders and the value of the teachings the Elders provided to them:

P011: But, every time I see the Elder, I get my chance, I go up to her and talk to her and stuff. We just sit, we're very formal, and when the Elders are here they stay in the Elders' lodges and I go over and sit there and listen to their stories and when I leave their house I feel so good. I feel serenity.

P001: A lot of that has to do to with working with [the Elder], he helped me, got a lot of hope into my life, the culture been learning about that and trying to live my life around that. That spiritual side of my life, because I never really had that going on...

P010: . . . I'm the Elder's helper now. I do the morning circles, I smudge the girls, I cedar bath the lodge, when they need for me to do whatever they ask. Keeping company and listening to their teachings, I've been taught a lot of teachings here. You know some teachings are different with different Elders but they're practically just the same, just a different way.

P003: If it wasn't for the help of the medicines and the Elders and all that, I wouldn't be here. I would have done it [committed suicide] and gotten it over with, but ever since this has been with me, helping me, I have been trying to follow the Red Road, it's like a feather with a line down the middle, but you go take a step off and you fall automatically, and then pick yourself up and go again, you know?

Coping strategies. Offenders noted several strategies that are helpful if and when they have an urge to engage in SIB. While some of the coping strategies were unrelated to culture, others overlapped with Aboriginal culture and spirituality. Many offenders reported communication strategies such as self-talk, talking to one's housemates or other offenders, and

connecting with one's case management team or an Elder. Others highlighted cultural or spiritual events such as participation in sweats, smudges, or prayer. One offender noted that journaling helps her, while another noted the benefits of listening to music:

> P005: I think about cutting and then I go back in the circle and I go to my music and if that doesn't work I go to my treatment team, I guess whoever I talk to, which would be my therapist or doctor or [other member of team]. For the most part lately, 'cause it's been about four and a half weeks since I last cut myself and I have just been taking it day by day and that's how I'm getting through.

> P010: Yes, for sure. Because it's mentioned every day, we talk about it every day. And if you don't talk about it, how are you going to deal with it? You know? So it's good here. I love it here because staff is wonderful about that and when I need something, if something bothers me I'm gonna go up talk to whoever. Know what I mean? And they're going to sit there and listen. You know? So that's good. I find it helps a lot for me. Because you know what, I'm one of the older ones, the oldest one, I mean, but you know what I mean, to have lived with no trust all this time and, you know, for so many years that I've built my walls so high that now that I talk more about and everything like that, it gets easier for me because I can help that other person get where she's stuck. Because the majority of us have all been abused. One way or the other.

Family. Familial ties played a significant role in the offenders' desire to cease engaging in NSSI. Women in particular expressed the importance of their children and wanting to be a part of their lives. Their children gave them a reason to improve their self-care. Several of the women stated the realization that they had "lost" their children and hoped to regain custody of them upon their release from the institution. They believed that desistance from self-injuring was an important step in this process:

> P013: I wanted to stop because I didn't want my children when they come back to see me with all these scars on my arms, you know? Because I noticed another lady who was actually in the community and her arms were totally marked up, right? And I said, you know what? That doesn't look pretty at all. You know? And I thought why wreck something that you have to live with? ... But I thought, "you know what, I have things to live for. What am I doing?" You know, I got my kids to live for, you know, I got my own life to live...

> P011: Um, well, after I did that and got out of the hospital a couple days later, I got a visit from my [Child and Family Services] worker who came all the way down from [the reserve] to come and see me and to tell me that she, I could take these certain steps and I can get all my kids back. And just hearing that and it being on paper just totally changed everything for me.

Although more salient among the women, some men also communicated the importance of their children and other family members in desisting from NSSI. These men appeared to place greater significance on being a positive role model for their younger family members:

> P007: For me what made me really stop hurting myself was after I had my daughter I went to work. At the time I was working for five months or so, in the city. I was gone for two weeks, there for about two or three days, gone for two weeks, back for two or three days, but always two or three days I got to go back and spend with my little girl. I spent my whole time with her, buying her anything that she needed. It's nice, when she is laying there and she is sleeping and I am lying beside her, talking to her while she is sleeping, just saying a lot of things. Just letting her know in so many ways how much I love her and appreciate her. I know she is my life now. I know I could have had a lot of other kids, but this was the actual kid that was actually planned and came through. It really touched me in a different way than I thought. I want to be there for this child. I want to help raise her. I want to make sure she grows up in a better life then I have had for myself, not go through any kind of trouble like that. So I would do anything to keep this little girl happy. Even though I haven't been there for the past three and a half years now because of jail, she still, I am still her number one person in her life.

> P006: I said you know, I had five brothers and four sisters. There is one brother who died in a car accident with my dad, and then my other brother committed suicide by hanging himself. About a few years ago, another brother died of an overdose and I said I am the only brother left. With four sisters I am the only brother left. And my sisters wanted me to stay around for a bit. That's why I quit doing it. Because that. It wasn't nothing to do with the program. I respect my sisters so that's why I quit doing it.

> P007: Right now my little nephew has the opportunity and he is another person out there who I want to be there for and push him and try to keep him away from smoking and drugs and being a bad kid. I talk to him every once in a while on the phone and ask him how it's going. When it's not hockey season, he is playing lacrosse so I always tell him your uncle wants to see you and I always tell him when his uncle gets out I will help him with his hockey and prepare for every season.

Non-familial social support. The role of non-familial social supports, both in the community and the institution, was also highlighted by the offenders as an important component of their healing process. A couple of women indicated a person in the community prior to their incarceration who they considered an important role model:

> P010: Yeah, when I went to [recovery centre] in '91, I went in '91 and '93, I went for help. Yeah, well, they had a, they had a guy there that was going through suicidal thoughts and now he said he turned his whole life around. You know, he was the one who kind of inspired me. I see him on the streets. And that kind of dropped that whole thing and I started trying to work harder on myself.

P011: Yeah, I had a mentor and she was awesome. She would come and pick me up, like, I'd call her and I'd tell her that I'm having a hard time dealing and she would come pick me up and we would go for coffee or even just for a drive and listen to music.

The relationship to this important person varied (e.g., parent, friend, staff). One of the men expressed the importance of the acceptance and support he received, while incarcerated, from his best friend's mother. Whereas for another, the medical staff at the institution were noted as having had a positive impact on his behaviour:

P002: The next morning I got a letter underneath my door from my best friend's mother. It slid underneath the door. First time I got mail in seven years. I looked at it and thought "what the hell am I going to do?" Looked at it for a half hour, an hour, and finally read it. It said "call us. Call us collect, call us whatever. Write us. We don't care. We miss you, we love you. We need to talk to you". It gave me a number and I looked at it for another week. I looked at my smudge bowl. . . . Alright, so I called them. And ever since then I haven't picked up a single charge since. And that's seven years ago. I went from picking up close to 13 charges a day, on a daily basis and I haven't picked up a charge because of these ways. Because I just decided to believe in something. I asked for help and the creator helped me. He sent me my best friend's mom. Someone I love completely and I have known her, I lived on their street, I dated all her daughters, I am friends with her son, I am friends with her husband, I am friends with her brother. I became friends with the whole family. And one person I never expected to write me, wrote me. I expect my brother and sister, my mom, some of my old friends even. Not her. The one person I ever respected was the one who saved my life. Because if it wasn't for her I probably would have been dead. I wouldn't have went the way it went, I would have probably ended up being killed in the SHU[2]. I don't doubt that at all.

P004: I guess for me, I was in Kent for a while in segregation harming myself quite a bit. And I was accepted here under the care of [the doctor] for the second time. She gave me a second chance after messing up the first time, trying to attack another inmate and stuff. So I was given a second chance so I was working with [the doctor] and also one of the primary nurses on the psychiatric unit in [the building]. And I ended up getting a really good primary nurse and we hit it off really good so, I could talk to her about anything and I think for me, the combination of [the doctor] and [the nurse] really was helpful for me.

Strengths (*health*)

At the end of the interviews and focus groups, participants were asked to indicate their "strengths", things they valued about themselves and what they hoped to accomplish in the future. Many of the offenders, both men and women, noted gratification in helping others and

[2] Special Handling Unit, a high security unit in a federal institution.

emphasized a desire to be a positive role model for those who are in similar situations as they have been in:

> P008: Personal strengths, hmm… I like helping people. I really enjoy helping people.
>
> P001: And the best training I have taken in since I have been in corrections, outside of all the programs, is when I signed up for one year contract, commit my life one year to become a peer mentor. That helped me along with faithfully going to ceremonies...
>
> P012: Well, right now my strengths are, I have 3 children, and, to continue working with my addiction and stuff like that. And, I don't know, there's a lot of young girls here and they look up to me as a role model for them, and you know, I try my best. And, I basically listen to them, like it's alright if they want to share whatever's bothering them and I keep it to myself.
>
> P011: If I stay that way, I'm not going to make it where I want to be which is at home with my children and, you know, have a job. I want to have a job as in where I'm helping people like me. So, like, a counsellor, support worker, something like that. And, just maybe telling my story to other women will help them and they'll see that, you know, that I'm there to help them and they'll want to tell me their stories and maybe I can help them with what they're going through to the point where they won't want to kill themselves or hurt themselves and see a reason for living.

Discussion

Using a culturally-informed and culturally-safe approach, this study examined the process of desistance from NSSI among a small group of Aboriginal offenders in CSC who have self-injured. Sharing circles and semi-structured interviews were conducted and questions were guided by four overarching themes that were organized to echo the medicine wheel: 1) hello – introduction/background; 2) hurting – SIB history; 3) healing – process by which SIB was ceased or decreased; and 4) health – strengths and future plans. Within each of these four themes, several sub-themes were evident based on similar responses given among the offenders.

In telling their background stories (*hello*), the majority of offenders described a history of childhood abuse that included physical, sexual, and emotional abuse, as well as familial substance abuse. A correlation between childhood abuse and NSSI has been well-established with men and women (e.g., Gratz, Conrad, & Roemer, 2002; Lipschitz et al., 1999; van der Kolk, Perry, & Herman, 1991; Wiederman, Sansone, & Sansone, 1999). Some participants discussed their history of abuse in relation to their substance abuse, offending, and difficulty moderating their emotions. These stories communicated that addressing the individual's history of abuse for those who suffered these painful backgrounds is important in working with many offenders who engage in NSSI.

In keeping with the previous research on NSSI in federal offenders (Power, Usher, & Beaudette, in press; Power & Usher, 2011b), the most common type of NSSI reported by offenders in the present study was cutting. Also consistent was that, for the majority of participants, their first instance of SIB occurred prior to their incarceration. In describing their histories of SIB, many of the offenders reported doing so primarily to cope with negative emotions, a finding that is consistent with past research on NSSI in federal offenders (Power & Beaudette, in press; Power & Usher, 2010; Power, Beaudette, & Usher, 2012) and with non-incarcerated populations (see Klonsky, 2007 for a review of the evidence). Other reasons included attention-needing (as previously described by Dickenson, Wright, & Harrison, 2009) and to exert interpersonal influence, which have also been found in past research with offenders. These offenders use their self-injury to influence the external environment, suggesting that offenders could benefit from learning more appropriate skills to accomplish these goals, such as learning how to ask for help.

As previously noted, while there is considerable research on the origins, motivations, and

correlates of NSSI, there is a substantial gap in the knowledge regarding effective interventions and the process of cessation. This is particularly true from the perspective of the individuals who engage in NSSI. In the present study, offenders who engaged in NSSI considered several factors important in helping them cease these behaviours. For instance, many of the offenders noted the value of programming. There appeared to be a gender difference, as the self-reported efficacy of programming was more salient among the women than the men. In particular, women noted the programs that addressed their history of abuse as an important component of their healing process. Trauma-informed programs are less accessible in men's institutions, which may at least partially explain why these programs appear to me more important for women than men. For those who indicated the importance of programming, their hurting was seated in past traumatic experiences stemming from childhood. Dealing with these issues helped them to overcome their NSSI.

Many participants also described the importance of having someone to talk to about their NSSI and their emotions generally. While this may include family or friends, it often involved a staff member, including Elders. The perceived efficacy of communicating with a trusted individual suggests the importance of establishing positive relationships between inmates and staff. In a previous study, staff members also described the importance of establishing positive relationships with offenders to help them with issues related to their self-injurious behaviour (Power, Beaudette, & Varis, under review). This relationship can be understood as a *therapeutic alliance*, the collaborative and affective bond between therapist and patient which has consistently been shown to be related to positive therapeutic outcomes (Martin, Garske, & Davis, 2000).

Offenders also articulated the significance of Elders' teachings and their interactions with the Elders. This again emphasizes the value of immersion in aspects of Aboriginal cultures, but it is also intertwined with the process by which offenders develop coping strategies, in particular communication and help seeking behaviour when needed. This is consistent with previous research on NSSI that found that one of the ways offenders avoid self-injuring is via appropriate release of emotion, such as seeking emotional support or help from someone (Power & Beaudette, in press a; Power & Usher, 2010; Power et al., 2012). Thus, when offenders feel there is someone they can safely disclose their self-injurious desires to without fear of negativity or being isolated, they may be able to avoid engaging in the behaviour. This also underscores the

importance of staff members working as a team to establish therapeutic relationships and maximize efficacy.

The results of this study suggest that the life experiences of Aboriginal offenders are unique. Most of the offenders had been disconnected from their culture prior to their incarceration. They reported that learning about their culture and its traditions gave them a sense of identity and understanding of their past and the history of their peoples. Several offenders expressed their appreciation for the opportunity to reside in an institution that considers their cultural and described it as more peaceful than other units or institutions, better lending itself to healing. The use of cultural ceremonies (e.g., sacred sweats, smudges) was important to the offenders and seemed to provide them with a sense of inner peace/relief. Many of the ceremonies contain an element of sharing that provided the men and women with an opportunity to discuss some of the issues they were dealing with, ultimately allowing them to express their emotions in a non-judgmental and respectful environment. This suggests that Aboriginal cultural activities represent a healthy alternative to NSSI as the same outcomes may be achieved through these means.

Other coping skills mentioned are consistent with skills taught in DBT, CBT, and MACT interventions (i.e., relaxation and distraction, positive self-talk, writing). Participants mentioned that they were able to develop different coping mechanisms that did not involve NSSI through participating in these types of therapies and programs. The woman, especially, highlighted that the success of a program is dependent on how much effort is put into it. Those who felt they made the most progress consistently referenced the amount of time and energy they dedicated to a program, particularly during the sessions that required them to discuss their past and personal issues. This finding emphasizes that participants' treatment readiness and engagement are key components of successful treatment outcomes.

In describing their strengths several offenders expressed the importance of helping others and being a positive role model. Some participants discussed their plans to work in their home communities upon their release or to help others who share some of their struggles. There is a growing body of evidence (Henderson, 1995; Krause, Herzog, & Baker, 1992; Luks, 1988) that suggests that participating in psychosocial interventions (e.g., volunteer programs, being a mentor to a peer, social programs, being active in the community, etc.) can assist individuals with the management of physical and mental health disorders. Henderson found that previously

abused women who provided peer support perceived their ability to be supportive as an indication of that they had healed. A central constituent of these programs was the volunteers' ability to forge relationships with the people they were helping. Several of the offenders lacked intimate relationships and recognized that the sharing of their experiences with others may be a means to building these relationships. Ultimately, offenders understand that by helping others they are also benefiting themselves.

It should be noted that this study included a small number of offenders who may not be representative of all Aboriginal offenders. While efforts were made to recruit participants from different institutions and the community, the sample may differ from other Aboriginal offenders (and from federal offenders in general) with respect to the extent to which they have opted for involvement in Aboriginal-specific interventions. The insight into the process of desistance that these participants provide, remains valuable, however, since so little information is currently available that offers guidance on how to best assist Aboriginal offenders who struggle with self-injury.

Conclusions

Examining self-injury desistance in Aboriginal offenders requires a culturally-informed and culturally-safe approach. Many Aboriginal offenders have experienced unique life experiences that should be considered during the course of their programming and treatment as these experiences have most likely influenced the course of their NSSI. Culturally-based interventions, including Aboriginal programs, ceremonies, and traditional teachings (from Elders) may be particularly helpful for this population. Finally, positive relationships with others (i.e., institutional staff, other offenders, community members) are paramount in promoting desistance from NSSI. Maintaining positive relationships with trustworthy and understanding individuals appears to help offenders to avoid engaging in NSSI behaviours. While participants in this study were Aboriginal, aspects of these approaches are likely to be effective with non-Aboriginal offenders who engage in self-injury, particularly those who have not been successful with mainstream programming.

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Appendix A: Sharing Circle Script

Today's focus group is about your experiences with self-injury and how you've been able to stop hurting yourself or to decrease how often you self-injure. We want to know what this process has been like for you and what things were important to you or that you found helped you to stop hurting yourself.

All the information that is shared in the circle today is confidential. We won't tell anyone you participated and all of your responses will be anonymous. No information will go on your file and any information that you share that might be identifiable will be removed so that people who read the report won't know it was you. Only people from the research team will have access to the recording and transcripts.

There are a couple guidelines that we ask you to follow during the sharing circle. First, this is a place of respect and we ask that only one person speak at a time and that we don't interrupt others while speaking. Everyone will have an opportunity to share their thoughts, ideas, feelings and we want to hear what you all have to say. No one's answers are better than anyone else's and we value what everyone has to share. We also ask that whatever is said in the circle today remains between us and that privacy is respected between all of us.

If there's a question that upsets you or that you don't feel comfortable sharing, you don't have to answer it. _____ and myself will be here for the rest of the day if you would like to come and talk to us in private afterwards. If afterwards you are upset by what we talked about, please let us know and we will refer you to one of the Elders or a mental health professional.

(BRIEF INTRODUCTION OF THE MODERATORS)

A) HELLO - INTRODUCTION

1. Can you start by telling us a little bit about yourself?
   - → Where did you grow up?
   - → Do you have any kids?
   - → How long have you been at this institution?

B) HURTING - HISTORY OF SELF-INJURY

2. Can you tell us about when you first started hurting yourself and when you would hurt yourself the most?

→ How old were you when you started hurting yourself?
→ Did you do it more in the community or in the institution?
→ Did it happen before or after you came to CSC?
→ What kind of self-injury would you do?

C) HEALING – THE JOURNEY TO SELF-INJURY DESISTANCE

3. When did you stop hurting yourself?
→ Did you stop before you came to CSC? After?
→ Did you stop after you took a program or did anything in your life change? (e.g., relationships, medication, employment, children, housing, etc)
→ Did anyone in particular help you to stop hurting yourself? (e.g., friends, family, parole officer, therapist, psychologist, teacher, etc)

4. What do you think helped you stop self-injuring? What was/is the process like?
→ Did you decide one day that you would stop?
→ Was it a long process? How long?
→ Did a program help you?
→ Is it something that you think about a lot?
→ Do you feel like you need to work at it every day?
→ If maturation – How do you think getting older has helped? (e.g., you see things differently, have more patience, know what is important in life, etc.)

5. What do you do instead of hurting yourself?
→ Do you have someone you can talk to?
→ Do you take part in any activities like going to the gym, working, reading, writing?
→ Do you use different methods like snapping a rubber band or holding an ice cube?

D) HEALTH - CULTURE AND SPIRITUALITY

6. Did you take part in any cultural or spiritual activities growing up?
→ What kinds of activities?
→ Where would you practice them?
→ Do you identify with your culture? (e.g., speak Cree, Anishinabe, Ojibwe, etc)

7. Do cultural or spiritual activities play a role in your recovery? Do you feel like being a part of your culture has helped you stop self-injuring?
→ In what way? (e.g., does it make you feel better about yourself, do you feel like you're a part of something greater, does it give you a sense of purpose or belonging, etc.)
→ If not, how come?
→ If you don't take part in cultural activities, do you think it could have helped you?

8. Is there anything you've learnt from your experiences that you think could help other

Aboriginal offenders who hurt themselves?

→Any program you thought was effective?

→Any activities or experiences, cultural or other, that might help others?

9. Is there anything anyone would like to add about what we've talked about today?

CONCLUSION

We have had the opportunity to discuss some major issues with respect to self-injury and culture. If you have any questions, we'll be available for the rest of the day to talk with you or go over any concerns or questions you might have. I would like to sincerely thank you for your input and your time. This has been an extremely valuable session.

Appendix B: Interview Protocol

Interview Protocol – OFFENDERS

To start I'm going to ask you some questions about your history of self-injury and suicide attempts and, then I'm going to ask about when and how you stopped self-injuring. I also have some questions about what you do in your free time and whether you take part in any cultural activities. You don't have to answer any questions that you don't feel comfortable answering.

SECTION A: HISTORY OF SELF-INJURY

Can you tell me about the first time you hurt yourself?

- ➔ How old were you?
- ➔ Where were you when it happened?
- ➔ What did you hurt yourself?
- ➔ Why do you think you did it?

What kinds of things would you do to hurt yourself? (e.g., slash, ligature, head bang, etc)

How often would you hurt yourself?

Did you injure yourself before you were incarcerated (hurt yourself in the community)?

- ➔ If no, was it in a provincial/youth institution? CSC?
- ➔ If yes, compared to when you were on the street, did you hurt yourself more or less?

How long has it been since you've hurt yourself?

What were the reasons you injured yourself?

Have you ever tried to kill yourself?

- → What happened that made you decide to attempt suicide?
- ➔ How many times have you tried to kill yourself?
- ➔ Was that in the community or in an institution? CSC , provincial, or youth?

SECTION B: SELF-INJURY DESISTANCE

Now I'm going to ask you some questions about how you stopped self-injuring.

(Note to interviewer: if person has decreased but not stopped, alter questions accordingly)

Can you tell me about how you stopped hurting yourself?

- ➔ Was it a decision you made or was it gradual?

Why did you stop self-injuring?

- ➔ Did you want to stop self-injuring?
- ➔ Did you feel ready to stop?
- ➔ Were you pressured to stop by others?

What do you think helped you to stop hurting yourself?

- ➔ e.g., programming, religion, spirituality, family support, can cope with emotions better
- ➔ If programming, which program? (and is it an Aboriginal program)
- ➔ If better coping, how did you learn better coping strategies?

When you stopped self-injuring, were you receiving help from anyone in the institution or the community?

- → Who was helping you?
- ➔ What kind of help did they offer? (e.g., someone to talk to, medication, guidance, advice, etc).

Is there something that you think could help other Aboriginal offender who hurt themselves, stop?

SECTION C: CULTURAL IDENTITY

I'm going to ask you some questions about your culture and cultural activities that you may take part in.

What culture do you identify with?

- → Where are you from?
- ➔ What is your band/tribe?
- ➔ Do you speak Cree/Ojibway/Anishinaabe/Mi'kmaq?

Did you participate in cultural or spiritual activities before you were incarcerated?

- → If yes, what kind of activities?
- ➔ Did you do these when you were growing up in your community?
- ➔ Who did you do these with? (e.g, family, friends, community members)

Since being incarcerated, have you participated in Aboriginal cultural or spiritual activities?

If yes,

➔ What kinds of activities?

➔ Do you enjoy doing these activities?

➔ Do you think you'll continue with these when you're in the community? *[Have you continued with these since being released?]*

→ Do you think that having some involvement in cultural activities has helped you stop hurting yourself?

➔ Would you encourage other Aboriginal offenders who self-injure to take part in the cultural and spiritual activities that are offered in the institution?

- Do you think this could help them?

If no,

➔ Did you choose not to participate in cultural activities?

➔ Is this something that interests you?

➔ Do you take part in any other activities that you think has helped you to stop self-injuring? Sports, crafts, learning, religion (other), etc?

Do you think that *being/not being* involved in your culture has had an influence on your self-injury? Why? Why not?

→ If not, do you think that participating in these activities might have helped you?

Do you talk to the Elders in the institution *[in the community]*?

→ When do you talk to the Elders? (e.g., during a difficult time, to seek guidance, speak with them regularly, only during ceremony, etc).

If no,

➔ Is this something you would like to do?

➔ Do you know of other offenders who talk to Elders?

Do you think other Aboriginal offenders who hurt themselves could benefit from participating in cultural activities?

Is there anything else you would like to add?